

Community Health Needs Assessment

Adopted on April 23, 2021 for FY 2022–2024



Community Health Needs Assessment

ACKNOWLEDGEMENTS

Thank you to the steering committee and key stakeholders from MercyOne who helped with development and final strategies to complete the CHNA. (See Appendix A for full list)

CONTENTS

- Executive Summary 3
- Introduction 3
 - MercyOne Clinton Medical Center
 - Mission Statement 4
 - Services Provided 4
 - Health Facilities Owned/Operated 5
- Summary of FY19-21 CHNA & Implementation Strategies 6
 - Significant Health Needs FY19-21 6
 - Evaluation of the Impact of FY19-21 CHNA 7
- Community Description - Service Area and Population 8
 - Geographic Area 8
 - Definition of Service Area 9
 - Population Demographics and Social Determinants of Health 9
 - Community Health Factors 13
- Collecting Community Input 14
 - Development and Description of Steering Committee 14
 - Community Input Sources 14
 - Community Survey 15
- Process and Methods for Identifying and Prioritizing Needs 15
 - Methodology 15
 - Prioritization of Significant Needs 16
- Significant Health Needs to be Addressed 16
 - Description and Analysis of Targeted Health Needs FY22-24 16
 - Mental Health 16
 - Substance Use 16
 - Access to Health Care 17
- Community Resources to Address Needs (Internal & External) 17
- Conclusion and Implementation Strategies 18
- Appendices 19-27
 - A. Steering Committee 19
 - B. Summary Data Analysis 19
 - C. Summary Demographics from Survey 21
 - D. Results 5 Key Questions 23

Executive summary

The Community Health Needs Assessment (CHNA) is the result of a collaboration between Mercy Medical Center Clinton, Inc. dba MercyOne Clinton Medical Center, a Delaware nonprofit corporation and various community stakeholder agencies to review and measure health status in our community (see Appendix A for a full list of community partners). The goal of the collaboration was to produce a current profile of health status, wellness, health delivery and public-sourced options about health in Clinton, Jackson, Whiteside and Carroll counties. The process used a compilation of the most recent local, state and national data, as well as the opinions of representatives from area human service health agencies and members of the community. The following report is to be understood as a summary of the findings and observations from all sources.

A CHNA is a process that describes the state of the local community, enables the identification of the major risk factors and causes of poor health, and enables the identification of the actions to address these. At its most basic level, a community needs assessment of this type is a valuable tool for planning. The information gathered during this process will enable MercyOne Clinton Medical Center and other health and human services organizations to identify and prioritize problems for action. At a time when resources are becoming scarcer, a needs assessment of this type is needed to determine the most beneficial allocation of resources. This is in keeping with the Mission of MercyOne Clinton Medical Center as a member of Trinity Health System.

MercyOne formed two teams to assess the needs of the service area of MercyOne Clinton Medical Center, an internal team and an external team (see Appendix A). The internal team included a collaborative effort representing various disciplines within MercyOne Clinton Medical Center to support focus areas of need in the community. The external team included representatives from the service area which includes four counties; Clinton, Jackson, Whiteside and Carroll. The collaborative comprehensive steering committee can be found in Appendix A.

The following are the final prioritized significant health needs that were identified for FY22-24:

- Mental health
- Substance abuse
- Access to health care
- Obesity
- Poverty

- Access to food
- Suicide
- Cancer

MercyOne Clinton Medical Center completed a comprehensive Community Health Needs Assessment that was adopted by the Board of Directors on April 23, 2021.

Introduction

MercyOne Clinton Medical Center performed the CHNA in adherence with applicable federal requirements for not-for-profit hospitals set forth in the Affordable Care Act (ACA) and by the Internal Revenue Service (IRS). The assessment took into account a comprehensive review of secondary data analysis of community health status and social determinants of health, as well as primary data collection including input from representatives of the community, community members and various community organizations.

The CHNA will convey the perceptions, attitudes and beliefs regarding health status and health needs within the Clinton service area. It encompasses both qualitative and quantitative data. Quantitative data, which are statistical figures that can be counted or compared on a numeric scale, such as prevalence rates, tells only part of the story. Qualitative data, which are characteristics and qualities gathered through community input, tell the stories behind the numbers. Realizing this, MercyOne strives to paint a fair and accurate picture of the community's health status and health needs. This information can be used in a variety of ways to improve community health, including the development of new local programs, collaborative efforts among stakeholders to seek unified solutions, new services and assistance to donors who must make strategic investment decisions.

The CHNA presented in this report is just the beginning of a dynamic, ongoing process with a long-term goal of improving the community's health. This data collection is the first step in the overall community needs assessment process, which includes the following steps: community profiling, deciding on priorities for action, planning public health and health care programs to address the priority issues, implementing the planned activities, and the evaluation of health outcomes. Community health needs assessments should be part of a continuous process that seeks to improve the health and well-being of the community.

In the upcoming year, the health needs identified in the report will be incorporated into a new strategic action plan that will be used by MercyOne and others to target

activities for investment and action over the course of the next three years.

The rest of this assessment is divided into the following sections: hospital description and services provided, a review of the hospital's previous community health needs assessment and implementation strategies, a description of MercyOne Clinton Medical Center's service area and population, process and method of collecting data to prioritize top health needs, survey development, community input, community resources to address needs, and conclusion/implementation strategies.

The complete CHNA report is available electronically at: <https://www.mercyone.org/clinton/about-us/community-benefit/> or printed copies can be requested at MercyOne Clinton Community Health and Well-Being Department located at 1410 N. 4th St. Clinton, IA or by calling 563-244-3539.

MercyOne Clinton Medical Center

OUR VISION

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

MISSION STATEMENT

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

OUR VALUES

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

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

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

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

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

Justice: We foster right relationships to promote the common good, including sustainability of the Earth.

Stewardship: We honor our heritage and hold ourselves accountable for the human, financial and natural

resources entrusted to our care.

SERVICES PROVIDED

MercyOne Clinton Medical Center is considered the main hospital campus. The facility is licensed for 163 beds with the ability to accommodate 107 patients. The facility provides the following inpatient and outpatient services:

- MercyOne Clinton Specialty Clinic (primary care, internal medicine, podiatry, gastro-intestinal, oncology, general surgery and vascular surgery) is in the hospital on the 1st and 4th floors
- Emergency care offering Level IV Trauma Program
- Ambulance (contracted through Medic EMS)
- Radiation oncology (free-standing unit adjacent to the hospital)
- Outpatient oncology (contracted through Genesis and located on the 4th floor)
- Inpatient and outpatient services
 - Ambulatory care (4 West)- infusions, transfusions, procedures, PICC and Midline insertion, Same Day Surgery overflow, outpatient chemotherapy
 - General and intermediate patient care (2 Main)- medical, surgical, telemetry, post cardiac, inpatient chemotherapy
 - Critical care services (2 West) – critical and intermediate care, inpatient dialysis
 - Respiratory care- respiratory and ventilator management, EKG
 - Birth center and maternal children's care- obstetrics, gynecology and pediatrics
 - Perioperative care - preadmission services, same day surgery, anesthesia, operating room, GI lab, procedure room, post anesthesia care and central processing
 - Inpatient Behavioral Health (Psychiatry physician services provided by Fas Psych Telehealth)
 - Inpatient Rehabilitation - physical, occupational and speech therapies
 - Inpatient and outpatient cardiac and pulmonary diagnostic and interventional services
 - Sleep Lab
 - Inpatient and Outpatient Radiology

- Inpatient and Outpatient Laboratory
- Inpatient and Outpatient Pharmacy

MercyOne Clinton South Health Campus is located approximately two miles from the main hospital campus and offers the following services:

- Wellness program (exercise program for colleagues & community members)
- Outpatient rehabilitation (includes physical therapy, occupational therapy and speech therapy (Speech therapy includes adult and pediatric))
- Outpatient Renal Dialysis
- MercyOne Clinton Home Care & Hospice
- MercyOne Clinton Home Medical Equipment
- MercyOne Clinton Wound Center

MercyOne Clinton Medical Group has provider clinics in five locations: MercyOne Clinton North Health Plaza, MercyOne Fulton Family Medicine, MercyOne Dewitt Family Medicine, MercyOne Morrison Family Medicine, and MercyOne Specialty Care located on the first and fourth floors of the hospital.

