

2021 COMMUNITY HEALTH ASSESSMENT

Scott County & Muscatine County, Iowa
Rock Island County, Illinois

Sponsored by
Community Health Care, Inc.
Genesis Health System
Muscatine County Public Health
Quad City Health Initiative
Rock Island County Health Department
Scott County Health Department
UnityPoint Health–Trinity

Study Funded by
Genesis Health System
UnityPoint Health–Trinity



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INTRODUCTION



PREFACE

The sponsors of this study, Community Health Care, Inc., Genesis Health System, Muscatine County Public Health, Quad City Health Initiative, Rock Island County Health Department, Scott County Health Department and UnityPoint Health–Trinity, collaborate on improving health status and quality of life in the Quad Cities region. This work together is rooted in periodic, comprehensive community health assessments that meet the information and reporting needs of all partners. Understanding our community’s health status is the foundation for developing community education, resources, and programs that will advance our community’s health. The assessment informs the creation of community health improvement plans for the study sponsors. In addition, the study sponsors encourage other organizations also to use this information to inform strategic planning, grant writing and project development.

For the 2021 Quad Cities Community Health Assessment, our coordinated approach included primary data collection, secondary data analysis, and qualitative data gathering from community members in our bi-state area. The study sponsors engaged PRC, Inc. to collect secondary data and implement a community health survey. Select operations data from local providers also were summarized. Special consideration was given to how we could increase our understanding of topics such as the impact of COVID-19, health disparities, and social determinants of health. The following document provides PRC, Inc.'s bi-state findings in detail as well as information obtained through local partners. Documents produced as part of the 2021 Quad Cities Community Health Assessment process are available for review online at quadcities.healthforecast.net.



PROJECT OVERVIEW

Project Goals

This Community Health Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Scott, Muscatine, and Rock Island counties — it is a follow-up to similar studies conducted in the Quad Cities Area (Scott and Rock Island counties) in 2002, 2007, 2012, 2015, and throughout the full three-county area in 2018. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

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

This assessment was conducted by Professional Research Consultants, Inc. (PRC), a nationally recognized health care consulting firm with extensive experience conducting Community Health Assessments in hundreds of communities across the United States since 1994.

Acknowledgments

This study was sponsored by a collaboration of local organizations, including: Community Health Care, Inc.; Genesis Health System; Muscatine County Public Health; Quad City Health Initiative; Rock Island County Health Department; Scott County Health Department; and UnityPoint Health–Trinity. The portion of the study conducted by PRC was funded by Genesis Health System and UnityPoint Health–Trinity. The following staff from the sponsoring organizations comprised the assessment Steering Committee.

Steering Committee:

- Brooke Barnes, Scott County Health Department
- Taryn Bautista, Genesis Health System
- Sherri Behr DeVrieze, UnityPoint Health–Trinity
- Tom Bowman, Community Health Care, Inc.
- Nicole Carkner, Quad City Health Initiative (QCHI)
- Michele Dane, Genesis Health System
- Rikki Hetzler, UnityPoint Health–Trinity Muscatine Public Health



- Janet Hill, Rock Island County Health Department
- Daniel Joiner, UnityPoint Health–Trinity
- Cheri Lewis, Quad City Health Initiative (QCHI)
- Nita Ludwig, Rock Island County Health Department
- Tiffany Peterson, Scott County Health Department
- Christy Roby Williams, UnityPoint Health–Trinity Muscatine Public Health

The Steering Committee was guided by the input from Stakeholder Committees that were convened to support data collection and the identification of community health priorities. The Steering Committee thanks the following community members who participated in this process. The Steering Committee would like to acknowledge staff from the Scott County Emergency Management Agency for conversations about how this assessment can inform broader community-recovery planning efforts. The Steering Committee also appreciates the contributions of Lara Paxton, MPH student, St. Ambrose University, who supported this assessment as an intern.

Rock Island and Scott Counties Stakeholder Committee:

- Dr. Ron Boesch, Palmer College of Chiropractic Clinics
- Carol Brenner, MetroLINK
- Debra Brownson, Skip-a-Long Family and Community Services
- Denise Bulat, Bi-State Regional Commission
- Sheriff Gerry Bustos, Rock Island County Sheriff's Department
- Dave Donovan, Scott County EMA
- Gina Ekstrom, Davenport Community School District
- Laura Fontaine, World Relief Quad Cities
- Linda Frederiksen, Medic EMS
- Deborah Freiburg, Rock Island County Board of Health
- Mayor Bob Gallagher, City of Bettendorf
- Dr. Ann Garton, St. Ambrose Institute for Person-Centered Care
- Rev. Dr. Melvin Grimes, Churches United of the Quad City Area
- Dr. Kathleen Hanson, Scott County Board of Health
- Dr. Kristin Humphries, East Moline School District
- Jerry Jones, MLK Jr. Community Center
- Leslie Kilgannon, Quad Cities Housing Cluster
- Brycie Kochuyt, Alternatives for the Older Adult
- Sheriff Tim Lane, Scott County Sheriff's Department
- Shirleen Martin, Davenport NAACP Health Committee Member
- Dr. Amy Maxeiner, Black Hawk College
- Mike Miller, River Bend Food Bank



- Tammy Reed, Rock Island County NAACP Health Committee Chair, TASC
- Anamaria Rocha, Mercado on Fifth
- Paul Rumler, Quad Cities Chamber
- Alicia Sanders, Rock Island-Milan School District
- Dr. Rachel Savage, Moline-Coal Valley School District
- Sarah Stevens, The Project of the Quad Cities
- Brian Strusz, Pleasant Valley School District
- Kelly Thompson, Quad Cities Community Foundation
- Dr. Cheryl True, True Lifestyle Medicine Clinic
- Deb Waymack, Deere & Company
- Dr. Rich Whitaker, Vera French Community Mental Health Center
- Marci Zogg, United Way Quad Cities

Muscatine County Stakeholder Committee:

- Brenda Arthur-Miller, West Liberty Community School District
- Pastor Susan Bantz, Muscatine Ministerial Association
- Bob Barrett, City of Wilton
- Steve Brauns, Wilton Ministerial Association
- Diana Broderson, City of Muscatine
- Joe Burnett, Wilton Community School District
- Clint Christopher, Muscatine Community School District
- Scott Dahlke, Muscatine Center for Social Action
- Dr. Naomi DeWinter, Muscatine Community College
- Dennis Duke, UnityPoint Health – Robert Young Center
- Jerry Ewers, City of Muscatine – Fire and Emergency Medical Services
- Megan Francis, Muscatine Senior Resources
- Michelle Garvin, Wester Drug Pharmacy and Wellness
- Father Guillermo Trevino, Jr., West Liberty St. Joseph Catholic Church
- Karen Harper RPH, Muscatine County Board of Health
- Bob Hartman, City of West Liberty
- Erika Hayes, UnityPoint Health – Trinity Muscatine
- Rikki Hetzler, UnityPoint Health – Trinity Muscatine
- Angela Johnson, UnityPoint Health – Trinity Muscatine
- Anthony Kies, City of Muscatine – Police Department



- William Koellner, Muscatine County Board of Health
- Melanie Langley, Iowa Department of Human Services
- Dana Larue, Non-Emergency Transport
- Laurie Ludman, Iowa Department of Human Services
- Dr. Michael Maharry, University of Iowa Hospitals and Clinics
- Stephanie Martin, West Liberty Chamber of Commerce
- Kadie McCorry, Mississippi Valley Child Protection Center
- Rosa Mendoza, Diversity Service Center of Iowa
- Mary Odell, Muscatine Health Support Funds
- Shane Orr, United Way of Muscatine
- Damaris Ortega, UnityPoint Health – Trinity Muscatine Occupational Medicine
- Dr. Dustaff Persaud, Mercy Family Medicine
- Lindsey Phillips, Trinity Muscatine Foundation Board of Directors
- Cheryl Plank, Vision 2020 Muscatine
- Tina Plett, Community Health Care, Inc., Muscatine Medical Clinic
- Eric Reader, Greater Muscatine Chamber of Commerce and Industry
- Erick Recinos, UnityPoint Health – Trinity
- Glenda Reichert – UnityPoint Health – Trinity Muscatine
- Judge Tom Reidel, 7th Judicial District - Iowa Department of Corrections
- Sheriff Quinn Reiss, Muscatine County Sherriff's Department
- Christy Roby Williams, UnityPoint Health – Trinity Muscatine Public Health
- Daniel Salazar, Racial Justice Fund Committee of Community Foundation of Greater Muscatine
- Nick Salazar, LULAC - League of United Latin American Citizens of Iowa
- Santos Saucedo, Muscatine County Board of Supervisors
- Charla Schafer, Community Foundation of Greater Muscatine
- Pastor Ty Thomas, Calvary Church Muscatine
- Felicia Toppert, Muscatine County Community Services
- Kim Warren, Aligned Impact Muscatine
- Brandy Werling-Marquez, Wilton Chamber of Commerce
- Steve Wieskamp, Rock Valley Physical Therapy
- Destiny Williams, Racial Justice Fund Committee of Community Foundation of Greater Muscatine
- Brian Wright, Emergency Management Agency



Methodology

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

PRC Community Health Survey

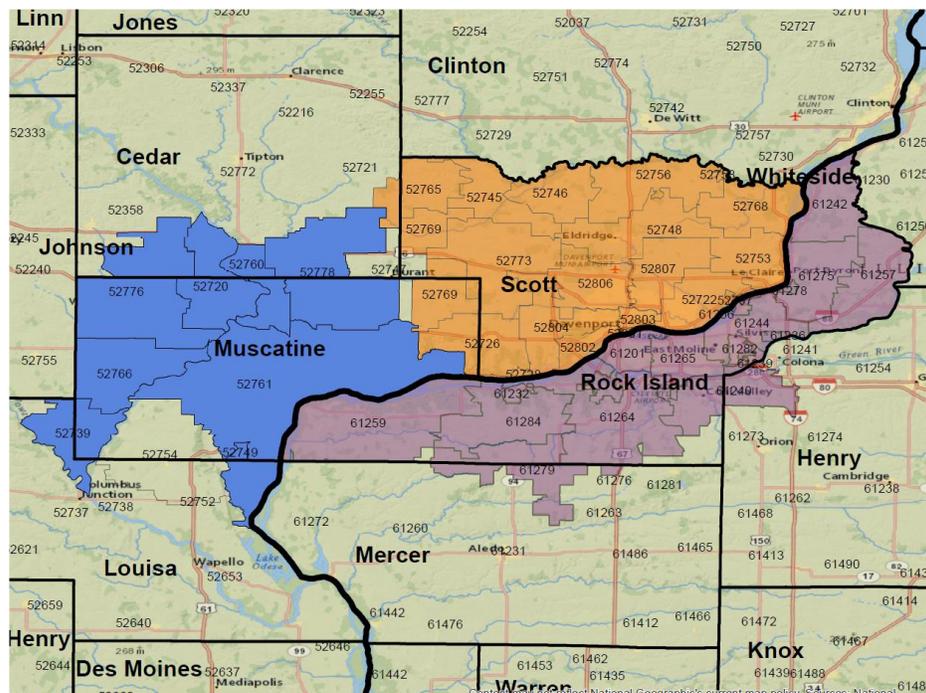
Survey Instrument

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

Community Defined for This Assessment

The study area for the survey effort (referred to as the “Total Area” in this report) includes Scott and Muscatine counties in Iowa and Rock Island County in Illinois. These counties encompass the primary service area for each of the hospitals collaborating on this study (Genesis Medical Center Davenport; Genesis Medical Center Silvis; UnityPoint Health – Trinity Moline; UnityPoint Health – Trinity Rock Island; UnityPoint Health – Trinity Bettendorf; and UnityPoint Health – Trinity Muscatine). A geographic description is illustrated in the following map.

Data are also presented for the combination of Scott and Rock Island counties (referred to as the “Quad Cities Area” or “QCA”), which is the legacy area for similar assessments conducted prior to 2018.



Sample Approach & Design

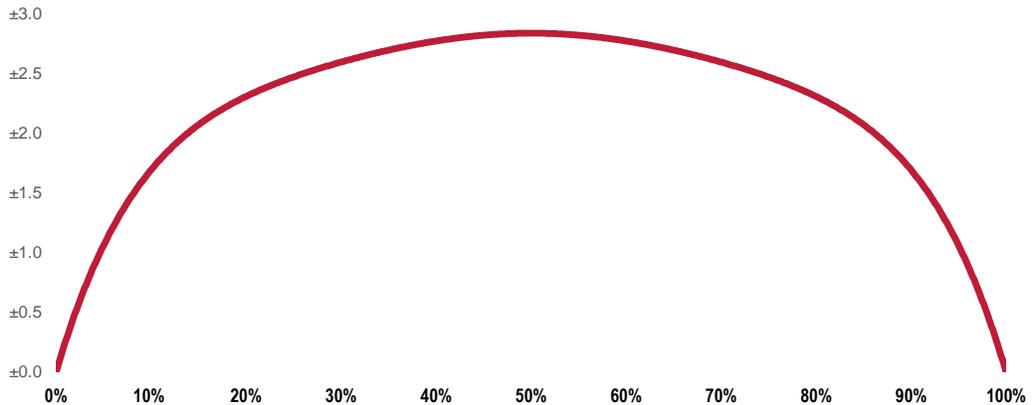
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone) as well as through online questionnaires.

The sample design used for this effort consisted of a stratified random sample of 1,000 individuals age 18 and older in the Total Area. In addition, an oversample of 150 interviews was implemented among African American and Hispanic adults to ensure that these populations were adequately represented in the sample and could be analyzed independently. The survey design for this study is consistent with similar studies that PRC conducts in communities throughout the United States. Sampling levels were chosen in order to: produce robust samples at the county level that are appropriate for the population sizes; provide adequate coverage to generate a sample that is representative for key demographic characteristics; and minimize survey error to allow for strong estimates of local health measures.

In all, the total sample of 1,150 respondents yielded 152 interviews among non-Hispanic African American residents and 155 interviews among Hispanic residents (including respondents reached through both the random sample and the oversample interviews). By county, there were 483 surveys completed in Scott County, 206 in Muscatine County, and 461 in Rock Island County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Total Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 1,150 respondents is $\pm 2.8\%$ at the 95 percent confidence level. For county-level data, the maximum error rates at the 95 percent confidence level are $\pm 4.4\%$ for both Scott County and Rock Island County, and $\pm 6.9\%$ for Muscatine County.

Expected Error Ranges for a Sample of 1,150 Respondents at the 95 Percent Level of Confidence



- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 1,150 respondents answered a certain question with a "yes," it can be asserted that between 8.3% and 11.7% ($10\% \pm 1.7\%$) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 47.2% and 52.8% ($50\% \pm 2.8\%$) of the total population would respond "yes" if asked this question.

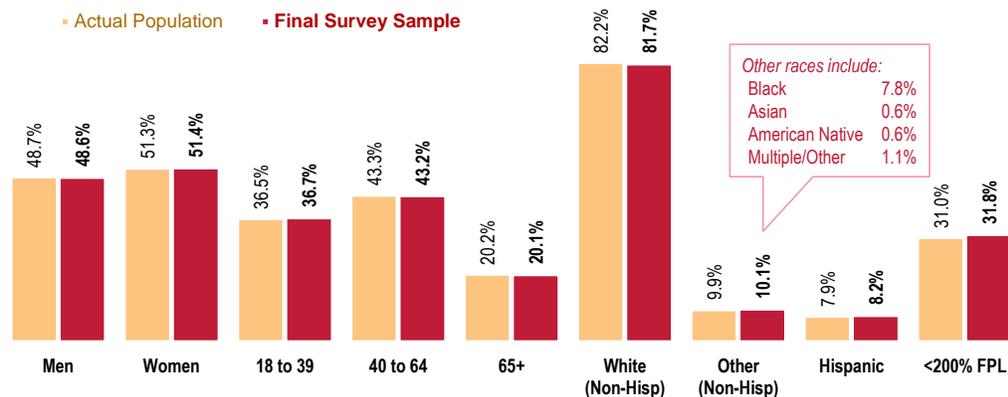


Sample Characteristics

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

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

Population & Survey Sample Characteristics
(Total Area, 2021)



Sources: • US Census Bureau, 2011-2015 American Community Survey.
• 2021 PRC Community Health Survey, PRC, Inc.

Notes: • FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

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



INCOME & RACE/ETHNICITY

INCOME ► Poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of people in the household (e.g., the 2020 guidelines place the poverty threshold for a family of four at \$26,200 annual household income or lower). In sample segmentation: “very low income” refers to community members living in a household with defined poverty status; “low income” refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and “mid/high income” refers to those households living on incomes which are twice or more ($\geq 200\%$ of) the federal poverty level.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- Genesis Health System
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- Quad Cities Behavioral Health Coalition
- UnityPoint Health–Trinity
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services



- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that secondary data are combined to reflect the Total Area (Scott, Muscatine, and Rock Island counties) as well as the Quad Cities Area (Scott and Rock Island counties).

Benchmark Data

Trending

A similar survey was administered in the Total Area (Scott, Muscatine, and Rock Island counties combined) in 2018 by PRC on behalf of the sponsoring organizations. Trending data for the three-county Total Area, as revealed by comparison to the prior survey results, are provided throughout this report whenever available.

In addition, similar surveys were administered in the two-county Quad Cities Area in 2002, 2007, 2012, 2015, and 2018 by PRC on behalf of the sponsoring organizations. Trending data for the Quad Cities Area (Scott and Rock Island counties combined), as revealed by comparison to prior survey results, are provided throughout this report whenever available.

For both the Total Area and the Quad Cities Area, historical data for secondary data indicators are also included for the purposes of trending.

Iowa & Illinois Risk Factor Data

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

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

Nationwide Risk Factor Data

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

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

Healthy People 2030

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



Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.



- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

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

Determining Significance

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

Information Gaps

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

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

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

Qualitative Community Health Assessment Methodology

Quad Cities: Rock Island County and Scott County

In addition to the Community Health Survey and secondary data collection conducted by PRC, the Steering Committee collaborated with the Stakeholder Committee to collect and analyze qualitative data on community health concerns and especially the three priority issues identified during the 2018 assessment: mental health, physical activity/nutrition/weight, and access to healthcare. Twenty-one Focus Groups reaching a total of 147 individuals from 12 sub-populations were organized in June, July and August 2021. Focus Groups were scheduled to last up to 90 minutes and were held either virtually or in-person among the following sub-populations: African American Community, Community/Faith/Nonprofit/Social Services Sector, Hispanic Community, Immigrant and Refugee Community, Individuals Experiencing Food Insecurity, Individuals Experiencing Homelessness/Housing Insecurity, Individuals with Lived Experience Managing a Mental Health Condition, LGBTQ+ Community, Local Law Enforcement, Public Health/Healthcare Sector, School/Childcare Sector, and Senior (65+) Community. The Steering Committee created a Focus Group Facilitator’s Guide and a script of questions to be asked at each Focus Group session. Members of the Stakeholder Committee identified populations of interest and helped reached out to community partners to assemble Focus Groups based on participant availability. Prior community experience with the MAPP (Mobilizing for Action through Planning and Partnerships) framework informed the Focus Group process. Notes from each Focus Group session were manually coded using a three-phase process to extract



commonly raised themes. First, responses to each script question were recorded with a high level of granularity. Next, topics which appeared in at least one-third of Focus Group sectors in response to each script question were captured. Finally, topics that emerged in a majority of Focus Group sessions were consolidated into 12 overarching themes.

Muscatine County

Trinity Muscatine's Hospital and their Public Health Department utilized the Community Themes and Strengths Assessments provided through the MAPP process as recommended by the collaborative Core Group. Conducting the Community Themes and Strengths Assessments seeks to understand three priorities from populations within the county. The first identifies what is important to the community (concerns and assets). The second assesses how quality of life is perceived in the community. The third assesses what assets the community has that can be used to improve community health. The Community Themes and Strengths Assessments were distributed and completed during the months of August and September of 2021 in Muscatine County.

Following the recommendation of the MAPP process, the public health department distributed the Community Themes and Strengths Assessments to sub-populations within the community that represent diverse perspectives. The Community Themes and Strengths Assessment request was provided to 12 sub-population groups within Muscatine County through leaders from the respective communities as identified by the Muscatine County Stakeholders. These sub-populations were asked to complete the assessments in small group settings in-person or virtually. Five (5) groups out of the 12 (42%) that were invited voluntarily participated in the Community Health Assessment Focus Groups: Families with School Age Children/Children in Childcare, Hispanic Community, Immigrant and Refugee Community, Public Health/Healthcare Community, and Senior (65+) Community. The groups that participated returned electronic copies of their group discussion summaries. Results were gathered by the Public Health Department and analyzed through a prioritizing process that tagged common themes of community concerns and assets.



SUMMARY OF FINDINGS

Significant Health Needs of the Community

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

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT

ACCESS TO HEALTH CARE	<ul style="list-style-type: none"> ▪ Barriers to Access <ul style="list-style-type: none"> – Inconvenient Office Hours – Appointment Availability – Finding a Physician – Lack of Transportation ▪ Particular Place for Child’s Medical Care (Children) ▪ Ease of Obtaining Child’s Health Services (Parents) ▪ Use of the Emergency Room ▪ Ratings of Local Health Care
CANCER	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Lung Cancer Deaths ▪ Female Breast Cancer Screening [Age 50-74]
DIABETES	<ul style="list-style-type: none"> ▪ Diabetes Deaths ▪ Diabetes Prevalence ▪ Prevalence of Borderline/Pre-Diabetes
HEART DISEASE & STROKE	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ High Blood Pressure Prevalence ▪ High Blood Cholesterol Prevalence ▪ Overall Cardiovascular Risk
HOUSING	<ul style="list-style-type: none"> ▪ Experience of Homelessness
INFANT HEALTH & FAMILY PLANNING	<ul style="list-style-type: none"> ▪ “Fair/Poor” Ease of Obtaining Pre/Postnatal Care (Women <50) ▪ Teen Births ▪ Acceptance of Newborn Vaccinations (Parents)

—continued on the following page—



AREAS OF OPPORTUNITY (continued)

INJURY & VIOLENCE	<ul style="list-style-type: none"> ▪ Unintentional Injury Deaths <ul style="list-style-type: none"> – Including Falls [Age 65+] Deaths ▪ Injured from a Fall in the Past Year (Age 45+) ▪ Homicide Deaths ▪ Violent Crime Experience ▪ Intimate Partner Violence ▪ Abuse/Neglect in Childhood
KIDNEY DISEASE	<ul style="list-style-type: none"> ▪ Kidney Disease Deaths
MENTAL HEALTH	<ul style="list-style-type: none"> ▪ “Fair/Poor” Mental Health ▪ Diagnosed Depression ▪ Symptoms of Chronic Depression ▪ Stress ▪ Receiving Treatment for Mental Health ▪ “Fair/Poor” Ease of Obtaining Local Mental Health Services ▪ Child Needed Mental Health Services in the Past Year (Age 5-17) ▪ Child’s Mental Health is “Fair/Poor” (Age 5-17)
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none"> ▪ Fruit/Vegetable Consumption (Adults) ▪ Fruit/Vegetable Consumption (Children) ▪ Leisure-Time Physical Activity ▪ Children’s Physical Activity ▪ Overweight & Obesity [Adults]
ORAL HEALTH	<ul style="list-style-type: none"> ▪ Particular Place for Dental Care ▪ “Fair/Poor” Ease of Obtaining Dental Care
RESPIRATORY DISEASE	<ul style="list-style-type: none"> ▪ Lung Disease Deaths ▪ Asthma Prevalence [Children]
SUBSTANCE ABUSE	<ul style="list-style-type: none"> ▪ Excessive Drinking ▪ “Fair/Poor” Ease of Obtaining Substance Abuse Services



Summary of Qualitative Community Health Assessment Findings

Quad Cities: Rock Island County and Scott County

Twelve overarching themes emerged from the qualitative data in the Quad Cities. The **COVID-19 pandemic** was said to “overshadow everything,” particularly in terms of its impacts on mental health. **Social determinants of health** and the interrelatedness of housing insecurity, transportation, financial resources, access to nutritious foods, and safe, affordable opportunities for physical activity were another theme. **Mental health** was an issue of major concern and came up during discussion of several other topics. **Stigma** in relation to mental health, race, homelessness, sexual identity, weight, and age, was mentioned frequently during Focus Groups. **Diversity, cultural competency/sensitivity, and trust** comprised another major theme. It was said that providers should reflect the population they serve, and there was a desire for more extensive training in cultural competency for healthcare providers. The **need to grow the local healthcare workforce, including more specialists** was voiced repeatedly, with long wait times being a particular concern. There was an overall desire to see a greater focus on **preventive/holistic care**, particularly in the areas of mental health and weight. **Community safety/violence** were mentioned in relation to mental health and physical fitness. Many Focus Group participants expressed the **need for more community outreach and activities**, particularly free opportunities to participate in group classes and exercise. A desire for more **mobile and community-integrated services**, such as food trucks, community centers, and community gardens, was frequently expressed. Finally, the related issues of **access/barriers to care** and services, and **navigating complex systems of care and services** were recurrent among Focus Groups. Although Focus Group participants voiced a desire for more programs and services overall, there was a greater emphasis on raising awareness of existing resources. Community assets mentioned included: faith-based organizations, schools, food banks, parks, community gardens, farmers markets, and mobile food trucks.

Muscatine County

Themes that emerged from the qualitative data in Muscatine echoed many of those in the Quad Cities. Primary health concerns included impacts from the COVID-19 pandemic and mental health access and services. Primary health concern solutions included increasing education on health and resources, as well as lowering access barriers. The needs for outreach and education and lowering of access barriers were reiterated in response to questions regarding mental health, along with concerns about social determinants of health. Mental health resources and solutions mentioned included school nurses and social workers, mental health center, support groups, and peer connections. Participants expressed the desire for centralization of care, services, and referrals for mental health and improved coordination and collaboration between care and service providers, in general. In response to questions on physical activity, nutrition, and weight, concerns and challenges included chronic disease and the expense of healthy foods compared to the ease and affordability of processed foods. Participants wished for more free and low-cost nutrition and cooking education and group fitness activities. In terms of access to healthcare, issues of insufficient insurance, difficulty navigating complex systems, and the need to increase the local healthcare workforce arose as themes. Participants brought up mobile and community integrated resources and education on healthcare resources as items to consider.



Summary Tables: Comparisons With Benchmark Data

Reading the Summary Tables

■ In the following tables, Total Area results are shown in the larger, gray column.

■ ■ The columns to the left of the Total Area column provide comparisons among the three counties, identifying differences for each as “better than” (☀), “worse than” (☹), or “similar to” (☁) the combined opposing counties. Also shown are survey results for the Quad Cities Area (QCA, including Scott/Rock Island counties), provided in the darker column to the right of the individual counties.

■ ■ The columns to the right of the Total Area column provide trending (for both Total Area and Quad Cities Area), as well as comparisons between Total Area data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether the Total Area compares favorably (☀), unfavorably (☹), or comparably (☁) to the external data.

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

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

TREND SUMMARY

(Current vs. Baseline Data)

SURVEY DATA INDICATORS:

Trends for survey-derived indicators represent significant changes since 2002 for the Quad Cities Area (or earliest available baseline). For the Total Area, 2018 is the baseline data year.

OTHER (SECONDARY) DATA INDICATORS:

Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).



DISPARITY AMONG COUNTIES

SOCIAL DETERMINANTS <small>See data beginning on page 49.</small>	DISPARITY AMONG COUNTIES			
	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)
Linguistically Isolated Population (Percent)	1.3	1.7	2.6	1.9
Population in Poverty (Percent)	12.1	9.6	14.0	12.9
Children in Poverty (Percent)	16.6	13.8	22.4	19.2
No High School Diploma (Age 25+, Percent)	7.2	11.0	11.4	9.1
% Food Insecure	22.7	16.4	28.0	25.2
% Worry/Stress Over Rent/Mortgage in Past Year	29.0	24.2	33.5	31.0
% Unhealthy/Unsafe Housing Conditions	16.1	14.4	13.4	14.8
% House Contains a Lead Hazard	3.4	1.4	3.0	3.2
% [Child Age 0-17] Child Has Been Tested for Lead	57.4	40.0	55.3	56.5
% Personal/Family Financial Situation is "Fair/Poor"	30.8	24.4	34.6	32.6

TOTAL AREA vs. BENCHMARKS

Total Area	TOTAL AREA vs. BENCHMARKS			
	vs. IA	vs. IL	vs. US	vs. HP2030
1.9	2.1	4.1	4.3	
12.5	11.5	12.5	13.4	8.0
18.5	13.8	17.1	18.5	8.0
9.3	7.9	10.8	12.0	
24.1			34.1	
30.2			32.2	
14.7			12.2	
3.0				
54.2				
31.6				

TRENDS

QCA TREND	TOTAL AREA TREND
24.0	23.9
31.3	31.6
15.3	15.3
5.8	3.0
60.3	56.6

SOCIAL DETERMINANTS (continued)	DISPARITY AMONG COUNTIES			
	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)
% Homeless in the Past 2 Years	 3.7	 6.1	 3.7	3.7
% Ease of Obtaining Local Social Services Is "Fair/Poor"	 24.2	 25.1	 25.1	24.7
% Socioeconomically At Risk	 67.7	 70.7	 69.8	68.7

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

Total Area	TOTAL AREA vs. BENCHMARKS			
	vs. IA	vs. IL	vs. US	vs. HP2030
4.0				
24.8				
68.9				

TRENDS	
QCA TREND	TOTAL AREA TREND
 0.4	 3.2
 27.6	 22.1
 63.5	 64.0

 better  similar  worse

OVERALL HEALTH <i>See data beginning on page 74.</i>	DISPARITY AMONG COUNTIES			
	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)
% "Fair/Poor" Overall Health	 23.0	 22.5	 27.3	25.0

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

Total Area	TOTAL AREA vs. BENCHMARKS			
	vs. IA	vs. IL	vs. US	vs. HP2030
24.8	 14.4	 17.7	 12.6	

TRENDS	
QCA TREND	TOTAL AREA TREND
 15.2	 19.3

 better  similar  worse

DISPARITY AMONG COUNTIES

ACCESS TO HEALTH CARE <small>See data beginning on page 189.</small>	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)
% [Age 18-64] Lack Health Insurance	5.7	7.3	8.7	7.1
% Difficulty Accessing Health Care in Past Year (Composite)	40.7	48.6	43.4	42.0
% Cost Prevented Physician Visit in Past Year	10.5	12.5	14.2	12.3
% Cost Prevented Getting Prescription in Past Year	13.4	7.0	14.9	14.1
% Difficulty Getting Appointment in Past Year	20.4	29.0	26.8	23.4
% Inconvenient Hrs Prevented Doctor Visit in Past Year	16.5	17.5	16.6	16.5
% Difficulty Finding Physician in Past Year	10.3	15.8	17.1	13.5
% Transportation Hindered Doctor Visit in Past Year	9.5	12.6	7.6	8.6
% Language/Culture Prevented Care in Past Year	1.6	0.0	0.9	1.3
% Skipped Prescription Doses to Save Costs	14.6	8.6	15.3	14.9
% Difficulty Getting Child's Health Care in Past Year	4.6	1.7	9.9	7.0

TOTAL AREA vs. BENCHMARKS

Total Area	vs. IA	vs. IL	vs. US	vs. HP2030
7.1	9.6	15.6	8.7	7.9
42.8			35.0	
12.3	8.5	13.3	12.9	
13.2			12.8	
24.1			14.5	
16.7			12.5	
13.8			9.4	
9.1			8.9	
1.1			2.8	
14.1			12.7	
6.2			8.0	

TRENDS

QCA TREND	TOTAL AREA TREND
10.6	6.5
33.3	43.6
10.6	15.3
13.6	14.5
10.1	22.5
11.9	15.8
5.5	12.6
4.8	8.2
2.1	2.3
14.0	16.1
5.5	5.1

ACCESS TO HEALTH CARE (continued)	DISPARITY AMONG COUNTIES				QCA (Scott+RI Cos.)	TOTAL AREA vs. BENCHMARKS				TRENDS	
	Scott County	Muscatine County	Rock Island County			Total Area	vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND
% Cost Prevented Child's Prescription in the Past Year	3.0	1.7	7.0		4.8					5.2	6.2
Primary Care Doctors per 100,000	90.6	46.6	51.6		72.9	73.7	80.6	75.8			
% Have a Specific Source of Ongoing Care	82.1	84.1	80.2		81.2			74.2	84.0	81.5	75.8
% Ease of Obtaining Local Health Care is "Fair/Poor"	11.5	13.4	15.3		13.3					10.6	14.1
% [Parents] Have a Particular Place for Child's Medical Care	88.7	86.2	86.1		87.5					93.8	82.4
% [Parents] Ease of Obtaining Child Health Services Is "Fair/Poor"	16.0	9.3	19.9		17.8					11.0	17.1
% Outmigration for Health Services	24.8	46.5	28.7		26.7					25.1	28.1
% Have Had Routine Checkup in Past Year	75.8	66.8	74.5		75.2	77.2	76.9	70.5		66.7	71.5
% Child Has Had Checkup in Past Year	86.5	84.9	80.7		83.9			77.4		81.3	80.9
% "Extremely/Very Likely" to Use Telemedicine	34.4	33.3	36.7		35.5						
% Two or More ER Visits in Past Year	10.8	12.7	15.0		12.8			10.1		8.6	11.1

ACCESS TO HEALTH CARE (continued)	DISPARITY AMONG COUNTIES			
	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)
% Low Health Literacy	 16.3	 21.3	 20.4	18.2
% Rate Local Health Care "Fair/Poor"	 12.6	 14.8	 17.7	15.0

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

Total Area	TOTAL AREA vs. BENCHMARKS			
	vs. IA	vs. IL	vs. US	vs. HP2030
18.6			 27.7	
15.0			 8.0	

TRENDS	
QCA TREND	TOTAL AREA TREND
 21.8	 22.0
 10.5	 13.6

 better  similar  worse

CANCER <i>See data beginning on page 110.</i>	DISPARITY AMONG COUNTIES			
	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)
Cancer (Age-Adjusted Death Rate)	 158.9	 151.3	 160.6	159.5
Lung Cancer (Age-Adjusted Death Rate)	 42.7	 37.9	 42.6	42.6
Prostate Cancer (Age-Adjusted Death Rate)	 19.3		 20.3	19.8
Female Breast Cancer (Age-Adjusted Death Rate)	 17.3		 20.9	19.0
Colorectal Cancer (Age-Adjusted Death Rate)	 14.8	 17.3	 11.1	13.0
Cancer Incidence Rate (All Sites)	 483.9	 510.3	 459.6	472.1

Total Area	TOTAL AREA vs. BENCHMARKS			
	vs. IA	vs. IL	vs. US	vs. HP2030
158.6	 154.7	 154.4	 149.3	 122.7
42.1	 37.8	 37.1	 34.9	 25.1
19.1	 20.5	 19.2	 20.5	 16.9
18.7	 18.1	 20.6	 19.7	 15.3
13.4	 14.0	 14.3	 13.4	 8.9
476.5	 479.0	 465.5	 448.7	

TRENDS	
QCA TREND	TOTAL AREA TREND
 184.9	 183.7

DISPARITY AMONG COUNTIES

CANCER (continued)	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)
Female Breast Cancer Incidence Rate	 130.3	 132.9	 123.8	127.2
Prostate Cancer Incidence Rate	 118.5	 106.6	 100.1	109.4
Lung Cancer Incidence Rate	 60.0	 62.0	 66.4	63.2
Colorectal Cancer Incidence Rate	 41.4	 53.4	 36.3	38.9
% [Women 50-74] Mammogram in Past 2 Years	 79.2	 83.1	 80.9	80.0
% [Adults 50-75] Sigmoidoscopy/Colonoscopy in Past 10 Years	 75.6	 82.9	 76.5	76.1

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

TOTAL AREA vs. BENCHMARKS

Total Area	vs. IA	vs. IL	vs. US	vs. HP2030
127.9	 128.9	 133.1	 125.9	
109.1	 107.7	 109.1	 104.5	
63.0	 63.3	 63.7	 58.3	
40.6	 43.7	 42.5	 38.4	
80.4	 80.7	 78.7	 76.1	 77.1
77.0			 73.4	 74.4

TRENDS

QCA TREND	TOTAL AREA TREND
 89.8	 86.0
 75.2	 74.4

 better
  similar
  worse

DISPARITY AMONG COUNTIES

COVID-19 <i>See data beginning on page 121.</i>	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)
% Fully/Partially Vaccinated for COVID-19	74.0	72.0	75.4	74.7
% Mental Health Has Gotten Worse Since Pandemic Began	24.6	23.4	27.4	25.9
% Likely to Accept Mental Health Help Due to the Pandemic	42.9	44.4	43.5	43.3
% Using Alcohol More Often Since Pandemic Began	9.7	10.7	10.4	10.0
% Smoking/Vaping More Often Since Pandemic Began	7.8	5.5	8.8	8.3
% Exercising Less Often Since Pandemic Began	23.0	17.9	23.5	23.2
% Eating Unhealthy/Overeating More Often Since Pandemic Began	21.7	20.7	22.8	22.2
% Arguing With HH Members More Often Since Pandemic Began	12.7	16.1	11.5	12.1
% Getting Good Sleep Less Often Since Pandemic Began	29.5	31.3	29.9	29.7

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

TOTAL AREA vs. BENCHMARKS

Total Area	vs. IA	vs. IL	vs. US	vs. HP2030
74.4				
25.6				
43.4				
10.1				
7.9				
22.5				
22.0				
12.6				
29.9				

TRENDS

QCA TREND	TOTAL AREA TREND

better
 similar
 worse

DISPARITY AMONG COUNTIES

DIABETES <i>See data beginning on page 134.</i>	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)
Diabetes (Age-Adjusted Death Rate)	18.1	51.2	20.9	19.4
% Diabetes/High Blood Sugar	11.6	11.2	15.1	13.3
% Borderline/Pre-Diabetes	11.8	5.2	10.2	11.0
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	46.8	46.8	52.6	49.5

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

TOTAL AREA vs. BENCHMARKS

Total Area	vs. IA	vs. IL	vs. US	vs. HP2030
23.0	21.6	18.6	21.5	
13.0	10.3	11.3	13.8	
10.3			9.7	
49.1			43.3	

better similar worse

TRENDS

QCA TREND	TOTAL AREA TREND
16.0	17.0
7.0	14.5
8.1	8.1
48.5	50.5

DISPARITY AMONG COUNTIES

HEART DISEASE & STROKE <i>See data beginning on page 101.</i>	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)
Diseases of the Heart (Age-Adjusted Death Rate)	160.7	161.4	182.1	171.1
% Heart Disease (Heart Attack, Angina, Coronary Disease)	8.2	6.6	8.7	8.4
Stroke (Age-Adjusted Death Rate)	37.7	29.3	33.1	35.3
% Stroke	4.6	1.3	2.5	3.6

TOTAL AREA vs. BENCHMARKS

Total Area	vs. IA	vs. IL	vs. US	vs. HP2030
170.0	168.5	163.1	163.4	127.4
8.2	6.3	5.7	6.1	
34.6	32.6	38.3	37.2	33.4
3.3	3.1	3.0	4.3	

TRENDS

QCA TREND	TOTAL AREA TREND
193.1	192.8
7.1	7.5
35.8	36.8
2.3	3.1

DISPARITY AMONG COUNTIES

HEART DISEASE & STROKE (continued)	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)
% Told Have High Blood Pressure	 33.7	 41.5	 41.0	37.2
% Told Have High Cholesterol	 32.5	 32.9	 36.1	34.2
% 1+ Cardiovascular Risk Factor	 87.2	 90.5	 89.4	88.2

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

TOTAL AREA vs. BENCHMARKS

Total Area	vs. IA	vs. IL	vs. US	vs. HP2030
37.7	 31.8	 32.2	 36.9	 27.7
34.0			 32.7	
88.5			 84.6	

TRENDS

QCA TREND	TOTAL AREA TREND
 27.3	 36.7
 28.7	 33.3
 92.0	 87.1

 better  similar  worse

DISPARITY AMONG COUNTIES

INFANT HEALTH & FAMILY PLANNING <i>See data beginning on page 144.</i>	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)
No Prenatal Care in First Trimester (Percent)	 17.3		 24.2	20.4
% [Women <50] Ease of Obtaining Pre/Postnatal Care Is "Fair/Poor"	 11.7	 29.8	 12.3	11.9
Low Birthweight Births (Percent)	 7.6	 7.1	 7.5	7.6
Infant Death Rate	 4.4		 6.9	5.3
Births to Adolescents Age 15 to 19 (Rate per 1,000)	 24.0	 25.7	 29.9	26.6
% [Parents] Would Want All Newborn Vaccinations	 85.4	 85.1	 86.8	86.0

TOTAL AREA vs. BENCHMARKS

Total Area	vs. IA	vs. IL	vs. US	vs. HP2030
20.4	 18.7	 22.5	 22.5	
14.4				
7.5	 6.7	 8.4	 8.2	
5.5	 5.1	 5.9	 5.6	 5.0
26.5	 17.6	 19.4	 20.9	 31.4
85.9				

TRENDS

QCA TREND	TOTAL AREA TREND
 25.0	
 7.4	 10.1
 5.1	 5.4
 93.6	 83.6

DISPARITY AMONG COUNTIES

INJURY & VIOLENCE <i>See data beginning on page 124.</i>	DISPARITY AMONG COUNTIES			QCA (Scott+RI Cos.)
	Scott County	Muscatine County	Rock Island County	
Unintentional Injury (Age-Adjusted Death Rate)	 43.5	 38.9	 43.5	43.5
Motor Vehicle Crashes (Age-Adjusted Death Rate)	 6.6		 7.9	7.1
[65+] Falls (Age-Adjusted Death Rate)	 105.8		 133.4	119.6
% [Age 45+] Injured from a Fall in the Past Year	 12.5	 9.5	 14.0	13.2
Firearm-Related Deaths (Age-Adjusted Death Rate)	 10.6		 7.3	9.1
Homicide (Age-Adjusted Death Rate)	 4.3		 11.1	6.5
Violent Crime Rate	 517.1	 461.2	 362.6	445.3
% Victim of Violent Local Crime in Past 3 Years	 4.2	 1.9	 4.8	4.5
% Victim of Intimate Partner Violence	 23.3	 25.5	 27.2	25.1
% Victim of Childhood Neglect or Abuse	 26.5	 23.1	 24.8	25.7

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

TOTAL AREA vs. BENCHMARKS

Total Area	TOTAL AREA vs. BENCHMARKS			
	vs. IA	vs. IL	vs. US	vs. HP2030
43.0	 41.9	 44.6	 48.9	 43.2
7.1	 10.7	 8.7	 11.3	 10.1
114.8	 83.1	 49.9	 65.1	 63.4
12.7			 6.3	
9.4	 8.9	 11.3	 11.9	 10.7
6.7	 2.9	 8.4	 6.1	 5.5
447.1	 283.0	 420.9	 416.0	
4.2				
25.2			 13.7	
25.4				

TRENDS

QCA TREND	TOTAL AREA TREND
 35.3	 34.8
 9.1	 14.9
 2.2	 2.2
 2.7	 3.0
 10.7	 23.6
 14.0	 19.5

 better  similar  worse

DISPARITY AMONG COUNTIES

KIDNEY DISEASE <i>See data beginning on page 137.</i>	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)
Kidney Disease (Age-Adjusted Death Rate)	 12.2	 12.4	 21.4	16.7

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

TOTAL AREA vs. BENCHMARKS

Total Area	vs. IA	vs. IL	vs. US	vs. HP2030
16.2	 9.3	 16.7	 12.9	

 better
 similar
 worse

TRENDS

QCA TREND	TOTAL AREA TREND
 10.0	 9.6

DISPARITY AMONG COUNTIES

MENTAL HEALTH <i>See data beginning on page 76.</i>	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)
% "Fair/Poor" Mental Health	 22.2	 20.6	 24.0	23.1
% Diagnosed Depression	 30.5	 33.3	 29.9	30.2
% Symptoms of Chronic Depression (2+ Years)	 42.0	 46.2	 43.5	42.7
% Typical Day Is "Extremely/Very" Stressful	 13.9	 15.3	 14.3	14.2
Suicide (Age-Adjusted Death Rate)	 16.3	 17.2	 15.7	16.0
Mental Health Providers per 100,000	 88.1	 32.7	 94.6	91.1
% Have Ever Sought Help for Mental Health	 43.8	 45.0	 42.2	43.0

TOTAL AREA vs. BENCHMARKS

Total Area	vs. IA	vs. IL	vs. US	vs. HP2030
22.7			 13.4	
30.6	 16.2	 18.3	 20.6	
43.2			 30.3	
14.3			 16.1	
16.1	 15.7	 11.1	 14.0	 12.8
84.1	 47.9	 43.8	 57.2	
43.3			 30.0	

TRENDS

QCA TREND	TOTAL AREA TREND
 8.9	 17.3
 20.5	 23.6
 25.2	 34.7
 9.5	 16.0
 13.9	 13.8
 34.7	 34.3

MENTAL HEALTH (continued)	DISPARITY AMONG COUNTIES			
	Scott County	Muscatine County	Rock Island	QCA (Scott+R)
% Taking Rx/Receiving Mental Health Treatment	 24.1	 25.6	 25.9	25.0
% Unable to Get Mental Health Services in Past Year	 7.9	 8.1	 11.1	9.4
% Ease of Obtaining Local Mental Health Services Is "Fair/Poor"	 28.6	 35.2	 31.0	29.8
% [Age 5-17] Child's Mental Health is "Fair/Poor"	 14.2		 19.1	16.5
% [Age 5-17] Child Needed Mental Health Services in the Past Year	 26.5		 29.2	27.8
% [Age 5-17] Mental Treatment/Counseling in the Past Year				25.3

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

Total Area	TOTAL AREA vs. BENCHMARKS			
	vs. IA	vs. IL	vs. US	vs. HP2030
25.0			 16.8	
9.3			 7.8	
30.4				
15.8			 9.7	
26.6			 17.1	
24.3			 14.3	

TRENDS	
QCA TREND	TOTAL AREA TREND
 17.6	 18.1
 8.9	 9.1
 12.6	 34.3
 8.2	 10.1
 10.3	 16.6
 9.8	 12.4

 better
 similar
 worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT <i>See data beginning on page 152.</i>	DISPARITY AMONG COUNTIES			
	Scott County	Muscatine County	Rock Island	QCA (Scott+RI)
Population With Low Food Access (Percent)	 13.9	 17.0	 16.8	15.2
% 5+ Servings of Fruits/Vegetables per Day	 26.9	 36.3	 26.6	26.7
% [Child Age 2-17] 5+ Servings of Fruits/Vegetables per Day	 42.1		 34.1	38.1
% No Leisure-Time Physical Activity	 25.5	 28.7	 24.1	24.9

Total Area	TOTAL AREA vs. BENCHMARKS			
	vs. IA	vs. IL	vs. US	vs. HP2030
15.5	 20.0	 20.2	 22.2	
27.9			 32.7	
39.2				
25.4	 26.5	 25.6	 31.3	 21.2

TRENDS	
QCA TREND	TOTAL AREA TREND
 41.4	 28.2
 61.1	 50.0
 18.6	 20.2

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	DISPARITY AMONG COUNTIES			
	Scott County	Muscatine County	Rock Island	QCA (Scott+RI)
% Meeting Physical Activity Guidelines	 26.1	 19.5	 19.8	23.1
% Use a Local Paved or Dirt Trail for Exercise at Least Weekly	 40.7	 39.1	 41.0	40.8
% Child [Age 2-17] Physically Active 1+ Hours per Day	 43.7	 64.1	 45.1	44.4
% Healthy Weight (BMI 18.5-24.9)	 24.2	 19.5	 21.4	22.9
% Overweight (BMI 25+)	 72.3	 77.1	 76.6	74.2
% Obese (BMI 30+)	 42.1	 39.8	 40.5	41.3
% [Overweights] Couseled About Weight in Past Year	 33.8	 28.4	 32.2	33.0
% Children [Age 5-17] Healthy Weight	 60.0		 45.4	53.8
% Children [Age 5-17] Overweight (85th Percentile)	 31.0		 42.1	35.7
% Children [Age 5-17] Obese (95th Percentile)	 16.5		 18.4	17.3
% [Child Age 0-17] Advice About Child's Weight/Past Year	 13.6	 10.0	 11.8	12.8

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

Total Area	TOTAL AREA vs. BENCHMARKS				TRENDS	
	vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
22.7	 20.1	 23.4	 21.4	 28.4	 23.7	 22.7
40.6					 38.7	 38.6
47.5			 33.0		 57.5	 44.4
22.5	 30.1	 32.6	 34.5		 25.8	 30.7
74.6	 68.3	 65.7	 61.0		 64.1	 72.9
41.1	 33.9	 31.6	 31.3	 36.0	 24.1	 38.8
32.5			 24.7		 30.0	 30.2
52.0			 47.6		 61.5	 57.0
37.5			 32.3		 30.8	 29.3
18.8			 16.0	 15.5	 15.6	 24.1
12.3					 12.1	 7.2

 better  similar  worse

DISPARITY AMONG COUNTIES

ORAL HEALTH <i>See data beginning on page 213.</i>	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)
% Have a Particular Place for Dental Care	77.5	83.6	74.8	76.3
% [Child Age 2-17] Have a Particular Place for Child's Dental Care	91.1	89.4	85.4	88.3
% Have Dental Insurance	77.6	78.3	78.3	77.9
% [Age 18+] Dental Visit in Past Year	72.8	72.6	67.1	70.1
% Child [Age 2-17] Dental Visit in Past Year	89.1	81.9	76.0	82.8
% Ease of Obtaining Dental Care Is "Fair/Poor"	18.7	15.8	21.6	20.0

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

TOTAL AREA vs. BENCHMARKS

Total Area	vs. IA	vs. IL	vs. US	vs. HP2030
77.2				
88.5				
78.0			68.7	59.8
70.4	70.8	68.1	62.0	45.0
82.7			72.1	45.0
19.6				

TRENDS

QCA TREND	TOTAL AREA TREND
80.5	75.1
85.5	81.2
68.3	72.9
68.1	68.0
78.2	80.2
10.4	15.4

better similar worse

DISPARITY AMONG COUNTIES

POTENTIALLY DISABLING CONDITIONS <i>See data beginning on page 139.</i>	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)
% 3+ Chronic Conditions	29.6	32.1	32.5	31.0
Alzheimer's Disease (Age-Adjusted Death Rate)	25.4	23.2	20.0	22.7

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

TOTAL AREA vs. BENCHMARKS

Total Area	vs. IA	vs. IL	vs. US	vs. HP2030
31.1			32.5	
22.7	32.1	25.1	30.4	

TRENDS

QCA TREND	TOTAL AREA TREND
22.6	21.5

better similar worse

DISPARITY AMONG COUNTIES

RESPIRATORY DISEASE <small>See data beginning on page 116.</small>	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)
Chronic Lower Respiratory Disease (Age-Adjusted Death Rate)	49.4	49.2	50.6	50.0
Pneumonia/Influenza (Age-Adjusted Death Rate)	10.6	14.0	15.9	13.1
% [Age 65+] Flu Vaccine in Past Year	77.1	85.8	78.1	77.6
% [Adult] Ever Diagnosed With Asthma	17.4	21.1	18.8	18.1
% [Child 0-17] Ever Diagnosed With Asthma	18.8	11.5	13.0	16.1

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

TOTAL AREA vs. BENCHMARKS

Total Area	vs. IA	vs. IL	vs. US	vs. HP2030
49.9	44.7	36.3	39.6	
13.3	14.0	15.1	13.8	
78.7	65.0	61.1	71.0	
18.4	12.2	12.4	17.3	
15.5			14.6	

TRENDS

QCA TREND	TOTAL AREA TREND
49.9	51.1
14.8	14.7
67.3	78.3
16.8	18.6
8.9	8.5

better similar worse

DISPARITY AMONG COUNTIES

SEXUAL HEALTH <i>See data beginning on page 185.</i>	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)
HIV/AIDS (Age-Adjusted Death Rate)				1.0
HIV Prevalence Rate	147.5	62.3	202.8	172.7
Chlamydia Incidence Rate	583.2	429.1	479.9	536.1
Gonorrhea Incidence Rate	185.5	51.3	131.2	160.7

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

TOTAL AREA vs. BENCHMARKS

Total Area	vs. IA	vs. IL	vs. US	vs. HP2030
0.9	0.6	1.4	1.9	
159.7	106.0	334.5	372.8	
523.3	466.7	604.0	539.9	
147.7	153.8	198.6	179.1	

TRENDS

QCA TREND	TOTAL AREA TREND

better similar worse

DISPARITY AMONG COUNTIES

SUBSTANCE ABUSE <i>See data beginning on page 171.</i>	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	10.1		11.4	10.8
% Excessive Drinker	25.2	20.8	23.0	24.2
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)	11.5			8.5
% Illicit Drug Use in Past Month	3.0	2.4	4.6	3.7
% Ease of Obtaining Substance Abuse Services Is "Fair/Poor"	23.1	22.3	18.1	20.8

TOTAL AREA vs. BENCHMARKS

Total Area	vs. IA	vs. IL	vs. US	vs. HP2030
10.4	9.2	9.5	11.1	10.9
23.7	22.5	21.6	27.2	
7.9	8.6	19.7	18.8	
3.6			2.0	12.0
21.0				

TRENDS

QCA TREND	TOTAL AREA TREND
10.7	10.1
20.1	23.4
9.4	8.7
3.0	3.3
13.7	26.1

TOBACCO USE *See data beginning on page 179.*

	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)
% Current Smoker	 22.2	 20.5	 18.7	20.5
% Someone Smokes at Home	 13.7	 15.5	 13.9	13.8
% [Household With Children] Someone Smokes in the Home	 12.3	 18.9	 13.7	12.9
% Currently Use Vaping Products	 7.6	 5.2	 10.0	8.7

DISPARITY AMONG COUNTIES

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

TOTAL AREA vs. BENCHMARKS

Total Area	vs. IA	vs. IL	vs. US	vs. HP2030
20.5	 16.4	 14.5	 17.4	 5.0
14.0			 14.6	
13.8			 17.4	
8.3	 4.0	 4.4	 8.9	

TRENDS

QCA TREND	TOTAL AREA TREND
 25.9	 19.8
 26.7	 16.4
 11.4	 18.8
 6.8	 7.0

 better
  similar
  worse

Summary of Stakeholder Committee Input

Quad Cities: Rock Island County and Scott County

Following the public release of the final draft report, the Steering Committee convened a discussion with community Stakeholder Committee members to gather feedback. Impacts of the COVID-19 pandemic, including those on mental health and substance use, were discussed and it was said there was a need to help the community recover from the pandemic. Meeting attendees noted issues of substance abuse, mental health, oral health, and access should be higher priorities. Multiple committee members brought up the need for greater focus on social determinants of health, trauma-informed care, and access issues. There was a strong theme of looking toward root causes and the interconnectedness of issues when addressing public health problems. Prevention was a theme, and the suggestion was made to target more interventions toward younger populations, possibly in schools, where it was noted there was a serious need for mental health resources. Attendees supported maintaining focus on the importance of public health that had emerged during the pandemic. There was support voiced for continuing broad and positive health messaging and education, as well as for providing more opportunities, such as focus groups, for discussion and sharing within the community. The importance of continued and expanded cross-sector collaboration among community partners, the health systems, local government, and groups involved with social determinants of health was expressed. Thinking of health in all policies and viewing all of the above issues through an equity lens was stated, as well. Overall, there was recognition of the essential relationship between the health of individuals and the health of the community.

Summary of Public Comment & Feedback

Input from the public was requested with the public announcement of the final draft Community Health Assessment report. Steering Committee members encouraged community members to view the report online and complete a survey. The request for input was made via a media release, partner emails, and posts on social media. Thirty-one individuals submitted feedback on the 2021 Community Health Assessment final draft report via the survey. Of these, a majority (77.42%) heard about the report through an organizational email, 87.10% of respondents resided in Scott County, and 12.90% were residents of Rock Island County. Of survey participants who submitted responses, a majority agreed or strongly agreed with the following statements:

- The assessment report helped me understand the overall health and quality of life for people in my community (69.23%, N=26);
- The assessment helped me understand health disparities, or areas where the health of one population group is different than the health of another population group (65.38%, N=26);
- The assessment helped me understand health inequities, or preventable health disparities caused by access to different resources (68.00%, N=25); and
- The assessment helped me recognize existing programs, services, and/or policies that support health (53.85%, N=26).

In response to the question “Which information surprised you or stood out after reading the 2021 Community Health Assessment report?” respondents remarked on issues such as: the effect of housing on overall health, the percentage of overweight/obesity in the area, health literacy, the increasing homicide rate/violence, the differences between communities across the boundary of the river, the pandemic as a main health concern, that access wasn’t more of an issue, and that people are seeking help.

In response to a question asking if anything seemed to be missing from the report, respondents mentioned topics including: wanting more information on how race affects healthcare and health conditions, the percentage of people with access to healthcare versus rates of healthcare use, how age impacts primary care access, anger management programs, support groups for tobacco cessation, and rehabilitation services.

Asked to describe how they might use the report, respondents mentioned reading the report out of personal interest and to reflect on their own practices. Others mentioned using the report to better understand their community, its needs, and to see

how things were progressing in addressing those needs. The report was said to have value for individuals, their families, and for organizations such as churches or Rotary clubs, which could use information on community needs to help plan programs and service projects.

Suggestions and feedback received have been shared with the Community Health Assessment Steering Committee and will inform future assessments. The 2021 Community Health Assessment report, as well as the prior assessment from 2018, are publicly available at quadcities.healthforecast.net.



COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

The Total Area, the focus of this Community Health Assessment, is predominantly associated with Scott and Muscatine counties in Iowa and Rock Island County in Illinois; it houses a total population of 359,208 residents and encompasses 1,322.93 square miles, according to latest census estimates.

Total Population
(Estimated Population, 2015-2019)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Scott County, IA	172,446	458.09	376.45
Muscatine County, IA	42,889	437.44	98.04
Rock Island County, IL	143,873	427.40	336.62
Quad Cities Area	316,319	885.49	357.23
Total Area	359,208	1,322.93	271.52
Iowa	3,139,508	55,856.49	56.21
Illinois	12,770,631	55,517.13	230.03
United States	324,697,795	3,532,068.58	91.93

Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Population Change 2000-2010

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

Between the 2000 and 2010 US Censuses, the population of the Total Area increased by 5,751 people, or 1.6%.

BENCHMARK ► A much smaller percentage increase compared with state data and (especially) the nation as a whole.

DISPARITY ► Scott County experienced the greatest percentage increase during this time period, while Rock Island County decreased in total population.

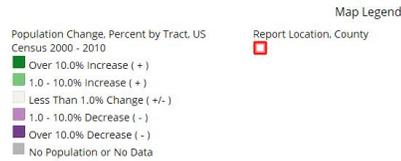
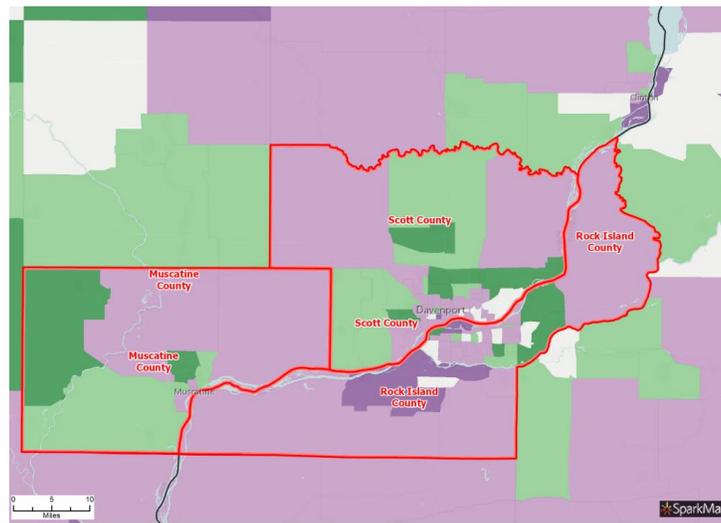


Change in Total Population (Percentage Change Between 2000 and 2010)



- Sources:
- US Census Bureau Decennial Census (2000-2010).
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, Retrieved August 2021 via SparkMap (sparkmap.org).
- Notes:
- A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

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



Urban/Rural Population

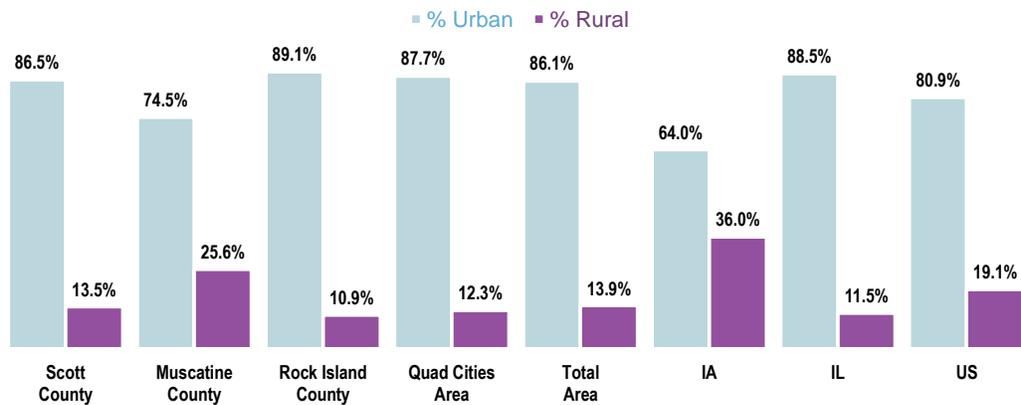
Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

The Total Area is predominantly urban, with 86.1% of the population living in areas designated as urban.

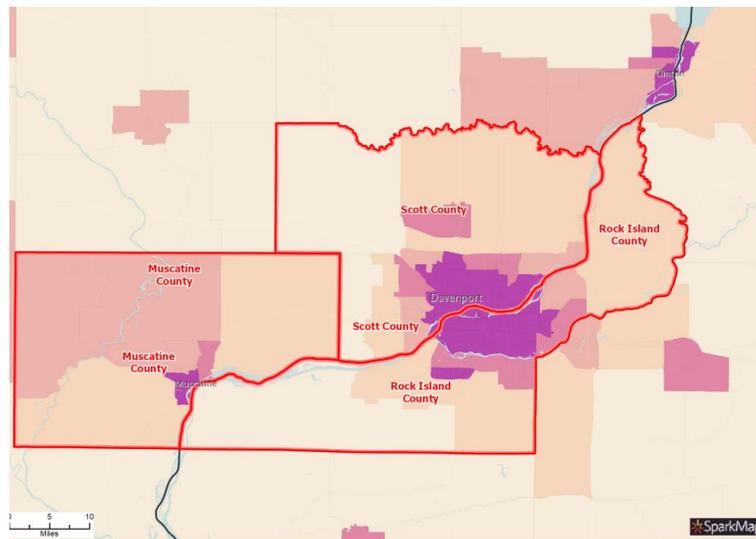
BENCHMARK ▶ The Total Area is more urban than the state of Iowa (especially) and the US overall.

DISPARITY ▶ Muscatine County houses the largest rural population of the three counties (25.6%).

Urban and Rural Population (2010)



- Sources:
- US Census Bureau Decennial Census.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via Spark Map (sparkmap.org).
- Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



- Urban Population, Percent by Tract, US Census 2010
- 100% Urban Population
 - 90.1 - 99.9%
 - 50.1 - 90.0%
 - Under 50.1%
 - No Urban Population
 - No Data or Data Suppressed
- Report Location, County



Age

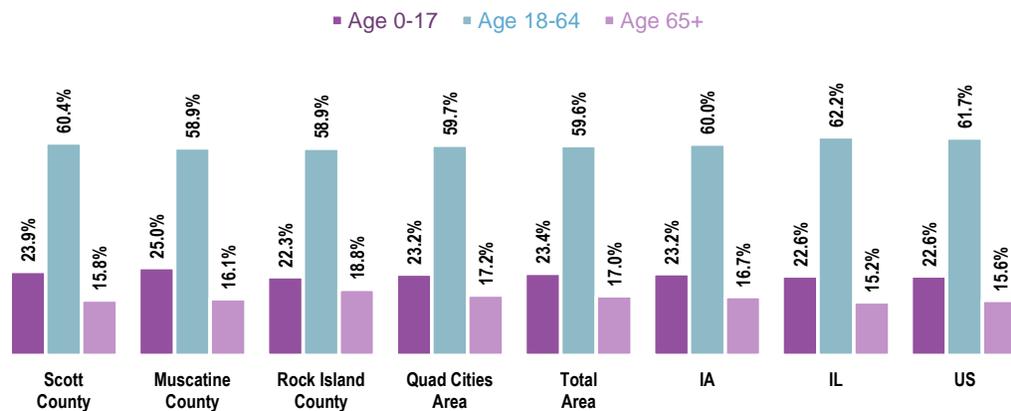
It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In the Total Area, 23.4% of the population are children age 0-17; another 59.6% are age 18 to 64, while 17.0% are age 65 and older.

BENCHMARK ▶ The area's senior population (age 65+) is higher than Illinois and US percentages.

DISPARITY ▶ Rock Island County houses the largest proportion of residents age 65+.

Total Population by Age Groups
(2015-2019)

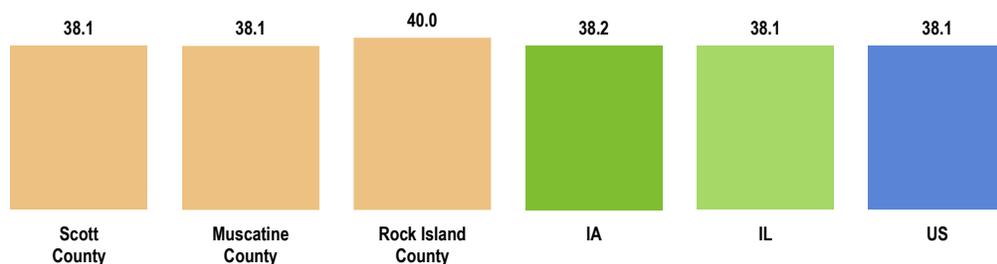


Sources:
 • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Median Age

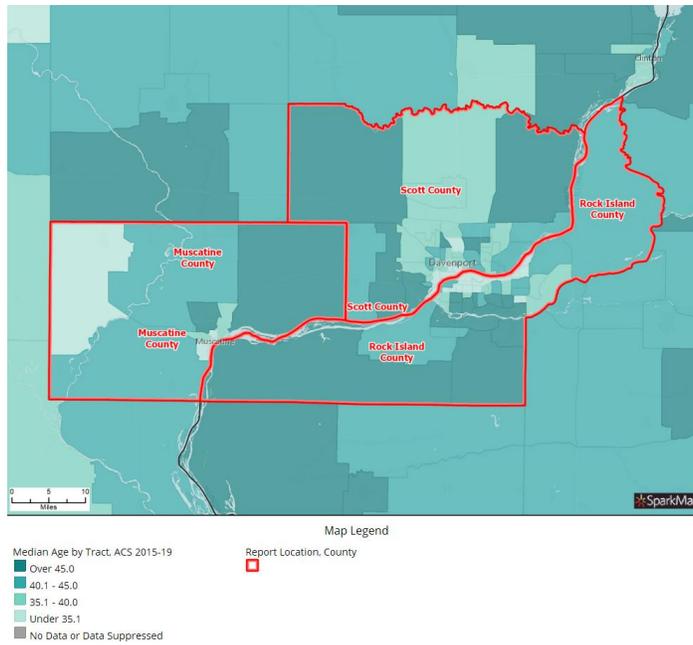
Scott and Muscatine counties are similar in median age to state and US medians; Rock Island County is somewhat older.

Median Age
(2015-2019)



Sources:
 • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.





Race & Ethnicity

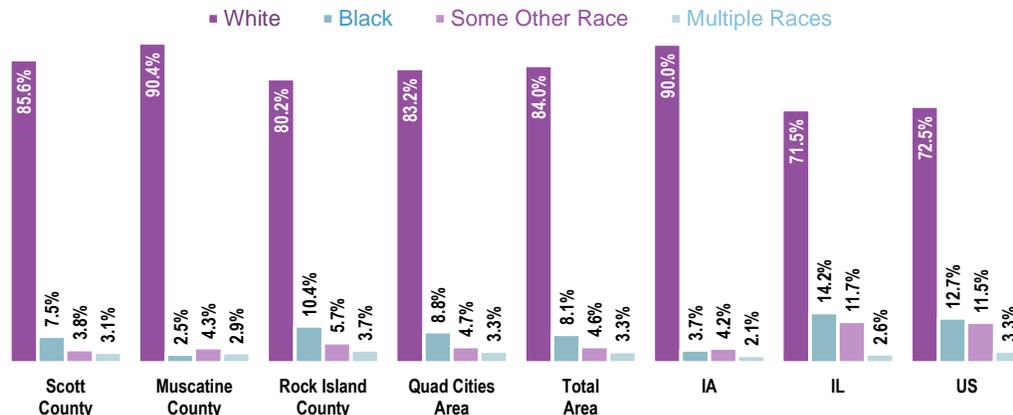
Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 84.0% of residents of the Total Area are White and 8.1% are Black.

BENCHMARK ▶ The area's population is more diverse than Iowa's population but less so than that of Illinois and the US.

DISPARITY ▶ The Rock Island County population is the most diverse of the three counties.

Total Population by Race Alone
(2015-2019)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



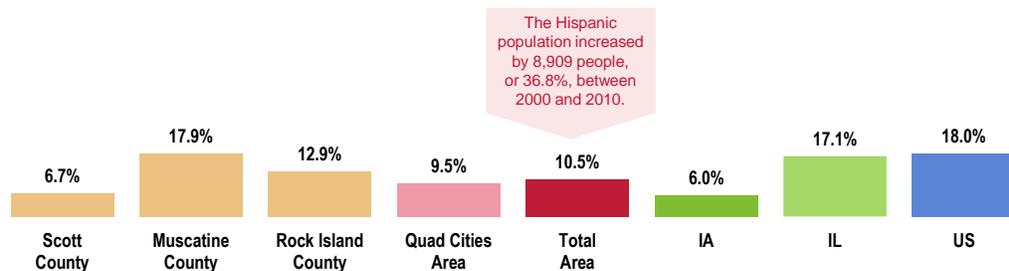
Ethnicity

A total of 10.5% of Total Area residents are Hispanic or Latino.

BENCHMARK ▶ The percentage is above the Iowa figure but well below the Illinois and US figures.

DISPARITY ▶ Muscatine County houses the largest percentage Hispanic population in the area.

Hispanic Population (2015-2019)



Sources: • US Census Bureau American Community Survey 5-year estimates.

• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).

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

• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Linguistic Isolation

A total of 1.9% of the Total Area population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English “very well”).

BENCHMARK ▶ Well below the Illinois and US percentages.

DISPARITY ▶ Unfavorably high in Rock Island County.

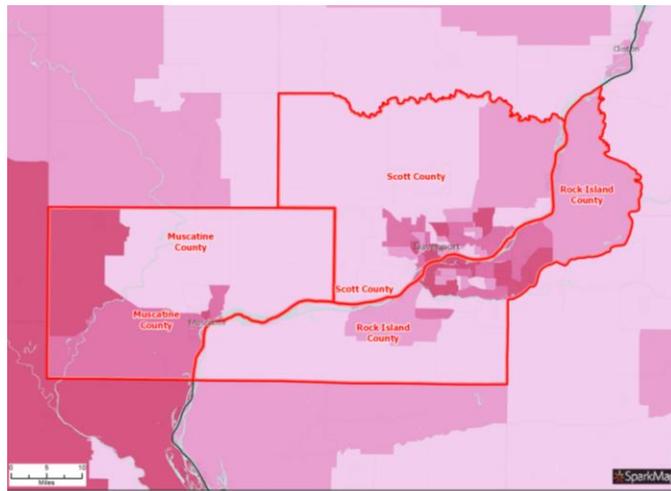


Linguistically Isolated Population (2015-2019)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via Spark Map (sparkmap.org).
- Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

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



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

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

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

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

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

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

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

Poverty

The latest census estimate shows 12.5% of the Total Area total population living below the federal poverty level.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Lowest in Muscatine County.

Among just children (ages 0 to 17), this percentage in the Total Area is 18.5% (representing an estimated 15,282 children).

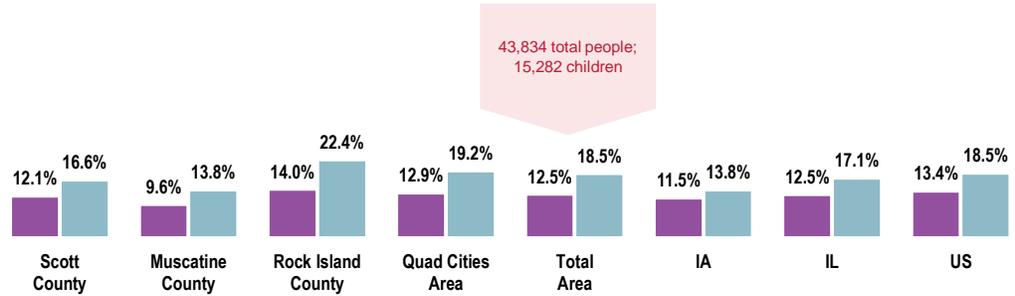
BENCHMARK ► Worse than the Iowa prevalence. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Highest in Rock Island County.



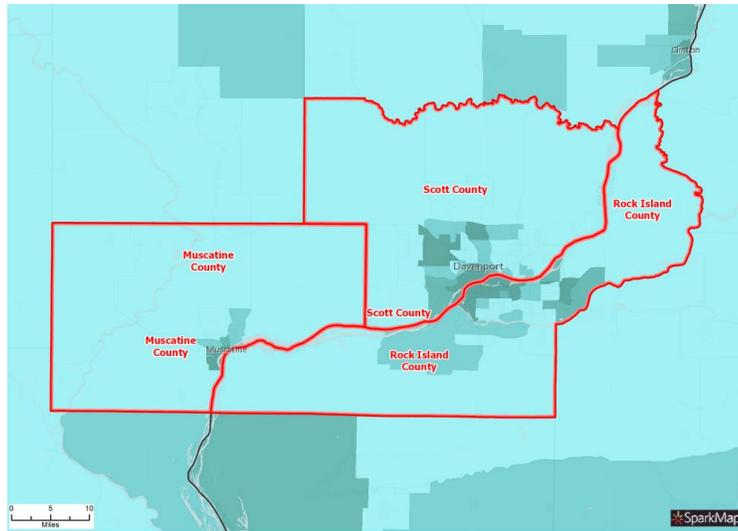
Population in Poverty (Populations Living Below the Poverty Level; 2015-2019) Healthy People 2030 = 8.0% or Lower

■ Total Population ■ Children



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

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



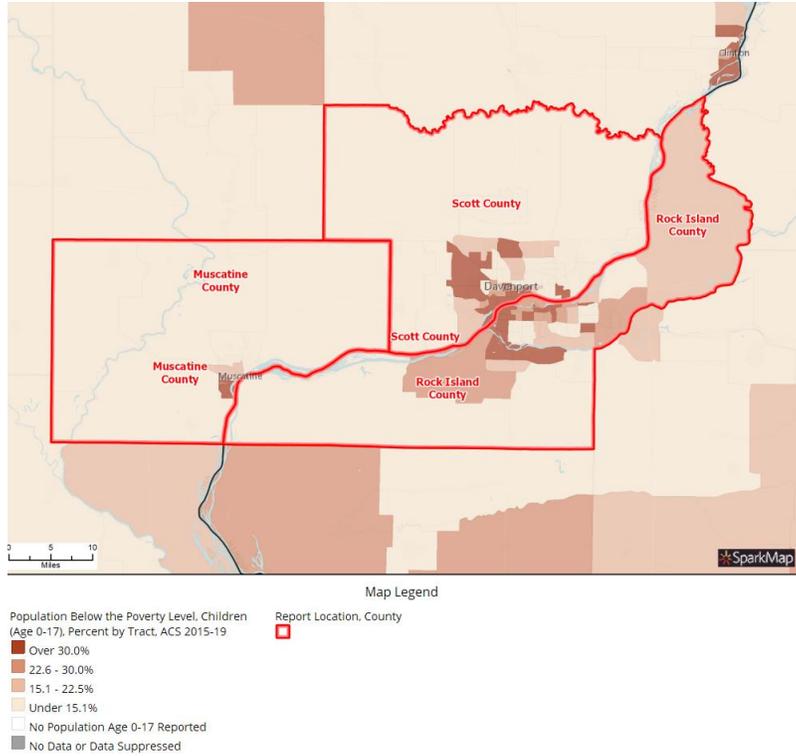
Map Legend

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

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed

Report Location, County





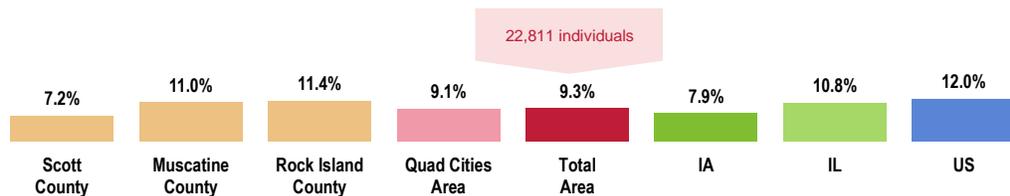
Education

Among the Total Area population age 25 and older, an estimated 9.3% (nearly 23,000 people) do not have a high school education.

BENCHMARK ▶ Higher than the Iowa percentage but lower than Illinois and US figures.

DISPARITY ▶ Lowest in Scott County.

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



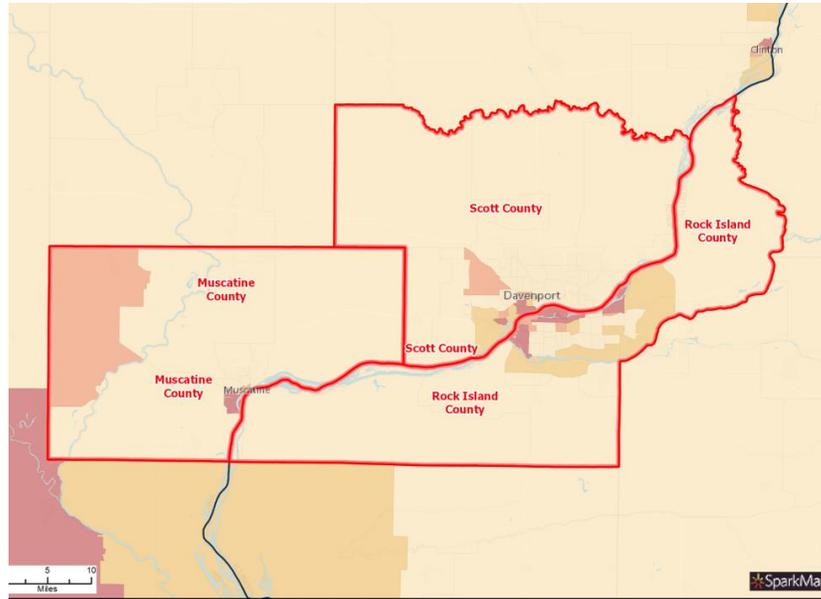
Sources:

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

Notes:

- This indicator is relevant because educational attainment is linked to positive health outcomes.
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.





Map Legend

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

- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed

Report Location, County

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

Housing

Unhealthy or Unsafe Housing

A total of 14.7% of Total Area residents report living in unhealthy or unsafe housing conditions during the past year.

DISPARITY ► The prevalence decreases with age and income in the Total Area and is reported more often among communities of color.

NOTE: For indicators derived from the population-based survey administered as part of this project, text describes significant differences determined through statistical testing. The reader can assume that differences (against or among local findings) that are not mentioned are ones that are not statistically significant.



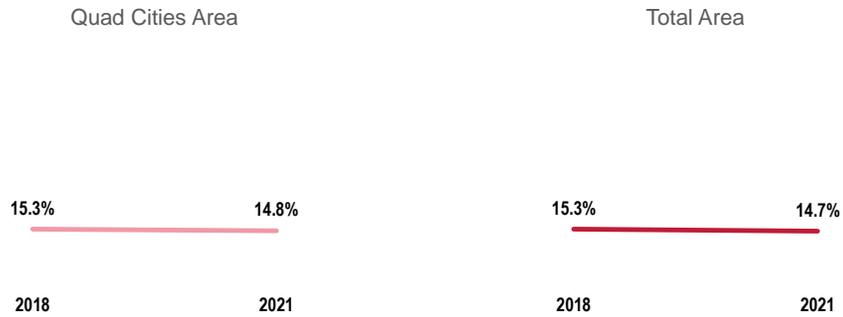
Unhealthy or Unsafe Housing Conditions in the Past Year



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 307]
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Unhealthy or Unsafe Housing Conditions in the Past Year



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 307]

Notes: • Asked of all respondents.
 • Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

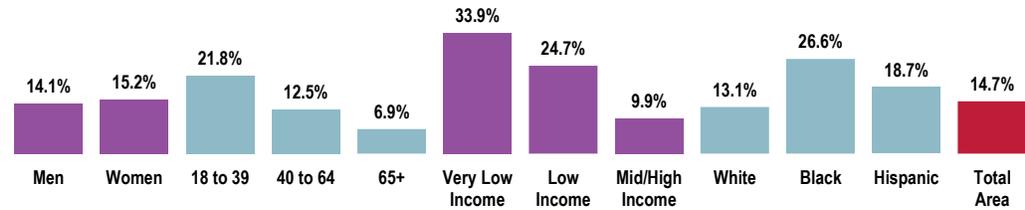


Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by sex, age groupings, income (based on poverty status), and race /ethnicity.

Here: “very low income” refers to community members living in a household with defined poverty status; “low income” refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

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

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



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 307]
 Notes: • Asked of all respondents.
 • Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

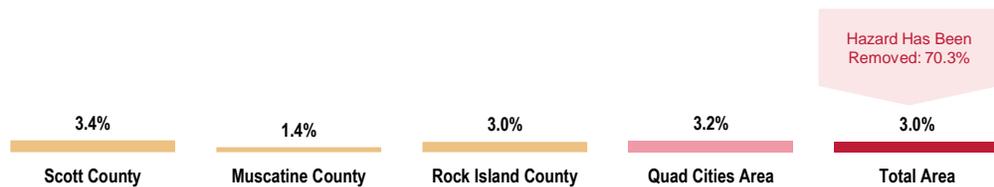
Lead Hazard

Presence of Lead in Homes

Among Total Area residents, 3.0% have been informed that their house contains a lead hazard; of these adults, 70.3% indicate the hazard has been removed.

TREND ► The prevalence has improved significantly since 2012 in the Quad Cities Area.

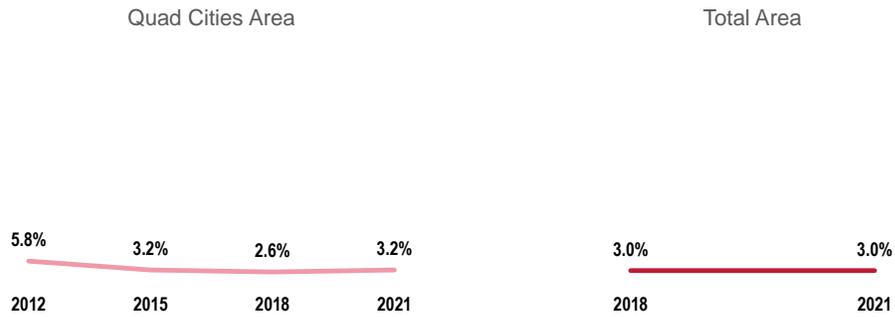
Have Been Informed That House Contains a Lead Hazard



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 308, 309]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

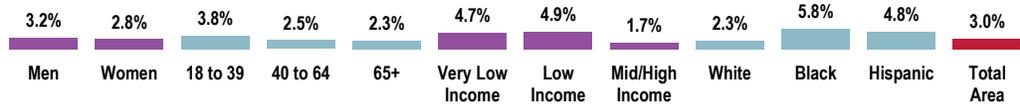


Have Been Informed That House Contains a Lead Hazard



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 308]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Have Been Informed That House Contains a Lead Hazard (Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 308]
 Notes: • Asked of all respondents.

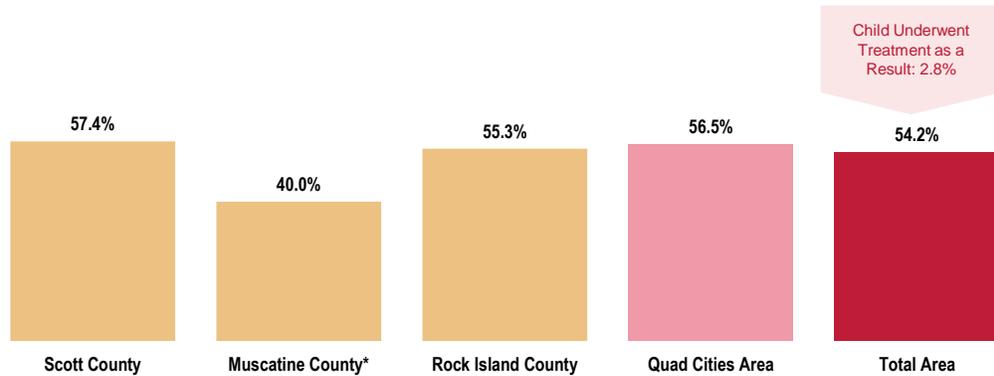


Lead Testing in Children

Among Total Area respondents with children under 18, 56.5% report that their child has been tested for lead (only 2.8% of those tested underwent treatment or therapy to lower the amount of lead in his/her blood as a result).

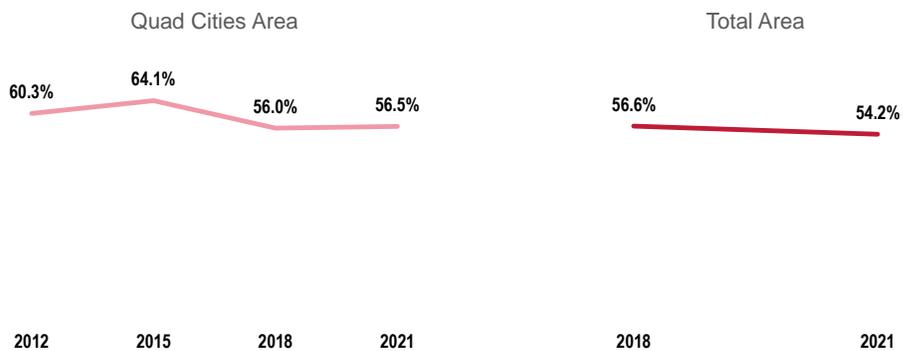
DISPARITY ► The prevalence is lowest among children in Muscatine County.

Child Has Been Tested for Lead (Among Total Area Parents of Children Age 0-17)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 351, 352]
 Notes: • Asked of all respondents with children under 18 at home.
 • *Use caution when interpreting results as the related sample size is <50.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Child Has Been Tested for Lead (Among Total Area Parents of Children Age 0-17)



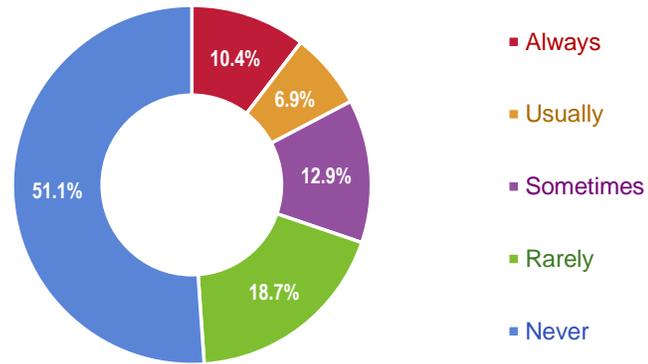
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 351]
 Notes: • Asked of all respondents with children under 18 at home.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Housing Insecurity

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

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

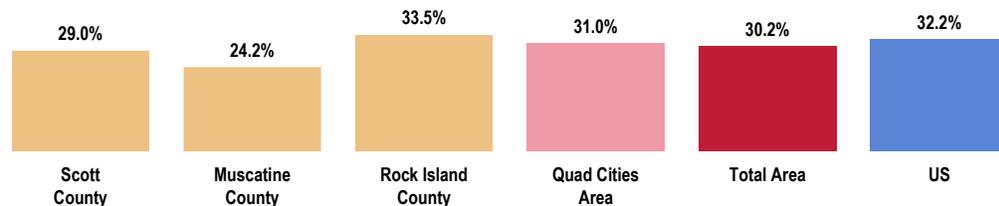


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: • Asked of all respondents.

However, a considerable share (30.2%) report that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

DISPARITY ► Affects one-third of residents in Rock Island County. Reported more often among women, young adults, those living in lower-income households, and communities of color.

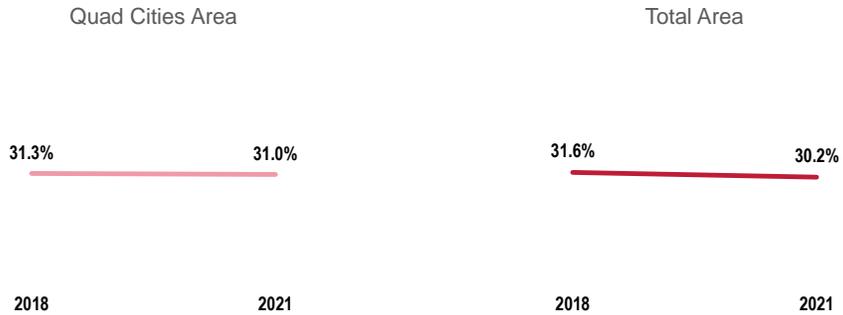
“Always/Usually/Sometimes” Worried
About Paying Rent/Mortgage in the Past Year



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 66]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

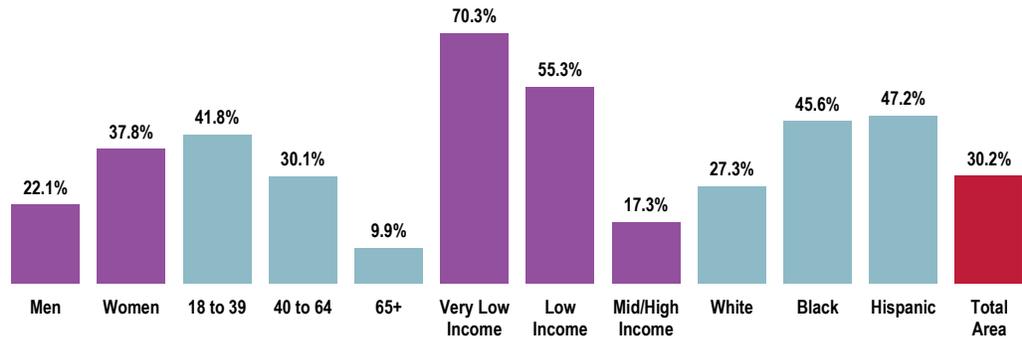


“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 66]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

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



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



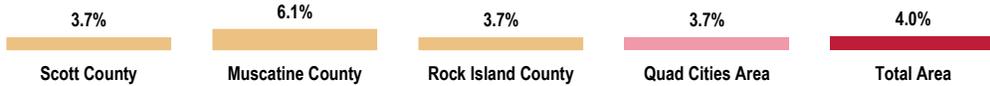
Homelessness

Among 4.0% of Total Area adults, there was a time in the past two years when they lived on the street, in a car, or in a temporary shelter.

TREND ▶ Marks a statistically significant increase in the Quad Cities Area from 2007 survey findings.

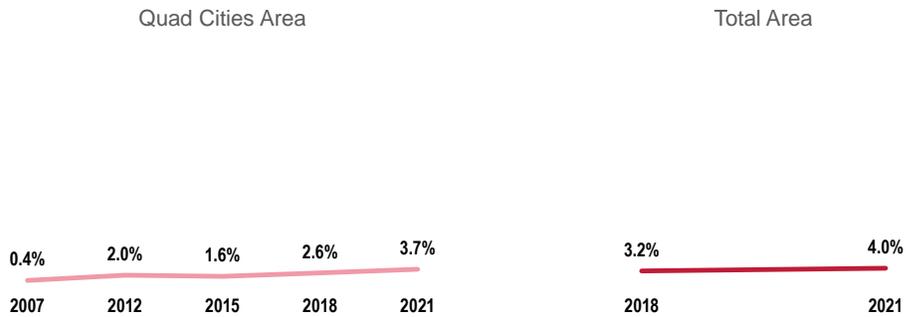
DISPARITY ▶ The prevalence decreases with age and income levels among Total Area respondents.

Was Homeless at Some Point in the Past 2 Years



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 306]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Was Homeless at Some Point in the Past 2 Years



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 306]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Was Homeless at Some Point in the Past 2 Years (Total Area, 2021)

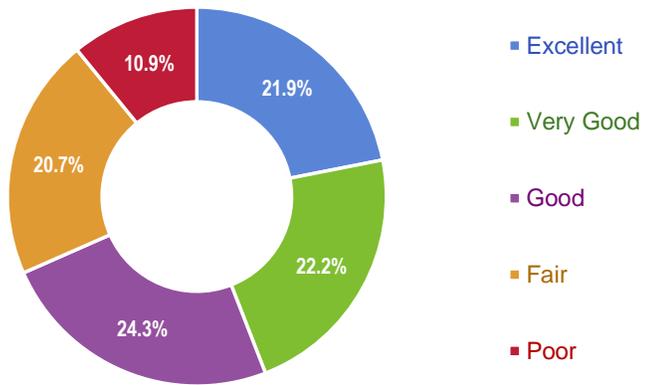


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 306]
 Notes: • Asked of all respondents.
 • Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Current Financial Condition

Most surveyed adults consider their financial situation to be positive in terms of being able to afford adequate food, housing, and pay current bills.

Rating of Personal or Family Financial Situation (Total Area, 2021)



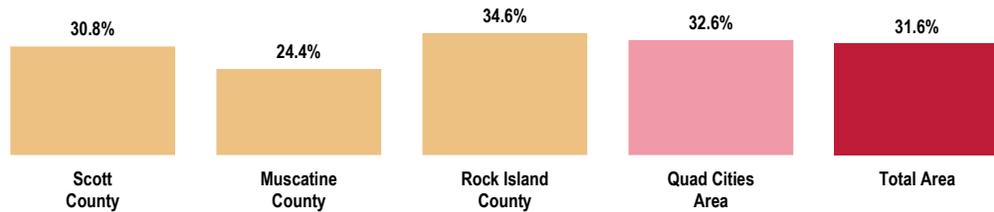
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 305]
 Notes: • Asked of all respondents.
 • Respondents were asked to think of their financial situation in terms of being able to afford adequate food, housing, and pay current bills.



However, a considerable share (31.6%) of Total Area respondents gave “fair/poor” ratings of their current financial situation.

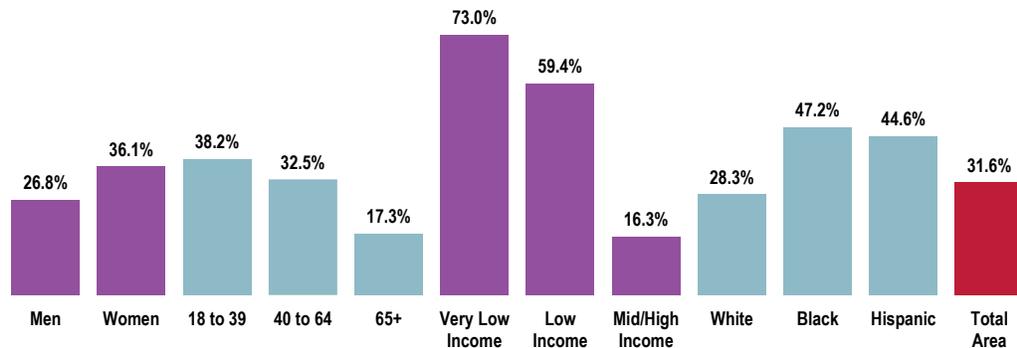
DISPARITY ► Most favorable in Muscatine County. Less favorable among women, young adults, and especially residents in low-income households and communities of color.

Personal or Family Financial Situation is “Fair/Poor”



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 305]
 Notes: • Asked of all respondents.
 • Respondents were asked to think of their financial situation in terms of being able to afford adequate food, housing, and pay current bills.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Personal or Family Financial Situation is “Fair/Poor” (Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 305]
 Notes: • Asked of all respondents.
 • Respondents were asked to think of their financial situation in terms of being able to afford adequate food, housing, and pay current bills.



Food Access

Low Food Access

US Department of Agriculture data show that **15.5% of the Total Area population (representing nearly 55,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.**

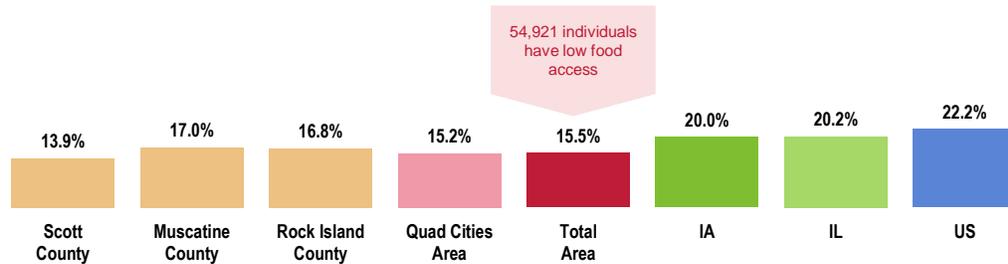
BENCHMARK ▶ Lower than the state and US percentages.

DISPARITY ▶ Lowest in Scott County.

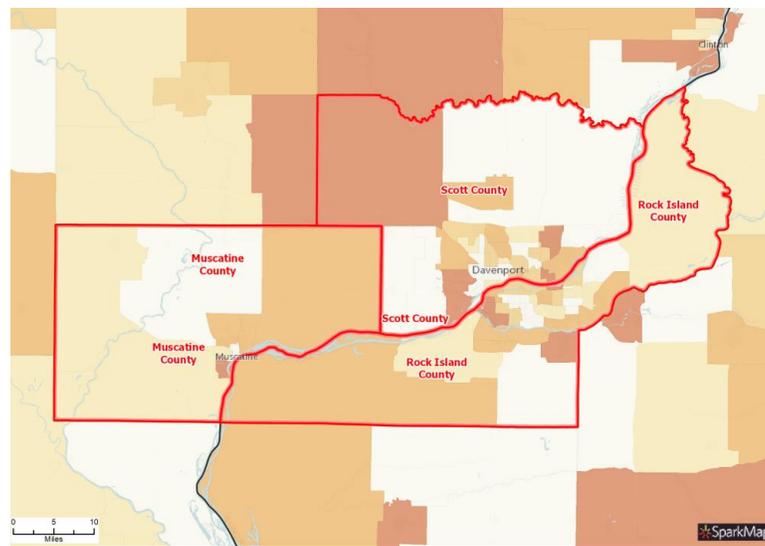
Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

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

Population With Low Food Access
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2019)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



- Map Legend
- Population with Limited Food Access, Percent by Tract, USDA - FARA 2019
- Over 50.0%
 - 20.1 - 50.0%
 - 5.1 - 20.0%
 - Under 5.1%
 - No Low Food Access
- Report Location, County



Food Insecurity

Overall, 24.1% of community residents are determined to be “food insecure,” having run out of food in the past year and/or been worried about running out of food.

BENCHMARK ▶ Well below the nationwide percentage.

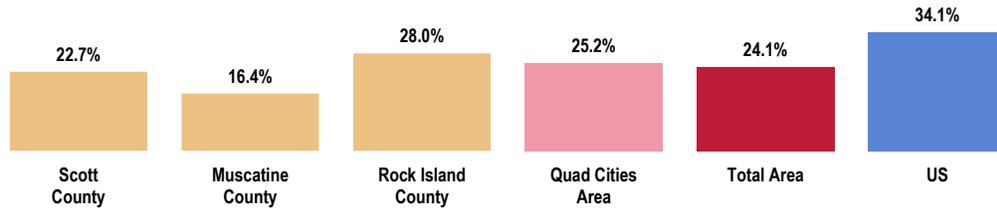
DISPARITY ▶ Unfavorably high in Rock Island County. Decreases with age and income and is reported more often among women and communities of color.

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

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

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

Food Insecurity



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 112]
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Food Insecurity

Quad Cities Area

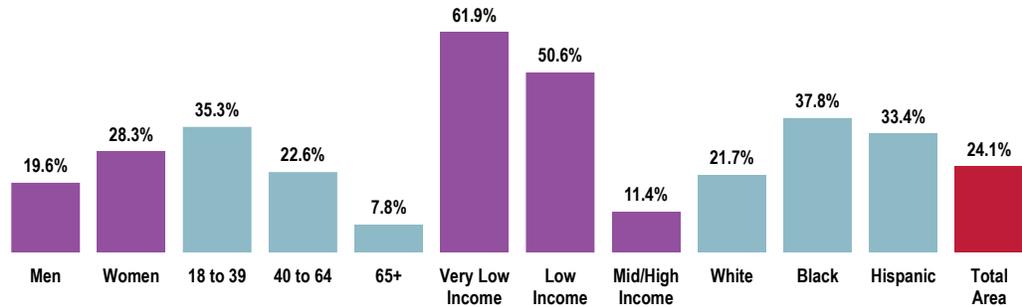
Total Area



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 112]
- Notes:
- Asked of all respondents.
 - Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Food Insecurity (Total Area, 2021)

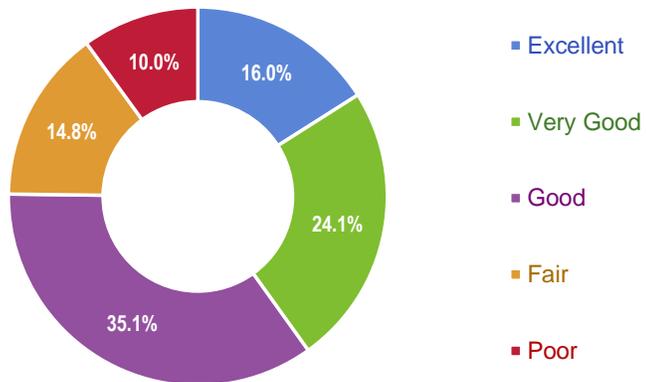


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 112]
 Notes: • Asked of all respondents.
 • Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Obtaining Social Services

Most Total Area survey respondents gave positive ratings for the ease with which they can obtain local social services.

Rating of the Ease With Which Local Social Services Are Obtained (Total Area, 2021)



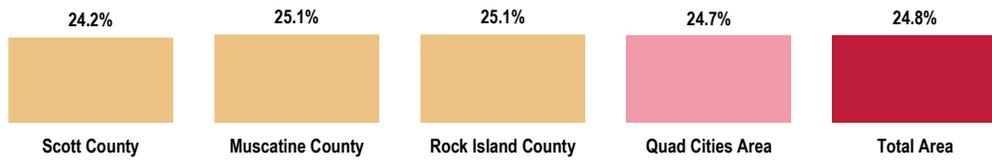
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 311]
 Notes: • Asked of all respondents; excludes those who have not needed such services.



However, one in four Total Area respondents (24.8%) gave “fair/poor” ratings of their access to social services.

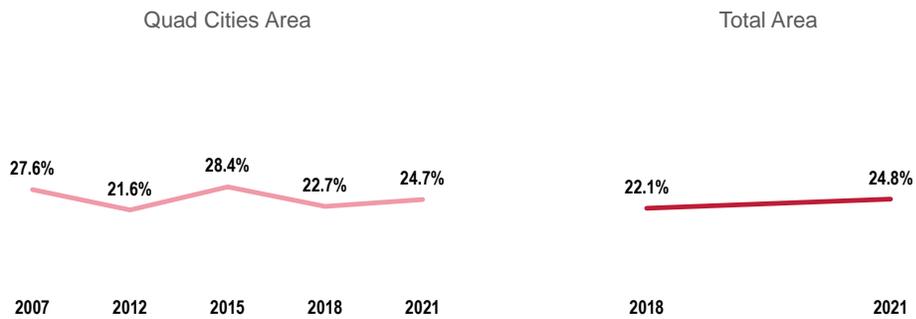
DISPARITY ► The prevalence improves with age and income level among survey respondents.

Ease of Obtaining Local Social Services is “Fair/Poor”



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 311]
 Notes: ● Asked of all respondents; excludes those who have not needed such services.
 ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

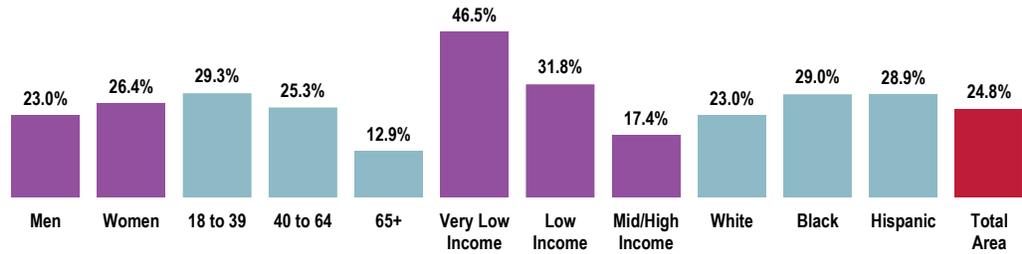
Ease of Obtaining Local Social Services is “Fair/Poor”



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 311]
 Notes: ● Asked of all respondents; excludes those who have not needed such services.
 ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Ease of Obtaining Local Social Services is “Fair/Poor” (Total Area, 2021)



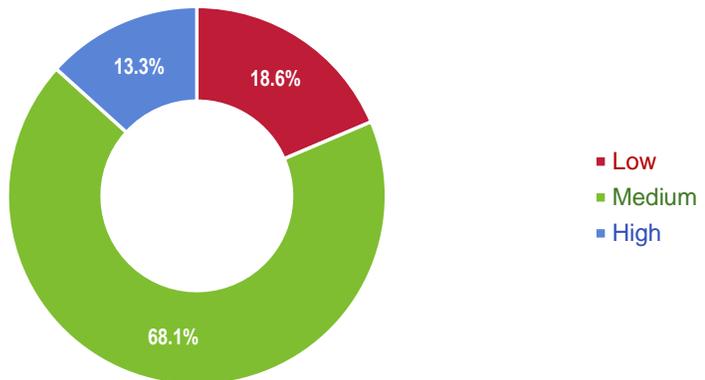
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 311]
Notes: • Asked of all respondents; excludes those who have not needed such services.

Health Literacy

Most surveyed adults in the Total Area are found to have a moderate level of health literacy.

Low health literacy is defined as those respondents who “Seldom/Never” find written or spoken health information easy to understand, and/or who “Always/Nearly Always” need help reading health information, and/or who are “Not At All Confident” in filling out health forms.

Level of Health Literacy (Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 364]
Notes: • Asked of all respondents.
• Respondents with low health literacy are those who “seldom/never” find written or spoken health information easy to understand, and/or who “always/nearly always” need help reading health information, and/or who are “not at all confident” in filling out health forms.



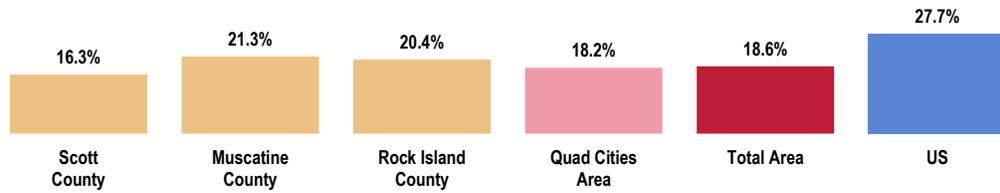
A total of 18.6% are determined to have low health literacy.

BENCHMARK ▶ Well below the national prevalence.

TREND ▶ Denotes a statistically significant improvement in the Total Area since 2018.

DISPARITY ▶ Reported more often among young adults, those living at lower income levels, and Hispanic respondents.

Low Health Literacy



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 364]
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Low Health Literacy

Quad Cities Area

Total Area

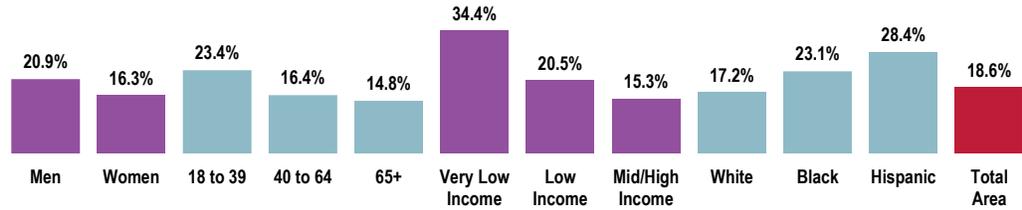


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 364]

Notes: • Asked of all respondents.
 • Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Low Health Literacy (Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 364]

Notes: • Asked of all respondents.

• Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

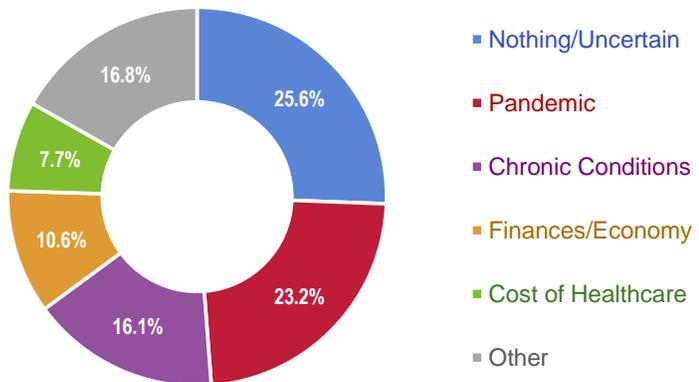


Problems Facing Local Families

When asked to share what they perceive to be the number one problem facing their families today, many responses (among those who could provide one) related to the COVID-19 pandemic:

- ▶ 23.2% of Total Area survey respondents mentioned **pandemic-related issues**, followed by 16.1% of respondents who reported various types of **chronic health conditions** (such as cancer, diabetes, mental health, heart disease, and obesity).
- ▶ Others mentioned economic concerns related to **personal finances/the economy** (10.6%) and the **cost of health care** (7.7%).

Number One Problem Facing My Family Today
(Total Area, 2021)



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



Health Disparities

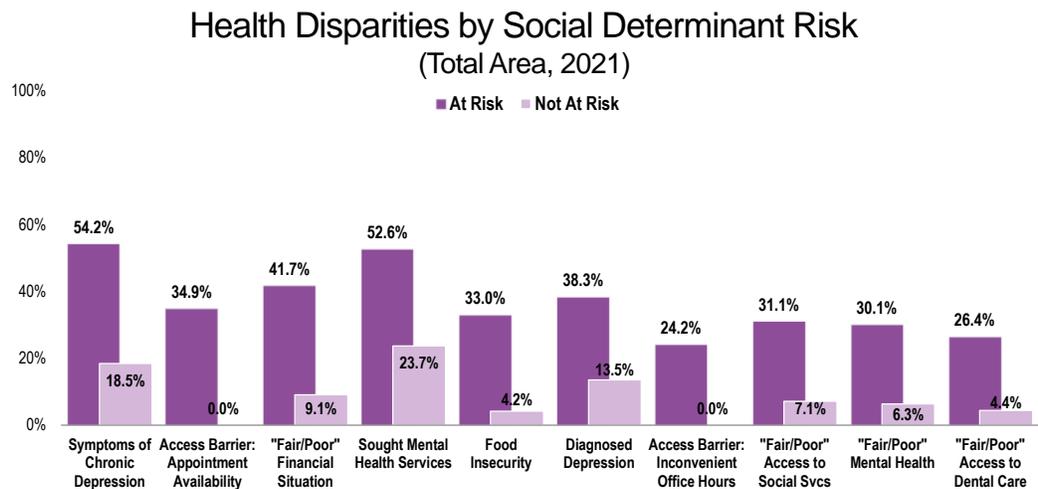
Social Determinant Risk & Health

In this case, “at-risk” includes survey respondents who exhibited any of the following: below 100% of the federal poverty level; living in unhealthy/unsafe housing conditions (including lead hazards); experience of homelessness; mortgage/rent insecurity; lack of high school diploma; currently out of work; victim of a violent crime in the past three years; abused or neglected as a child; victim of domestic violence; low health literacy; and/ or food insecure.

In the survey sample, adults who reported any of a number of adverse social experiences or conditions (see definition at left) were determined to be an “at-risk” population. These at-risk adults are more likely to report a number of health problems. Among these are:

- Symptoms of chronic depression
- Access barrier: appointment availability
- “Fair/poor” financial situation
- Seeking mental health services
- Food insecurity
- Diagnosed depression
- Access barrier: inconvenient office hours
- “Fair/poor” access to social services
- “Fair/poor” mental health
- “Fair/poor” access to dental care

The following chart shows the top 10 widest disparities in survey responses for this segmentation, ordered left to right based on the size of the gap in response (with the widest response gap on the left).



Sources: • 2021 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 368]
 Note: • In this case, “at-risk” includes survey respondents who answered affirmatively to any of these indicators: below 100% of the federal poverty level; live in unhealthy/unsafe housing conditions (including lead hazards); incidence of homelessness; mortgage/rent insecure; lack of high school diploma; currently out of work; victim of a violent crime in the past three years; abused as a child; victim of domestic violence; low health literacy levels; food insecure.



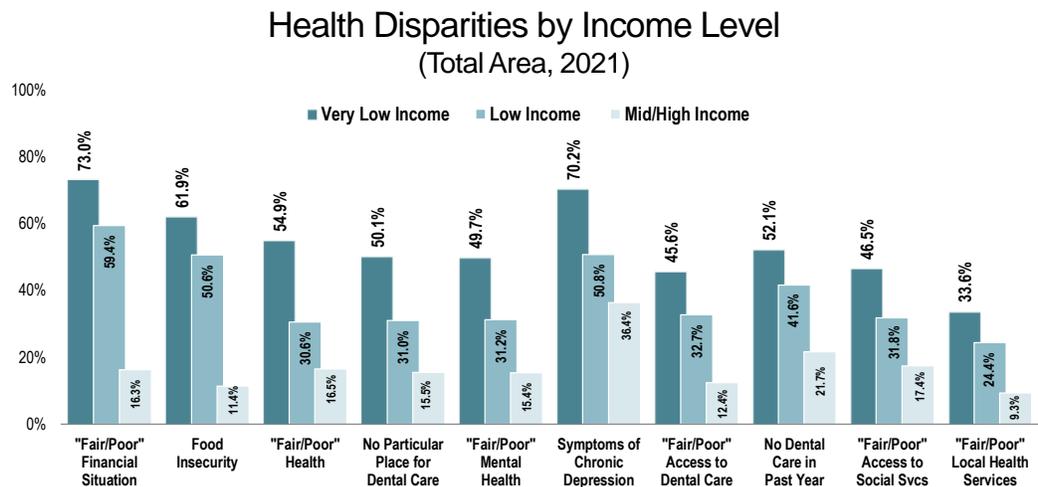
Income & Health

Respondents in households at very low and low income levels are more likely to report a number of adverse health conditions and quality-of-life indicators.

Negative findings that correlate with income among Total Area survey respondents include:

- “Fair/poor” financial situation
- Food insecurity
- “Fair/poor” health
- No particular place for dental care
- “Fair/poor” mental health
- Symptoms of chronic depression
- “Fair/poor” access to dental care
- Lack of recent dental care
- “Fair/poor” access to social services
- “Fair/poor” access to local health care

The following chart shows the top 10 widest disparities in survey responses for this segmentation, ordered left to right based on the size of the gap in response (with the widest response gap on the left).



Sources: • 2021 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]



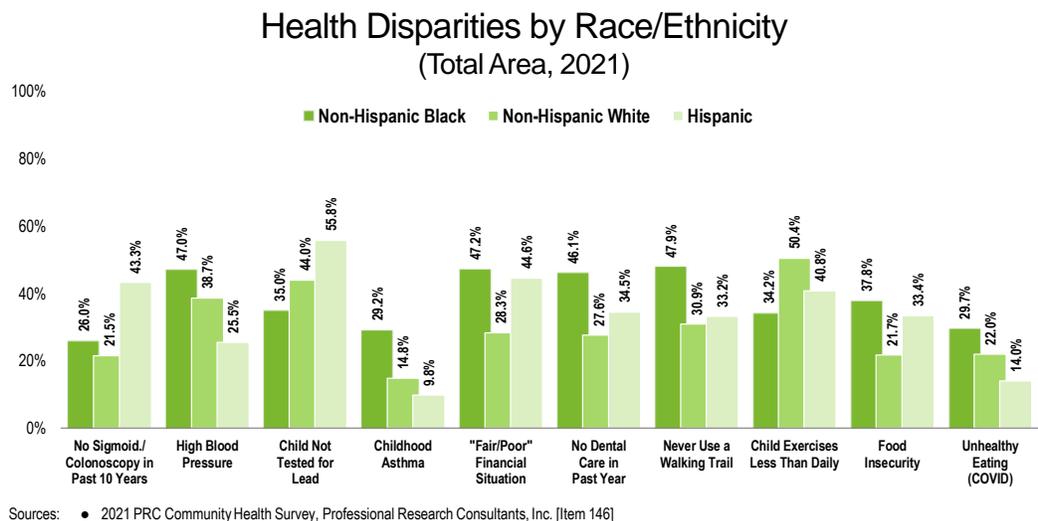
Race/Ethnicity & Health

In the Total Area, communities of color are often more likely to suffer from a number of adverse health conditions and quality-of-life indicators.