Providers and specialists offer services for the following:

- Audiology
- Bariatrics
- Cardiology
- Pain management/ anesthesia
- Family practice internal Medicine
- General surgery
- Gynecology
- Nephrology
- Obstetrics
- Oncology
- Ophthalmology
- Orthopedics
- Pediatrics
- Podiatry
- Pulmonology
- Rheumatology

- Urology
- Vascular surgery

MercyOne Clinton Urgent Care offers provider services by appointment and walk-in to address medical needs of the community after hours, weekends and some holidays.

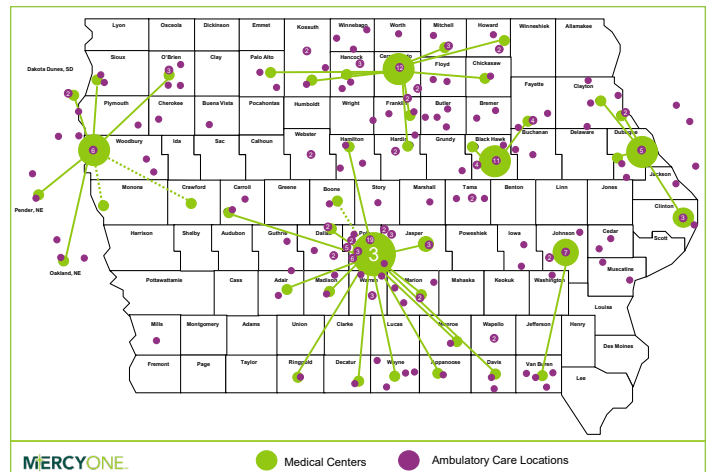
HEALTH FACILITIES OWNED/OPERATED

MercyOne, formerly Mercy Health Network, is a connected system of health care facilities and services dedicated to helping people and communities live their best life. The system’s clinics, medical centers, hospitals and other care facilities are located throughout the state of Iowa and beyond. Headquartered in central Iowa, MercyOne was founded in 1998 through a collaboration between Common Spirit Health and Trinity Health – two of the country’s leading, not-for-profit Catholic health organizations.

Today, the nonprofit health system includes more than 18 owned and joint venture medical centers and hospitals, 25 affiliated medical centers and more than 420 clinics and related care facilities. With 20,000 employees across the state, MercyOne is working to provide personalized and convenient health care.

MercyOne Clinton Medical Center serves a population of more than 70,000 people in four counties in eastern Iowa and western Illinois. MercyOne provides services on seven campuses throughout the Clinton service area. Services are provided in the medical center, four clinics and an urgent care facility. The organization is accredited through the Joint Commission.

MercyOne statewide service area



Summary of FY19–21 CHNA & Implementation Strategies

MercyOne used a variety of sources for input into the Community Health Needs Assessment process including: distributing a Community Health Need Survey to key stakeholders in the community, another survey was distributed to members of Information Referral Assistance Services, a network made up of local human service agencies, churches, and civic organizations; and Staying Ahead, which both represent lower-income, vulnerable, and racial minority populations, including African American and Hispanic groups. After the surveys were tallied, a community focus group was held representing more than 30 key stakeholders in the community to numerically prioritize the health needs identified from the Community Survey results, Healthy People 2020 Health Indicators, and Adverse Childhood Experiences (ACEs).

SIGNIFICANT HEALTH NEEDS FY19–21

Key findings of the FY19–21 CHNA included the major health issues identified in order of importance:

- Mental health/substance abuse
- Access to health services
- Nutrition, physical activity and obesity

EVALUATION OF IMPACT SINCE THE END OF THE FY19–21 CYCLE

MercyOne has taken several steps to address needs that were identified in the FY19–FY21 CHNA. Following are summaries of actions taken and the impact that was made on the respective health needs since the last CHNA was conducted:

Mental Health: According to [countyhealthrankings.org](https://www.countyhealthrankings.org), in 2018 Clinton County had an average of 3.4 mentally unhealthy days in the last 30 days compared to 3.3 days for the state of Iowa. Jackson County had an average of 3.3 days. The state of Illinois had an average of 3.5 mentally unhealthy days in the last 30 days with Whiteside County reporting an average of 3.7 days and Carroll County reporting 3.5 days.

Over the course of FY19–20, MercyOne Clinton Medical Center had 626 ED inpatient and outpatient admissions. Admissions is on track to increase by 18% in FY21. This could be a result of mental health issues related to social isolation, depression and anxiety due to the COVID-19 pandemic.

Actions taken by MercyOne between FY19 and 21 to address mental health include ensuring all inpatients discharged from the behavioral health unit are given resources for outpatient support and are scheduled for follow-up care prior to their discharge so that the patient knows when/where they can follow-up. If a patient declines outpatient care, MercyOne will connect the patient with local community agencies who can support their mental health needs. The behavioral health unit has resumed group activities, which were put on hold during COVID-19. Patients can participate in self-care activities, disease process education, life skills, coping strategies, and/or safety planning.

The Telepsych subsidy for FY19 served 379 patients with a net contribution of \$257,952. In FY20, Telepsych served 378 patients with a net contribution of \$266,255. In FY21 (July 1, 2020 – February 2021), Telepsych served 252 patients with a net contribution of \$146,629.

Substance abuse: MercyOne Clinton Medical Center has seen an exponential increase in the number of emergency patients with a diagnosis code of substance abuse. Beginning in FY20, MercyOne began tracking patients with a mental health and substance abuse diagnosis. In FY20, 436 patients had a diagnosis of substance abuse citing methamphetamine (188) and ETOH (192).

According to the Strategic Initiatives to Prevent Drug Overdoses (SIPDO), amphetamine-related emergency room visits and hospitalizations in Clinton County are among the highest in the state of Iowa relative to its population (IDPH, Division of Behavioral Health 2014–2018). According to the Governor’s Office of Drug Control Policy (2020) and Iowa Drug Control Strategy and Drug Use Profile Annual Report, treatment admissions with methamphetamine reported as their primary substance is rising in Iowa. One out of every four adults admitted for substance use disorder treatment in 2020 reported methamphetamine as the primary substance, surpassing opioids and marijuana.

Actions MercyOne supported for substance abuse between FY19 and FY21 included a collaboration with Clinton County and a new contract with Life Connections who will be completing substance misuse evaluations for court commitments. Life Connections performs court ordered substance abuse evaluations for MercyOne patients. If someone is committed to the behavioral health unit under a dual commitment (mental health and substance misuse), Life Connection performs the substance abuse evaluation and then makes

recommendations to the court to which what treatment the patient qualifies (inpatient, outpatient or no treatment needed). If the patient is committed for substance misuse only then they are transported to Center for Alcohol and Drug Services (CADS) for an evaluation.

MercyOne Clinton Medical Center has served 60 patients at the Medication Assisted Treatment (MAT) clinic for Opioid Use Disorder (OUD) since opening in October 2019 and currently (FY21) has 25 active patients in treatment. A recently awarded grant will enable expansion in hours and providers for OUD treatment at the MercyOne Clinton MAT Clinic. In FY20, the MAT clinic served 38 patients, 2,290 staff hours and a net contribution of \$115,995. In FY21 (July1, 2020 – February 2021), the MAT clinic served 33 patients, 1,313 staff hours and net contribution of \$67,549.

Access to care: Access to care in 2018, especially primary care, continues to be a challenge for residents of our primary and secondary services areas. Iowa has one primary care provider for every 1,360 residents. Jackson County and Clinton County have a much higher ratio of residents to providers as evidenced by the ratio of 2,160:1 in Jackson County and 1,840:1 in Clinton County. Illinois has a ratio of 1,240:1 with Carroll County at a ratio of 2,920:1 and 1,680:1.

Due to the primary care need in our service area, MercyOne Clinton Medical Center hired a recruitment agency called Medicus to help with recruiting primary care providers to our service area. In FY19, MercyOne Clinton contributed \$71,307 towards this need, in FY20, \$25,900 and FY21 (through March 2021), \$16,416.

Since FY19, MercyOne Clinton has recruited the following primary care providers and specialists.