Negative findings that correlate with race/ethnicity among Total Area survey respondents include:

- Lack of colorectal cancer screening
- High blood pressure
- Testing of children for lead
- Childhood asthma
- Personal financial situation
- Lack of recent dental care
- Use of walking trails
- Childhood exercise levels
- Food insecurity
- Pandemic-related unhealthy eating

The following chart shows the top 10 widest disparities in survey responses for this segmentation, ordered left to right based on the size of the gap in response (with the widest response gap on the left). Note that responses were least favorable in Hispanic residents for colorectal cancer screening and lead testing in children. Responses were least favorable in White residents for children’s physical activity. All other indicators shown were least favorable in Black residents.





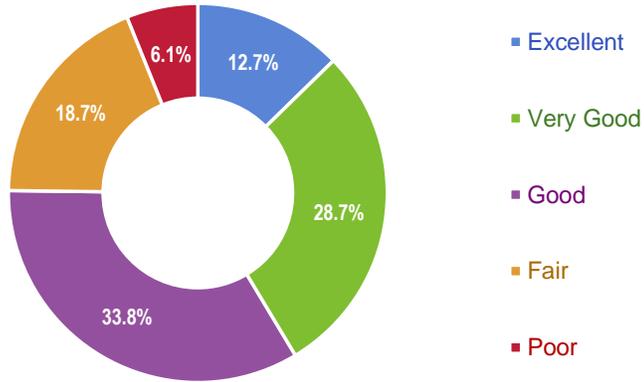
HEALTH STATUS

OVERALL HEALTH STATUS

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

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

Self-Reported Health Status
(Total Area, 2021)



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

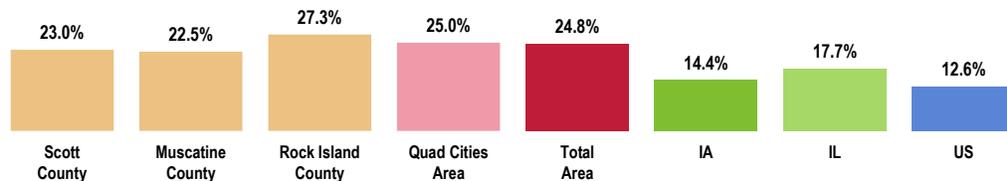
However, 24.8% of Total Area adults believe that their overall health is "fair" or "poor."

BENCHMARK ► Well above the state and national percentages.

TREND ► The prevalence in both areas has worsened significantly from earliest survey findings.

DISPARITY ► Reported more often among adults age 40 to 64, Black respondents, and adults in very low income households especially.

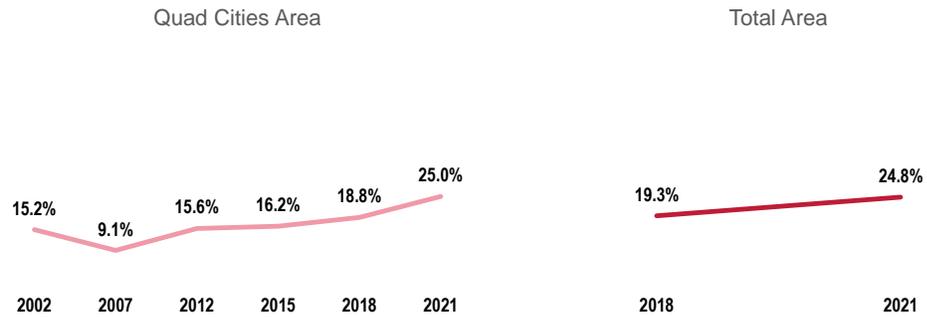
Experience "Fair" or "Poor" Overall Health



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa and Illinois data.
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

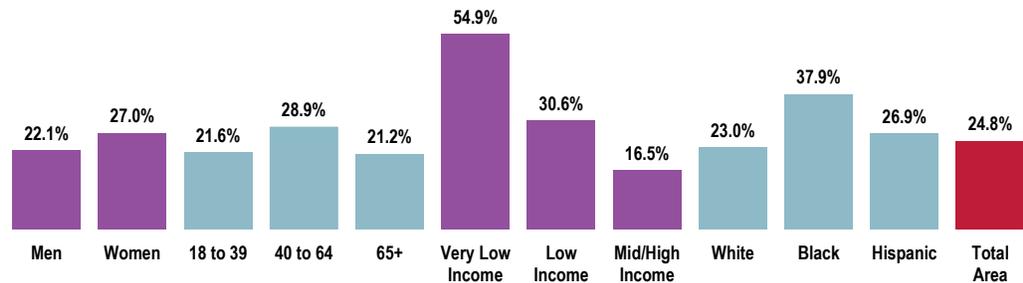


Experience “Fair” or “Poor” Overall Health



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 5]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

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



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



MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

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

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

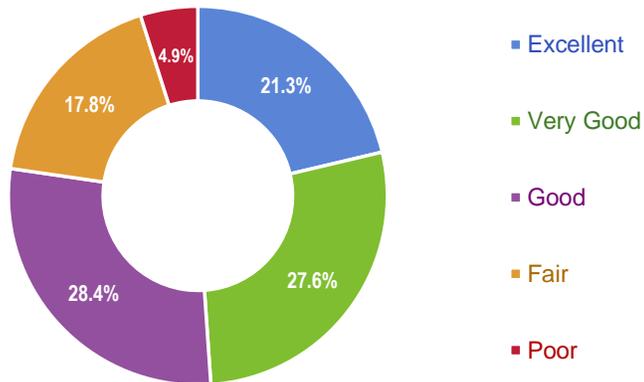
– Healthy People 2030 (<https://health.gov/healthypeople>)

Mental Health Status

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

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

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



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

However, 22.7% believe that their overall mental health is “fair” or “poor.”

BENCHMARK ► Worse than the national figure.

TREND ► Denotes a statistically significant increase in both areas from baseline survey results.



Experience “Fair” or “Poor” Mental Health



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 90]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Experience “Fair” or “Poor” Mental Health



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 90]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Depression

Diagnosed Depression

A total of 30.6% of Total Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ▶ Considerably higher than state and national figures.

TREND ▶ Increasing significantly in the Quad Cities Area as well as the Total Area.



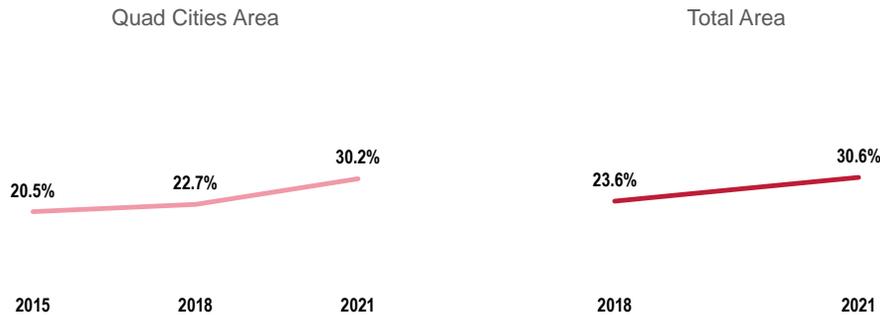
Have Been Diagnosed With a Depressive Disorder



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 93]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa and Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Have Been Diagnosed With a Depressive Disorder



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 93]
 Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Symptoms of Chronic Depression

A total of 43.2% of Total Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

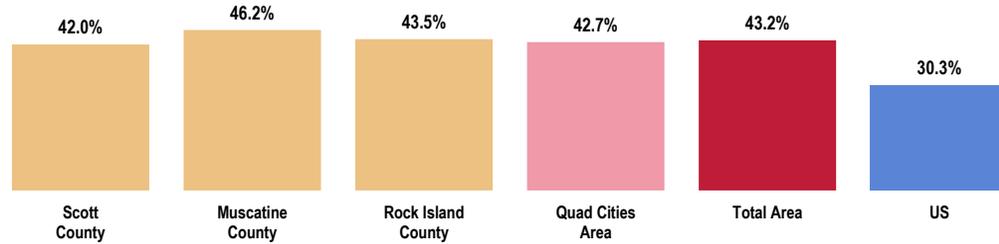
BENCHMARK ▶ Well above the national prevalence.

TREND ▶ Marks a statistically significant increase for both areas from baseline survey results.

DISPARITY ▶ Reported more often among women and especially young adults and respondents living in low-income households.



Have Experienced Symptoms of Chronic Depression



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

Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Have Experienced Symptoms of Chronic Depression

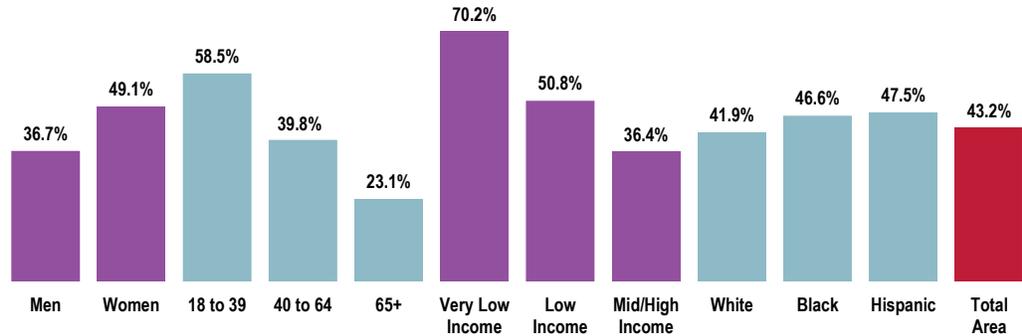


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 91]

Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



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

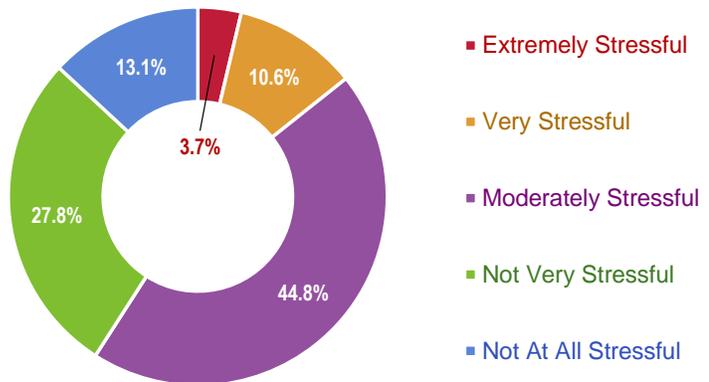


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 91]
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Stress

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

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



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



In contrast, 14.3% of Total Area adults feel that most days for them are “very” or “extremely” stressful.

TREND ▶ Denotes a statistically significant increase since 2012 in the Quad Cities Area.

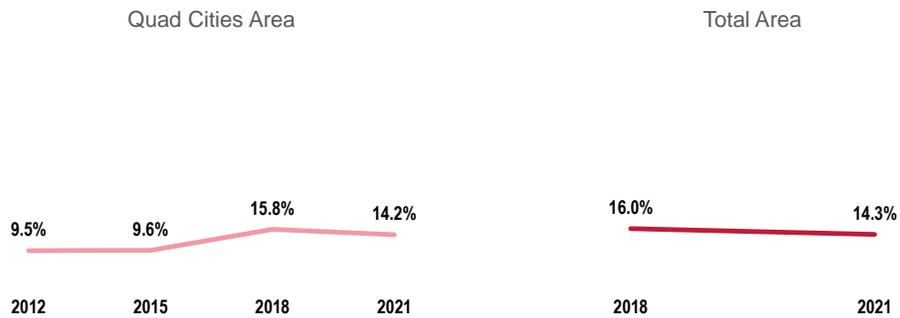
DISPARITY ▶ Reported more often among women, young adults, and those at lower income levels.

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



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 92]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

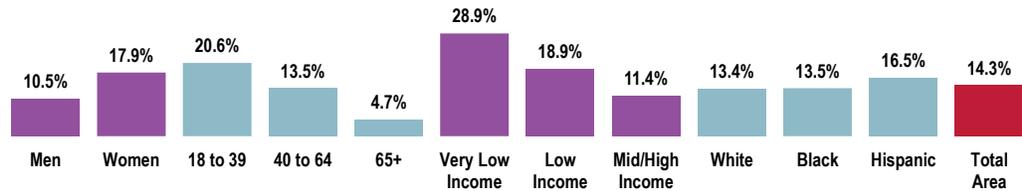
Perceive Most Days As “Extremely” or “Very” Stressful



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 92]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



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



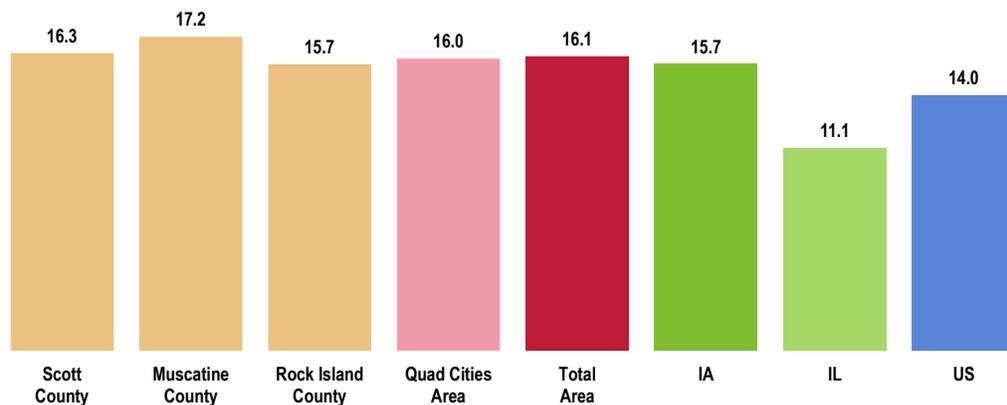
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 92]
 Notes: • Asked of all respondents.

Suicide

In the Total Area, there were 16.1 suicides per 100,000 population (2017-2019 annual average age-adjusted rate).

BENCHMARK ► Worse than the Illinois rate and failing to meet the Healthy People 2030 objective.

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



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2021.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Suicide: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 12.8 or Lower



	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019
Quad Cities Area	13.9	16.2	16.4	17.6	15.7	15.0	14.5	16.0
Total Service Area	13.8	16.0	16.2	17.2	15.3	14.6	14.8	16.1
IA	12.9	13.7	13.3	13.7	13.8	14.5	15.0	15.7
IL	9.4	9.7	10.1	10.2	10.5	10.7	11.1	11.1
US	13.1	13.3	12.7	13.0	13.3	13.6	13.9	14.0

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

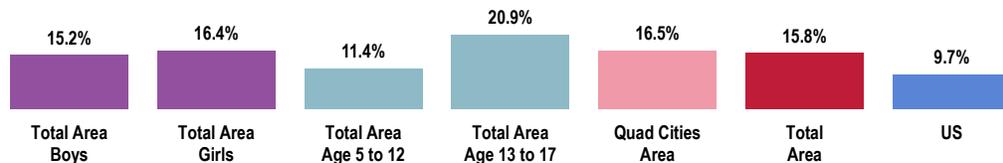
Children & Mental Health

Among parents of children under 18 in the Total Area, most give positive ratings of their child’s mental health (including problems with stress, depression, and problems with emotions); however, 15.8% consider their child’s mental health to be “fair” or “poor.”

TREND ▶ Marks a statistically significant increase in the Quad Cities Area since 2015.

DISPARITY ▶ Higher among Total Area teens.

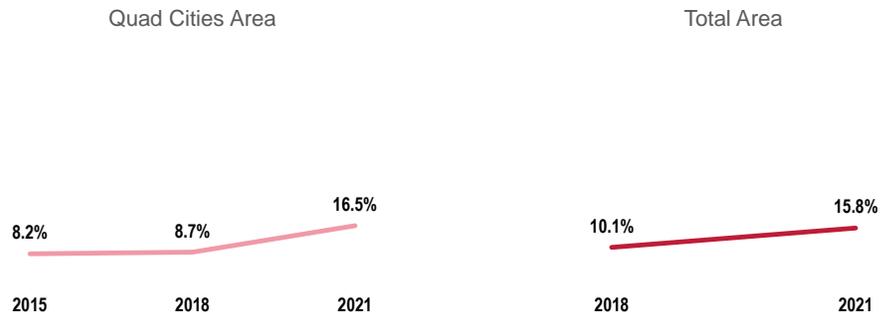
Child’s Mental Health is “Fair/Poor” (Parents of Children Age 5-17, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 355]
• 2020 PRC National Child & Adolescent Health Survey, PRC, Inc.
Notes: • Asked of all respondents about a child age 5-17 at home.



Child's Mental Health is "Fair/Poor" (Parents of a Child Age 5-17)

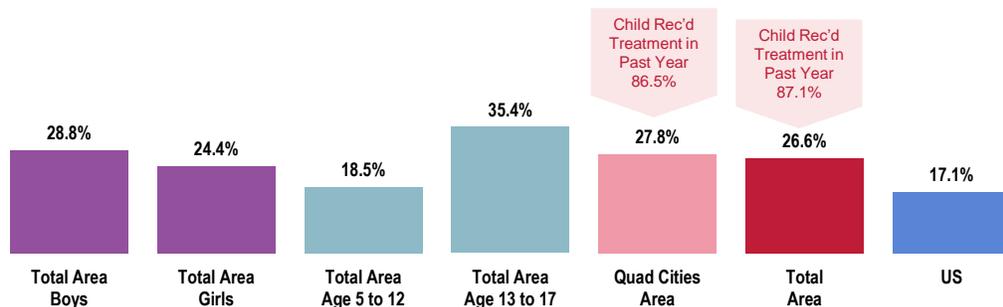


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 355]
 Notes: • Asked of all respondents about a child age 5-17 at home.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Among Total Area parents of children age 5-17, 26.6% report that their child needed mental health services in the past year.

- BENCHMARK** ▶ Well above the national prevalence.
- TREND** ▶ Increasing significantly in both areas from baseline survey findings.
- DISPARITY** ▶ Considerably higher among Total Area teens.

Child Needed Mental Health Services in the Past Year (Parents of Children Age 5-17, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 356-357]
 • 2020 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents about a child age 5-17 at home.



Child Needed Mental Health Services in the Past Year (Parents of Children Age 5-17, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 356]
 Notes: • Asked of all respondents about a child age 5-17 at home.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Mental Health Treatment

Mental Health Providers

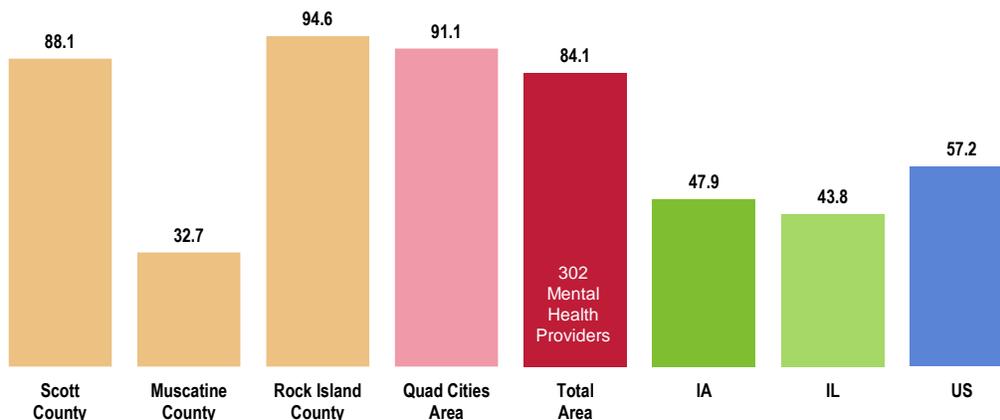
In the Total Area in 2021, there were 84.1 mental health providers for every 100,000 population.

BENCHMARK ► Well above the state and national ratios.

DISPARITY ► Unfavorably low in Muscatine County.

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care. Note that this indicator only reflects providers practicing in the Total Area and residents in the Total Area; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

Access to Mental Health Providers (Number of Mental Health Providers per 100,000 Population, 2021)



Sources: • University of Wisconsin Population Health Institute, County Health Rankings.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
 Notes: • This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



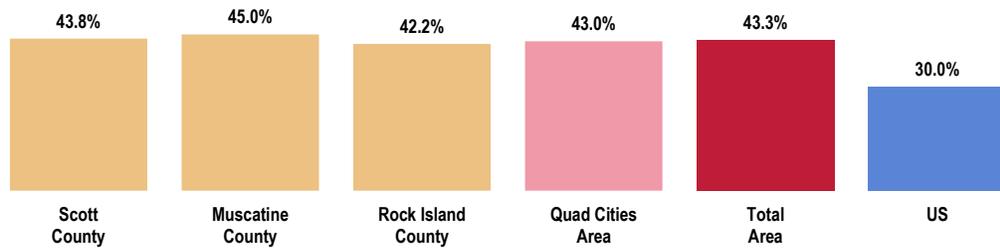
Seeking Mental Health Services

Among Total Service Area respondents, 43.3% have sought treatment from a health professional for some type of mental health condition or emotional problem.

BENCHMARK ▶ Well above the national figure.

TREND ▶ Increasing significantly in both areas from baseline 2018 survey results.

Ever Sought Help for a Mental or Emotional Problem



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 335]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Ever Sought Help for a Mental or Emotional Problem



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 335]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Currently Receiving Treatment

Adults

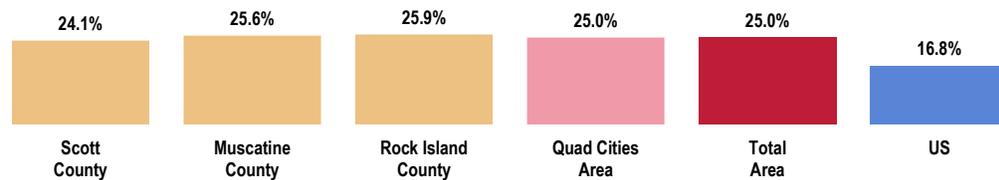
One in four Total Area adults (25.0%) is currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

BENCHMARK ▶ Well above the US percentage.

TREND ▶ Increasing significantly in both areas from 2018 survey reports.

Currently Receiving Mental Health Treatment

Among respondents ever diagnosed with a depressive disorder, 64.6% are currently receiving treatment.



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 94, 113]
● 2020 PRC National Health Survey, PRC, Inc.

Notes: ● Asked of all respondents.

● "Treatment" can include taking medications for mental health.

● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Currently Receiving Mental Health Treatment

Quad Cities Area



Total Area



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 94]

Notes: ● Asked of all respondents.

● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Children

A total of 24.3% of Total Area children age 5-17 received treatment or counseling from a mental health professional in the past year.

BENCHMARK ▶ Higher than the national prevalence.

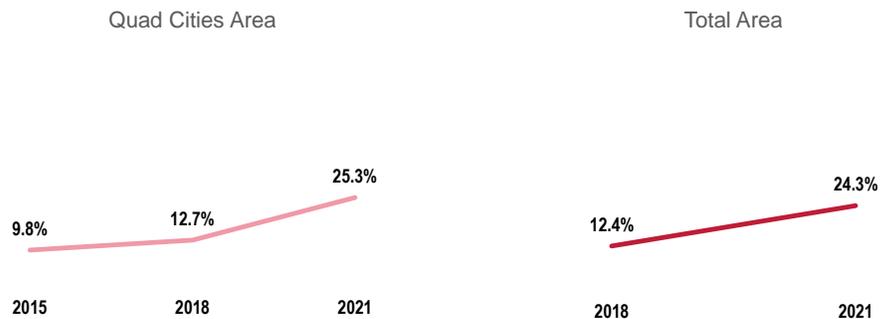
TREND ▶ Increasing significantly in both areas from baseline survey results.

Child Received Mental Treatment/Counseling in the Past Year (Parents of Children Age 5-17, 2021)



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 357]
● 2020 PRC National Child & Adolescent Health Survey, PRC, Inc.
Notes: ● Asked of all respondents about a child age 5-17 at home

Child Received Mental Treatment/Counseling in the Past Year (Parents of Children Age 5-17, 2021)



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 357]
Notes: ● Asked of all respondents about a child age 5-17 at home.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

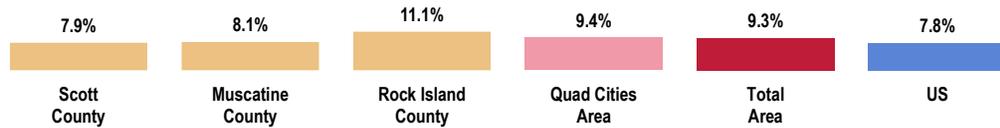


Difficulty Accessing Mental Health Services

A total of 9.3% of Total Area adults report a time in the past year when they needed mental health services but were not able to get them.

DISPARITY ► Correlates with age and income (especially unfavorable in the lowest income category) and is reported more often among Total Area women.

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



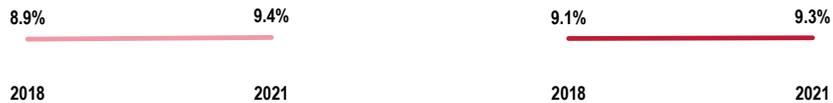
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 95]
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

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

Quad Cities Area

Total Area

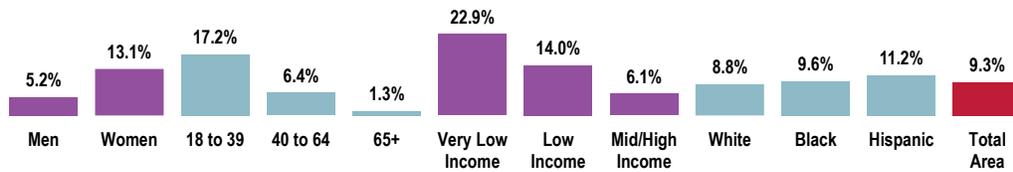


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 95]

Notes: • Asked of all respondents.
• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



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

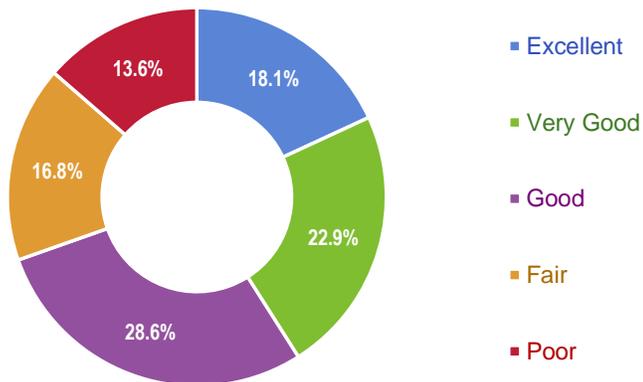


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 95]
 Notes: • Asked of all respondents.

Ease of Obtaining Mental Health Services

Among area adults who have needed mental health services, most gave positive ratings of the ease with which they can obtain those services locally.

Rating of the Ease With Which Local Mental Health Services Are Obtained (Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 313]
 Notes: • Asked of all respondents; excludes those who have not needed such services.

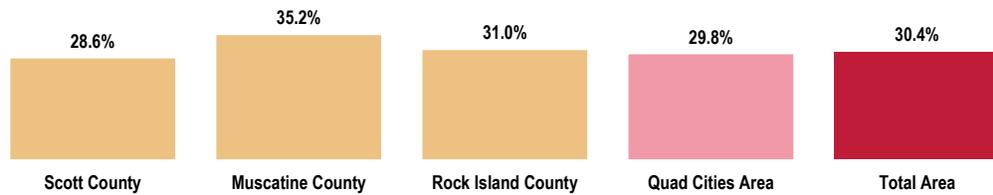


In contrast, 30.4% of the respondents gave “fair/poor” ratings of the ease of obtaining local mental health services.

TREND ► Denotes an overall worsening trend since 2002 in the Quad Cities Area.

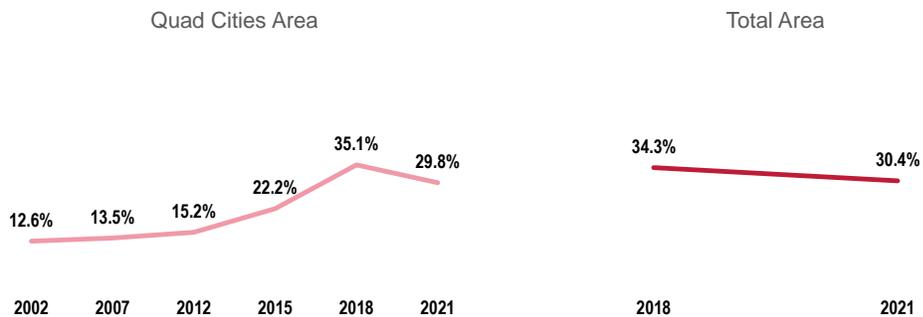
DISPARITY ► Reported more often among women, young adults, those at lower income levels, and Hispanics.

Ease of Obtaining Local Mental Health Services is “Fair/Poor”



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 313]
 Notes: • Asked of all respondents; excludes those who have not needed such services.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

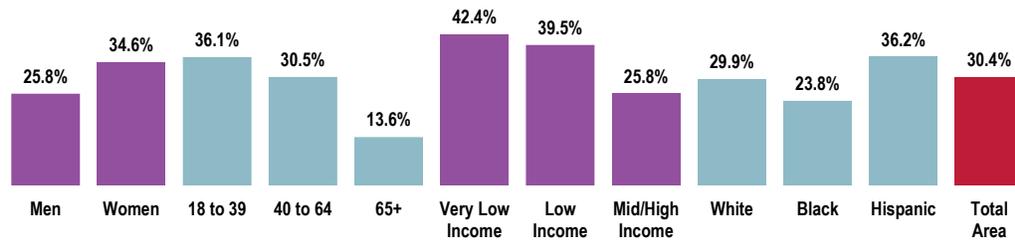
Ease of Obtaining Local Mental Health Services is “Fair/Poor”



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 313]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Ease of Obtaining Local Mental Health Services is “Fair/Poor” (Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 313]
Notes: • Asked of all respondents; excludes those who have not needed such services.

Behavioral Health Dashboard

The Quad Cities Behavioral Health Coalition (QCBHC), through the Outcomes Team, worked to identify key data points to begin to quantify the core behavioral health services that are provided in the Quad Cities area. Moving forward, it is the goal to develop additional metrics, and to receive data from a larger number of service providers.

- Data is collected to outline access to behavioral health services that are provided in Scott County, Iowa and Rock Island County, Illinois.
- Data is provided by primary providers of behavioral health services including hospitals, community mental health centers, and other service providers.
- While data is provided by the largest providers of behavioral health services in the area, it does not represent the work of a multitude of other agencies, or other crisis and support services available.
- Data represents a "snapshot in time" and is not meant to be used as the sole source of information to draw any global conclusions.
- Data metrics, over time, will continue to be expanded, refined, and authenticated for broader use.
- Given the timing of the current data collection, i.e. during a global pandemic, it is noted that anomalies likely exist.
- Staffing shortages throughout the social service and health care segments will continue to be a variable impacting access to care.



HOSPITAL CRISIS DATA

Genesis Medical Center, UnityPoint Health / Robert Young Center

	2020		2019	
	0-17 years	>18 years	0-17 years	>18 years
Total Crisis Presentations	1800	7151	1827	8448
Crisis Presentations - TeleHealth (%)	33%	36%	42%	36%
Crisis Presentations - Face to Face (%)	66%	65%	58%	65%
Admitted in QC Metro (%)	32%	28%	34%	28%
Transferred Out of QC Metro (%)	14%	13%	2%	1%
Not Admitted (%)	54%	61%	65%	72%

OUTPATIENT ACCESS TO CARE

UnityPoint Health / Robert Young Center, Transitions, Vera French, Community Health Care



AVG. THIRD NEXT AVAILABLE APPT (Business Days)

MD/DO/APRN Prescriber		
Year	2020	2019
0-17 Years	15 days	54 days
>18 Years	19 days	50 days
Counseling/Therapy		
Year	2020	2019
0-17 Years	4 days	12 days
>18 Years	2 days	7 days



SERVICE VOLUMES (Visits)

MD/DO/APRN Prescriber		
Year	2020	2019
First Visit	6,306	5,303
Follow Up	53,313	41,452
Counseling/Therapy		
Year	2020	2019
Assessment	14,407	9,010
Sessions	52,704	54,968



STAFFING LEVELS (Full-Time Equivalent)

MD/DO/APRN Prescriber	
2020	2019
28.36 FTE	23.55 FTE
Counseling/Therapy	
2020	2019
92.17 FTE	111.06 FTE





DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF HOSPITALIZATION

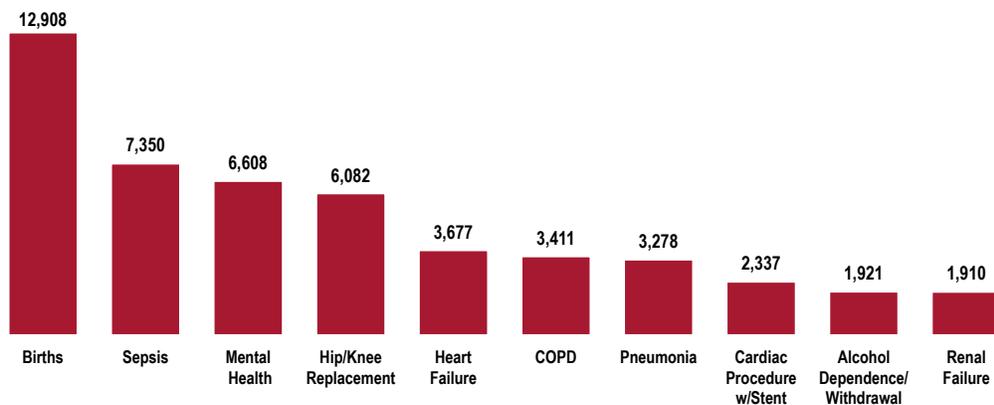
Inpatient Hospitalizations

Quad Cities

According to data from Genesis Health System and UnityPoint Health–Trinity, births were the leading reason for inpatient hospitalizations in the Quad Cities between 2018 and 2020 (12,908 total hospitalizations), followed by hospitalizations for sepsis (7,350), mental health (6,608), and hip/knee replacement (6,082).

- ▶ Other top reasons for hospitalizations in the Quad Cities between 2018 and 2020 include heart failure, chronic obstructive pulmonary disease (COPD), pneumonia, cardiac procedure with stent, alcohol dependence/withdrawal, and renal failure.

Top 10 Reasons for Inpatient Hospitalizations, Including All Inpatient, Acute and Non-Acute Discharges (Quad Cities 2018-2020 Cumulative Data)



Sources: Genesis Health System and UnityPoint Health–Trinity

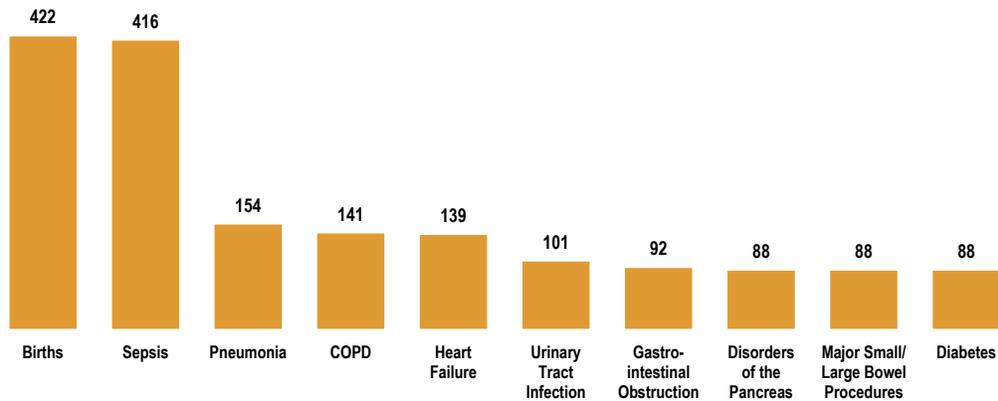
Muscatine

In Muscatine, births were also the leading reason for inpatient hospitalizations between 2018 and 2020 (422 total hospitalizations), followed closely by hospitalizations for sepsis (416 hospitalizations).

- ▶ Other top reasons for hospitalizations in Muscatine between 2018 and 2020 include pneumonia, COPD, heart failure, urinary tract infection, gastrointestinal obstruction, disorders of the pancreas, major small/large bowel procedures, and diabetes.



Top 10 Reasons for Inpatient Hospitalizations, Including All Inpatient, Acute and Non-Acute Discharges (Muscatine 2018-2020 Cumulative Data)



Sources: UnityPoint Health-Trinity

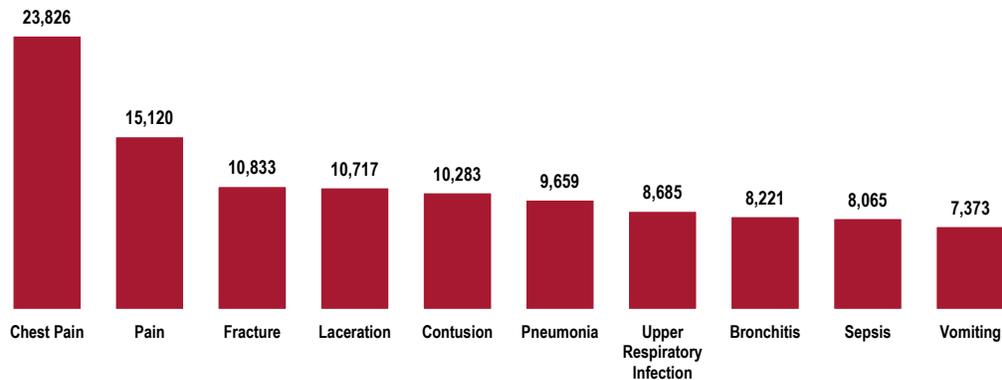
Emergency Department Visits

Quad Cities

Chest pain was the leading reason for emergency department visits (treated and released) in the Quad Cities between 2018 and 2020 (23,826 emergency department visits), followed by ED visits for general **pain** (15,120 visits), **fractures** (10,833), **lacerations** (10,717), and **contusions** (10,283).

► Other top reasons for visits to the emergency department in the Quad Cities between 2018 and 2020 include **pneumonia**, **upper respiratory infection**, **bronchitis**, **sepsis**, and **vomiting**.

Top 10 Reasons for Emergency Department Visits, Including Treated and Released (Quad Cities 2018-2020 Cumulative Data)



Sources: Genesis Health System and UnityPoint Health-Trinity

See also *Behavioral Health Dashboard* in the Mental Health section.

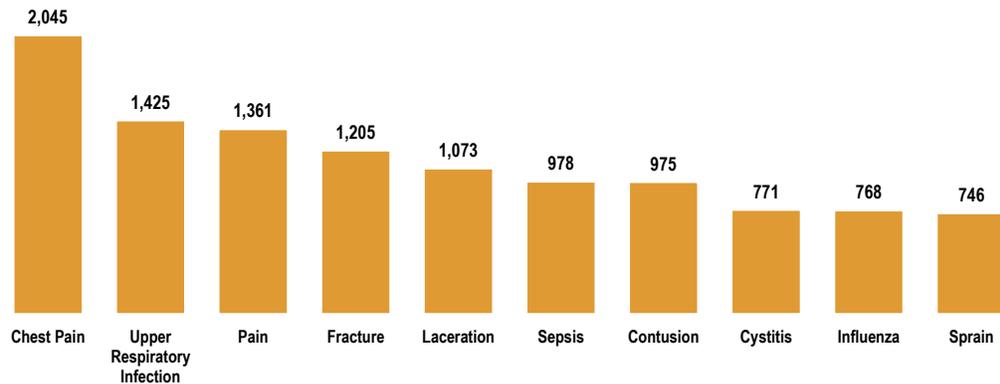


Muscatine

In Muscatine, chest pain was also the leading cause for emergency room visits between 2018 and 2020 (2,045 visits), followed by visits for upper respiratory infections (1,425 visits), pain (1,361), fractures (1,205), and lacerations (1,073).

- ▶ Other top reasons for ED visits in Muscatine between 2018 and 2020 include **sepsis**, **contusions**, **cystitis**, **influenza**, and **sprains**.

Top 10 Reasons for Emergency Department Visits,
Including Treated and Released
(Muscatine 2018-2020 Cumulative Data)



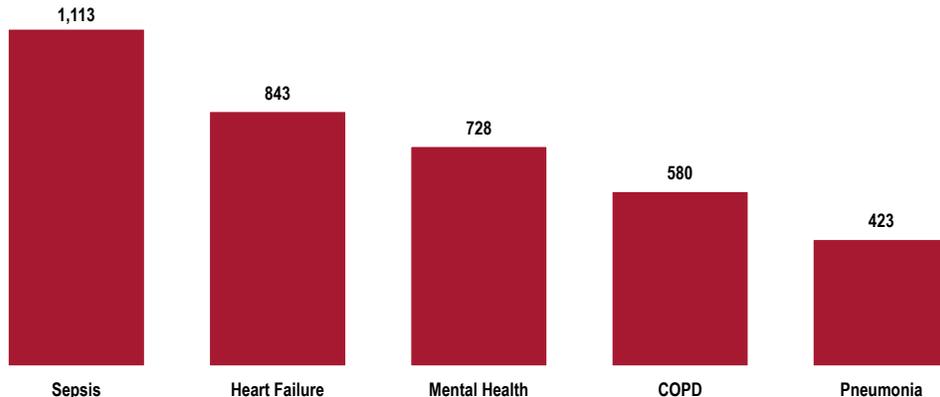
Sources: UnityPoint Health–Trinity

Hospital Readmissions

Quad Cities

According to data from Genesis Health System and UnityPoint Health–Trinity, sepsis was the leading reason for hospital readmission in the Quad Cities between 2018 and 2020 (1,113 readmissions), followed by heart failure (843 readmissions), mental health (728), COPD (580), and pneumonia (423).

Top 5 Reasons for Readmissions to the Hospital,
Including 30-Day, Inpatient to Inpatient, Within the System
(Quad Cities 2018-2020 Cumulative Data)



Sources: Genesis Health System and UnityPoint Health–Trinity

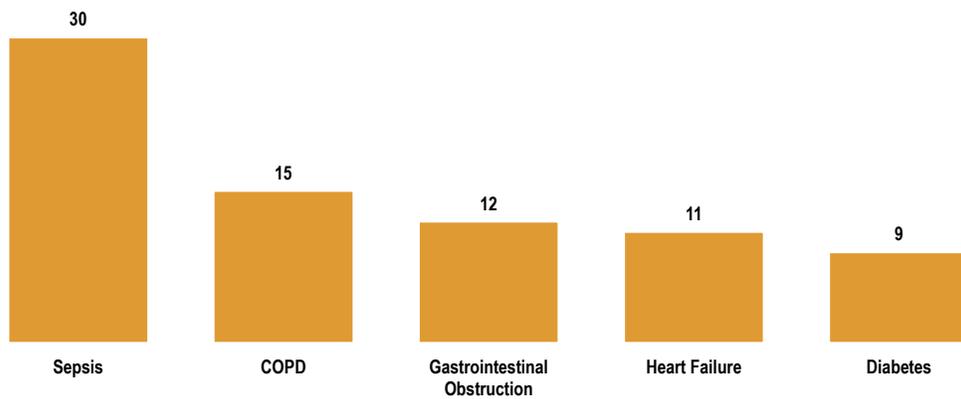


Muscatine

In Muscatine, **sepsis** was also the leading reason for hospital readmissions between 2018 and 2020 (30 total hospitalizations), twice as many as the next-leading cause (**COPD**, with 15 readmissions).

- ▶ Other top reasons for hospital readmissions in Muscatine between 2018 and 2020 include **gastrointestinal obstruction**, **heart failure**, and **diabetes**.

Top 5 Reasons for Readmissions to the Hospital,
Including 30-Day, Inpatient to Inpatient, Within the System
(Muscatine 2018-2020 Cumulative Data)



Sources: UnityPoint Health-Trinity

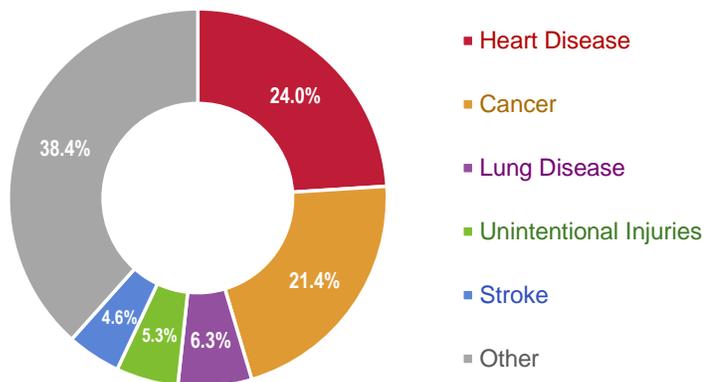


LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

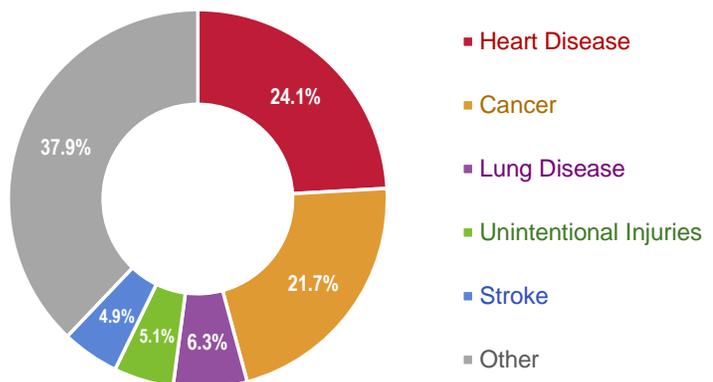
Together, heart disease and cancers accounted for approximately 45% of all deaths in the Total Area and the Quad Cities Area in 2019.

Leading Causes of Death (Total Area, 2019)



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

Leading Causes of Death (Quad Cities Area, 2019)



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



Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

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

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

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

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

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

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

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

	QCA	Total Area	IA	IL	US	HP2030
Diseases of the Heart	171.1	170.0	168.5	163.1	163.4	127.4*
Malignant Neoplasms (Cancers)	159.5	158.6	154.7	154.4	149.3	122.7
Falls [Age 65+]	119.6	114.8	83.1	49.9	65.1	63.4
Chronic Lower Respiratory Disease (CLRD)	50.0	49.9	44.7	36.3	39.6	—
Unintentional Injuries	43.5	43.0	41.9	44.6	48.9	43.2
Cerebrovascular Disease (Stroke)	35.3	34.6	32.6	38.3	37.2	33.4
Diabetes	19.4	23.0	21.6	18.6	21.5	—
Alzheimer's Disease	22.7	22.7	32.1	25.1	30.4	—
Kidney Disease	16.7	16.2	9.3	16.7	12.9	—
Intentional Self-Harm (Suicide)	16.0	16.1	15.7	11.1	14.0	12.8
Pneumonia/Influenza	13.1	13.3	14.0	15.1	13.8	—
Cirrhosis/Liver Disease	10.8	10.4	9.2	9.5	11.1	10.9
Motor Vehicle Deaths	7.1	7.1	10.7	8.7	11.3	10.1
Firearm-Related	9.1	9.4	8.9	11.3	11.9	10.7
Unintentional Drug-Related Deaths	8.5	7.9	8.6	19.7	18.8	—
Homicide/Legal Intervention	6.5	6.7	2.9	8.4	6.1	5.5
HIV/AIDS	1.0	0.9	0.6	1.4	1.9	—

- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2021.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>.
- Note:
- *The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

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

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

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

Age-Adjusted Heart Disease & Stroke Deaths

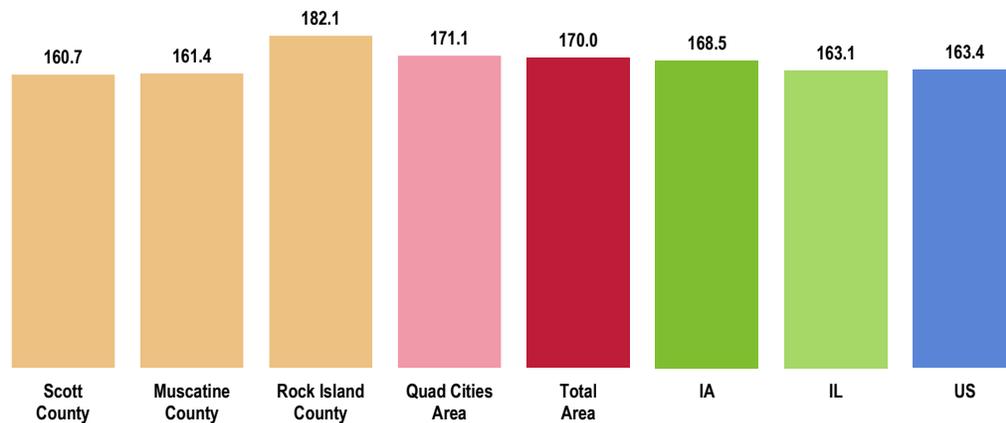
Heart Disease Deaths

Between 2017 and 2019, there was an annual average age-adjusted heart disease mortality rate of 170.0 deaths per 100,000 population in the Total Area.

BENCHMARK ▶ Far from satisfying the Healthy People 2030 objective.

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

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



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

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

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

• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



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



	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019
Quad Cities Area	193.1	191.0	175.3	168.8	164.9	170.4	170.0	171.1
Total Area	192.8	190.0	175.7	168.5	164.8	170.6	169.1	170.0
IA	169.9	168.4	165.5	162.3	160.3	163.7	165.1	168.5
IL	177.5	173.9	171.1	170.7	169.0	166.8	164.3	163.1
US	191.6	188.5	169.1	168.4	167.0	166.3	164.7	163.4

Sources:

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

Notes:

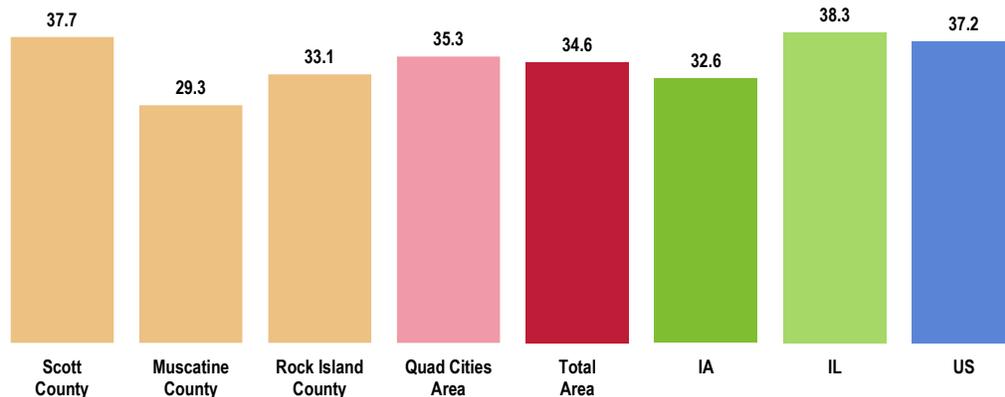
- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

Between 2017 and 2019, there was an annual average age-adjusted stroke mortality rate of 34.6 deaths per 100,000 population in the Total Area.

DISPARITY ► [Lowest in Muscatine County.](#)

Stroke: Age-Adjusted Mortality (2017-2019 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 33.4 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2021.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Stroke: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019
Quad Cities Area	35.8	34.4	34.8	35.4	34.0	33.5	34.0	35.3
Total Area	36.8	35.5	35.5	35.7	33.8	33.2	33.7	34.6
IA	35.7	34.3	34.0	33.7	33.2	32.8	32.7	32.6
IL	38.5	37.7	37.3	37.5	37.9	38.4	38.0	38.3
US	41.8	40.9	36.5	36.8	37.1	37.5	37.3	37.2

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

Prevalence of Heart Disease & Stroke

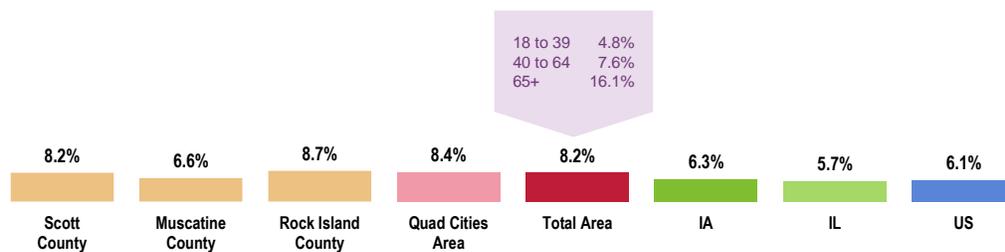
Prevalence of Heart Disease

A total of 8.2% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

BENCHMARK ► Well above the state percentages.

DISPARITY ► Increases sharply with age among Total Area respondents.

Prevalence of Heart Disease



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 114]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa and Illinois data.
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• Includes diagnoses of heart attack, angina, or coronary heart disease.
• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Prevalence of Heart Disease



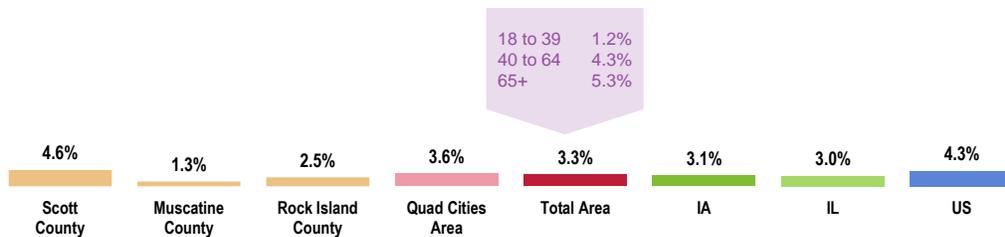
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 114]
 Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina, or coronary heart disease.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Prevalence of Stroke

A total of 3.3% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

DISPARITY ► Unfavorably higher among Scott County respondents. Increases with age among Total Area survey respondents.

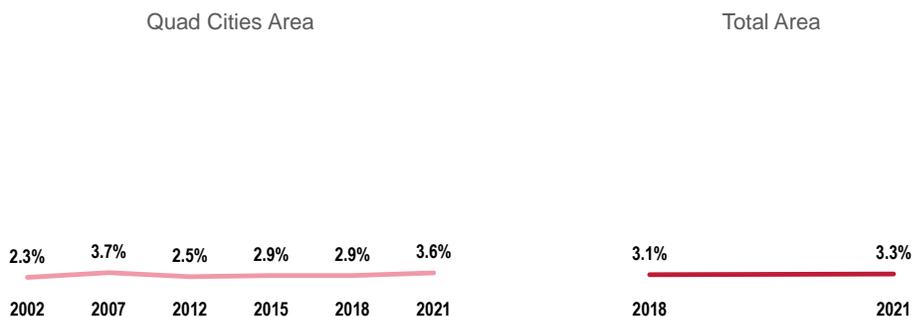
Prevalence of Stroke



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 29]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Iowa and Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Prevalence of Stroke



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 29]

Notes: • Asked of all respondents.

• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 37.7% of Total Area adults have been told by a health professional at some point that their blood pressure was high.

BENCHMARK ▶ Worse than the state percentages. Fails to satisfy the Healthy People 2030 objective.

TREND ▶ Increasing significantly since 2002 in the Quad Cities Area.

DISPARITY ▶ Lowest in Scott County (not shown).

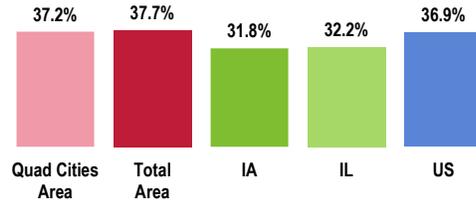
A total of 34.0% of Total Area adults have been told by a health professional that their cholesterol level was high.

TREND ▶ Increasing from 2002 survey findings in the Quad Cities Area.

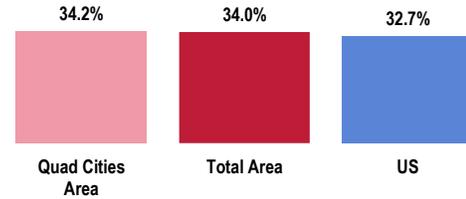


Prevalence of High Blood Pressure

Healthy People 2030 = 27.7% or Lower



Prevalence of High Blood Cholesterol

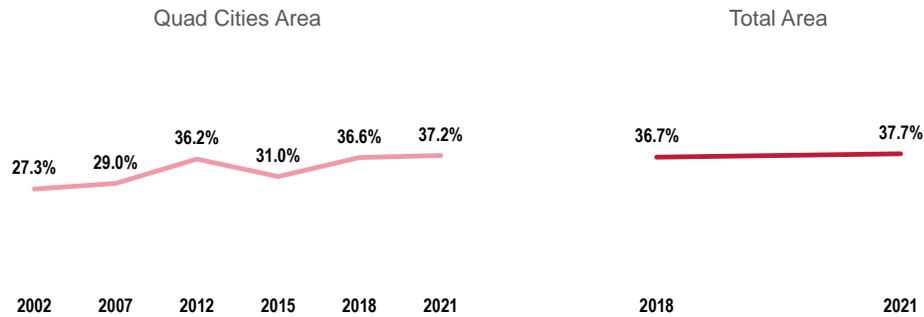


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 35, 36]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Iowa and Illinois data.
 • 2020 PRC National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

Notes: • Asked of all respondents.
 • Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Prevalence of High Blood Pressure

Healthy People 2030 = 27.4% or Lower



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 35]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Prevalence of High Blood Cholesterol



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 36]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Total Cardiovascular Risk

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

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

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

A total of 88.5% of Total Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

BENCHMARK ► Worse than the national figure.

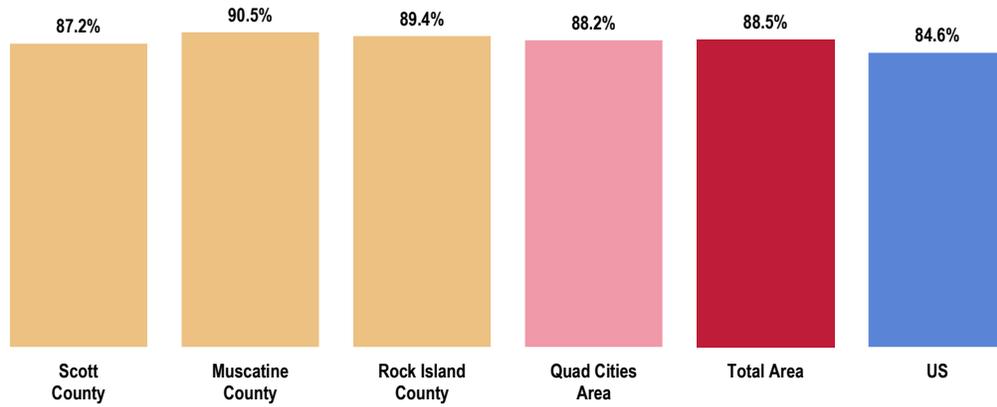
TREND ► Lower than the high prevalence reported in 2002 in the Quad Cities Area, although increasing in the most recent years.