Primary Care:

- 3 family medicine nurse practitioners
- 1 internal medicine physician
- 1 pediatrician
- 1 PRN pediatric nurse practitioner
- 1 urgent care physician assistant

Specialists:

- 1 cardiology nurse practitioner
- 1 cardiologist
- 1 gastroenterologist
- 1 general surgeon

- 1 orthopedic surgeon
- 1 orthopedic nurse practitioner

Coming in August 2021

- 1 family medicine physician

Coming in August 2022

- 1 family medicine physician with OB
- 1 family medicine physician without OB

Transportation was identified as a barrier to accessing health care. To assist vulnerable patients, to get to and from health care, MercyOne Clinton Medical Center offers a transportation program for qualifying or uninsured patients. In FY19, we assisted 524 patients with transportation by the means of Municipal Transit Authority (MTA), cab or ambulance service, to the sum of \$48,977. In FY20, our contribution was significantly lower because the transportation services were suspended due to the COVID-19 pandemic. We served 350 patients with a contribution of \$22,380.

Nutrition, physical activity and obesity: Based on the Robert Wood Johnson Foundation County Health Rankings, in 2018 Clinton County had an increase in adult obesity, 32% and physical inactivity, 27% compared to the national rankings of 26% and 20% respectively.

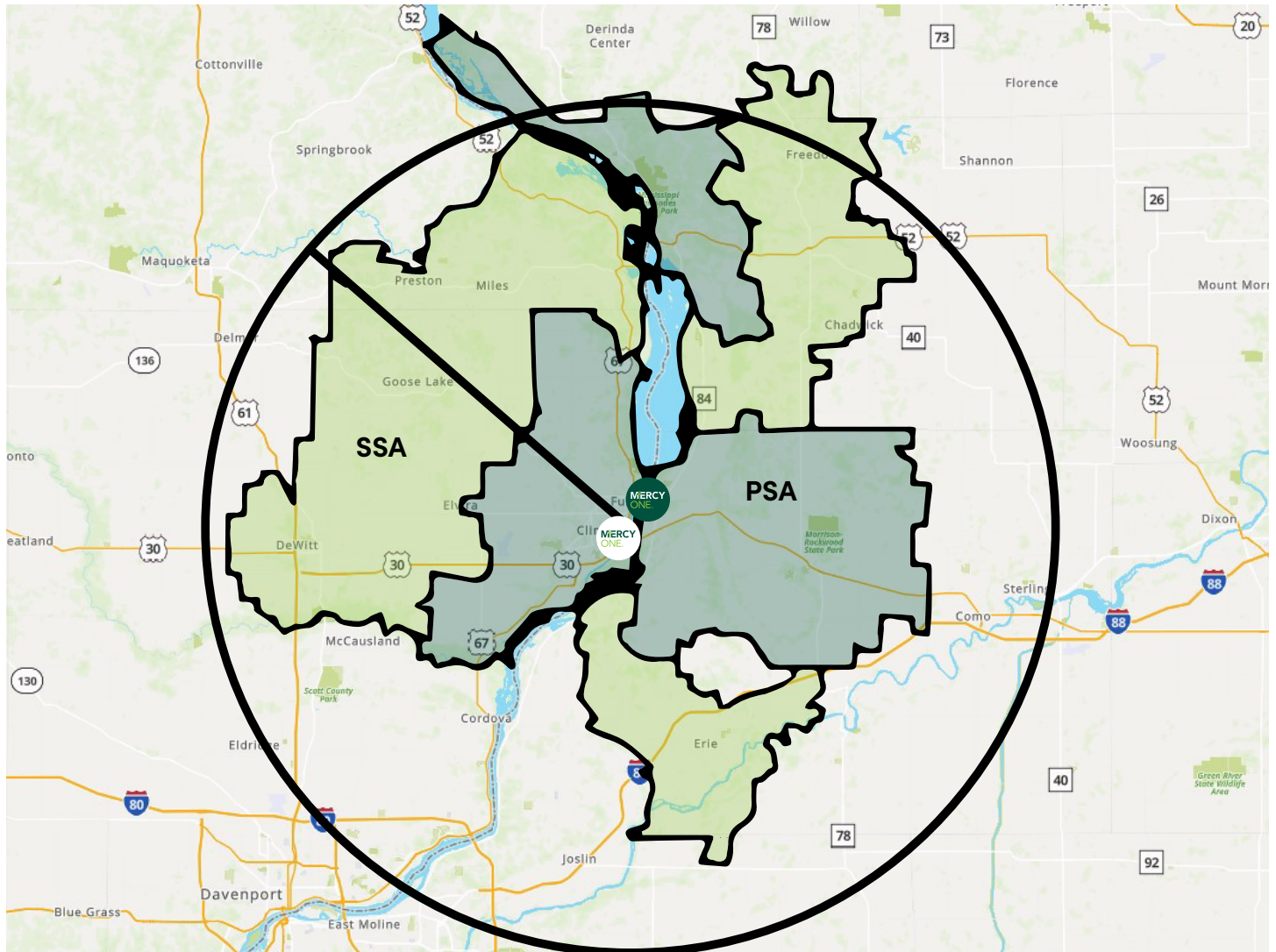
MercyOne Clinton Medical Center formed a task force following the Healthiest State initiative through the state of Iowa. The task force, called Let's Live Healthy Clinton (LLHC), focuses on three initiatives – Move More, Eat Well and Feel Better. The LLHC task force is a collaboration of key stakeholders that work on action plans for each of the three initiatives. The task force is in the third year of a grant that was received through the 5-2-1-0 Healthy Choices Count! campaign.

MercyOne is fully recognized as a CDC National Diabetes Prevention program. The program focuses on a weight loss goal of 5-7%, healthy eating and exercise in order to prevent or delay type 2 diabetes. The community health and wellness department will continue to give scholarships to those that are in financial need to attend an evidence-based lifestyle medicine program that targets prevention and reversal of chronic disease, weight loss and improved overall health and well-being.



During FY19 – March 31, 2021, MercyOne provided seven year-long diabetes prevention classes. During this time frame, 52 participants attended the classes. The outcome of the classes included on average a 7% weight loss and an increase in physical activity of 19.8%. MercyOne kept the classes going virtually during the pandemic to continue support with healthy lifestyle choices.

Community Description - Service Area and Population



GEOGRAPHIC AREA SERVED



LOCATIONS

-  MercyOne Clinton Medical Center
-  MercyOne Clinton North Health Plaza

SERVICE AREA

-  Primary Service Area
-  Secondary Service Area

DEFINITION OF SERVICE AREA

MercyOne Clinton Medical Center is located in Clinton, Iowa and serves 16 ZIP codes in four counties in Iowa and Illinois. The four counties include Clinton and Jackson in Iowa, and Whiteside and Carroll in Illinois. More than 93% of the patients at MercyOne Clinton Medical Center come from this service area. The threshold for a true service area is 90%.

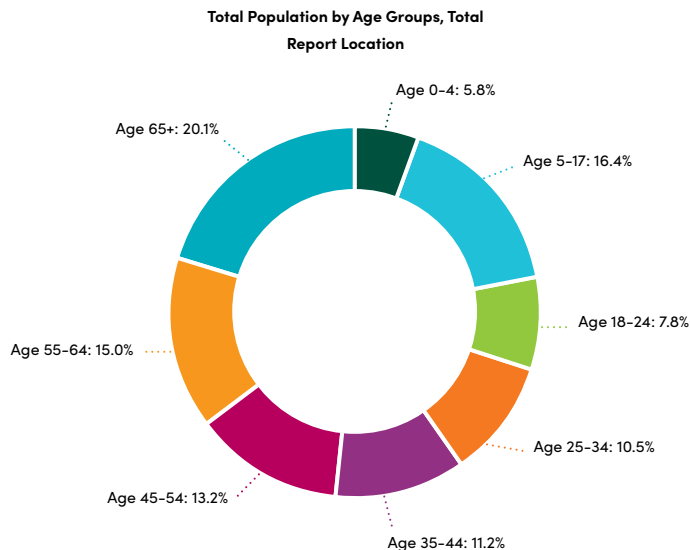
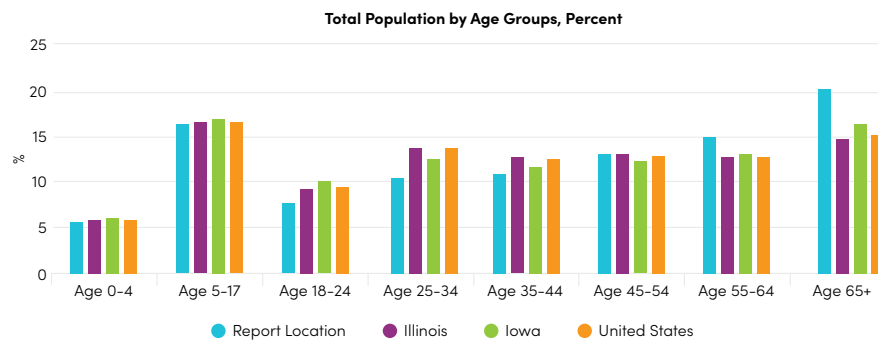
POPULATION DEMOGRAPHICS AND SOCIAL DETERMINANTS OF HEALTH

Population: The four-county service area has seen a consistent population decline over the past 20 years. Most recently, the service area population declined from 147,772 in 2015 to 137,571 in 2018. Population details for each of the four counties and the consolidated service area (labeled “report location”) are listed in the table below.

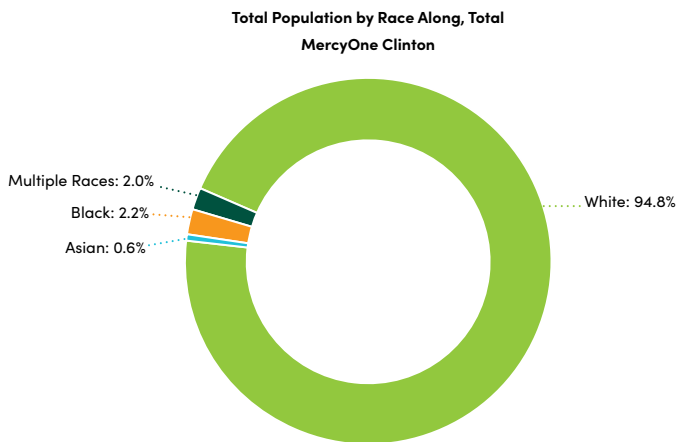
Population details

Report area	Total population
Report Location	137,571
Carroll County, IL	14,562
Whiteside County, IL	56,396
Clinton County, IA	47,218
Jackson County, IA	19,395

Age: In comparison with state and national data, the service area continues to have an older population. Approximately 20% of the service area’s population is 65 years or older, which is substantially higher than the national average of 15%. On the contrary, the service area has a lower proportion of those aged 18–44 when compared to the national average. Please see the charts below for further detail.



Race: All four counties within the service area have predominantly white populations. Clinton and Jackson counties report 93.8% and 96.8% of residents, respectively, as white, while 95.7% of Carroll County residents and 93.4% of Whiteside County residents identify as white. Clinton County has the highest percentage of black or African American population, at 2.7%. Jackson, Carroll, and Whiteside County all reported less than 2% of residents as black or African American. Whiteside County has the highest percentage of residents with a Hispanic ethnicity, at 11.9%. Clinton County reports 3.1%, Carroll County reports 3.6%, and Jackson County reports 1.4% Hispanic or Latino.



Free/reduced lunch: In order for a family to qualify for free or reduced lunch, the family must have an income between 130%-185% of the US federal poverty rate. According to the National Center for Education Statistics, in the service area there were 21,417 total public-school students enrolled during the 2018-19 school year. Of the 21,417 enrolled students, 48.7% (10,435) were eligible for free/reduced lunch. The percent eligible for free/reduced lunch is significantly higher than the Iowa average of 42.5%. Please see table below for county specific data.

Free/reduced lunch

Report area	Total students	Students eligible	Students eligible %
Report Location	21,417	10,435	48.7%
Carroll County, IL	2,151	905	42.1%
Whiteside County, IL	9,016	4,666	51.8%
Clinton County, IA	7,453	3,582	48.1%
Jackson County, IA	2,797	1,282	45.8%
Illinois	1,966,209	958,291	48.7%
Iowa	506,310	215,291	42.5%
United States	50,744,629	25,124,175	49.5%

Household income: According to the US Census Bureau, from 2014-2018, the median household income for Illinois and Iowa was \$79,747 and \$74,794 respectively. The median household income for the United States was \$73,965. When compared to state and national data, all four counties in the service area have median household incomes that are significantly lower. Carroll County has the lowest household income at \$66,164, followed by Whiteside County at \$66,908, Clinton County at \$67,549, and Jackson County at \$69,011.

Poverty: According to the Robert Wood Johnson Foundation County Health Rankings and Roadmaps, the indicator 'Children in Poverty' captures an upstream measure of poverty that assesses both current and future health risk. Poverty and other social factors contribute a number of deaths comparable to leading causes of death in the U.S. like heart attacks, strokes, and lung cancer. While repercussions resulting from poverty are present at all ages, children in poverty may experience lasting effects on academic achievement, health, and income into adulthood. Low-income children have an increased risk of injuries from accidents and physical abuse and are susceptible to more frequent and severe chronic conditions and their complications such as asthma, obesity, diabetes, ADHD, behavior disorders, cavities, and anxiety than children living in high income households. MercyOne's primary service area, Clinton County increased in the rate of children in poverty between 2002 (13%) and 2018 (17%). From 2014-2018, approximately 30.4% of individuals in the service area are living in households with income below 200% of the Federal Poverty Level (FPL).

Income

Report area	Total population	Income at or below 200% fpl	% With income at or below 200% fpl
Report Location	134,695	40,971	30.42%
Carroll County, IL	14,283	4,093	28.66%
Whiteside County, IL	55,287	16,917	30.60%
Clinton County, IA	46,055	14,694	31.90%
Jackson County, IA	19,060	5,267	27.63%
Illinois	12,523,283	3,685,197	29.43%
Iowa	3,030,572	869,006	28.67%
United States	314,943,184	100,490,740	31.91%

Medicaid: The table below shows the percentage of population with insurance enrolled in Medicaid. The rate of insured population with Medicaid in the service area is approximately 21.5%, which is higher than the state of Iowa (19.3%) and state of Illinois (21.2%).

Uninsured: According to the U.S. Census Bureau, from the years 2014–2018, an estimated 4.7% of the service area was uninsured. The service area rate compares favorably to the state of Illinois (7.3%) and the state of Iowa (4.9%). The table below shows more detailed data on the uninsured population in the area.

Education: Proficiency in reading by the end of third grade is a crucial marker in a child’s educational development. In the early years, learning to read is a critical component of education. But beginning in fourth grade, children use reading to learn other subjects, and therefore, mastery of reading becomes a critical component in their ability to keep up academically. Children who reach fourth grade without being able to read proficiently are more likely to drop out of high school, reducing their earnings potential and changes for success (Kids Count Data Center). According to the U.S. Department of Education, in 2017–18, approximately 57.5% of 4th graders living in the service area performed at or above the “proficient” level for reading, favorable when compared to the state of Illinois, but unfavorable when compared to the state of Iowa.

Medicaid enrollment

Report area	Total population (For whom insurance status is determined)	Population with any health insurance	Population receiving medicaid	% Of insured receiving medicaid
Report Location	135,863	129,490	27,850	21.51%
Carroll County, IL	14,376	13,498	2,552	18.91%
Whiteside County, IL	55,523	52,805	11,005	20.84%
Clinton County, IA	46,770	44,863	10,261	22.87%
Jackson County, IA	19,194	18,324	4,032	22.00%
Illinois	12,643,207	11,714,595	2,483,653	21.20%
Iowa	3,088,842	2,936,373	567,337	19.32%
United States	317,941,631	288,188,864	63,906,660	22.18%

Uninsured

Report area	Total population (For whom insurance status is determined)	Uninsured population	% With income at or below 200% fpl
Report Location	135,863	6,373	4.69%
Carroll County, IL	14,376	878	6.11%
Whiteside County, IL	55,523	2,718	4.90%
Clinton County, IA	46,770	1,907	4.08%
Jackson County, IA	19,194	870	4.53%
Illinois	12,643,207	928,612	7.34%
Iowa	3,088,842	152,469	4.94%
United States	317,941,631	29,752,767	9.36%