DISPARITY ► Reported more often among men, residents age 40 and older, and Black respondents.

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



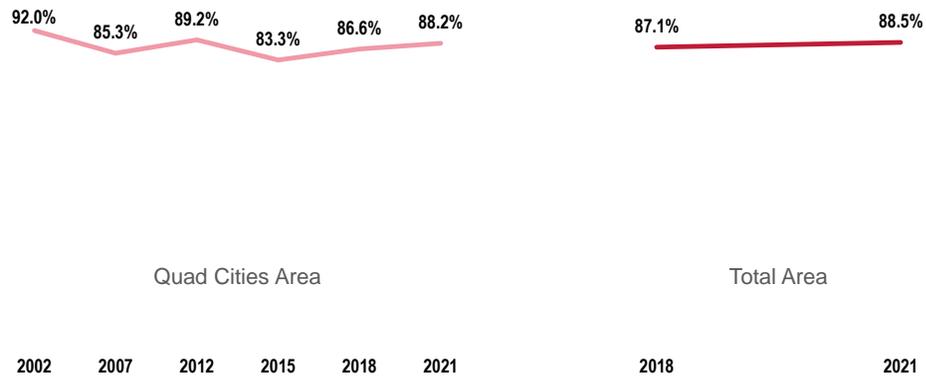
Present One or More Cardiovascular Risks or Behaviors



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

Notes: • Reflects all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Present One or More Cardiovascular Risks or Behaviors

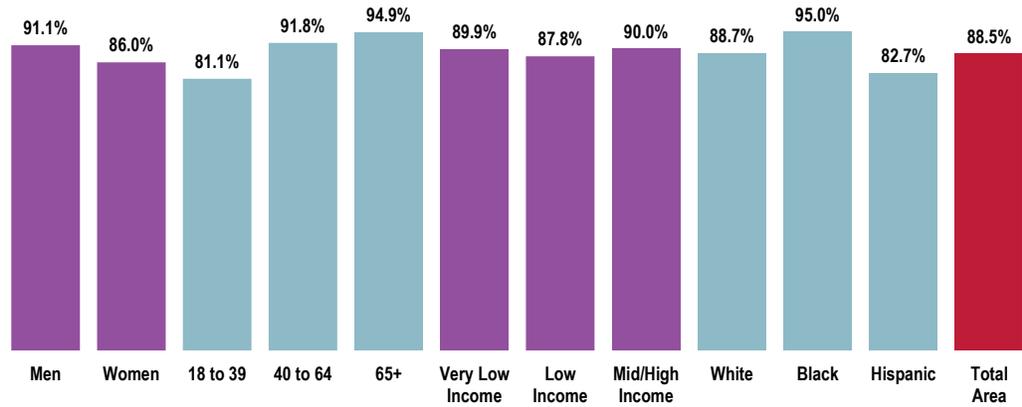


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 115]

Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina, or coronary heart disease.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



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



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 115]
 Notes: • Reflects all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.



CANCER

ABOUT CANCER

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

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

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

Age-Adjusted Cancer Deaths

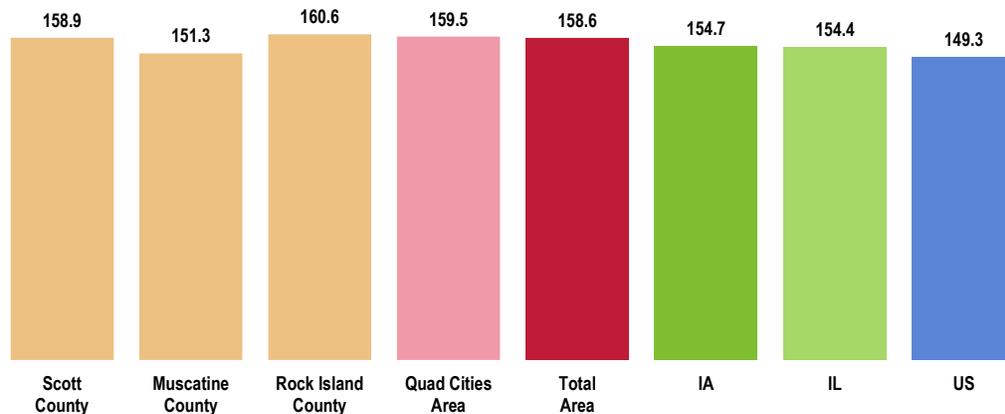
All Cancer Deaths

Between 2017 and 2019, there was an annual average age-adjusted cancer mortality rate of 158.6 deaths per 100,000 population in the Total Area.

BENCHMARK ▶ Fails to satisfy the Healthy People 2030 objective.

TREND ▶ Note the decreasing trend over the past decade, following state and national trends.

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



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2021.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Cancer: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 122.7 or Lower



	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019
Quad Cities Area	184.9	183.1	181.3	173.4	170.3	163.7	161.9	159.5
Total Area	183.7	183.1	181.3	173.9	172.3	165.4	162.6	158.6
IA	171.2	170.0	167.7	166.2	163.3	160.6	157.7	154.7
IL	176.4	174.2	172.1	169.5	166.7	163.0	158.3	154.4
US	174.8	171.6	163.6	161.0	158.5	155.6	152.5	149.3

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

Cancer Deaths by Site

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

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

BENCHMARK

Lung Cancer ► Higher than the national rate. Fails to satisfy the Healthy People 2030 objective.

Prostate Cancer ► Similar to all related benchmarks.

Female Breast Cancer ► Fails to satisfy the Healthy People 2030 objective.

Colorectal Cancer ► Fails to satisfy the Healthy People 2030 objective. (Higher in Muscatine County, not shown.)

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

	Quad Cities Area	Total Area	IA	IL	US	HP2030
ALL CANCERS	159.5	158.6	154.7	154.4	149.3	122.7
Lung Cancer	42.6	42.1	37.8	37.1	34.9	25.1
Prostate Cancer	19.8	19.1	20.5	19.2	20.5	16.9
Female Breast Cancer	19.0	18.7	18.1	20.6	19.7	15.3
Colorectal Cancer	13.0	13.4	14.0	14.3	13.4	8.9

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



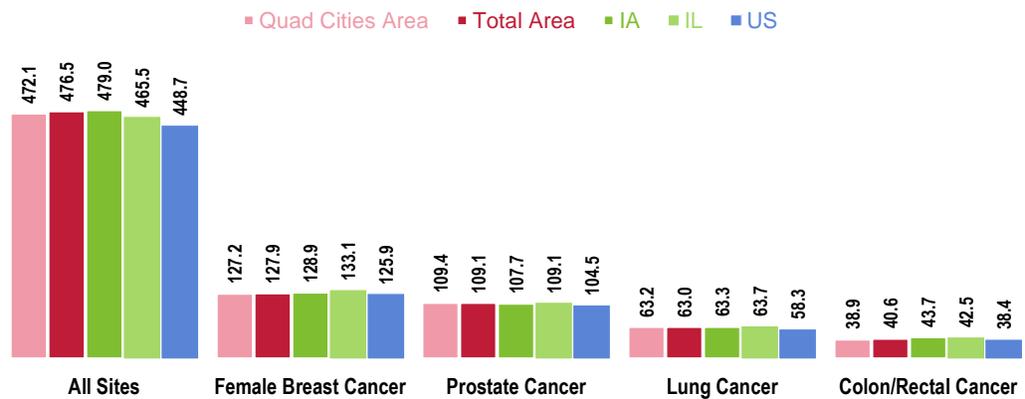
“Incidence rate” or “case rate” is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

Cancer Incidence

The highest cancer incidence rates are for female breast cancer and prostate cancer.

DISPARITY ► Incidence for colorectal cancer is higher in Muscatine County (not shown). All other inter-county comparisons are similar.

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



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

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

ABOUT CANCER RISK

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

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



Cancer Screenings

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

Screening levels in the community were measured in the PRC Community Health Survey relative to two cancer sites: female breast cancer (mammography) and colorectal cancer (colonoscopy/sigmoidoscopy).

FEMALE BREAST CANCER

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

COLORECTAL CANCER

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

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

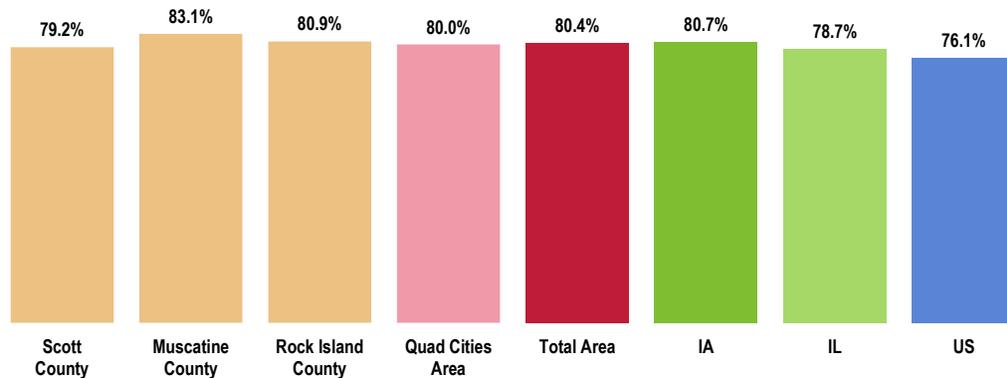
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Among women age 50-74, 80.4% have had a mammogram within the past 2 years.

TREND ► The prevalence has decreased significantly from baseline survey results in both areas.

Mammogram in the Past Two Years (Women Age 50-74)

Healthy People 2030 = 77.1% or Higher

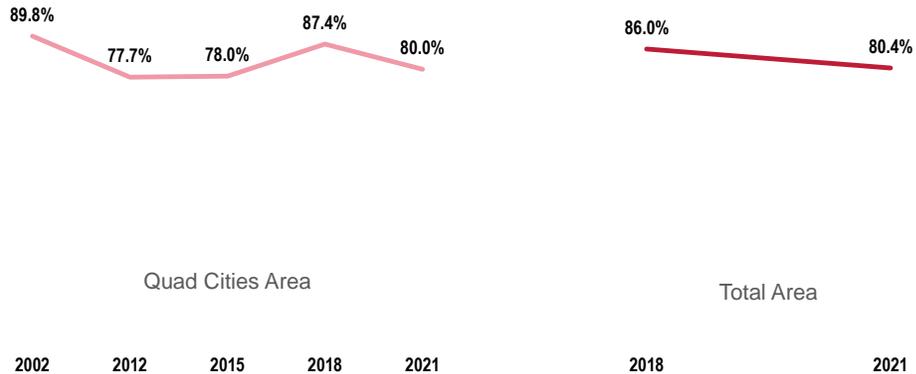


- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 116]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa and Illinois data.
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Reflects female respondents age 50 to 74.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Mammogram in the Past Two Years (Women Age 50-74)

Healthy People 2030 = 77.1% or Higher

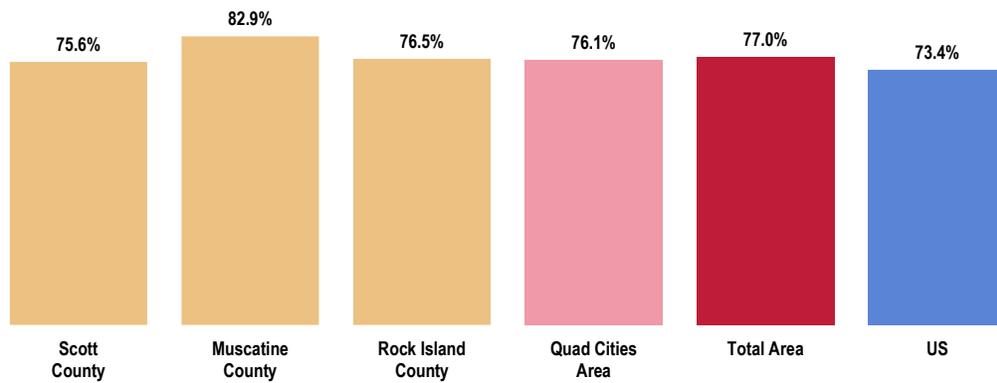


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 115]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Reflects female respondents age 50 to 74.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Among all adults age 50-75, 77.0% have had a sigmoidoscopy and/or colonoscopy within the past 10 years.

Sigmoidoscopy/Colonoscopy in the Past 10 Years (Adults Age 50-75)

Healthy People 2030 = 74.4% or Higher

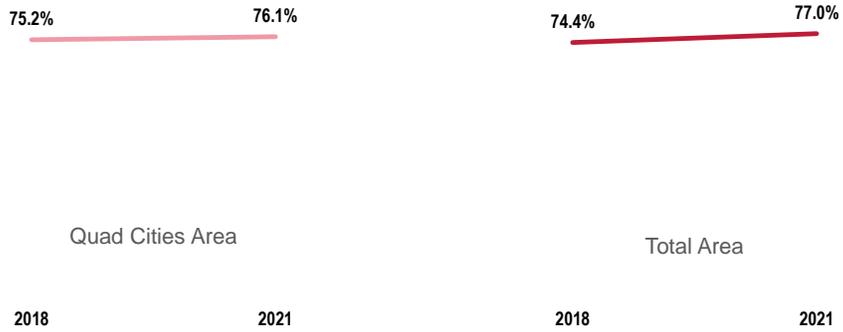


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 374]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Reflects respondents age 50 to 75.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Sigmoidoscopy/Colonoscopy in the Past 10 Years (Adults Age 50-75)

Healthy People 2030 = 74.4% or Higher



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 374]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Reflects respondents age 50 to 75.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

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

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

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

Age-Adjusted Respiratory Disease Deaths

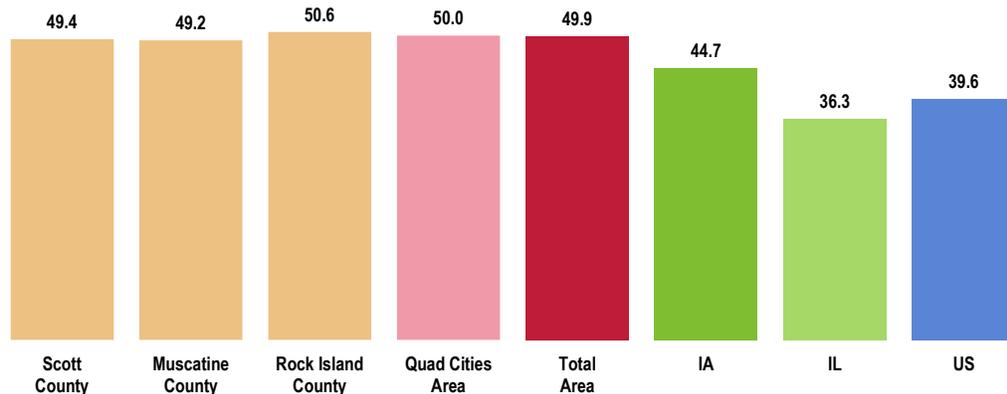
Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2017 and 2019, there was an annual average age-adjusted CLRD mortality rate of 49.9 deaths per 100,000 population in the Total Area.

BENCHMARK ► Well above the Illinois and US death rates.

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

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



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

Notes: • CLRD is chronic lower respiratory disease.
• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



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



	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019
Quad Cities Area	49.9	47.7	44.4	46.1	46.6	49.7	51.6	50.0
Total Area	51.1	49.4	45.8	46.6	47.0	49.4	51.5	49.9
IA	46.4	47.4	47.4	48.2	48.5	48.1	46.3	44.7
IL	39.3	39.3	39.0	38.9	38.5	38.0	37.3	36.3
US	46.3	46.3	41.4	41.4	40.9	41.0	40.4	39.6

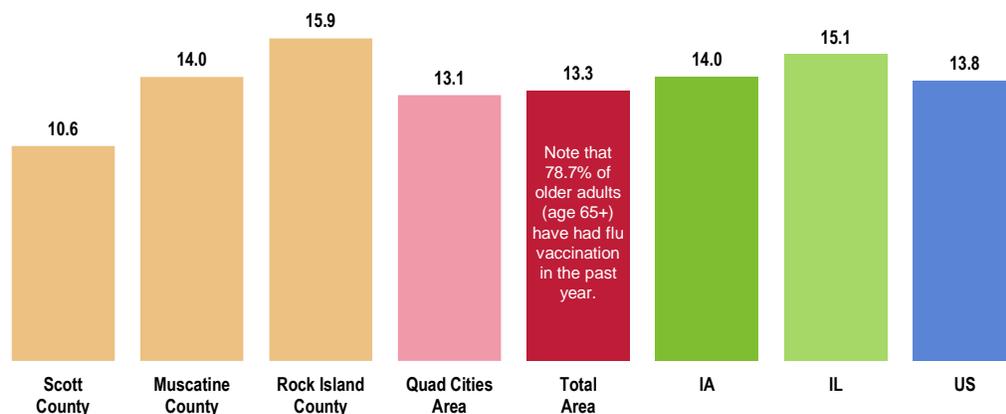
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2021.
Notes: • CLRD is chronic lower respiratory disease.

Pneumonia/Influenza Deaths

Between 2017 and 2019, the Total Area reported an annual average age-adjusted pneumonia influenza mortality rate of 13.3 deaths per 100,000 population.

DISPARITY ► Lowest in Scott County.

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



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2021.
• 2021 PRC Community Health Survey, PRC, Inc. [Item 124]
Note: • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



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



	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019
Quad Cities Area	14.8	15.7	15.1	15.6	14.6	14.3	13.9	13.1
Total Area	14.7	15.5	14.9	15.4	14.4	13.8	13.8	13.3
IA	15.0	16.4	15.7	15.2	13.2	13.0	13.5	14.0
IL	16.6	16.8	16.6	16.4	15.7	15.3	15.5	15.1
US	15.8	16.1	15.1	15.4	14.6	14.3	14.2	13.8

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

Prevalence of Respiratory Disease

Asthma

Adults

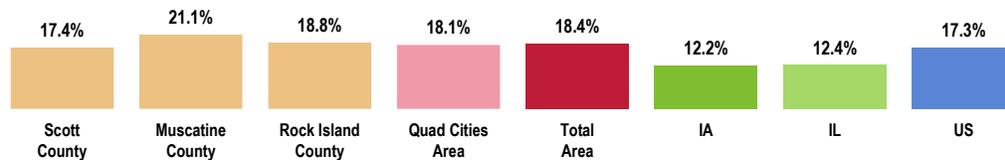
A total of 18.4% of Total Area adults have been diagnosed with asthma.

BENCHMARK ► Worse than Iowa and Illinois percentages.

DISPARITY ► Reported more often among young adults and those living below or just above the federal poverty level.

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

Ever Diagnosed With Asthma

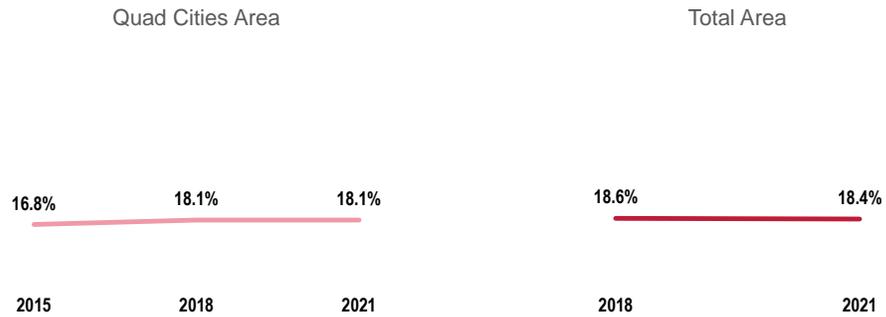


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 30]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa and Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



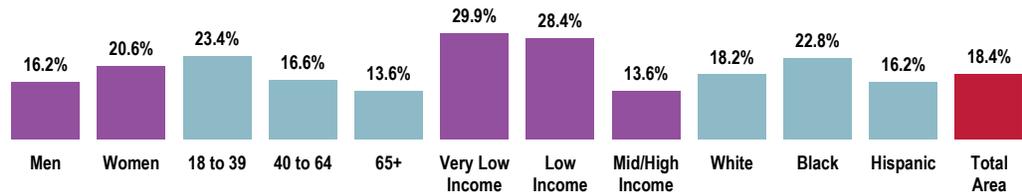
Ever Diagnosed With Asthma



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 30]

- Notes:
- Asked of all respondents.
 - Includes those who have ever been diagnosed with asthma and report that they still have asthma.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Ever Diagnosed With Asthma (Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 30]

- Notes:
- Asked of all respondents.
 - Includes those who have ever been diagnosed with asthma and report that they still have asthma.



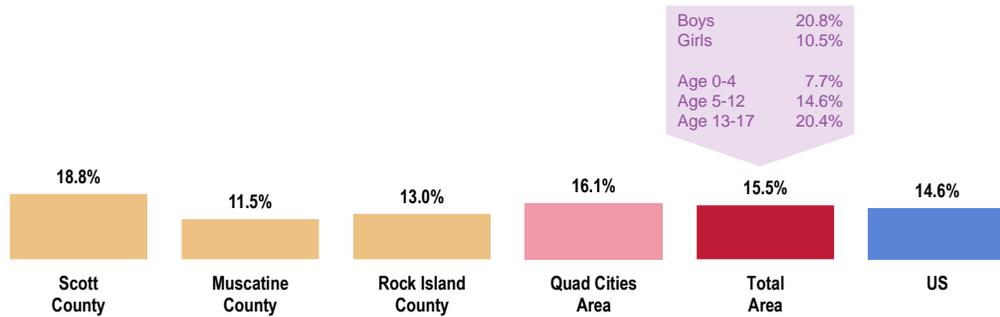
Children

Among Total Area children under age 18, 15.5% have been diagnosed with asthma.

TREND ► The prevalence has increased significantly in both areas from 2018 survey findings.

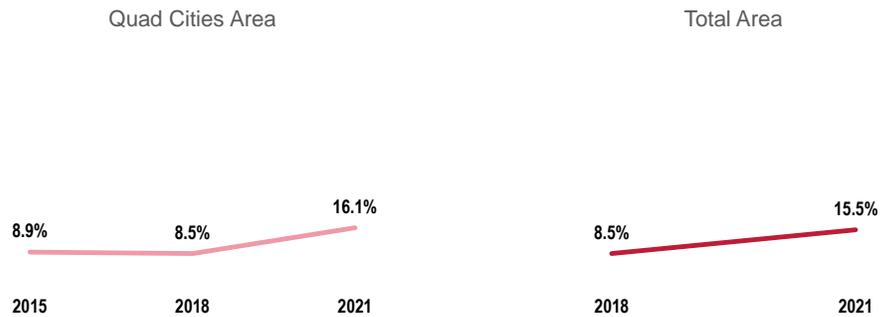
DISPARITY ► The prevalence increases sharply with child's age and is twice as high among Total Area boys.

Child Has Ever Been Diagnosed With Asthma (Parents of Children Age 0-17)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 120]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

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



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 120]
 Notes: • Asked of all respondents with children 0 to 17 in the household.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



COVID-19

Impact on Health-Related Behaviors

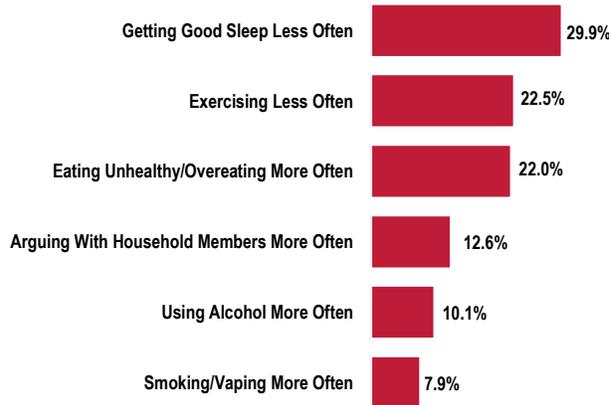
“Since the start of the pandemic, how have the following behaviors or activities changed for you?”

In a series of questions, respondents were asked how certain behaviors have changed for them since the coronavirus/COVID-19 pandemic began in March 2020. As shown, many community members reported an adverse effect.

Over 20% of Total Area adults report an adverse impact from the pandemic on their sleep, physical activity, and nutrition.

DISPARITY ► No significant disparities by survey respondent’s county of residence (not shown).

Adverse Changes in Health-Related Behaviors Since the Beginning of the Pandemic (Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 336-341]
Notes: • Asked of all respondents.

Impact on Mental Health

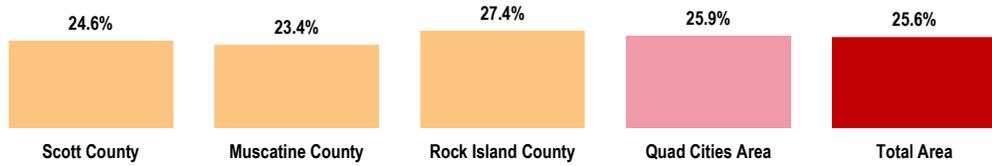
One in four (25.6%) Total Area respondents say that their mental health has gotten worse since the beginning of the pandemic.

DISPARITY ► Correlates with age and income (especially) and is reported more often among women and White respondents in the Total Area.



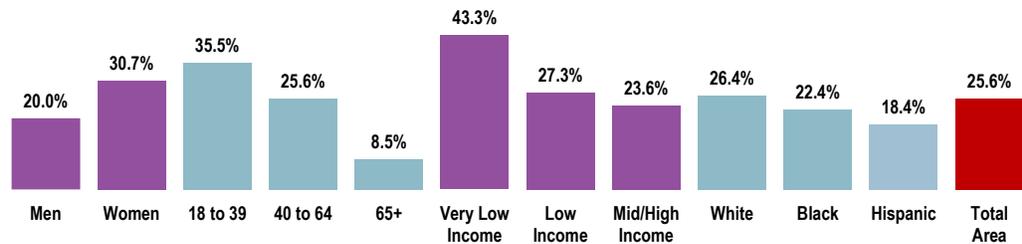
Mental Health Has Gotten Worse Since the Beginning of the Pandemic (Total Area, 2021)

If there were no cost, 43.4% of Total Area adults say they would be (extremely, very, or somewhat) likely to talk with a mental health professional about how the pandemic has affected them.



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 342–343]
Notes: • Asked of all respondents.

Mental Health Has Gotten Worse Since the Beginning of the Pandemic (Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 342]
Notes: • Asked of all respondents.



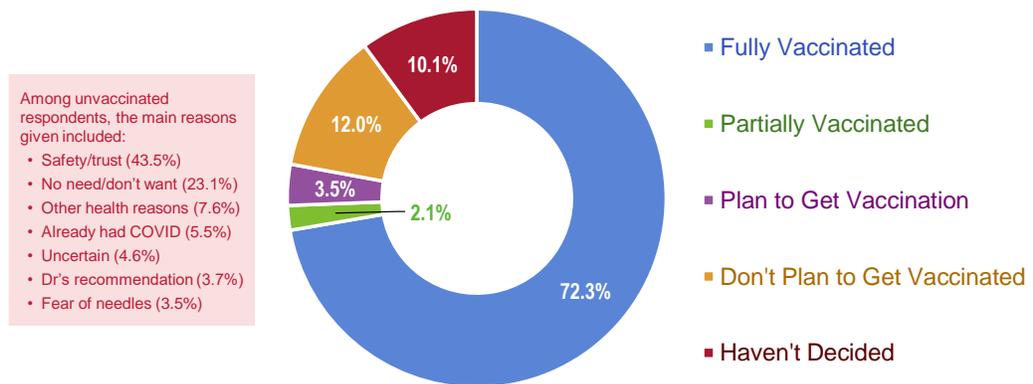
Vaccination Status

Most Total Area respondents (72.3%) are fully vaccinated for COVID-19, with another 2.1% reporting a partially vaccinated status.

Note that 12.0% of survey respondents have no plans to be vaccinated and 10.1% are still undecided (3.5% plan to be vaccinated).

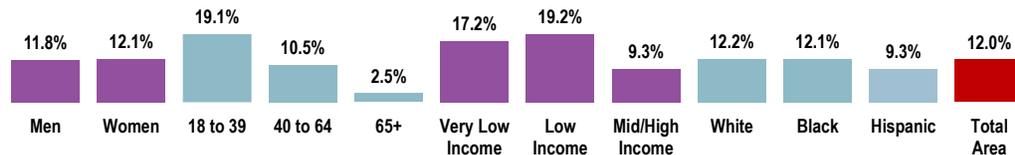
DISPARITY ► Adults more likely to say they have no plans to be vaccinated include those under 40 and those living in the lower income breakouts.

Prevalence of COVID-19 Vaccination
(Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 344–345]
Notes: • Asked of all respondents.

Have No Plans to be Vaccinated Against COVID-19
(Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 344]
Notes: • Asked of all respondents.



INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

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

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

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

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

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



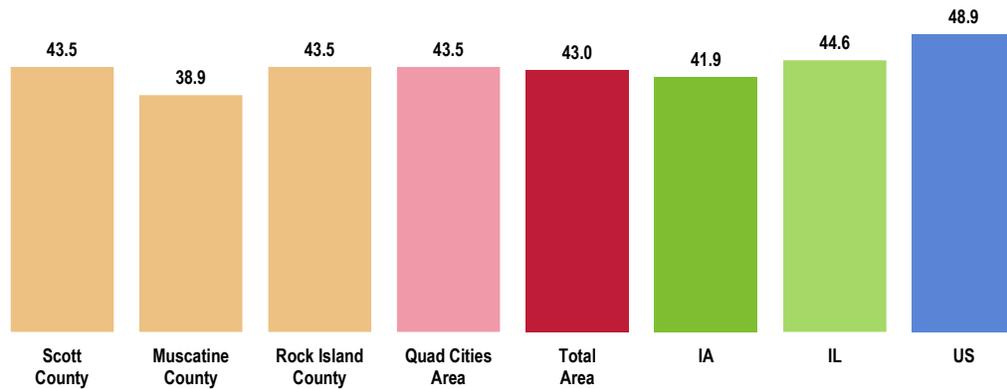
Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2017 and 2019, there was an annual average age-adjusted unintentional injury mortality rate of 43.0 deaths per 100,000 population in the Total Area.

TREND ► Note the increasing trend over the past decade.

Unintentional Injuries: Age-Adjusted Mortality
(2017-2019 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2021.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
Note: • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Unintentional Injuries: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower



	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019
Quad Cities Area	35.3	39.0	38.5	41.3	39.0	41.7	42.1	43.5
Total Area	34.8	38.1	37.8	40.8	39.1	41.2	40.7	43.0
IA	38.8	39.8	40.6	41.4	43.3	43.5	43.1	41.9
IL	31.9	32.9	33.9	34.6	37.1	40.4	43.2	44.6
US	41.2	41.7	39.7	41.0	43.7	46.7	48.3	48.9

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

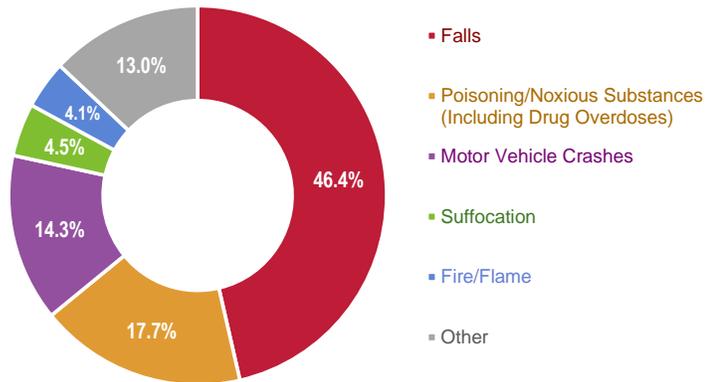


Leading Causes of Unintentional Injury Deaths

Falls accounted for pluralities of unintentional injury deaths in the Total Area and Quad Cities Area between 2017 and 2019, followed by poisoning (including unintentional drug overdose), motor vehicle crashes, suffocation, and fire/flame.

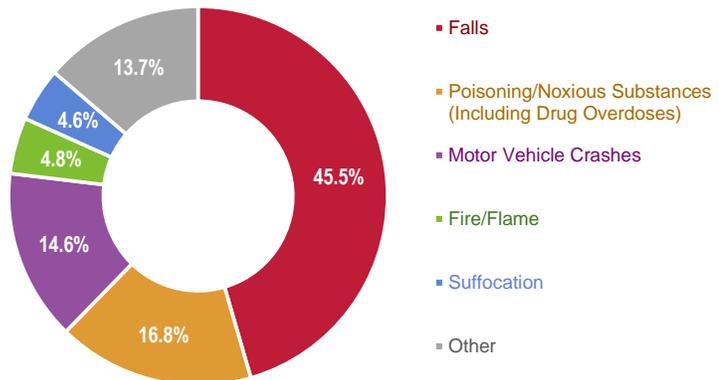
RELATED ISSUE
For more information about unintentional drug-related deaths, see also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

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



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

Leading Causes of Unintentional Injury Deaths
(Quad Cities Area, 2017-2019)



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

Note that age-adjusted rates for fall-related deaths among residents age 65 and older are considerably higher in the Total Area and Quad Cities Area than for Iowa, Illinois, or the US (not shown).



Falls

ABOUT FALLS

Falls are the leading cause of fatal and nonfatal injuries for persons aged ≥65 years Even when those injuries are minor, they can seriously affect older adults' quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression.

Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions focus on exercise, alone or as part of a multifaceted approach that includes medication management, vision correction, and home modifications.

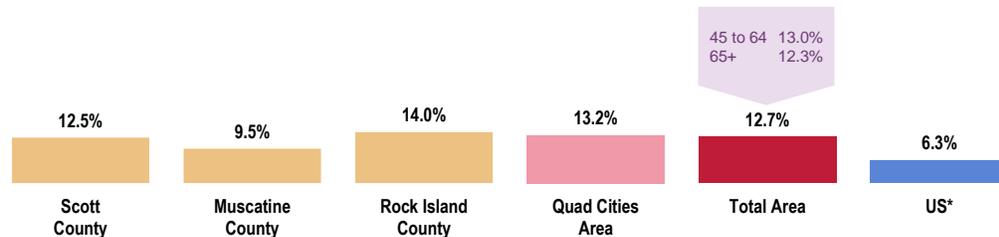
– Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC

Among surveyed Total Area adults age 45 and older, 12.7% have been injured as the result of a fall in the past year.

BENCHMARK ▶ Twice the national figure.

TREND ▶ Notably higher in the Quad Cities Area compared to baseline findings.

Injured as the Result of a Fall in the Past Year (Adults Age 45 and Older)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 346]

• 2020 PRC National Health Survey, PRC, Inc.

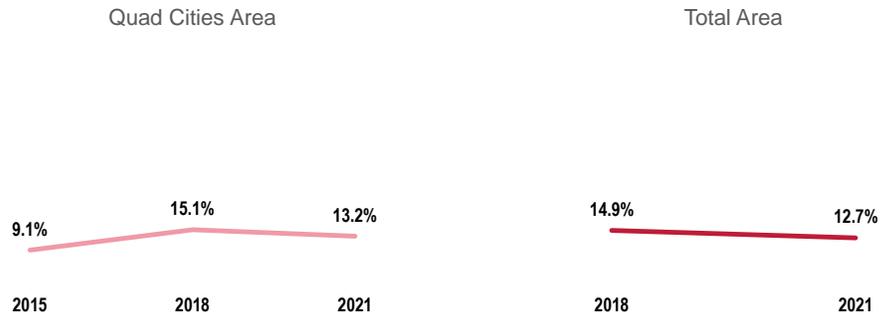
Notes: • Asked of those respondents age 45 and older.

• *US prevalence was calculated from two separate indicators.

• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Injured as the Result of a Fall in the Past Year (Adults Age 45 and Older)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 346]
 Notes: • Asked of those respondents age 45 and older.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

In the Total Area, there were 6.7 homicides per 100,000 population (2017-2019 annual average age-adjusted rate).

BENCHMARK ▶ Higher than the Iowa rate but lower than the Illinois rate. Fails to satisfy the Healthy People 2030 objective.

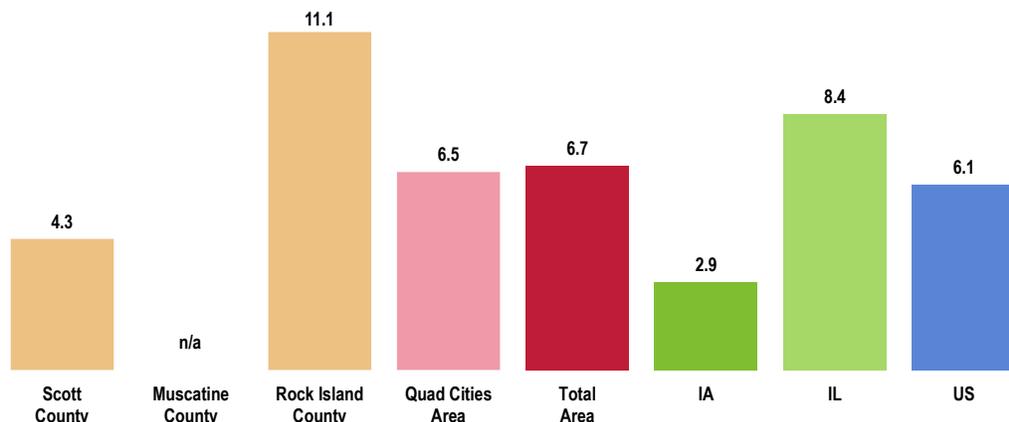
TREND ▶ Rates have increased considerably in both areas over the past decade.

DISPARITY ▶ The rate is highest in Rock Island County.

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

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

Healthy People 2030 = 5.5 or Lower

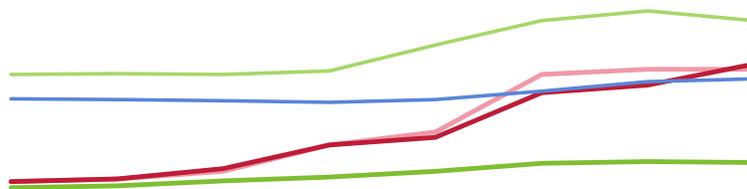


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2021.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Note: • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Homicide: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 5.5 or Lower



	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019
Quad Cities Area	2.2	2.3	2.6	3.6	4.1	6.3	6.5	6.5
Total Area	2.2	2.3	2.7	3.6	3.9	5.6	5.9	6.7
IA	2.0	2.0	2.2	2.4	2.6	2.9	3.0	2.9
IL	6.3	6.3	6.3	6.4	7.4	8.4	8.7	8.4
US	5.4	5.3	5.3	5.2	5.3	5.7	6.0	6.1

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

Violent Crime

Violent Crime Rates

During 2015-2017, the Total Area reported 447.1 violent crimes per 100,000 population.

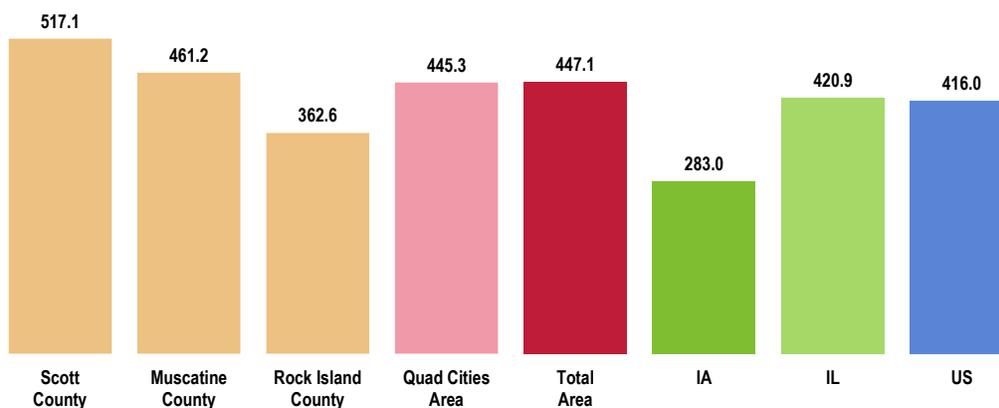
BENCHMARK ▶ Well above the Iowa crime rate.

DISPARITY ▶ By this measure, lowest in Rock Island County.

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

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

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



Sources:
 • Federal Bureau of Investigation, FBI Uniform Crime Reports.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
 Notes:
 • This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
 • Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



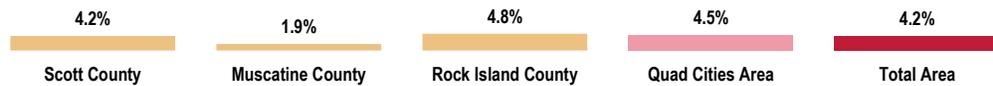
Community Violence

A total of 4.2% of surveyed Total Area adults acknowledge being the victim of a violent crime in the area in the past three years.

TREND ▶ Denotes a statistically significant increase since 2018 in the Quad Cities Area.

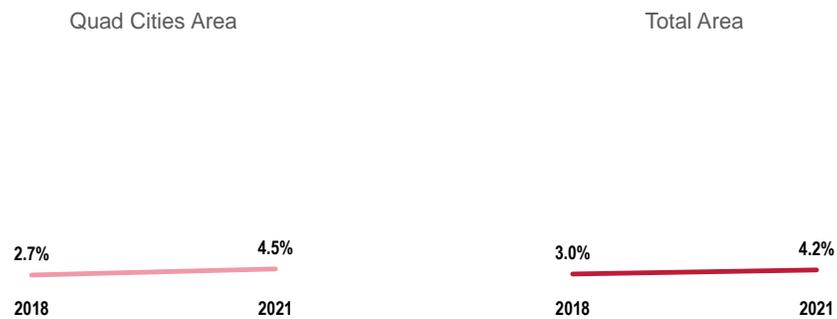
DISPARITY ▶ Lowest in Muscatine County. Reported more often among women, young adults, and those in low-income households.

Victim of a Violent Local Crime in the Past Three Years



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 325]
Notes: • Asked of all respondents.
• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Victim of a Violent Local Crime in the Past Three Years



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 325]
Notes: • Asked of all respondents.
• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Victim of a Violent Local Crime in the Past Three Years (Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 325]
 Notes: • Asked of all respondents.

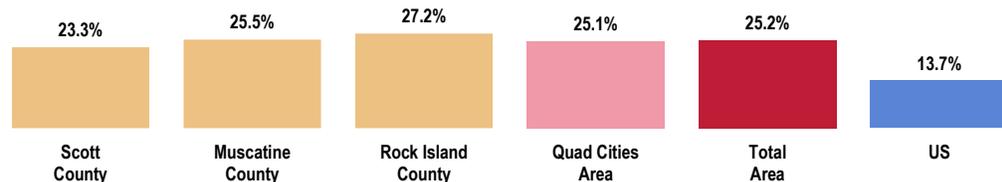
Family Violence

One in four Total Area adults (25.2%) acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

BENCHMARK ► Well above the national figure.

TREND ► Increasing significantly since 2012 in the Quad Cities Area.

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



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 39]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Respondents were read: "By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."



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



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 39]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

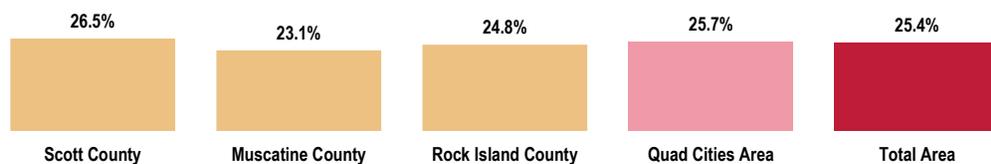
Childhood Abuse/Neglect

One in four survey respondents (25.4%) acknowledges being a victim of neglect or abuse while they were growing up (under the age of 18).

TREND ► Increasing significantly over time in both areas.

DISPARITY ► Decreasing with age and income level and reported more often among women and White respondents.

Victim of Neglect or Abuse While Growing Up



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 326]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

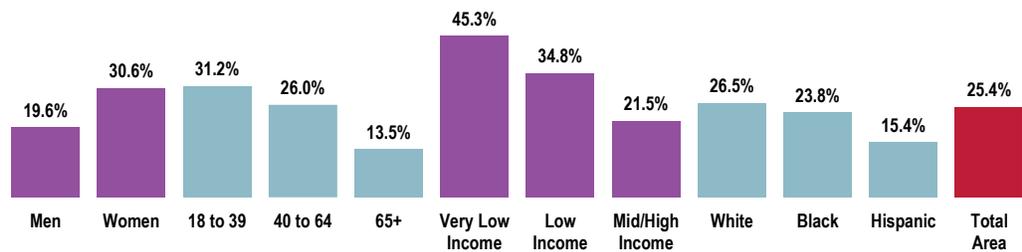


Victim of Neglect or Abuse While Growing Up



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 326]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Victim of Neglect or Abuse While Growing Up (Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 326]
 Notes: • Asked of all respondents.



DIABETES

ABOUT DIABETES

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

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

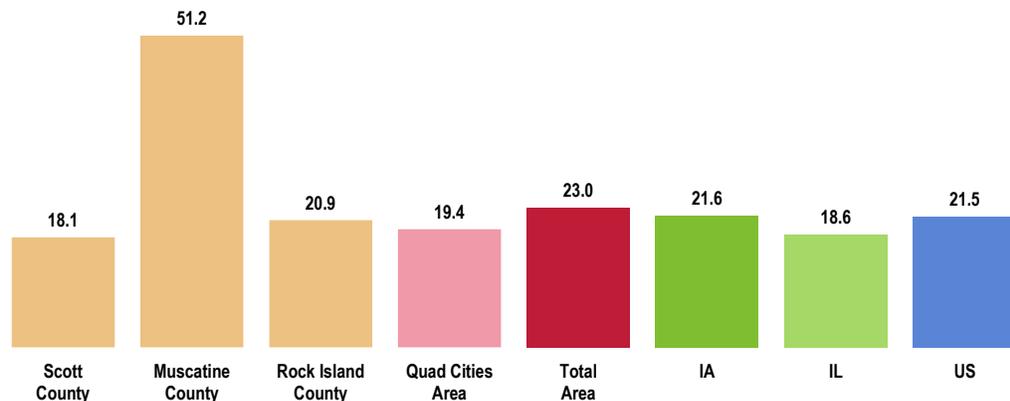
– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Diabetes Deaths

Between 2017 and 2019, there was an annual average age-adjusted diabetes mortality rate of 23.0 deaths per 100,000 population in the Total Area.

- BENCHMARK** ▶ Worse than the Illinois mortality rate.
- TREND** ▶ Increasing over time, echoing the Iowa trend.
- DISPARITY** ▶ Considerably higher in Muscatine County.

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



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

Note: • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



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



	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019
Quad Cities Area	16.0	15.6	16.3	20.5	21.3	20.1	19.5	19.4
Total Area	17.0	16.3	17.0	21.1	22.1	21.9	22.2	23.0
IA	18.9	18.8	20.7	23.8	24.4	23.5	21.9	21.6
IL	19.0	19.4	19.2	19.2	18.9	19.0	18.8	18.6
US	22.0	22.1	21.1	21.1	21.1	21.3	21.3	21.5

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

Prevalence of Diabetes

A total of 13.0% of Total Area adults report having been diagnosed with diabetes.

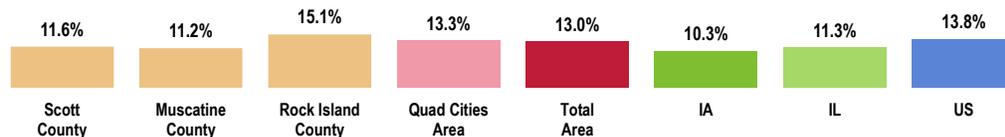
BENCHMARK ► Worse than the Iowa prevalence.

TREND ► Increasing significantly since 2002 in the Quad Cities Area.

DISPARITY ► The diabetes prevalence increases with age and decreases with income level among Total Area respondents.

Prevalence of Diabetes

Another 10.3% of Total Area adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

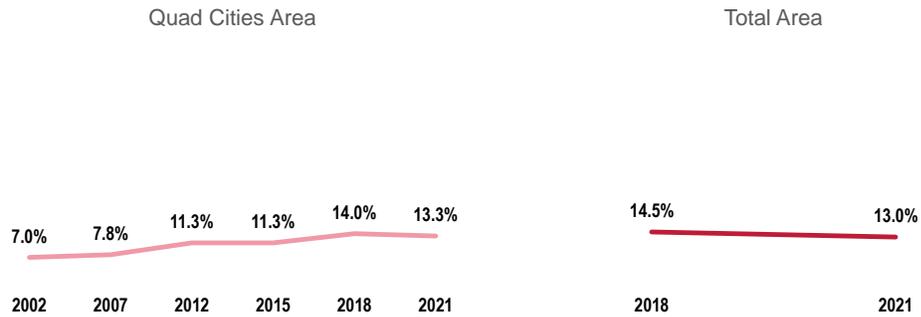


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 121]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa and Illinois data.
 • 2020 PRC National Health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

Notes:
 • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



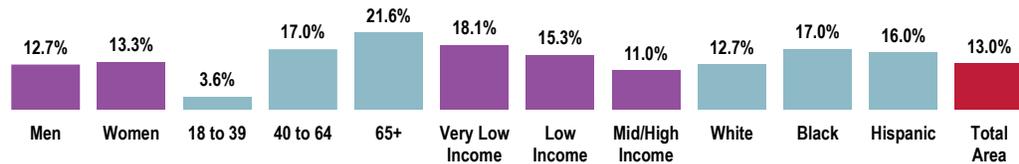
Prevalence of Diabetes



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 121]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Prevalence of Diabetes (Total Area, 2021)

Note that among Total Area adults who have not been diagnosed with diabetes, 49.1% report having had their blood sugar level tested within the past three years.



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



KIDNEY DISEASE

ABOUT KIDNEY DISEASE

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

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

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

Age-Adjusted Kidney Disease Deaths

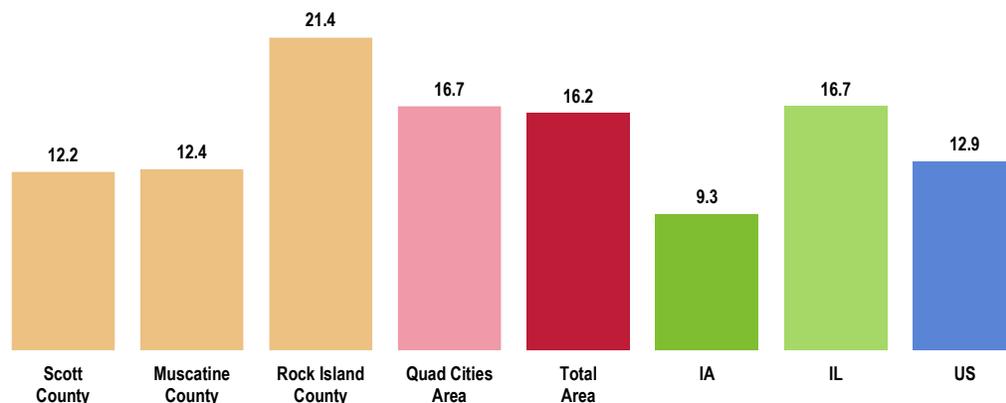
Between 2017 and 2019, there was an annual average age-adjusted kidney disease mortality rate of 16.2 deaths per 100,000 population in the Total Area.

BENCHMARK ▶ Worse than Iowa and US death rates.

TREND ▶ Note the worsening trend over the past decade, in contrast to state and national patterns.

DISPARITY ▶ Much higher in Rock Island County.

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

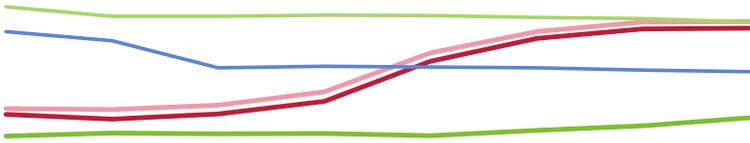


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2021.

Note: • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



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



	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019
Quad Cities Area	10.0	10.0	10.3	11.3	14.3	15.9	16.7	16.7
Total Area	9.6	9.2	9.6	10.6	13.7	15.4	16.1	16.2
IA	7.9	8.2	8.1	8.1	8.0	8.4	8.7	9.3
IL	17.8	17.1	17.1	17.2	17.2	17.0	16.9	16.7
US	15.9	15.2	13.2	13.3	13.2	13.2	13.0	12.9

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



POTENTIALLY DISABLING CONDITIONS

Multiple Chronic Conditions

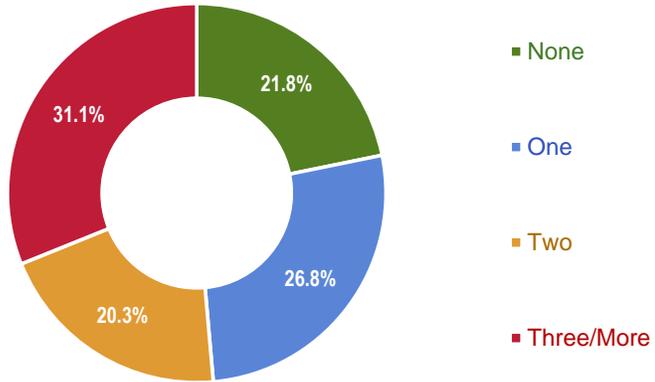
For the purposes of this assessment, chronic conditions include:

- Asthma
- Diabetes
- Diagnosed depression
- Heart attack/angina
- Stroke
- High blood cholesterol
- High blood pressure
- Obesity

Multiple chronic conditions are concurrent conditions.

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

Number of Current Chronic Conditions
(Total Area, 2021)

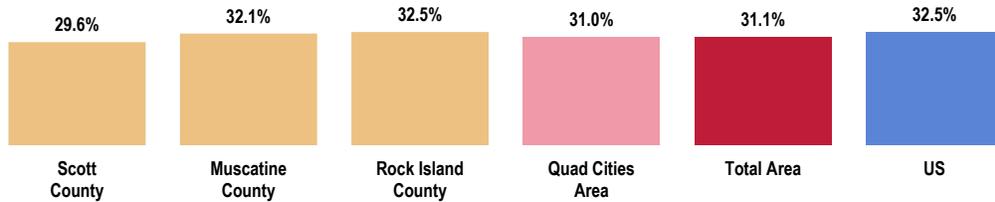


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 123]
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include asthma, diabetes, diagnosed depression, heart attack/angina, stroke, high blood pressure, high blood cholesterol, and/or obesity.

In fact, 31.1% of Total Area adults report having three or more chronic conditions.

DISPARITY ► Reported more often among adults age 40+ and those living on lower incomes.

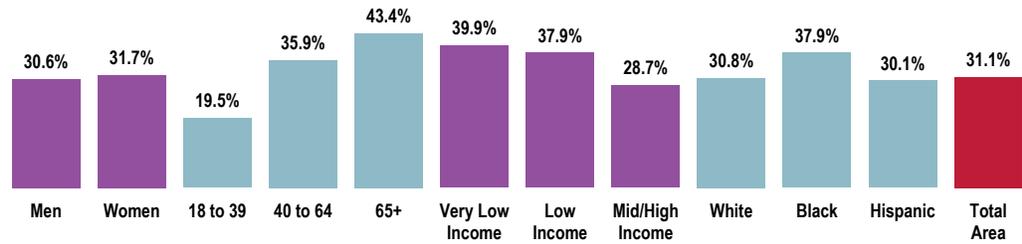
Currently Have Three or More Chronic Conditions



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 123]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include asthma, diabetes, diagnosed depression, heart attack/angina, stroke, high blood pressure, high blood cholesterol, and/or obesity.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



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



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 123]

Notes: • Asked of all respondents.

• In this case, chronic conditions include asthma, diabetes, diagnosed depression, heart attack/angina, stroke, high blood pressure, high blood cholesterol, and/or obesity.



Alzheimer's Disease

ABOUT DEMENTIA

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

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

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

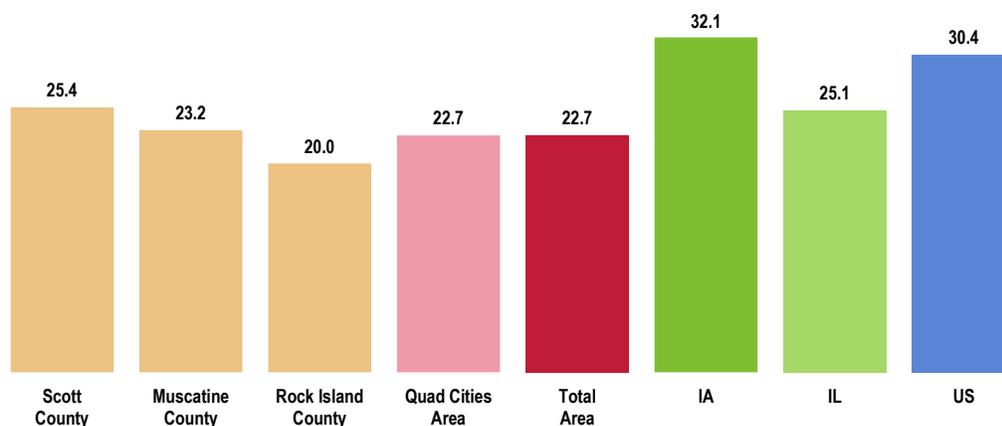
– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Alzheimer's Disease Deaths

Between 2017 and 2019, there was an annual average age-adjusted Alzheimer's disease mortality rate of 22.7 deaths per 100,000 population in the Total Area.

BENCHMARK ▶ Well below the Iowa and US death rates.

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



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

Note: • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



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



	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019
Quad Cities Area	22.6	21.1	20.2	21.8	24.8	24.7	24.9	22.7
Total Area	21.5	20.2	20.1	22.1	25.0	24.5	24.7	22.7
IA	31.9	30.3	29.4	29.2	30.3	32.2	32.8	32.1
IL	20.3	20.0	20.5	22.0	23.9	25.1	25.4	25.1
US	25.4	24.8	24.2	26.1	28.4	30.2	30.6	30.4

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





BIRTHS

PRENATAL CARE

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women’s health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants’ health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

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

Between 2017 and 2019, 20.4% of all Quad Cities Area births did not receive prenatal care in the first trimester of pregnancy (*Muscatine County data not available*).

TREND ▶ Improving considerably over the past decade in the Quad Cities Area.

DISPARITY ▶ Highest in Rock Island County.

Lack of Prenatal Care in the First Trimester (Percentage of Live Births, 2017-2019)

Early and continuous prenatal care is the best assurance of infant health.



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

Note: ● This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.
● Quad Cities Area reflects a combination of Scott and Rock Island counties.



Lack of Prenatal Care in the First Trimester (Percentage of Live Births)



	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019
— Quad Cities Area	25.0%	24.3%	23.7%	23.1%	22.5%	22.2%	21.3%	20.4%
— IA	23.3%	23.2%	22.2%	20.9%	19.5%	19.2%	18.8%	18.7%
— IL			21.9%	21.4%	21.4%	22.3%	22.6%	22.5%

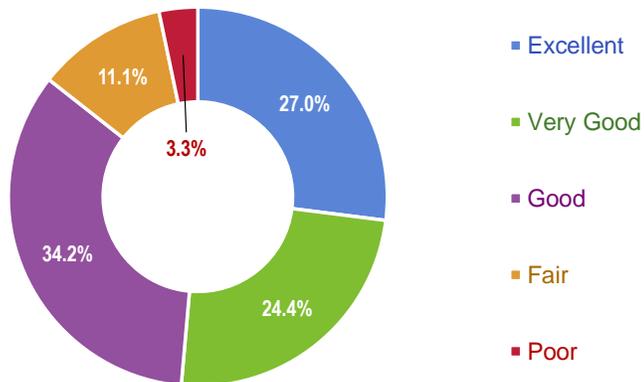
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2021.

Note: • This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Obtaining Prenatal/Postnatal Services

Among Total Area female respondents under age 50, the vast majority gave positive ratings for the ease with which they can obtain local prenatal/postnatal services.

Rating of the Ease With Which Prenatal/Postnatal Care Is Obtained (Total Area Women Age 18-49, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 317]

Notes: • Asked of all women under age 50, excluding those who have not needed the services.

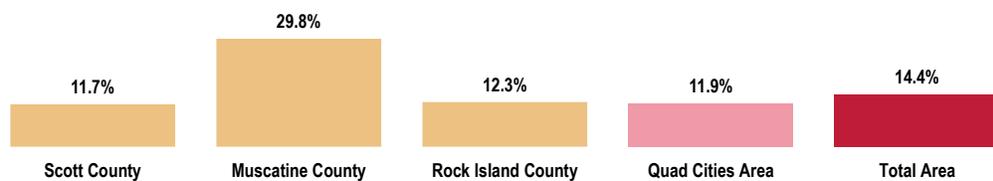


However, 14.4% of Total Area women under age 50 gave “fair/poor” ratings of the ease with which they can obtain prenatal/postnatal care in the community.

TREND ► Increasing significantly from baseline survey results in both areas.

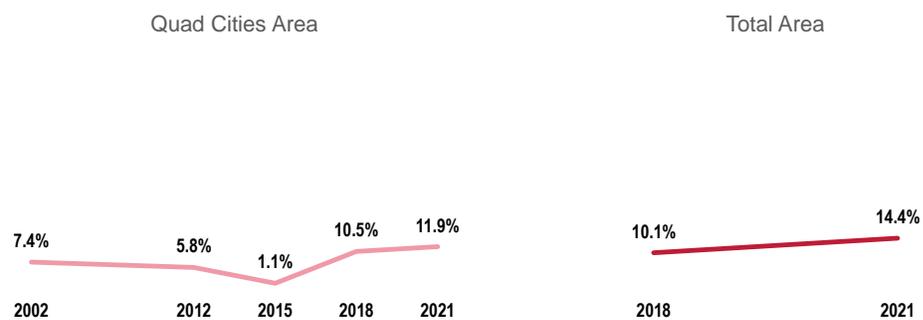
DISPARITY ► Considerably higher in Muscatine County.

Ease of Obtaining Prenatal/Postnatal Care Is “Fair/Poor” (Women Age 18-49; 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 317]
 Notes: • Asked of all women under age 50, excluding those who have not needed the services.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Ease of Obtaining Prenatal/Postnatal Care Is “Fair/Poor” (Women Age 18-49; 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 317]
 Notes: • Asked of all women under age 50, excluding those who have not needed the services.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



BIRTH OUTCOMES & RISKS

Low-Weight Births

A total of 7.5% of 2013-2019 Total Area births were low-weight.

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

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

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



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2021.
 Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Infant Mortality

Between 2017 and 2019, there was an annual average of 5.5 infant deaths per 1,000 live births.

DISPARITY ► Unfavorably high in Rock Island County.

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

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

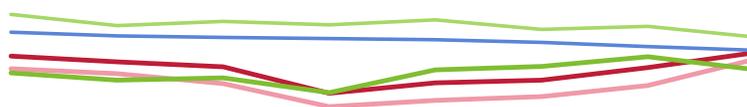


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2021.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Note: • Infant deaths include deaths of children under 1 year old.
 • This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Infant Mortality Trends (Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2030 = 5.0 or Lower



	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019
Quad Cities Area	5.1	5.0	4.7	4.1	4.2	4.3	4.6	5.3
Total Area	5.4	5.3	5.2	4.4	4.7	4.8	5.1	5.5
IA	5.0	4.8	4.9	4.5	5.1	5.2	5.4	5.1
IL	6.6	6.3	6.4	6.3	6.4	6.2	6.2	5.9
US	6.1	6.0	5.9	5.9	5.9	5.8	5.7	5.6

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2021.
 ● Centers for Disease Control and Prevention, National Center for Health Statistics.
 ● US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: ● Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

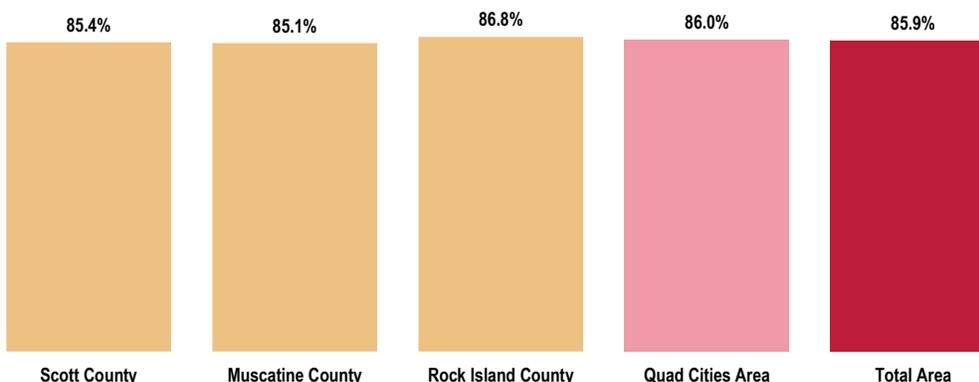
Perceptions of Childhood Vaccinations

PRC survey respondents with children under 18 were asked whether they would want all recommended childhood vaccinations if they were to have a newborn. Most (85.9%) reported that they would want these vaccines for their child.

TREND ► The percentage has worsened since 2015 among Quad Cities Area parents.

DISPARITY ► Perceptions of vaccines in this regard are less favorable among those under age 40 and those below 200% of the federal poverty level (not shown).

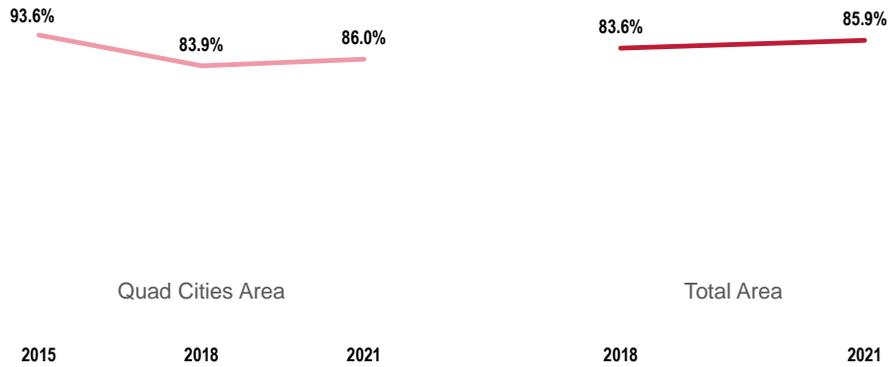
Would Want All Recommended Vaccinations for a Newborn (Adults with Children <18; 2021)



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 362]
 Notes: ● Asked of all respondents with a child under age 18 at home.
 ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Would Want All Recommended Vaccinations for a Newborn (Adults with Children <18)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 362]

Notes: • Asked of all respondents with a child under age 18 at home.

• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



FAMILY PLANNING

ABOUT FAMILY PLANNING

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

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

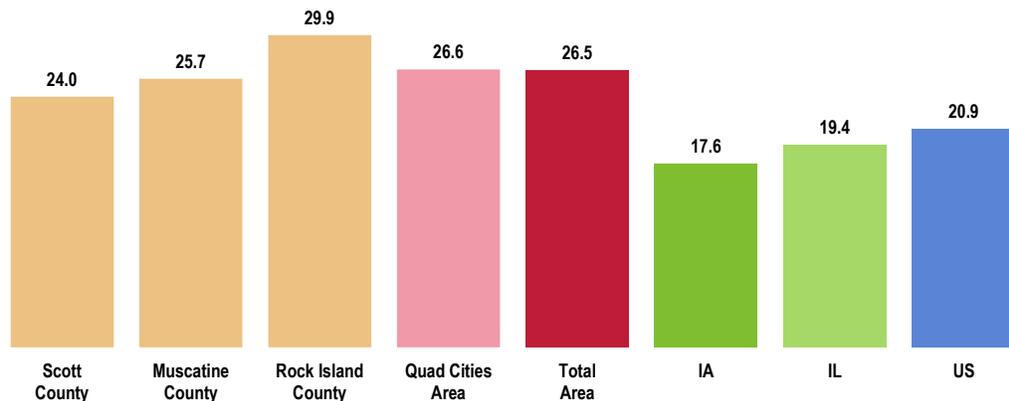
– Healthy People 2030 (<https://health.gov/healthypeople>)

Births to Adolescent Mothers

Between 2013 and 2019, there were 26.5 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in the Total Area.

BENCHMARK ► Well above the Iowa, Illinois, and US teen birth rates but satisfying the Healthy People 2030 objective.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2013-2019)
Healthy People 2030 = 31.4 or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via Spark Map (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.





MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

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

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

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

Daily Recommendation of Fruits/Vegetables

Adults

A total of 27.9% of Total Area adults report eating five or more servings of fruits and/or vegetables per day.

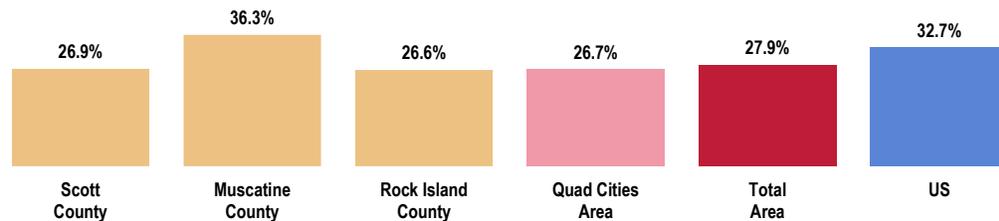
BENCHMARK ▶ Lower than the national prevalence.

TREND ▶ Decreasing significantly since 2012 in the Quad Cities Area.

DISPARITY ▶ Most favorable in Muscatine County. Reported less often among men and residents living in low-income households.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

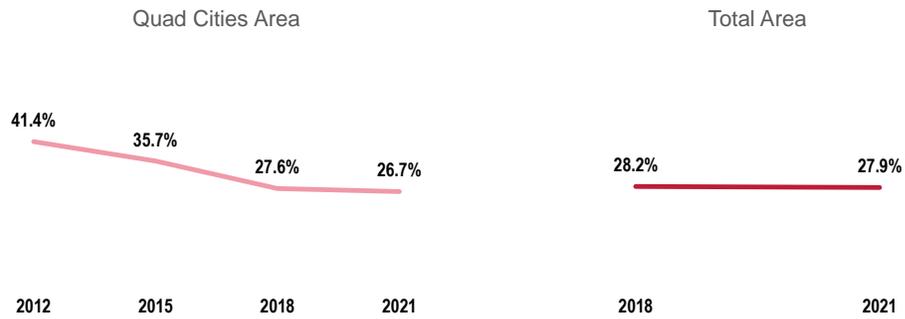
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 125]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• For this issue, respondents were asked to recall their food intake on the previous day.
• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

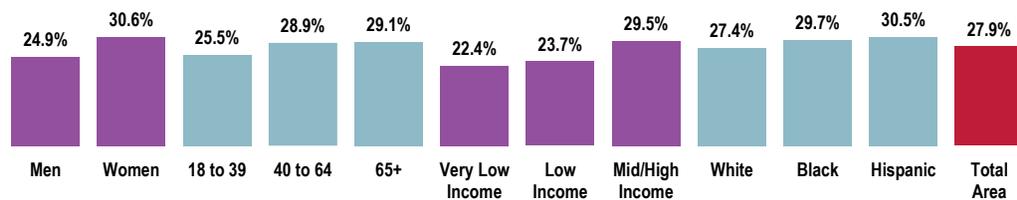


Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 125]
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

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



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 125]
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.

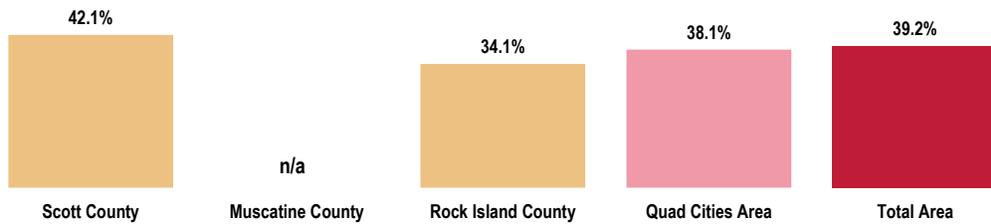


Children

About 4 in 10 Total Area children age 2-17 (39.2%) eat at least five servings per day of fruits and/or vegetables.

TREND ► The prevalence has worsened significantly from baseline survey findings in both areas.

Child Consumes 5+ Servings of Fruits/Vegetables Per Day (Among Total Area Parents of Children Age 2-17)



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 370]
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents; response rate in Muscatine County was too small to be reported on independently.
 - For this issue, respondents were asked to recall their child's food intake on the previous day.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Child Consumes 5+ Servings of Fruits/Vegetables Per Day (Among Total Area Parents of Children Age 2-17)



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 370]
- Notes:
- Asked of all respondents.
 - For this issue, respondents were asked to recall their child's food intake on the previous day.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

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

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

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

Leisure-Time Physical Activity

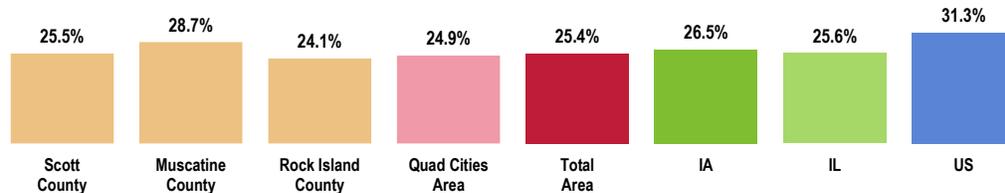
A total of 25.4% of Total Area adults report no leisure-time physical activity in the past month.

BENCHMARK ▶ Better than the US prevalence but fails to satisfy the Healthy People 2030 objective.

TREND ▶ Worsening from baseline survey findings in both areas (albeit with considerable fluctuations in the Quad Cities Area).

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.2% or Lower



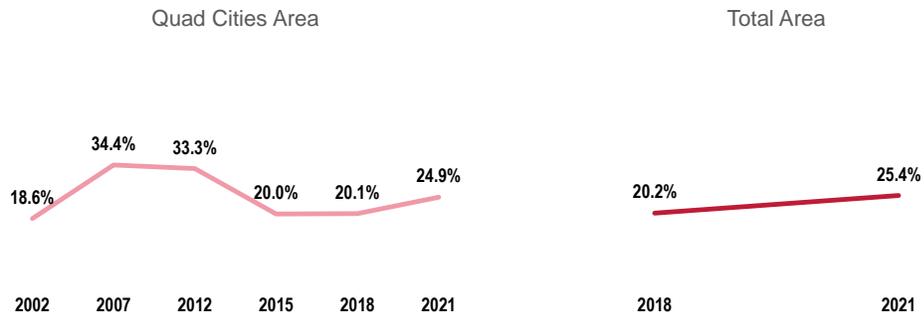
- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 82]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa and Illinois data.
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.



No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.2% or Lower



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 82]

Notes: • Asked of all respondents.

• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Activity Levels

Adults

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

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

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

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

A total of 22.7% of Total Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

BENCHMARK ▶ Above the Iowa percentage. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ▶ Highest among Scott County respondents. Reported less often among women, seniors (age 65+), and adults in very low income households.



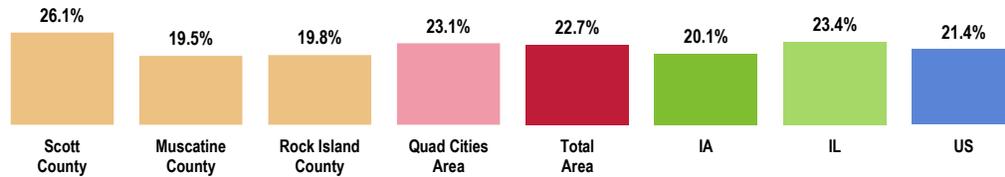
Meets Physical Activity Recommendations

Healthy People 2030 = 28.4% or Higher

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

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

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



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

Meets Physical Activity Recommendations

Healthy People 2030 = 28.4% or Higher

Quad Cities Area

Total Area

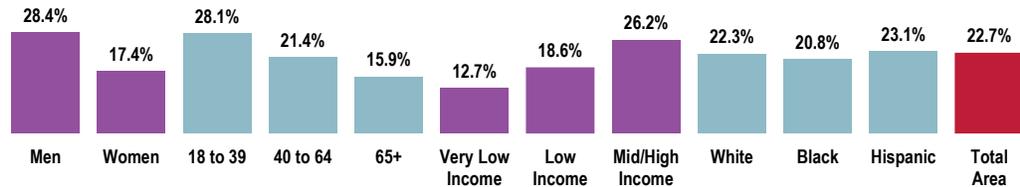


- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 126]
- Notes:
- Asked of all respondents.
 - Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Meets Physical Activity Recommendations (Total Area, 2021)

Healthy People 2030 = 28.4% or Higher



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 126]

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

Notes: • Asked of all respondents.

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

Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

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

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

Among Total Area children age 2 to 17, 47.5% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

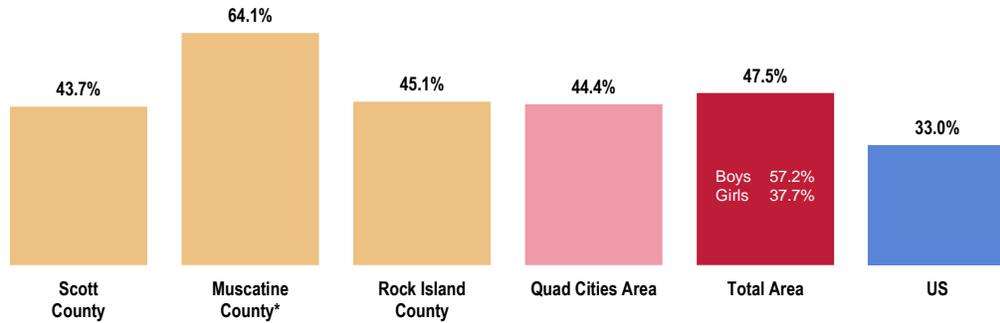
BENCHMARK ► Well above the national prevalence.

TREND ► Decreasing significantly since 2015 in the Quad Cities Area.

DISPARITY ► Favorably high among children in Muscatine County (although this is based on a relatively small sample).



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



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

Notes: • Asked of all respondents with children age 2-17 at home.
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.
 • *Use caution when interpreting results as the sample size is <50.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

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



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

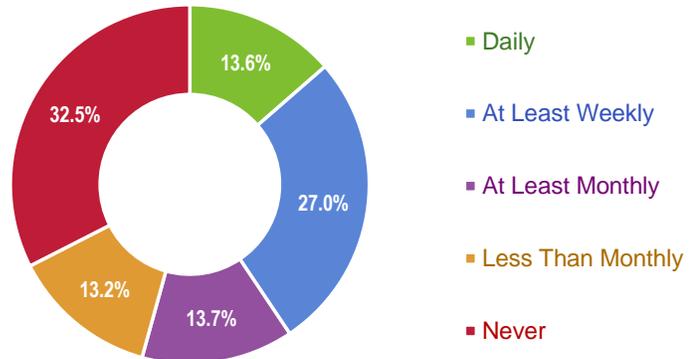
Notes: • Asked of all respondents with children age 2-17 at home.
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Use of Local Trails for Exercise

Asked how often they use a local paved or dirt trail for walking, hiking, or biking in good weather, 40.6% of survey respondents report at least weekly use (including 13.6% who use local trails daily).

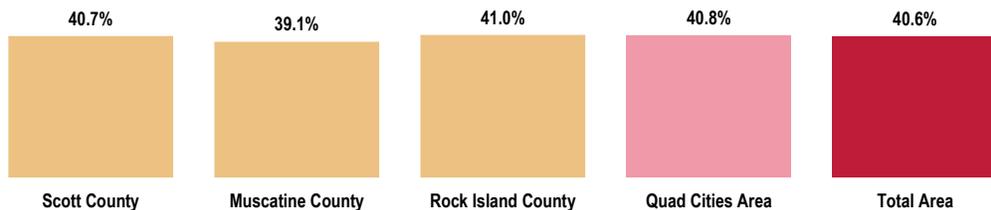
Frequency of Using a Local Paved or Dirt Trail for Walking, Hiking, or Biking in Good Weather
(Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 334]
Notes: • Asked of all respondents.

DISPARITY ► Weekly use of local trails for exercise is reported more often among men, young adults, those at the highest income level, and White respondents.

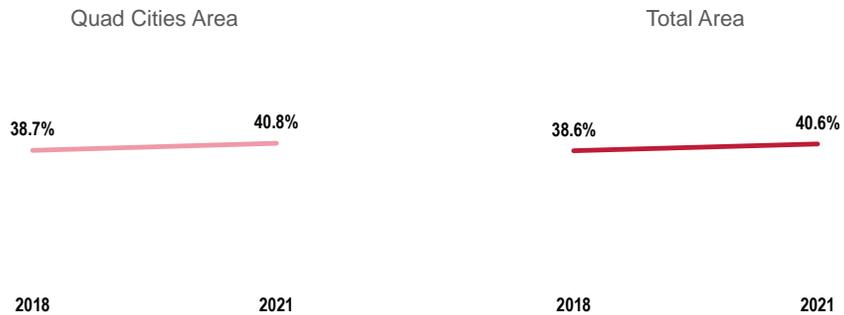
Use a Local Paved or Dirt Trail for Walking, Hiking, or Biking at Least Weekly



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 334]
Notes: • Asked of all respondents.
• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

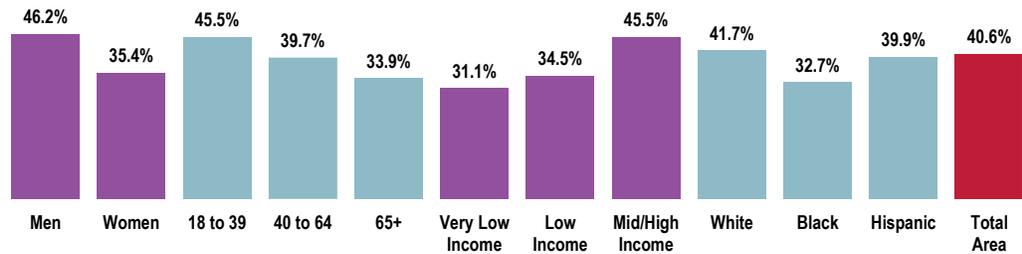


Use a Local Paved or Dirt Trail for Walking, Hiking, or Biking at Least Weekly



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 334]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Use a Local Paved or Dirt Trail for Walking, Hiking, or Biking at Least Weekly (Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 334]
 Notes: • Asked of all respondents.



WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

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

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

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

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq 30 kg/m^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI $\geq 30 kg/m^2$, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .

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

Adult Weight Status

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

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



Overweight Status

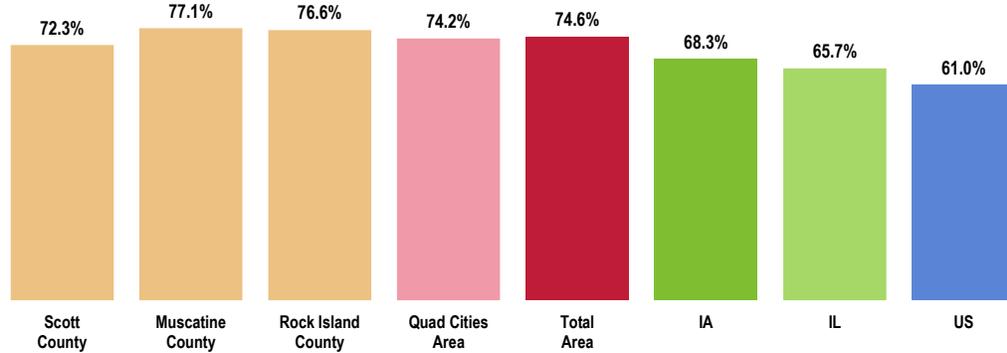
A total of three in four Total Area adults (74.6%) are **overweight**.

BENCHMARK ▶ Well above the state and national figures.

TREND ▶ Increasing significantly since 2002 among Quad Cities Area respondents.

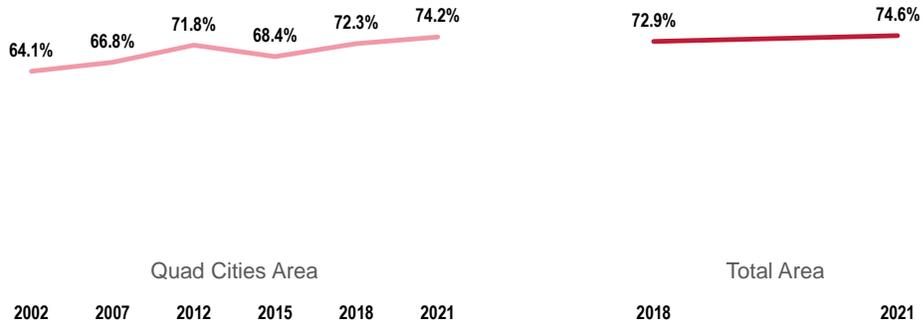
Here, "overweight" includes those respondents with a BMI value ≥ 25 .

Prevalence of Total Overweight (Overweight and Obese)



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

Prevalence of Total Overweight (Overweight and Obese)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 128]
 Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



The overweight prevalence above includes 41.1% of Total Area adults who are obese.

BENCHMARK ▶ Well above the state and national percentages and fails to satisfy the Healthy People 2030 objective.

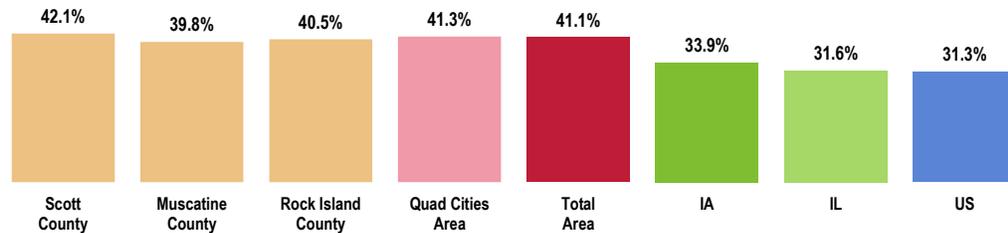
TREND ▶ Marks a statistically significant increase since 2002 in the Quad Cities Area.

DISPARITY ▶ Higher among women, adults age 40 to 64, and adults in the lowest income breakout.

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

Prevalence of Obesity

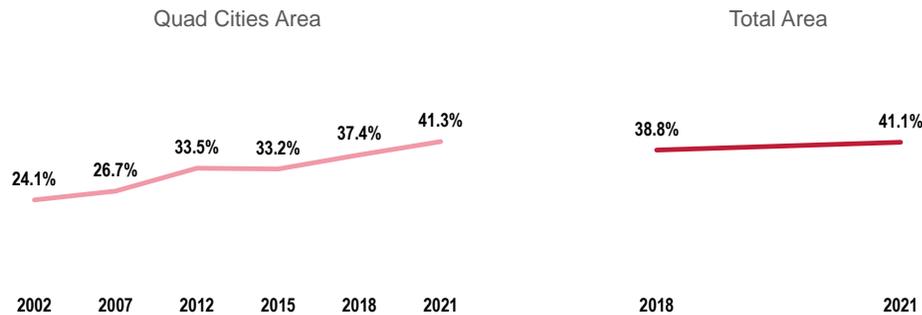
Healthy People 2030 = 36.0% or Lower



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 130]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Iowa and Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower

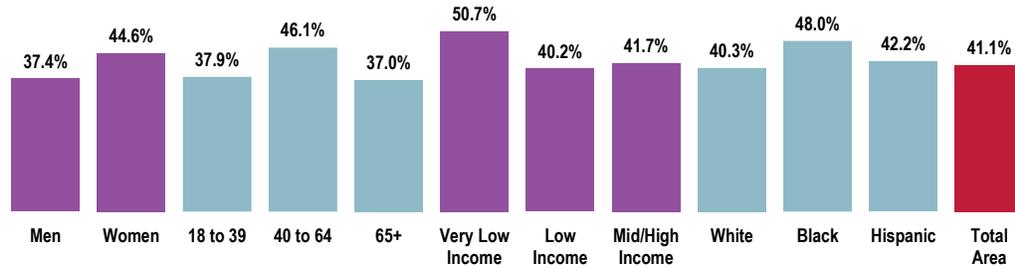


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 130]
 Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Prevalence of Obesity (Total Area, 2021)

Healthy People 2030 = 36.0% or Lower



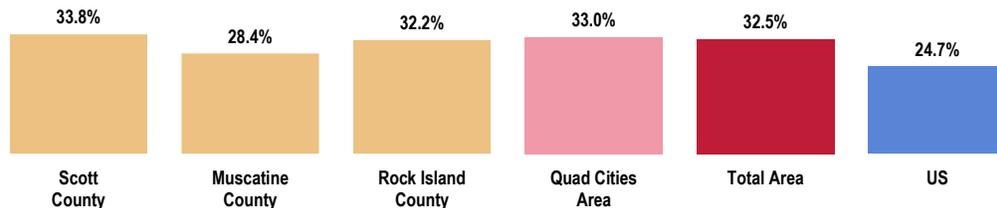
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 130]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Professional Advice

A total of 32.5% of overweight/obese adults in the Total Area have been given advice about their weight by a doctor, nurse, or other health professional in the past year.

BENCHMARK ► Higher than the national prevalence.

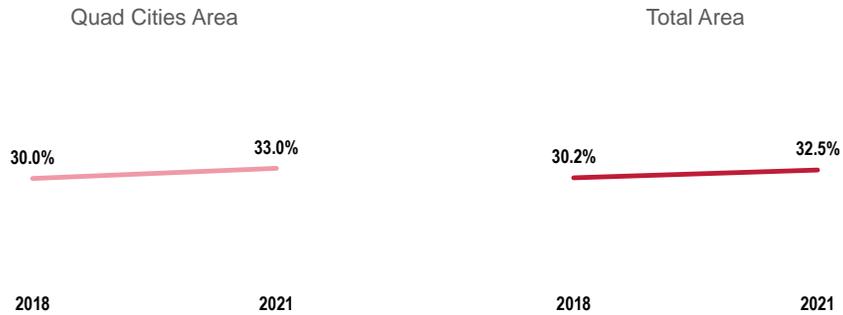
Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional (Among Overweight/Obese Adults)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 333]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with self-reported overweight/obese BMI.
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional (Among Overweight/Obese Adults)



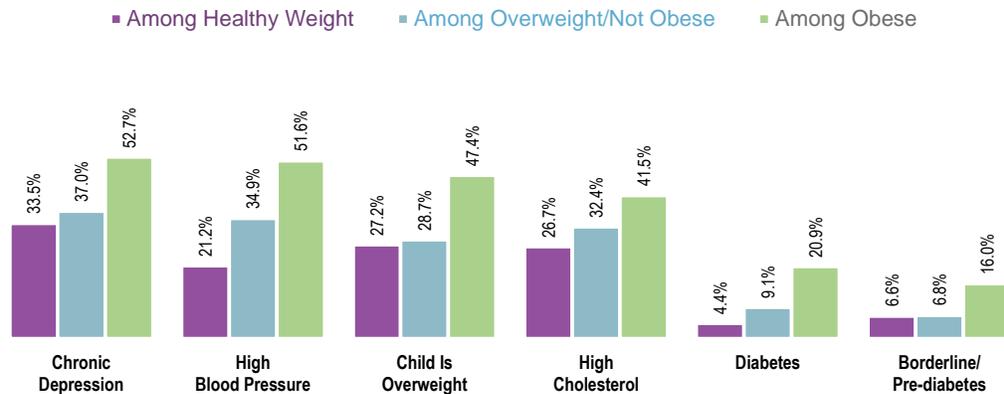
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 333]
 Notes: • Asked of all respondents with self-reported overweight/obese BMI.
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Relationship of Overweight With Other Health Issues

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

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

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



Sources: • 2021 PRC Community Health Survey, PRC, Inc.
 Notes: • Based on reported heights and weights, asked of all respondents.



Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

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

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

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

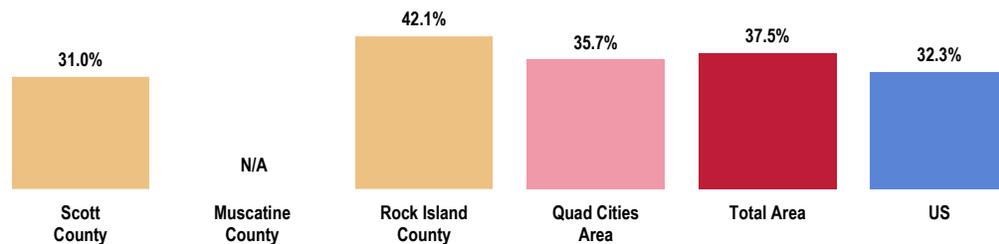
– Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 37.5% of Total Area children age 5 to 17 are overweight or obese (≥85th percentile).

TREND ► The increase over time in each area is not yet statistically significant.

DISPARITY ► Lowest in Scott County.

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

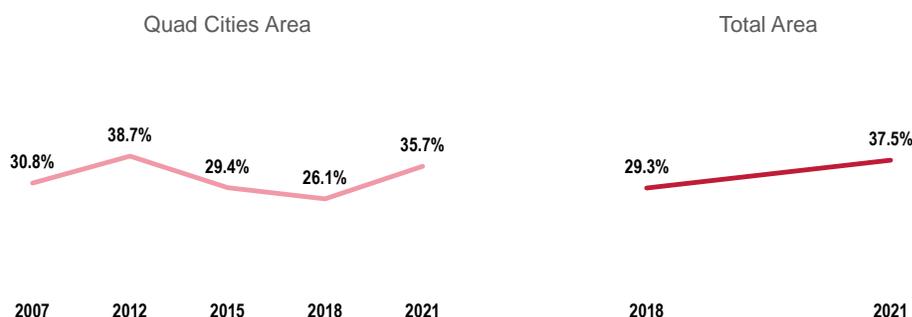


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 131]
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents with children age 5-17 at home.
 • Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.
 • Counts are too small in Muscatine County to be reported independently.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



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

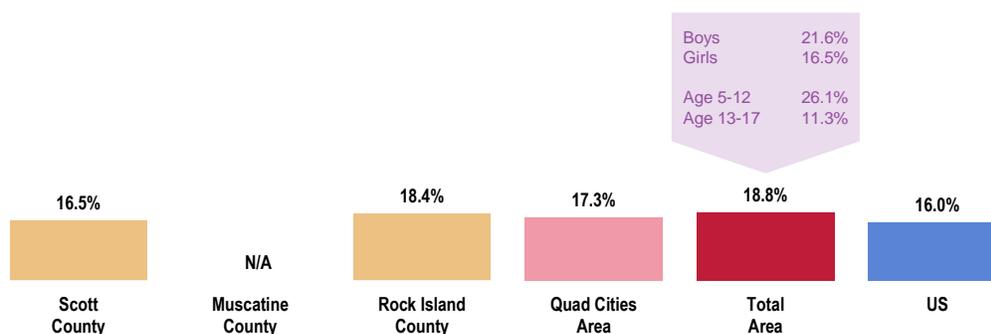


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 131]
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

The childhood overweight prevalence above includes 18.8% of Total Area children age 5 to 17 who are obese (≥95th percentile).

DISPARITY ► Worse among children age 5 to 12.

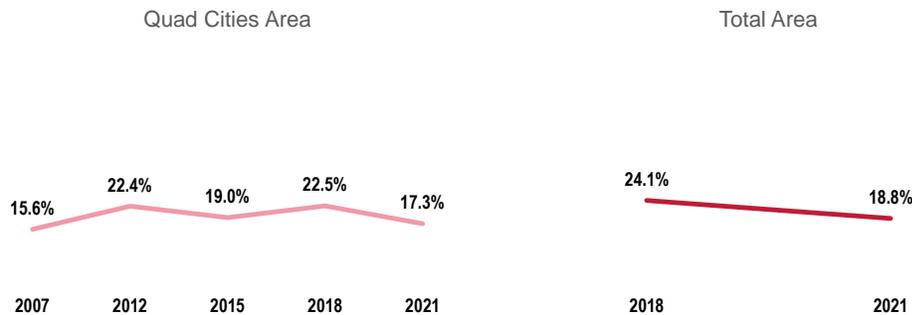
Prevalence of Obesity in Children (Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher) Healthy People 2030 = 15.5% or Lower



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 133]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.
 • Counts are too small in Muscatine County to be reported independently.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



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



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 133]
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Professional Advice

A total of 12.3% of Total Area parents of children age 5-17 have been given advice about their child's weight by a doctor, nurse, or other health professional in the past year; the prevalence is 22.2% among parents of an overweight child.

TREND ► Increasing significantly since 2018 in the Total Area.

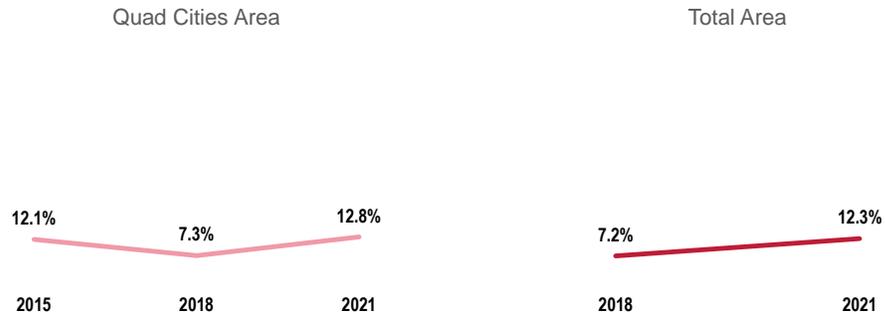
Have Received Advice About Child's Weight in the Past Year From a Physician, Nurse, or Other Health Professional (By Child's Weight Classification)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 361]
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.
 • Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Have Received Advice About Child's Weight in the Past Year From a Physician, Nurse, or Other Health Professional (By Child's Weight Classification)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 361]

Notes: • Asked of all respondents with children age 5-17 at home.

• Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

• Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



SUBSTANCE ABUSE

ABOUT DRUG & ALCOHOL USE

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

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

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

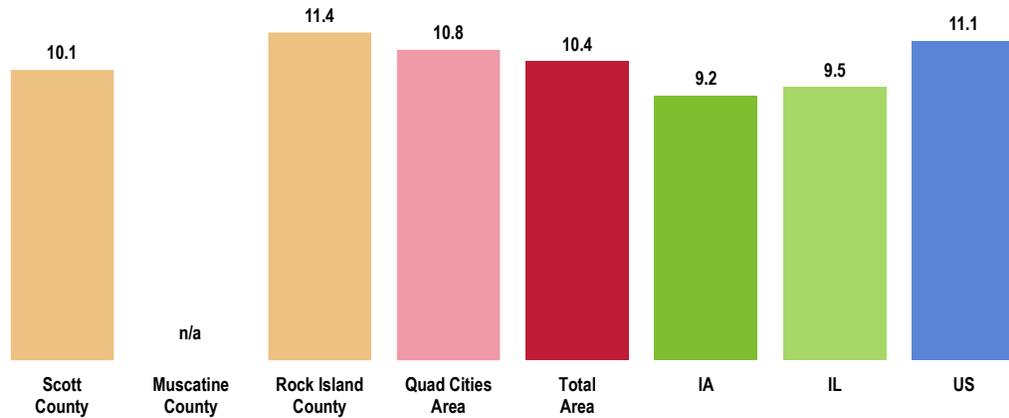
Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2017 and 2019, the Total Area reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 10.4 deaths per 100,000 population.

TREND ▶ Though fluctuating over time, current rates are similar to baseline mortality rates.

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

Healthy People 2030 = 10.9 or Lower



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

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

Note: • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 10.9 or Lower



	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019
Quad Cities Area	10.7	9.6	11.4	11.3	12.3	11.4	11.2	10.8
Total Area	10.1	9.3	10.8	11.0	11.9	11.2	10.7	10.4
IA	7.7	7.8	8.4	8.8	9.1	9.2	9.2	9.2
IL	8.3	8.5	8.9	9.0	9.1	9.1	9.4	9.5
US	10.1	10.4	10.2	10.5	10.6	10.8	10.9	11.1

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

Alcohol Use

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

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

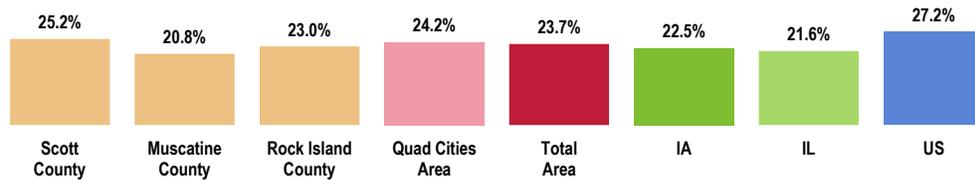
A total of 23.7% of area adults are excessive drinkers (heavy and/or binge drinkers).

TREND ► Gradually worsening in the Quad Cities Area (currently statistically higher than 2002 baseline findings).

DISPARITY ► Reported more often among men, young adults, and those respondents living above the federal poverty level.



Excessive Drinkers



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 136]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Iowa and Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

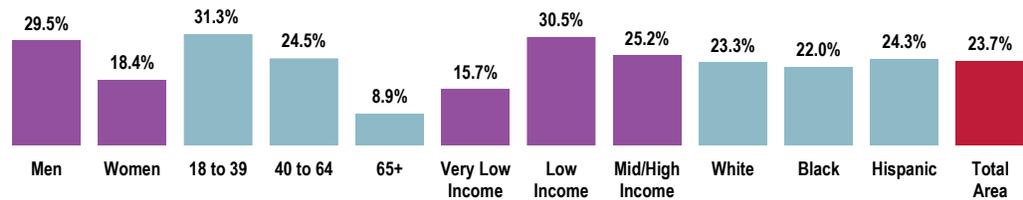
Excessive Drinkers



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



Excessive Drinkers (Total Area, 2021)



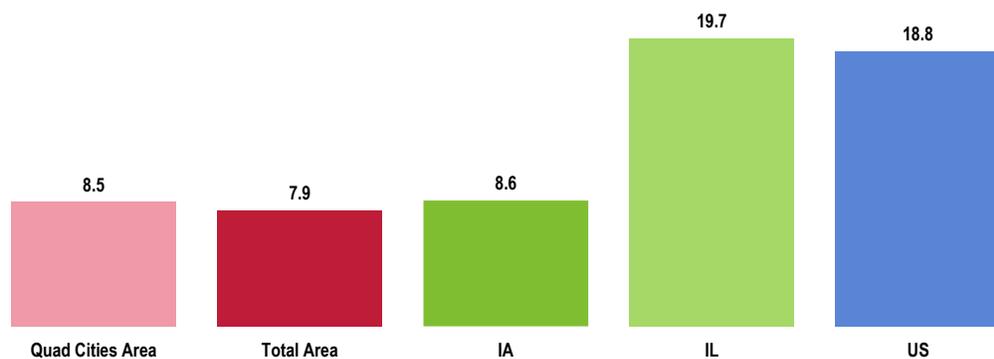
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 136]
 Notes: • Asked of all respondents.
 • Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank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

Age-Adjusted Unintentional Drug-Related Deaths

Between 2017 and 2019, there was an annual average age-adjusted unintentional drug-related mortality rate of 7.9 deaths per 100,000 population in the Total Area.

BENCHMARK ► Lower than the Illinois and US mortality rates.

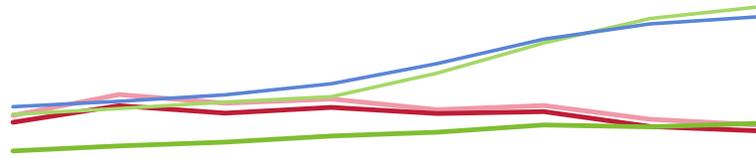
Unintentional Drug-Related Deaths: Age-Adjusted Mortality (2017-2019 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2021.
 Note: • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



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



	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019
Quad Cities Area	9.4	11.4	10.5	10.9	9.9	10.3	9.0	8.5
Total Area	8.7	10.3	9.6	10.1	9.5	9.7	8.3	7.9
IA	6.0	6.4	6.8	7.4	7.8	8.5	8.3	8.6
IL	9.5	10.0	10.6	11.2	13.4	16.3	18.6	19.7
US	10.2	10.7	11.3	12.4	14.3	16.7	18.1	18.8

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

Illicit Drug Use

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

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

A total of 3.6% of Total Area adults acknowledge using an illicit drug in the past month.

BENCHMARK ► Easily satisfies the Healthy People 2030 objective.

DISPARITY ► The prevalence decreases with age among Total Area respondents.

Illicit Drug Use in the Past Month

Healthy People 2030 = 12.0% or Lower



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 327]
 ● 2020 PRC National Health Survey, PRC, Inc.
 ● US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: ● Asked of all respondents.
 ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Illicit Drug Use in the Past Month

Healthy People 2030 = 12.0% or Lower

Quad Cities Area

Total Area



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 327]

Notes: • Asked of all respondents.

• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Illicit Drug Use in the Past Month

(Total Area, 2021)

Healthy People 2030 = 12.0% or Lower



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 327]

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

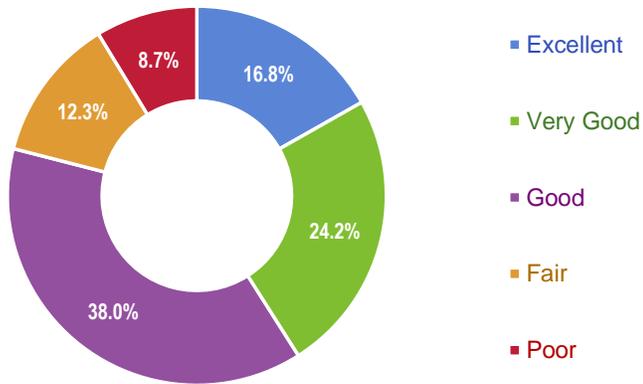
Notes: • Asked of all respondents.



Ease of Obtaining Services for Substance Abuse

Among area adults who have needed services for substance abuse issues, most gave positive ratings of the ease with which they can obtain those services locally.

Rating of the Ease With Which Substance Abuse Services Are Obtained (Total Area, 2021)



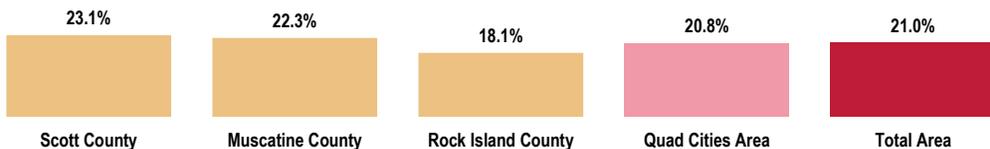
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 314]
 Notes: • Asked of all respondents; excludes those who have not needed such services.

In contrast, 21.0% of the respondents gave “fair/poor” ratings of the ease of obtaining local services for substance abuse.

TREND ▶ Improving significantly (decreasing) in both areas since 2018 (although increasing from 2002 baseline findings in the Quad Cities Area).

DISPARITY ▶ Lowest in Rock Island County. “Fair/poor” ratings are reported more often among women, adults age 40 to 64, and those living on lower incomes.

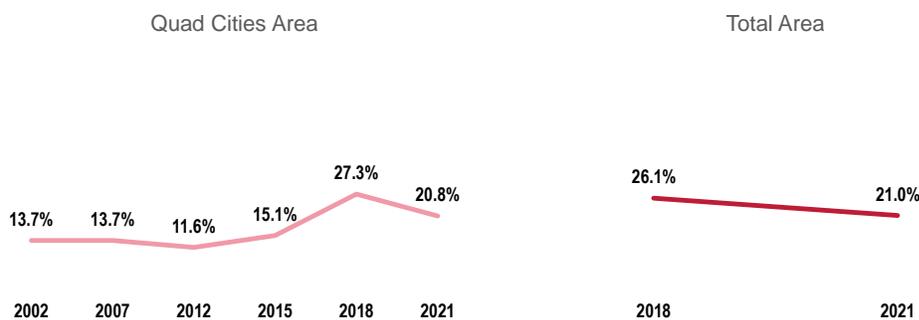
Ease of Obtaining Substance Abuse Services is “Fair/Poor”



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 314]
 Notes: • Asked of all respondents; excludes those who have not needed such services.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

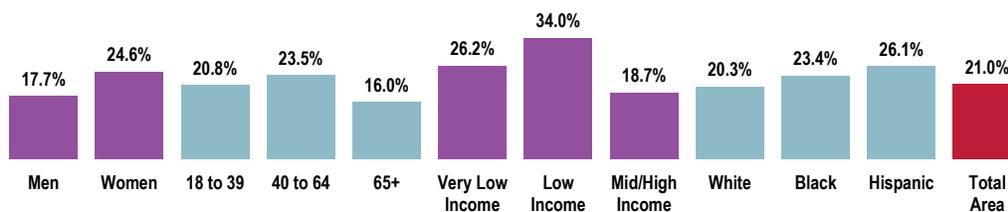


Ease of Obtaining Substance Abuse Services is “Fair/Poor”



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 314]
 Notes: • Asked of all respondents; excludes those who have not needed such services.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Ease of Obtaining Substance Abuse Services is “Fair/Poor” (Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 314]
 Notes: • Asked of all respondents; excludes those who have not needed such services.



TOBACCO USE

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

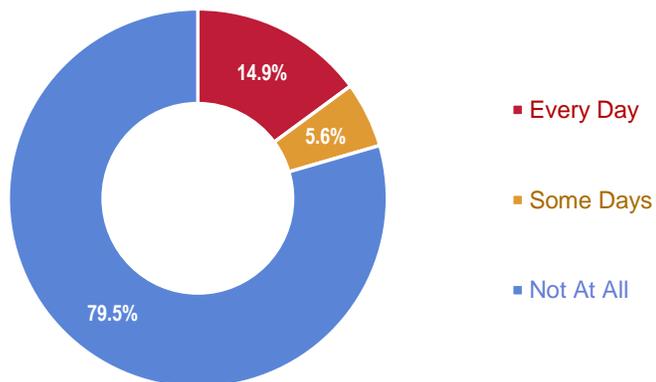
– Healthy People 2030 (<https://health.gov/healthypeople>)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 20.5% of Total Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Cigarette Smoking Prevalence
(Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: • Asked of all respondents.



Note the following findings related to cigarette smoking prevalence in the Total Area.

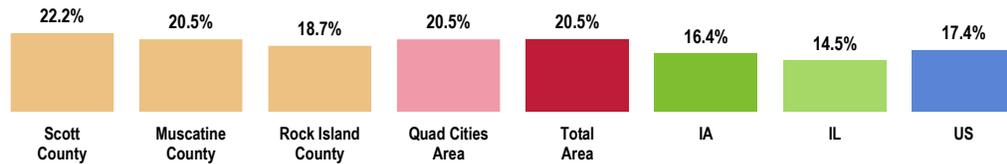
BENCHMARK ► The smoking prevalence is well above the state figures and four times the Healthy People 2030 objective.

TREND ► Decreasing significantly since 2002 in the Quad Cities Area.

DISPARITY ► Reported more often among adults under 65 and especially Black respondents and adults living at the lower income levels.

Current Smokers

Healthy People 2030 = 5.0% or Lower

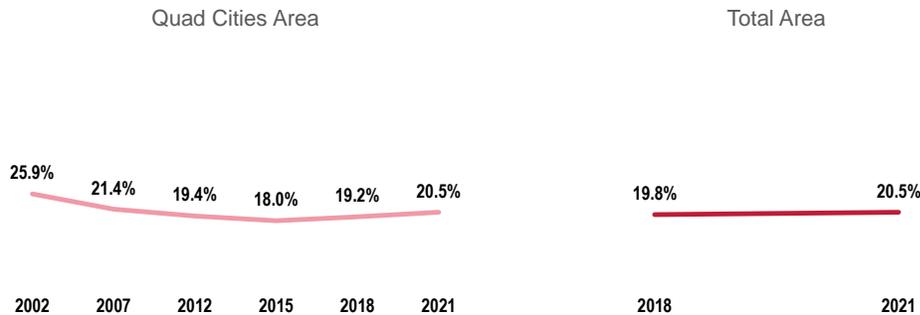


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 40]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Iowa and Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.
 • Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Current Smokers

Healthy People 2030 = 5.0% or Lower

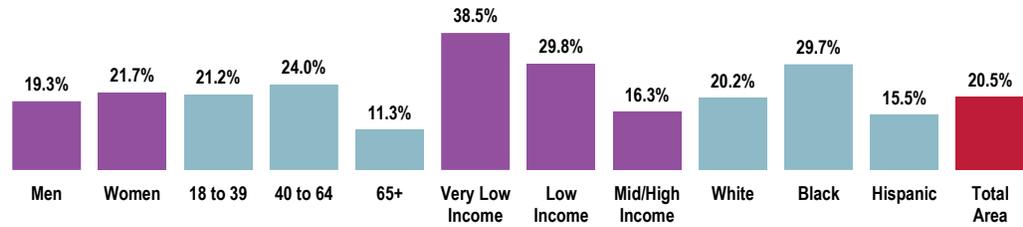


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 40]
 Notes: • Asked of all respondents.
 • Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Current Smokers (Total Area, 2021)

Healthy People 2030 = 5.0% or Lower



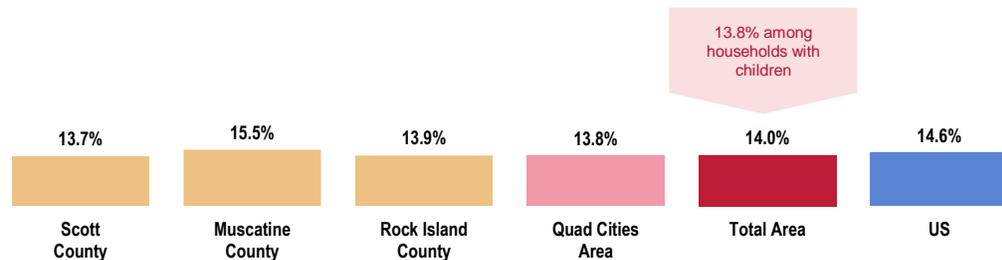
- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 40]
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
 - Includes regular and occasional smokers (every day and some days).

Environmental Tobacco Smoke

Among all surveyed households in the Total Area, 14.0% report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month.

TREND ► A statistically significant decrease since 2002 in the Quad Cities Area.

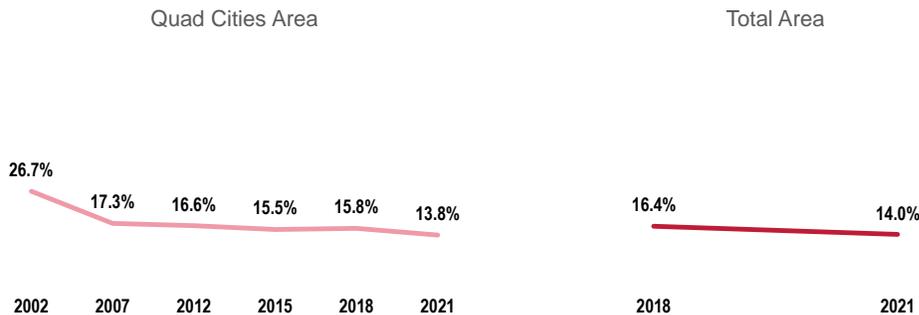
Member of Household Smokes at Home



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Items 43, 134]
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Member of Household Smokes at Home



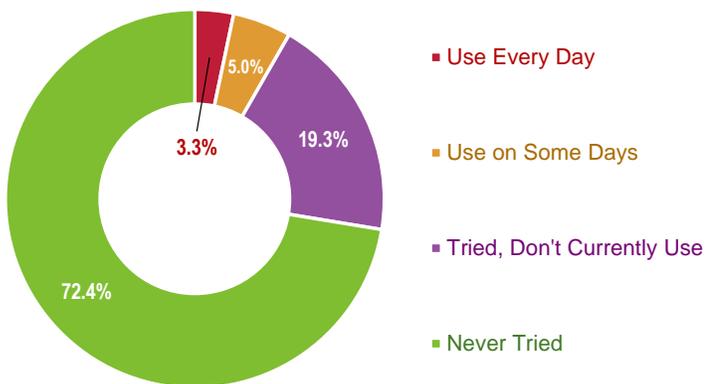
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 43]
 Notes: • Asked of all respondents.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Other Tobacco Use

Use of Vaping Products

Most Total Area adults never have tried electronic cigarettes (e-cigarettes) or other electronic vaping products.

Use of Vaping Products
(Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 135]
 Notes: • Asked of all respondents.

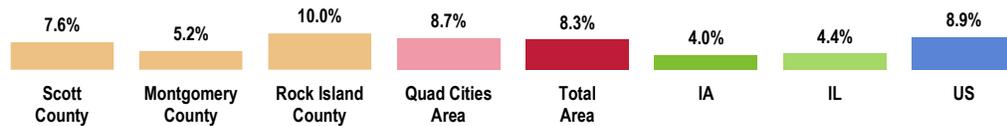


However, 8.3% currently use vaping products either regularly (every day) or occasionally (on some days).

BENCHMARK ▶ Twice as high as the state percentages.

DISPARITY ▶ The prevalence decreases with age and income level and is reported most often among White respondents.