Education

Report area	Students with valid test scores	% Students scoring ‘proficient’ or better	% Students scoring ‘not proficient’ or worse
Report Location	1,454	57.5%	42.5%
Carroll County, IL	66	46.8%	53.2%
Whiteside County, IL	629	34.8%	65.2%
Clinton County, IA	564	77.1%	22.9%
Jackson County, IA	195	77.5%	22.5%
Illinois	144,640	38.5%	61.5%
Iowa	37,716	73.2%	26.8%
United States	3,439,052	50.8%	49.2%

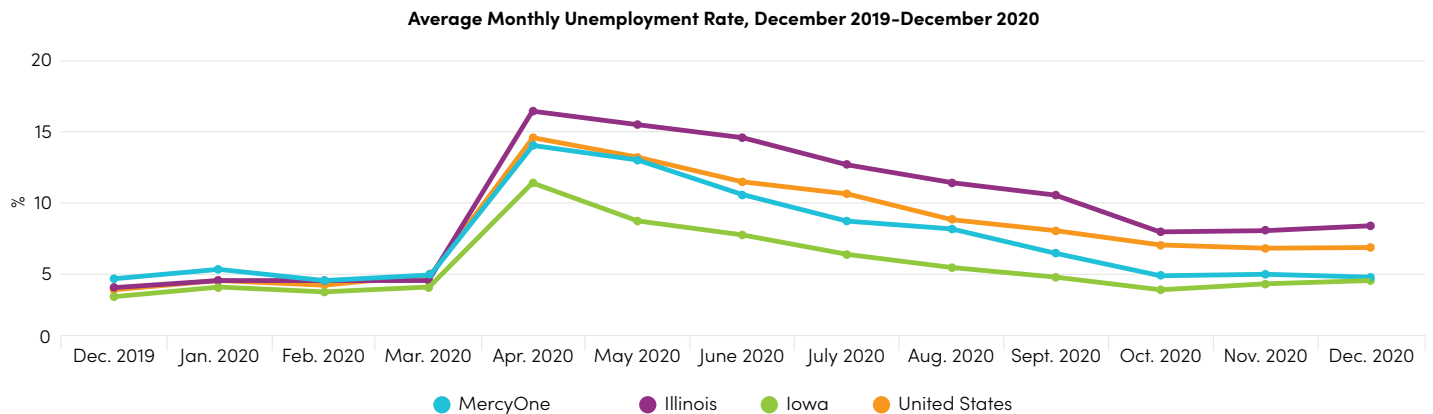
Violent crimes: High levels of violent crime compromise physical safety and psychological well-being. High crime rates can also deter residents from pursuing healthy behaviors, such as exercising outdoors. Additionally, exposure to crime and violence has been shown to increase stress, which may exacerbate hypertension and other stress-related disorders and may contribute to obesity prevalence. Exposure to chronic stress also contributes to the increased prevalence of certain illnesses, such as upper respiratory illness, and asthma in neighborhoods with high levels of violence. Uniform Crime Reporting (UCR) data is generally regarded as a valid and reliable index of the types of crime residents view as serious events. The County Health Rankings use data from the County-Level Detailed Arrest and Offense Data report. According to this data source, Clinton County is getting worse for violent crimes increasing from 2007 (447) to 2016 (555) per 100,000 population.

During a three-year period from 2014–2016, the Federal Bureau of Investigation measured violent crimes per 100,000 people throughout the states of Iowa and Illinois. During this period, Whiteside County (191 per 100,000), Carroll County (47 per 100,000), and Jackson County (82 per 100,000) had significantly lower violent crime rates than the state of Iowa average (283 per 100,000) and the state of Illinois average (406 per 100,000). However, Clinton County had an estimated 484 violent crimes per 100,000 people, by far the highest in the service area, and substantially higher than the state rate for Illinois and Iowa.

Unemployment: According to the data obtained from the Bureau of Labor Statistics, the table and chart below show unemployment rates by county and the most recent 12-month unemployment trends for the service area currently. Since the beginning of the COVID-19 pandemic, the unemployment rate for the MercyOne Clinton service area is consistent with the national unemployment rate for the same time period, with the state of Illinois reporting higher rates of unemployment and the state of Iowa reporting lower rates.

Average monthly unemployment rate, December 2019–December 2020

Report area	Dec. 2019	Jan. 2020	Feb. 2020	Mar. 2020	Apr. 2020	May 2020	June 2020	July 2020	Aug. 2020	Sept. 2020	Oct. 2020	Nov. 2020	Dec. 2020
MercyOne Clinton	4.1%	4.8%	4.0%	4.1%	13.8%	12.8%	10.3%	8.3%	7.8%	6.0%	4.3%	4.5%	4.3%



Veterans: This indicator reports the percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II. Of the 106,476 population of the report area, 10,006 or 9.40% are veterans.

Veteran population

Report area	Total population age 18+	Total Veterans	Veterans - % of total population
Report Location	106,476	10,006	9.40%
Carroll County, IL	11,658	1,156	9.92%
Whiteside County, IL	43,519	3,963	9.11%
Clinton County, IA	36,210	3,555	9.82%
Jackson County, IA	15,089	1,332	8.83%
Illinois	9,861,431	570,264	5.78%
Iowa	2,409,111	185,671	7.71%
United States	250,195,726	18,230,322	7.29%

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

Food insecurity: Food insecurity is the percentage of the population who did not have access to a reliable source of food during the past year. Without constant access to food individuals can suffer from negative health outcomes and even premature death. In 2020, between 9%-12% of service area residents lacked access to adequate food. The lack of access was consistent with rates seen throughout the state of Iowa (11%) and the state of Illinois (11%).

Access to primary care: Service area residents continue to have less access to primary care than is seen throughout the states of Iowa and Illinois. In 2017, Whiteside County had the greatest access to primary care in the service area with approximately 59 primary care physicians per 100,000 population. The other 3 counties in the service area, Carroll County (34.5), Clinton County (51.2), and Jackson County (36.1) are all significantly lower than the state averages of Iowa (72.9) and Illinois (80.1).

COMMUNITY HEALTH FACTORS

Poor mental health days: Self-reported health status is a general measure of health-related quality of life in a population. Measuring this helps characterize the burden of disabilities and chronic diseases in a population. Self-reported health status is a widely used measure of people's health-related quality of life. In addition to measuring how long people live, it is important to also include measures that consider how healthy people are while alive. When examining the validity of healthy days as a summary measure for county health status, it was found that counties with more unhealthy days were likely to have higher unemployment, poverty, percentage of adults who did not complete high school, mortality rates and prevalence of disability than counties with fewer unhealthy days. (www.countyhealthrankings.org)

The average number of mentally unhealthy days reported in a 30-day period for Clinton County (3.9), Jackson County (3.6), Whiteside (3.9), and Carroll (3.9).

Clinton County, our main service area, was ranked 94 out of 99 counties in the overall quality of life health outcome ranking.

Drug overdose deaths: According to the County Health Rankings, drug overdose deaths are a leading contributor to premature death and are mostly preventable. Currently, the United States is experiencing an epidemic of drug overdose deaths and opioids contribute largely to the deaths. According to the CDC, the rate of drug overdose deaths has also risen by 137% nationwide. In MercyOne Clinton's service area, Whiteside County and Clinton County have the highest drug overdose death rate with approximately 11 out of every 100,000 persons dying from drug poisoning. The state of Iowa rate for the same time period is approximately 10 deaths per 100,000 persons. In Illinois it is significantly higher with 21 deaths per 100,000 persons.

Suicide incidence: Suicide serves as an important measure of the mental health of a county's population. The Iowa Health Fact Book data from 2014-2018 ranked Clinton County 10th out of 99 counties with an adjusted suicide rate of 18 per 100,000, while Jackson County ranked 24th with an adjusted suicide rate of 22.6 per 100,000, both more than the Iowa suicide rate of 14 per 100,000. The most recent data from the Illinois Department of Public Health listed a statewide average of 11 suicides per 100,000 with Whiteside County at 18 suicides per 100,000. Carroll County suicide data was unreported. The source for this data is from the National Center for Health Statistics - Mortality Files.

Adult smoking: According to 2020 data obtained by County Health Rankings, an average of 15% of adults living in the four-county service area are current smokers. Rates among service area counties are as follows; Clinton County 17%, Jackson County 15%, Whiteside County 15%, and Carroll County 14%. The rate of current smokers in the service area is consistent with the state of Iowa (17%) and state of Illinois (15%) averages.

Cancer: According to State Cancer Profiles, from 2013 – 2017, cancer rates in all four service area counties were higher than the state of Illinois and Iowa averages. Jackson County had the highest cancer rate in the service area, though down from 511 last cycle, with 488.5 cases per 100,000 population. Clinton County (481), Whiteside County (472), and Carroll County (458) all had cancer cases per 100,000 of the population rates higher than the US average at 448.7 per 100,000. The state-average cancer rates for Iowa and Illinois were approximately 479 and 465.5 per 100,000 population, respectively.

Excessive drinking: Excessive drinking is the percentage of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than 1 (women) or 2 (men) drinks per day on average. According to data obtained from the RWJF County Health Rankings in 2020, approximately 20% of residents living in the service area are self-reported excessive drinkers. Excessive drinking rates in the service area were slightly lower than the state of Iowa average (22%) and the state of Illinois average (21%).

Adult obesity: Adult obesity is defined as the percentage of the adult population, age 20 and older, with a body mass index (BMI) greater than or equal to 30 kg/m. According to the CDC, obesity is often the result of an overall energy imbalance due to poor diet and limited physical activity. Obesity increases the risk for major health conditions such as diabetes, cancer and heart disease. Adult obesity rates in 2020 for the service area were consistent with rates seen across Iowa (33%) and Illinois (30%), an increase from 2014 of 1% and 2% respectively. Whiteside County had the highest adult obesity rate (34%), followed by Clinton County (33%), Jackson County (31%), and Carroll County (25%).

Diabetes: According to the National Diabetes Surveillance System and the Center for Disease Control and Prevention, approximately 10% of Iowa and 10% of Illinois residents aged 20 and older have been diagnosed with diabetes. The diabetes prevalence data was collected in 2016 and includes population estimates from the U.S. Census Bureau.

In the four-county service area, Clinton County (12%) was the only county that had a higher prevalence of diabetes than their respective state rates, whereas Whiteside County had 10% and Jackson and Carroll were 7% and 8% respectively.

Heart disease: The Iowa Department of Public Health reports that heart disease is the number one cause of death in Iowa. Across all races, Iowa state had a much higher rate of death from heart disease, with 321 heart

disease deaths per 100,000. Clinton County has a significantly higher rate of deaths with 378 per 100,000 and Jackson County also has a much higher rate of 329 per 100,000.

In Illinois, the CDC reports that there are 319 deaths per 100,000 from heart disease. Carroll and Whiteside County both had a rate of 372 deaths from heart disease per 100,000.

Collecting community input

DEVELOPMENT AND DESCRIPTION OF STEERING COMMITTEE

MercyOne formed two teams to assess the needs of the service area of MercyOne Clinton Medical Center, an internal team and an external team (See Appendix A for full list). The internal team included a collaborative effort representing various disciplines within MercyOne Clinton to support focus areas of need in the community. The external team included representatives from MercyOne Clinton Medical Center's service area which includes four counties; Clinton, Jackson, Whiteside and Carroll. The external team also represents different disciplines in the community that support minorities, underserved and diverse age groups.

The internal team met initially on August 4, 2020 to decide key stakeholders for the Advisory Team. The combined teams met on October 7, 2020, December 9, 2020, January 20, 2021 and March 3, 2021. This community committee will continue as the steering and advisory committee over the next CHNA cycle. The goal will be to meet quarterly to capture gaps in the community and work together over the next cycle in a collaborative effort to address the health needs and social determinants of health.

COMMUNITY INPUT SOURCES

Clinton County Local Health Department Partnership: MercyOne Clinton Medical Center working in conjunction with the Genesis Visiting Nurses Association (VNA) and Genesis Medical Center-Clinton, held a series of meetings with various community agencies and elected officials to review data and prioritize local health issues. The VNA serves as the Public Health Nursing Agency for Clinton County Iowa and is contracted to handle most of the county's public health functions. As a result, the health issues identified as a part of this process will also become the priorities for Clinton County the geographic area of MercyOne Clinton's main service area.

Representation from those who are medically underserved, low-income, or in racial minority populations: To gain insight into underserved population, MercyOne convened a series of meetings with representatives from various organizations within the service area. In addition, community surveys (described below) were collected from meal sites and social services organizations targeting the underserved population.

See Appendix A for a list of organizations represented.

MercyOne was intentional about survey collection from minority groups. The percentage of surveys collected from racial minority populations closely aligns with the demographic make-up of the service area. When focus groups are formed for action planning, racial minority populations will be included to help with the development of the implementation strategies.

Written comments: MercyOne solicited written comments from the community by providing on the prior CHNA report the mailing address: 1410 N. 4th St. Clinton, IS 52732; or by calling 563-244-3539. During the FY19-21 cycle, no comments were submitted.

COMMUNITY SURVEY

Survey definition: MercyOne used SurveyMonkey® to distribute a survey that was promoted to different populations including all levels of education, income and race. The steering committee developed one survey that was used for all participating organizations. The full steering committee reviewed the survey for readability, clarity of questions, format and overall community health needs. The survey distribution included addressing gaps in health needs, social determinants of health and targeted diverse groups to get a good representation of the community.

Survey demographic results: Over 600 surveys were collected with a well-rounded number from each county, different populations, demographics and age. The survey demographic results can be viewed in Appendix B. The survey was conducted from October 19, 2020 through January 5, 2021. The survey demographics were reflective of MercyOne Clinton Medical Center's service area. Surveys were sent electronically to the general population and were passed out to Information Referral Assistance and Service at a free meal site to include the vulnerable population that did not have access to the electronic survey.

Process and methods for identifying and prioritizing needs

The Community Health Needs Assessment (CHNA) process included gathering both qualitative and quantitative data. It is important to note that, while most of this data is health specific MercyOne acknowledges that many factors affect individual and population health. Most notably, the social determinants of health (poverty, education, employment, etc.) can have a significant impact on health status, and MercyOne collected a wide variety of data that reflects these indicators. Together, the qualitative and the quantitative data will help the health system make decisions regarding short-term and long-term resource allocation.

METHODOLOGY

The final eight prioritized health needs were developed from analyzing the responses from the community health need survey against a need differential process.

During the analysis, five key questions from the Community Survey were identified as areas of focus:

- What are the three most important factors for a healthy community?
- What are the three worst health problems in the community?
- What are three risky behaviors that exist in the community?
- What are the three worst health problems relative to children's health?
- What are three social care needs that people face in the community?

The top five responses from the five questions listed were compiled into a list of 25 potential areas of concern. From the list of 25, closely related responses were grouped together to create a better-defined list of 15 areas of concern.

After obtaining a list of the 15 areas of concern from the survey, a need differential was calculated for each area, comparing quantitative data indicators from the County Health Rankings in Iowa and Illinois. The need differential was calculated by using the following formula:

Need Differential = (current rate – benchmark rate)/
current rate) x100

PRIORITIZATION OF SIGNIFICANT NEEDS

After the top eight needs were identified in January 2021, these were presented to the steering committee. The Steering Committee was given a survey through survey monkey on January 5, 2021 listing the eight health needs and asking them to prioritize the top health needs based on their area of expertise and knowledge of the community they represent. The idea was to have the steering committee identify the top areas because this is the group that collectively can help address the needs with the maximum impact.

Major Priorities: After a week of collecting surveys from the Steering Committee in January 2021, the following eight categories were identified from the community survey, need differential analysis and steering committee input. In order of importance.

1. Mental health
2. Substance abuse
3. Access to health care
4. Obesity
5. Poverty
6. Access to food
7. Suicide
8. Cancer

Significant community health needs to be addressed

Of the eight significant health needs, the top three health needs were identified with the Steering Committee and each will have workgroups dedicated to addressing the needs. Though only the top three were selected as needs that will be addressed, the workgroups will keep in mind all the identified health needs as they often overlap. The top three needs that will be addressed are:

1. Mental health
2. Substance use
3. Access to health care

DESCRIPTION AND ANALYSIS OF TARGETED HEALTH NEEDS FY22-24

Mental health

Mental/behavioral health has been one of the top-ranking health needs for this community the past several years. Clinton County offers inpatient and outpatient services, but we still see mental/brain health as a top priority on our Community Health Needs Assessment. Over the past year accessing services became more challenging due to COVID-19 restrictions. It is anticipated that COVID-19 will have a significant impact to behavioral/mental health due to increased stress, social isolation, and lack of healthcare. To be successful, we need to raise awareness/acceptance of behavioral/mental health issues and to provide the community with adequate tools/resources to live health lives. As a result, of mental/behavioral health surfacing as a top priority, a work group has been formed with experts of different backgrounds to develop action plans to implement over the next 3+ years.