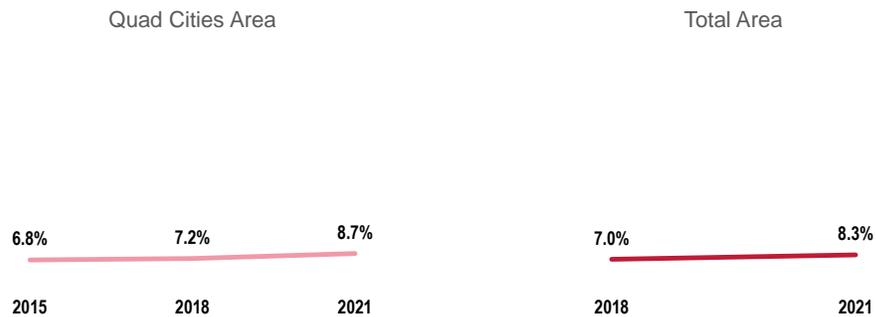
Currently Use Vaping Products (Every Day or on Some Days)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 135]
 • 2020 PRC National Health Survey, PRC, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2019 Iowa and Illinois data.

Notes: • Asked of all respondents.
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

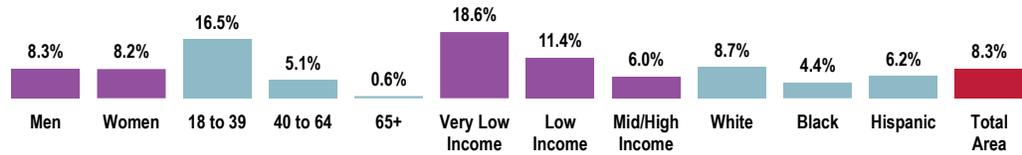
Currently Use Vaping Products (Every Day or on Some Days)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 135]
 Notes: • Asked of all respondents.
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Currently Use Vaping Products (Total Area, 2021)



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 135]
- Notes:
- Asked of all respondents.
 - Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).



SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

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

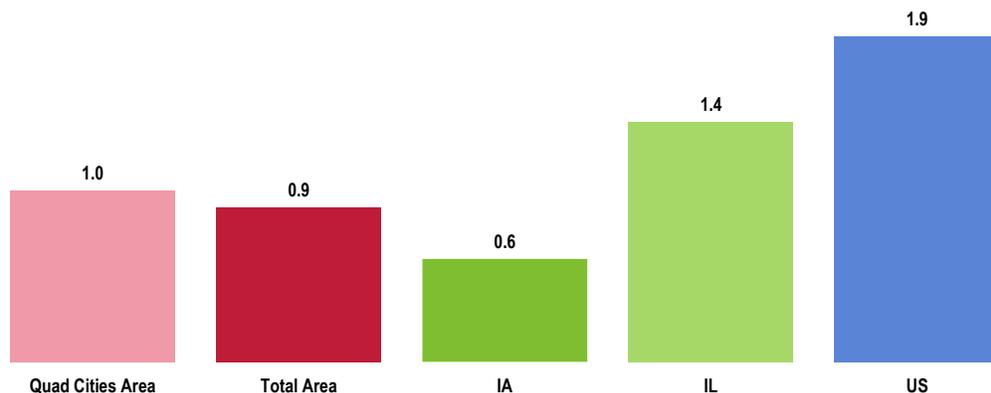
HIV

Age-Adjusted HIV/AIDS Deaths

Between 2010 and 2019, there was an annual average age-adjusted HIV/AIDS mortality rate of 0.9 deaths per 100,000 population in the Total Area.

BENCHMARK ▶ Above the Iowa rate but below the Illinois and US rates.

HIV/AIDS: Age-Adjusted Mortality
(2010-2019 Annual Average Deaths per 100,000 Population)



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

Note: • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

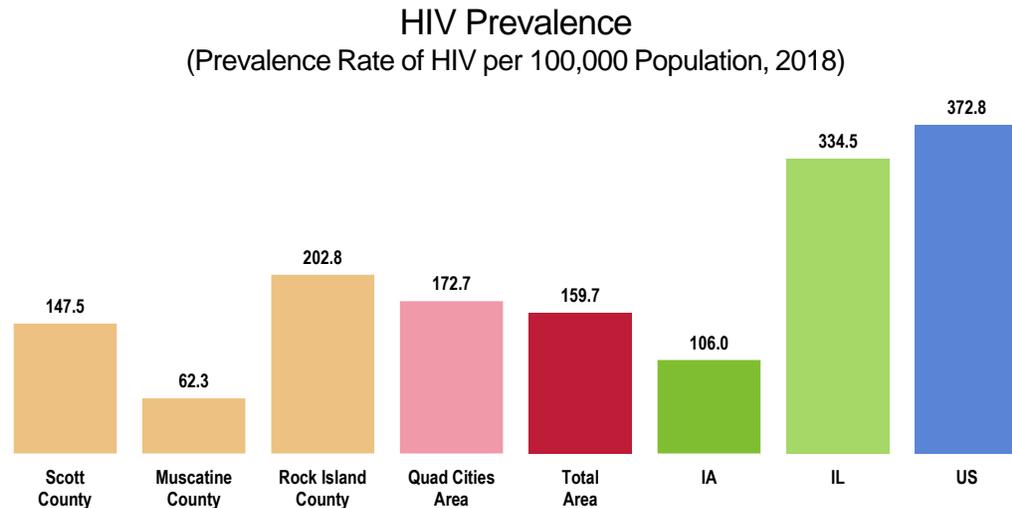


HIV Prevalence

In 2018, there was a prevalence of 159.7 HIV cases per 100,000 population in the Total Area.

BENCHMARK ▶ Above the Iowa prevalence rate; considerably lower than Illinois and national rates.

DISPARITY ▶ Highest in Rock Island County.



- Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

In 2018, the chlamydia incidence rate in the Total Area was 523.3 cases per 100,000 population.

BENCHMARK ▶ Lower than the Illinois incidence rate.

DISPARITY ▶ Lowest in Muscatine County.

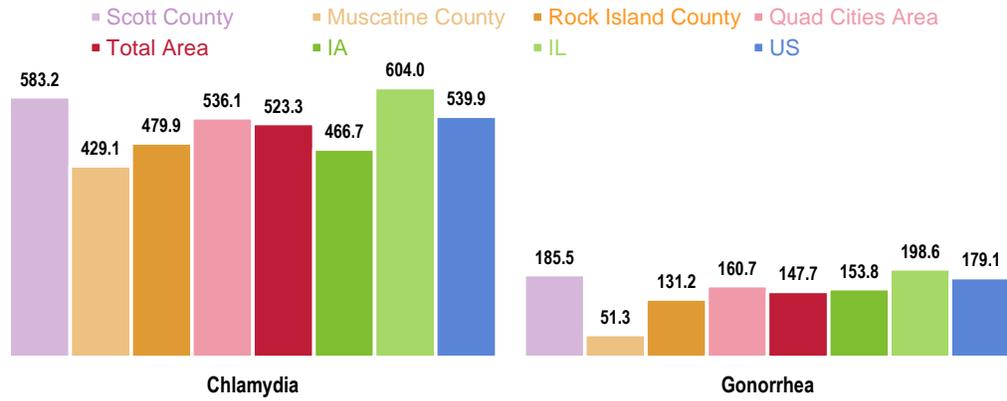
The Total Area gonorrhea incidence rate in 2018 was 147.7 cases per 100,000 population.

BENCHMARK ▶ Well below the Illinois and US incidence rates.

DISPARITY ▶ Highest in Scott County.



Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2018)



- Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.





ACCESS TO HEALTH CARE

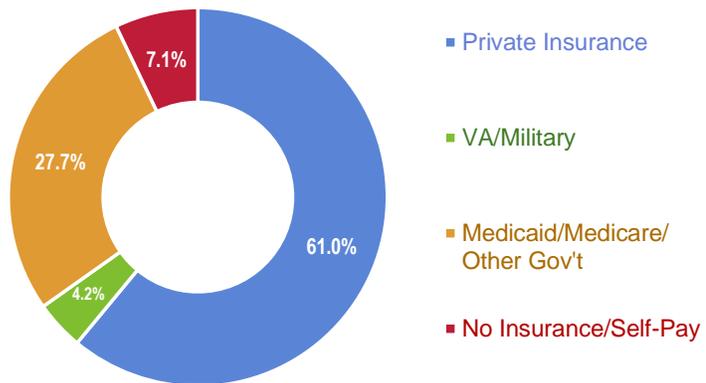
HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

A total of 61.0% of Total Area adults age 18 to 64 report having health care coverage through private insurance. Another 31.9% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage
(Adults Age 18-64; Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 137]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

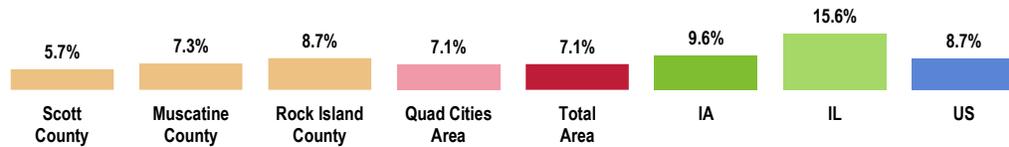
Among adults age 18 to 64, 7.1% report having no insurance coverage for health care expenses.

- BENCHMARK** ▶ Lower than the Iowa percentage and especially the Illinois percentage.
- TREND** ▶ Marks a statistically significant improvement since 2002 in the Quad Cities Area.
- DISPARITY** ▶ Reported more often among low-income and Hispanic respondents.



Lack of Health Care Insurance Coverage (Adults Age 18-64)

Healthy People 2030 = 7.9% or Lower

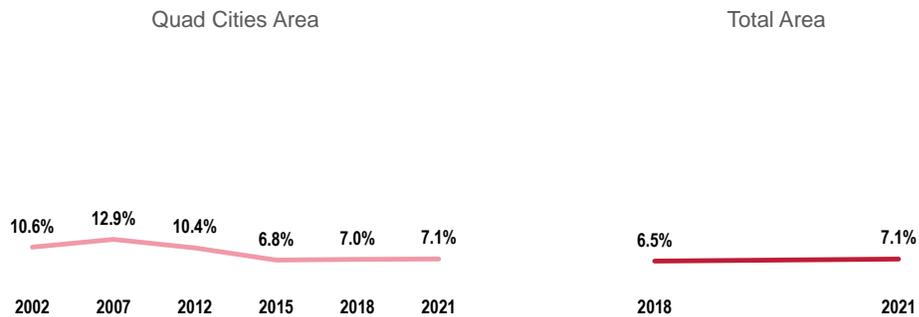


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 137]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Iowa and Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents under the age of 65.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Lack of Health Care Insurance Coverage (Adults Age 18-64)

Healthy People 2030 = 7.9% or Lower

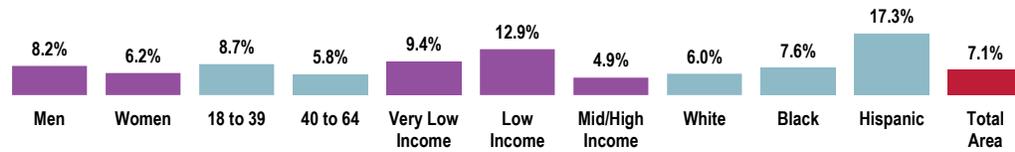


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 137]
 Notes: • Asked of all respondents under the age of 65.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Lack of Health Care Insurance Coverage (Adults Age 18-64; Total Area, 2021)

Healthy People 2030 = 7.9% or Lower



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 137]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents under the age of 65.



DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

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

Difficulties Accessing Services

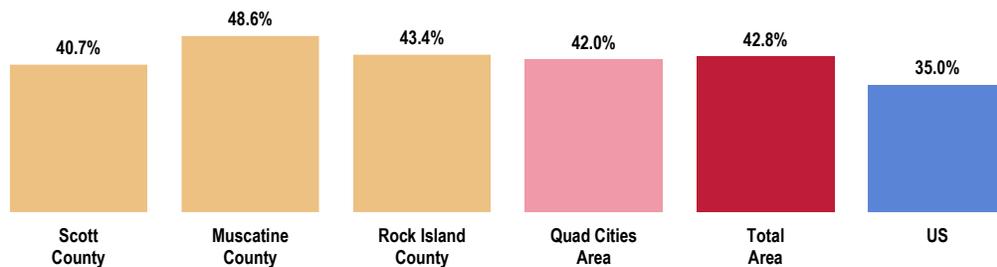
A total of 42.8% of Total Area adults report some type of difficulty or delay in obtaining health care services in the past year.

BENCHMARK ► Worse than the national figure.

TREND ► Worsening significantly since 2012 in the Quad Cities Area.

DISPARITY ► Decreases with age and income level and reported more often among women and communities of color.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 140]

• 2020 PRC National Health Survey, PRC, Inc.

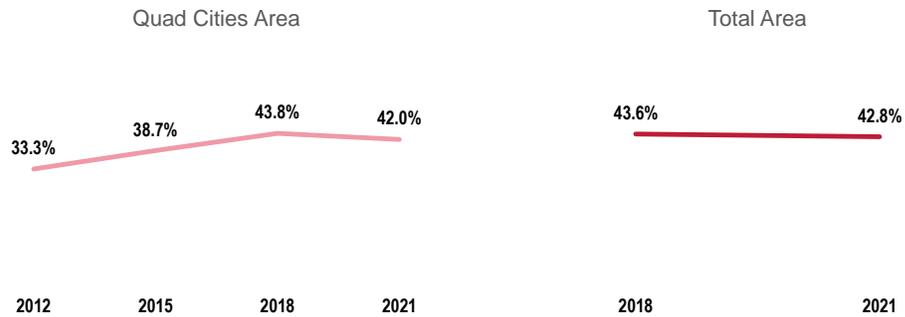
Notes: • Asked of all respondents.

• Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

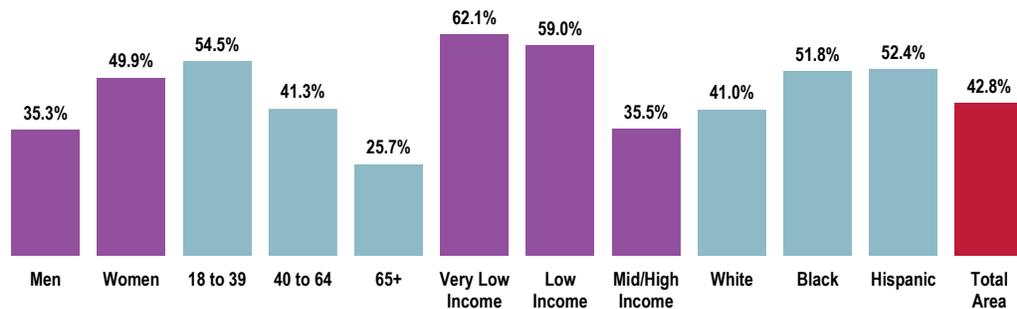


Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 140]
 Notes: • Asked of all respondents.
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 140]
 Notes: • Asked of all respondents.
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.



Barriers to Health Care Access

Of the tested barriers, appointment availability impacted the greatest share of Total Area adults.

BENCHMARK ▶ These barriers affect Total Area residents more often than adults across the US: **appointment availability**, inconvenient office hours, and difficulty finding a physician.

TREND ▶ In the Quad Cities Area, these barriers have worsened significantly since 2002: **appointment availability**, inconvenient office hours, finding a physician, and lack of transportation. Among Total Area respondents, the barriers of **cost** (physician visit) and **language/culture** have improved significantly since 2018.

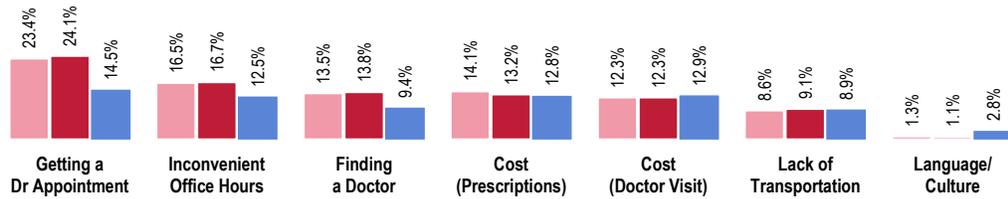
DISPARITY ▶ Difficulty finding a physician is considerably higher in Rock Island County (not shown).

To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have Prevented Medical Care in the Past Year

■ Quad Cities Area ■ Total Area ■ US

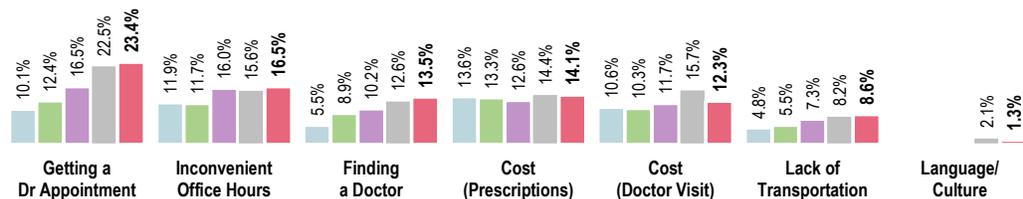


Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 7-13]
● 2020 PRC National Health Survey, PRC, Inc.

Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Trend in Barriers to Access (Quad Cities Area)

■ 2002 ■ 2012 ■ 2015 ■ 2018 ■ 2021



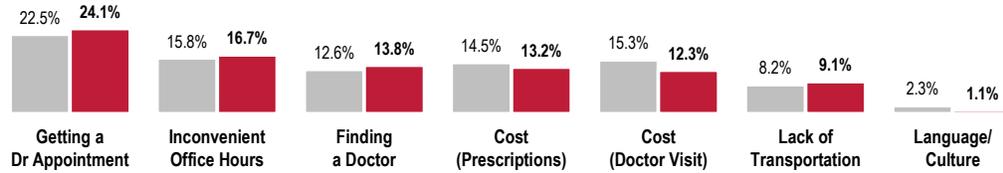
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 7-13]
● 2020 PRC National Health Survey, PRC, Inc.

Notes: ● Asked of all respondents.



Trend in Barriers to Access (Total Area)

■ 2018 ■ 2021



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 7-13]

● 2020 PRC National Health Survey, PRC, Inc.

Notes: ● Asked of all respondents.

Prescriptions

Adults

Among all Total Area adults, 14.1% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

DISPARITY ► Lowest in Muscatine County. The prevalence decreases with age and household income and is higher among Total Area women.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 14]

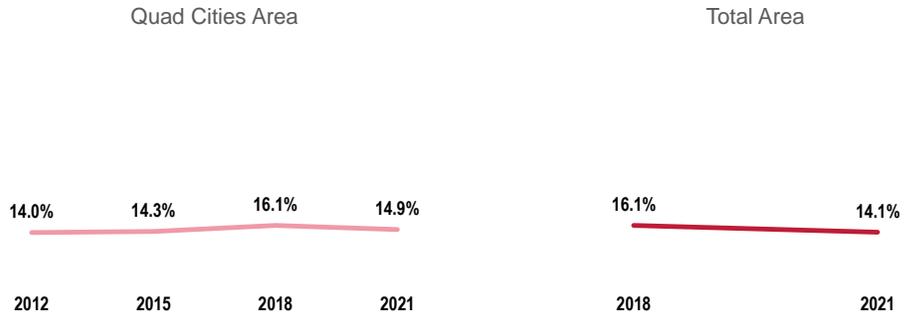
● 2020 PRC National Health Survey, PRC, Inc.

Notes: ● Asked of all respondents.

● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

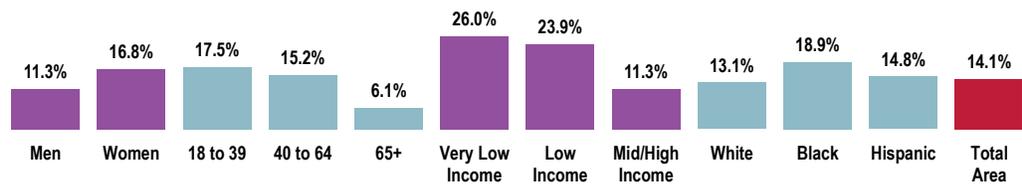


Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 14]
 Notes: • Asked of all respondents.
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 14]
 Notes: • Asked of all respondents.



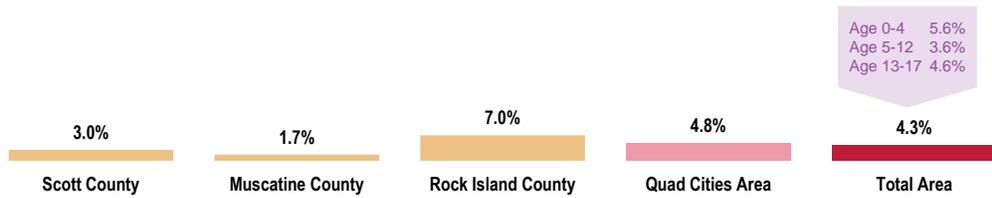
Children

Among respondents with children under 18, 4.3% report that the cost of a child’s medication prevented them from getting a needed prescription for their child in the past year.

TREND ► Improving significantly since 2018 in the Total Area.

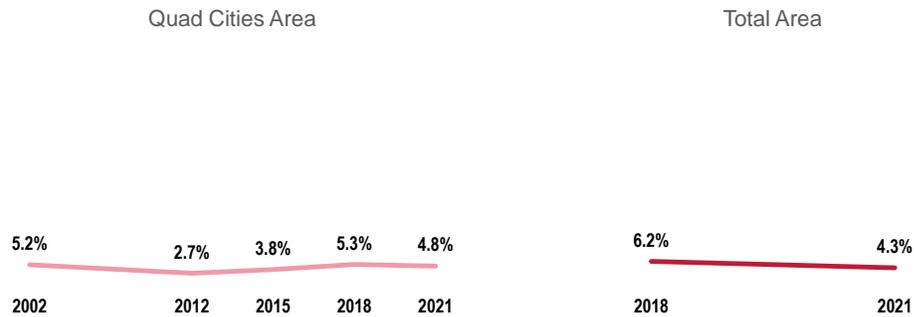
DISPARITY ► Highest in Rock Island County.

Cost of Medication Prevented Child’s Prescription in the Past Year (Parents of Children 0-17)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 347]
 Notes: • Asked of all respondents with children 0 to 17 in the household.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Cost of Medication Prevented Child’s Prescription in the Past Year (Parents of Children 0-17)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 347]
 Notes: • Asked of all respondents with children 0 to 17 in the household.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

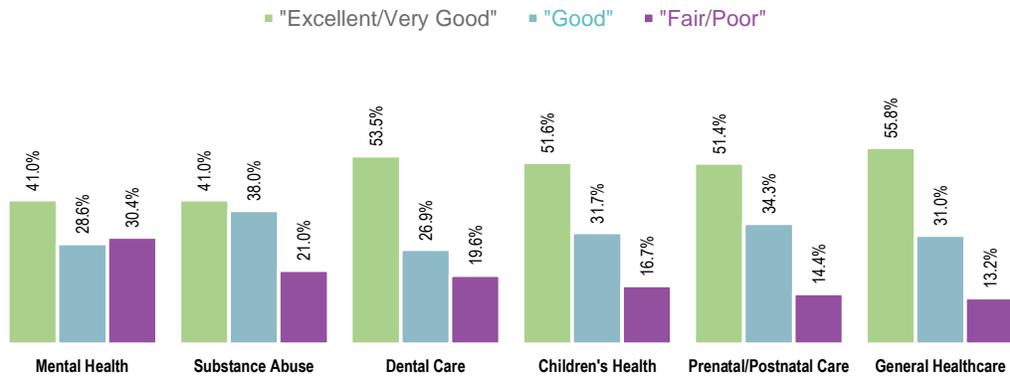


Ease of Accessing Local Health Care Services

Each of these is explored more fully in various sections of this report.

When considering the ratings given among survey respondents regarding the ease of obtaining six health-related services in the community, the highest prevalence of “fair/poor” responses was for mental health services (mentioned by 30.4%).

Rating of the Ease of Accessing Various Local Healthcare Services (Total Area)

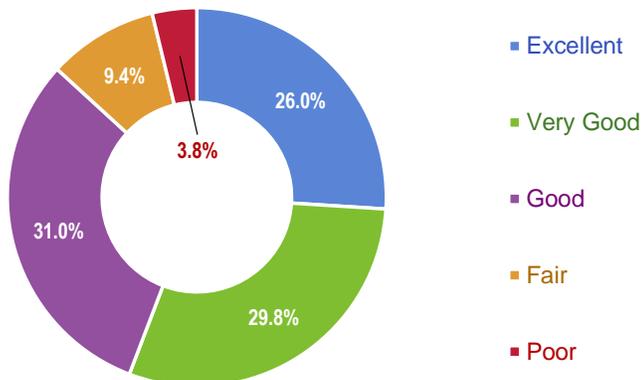


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 311-317]
 Notes: • Asked of all respondents; excludes those who have not needed such services.

Health Care Services for Adults

Among all Total Area adults, most gave positive ratings of the ease with which they can obtain local health care services.

Rating of the Ease of Obtaining Health Care Services Available in the Community (Total Area, 2021)



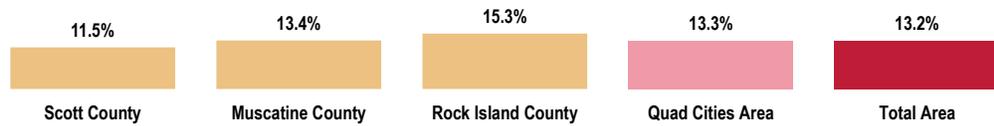
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 312]
 Notes: • Asked of all respondents.



On the other hand, 13.2% of Total Area respondents consider the ease of obtaining local health care services to be “fair” or “poor.”

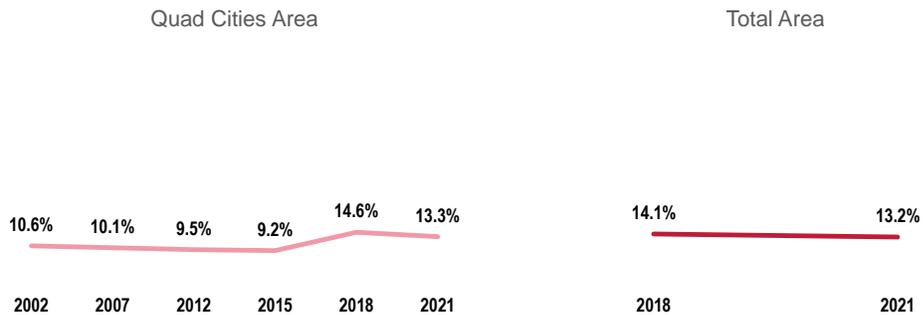
DISPARITY ► Low ratings appear to decrease with income level and are much higher among adults under 65 when compared with Total Area seniors.

Ease of Obtaining Local Health Care Services is “Fair/Poor”



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 312]
 Notes: • Asked of all respondents; excludes those who have not needed such services.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

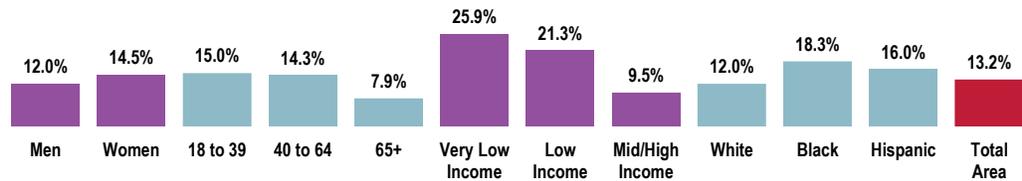
Ease of Obtaining Local Health Care Services is “Fair/Poor”



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 312]
 Notes: • Asked of all respondents; excludes those who have not needed such services.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Ease of Obtaining Local Health Care Services is “Fair/Poor” (Total Area, 2021)

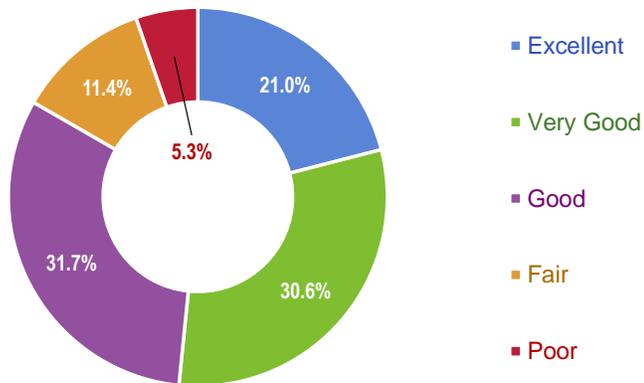


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 312]
Notes: • Asked of all respondents; excludes those who have not needed such services.

Services for Children

Among Total Area parents, most gave positive ratings of the ease with which they can obtain children’s health care services.

Rating of the Ease of Obtaining Children’s Health Care Services in the Community (Total Area, 2021)



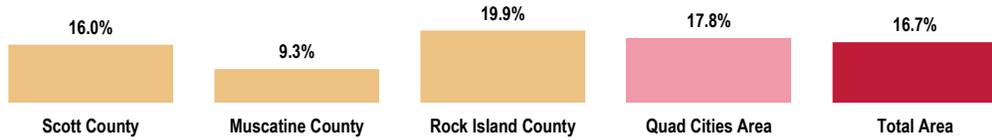
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 315]
Notes: • Asked of all respondents with a child under age 18 at home.

On the other hand, 16.7% of parents consider the ease of obtaining their child’s health care services to be “fair” or “poor.”

TREND ► Worsening significantly from past survey findings in the Quad Cities Area.

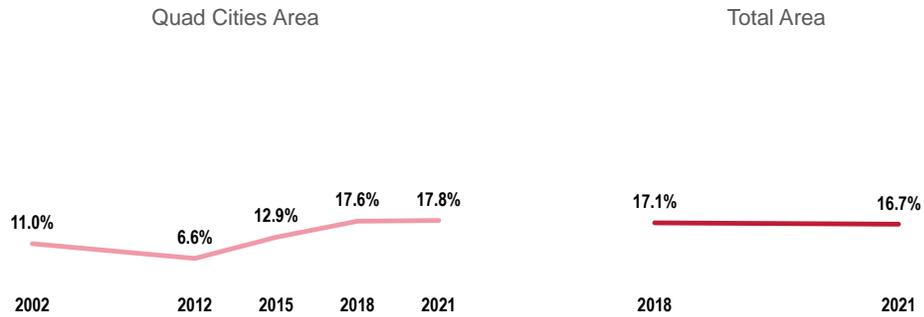


Ease of Obtaining Children’s Health Care Services is “Fair/Poor”



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 315]
 Notes: • Asked of all respondents with a child under age 18 at home.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Ease of Obtaining Children’s Health Care Services is “Fair/Poor”



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 315]
 Notes: • Asked of all respondents with a child under age 18 at home.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



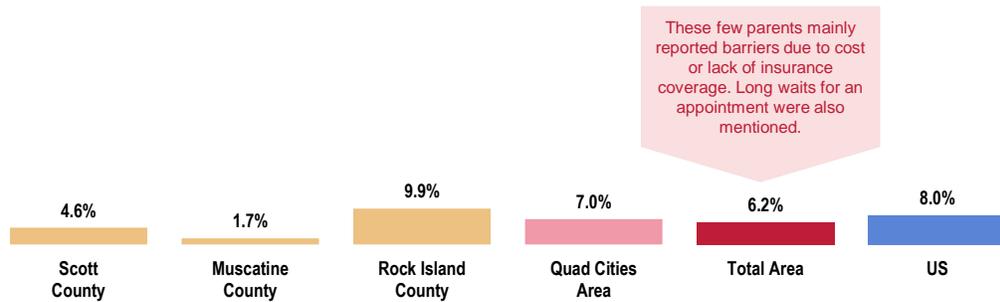
Recent Difficulties

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

A total of 6.2% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

DISPARITY ► Higher in Rock Island County.

Had Trouble Obtaining Medical Care for Child in the Past Year (Parents of Children 0-17)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 104, 348]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Had Trouble Obtaining Medical Care for Child in the Past Year (Parents of Children 0-17)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 104]
 Notes: • Asked of all respondents with children 0 to 17 in the household.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

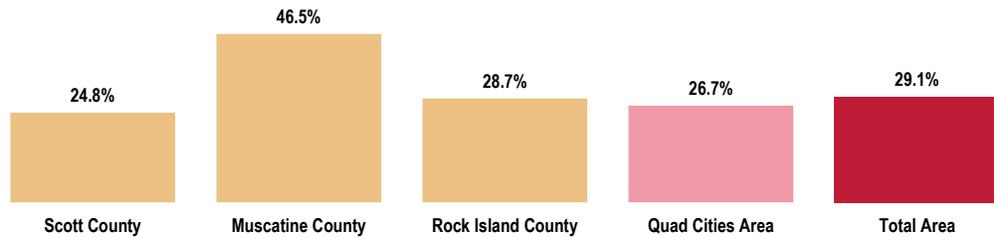


Outmigration for Care

Among survey respondents, 29.1% report that they leave the area for at least some of their health care needs.

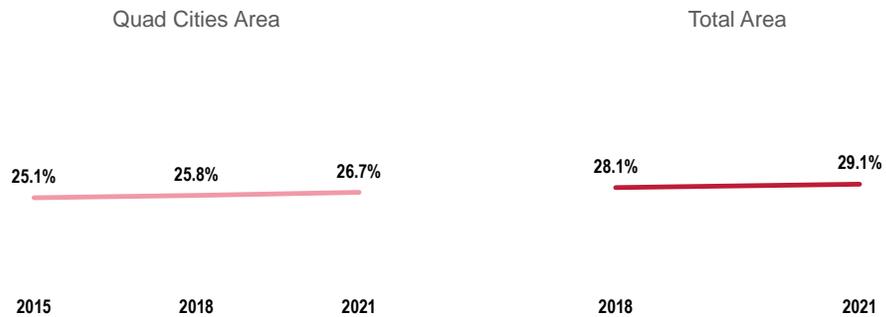
DISPARITY ► Highest in Muscatine County.

Outmigration for Health Services



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 318]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Outmigration for Health Services

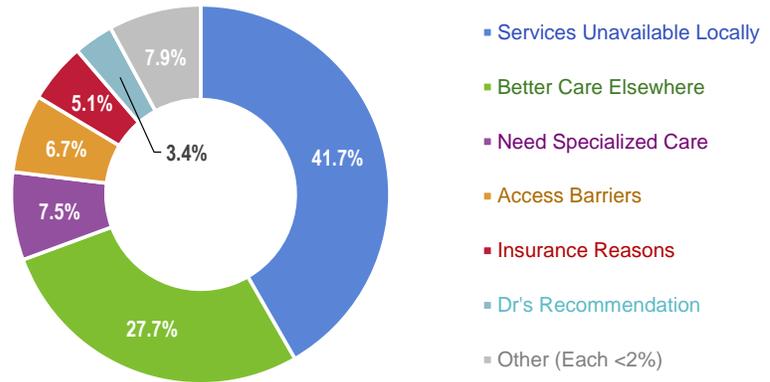


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 318]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Reasons for leaving the area for care primarily included the perception of services as unavailable locally (mentioned by 41.7%) and the perception of better care available elsewhere (27.7%).

Main Reason Respondent Leaves the Area for Health Services (Among Total Area Respondents Who Leave for Care, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 319]
Notes: • Asked of all respondents who leave the area for healthcare services.



PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

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

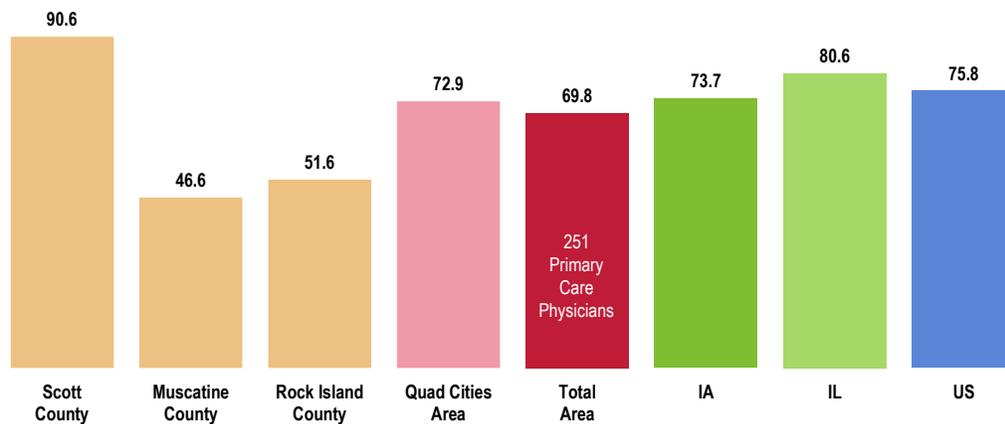
Access to Primary Care

In 2017, there were 251 primary care physicians in the Total Area, translating to a rate of 69.8 primary care physicians per 100,000 population.

BENCHMARK ▶ Lower than the Illinois rate.

DISPARITY ▶ Much lower in Muscatine and Rock Island counties.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2017)



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2021 via SparkMap (sparkmap.org).
- Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Specific Source of Ongoing Care

Adults

A total of 81.6% of Total Area adults were determined to have a specific source of ongoing medical care.

BENCHMARK ▶ Higher than the national prevalence.

TREND ▶ Increasing significantly in both areas since 2018 (but similar to the 2012 baseline results in the Quad Cities Area).

DISPARITY ▶ Lowest among young adults, those living at lower income levels, and Hispanic respondents.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

Have a Specific Source of Ongoing Medical Care

Healthy People 2030 = 84.0% or Higher

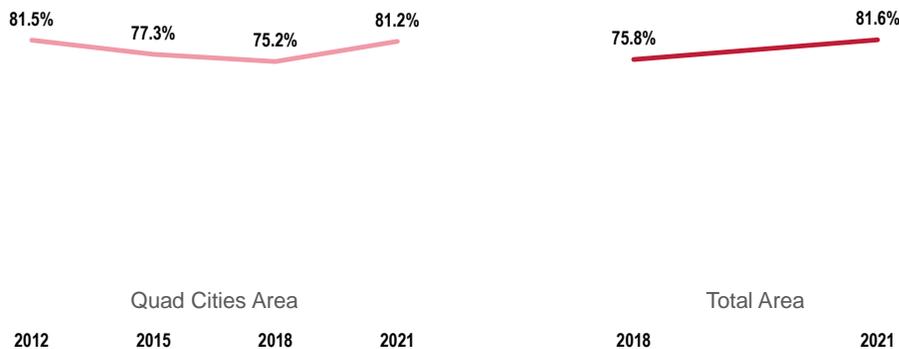


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 139]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Have a Specific Source of Ongoing Medical Care

Healthy People 2030 = 84.0% or Higher

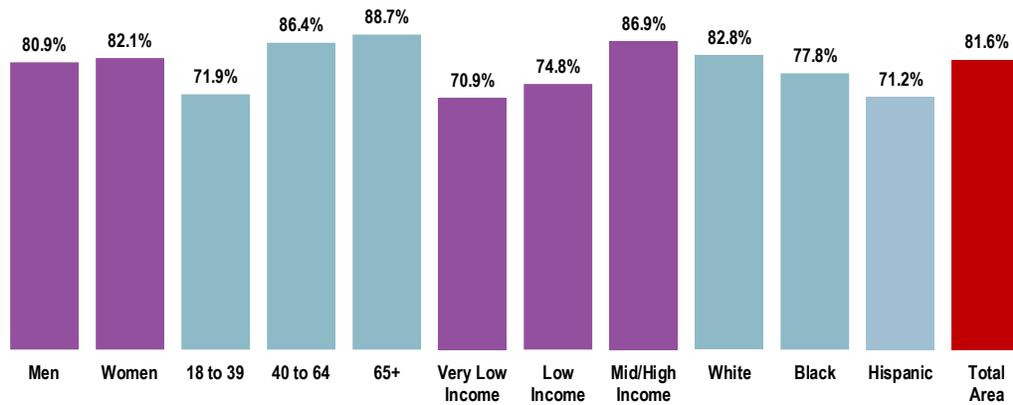


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 139]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Have a Specific Source of Ongoing Medical Care

Healthy People 2030 = 84.0% or Higher



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 139]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

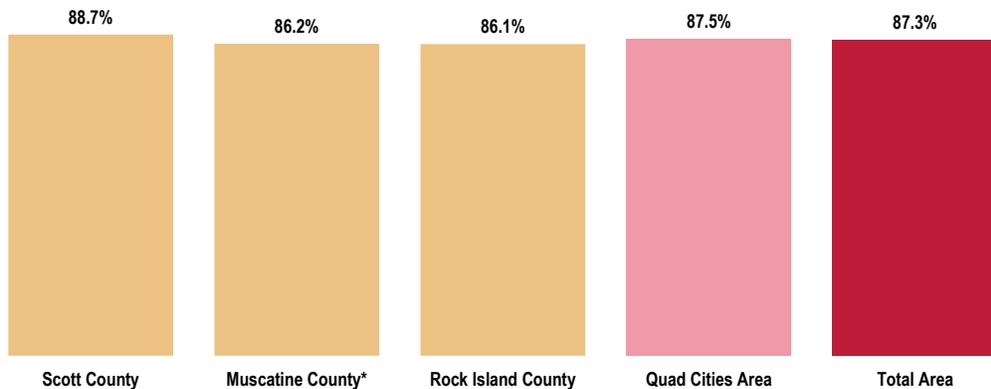
Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Children

Most local parents (87.3%) report having a particular place for their child’s medical care.

TREND ► Decreasing significantly from 2012 survey findings in the Quad Cities Area.

Have a Particular Place for Child’s Medical Care (Total Area Parents of Children <18)

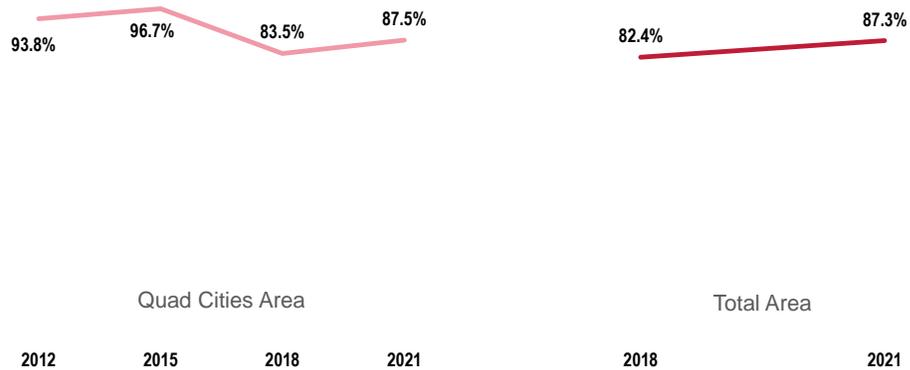


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 349]

Notes: • Asked of all respondents.
 • *Use caution when interpreting results as the sample size is <50.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Have a Particular Place for Child's Medical Care (Among Parents of Children <18)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 349]
 Notes: • Asked of all respondents with a child under 18 at home.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Utilization of Primary Care Services

Adults

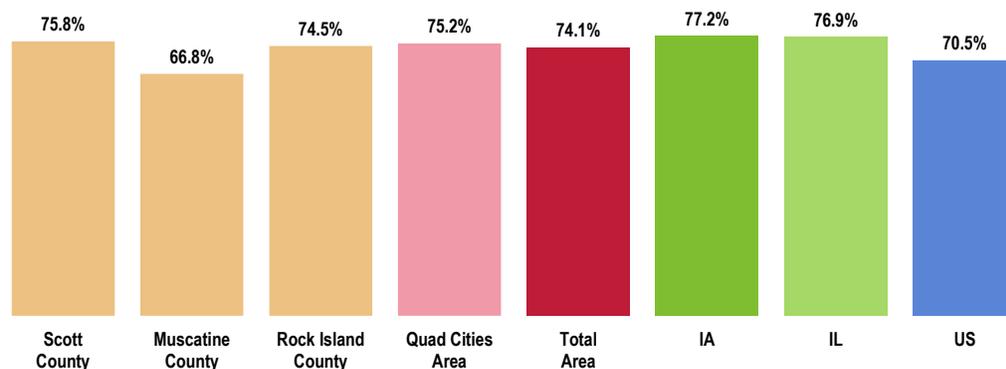
Nearly three in four adults (74.1%) visited a physician for a routine checkup in the past year.

BENCHMARK ▶ A lower prevalence than both state figures.

TREND ▶ Denotes a statistically significant improvement since 2002 in the Quad Cities Area.

DISPARITY ▶ Lowest among Muscatine County respondents. The prevalence is lowest among young adults and those living at lower income levels.

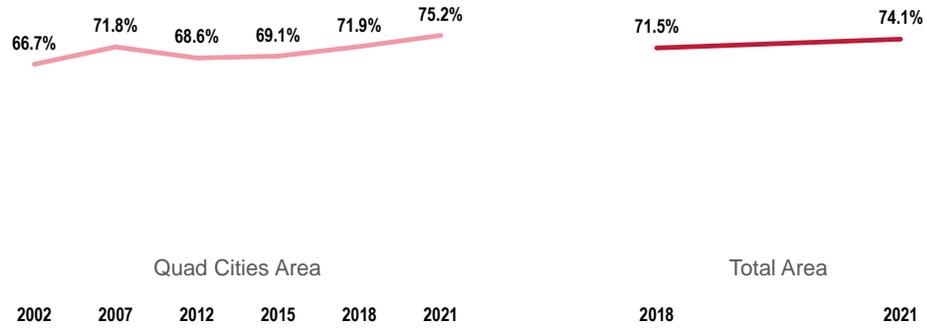
Have Visited a Physician for a Checkup in the Past Year



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 18]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa and Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

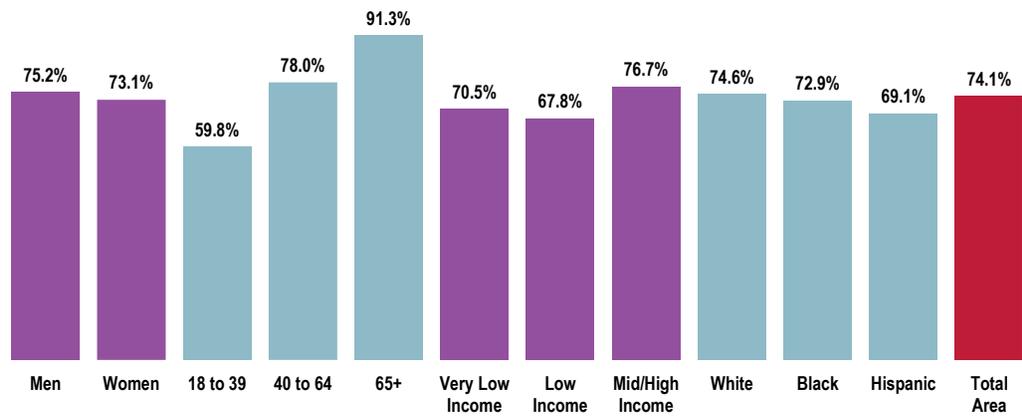


Have Visited a Physician for a Checkup in the Past Year



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 18]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Have Visited a Physician for a Checkup in the Past Year (Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 18]
 Notes: • Asked of all respondents.

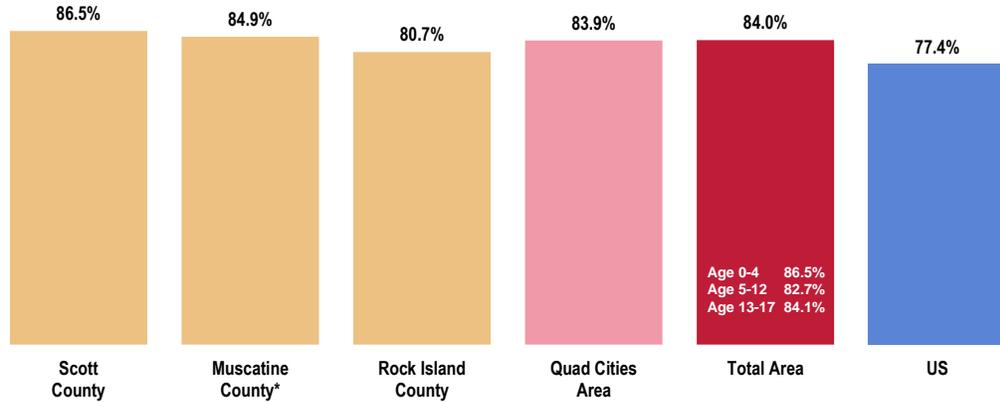


Children

Among surveyed parents, 84.0% report that their child has had a routine checkup in the past year.

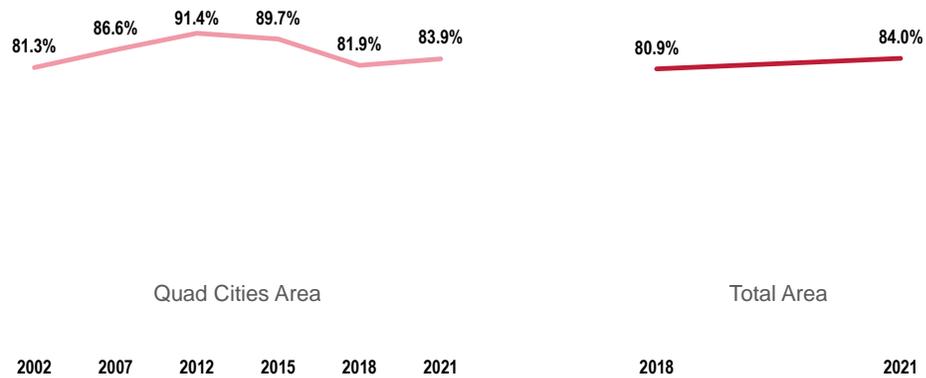
BENCHMARK ► Well above the national figure.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Parents of Children 0-17)



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 105]
 ● 2020 PRC National Health Survey, PRC, Inc.
 Notes: ● Asked of all respondents with children 0 to 17 in the household.
 ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
 ● *Use caution when interpreting results as the sample size is <50.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Parents of Children 0-17)



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 105]
 Notes: ● Asked of all respondents with children 0 to 17 in the household.
 ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



EMERGENCY ROOM UTILIZATION

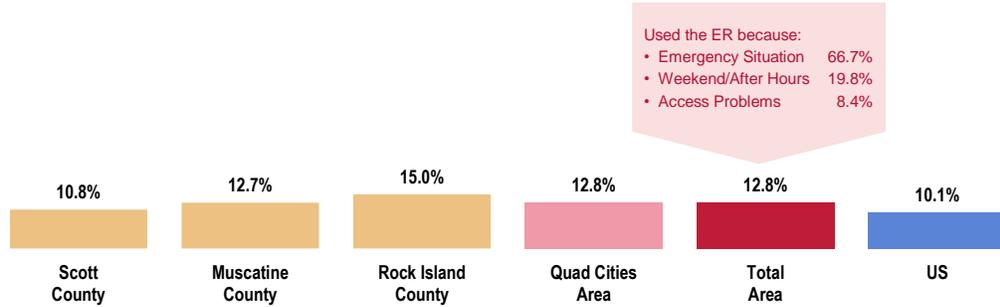
A total of 12.8% of Total Area adults have gone to a hospital emergency room more than once in the past year for their own health.

BENCHMARK ▶ Higher than the national prevalence.

TREND ▶ Increasing significantly since 2012 in the Quad Cities Area.

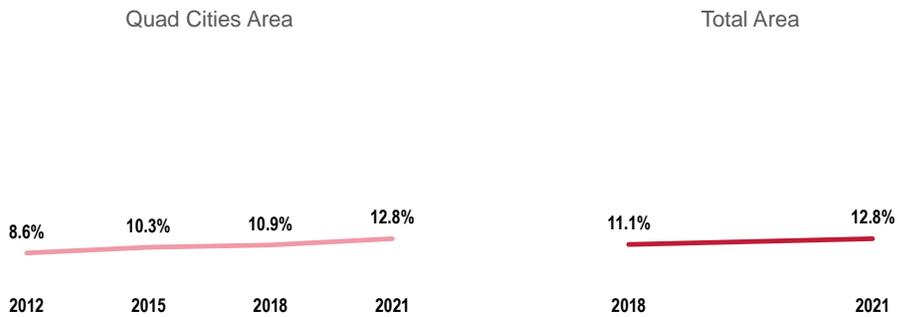
DISPARITY ▶ Reported more often among young adults, respondents living in low-income households, and communities of color.

Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 22, 324]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

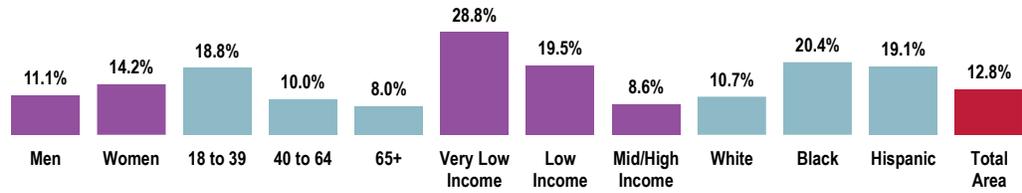
Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 22]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Have Used a Hospital Emergency Room More Than Once in the Past Year (Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 22]
 Notes: • Asked of all respondents.



ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

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

Particular Place for Dental Care

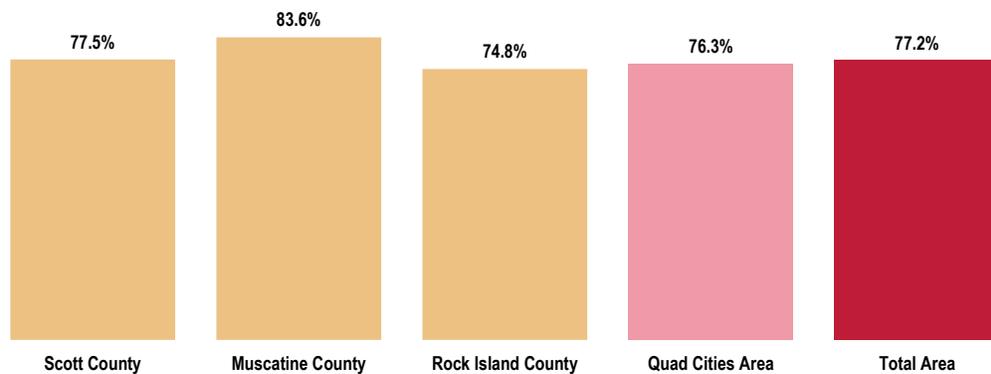
Adults

A total of 77.2% of Total Area adults have a particular place they rely on for their dental care.

TREND ▶ Decreasing significantly from 2012 survey results in the Quad Cities Area.

DISPARITY ▶ Highest among respondents in Muscatine County.

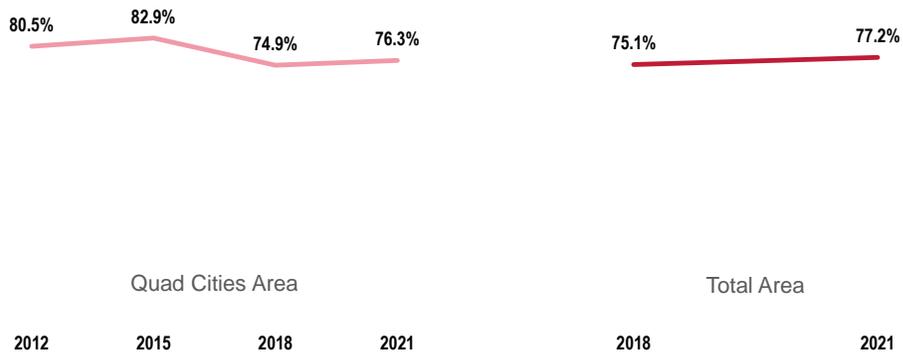
Have a Particular Place for Dental Care



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 322]
Notes: • Asked of all respondents.
• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Have a Particular Place for Dental Care



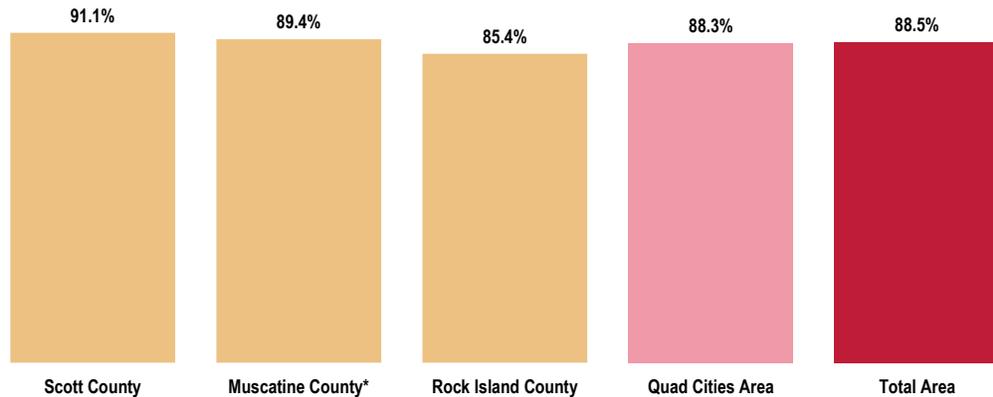
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 322]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Children

Most local parents (88.5%) report having a particular place for their child’s dental care.

TREND ▶ Marks a statistically significant increase since 2018 in the Total Area.

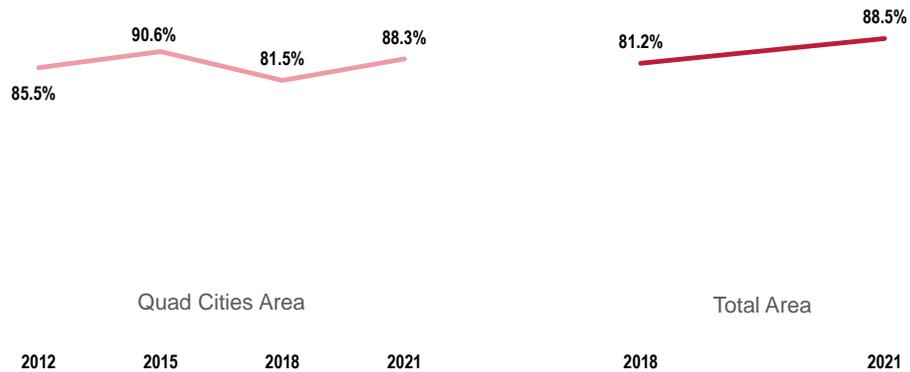
Have a Particular Place for Child’s Dental Care (Total Area Parents of Children Age 2-17)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 353]
 Notes: • Asked of all respondents with a child age 2-17 at home.
 • *Use caution when interpreting results as the sample size is <50.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Have a Particular Place for Child's Dental Care (Among Parents of Children Age 2-17)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 353]
 Notes: • Asked of all respondents with a child age 2-17 at home.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Dental Insurance

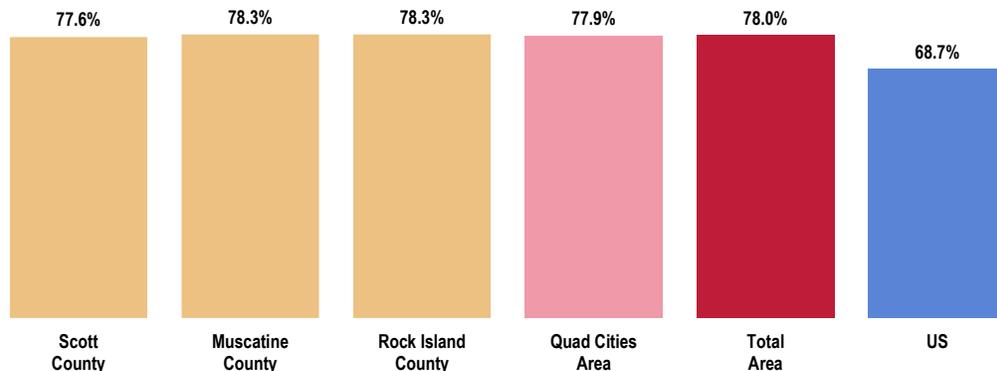
Over three-fourths of Total Area adults (78.0%) have dental insurance that covers all or part of their dental care costs.