Barriers/gaps that have been identified with mental Health:

1. Stigma
2. Cost of healthcare/prescriptions
3. Lack of mental health providers (IP and OP)
4. Outpatient services – long wait times to establish with psychiatrist – availability of staff for rushed appointments
5. Transportation barriers to get to appointments – do have shuttle now that assists with getting patients to Bridgeview – must be set up in advance to be able to use service
6. Substance misuse – can mask underlying symptoms – difficult to diagnose when under influence
7. Opportunities for community outreach – teaching/prevention
8. Homeless – not receiving adequate care

Substance use

Substance use has been one of the top-ranking health needs for this community the past several years. Clinton County has one provider that offers outpatient substance use services, and there are two intensive outpatient programs with housing, a substance use prevention agency, two substance abuse coalitions and additional community partners who address substance use as part of their services. Over the past year accessing services

became more challenging due to COVID-19 restrictions. Statewide substance use providers have seen a 30% decrease in patients, due to COVID-19 and related closings/restrictions. In addition, prevention efforts have been limited due to not being able to do community outreach or school-based services.

Overall, the early data suggests that in the United States, COVID-19 has led to an increase in substance use, increase in overdoses, mental health related issues due to increased stress, social isolation and lack of healthcare. According to the Centers for Disease Control and Prevention, as of June 2020, 13% of Americans reported starting or increasing substance use as a way of coping with stress or emotions related to COVID-19. Overdoses have also spiked since the onset of the pandemic. A reporting system called ODMAP shows that the early months of the pandemic brought an 18% increase nationwide in overdoses compared with those same months in 2019.

To be successful, we need to increase community readiness and implement strategies to reduce initiation of substance use and decrease the progression of substance use and related behavioral health issues. This workgroup will use the Strategic Prevention Framework to collect and review assessment data, build capacity, create community strategies, implement strategies and evaluate their effectiveness. As a result, of substance use surfacing as a top priority, a work group has been formed with experts of different backgrounds to develop action plans to address this community priority.

Barriers/gaps that have been identified with substance use:

1. Stigma
2. Access to substance use services
3. Lack of substance use providers (inpatient and outpatient)
4. Transportation barriers to get to appointments
5. Mental health-need for co-occurring programs
6. Opportunities for community outreach – teaching/prevention because of COVID
7. Transient, homeless and ALICE constraints
8. Community has low priority for prevention efforts
9. Social norms accepting use
10. Low perception of harm
11. Low perception of consequences

12. Availability
13. A community environment that supports use and does not support recovery

Access to health care

Access to health care was a top health need in the last FY19-21 CHNA cycle and continues to be a top health need. Primary care providers in the service continue to rise. Currently from the County Health Rankings data Clinton County had a ratio for PCPs of 1860 to 1. This has remained steady at this level for the past 10 years with a ratio range of 1694-1959 to1.

With a high need for more providers and an identified need to get vulnerable patients to and from health care, transportation and access to a primary care physician has remained a top priority for MercyOne's service area.

Barriers/gaps that have been identified with access to health care:

1. Poverty levels
2. Access to services
3. Transportation
4. Access to local providers including specialists
5. Homelessness
6. Lack of education on the need for preventive services
7. High percentage of the population on Medicaid (21.5%)
8. Rural service area

Community resources to address needs

INTERNAL RESOURCES

MercyOne has created numerous programs to positively impact the physical, behavioral and mental health of our patients and the surrounding community. The following services have provided an opportunity for the population in our service area receive the best care possible to suit the needs of each individual.

MercyOne subsidized inpatient Telepsych program serves the needs of the vulnerable population with behavioral and mental illness and substance abuse. A dedicated behavioral social worker has been assigned to the Emergency Department to assist patients and families in caring for those who come to the ED.

MercyOne has a subsidized Medication Assisted Treatment (MAT) clinic that serve patients addicted to opioids.

To address the growing need for uninsured patients to receive basic health care in our service area, a mobile health clinic is in the works to bring basic health care to the underserved, homeless and others in need of health care.

Diabetes prevention programs, support and educational programs addressing obesity and chronic disease are provided to the community at no or minimal cost. MercyOne is a fully recognized CDC National Diabetes Prevention Program.

MercyOne's service area has a high elderly population with slips and falls being a risk for people age 65 and over. An evidence-based fall prevention program is offered as a community benefit to seniors.

Transportation is a barrier for the vulnerable population and MercyOne has a transportation system in place with the local MTA and taxi company.

EXTERNAL COMMUNITY BASED RESOURCES

Let's Live Health Clinton (LLHC), a collaboration and partnership with various organizations, works towards focusing on improving the overall health of the community focusing on these three initiatives: an Iowa Healthiest State Initiative - Eat Well, Move More and Feel Better.

Breathe Easy a work group is a community task force to improve the use of nicotine in the community. The goal is to decrease the percent of adults that are current smokers.

The Clinton Collaborative Council brings together representatives from key stakeholders in the county to address substance use and problem gambling issues in Clinton County. The council focuses on six different areas. The Integrated Provider Network (IPN) grant covers youth tobacco use, youth marijuana use, adult binge drinking, adult problem gambling and older adult prescription medication misuse. The Strategic Initiatives to Prevent Drug Overdoses (SIPDO) grant focuses on adult methamphetamine use and a little bit on opioids. The Clinton Collaborative Council works to expand resources, promote communication between organizations and implement comprehensive and effective solutions for substance use and problem gambling issues in Clinton County.

Conclusion and Community Benefit Implementation Strategy

IMPLEMENTATION PLAN

MercyOne Clinton Medical Center will address the following health needs listed in order of importance. Each health need will have goals, objectives and outcomes to measure the effectiveness.

- Behavioral and mental health
- Substance use
- Access to care

Teams have been formed to develop detailed implementation plans with tactics for each health need. The teams will work to identify goals, objectives, actions to take over the next three years and outcomes with appropriate internal and external partners. Details of the implementation plan will be located on the MercyOne Eastern Iowa website.

Additional health needs: While not the top areas for specific action plans, MercyOne Clinton Medical Center's Community Benefit Program will continue to provide services on a variety of other health issues including: Obesity, Diabetes, Nicotine Prevention, Access to Food, Fall Prevention for Seniors, Exercise, Chronic Disease Prevention, and Community Health Awareness & Prevention while keeping in mind the social determinants of health.

To submit written comments on the CHNA or to obtain a copy of the report, contact MercyOne Clinton Medical Center CHWB office, 1410 N. 4th St. Clinton, IA 52732 or call 563-244-3539.

The next Community Health Needs Assessment will be completed in fiscal year 2024.

Appendix A - steering committee

A COLLABORATIVE COMMUNITY EFFORT

Clinton Area Steering Committee	Clinton County Public Health	Iowa State Extension
Clinton Chamber Of Commerce	Alverno Long Term Care	ASAC
MercyOne Mat Clinic	City Of Clinton	Gateway Impact
MercyOne Behavioral Med Unit	City Of Dewitt	Community Partnerships Protecting Children
MercyOne Medical Group	Clinton Fire Department	School Nurses:
MercyOne Infection Control	Clinton County Public Health	Clinton, Jackson, Whiteside & Carroll Counties
MercyOne Finance	Iowa State Senator	Superintendent Fulton Schools
Women's Health Services	Information Referral & Services	Curriculum Director Clinton Schools
Clinton Community Health Clinic	United Way	WIC
Bridgeview	Sisters Of Saint Francis – Canticle	

Appendix B - Summary of Data Analysis

Summary of Data Analysis

	Survey Response %	Need Differential %	Current Rate	Benchmark (average of Iowa and Illinois)
Access to health care	69.87%	51.49	50.5	76.5
Access to food	40.83%	18.19	21.4	17.5
Access to housing	40.65%	-28.97	21.4	27.6
Substance abuse (includes tobacco, prescription drugs, illegal drugs)	51.95%	9.09	11.0	10.0
Mental and behavioral health (includes access to mental health and stigmas about mental health)	40.06%	56.88	123.6	193.9
Obesity (includes physical inactivity and unhealthy eating)	35.18%	7.25	34.5	32.0
Alcohol abuse	52.91%	-9.27	20.0	21.8
Bullying (children)	55.06%			
Poverty (includes unemployment and lack of "good job")	32.61%	4.28	30.4	29.1
Crime and violence	28.20%	-29.95	265.4	344.9
Cancer	37.21%	4.68	500.4	477.0
Age related issues (includes arthritis, dementia, fall prevention, hearing loss)	22.32%			
Texting and driving	28.91%			
Social media concerns (children)	28.60%			
Suicide	24.71%	22.22	18.0	14.0

Need Differential = ((current rate - benchmark)/current rate) x 100

EIGHT SIGNIFICANT NEEDS BASED OFF ANALYSIS

- Access to health care
- Access to food
- Substance abuse (includes tobacco, prescription drugs, illegal drugs)
- Mental and behavioral health (includes access to mental health and stigmas about mental health)
- Obesity (includes physical inactivity and unhealthy eating)
- Poverty (includes unemployment and lack of livable wage)
- Cancer
- Suicide

Steering committee poll results

Health Need	Total number	Total responses	Total percent
Access to health care	12	33	36%
Access to food	4	33	12%
Substance abuse	20	33	61%
Obesity	8	33	24%
Cancer	0	33	0%
Mental and behavioral health	26	33	79%
Poverty	5	33	15%
Suicide	1	33	3%

Top Health Needs FY22-24

- Mental and behavioral health
- Substance abuse
- Access to health care

Appendix C - summary of demographics from survey

Age

Answer choices	Responses	
	%	Total
Under 18	0.83%	5
18-24	3.50%	21
25-34	9.83%	59
35-44	20.83%	125
45-54	24.83%	149
55-64	24.67%	148
65+	15.50%	93
	Total	600

Highest level of education completed

Answer choices	Responses	
	%	Total
Some high school	2.33%	14
GED	1.00%	6
Graduated from high school	11.50%	69
Some college	15.83%	95
Technical or trade school	6.67%	40
Graduated from college	40.00%	240
Some graduate school	3.83%	23
Completed graduate school	16.00%	96
Doctoral degree	2.83%	17
	Total	600

Household income

Answer choices	Responses	
	%	Total
Under \$15,000	2.17%	13
Between \$15,000 and \$29,000	5.83%	35
Between \$30,000 and \$49,000	12.17%	73
Between \$50,000 and \$74,000	18.17%	109
Between \$75,000 and \$99,000	16.67%	100
Between \$100,000 and \$150,000	25.33%	152
Over \$150,000	9.17%	55
Prefer not to answer	10.50%	63
	Total	600

Insurance coverage

Answer choices	Responses	
	%	Total
Covered by employer health insurance	67.61%	405
Covered by medicare	13.86%	83
Covered by private insurance	11.02%	66
Covered by medicaid	4.01%	24
Rather not answer	2.50%	15
No coverage	1.00%	6
I am covered but my children are not	0.00%	0
My children are covered but I am not	0.00%	0
No one in my family is covered	0.00%	0
	Total	599

Race

Answer choices	Responses	
	%	Total
White or Caucasian	95.99%	575
Hispanic or Latino	1.50%	9
Black or African American	1.00%	6
Another race	0.83%	5
Asian or Asian American	0.50%	3
American Indian or Alaska Native	0.17%	1
Native Hawaiian or other Pacific Islander	0.00%	0
	Total	599

Appendix D - results of 5 key questions

Please check the three most important factors for a healthy community.

Answer Choices	Responses	
Access to health care - primary care, specialty, mental health	69.87%	385
Access to food	40.83%	225
Access to housing	40.65%	224
Good job	34.85%	192
Low crime rate	25.41%	140
Good place to raise your children	24.50%	135
Good schools	23.41%	129
Healthy options - at restaurants, exercise opportunities, things to do	18.15%	100
Parks and recreation areas	11.98%	66
Religious and spiritual venues	7.44%	41
Walkability and/or bikability	6.53%	36
Low child abuse	3.09%	17
Low infant death rates	0.36%	2
Healthy options i.e. exercise facilities, healthy food options at restaurants	0.00%	0
Strong family values	0.00%	0
Other (please specify)	0.00%	0
	Total respondents:	551

Please check the top three worst health problems in the community or surrounding communities where you live.

Answer Choices	Responses	
Substance abuse - tobacco, electronic cigarettes, marijuana use, opioids, meth, prescription	57.53%	317
Mental health	47.55%	262
Obesity	47.19%	260
Cancer	37.21%	205
Age related issues (arthritis, hearing/vision loss, dementia, fall prevention, etc.)	22.32%	123
Diabetes	19.78%	109
Heart disease/stroke	17.06%	94
Infectious disease - COVID, influenza, TB, measles	12.89%	71
Suicide	12.70%	70
High blood pressure	9.98%	55
Poor nutrition	7.99%	44
Asthma	3.63%	20
Injury (car, falls, accidents)	2.18%	12
Sexually transmitted diseases	1.63%	9
Teenage pregnancy	0.73%	4
Low birth weight	0.18%	1
Limited access to doctor	0.00%	0
Limited access to food	0.00%	0
Limited access to dental care	0.00%	0
Limited access to transportation	0.00%	0
Limited access to mental health services	0.00%	0
Obesity	0.00%	0
Human trafficking	0.00%	0
Marijuana use	0.00%	0
Illicit substance abuse - opioids, meth	0.00%	0
	Total respondents:	551

Please check the top three risky behaviors in the community you live.

Answer Choices	Responses	
Illegal drug use - meth, opioids	65.64%	361
Alcohol abuse	52.91%	291
Physical inactivity	30.00%	165
Texting and driving	28.91%	159
Unhealthy eating	28.36%	156
Driving under the influence	21.27%	117
Prescription drug abuse	21.09%	116
Nicotine use - vaping or electronic cigarettes	12.00%	66
Tobacco use	10.91%	60
Marijuana use	10.91%	60
Not getting vaccinations to prevent diseases	6.18%	34
Unsafe sex	5.27%	29
Youth dropping out of school	4.73%	26
Not wearing a seatbelt	2.73%	15
Other	0.00%	0
	Total respondents:	550

Please check the top three worst health problems relative to children’s health in your community.

Answer Choices	Responses	
Bullying	55.06%	283
Access to mental health services	33.46%	172
Substance abuse - prescription drugs, marijuana, nicotine/e-cigarettes, or tobacco use	32.68%	168
Not knowing what your child is doing on social media and social media overuse	28.60%	147
Suicide	24.71%	127
Depression	20.62%	106
Child abuse and supportive living arrangement	20.43%	105
Access to child care/daycares	14.59%	75
Access to affordable health insurance	14.01%	72
Physical activity opportunities	12.06%	62
Supportive living environment	10.89%	56
Access to health care	10.12%	52
Vulnerability to human trafficking	8.56%	44
Alcohol use	7.20%	37
Nutritious school lunches	6.23%	32
Sexual behavior	4.09%	21
Access to immunizations	1.36%	7
Screen time	0.00%	0
Social media overuse	0.00%	0
Infectious disease - COVID, influenza, TB, measles	0.00%	0
Marijuana use	0.00%	0
Nicotine use electronic cigarettes	0.00%	0
Tobacco use	0.00%	0
School drop out	0.00%	0
NA	0.00%	0
	Total respondents:	514

Please pick the top three social care needs that people face in your community.

Answer Choices	Responses	
Stigmas (mental health, criminal history, substance abuse)	39.18%	201
Poverty	35.87%	184
Crime and violence	30.99%	159
Unemployment	27.10%	139
Availability of resources to meet daily needs (safe housing, local food markets)	24.56%	126
Social isolation	24.37%	125
Homelessness	19.30%	99
Access to education, economic and job opportunities	18.13%	93
Political divisions	17.93%	92
Access to child care/day care	14.42%	74
Lack of transportation	14.04%	72
Access to health care services	13.26%	68
Access to assisted living for elderly parent	11.70%	60
Access to food	6.63%	34
Discrimination	4.87%	25
Domestic abuse	0.00%	0
Sex trafficking	0.00%	0
Single parent families	0.00%	0
Substance use disorders	0.00%	0
Other (please specify)	0.00%	0
	Total respondents:	513