BENCHMARK ▶ Above the US percentage and satisfying the Healthy People 2030 objective.

TREND ▶ Denotes a statistically significant increase from baseline survey results in both areas.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

Healthy People 2030 = 59.8% or Higher

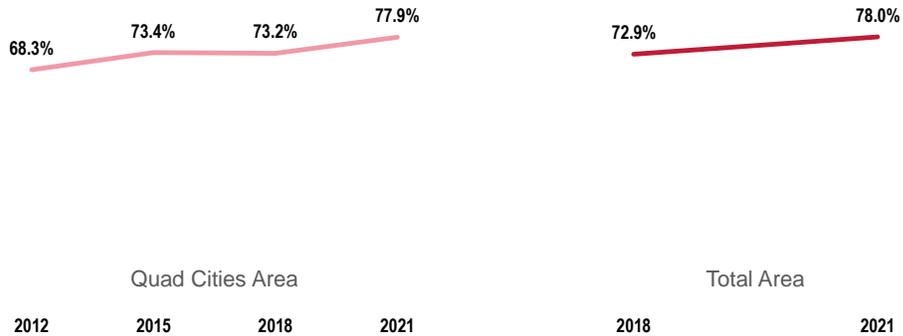


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 21]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Have Insurance Coverage That Pays All or Part of Dental Care Costs

Healthy People 2030 = 59.8% or Higher



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 21]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Dental Care

Adults

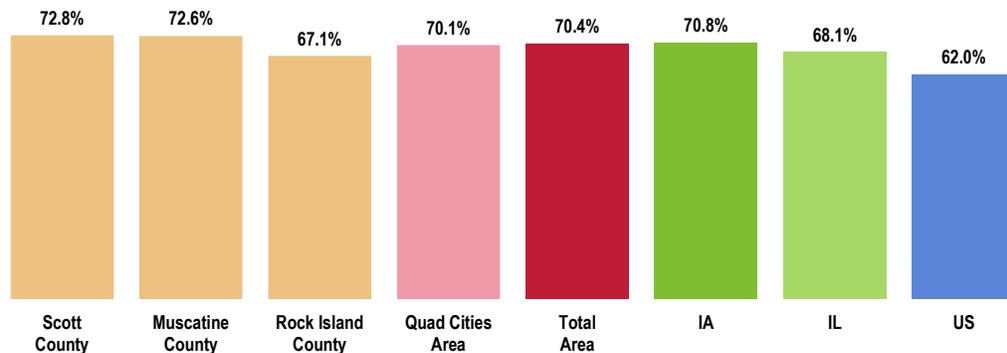
A total of 70.4% of Total Area adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ► Well above the national prevalence. Easily satisfies the Healthy People 2030 goal.

DISPARITY ► Lowest in Rock Island County. Reported less often among women, young adults, those living at lower income levels, communities of color, and respondents without dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher

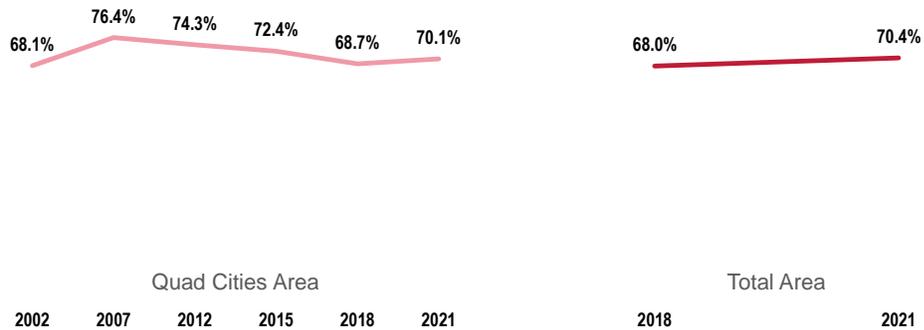


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 20]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Iowa and Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Have Visited a Dentist or Dental Clinic Within the Past Year

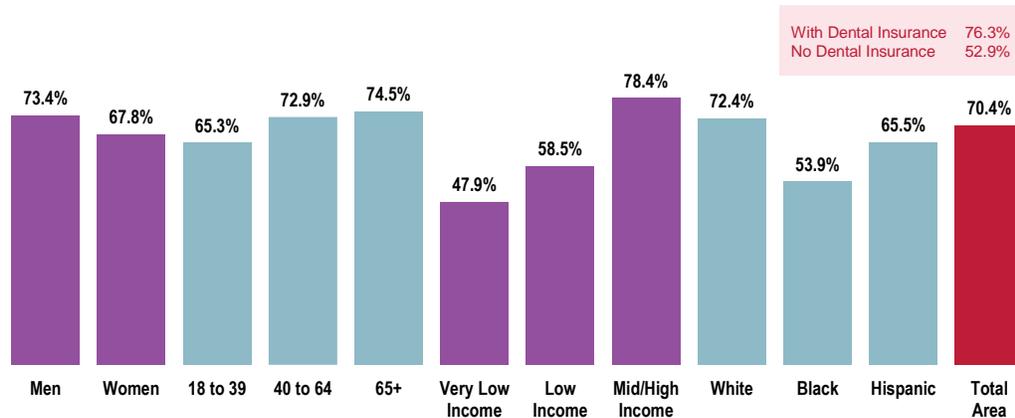
Healthy People 2030 = 45.0% or Higher



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 20]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Have Visited a Dentist or Dental Clinic Within the Past Year (Total Area, 2021)

Healthy People 2030 = 45.0% or Higher



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 20]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.



Children

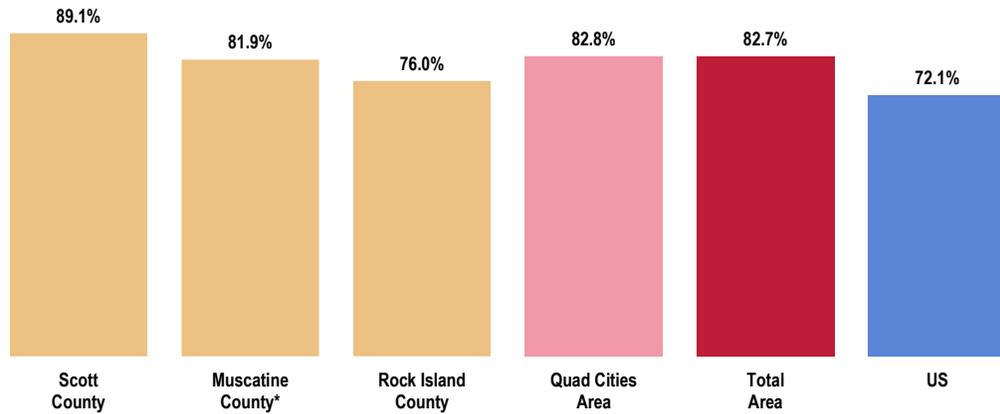
A total of 82.7% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

BENCHMARK ▶ Above the US figure and satisfying the Healthy People 2030 objective.

DISPARITY ▶ Lowest in Rock Island County.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Parents of Children Age 2-17)

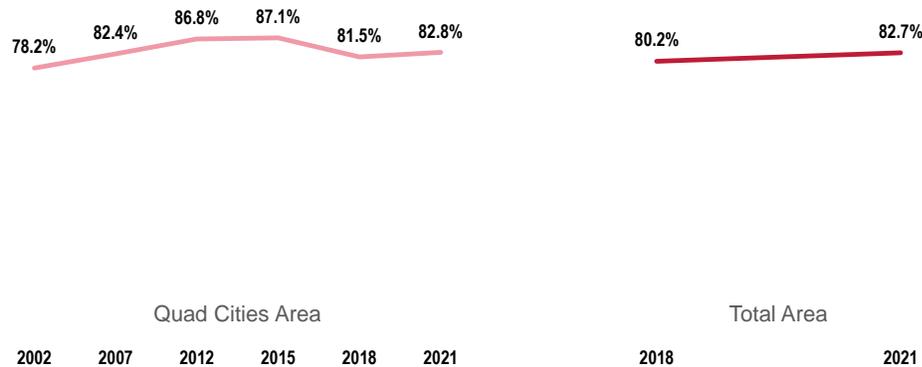
Healthy People 2030 = 45.0% or Higher



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 108]
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents with children age 2 through 17.
 - *Use caution when interpreting results as the sample size is <50.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Parents of Children Age 2-17)

Healthy People 2030 = 45.0% or Higher



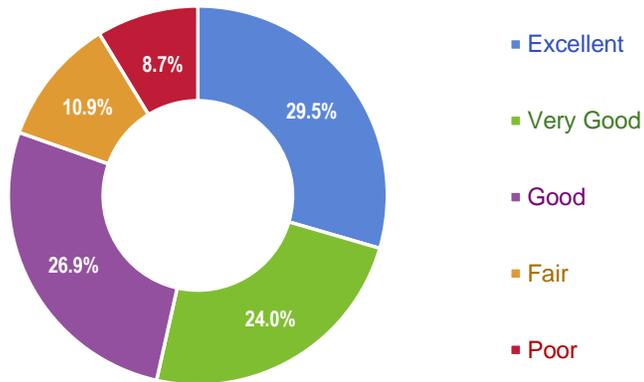
- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 108]
- Notes:
- Asked of all respondents.
 - Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



Ease of Obtaining Dental Care

Among all Total Area adults, most gave positive ratings of the ease with which they can obtain local dental care.

Rating of the Ease With Which Dental Care Is Obtained
(Total Area, 2021)

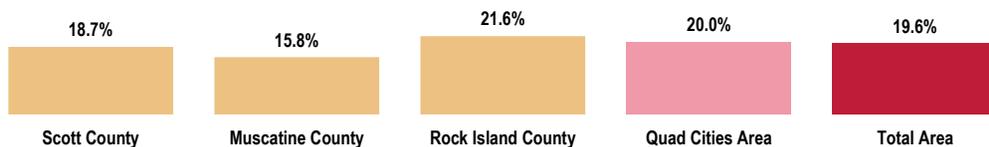


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 316]
Notes: • Asked of all respondents.

On the other hand, 19.6% of Total Area respondents consider the ease of obtaining local dental services to be “fair” or “poor.”

DISPARITY ► The prevalence decreases with age and income level and is reported more often among women and Black respondents.

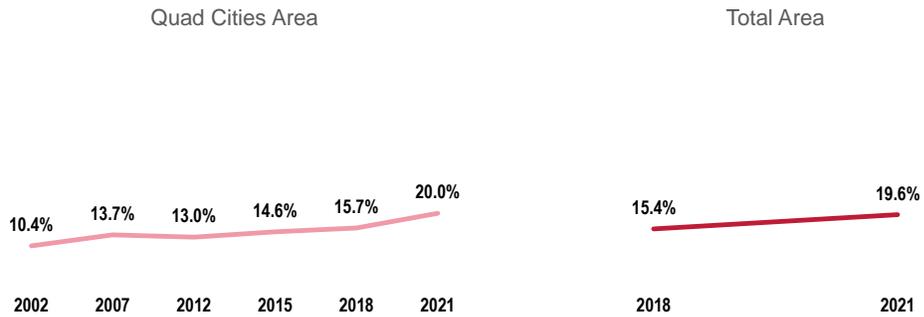
Ease of Obtaining Dental Care Is “Fair/Poor”



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 316]
Notes: • Asked of all respondents; excludes those who have not needed such services.
• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

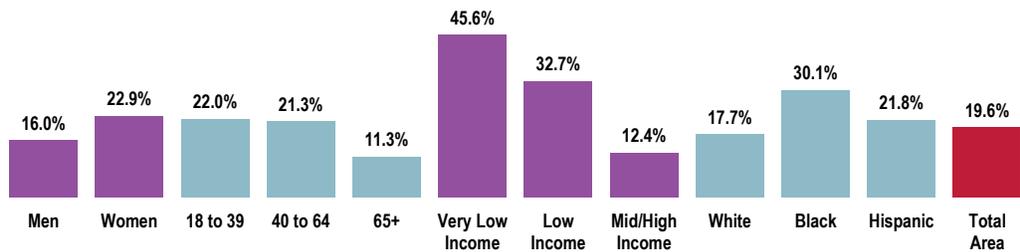


Ease of Obtaining Dental Care Is “Fair/Poor”



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 316]
 Notes: • Asked of all respondents; excludes those who have not needed such services.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Ease of Obtaining Dental Care Is “Fair/Poor” (Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 316]
 Notes: • Asked of all respondents; excludes those who have not needed such services.





LOCAL RESOURCES

NUMBER ONE LOCAL HEALTH CONCERNS

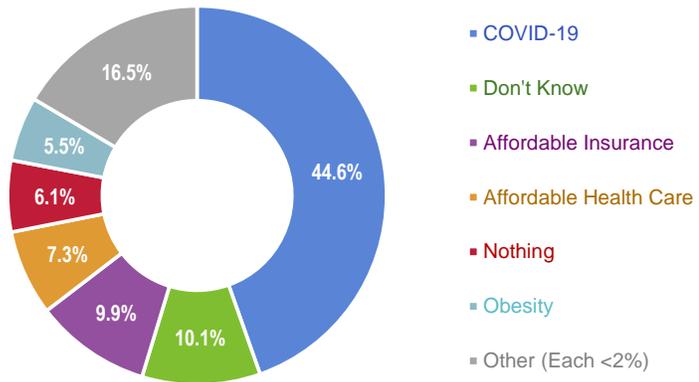
“What do you feel is the number-one health concern facing the community today?”

This question was asked in an “open-ended” format, meaning that respondents were free to answer with whatever came to mind (unprompted). Their responses then were categorized and grouped according to emerging themes.

When asked to describe the number one health concern facing the community today, the largest share of survey respondents (44.6%) mentioned issues related to the COVID-19 pandemic.

► Other issues mentioned with far less frequency included affordable **insurance**, affordable **health care**, and **obesity**.

Number One Health Concern Facing the Community Today
(Total Area, 2021)



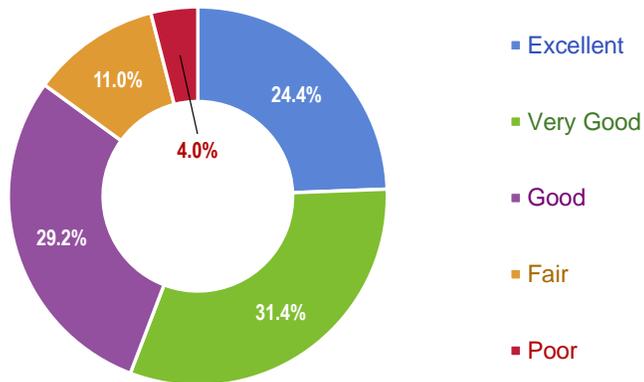
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 303]
Notes: • Asked of all respondents.



PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Most Total Area adults rate the overall health care services available in their community as “excellent” or “very good.”

Rating of Overall Health Care Services Available in the Community (Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 15.0% of residents characterize local health care services as “fair” or “poor.”

BENCHMARK ▶ Nearly twice the national prevalence.

TREND ▶ Worsening significantly since 2002 in the Quad Cities Area.

DISPARITY ▶ Highest in Rock Island County. Unfavorable ratings are reported more often among adults under 65, those with recent access difficulties, and especially those living on lower incomes.

Perceive Local Health Care Services as “Fair/Poor”



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 6]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

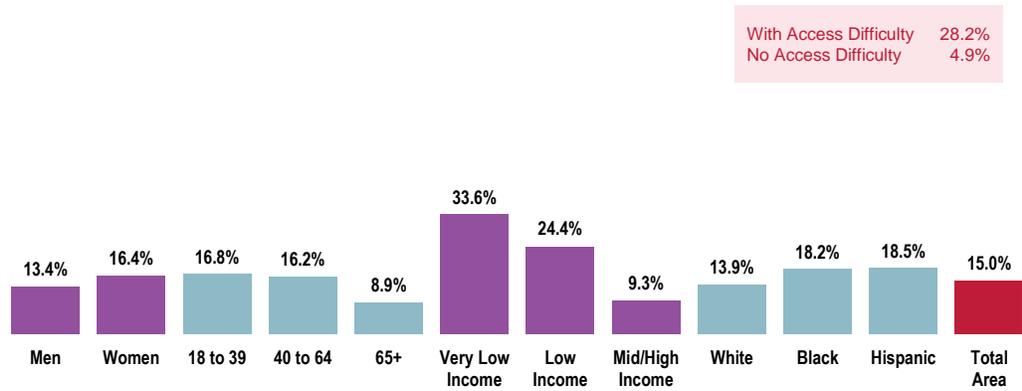


Perceive Local Health Care Services as “Fair/Poor”



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 6]
 Notes: • Asked of all respondents.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Perceive Local Health Care Services as “Fair/Poor” (Total Area, 2021)



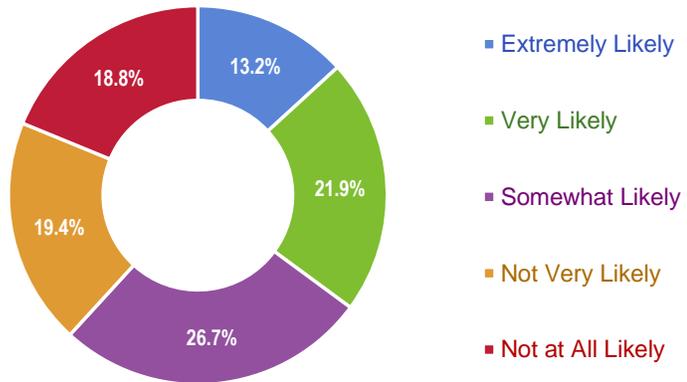
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 6]
 Notes: • Asked of all respondents.



TELEMEDICINE

While 38.2% of survey respondents would not be likely to use telemedicine for future health care, another 26.7% consider themselves to be “somewhat” likely to use these services.

Likelihood of Using Telemedicine
(Total Area, 2021)

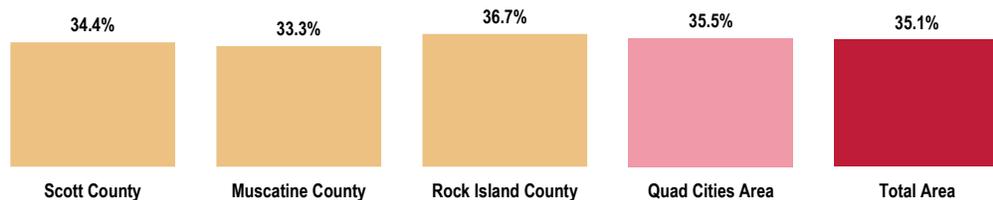


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 321]
 Notes: • Asked of all respondents.
 • During a telemedicine visit, a patient uses a computer or smartphone to communicate with a healthcare professional in real time without being face to face.

In contrast, 35.1% of Total Area adults would be “extremely” or “very” likely to use telemedicine for future health services.

DISPARITY ► Respondents less likely to use telemedicine include men, seniors, and Hispanics.

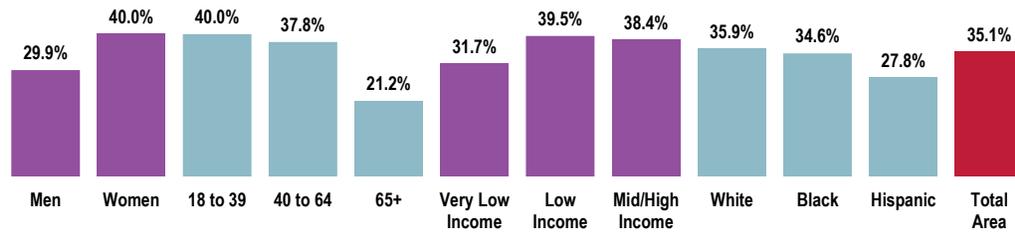
“Extremely Likely/Very Likely” to Use Telemedicine



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 321]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • During a telemedicine visit, a patient uses a computer or smartphone to communicate with a healthcare professional in real time without being face to face.
 • Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.



“Extremely Likely/Very Likely” to Use Telemedicine (Total Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 321]

Notes: • Asked of all respondents.

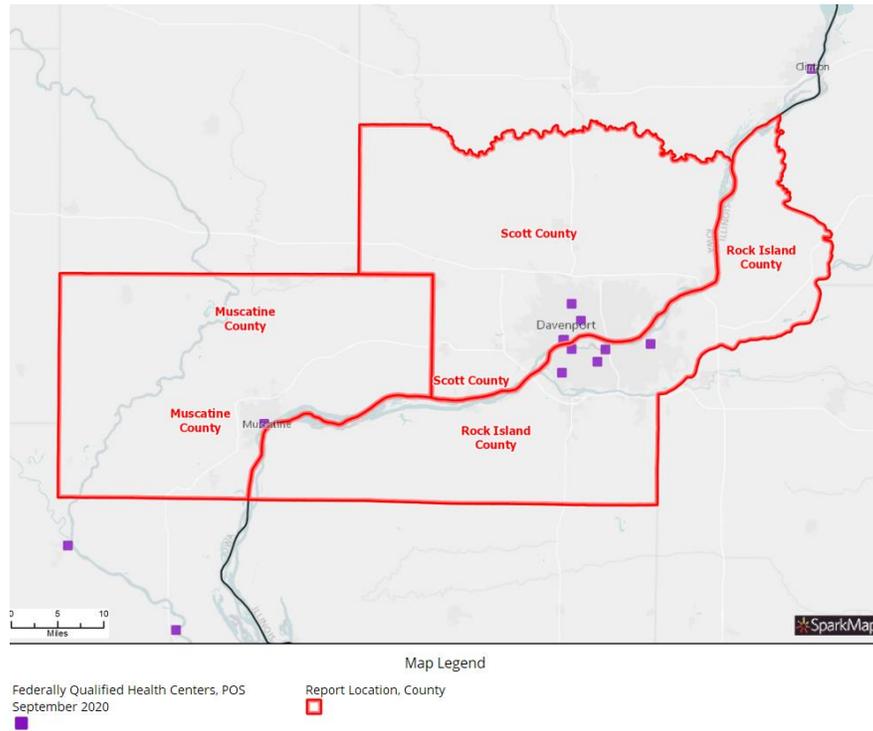
• During a telemedicine visit, a patient uses a computer or smartphone to communicate with a healthcare professional in real time without being face to face.



HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within the Total Area as of September 2020.





APPENDICES



APPENDIX A: QUAD CITIES QUALITATIVE COMMUNITY HEALTH ASSESSMENT

Part 1: Quad Cities Summary of Focus Group Findings

Introduction

The 2021 Quad Cities Qualitative Community Health Assessment was conducted by six community partners: Community Health Care, Inc., Genesis Health System, Quad City Health Initiative, Rock Island County Health Department, Scott County Health Department and UnityPoint Health-Trinity. Information from this assessment will support these partner organizations in coordinating community health improvement for the Quad Cities area. A Steering Committee consisting of staff members from each of these partnering organizations provided oversight for the design and implementation of this work.

To assist in this assessment, the Steering Committee invited leaders from various sectors of the community to participate in the Rock Island and Scott Counties Stakeholder Committee (a list of participants is included in the Acknowledgments section of the main report). The Steering Committee reviewed the Stakeholder Committee contacts from the last assessment cycle and identified additional sectors, organizations, and individuals to invite thus increasing the diversity of perspectives on the Committee. Ultimately, there were 18 sectors represented by 34 stakeholders on the 2021 Stakeholder Committee. The sectors included representatives from business/industry, civic groups, community not-for-profit organizations, elected officials, emergency management, EMS, faith-based organizations, food system stakeholders, foundations and philanthropists, human service agencies, law enforcement, local board of health, local health care providers, local schools and academic institutions, mental health, planning organizations, senior services, and transportation.

The Rock Island and Scott Counties Stakeholder Committee convened for the first time in May 2021. At that meeting, the Stakeholder Committee was asked to reflect on and suggest changes to the Vision Statement created during the 2018 assessment cycle. Based on this feedback, the Vision Statement was revised to the following: *“The Quad Cities region is united as one vibrant, diverse, collaborative community with engaged citizens, safe, thriving neighborhoods, and equitable and inclusive access and opportunities for overall health and social wellbeing.”*

The 2021 Quad Cities Qualitative Community Health Assessment centered on conducting a series of Focus Groups among subpopulations within the community to gather diverse perspectives from community members on the health of our community and how it can be improved. Members of the Stakeholder Committee provided important input on relevant subpopulations, groups, and individuals to invite to



participate in the Focus Groups. In 2018, the qualitative assessment was structured based upon the MAPP (Mobilizing for Action through Planning & Partnerships) framework (developed by a partnership between the National Association for County and City Health Officials, Public Health Practice Program Office, and Centers for Disease Control and Prevention). In 2021, the MAPP framework was again referenced in the planning of the qualitative data collection process.

Methods

A series of Focus Groups was organized by the Steering Committee with the help of volunteers from the Stakeholder Committee as well as other community partners. As part of this effort, the Steering Committee created a Focus Group Facilitator's Guide and script with 15 questions designed to collect systematic information about the biggest health concerns of participants and to gather more in-depth perspectives on the three priority issues identified during the 2018 assessment. The complete list of questions can be viewed in *Exhibit 1: Focus Group Script Questions*. In addition to two opening Exploration questions and a Closing question, four categories of questions were asked under each topic of: mental health; physical activity, nutrition, and weight; and access to healthcare. Questions under each topic addressed impact, challenges, resources, and desired change. The Facilitator's Guide was informed by prior local assessment efforts and the work of Linn County Public Health (Cedar Rapids, IA) as well as other community assessment efforts identified online. In addition to the Facilitator's Guide, a recording template was created so that note-takers could record and report findings from each Focus Group session in a consistent manner.

The Steering Committee also, with input from the Stakeholder Committee, identified a list of 12 subpopulations to convene in Focus Groups. Members of the Steering Committee and Stakeholder Committee reached out to other community partners to assemble the Focus Groups. Each Focus Group was scheduled to last up to 90 minutes. Some Focus Groups were held virtually on platforms such as Zoom and other Focus Groups were held in-person to align with existing meetings or gatherings. In addition to participants, sessions included a facilitator and a recorder. Focus Groups were not audiotaped to encourage a more open and honest dialogue. Notes from each Focus Group were documented for analysis.

Analysis

Overall, 21 Focus Groups including 147 individuals from 12 subpopulations were held, with the first taking place on June 30, 2021 and the last on August 14, 2021. Subpopulations included members of the African American Community, Community/Faith/Nonprofit/Social Services Sector, Hispanic Community, Immigrant and Refugee Community, Individuals Experiencing Food Insecurity, Individuals Experiencing Homelessness/Housing Insecurity, Individuals with Lived Experience Managing a Mental



Health Condition, LGBTQ+ Community, Local Law Enforcement, Public Health/Healthcare Sector, School/Childcare Sector, and Senior (65+) Community.

A summary of Focus Groups conducted can be found in *Exhibit 2: Focus Groups Conducted*. In cases where multiple Focus Groups were held among one subpopulation, themes were extracted from each Focus Group and then combined for presentation here to preserve the anonymity of participants. Five participants was the minimum required for Focus Group findings to be presented independently. All Focus Group participants were invited to complete an optional demographic survey. Characteristics of those who completed this survey can be found in *Appendix A Part 2: Quad Cities Demographic Profile of Focus Group Participants*.

Focus Group notes were manually coded to extract commonly raised themes. Notes recorded from each session were first read through in their entirety. Next, a table was created which included all topics brought up in each Focus Group for each script question (*Exhibit 3: Summary of Focus Group Responses*). Overlapping and related responses were “split” rather than “lumped” at this point to maintain granularity. Since findings were based on notes from each session, responses were summarized as needed. Focus Groups conducted among Individuals Experiencing Homelessness/Housing Insecurity included a significant number of providers working with this population. Provider responses are included within this group in *Exhibit 3*, designated under the subheading “Provider.” In addition, it should be noted that the Focus Groups conducted with Individuals Experiencing Food Insecurity and Individuals with Lived Experience Managing a Mental Health Condition also included some providers and staff. Due to the small number of participants, the comments from these participants were summarized together.

Next, the qualitative data were re-examined to highlight issues and concerns that emerged repeatedly in response to each Focus Group script question across multiple Focus Groups. A table was created for each question. The original session notes were reread, and a complete list of topics was created, with redundancies removed. If a topic was raised in response to a script question this was noted in the table under each Focus Group sector column. Topics that appeared in four or more Focus Group sectors are included in *Exhibit 4: Most Common Responses to Focus Group Questions*.

Finally, the topic list generated to create *Exhibit 4* was examined, and topics were consolidated into broader themes. For example, the issues of long wait times to see a mental health provider and lack of local specialists were grouped under the theme of “grow the local healthcare workforce.” The notes for each Focus Group session were reexamined to see if any mention was made of each of these broader themes throughout the session, in response to any script question. Themes that appeared in a majority of Focus Groups are discussed below.



Themes

Across all Focus Groups and Focus Group questions, twelve overarching themes emerged (*Exhibit 5: Major Themes of Qualitative Research*). The **COVID-19 pandemic** was brought up across Focus Groups and question topics. It was said *that the pandemic overshadows everything*. Specifically noted were its impacts on mental health, evictions, childhood vaccination delays, physical activity, weight gain, and delayed dental care. COVID-19 vaccines were a concern, both in terms of access and in terms of misinformation/disinformation. **Social determinants of health** were also a recurring theme. The interrelated issues of housing insecurity, transportation, financial resources, access to nutritious foods, and safe, affordable opportunities for physical activity were raised, particularly in relation to the pandemic, mental health, chronic illness, and access to healthcare.

The issue of **mental health** was of major concern, and this topic appeared in relation to other themes that emerged. Issues raised included the shortage of local mental health care providers, long wait times for care, and difficulty navigating the complex health system and related services. The needs for better follow-up, care coordination, and case management were raised. There was an overall desire to see increased outreach and education on mental health. The issue of stigma towards those living with mental health issues also was raised.

The issue of **stigma** came up, not only in relation to mental health but also in relation to race, homelessness, sexual identity, weight, and age. There was recurrent mention of the desire to see a reduction in stigma in these realms. This issue often came up in discussion of interactions with healthcare providers, and thus relates to the overarching theme of **diversity, cultural competency/sensitivity, and trust**. Focus Group participants mentioned the need for a more diverse health workforce, including more bilingual providers. It was said that *providers should reflect the population they serve*. There was also a recommendation for more extensive training in cultural competency for healthcare providers and those in related professions.

The **need to grow the local healthcare workforce, including more specialists**, emerged repeatedly. Long wait times, particularly for psychiatry and other mental healthcare, were brought up. The need for more local gerontologists and providers competent in LGBTQ+ issues was raised. There was also a desire to see a greater focus on **preventive/holistic care** for both individuals and communities, particularly in the areas of mental health and weight. This was sometimes expressed as a desire for a greater focus on wellness, root causes, and self-care.

Community safety/violence were mentioned in relation to mental health and physical fitness. There was a need expressed for safer, more walkable neighborhoods for play and other physical activities. In a related theme, many Focus Group participants expressed the **need for more community outreach and activities**, particularly free opportunities to participate in group classes and exercise. Outreach and education were



mentioned as ways to improve mental health, nutrition, physical fitness, and to reduce stigma around numerous issues.

In fact, the idea of community came through strongly across both Focus Groups and topics. The need to *bring services to the people in need* came up frequently. This was expressed as a desire for more **mobile and community-integrated services**, such as food trucks, community centers, community gardens, and for healthcare and health resource providers to be made available in places like food banks.

Finally, the related issues of **access/barriers to care** and services and **navigating complex systems of care and services** were recurrent among Focus Groups. Although Focus Group participants voiced a desire for more programs and services overall, along with increased funding for existing programs and services, there was a greater emphasis on raising awareness of existing resources. The complexity of the insurance and medical systems was mentioned, along with a need for centralizing referral systems, coordinating care, and providing follow-up (particularly for mental health). Barriers to access included high cost of services, limited financial resources, transportation needs, and limited hours of availability.

Resources

A number of resources were frequently raised as being of value in addressing the above issues. Faith-based organizations, schools, and food banks were mentioned as avenues for outreach and education, particularly in the areas of nutrition and physical activity. These entities could be places to integrate community healthcare services and connect individuals to resources. Parks were brought up as sites for increased free or low-cost community fitness and other programming. On the theme of nutrition and access to healthy foods, community gardens and farmers markets were highlighted, and the idea of creating mobile food trucks to address food insecurity was also raised. Responses from Focus Group participants regarding questions about resources are summarized in *Exhibits 3 and 4*.

Acknowledgments

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Exhibits

Exhibit 1: Focus Group Script Questions

Exploration Questions	
1	What do you think is the biggest health concern in our community?
2	What is the one thing you would most like to see happen to address this health concern in our community?
Mental Health	
3	How does mental health impact our community?
4	What are the challenges we should consider as we think about mental health in our community?
5	What are the resources we should consider as we think about mental health in our community?
6	What is the one thing you would most like to see happen to address mental health in our community?
Physical Activity, Nutrition, and Weight	
7	How does physical activity, nutrition, and weight impact our community?
8	What are the challenges we should consider as we think about physical activity, nutrition, and weight in our community?
9	What are the resources we should consider as we think about physical activity, nutrition, and weight in our community?
10	What is the one thing you would most like to see happen to address physical activity, nutrition, and weight in our community?
Access to Healthcare	
11	How does access to healthcare impact our community?
12	What are the challenges we should consider as we think about access to healthcare in our community?
13	What are the resources we should consider as we think about access to healthcare in our community?
14	What is the one thing you would most like to see happen to address access to healthcare in our community?
Exit Question	
15	Is there anything else you would like to say about what could make your community a better place to live?



Exhibit 2: Focus Groups Conducted

Population Focus	Group Details	Total # of Participants
African American Community	3 Groups Held	17
Community / Faith / Nonprofit / Social Services Sector	2 Groups Held	7
Hispanic Community	1 Group Held	9
Immigrant and Refugee Community	2 Groups Held	10
Individuals Experiencing Food Insecurity*	2 Groups Held	14
Individuals Experiencing Homelessness / Housing Insecurity*	2 Groups Held	33
Individuals with Lived Experience Managing a Mental Health Condition*	2 Groups Held	11
LGBTQ+ Community	2 Groups Held	13
Local Law Enforcement	1 Group Held	10
Public Health / Healthcare Sector	1 Group Held	5
School / Childcare Sector	1 Group Held	5
Senior (65+) Community	2 Groups Held	13
TOTAL	21 Groups	147

*These Focus Groups also included professional staff who work with individuals in these areas.

Exhibit 3: Summary of Focus Group Responses

*These Focus Groups also included professional staff who work with individuals in these areas.

Exploration Questions

Question 1: What do you think is the biggest health concern in our community?	
Focus Group Area	Responses
African American Community	<ul style="list-style-type: none"> • Barriers to accessing social services for youth • Cancer (breast, prostate) • Cost of care • COVID-19 vaccine mistrust • Gun violence • Heart disease • Misinformation/disinformation on social media • Obesity • Pandemic



Community / Faith / Nonprofit / Social Services Sector	<ul style="list-style-type: none"> • Access to basic needs (food, housing) • Access to emergency mental health care for teens and children • Community education on how mental and emotional health affect adolescent behavior • Crime • Difficulty accessing care for Medicaid patients • Effects of isolation during the pandemic on physical and mental health of the elderly population • Gun violence • Limited access to mental health and medical care for youth without parent involvement • Pandemic • Safety
Hispanic Community	<ul style="list-style-type: none"> • Access to insurance • COVID-19 vaccine information • Diabetes in the Latino Community • Fear of medical bills • Lack of understanding of insurance • Mexican home remedies • Pandemic overshadows everything • Wellness checks/physicals
Immigrant and Refugee Community	<ul style="list-style-type: none"> • Access to services for children with disabilities • Blood pressure • Diabetes • Difficulty connecting to health services • Lack of cultural empathy in providers • Lack of education and resources about health in general • Lack of mental health resources • Mental health • Obesity • Too much paperwork
Individuals Experiencing Food Insecurity*	<ul style="list-style-type: none"> • Cancer • Childhood vaccinations • COVID-19 vaccine information • Healthcare access • Healthcare access for undocumented immigrants • Nutrition • Obesity • Pandemic



<p>Individuals Experiencing Homelessness / Housing Insecurity*</p>	<ul style="list-style-type: none"> • Barriers to accessing mental health services • Mental health <p>Provider Responses</p> <ul style="list-style-type: none"> • Access to psychiatry and therapy for severe mental illness • Cost of prescriptions • Heart disease • Homelessness • Housing conditions • Knowledge of resources for the uninsured • Lack of healthcare access for minorities • Mental health • Obesity
<p>Individuals with Lived Experience Managing a Mental Health Condition*</p>	<ul style="list-style-type: none"> • Homelessness • Lack of access to nutritious foods • Lack of jobs for people on government assistance • Lack of mental health resources • Low pay for staff • Medical mistrust • Overemphasis on medication rather than root causes • Pandemic • Physical activity • Stigma around mental illness • Vaping/smoking
<p>LGBTQ+ Community</p>	<ul style="list-style-type: none"> • Difficulty finding LGBTQ+ supportive healthcare providers locally • Lack of local access to healthcare for the transgender community • Lack of local compassionate and engaged healthcare providers • Lack of local HIV care • Lack of mental health professionals • Lack of practitioners trained in cultural understanding • Language barriers • Need for education around providing care for transgender individuals • Shortage of local mental health professionals • Stigma and bias in psychiatrists and primary care physicians • Transportation barriers • Wait times for health care
<p>Local Law Enforcement</p>	<ul style="list-style-type: none"> • Drug use • Family crisis • Homelessness • Mental health • Pandemic • Youth crime
<p>Public Health / Healthcare Sector</p>	<ul style="list-style-type: none"> • Access to healthcare including transportation barriers • COVID-19 vaccine access • COVID-19 vaccine misinformation • Healthy pregnancies • Housing • Impact of COVID on drug use leading to more low birthweight infants • Low birthweight • Mental health



	<ul style="list-style-type: none"> • Pandemic evictions • Social determinants of health
School / Childcare Sector	<ul style="list-style-type: none"> • Chronic illness (asthma, diabetes) • Dental care • Drugs • Gun violence • Mental illness • Obesity and nutrition • Pandemic • Safety
Senior (65+) Community	<ul style="list-style-type: none"> • Personal safety • High crime rate • Violence • Pandemic • Obesity • Staying active while aging • Lack of local specialty care • Lack of gerontologists • Need help understanding Medicare and supplemental insurance • Bias against seniors seeking treatment – assumption is they hurt because they are getting older • Worrying about paying for basic needs • Lack of geriatric-specialists for both physical and mental health • Lack of care coordination for seniors • Lack of critical care and ICU beds in area – seriously ill patients must be transferred to Iowa City or Peoria • Poor-quality long-term care facilities • Financial barriers to durable medical equipment

Question 2: What is the one thing you would most like to see happen to address this health concern in our community?	
Focus Group Area	Responses
African American Community	<ul style="list-style-type: none"> • Bring vaccines to the people in need • Community events and discussions to share information and resources • Connecting more African Americans to primary care services • Health assessment teams to be deployed out to educate the community on chronic diseases • Increase focus on preventive care • Increase number of Black providers to increase trust • More access in inner cities to address chronic diseases • More research and information shared on heart health for women • Provide information on vaccines • Use innovative solutions to address barriers such as transportation



Community / Faith / Nonprofit / Social Services Sector	<ul style="list-style-type: none"> • Assistance with navigation of medical care and payment • Develop shared community value systems • Expand mentorship • Holistic approach to communities • Increase vaccination rates • Increased access to trusted providers • More investment in community centers • Needs assessments at the individual and community level • Options beyond the ER for families confronting mental health crisis • Provide information and guidance on protecting yourself during the pandemic • Shelters for teens
Hispanic Community	<ul style="list-style-type: none"> • COVID-19 informational panel • Directory of bilingual providers • Regular educational panel of Latino providers • Spanish-speaking providers
Immigrant and Refugee Community	<ul style="list-style-type: none"> • Address cost • Education • Improved access • Improved cultural competency • Increase education around mental health • Increase knowledge of available resources • Increase nutrition education • Make healthy traditional foods more available • Make more education and resources around nutrition available to refugees • Reduce stigma
Individuals Experiencing Food Insecurity*	<ul style="list-style-type: none"> • Education about COVID • Increase access to preventive care • Lower barriers to accessing health foods for the elderly • Make care and insurance more affordable • Provide more resources to the elderly • Vaccine verification
Individuals Experiencing Homelessness / Housing Insecurity*	<ul style="list-style-type: none"> • Expand hours of available support and services beyond business hours • Lower barriers to accessing services when not in acute mental health crisis <p>Provider Responses</p> <ul style="list-style-type: none"> • Affordable Housing <ul style="list-style-type: none"> ○ Working with local housing groups ○ More HUD vouchers ○ Existing organizations need to release funds ○ Tiny homes ○ Money ○ Housing for those with criminal backgrounds ○ Stronger local housing ordinances holding landlords accountable ○ HUD review of community • Behavioral health services for the recently incarcerated • More funding for existing programs • More job fairs



<p>Individuals with Lived Experience Managing a Mental Health Condition*</p>	<ul style="list-style-type: none"> • Better coordination of care • Build relationship between patients and healthcare providers • Build trust • Healthcare providers need to be more attuned to warning signs of mental illness • Incentivize workplace wellness • Increase number of hospital beds • Increase number of providers • Increase pay for those working in mental health • Increase volunteer peer outreach to those with mental illness • Increase workplace opportunities for exercise • Reduce stigma • Relationship between mental illness and homelessness • Vaccines
<p>LGBTQ+ Community</p>	<ul style="list-style-type: none"> • Booklet or database on local resources • Incorporate the model used in the Iowa City LGBTQ+ clinic • Increase funding to attract mental health professionals to the area • Information on which providers are accepting of LGBTQ+ • More education for healthcare providers on LGBTQ+ issues • Need for inclusive forms (pronouns, name, partner, etc.) • Need to see the whole person, not just focus on one aspect of the patient • Sensitivity training/intercultural competence education for providers
<p>Local Law Enforcement</p>	<ul style="list-style-type: none"> • Address abuse of the elderly by caretakers • Address gaps in services • Address social determinants of health • Address vaccine misinformation • Focus on prevention • Improve follow-up services for those with mental health issues being released from the ER • Increase funding for services • Increase vaccination rates • Prioritize youth • Reach people at the point of crisis • Recruit social workers for ride-alongs with law enforcement and improve retention by raising compensation • Reduce wait times for statewide crisis response • Revamp the relationship between DHS and juvenile court • Support families • Treat crime as a public health issue



Public Health / Healthcare Sector	<ul style="list-style-type: none"> • Address delay of dental care that occurred during the pandemic • Continue expansion of telehealth that ramped up during COVID • Establish local specialty clinics • Increase access to dental care for low-income populations and those on Medicaid • Increase capacity for respite care • Increase case managers • Increase counseling follow-up after receiving mental health prescriptions • Increase flexibility length of stay in respite care if needed • Increase mental health care coordination • Increase number of mental health prescribers • Increase transportation assistance
School / Childcare Sector	<ul style="list-style-type: none"> • Create a medical home to assess children’s physical, dental and mental health needs and provide referrals for services • Increase access to dental care • Make the community safe • Making the river less of a barrier – children living in Illinois can’t get services in Iowa and vice versa • Provide educational materials for families • Remove the stigma around mental illness • Universal health care including mental health
Senior (65+) Community	<ul style="list-style-type: none"> • Advocating for people to keep moving as they get older • Better geriatrics training for medical providers • Closer relationships with community and police departments • Convincing younger people to take COVID-19 vaccine • Get more gerontologists here • Improve quality of care and training in long-term care facilities • Improving transportation for seniors to get to fitness centers or senior centers • Mandatory vaccines • More at-home monitoring, but they need help with technology • More police officers • Neighborhood watch • Specialized geriatrics practice or clinic to treat full-range of physical and mental health concerns

Mental Health

Question 3: How does mental health impact our community?	
Focus Group Area	Responses
African American Community	<ul style="list-style-type: none"> • Impact of mental illness on patients’ families • Negative impact of social media and television news on depression and suicide • Stigma • Stress • Unspoken family issues with mental illness • Violence



Community / Faith / Nonprofit / Social Services Sector	<ul style="list-style-type: none"> • Affects well-being • Basic mental health needs aren't being met, which makes conversations around mental health difficult • Limited access to timely mental health services • Stigma around mental health prevents people from getting care • Substance use and mental health are interconnected
Hispanic Community	<ul style="list-style-type: none"> • Depression and anxiety increasing during the pandemic
Immigrant and Refugee Community	<ul style="list-style-type: none"> • Trauma in the community • Lack of understanding of mental health • Culture-specific mental health needs • Stigma • Stigma is worse for men
Individuals Experiencing Food Insecurity*	<ul style="list-style-type: none"> • Cycle of negativity in untreated mental illness • Inability to recognize one's own mental illness • Mental illness affects everything • PTSD in veterans • Stigma
Individuals Experiencing Homelessness / Housing Insecurity*	<p>Provider Responses</p> <ul style="list-style-type: none"> • Increased ER visits • Trauma • Un/under diagnosis leads to downstream challenges such as crime, violence, joblessness, and homelessness
Individuals with Lived Experience Managing a Mental Health Condition*	<ul style="list-style-type: none"> • Burden on teachers and educational system • Employment issues • Increased crime • Isolation • Stigma • The community is impacted by us harming ourselves and others
LGBTQ+ Community	<ul style="list-style-type: none"> • High rates of binge drinking in the QC • Inability to get care leads to problems such as drug and alcohol use which impact the community negatively • Lack of compassionate care • Lack of services in rural areas • Mental health impacts physical health • Mental health in HIV-positive individuals • Shortage of mental health professionals • Stigma prevents people seeking care • The community impacts mental health
Local Law Enforcement	<ul style="list-style-type: none"> • Personnel quits because they can't handle the situation
Public Health / Healthcare Sector	<ul style="list-style-type: none"> • Accessing care • Community economic impacts • Community violence • Expecting patients to come in rather than bringing services to them • Long wait times to see providers • Managing daily life • Need for youth centers • Stigma • Substance use disorders • Too much focus on emergency mental health rather than mental wellness



School / Childcare Sector	<ul style="list-style-type: none"> • Behavioral problems in schools • Impacts on child abuse • Impacts on teen substance use, violence, and suicide • Mental health impacts everything • Stress for parents
Senior (65+) Community	<ul style="list-style-type: none"> • People needing services put on street instead of inpatient facilities • Lonely seniors • Lack of geriatric-specific mental health providers • Lack of advocates for older patients needing mental health services

Question 4: What are the challenges we should consider as we think about mental health in our community?	
Focus Group Area	Responses
African American Community	<ul style="list-style-type: none"> • Decreases in mental health funding • Delays in care or diagnosis • Discerning mental illness from developmentally normal “acting out” • Effects of poverty on mental health • Failure to diagnose historical trauma • How mental health is defined in the community – most view it as schizophrenia or bipolar, not depression (specifically in the African American community) • Impact on family members • Judgment for admitting a need for help • Lack of mental health resources • Lived experience of implicit bias and mistreatment in medical care • Mistrust • Need for providers that reflect the population • Not talking about family history • Shortage of mental health providers • Stigma/taboo • Transportation barriers
Community / Faith / Nonprofit / Social Services Sector	<ul style="list-style-type: none"> • Difficulty in accessing a bed in an inpatient/substance use detox unit locally • Hospitals should network more directly with the direct service providers in the community • Shortage of compassionate, trustworthy providers • Shortage of psychiatrists/prescribers for people who require psychiatric medication • Transportation barriers
Hispanic Community	<ul style="list-style-type: none"> • Financial barriers to accessing services • Isolation of immigrants from friends and family in country of origin exacerbating mental health and addiction issues • Lack of documentation as a barrier to accessing services • Lack of information on mental health and addiction • Lack of mental health awareness • Stigma



Immigrant and Refugee Community	<ul style="list-style-type: none"> • Cultural stigma • Hesitancy to see specialists • Lack of cultural training in current providers • Lack of support system for single individuals • Language barriers • Shortage of providers
Individuals Experiencing Food Insecurity*	<ul style="list-style-type: none"> • Asymmetrical power of providers versus expectations for patients • Funding for services • Lack of awareness of available resources • Shortage of providers • Lack of support systems • Provider inconsistency • Reduced church participation • Stigma
Individuals Experiencing Homelessness / Housing Insecurity*	<ul style="list-style-type: none"> • Lack of activities • Lack of motivation to seek help • Lack of resources on nights and weekends • Transportation barriers <p>Provider Responses</p> <ul style="list-style-type: none"> • Difficulty giving referrals • Effects are severe
Individuals with Lived Experience Managing a Mental Health Condition*	<ul style="list-style-type: none"> • Accepting that mental illness may be a lifelong condition • Finding and keeping a job is more difficult with a mental health condition • Funding cuts • Lack of knowledge of mental health • Medication doesn't solve everything • Mental health, trauma, and socioeconomic issues compound • Stigma • Trust is the biggest issue
LGBTQ+ Community	<ul style="list-style-type: none"> • Barriers to access • Financial barriers • Insurance not covering Telehealth now that COVID-19 vaccines are available • Intersectionality • Lack of diversity among providers • Shortage of mental health providers • Need for empowering care • Need for holistic care • Need for integration of mental, physical, and spiritual health • Stigma
Local Law Enforcement	<ul style="list-style-type: none"> • Gaps in services • Reliance on ER for mental healthcare • Social determinants of health • Workforce retention



Public Health / Healthcare Sector	<ul style="list-style-type: none"> • Cost of care and medication • Difficulty accessing the system • Difficulty finding a provider • Lack of care facilities • Lack of cohesive system makes it difficult for patients to navigate • Lengthy wait times to see providers cause patients to shut down • Shortage of mental health specialists • Stigma • The pandemic has exacerbated mental health issues • Use of jails to house those with mental illness
School / Childcare Sector	<ul style="list-style-type: none"> • Difficulties of access, even among families with resources • Lack of funding • Self-isolation of people living with mental illness • Shortage of mental health providers
Senior (65+) Community	<ul style="list-style-type: none"> • Access to mental health professionals in timely fashion • Access to mental health professionals with geriatric expertise and who take Medicare • Family/advocate burnout • Funding for adequate mental health services • Lack of family and friend support • Mental health community wants people to come to services on their own – sometimes commitment is what is needed • Mental health issues blamed as age-related memory loss • Seniors don't know how to seek mental health services

Question 5: What are the resources we should consider as we think about mental health in our community?	
Focus Group Area	Responses
African American Community	<ul style="list-style-type: none"> • Advocates and speakers like athletes who can raise awareness about resources • Awareness campaigns • Build trust by enlisting people who reflect the population • Create safe spaces for conversations • Expanding mental health education, resources, and preventive care • Greater access and outreach to at-risk communities • Meeting community members where they are • School nurses/social workers • Self-care approaches such as yoga and journaling



Community / Faith / Nonprofit / Social Services Sector	<ul style="list-style-type: none"> • Expand behavioral health unit • Foundation2 crisis intervention team • Hospitals • Lincoln Community Center working to create lists of supportive providers • People of Color and LGBTQ+ affirming care providers • Project Renewal providing K-12 with proactive community services • Reduce stress related to socioeconomic factors such as housing, food, and jobs • Schools • Vera French multi-systemic therapy team serving youth at risk of being justice involved
Hispanic Community	<ul style="list-style-type: none"> • AA and other 12 step programs
Immigrant and Refugee Community	<ul style="list-style-type: none"> • Daily coping skills • Education • Interpreters • More trained providers • Shared culture • Skills for daily living • Talk groups • Transportation
Individuals Experiencing Food Insecurity*	<ul style="list-style-type: none"> • Communication on available services • Education of first responders • Education on recognizing mental illness • Faith-based organizations • Free clinics for resource referral • Provide mental health services and referrals at food banks • Treatment and services rather than incarceration
Individuals Experiencing Homelessness / Housing Insecurity*	<ul style="list-style-type: none"> • Education on insurance coverage • Group meetings • Transportation <p>Provider Responses</p> <ul style="list-style-type: none"> • Diversity • Education • Mobile services • Professional compensation • Schools • Trauma-informed care • Workforce



<p>Individuals with Lived Experience Managing a Mental Health Condition*</p>	<ul style="list-style-type: none"> • Funding • Training • Workforce diversity • Therapists • Law enforcement • Coping skills • Healthy activities • Jobs • Carol Center Clubhouse • Classes in life skills • Peer connection • Schools • Youth programs • Mentorship
<p>LGBTQ+ Community</p>	<ul style="list-style-type: none"> • Clock Inc. • Food • Funding • Healthcare workforce • Hotlines • Housing • NAMI Greater Mississippi Valley • Patient navigators • Police departments • Politics • Preventive care • Resource list of LGBTQ+ friendly mental health providers • Schools • Students of mental healthcare • Support groups
<p>Local Law Enforcement</p>	<ul style="list-style-type: none"> • Funding • Mobile services • Outreach • Preventive care • Social workers
<p>Public Health / Healthcare Sector</p>	<ul style="list-style-type: none"> • Need for expanded hours, such as weekends • Need to transition to value-based compensation based on outcomes • Organization of care and resources as important as amount • Patients don't know what's available or how to access services • Reimbursement model is transactional
<p>School / Childcare Sector</p>	<ul style="list-style-type: none"> • Emotional management for both parents and children • Resources for parents of children living with mental illness • Resources for parents to recognize mental illness in children • Tools like meditation and yoga



Senior (65+) Community	<ul style="list-style-type: none"> • Funding for adequate mental health services • Lack of family and friend support • Mental health community wants people to come to services on their own – sometimes commitment is what is needed • More federal/state/local funding to pay for services by advocating for better policies • Police and fire departments making more mental health referrals • Sending mental health experts out with law enforcement • Seniors don't know how to seek mental health services
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Question 6: What is the one thing you would most like to see happen to address mental health in our community?	
Focus Group Area	Responses
African American Community	<ul style="list-style-type: none"> • Bring resources to those in need • Expand preventive resources • Health information events • Increase education for providers on complexities within African American and other minority groups
Community / Faith / Nonprofit / Social Services Sector	<ul style="list-style-type: none"> • Greater access to providers • Late night services available for teens and young people • More drop-in support for youth and adolescents in the community • More providers, reducing wait times to mental health services • More robust crisis intervention services • Recruiting more psychiatrists to the community • Streamlined, faster to access mental health services at all points of care
Hispanic Community	<ul style="list-style-type: none"> • Sharing personal stories to let people know they are not alone • Social media • Spanish language educational materials on addiction
Immigrant and Refugee Community	<ul style="list-style-type: none"> • Improve ease of access • More cultural empathy training for providers • More education • Transportation assistance • Lower financial barriers • Improve access
Individuals Experiencing Food Insecurity*	<ul style="list-style-type: none"> • Improve continuity of care • More education • Provide reliable and consistent therapists • Provide wellness care for doctors



<p>Individuals Experiencing Homelessness / Housing Insecurity*</p>	<ul style="list-style-type: none"> • Education on insurance coverage • Exit plans and more patient follow-up after leaving mental health facilities • Financial help with obtaining prescriptions • Have support groups and services available 24/7 • Housing opportunities with more flexible rules • More outreach on available services • More services supporting people in improving their lives • Provide transportation • Reduce homelessness • Remove punitive patient policies • Same-day access to providers • Support groups for specific disorders <p>Provider Responses</p> <ul style="list-style-type: none"> • Collaboration between service providers • Education • Employ mobile services to meet people where they are • Improve ease of referrals • Improve trauma-informed care • Increase number of providers • Increase provider compensation • More mental health workforce recruitment • More resources for substance use disorders • Prioritize diversity among providers
<p>Individuals with Lived Experience Managing a Mental Health Condition*</p>	<ul style="list-style-type: none"> • Hotlines • Integrate food with other services • Intervention before a person is in crisis • More 12-step programs • More mentorship programs for children • More programs • Parent education • Prevention over treatment • Raise awareness around mental illness • Reduce stigma • Support for working parents • Treat the whole family



LGBTQ+ Community	<ul style="list-style-type: none"> • Break the cycle of harm from mental illness • Broadcast information widely • Can't address funding without addressing legislation • Create a resource list for mental health resources • Focus on brain health • Greater focus on preventive care • Hold more Focus Groups • Improve language around mental health ("brain health") • Increase number of resources for LGBTQ+ community • Less profit-driven healthcare • Look at social determinants of health • Make information available outside the internet • More diverse providers • More integration between available resources • Outreach in middle and high schools • Politics has to be part of the conversation • Recruit mental healthcare providers • Reduce stigma by promoting men and ethnic minorities seeking help • Shared spaces for sharing and conversation • Support smaller organizations • Greater integration of mental health services into institutions like schools and police departments
Local Law Enforcement	<ul style="list-style-type: none"> • Collaboration between law enforcement and ER personnel • Deal with issues before it becomes a crisis • Don't wait for them to come to us, bring outreach to those in need • Increase funding and resources • Ongoing case management • Outreach and education on where to go for help
Public Health / Healthcare Sector	<ul style="list-style-type: none"> • Coordination of care
School / Childcare Sector	<ul style="list-style-type: none"> • Centralize access and referrals to resources • Implement stress management techniques in schools • Improve access • Increase numbers of providers • Use schools to normalize seeking mental health services
Senior (65+) Community	<ul style="list-style-type: none"> • Better access and attendance at senior centers • Clinic just for seniors – both physical and mental health needs • Community-based mental health counselors imbedded in other organizations – instead of having to seek services in clinical setting • Community-wide effort to reduce stigma of mental health treatment • Develop a continuum of care for seniors • Improve technology barrier for seniors who would benefit from mental health telehealth • Improved funding • More geriatric education/training for providers



Physical Activity, Nutrition, and Weight

Question 7: How does physical activity, nutrition, and weight impact our community?	
Focus Group Area	Responses
African American Community	<ul style="list-style-type: none"> • Creates limitations • Life expectancy • Obesity and its impact on chronic disease • Quality of life • Self-esteem
Community / Faith / Nonprofit / Social Services Sector	<ul style="list-style-type: none"> • Food deserts • Lack of healthy restaurants • Physical health directly impacts our mental health and well-being • This community offers many opportunities to be active through nice public spaces
Hispanic Community	
Immigrant and Refugee Community	<ul style="list-style-type: none"> • Influences nutrition and chronic disease • Lack of healthy living environments affects physical activity • Lack of knowledge of existing programs • The Quad Cities are not set up for walking • Unhealthy foods are cheap and easily available
Individuals Experiencing Food Insecurity*	<ul style="list-style-type: none"> • Barriers to accessing resources impacts the health of the community • Effect of inactivity on mental and physical health • Lack of awareness of effects of nutrition on health • Pandemic impact on nutrition and physical activity habits
Individuals Experiencing Homelessness / Housing Insecurity*	<ul style="list-style-type: none"> • Barriers to physical activity • Lack of affordable exercise facilities <p>Provider Responses</p> <ul style="list-style-type: none"> • Is a root cause issue • Leads to obesity and chronic disease • Poor eating and exercise habits persist throughout life
Individuals with Lived Experience Managing a Mental Health Condition*	<ul style="list-style-type: none"> • Financial barriers to healthy foods • Financial barriers to physical activity • Need more funding to reach at-risk children • Need more resources • Pandemic has made the situation more difficult • Parents may be too overloaded to provide support and physical activity • The YMCA model of providing nutrition and physical activity but not all families can afford it



LGBTQ+ Community	<ul style="list-style-type: none"> • Bias against fat people • Fat shaming in the medical community discourages people from going to the doctor • Financial barriers to nutrition • Food deserts • It is wrong to conflate nutrition, physical activity, and weight • Loneliness is a predictor of morbidity • Mental health and nutrition are related; those struggling with eating disorders need mental health care • Need for human connection • Need to look at the whole individual rather than relying on charts • Need to reduce emphasis on physical appearance • Polarized views on nutrition and physical activity • There is a focus on looks instead of health
Local Law Enforcement	<ul style="list-style-type: none"> • Diabetes and obesity negatively impact COVID outcomes • Greater availability of bike trails and places to walk in higher-income areas • High cost and perishability of fresh foods is a barrier for low-income people
Public Health / Healthcare Sector	<ul style="list-style-type: none"> • Food deserts • Lack of nutrition education • Processed food is cheaper and less perishable • What's healthy versus what's easy
School / Childcare Sector	<ul style="list-style-type: none"> • Key to well-being
Senior (65+) Community	<ul style="list-style-type: none"> • Core problem for 50-plus population • People have gained weight during the pandemic

Question 8: What are the challenges we should consider as we think about physical activity, nutrition, and weight in our community?	
Focus Group Area	Responses
African American Community	<ul style="list-style-type: none"> • Black children who receive scholarships for activities are not always treated well • Children less likely to play outside • Community violence as a barrier to outdoor activity • Established poor eating habits • Financial barriers to sports participation • Food deserts • Gap between school nutrition programs and home • High cost of nutritious foods • Lack of available activities/programs • Lack of awareness of available activities/programs • Lack of education & awareness around nutrition • Low prevalence of breastfeeding • Unhealthy cultural/generational staple foods • Use of food as a tool to cope with trauma • Working parents are busy



Community / Faith / Nonprofit / Social Services Sector	<ul style="list-style-type: none"> • Financial barriers to eating healthy food • Food deserts • Food pantry supplies are often processed & unhealthy • Lack of health restaurants • Lack of healthy cooking classes • Limited hours of public transport • Need to look at our community holistically • People are busy and lack time to exercise • Unsafe neighborhoods
Hispanic Community	<ul style="list-style-type: none"> • Age gaps in approach to nutrition and physical activity • Importance of foods in family traditions • Lack of knowledge on healthy living • Need for information from trusted sources
Immigrant and Refugee Community	<ul style="list-style-type: none"> • Affordability of food • Cheap, easily available unhealthy foods • Cultural beliefs associating processed foods with financial status • Lack of education • Lack of knowledge among older community members • Lack of safe places to walk • Lack of time • Safety of communities • Transportation barriers
Individuals Experiencing Food Insecurity*	<ul style="list-style-type: none"> • Barriers to accessing Telemedicine • Children’s screen time decreasing physical activity • Ease of fast food and sweets • Lack of education on proper nutrition • Lack of knowledge on how to prepare fresh food • Lack of specialized foods for those with certain health conditions • Remote learning restricting gym time and exercise • Transportation barriers
Individuals Experiencing Homelessness / Housing Insecurity*	<ul style="list-style-type: none"> • Effects of alcoholism on nutrition • Lack of community awareness • Transportation barriers <p>Provider Responses</p> <ul style="list-style-type: none"> • Difficulty using EBT across state lines • Safe environments for exercise • Scarcity of quality foods • Transportation issues
Individuals with Lived Experience Managing a Mental Health Condition*	<ul style="list-style-type: none"> • All the fundamental issues are interconnected • High cost of gym memberships • High cost of healthy foods/Low cost of unhealthy foods • Lack of nutritious food options • Parents working 2 or 3 jobs are overloaded and still in poverty • Those with mental health conditions may turn to sugar and tobacco



LGBTQ+ Community	<ul style="list-style-type: none"> • “Food apartheid” rather than “food desert” • Barriers to accessing nutritious food • Charts don’t tell the whole story • Experiences of discrimination or bias in group exercise activities • Financial barriers • Focus on appearance • Funding • Loneliness and isolation • Raising awareness of existing resources • Stigma (“fat shaming”) • Supporting smaller organizations • The idea that everyone needs to be “skinny” • There is no one-size-fits-all solution • Too many convenience stores and not enough grocery stores
Local Law Enforcement	<ul style="list-style-type: none"> • High cost of fresh foods/Low cost of fast foods • Judgment of overweight people • Unequal access to safe public areas for physical activity
Public Health / Healthcare Sector	<ul style="list-style-type: none"> • Lack of good bike lanes • Lack of high-quality PE classes • Lack of nutrition support services for Medicaid families • Lack of sidewalks in low-income neighborhoods • Lack of upkeep in low-income neighborhoods • Need to teach kids the importance of incorporating physical activity into daily life • People in daily survival mode aren’t going to go to the gym
School / Childcare Sector	<ul style="list-style-type: none"> • Lack of prioritizing budget for PE • Pandemic impacts on PE scheduling in schools • Rushed lunchtimes
Senior (65+) Community	<ul style="list-style-type: none"> • Accessing special diets, especially through senior meal sites/delivery programs • Cost for fitness center membership (insurance doesn’t always cover this) • Food pantries often have processed foods and not much fresh fruits and vegetables • Not knowing what is available in community • Poor transportation to fitness centers • Poor transportation to meal sites • Seniors can’t afford gym memberships • Seniors can’t afford healthy food • Seniors need activity to keep weight down • Transportation to fitness centers/CASI



Question 9: What are the resources we should consider as we think about physical activity, nutrition, and weight in our community?

Focus Group Area	Responses
African American Community	<ul style="list-style-type: none"> • Access to affordable healthy food • Community gardens • Educating children • Food trucks • Programs addressing the connection between food and mental health • Programs to lower the cost of healthy foods • Sports scholarships • Take resources to populations in need
Community / Faith / Nonprofit/ Social Services Sector	<ul style="list-style-type: none"> • 180 Zone has hosted an app for local resources and resource finding • Equal access to parks and recreational areas • Extension schools teaching about food, wellness, nutrition, and budgeting • Food banks/pantries • PEAR program (based in Oregon) as a model for how to teach food/nutrition skills to teens • Schools • Using SNAP benefits at the Farmer's Markets
Hispanic Community	<ul style="list-style-type: none"> • Classes and activities at churches • Initial check-ups with healthcare providers • In-school visits in health classes • Portion sizes • Social media • Trusted spokespersons
Immigrant and Refugee Community	<ul style="list-style-type: none"> • Food banks • Low-income opportunities for activity in safe environments • Park system • Resource lists • YMCA
Individuals Experiencing Food Insecurity*	<ul style="list-style-type: none"> • Churches • More physical activity and less screen time at school • Nutrition and exercise education in schools • Recruit Hy-Vee dieticians to provide information at food banks and other venues • River Bend Food Bank • University of Iowa Extension Program for nutrition education • Use food banks to provide recipes and education on food preparations • Use health systems to provide free nutrition seminars • Utilize public spaces like malls and parks for walking • YMCA



Individuals Experiencing Homelessness / Housing Insecurity*	<ul style="list-style-type: none"> • Meals on Wheels <p>Provider Responses</p> <ul style="list-style-type: none"> • Access to health nutrition • Built environments • Community gardens • Donations • Education • Farmer’s markets • Food banks/pantries • Group exercise • Mobile food trucks • Schools • Trail/bikeway safety • University extension programs • Winter shelter
Individuals with Lived Experience Managing a Mental Health Condition*	<ul style="list-style-type: none"> • Farmer’s markets • Schools • YMCA
LGBTQ+ Community	<ul style="list-style-type: none"> • Community fitness classes • Community gardens • Community meals • Financial resources • Food and medical access • Food banks • Group activities • Group fitness • Small organizations • YMCA/parks and rec
Local Law Enforcement	<ul style="list-style-type: none"> • Food donations • Incentives • Nutrition education • Schools
Public Health / Healthcare Sector	<ul style="list-style-type: none"> • Available foods at food banks may not get taken due to lack of knowledge on preparation or need for preparation tools/utensils • Food Banks • WIC
School / Childcare Sector	<ul style="list-style-type: none"> • Care for parks and recreational areas • Connect YMCA to schools • Create spaces for kids to access resources and receptive adults
Senior (65+) Community	<ul style="list-style-type: none"> • Encourage walking groups for seniors to stay active • Increasing SNAP availability for seniors • Increasing U of Illinois Extension Service programming • Let people know that insurance plans sometimes will pay for gym through Silver Sneakers • Senior-focused exercise class should have a “nutrition minute” • Working with families to encourage health in all members



Question 10: What is the one thing you would most like to see happen to address physical activity, nutrition, and weight in our community?

Focus Group Area	Responses
African American Community	<ul style="list-style-type: none"> • After-school and neighborhood programs focusing on physical activity • Community resource centers • Need to treat patients individually rather than rely on charts • Programs to make purchasing exercise equipment more affordable • Safer environments
Community / Faith / Nonprofit / Social Services Sector	<ul style="list-style-type: none"> • Better access to specialized medical care for low-income people • Community challenge or reward systems to incentivize healthy behaviors • Create more healthy food options • Increase support for food banks
Hispanic Community	<ul style="list-style-type: none"> • Provide classes and activities in churches • Use social media to distribute health education • Use trusted spokespeople as messengers
Immigrant and Refugee Community	<ul style="list-style-type: none"> • Improve access to resources • Increase access to transportation • Increase awareness of existing programs • More education on healthy habits • More free outside programs
Individuals Experiencing Food Insecurity*	<ul style="list-style-type: none"> • Encourage volunteerism • Greater focus on nutrition • Lower transportation barriers • Provide educational flyers at food banks • Sponsor all-ages “field day” with activities and education
Individuals Experiencing Homelessness / Housing Insecurity*	<ul style="list-style-type: none"> • Hold farmer’s markets near homeless shelters • Increase programs and funding to assist with physical activity and nutrition • Larger variety of food pantries • Provide home visits from nutritionists • Provide nutrition education • Provide places to eat together • Provide transportation to stores and exercise facilities • Raise community awareness • Walking-accessible grocery stores <p>Provider Responses</p> <ul style="list-style-type: none"> • Bring back mobile food truck • Continue to use EBT across state lines • Curb consumption of sugary drinks • Encourage food donation • Group exercise • Improve built environment and sidewalks • Increase accessibility to exercise areas by improving safety on trails and bike lanes • Increase accessibility to fresh food • Increase education for children on physical activity and nutrition • More community pantries • Redeploy hot meals programs through shelters • Tap into state/university extension programs for training/education



Individuals with Lived Experience Managing a Mental Health Condition*	<ul style="list-style-type: none"> • Cheaper and more accessible health insurance • Healthy food allowances • Offer more nature-based activities • Offer no-cost hours in gyms • Produce donations for EBT card holders • Raise awareness and provide resources earlier in life (e.g., in schools)
LGBTQ+ Community	<ul style="list-style-type: none"> • Consider nutrition, physical activity, and weight as separate issues • Focus on health rather than weight • Free cooking classes • Home visits from dieticians • Reduce financial barriers
Local Law Enforcement	<ul style="list-style-type: none"> • Deliver nutrition information in schools • Incentivize adults to participate in wellness programs • Offer healthy food options in schools • Provide donated foods to kids
Public Health / Healthcare Sector	<ul style="list-style-type: none"> • Grants can be “flavor of the month” oriented • Greater emphasis on PE and nutrition in schools • Incorporate parents into school nutrition education • Make PE and nutrition education more fun • Need for coordination and centralization of available services • Need for sustained support of promising new programs • Reach out to parents to assess their needs for support on these issues
School / Childcare Sector	<ul style="list-style-type: none"> • Need for places with resources children can access on their own terms
Senior (65+) Community	<ul style="list-style-type: none"> • Transportation to exercise classes • Senior-focused water exercise classes • Walking groups for seniors – improves health and socialization • Better public service announcements of what is available in community in ways seniors use, especially on local TV instead of websites and Facebook

Access to Healthcare

Question 11: How does access to healthcare impact our community?	
Focus Group Area	Responses
African American Community	<ul style="list-style-type: none"> • Creates disparities • Difficulty understanding available insurance resources such as Medicare and Medicaid • Difficulty understanding which services are covered by insurance programs • Financial barriers to access • Transportation barriers
Community / Faith / Nonprofit / Social Services Sector	<ul style="list-style-type: none"> • Holistic well-being affects every aspect of our community • Inaccessibility of healthcare causes people to deprioritize it • It affects every aspect of the community • Wait times interfere with addressing community need
Hispanic Community	<ul style="list-style-type: none"> • Healthcare is accessible but underused



Immigrant and Refugee Community	<ul style="list-style-type: none"> • Access is very difficult • Access to translators is easy and brings comfort • Healthcare, cultural, and language needs make access and understanding difficult • Lack of understanding when to use ER or doctor • Services are difficult to understand
Individuals Experiencing Food Insecurity*	<ul style="list-style-type: none"> • Barriers to accessing care • Employer reduction of insurance coverage due to cost • It affects everything in our community • Leads to an unhealthy community • Poor coverage provided by low-cost insurance • Senior citizens cutting back on prescriptions to save money
Individuals Experiencing Homelessness / Housing Insecurity*	<ul style="list-style-type: none"> • Communities will die if there is no access to healthcare <p>Provider Responses</p> <ul style="list-style-type: none"> • Access is not available at the right place/time for patients • Chronic diseases are too difficult and expensive to manage • Employer insurance model is insufficient to meet community need
Individuals with Lived Experience Managing a Mental Health Condition*	<ul style="list-style-type: none"> • Important to build a relationship with a doctor who really cares • Individuals experiencing homelessness often can't see a doctor for an annual check-up or mental health evaluation • Lack of access causes stress in families
LGBTQ+ Community	<ul style="list-style-type: none"> • Access is difficult even with insurance • Barriers to mental healthcare resources can lead to people ending up in the criminal justice system • High rates of violence against LGBTQ+ people in the Midwest • Impacts every aspect of our community • Lack of local LGBTQ+ healthcare • Need for continuity of care • Prevention is cheaper than treatment • Telehealth has improved access
Local Law Enforcement	<ul style="list-style-type: none"> • Lack of insurance and healthcare access causes people in poverty to rely on the ER for normal medical care • Much care takes place in the home
Public Health / Healthcare Sector	<ul style="list-style-type: none"> • Cultural competency • Lack of childcare barrier • Lack of specialized care • Providers not accepting Medicaid/Medicare • Reliance on Emergency Department for primary care • Transportation barriers
School / Childcare Sector	<ul style="list-style-type: none"> • Creates a variety of problems
Senior (65+) Community	<ul style="list-style-type: none"> • Bias against seniors seeking care – assumption they are not sick, they're just old • Boomer doctors retiring and younger ones don't understand senior concerns • Doctors just "shove pills" at seniors • Hard to get access to PCP – many don't take Medicare • Limited specialized and critical care in QC – have to leave area



Question 12: What are the challenges we should consider as we think about access to healthcare in our community?

Focus Group Area	Responses
African American Community	<ul style="list-style-type: none"> • Failure of providers to listen to patients • Financial barriers • Health literacy • Lack of awareness of existing resources • Lack of insurance • Lack of racial/cultural sensitivity among providers • Mistrust • Need for community members to share their stories • Need for family members to discuss medical history • Need for providers who reflect the population they serve • Providers can be intimidating • Technological literacy • Transportation barriers
Community / Faith / Nonprofit / Social Services Sector	<ul style="list-style-type: none"> • Childcare barriers • Difficulty knowing options for accessing healthcare • Difficulty navigating the medical system • Financial barriers • Lack of dental coverage • Limited availability of providers for people on Medicaid • Long wait times • Low-income and Medicaid patients feel less prioritized by providers • Transportation barriers • Trust and cultural competency in serving communities of color
Hispanic Community	<ul style="list-style-type: none"> • Lack of knowledge and understanding • Lack of motivation to seek healthcare • Lack of participation from the Hispanic community • Tendency to downplay sickness and symptoms
Immigrant and Refugee Community	<ul style="list-style-type: none"> • Approachability • Difficulty accessing care in Iowa City without support • Financial barriers • Lack of knowledge of available resources • Language barriers • Specialized needs for chronic disease, dental needs, and pediatric care • Transportation barriers
Individuals Experiencing Food Insecurity*	<ul style="list-style-type: none"> • COVID-19 • Financial barriers • Financial barriers to accessing Telemedicine • Financial motivation of healthcare providers • Lack of technological literacy as a barrier to accessing Telemedicine, particularly in the elderly • Lack of trust in insurance companies selling Medicare plans • Transportation barriers



<p>Individuals Experiencing Homelessness / Housing Insecurity*</p>	<ul style="list-style-type: none"> • Financial barriers • Lack of continuity of care with providers in larger healthcare organizations • Punitive provider policies for lateness/no-shows • Technological barriers to Telehealth • Transportation barriers <p>Provider Responses</p> <ul style="list-style-type: none"> • Lack of health insurance • Lack of late night and weekend availability • Lack of primary care providers • Transportation barriers • Unaffordable medication
<p>Individuals with Lived Experience Managing a Mental Health Condition*</p>	<ul style="list-style-type: none"> • Barriers to accessing Telehealth • Lack of affordable housing • Lack of financial resources • Lack of local resources • Navigating available resources is difficult • Transportation barriers
<p>LGBTQ+ Community</p>	<ul style="list-style-type: none"> • Bias/Stigma from healthcare providers • Change happens slowly • Continuity of care • Education • Financial barriers • Guidance navigating insurance coverage • Intersectionality • Lack of local hormone replacement therapy • Lack of local LGBTQ+ healthcare providers and resources • The situation is ever-changing • Transportation • Trauma
<p>Local Law Enforcement</p>	<ul style="list-style-type: none"> • Access to interpreters • Appointment wait times • Housing: when people are released from the hospital they have nowhere to go • Knowledge of how to talk to people in crisis • Lack of insurance
<p>Public Health / Healthcare Sector</p>	<ul style="list-style-type: none"> • Healthcare workforce is a major issue • Healthcare workforce is exhausted from the past year • Long hours and low pay in many healthcare jobs
<p>School / Childcare Sector</p>	<ul style="list-style-type: none"> • Lack of knowledge about how to access services • Lack of transportation • Lack of trust by some groups as barrier to accessing services • Use of Emergency Departments as the patient’s medical home
<p>Senior (65+) Community</p>	<ul style="list-style-type: none"> • Medical staff – from physicians to aides in long-term care– are not educated in senior issues • No doctors who are peers • Nurse and physician shortage • Seniors need help understanding all the mail that is sent – less-than-honest advertisements and explanation of benefits • Seniors need help understanding Medicare and supplemental insurance • Telemedicine services hard for seniors to access



Question 13: What are the resources we should consider as we think about access to healthcare in our community?	
Focus Group Area	Responses
African American Community	<ul style="list-style-type: none"> • Bring resources to populations in need • Build trust • Churches as resources for building relationships • Improve access • Increase access to technology • Information about and access to complementary therapies • Patient advocates • Use primary care to link to other resources
Community / Faith / Nonprofit / Social Services Sector	<ul style="list-style-type: none"> • Drop-in programs • Integrated health homes • Lincoln Resource Center/TMBC • Mobile health clinics • More urgent care clinics to reduce reliance on Emergency Department • Peers • Provide care at rotating local centers, for example Lincoln Center • Self-advocacy • Trust • Vera French
Hispanic Community	<ul style="list-style-type: none"> • Mercado on Cinco as a place to address the Latino Community
Immigrant and Refugee Community	<ul style="list-style-type: none"> • Navigation • Patient follow-up • Pediatric care • Specialized dental care • Transportation
Individuals Experiencing Food Insecurity*	<ul style="list-style-type: none"> • Use food banks to provide basic healthcare services and screenings • Make use of volunteers • Provide transportation • Better support systems • Church and other faith-based groups
Individuals Experiencing Homelessness / Housing Insecurity*	<ul style="list-style-type: none"> • Healthcare providers as advocates • On-site providers • Preventive care • Transportation • Volunteers <p>Provider Responses</p> <ul style="list-style-type: none"> • Mobile health services • Universal healthcare coverage
Individuals with Lived Experience Managing a Mental Health Condition*	<ul style="list-style-type: none"> • Free resources • Housing • Telehealth



LGBTQ+ Community	<ul style="list-style-type: none"> • Healthcare workforce • Telehealth • Transportation • University extension programs
Local Law Enforcement	<ul style="list-style-type: none"> • Community healthcare facilities • Housing
Public Health / Healthcare Sector	<ul style="list-style-type: none"> • Consider tuition forgiveness • Explore why healthcare students who are educated locally do not stay • How to make our community a better place to live and work • Implement programs to develop healthcare workforce starting in high school • Need to “grow our own” local workforce
School / Childcare Sector	<ul style="list-style-type: none"> • After-hours care • Telehealth
Senior (65+) Community	<ul style="list-style-type: none"> • Educate people on how to access already-available services, such as Senior Health Insurance Program counselors • Forming Gray Panthers chapter in QC • Improving access to specialists locally • More at-home monitoring, but they need help with technology • Organizing seniors to advocate for their concerns • Seniors sent to U of Iowa or Mayo and insurance won’t pay • Using senior-focused media to reach population in addition to social media

Question 14: What is the one thing you would most like to see happen to address access to healthcare in our community?	
Focus Group Area	Responses
African American Community	<ul style="list-style-type: none"> • Assign case managers • Community outreach • Gathering spaces that feel safe • Increase local access • Increase provider diversity
Community / Faith / Nonprofit / Social Services Sector	<ul style="list-style-type: none"> • Access to trustworthy providers • Expand hours of transportation system • Improved access to mental health resources • Incentivize providers to accept Medicaid to reduce stigma against low-income patients • Investment in community-led projects • Make use of informal networks in communities to disseminate information • More funding • More listening sessions within communities • More resource centers in multiple communities • Universal healthcare
Hispanic Community	<ul style="list-style-type: none"> • Medical staff such as nurses stationed in churches • Mobile healthcare • More bilingual medical staff • More translators fluent in specific dialects and medical jargon and available for Telemedicine



Immigrant and Refugee Community	<ul style="list-style-type: none"> • More representation in healthcare • Moving away from “back door” access to services
Individuals Experiencing Food Insecurity*	<ul style="list-style-type: none"> • Education • Increase available resources • Lower financial barriers • Transportation
Individuals Experiencing Homelessness / Housing Insecurity*	<ul style="list-style-type: none"> • Greater emphasis on preventive care • More providers on-site at shelters • Promote volunteerism • Provide access to Telehealth at shelters • Provide transportation to healthcare appointments • Request donated vehicles from the city <p>Provider Responses</p> <ul style="list-style-type: none"> • Universal healthcare coverage
Individuals with Lived Experience Managing a Mental Health Condition*	<ul style="list-style-type: none"> • Alternatives to online information for those with less tech literacy • Make the system simpler • More access to healthcare • More awareness of available resources for care • More free resources • More help navigating complicated insurance • More outreach • More promotion of what’s going on in the community • Much more visibility of these issues on television and the internet
LGBTQ+ Community	<ul style="list-style-type: none"> • Assistance with navigating complicated insurance • Greater emphasis on prevention • To see action come out of the Focus Group conversation • Transportation assistance
Local Law Enforcement	<ul style="list-style-type: none"> • Address homelessness • Increase number of community healthcare facilities • Reduce appointment wait times
Public Health / Healthcare Sector	<ul style="list-style-type: none"> • Increase workforce in all areas of healthcare
School / Childcare Sector	<ul style="list-style-type: none"> • Universal healthcare
Senior (65+) Community	<ul style="list-style-type: none"> • Creation of geriatric clinic/practice for both physical and mental health needs • Easier access to Medicare/insurance navigators • Need more gerontologists • Senior-focused care coordinators



Exit Question

Question 15: Is there anything else you would like to say about what could make your community a better place to live?	
Focus Group Area	Responses
African American Community	<ul style="list-style-type: none"> • Meet people where they are • Neighborhood and infrastructure improvements to build pride • Provide access to health assessment findings and action plan to Focus Group participants
Community / Faith / Nonprofit / Social Services Sector	<ul style="list-style-type: none"> • End poverty
Hispanic Community	<ul style="list-style-type: none"> • Centralization of referrals for resources • Coordination and collaboration between organizations providing services • Use of medical staff to provide information and education
Immigrant and Refugee Community	<ul style="list-style-type: none"> • Education aimed at enabling employment • Finding work that supports our needs benefits long-term health • Greater representation • Improved awareness about activities in different cultures • Tyson, World Relief, and Tapestry Farms have been good to our community • We love the Quad Cities! • Welcoming services
Individuals Experiencing Food Insecurity*	<ul style="list-style-type: none"> • More patient follow up from hospitals • Mutual love and respect • Provide more low cost activities • Reduce racism • Treat people the way you want to be treated
Individuals Experiencing Homelessness / Housing Insecurity*	<ul style="list-style-type: none"> • Housing for those living with mental illness • Reducing stigma around mental illness • Specialized shelter for severe alcoholism <p>Provider Responses</p> <ul style="list-style-type: none"> • Improve access to assisted living • Improve public transportation • Increase collaboration between service providers • Reduce gun violence
Individuals with Lived Experience Managing a Mental Health Condition*	<ul style="list-style-type: none"> • Engage politicians in these issues • Give people second chances • More forums like this Focus Group • More jobs resources • Recruit high-functioning peers to do education and outreach on available resources • Safer communities



LGBTQ+ Community	<ul style="list-style-type: none"> • Cooperation between smaller organizations • Directory of LGBTQ+ friendly healthcare providers • Have the uncomfortable conversations • Increase diversity among healthcare workers • Increase number of small, “nimble,” organizations • More events and activities outside of pride • More social and family-friendly activities • More social networking • Reduce stigma and bias • Social infrastructure for the LGBTQ+ community outside of bars
Local Law Enforcement	
Public Health / Healthcare Sector	<ul style="list-style-type: none"> • Address harassment of healthcare and public health professionals • Address mistrust in vaccines through addressing general mistrust of the medical profession • Address the “digital divide” so that technology is not a barrier to access • Don’t politicize public health issues • Explore innovative solutions such as tiny houses for unhoused populations • Focus on housing quality, including homes with lead • Need to get out of COVID survival mode and back into community mode • Work toward making healthcare more relational versus transactional
School / Childcare Sector	<ul style="list-style-type: none"> • Address neighborhood violence • Education campaign on child development • Provide incentives for businesses to encourage employee volunteerism • Provide menu of short-term volunteer activities • United Way has the mechanisms to help place volunteers and track their hours
Senior (65+) Community	<ul style="list-style-type: none"> • Addressing increasing violence and reducing guns in community • Keeping seniors busy and active will improve overall physical and mental health • Rural community transportation concerns • Seniors need time with their doctor and don’t want to be rushed • Wants results of community health assessment reported directly back to focus groups

Exhibit 4: Most Common Responses to Focus Group Questions

Exploration Questions	
1	What do you think is the biggest health concern in our community?
	<ul style="list-style-type: none"> • Barriers to Accessing Services • Chronic Disease • Crime/Safety/Gun Violence • Mental Health • Obesity • Pandemic/COVID-19/Vaccines • Social Determinants of Health



2	What is the one thing you would most like to see happen to address this health concern in our community?
	<ul style="list-style-type: none"> • Improve Service Coordination, Navigation, Follow-through • Increase Education on Health and Available Resources • Increase Number of Resources/Services • Increase Provider Diversity, Cultural Understanding, Bilingual, Trust • Lower Barriers to Accessing Care/Services
Mental Health	
3	How does mental health impact our community?
	<ul style="list-style-type: none"> • Access Issues • Crime/Violence • Stigma • Substance Use Issues
4	What are the challenges we should consider as we think about mental health in our community?
	<ul style="list-style-type: none"> • Access Barriers • Lack of Funding • Need for Outreach and Education • Provider Diversity/Cultural Understanding/Trust • Provider/Facility Shortage • Stigma
5	What are the resources we should consider as we think about mental health in our community?
	<ul style="list-style-type: none"> • Diversity • Education and Outreach • Funding • Increased Resources/Services • School Nurses/Social Workers • Schools • Self-Care/Coping Skills • Support Groups/Peer Connection • Transportation/Mobile Services
6	What is the one thing you would most like to see happen to address mental health in our community?
	<ul style="list-style-type: none"> • Centralization/Organization of Care, Services and Referrals • Continuity of Care/Ongoing Case Management • Diversity/Cultural Sensitivity Training for Providers • Improve Access • Mental Health Outreach and Education • Mobile/Integrated Services • More Providers/Decreased Wait Times • Support Groups
Physical Activity, Nutrition, and Weight	
7	How does physical activity, nutrition, and weight impact our community?
	<ul style="list-style-type: none"> • Ease/Affordability of Processed Foods vs Expense of Healthy Foods • Health Impacts/Chronic Disease • Pandemic • Quality of Life
8	What are the challenges we should consider as we think about physical activity, nutrition, and weight in our community?



	<ul style="list-style-type: none"> • Busy Lives/Time Constraints/Overwhelmed • Ease/Affordability of Processed Foods vs Inaccessibility/Expense of Healthy Foods • Need for Nutrition/Cooking Education • Neighborhood Safety Barrier to Physical Activity • Transportation Barriers
9	What are the resources we should consider as we think about physical activity, nutrition, and weight in our community?
	<ul style="list-style-type: none"> • Food Banks • Group Fitness Activities • Nutrition/Cooking/Fitness Education and Outreach • Parks, Bike Trails, and Recreational Areas • Schools • YMCA
10	What is the one thing you would most like to see happen to address physical activity, nutrition, and weight in our community?
	<ul style="list-style-type: none"> • Free/Low-Cost Nutrition and Activities • Group Meals and Activities • Outreach and Education • PE and Nutrition in Schools • Provide Transportation
Access to Healthcare	
11	How does access to healthcare impact our community?
	<ul style="list-style-type: none"> • Has Broad Effects
12	What are the challenges we should consider as we think about access to healthcare in our community?
	<ul style="list-style-type: none"> • Difficulty Navigating Complex System • Financial Barriers • Lack of Insurance/Underinsurance • Need to Increase Local Healthcare Workforce, Specialists • Provider Diversity/Cultural Sensitivity • Technological Literacy/Access • Transportation Barriers
13	What are the resources we should consider as we think about access to healthcare in our community?
	<ul style="list-style-type: none"> • Mobile and Community-Integrated Resources
14	What is the one thing you would most like to see happen to address access to healthcare in our community?
	<ul style="list-style-type: none"> • Case Managers, Care Coordinators, Navigation Assistance • Community Outreach • Expand Transportation and Transportation Assistance • Increased Diversity/Cultural Sensitivity and Reduced Bias/Stigma in Healthcare Workforce • Mobile and Community-Integrated Resources
Exit Question	
15	Is there anything else you would like to say about what could make your community a better place to live?
	<ul style="list-style-type: none"> • Focus on Socioeconomic Factors • Increase Education/Outreach • Reduce Crime/Violence



Exhibit 5: Major Themes of Qualitative Research

COVID-19 Pandemic
Social Determinants of Health
Mental Health
Stigma
Diversity, Cultural Competency/Sensitivity, and Trust
Need to Grow Local Healthcare Workforce, Including More Specialists
Preventive/Holistic Care
Community Safety/Violence
Need for More Community Outreach and Activities
Mobile and Community-Integrated Services
Access/Barriers to Care
Navigating Complex Systems of Care and Services



Part 2: Demographic Profile of Focus Group Participants

BACKGROUND

Participants of the 2021 Community Health Assessment Focus Groups were asked to voluntarily take a demographic survey following the completion of their focus group session. The focus groups took place between June 30, 2021 and August 14, 2021. There were 68 (46.26%) participants who completed the demographic survey out of the 147 participants in Rock Island, Illinois and Scott County, Iowa. The focus groups were targeted to the following populations: 1) African American Community; 2) Community/Faith/Social Services/Non-Profit Sector; 3) Families with School Age Children/Children in Childcare; 4) Hispanic Community; 5) Immigrant and Refugee Community; 6) Individuals Experiencing Food Insecurity/Food Distribution Organizations; 7) Individuals Experiencing Homelessness/Housing Insecurity; 8) Individuals with Lived Experience Managing a Mental Health Condition; 9) LGBTQ+ Community; 10) Local Law Enforcement; 11) Public Health/Healthcare Community; and 12) Senior (65+) Community.

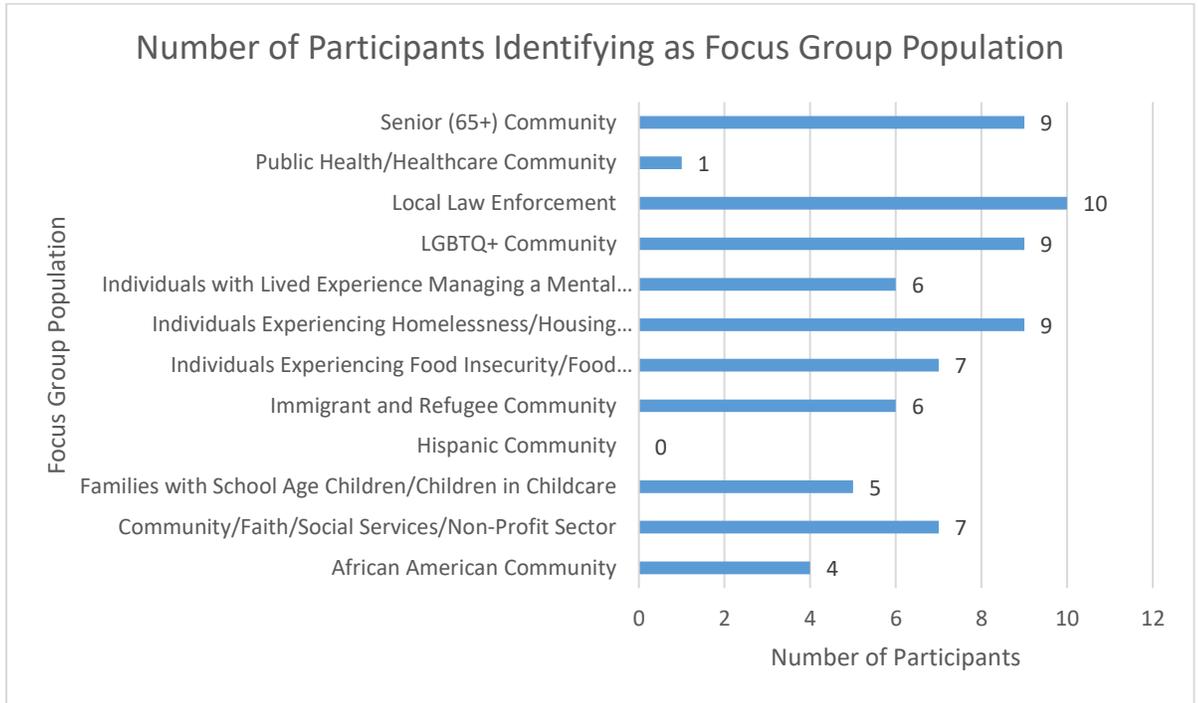
Below is information collected from participants who completed the demographic survey. (See survey at the end of this profile). It is noted that in the conduct of the focus groups, the groups for homelessness/housing insecurity, food insecurity, and lived experience with mental health also included providers/staff. Focus Group descriptions differ slightly from Appendix A Part 1 since the focus group demographic survey was designed at the beginning of qualitative data collection.

FOCUS GROUP POPULATION

The participants were asked to select which focus group population they represented. Some participants felt they represented multiple population groups, so the figures below are duplicated in some instances.

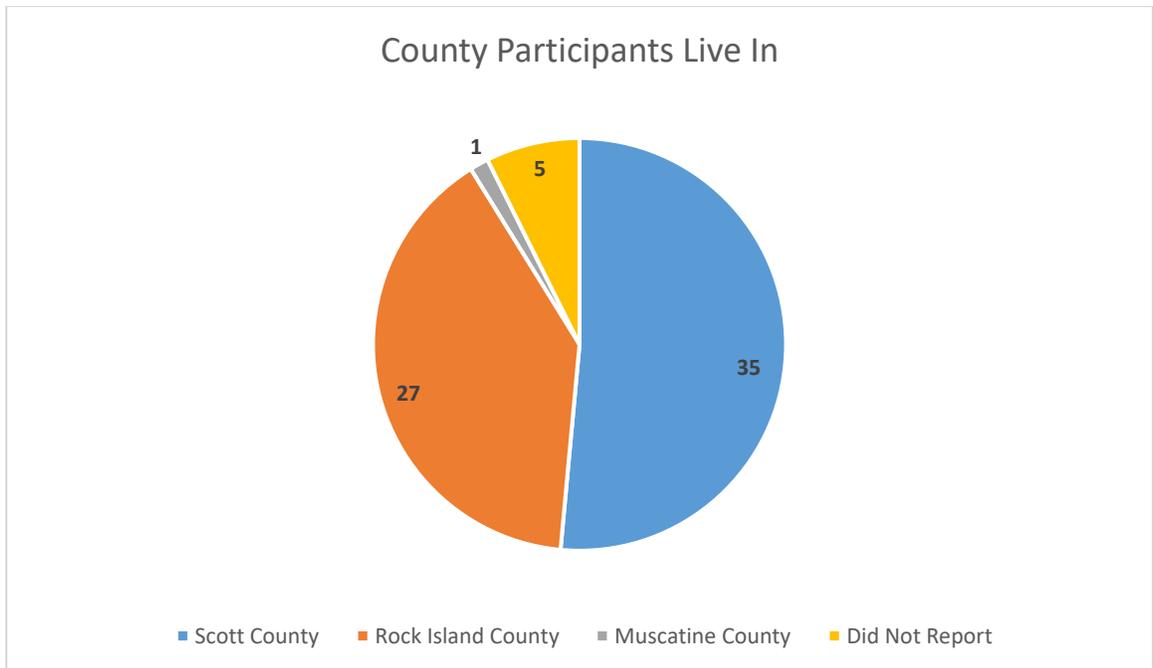


Number of Participants Identifying as Focus Group Population



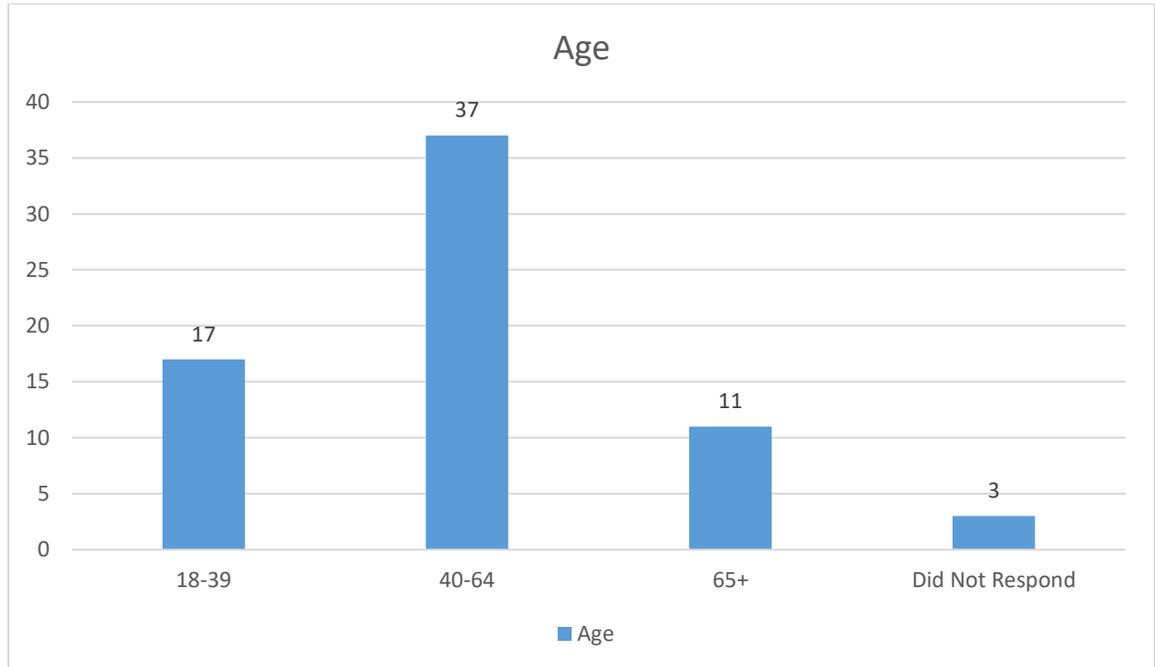
COUNTY PARTICIPANTS LIVE IN

The participants were asked to self-report which county they lived in. Sixty-three participants completed the question and five individuals did not respond. The percentages are based on who responded. The majority of the participants were from Scott County (55.56%, N=35), followed by Rock Island County (42.86%, N=27) and Muscatine County (1.59%, N=1).



AGE IN YEARS OF PARTICIPANTS

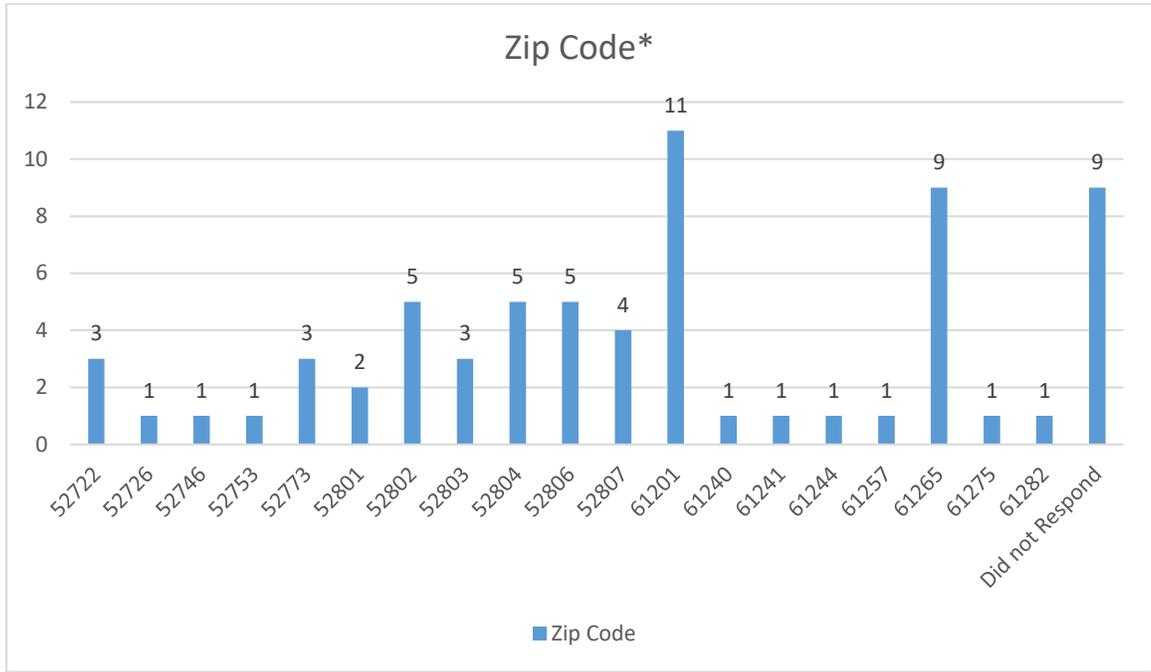
The participants were asked to share their age in years. Sixty-five participants completed the question and three participants did not respond. The percentages are based on who responded. The majority of participants (56.92%, N=37) were between the ages 40-65 years, followed by those ages 18-39 years (26.15%, N=17), then ages 65+ (16.92%, N=11).



ZIP CODE PARTICIPANTS LIVE IN

The participants were asked to provide the zip code they live in. Fifty-nine participants completed the question and nine participants did not respond. The percentages are based on those responded. The majority of participants (18.64%, N=11) responded they lived in the 61201 zip code, followed by 61265 (15.25%, N=9). Zip codes 52802, 52804, and 52806 each had five participants (8.47% each), followed by 52807 (6.78%, N=4).

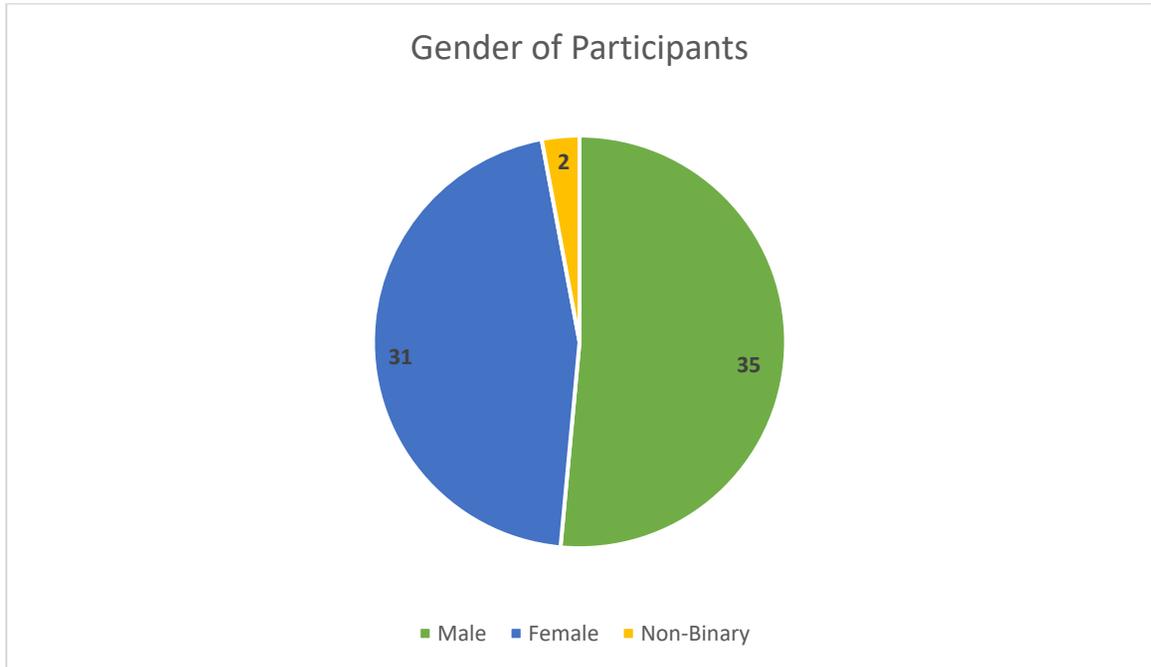




*Please note that participants may reside outside the study area.

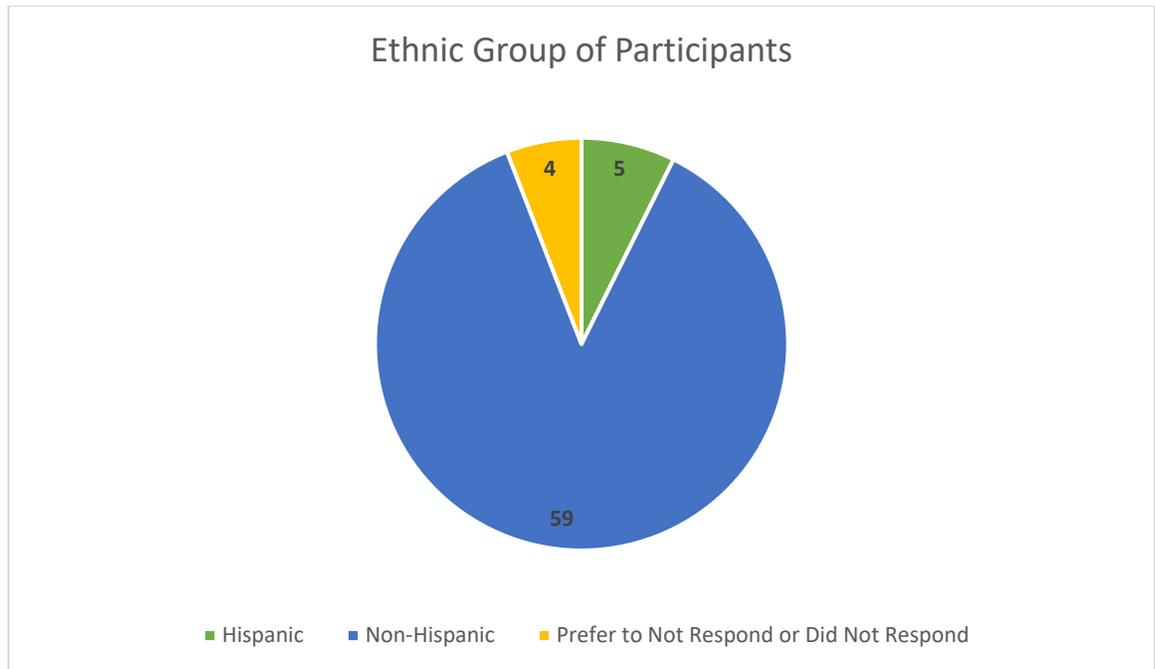
GENDER OF PARTICIPANTS

The participants were asked to self-identify their gender. All participants (N=68) responded to the question. The majority of the participants were male (51.47%, N=35), followed by female (45.59%, N=31), and non-binary (2.94%, N=2).



ETHNIC GROUPS PARTICIPANTS IDENTIFY WITH

The participants were asked to self-report their ethnic group. Sixty-four participants responded to the question and four participants did not respond. The percentages are based on those who responded. The majority (92.19%, N=59) of participants were non-Hispanic, followed by Hispanic (7.81%, N=5).

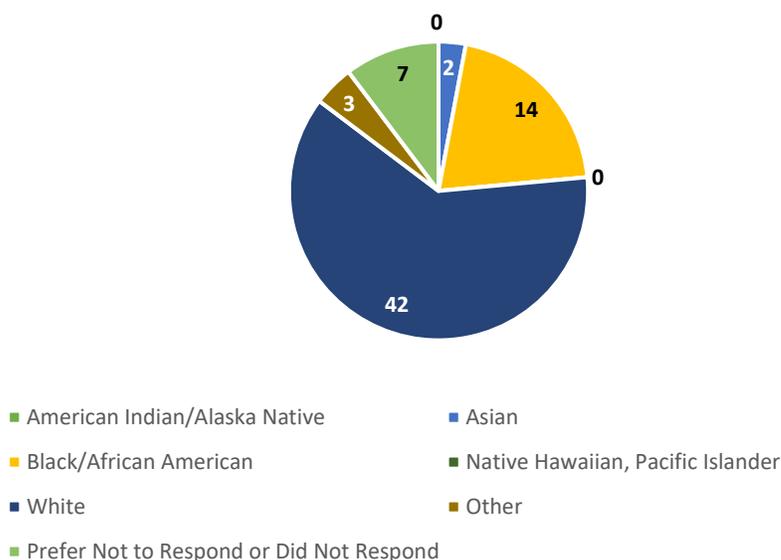


RACIAL GROUP PARTICIPANTS AFFILIATE WITH MOST

The participants were asked to self-identify which racial group they affiliated with most. Sixty-one participants completed the question and seven participants did not respond or preferred to not respond. The percentages are based on those who responded. The majority (68.85%, N=42) were White, followed by Black/African American (20.95%, N=14), Other (4.92%, N=3), and Asian (3.28%, N=2). Of those who responded "Other", two specified "Latino/Hispanic" and one specified "mixed". There were no participants (0%, N=0) that identified as American Indian/Alaska Native or Native Hawaiian, Pacific Islander.



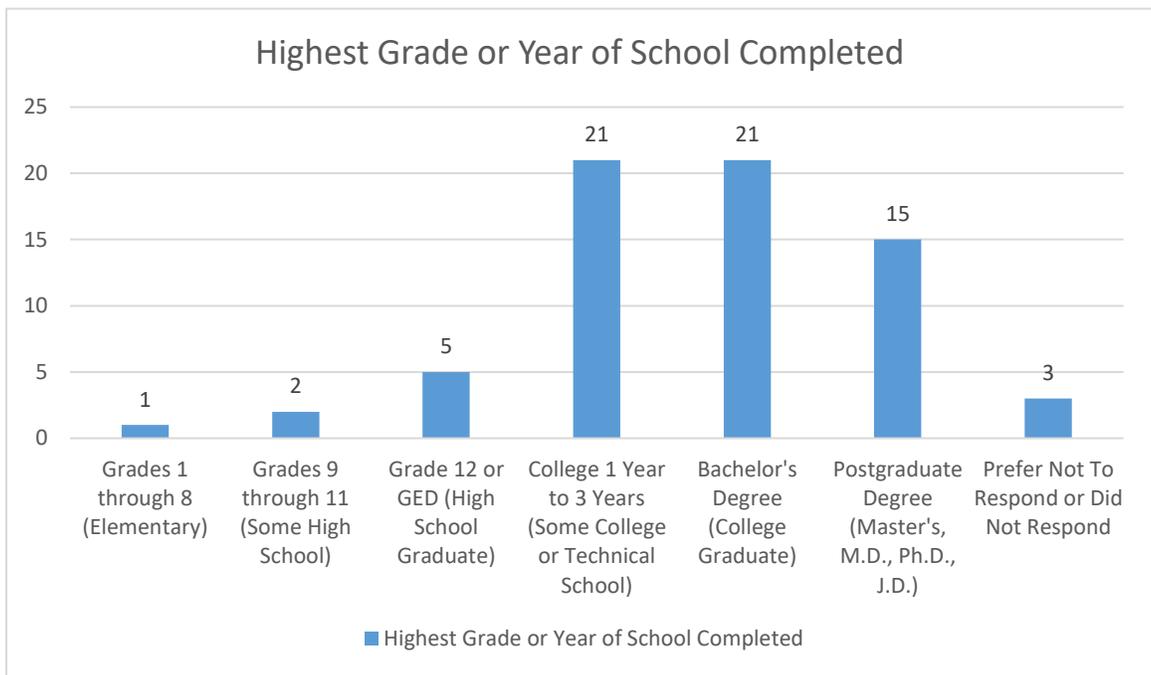
Racial Group Affiliated With



HIGHEST GRADE OR YEAR OF SCHOOL COMPLETED

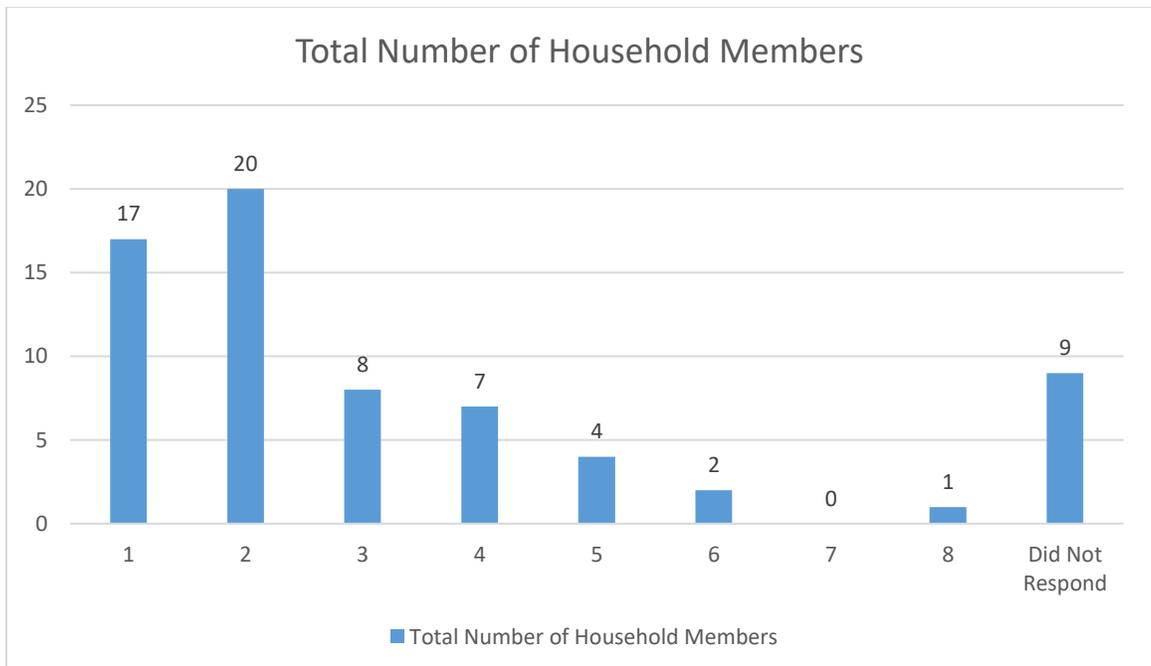
The participants self-selected the highest grade or year of school completed. Sixty-five participants responded to the question and three participants preferred to not respond or did not respond. The percentages are based on those who responded. There was an equal number of participants (32.21%, N=21 each) who reported completing 1 year to 3 years of college (some college or technical school) and a Bachelor’s degree (college graduate). This was followed by those with a postgraduate degree (23.08%, N=15), grade 12 or GED (high school graduate) (7.69%, N=5), grades 9 through 11 (some high school) (3.08%, N=2), and grades 1 through 8 (elementary) (1.54%, N=1).





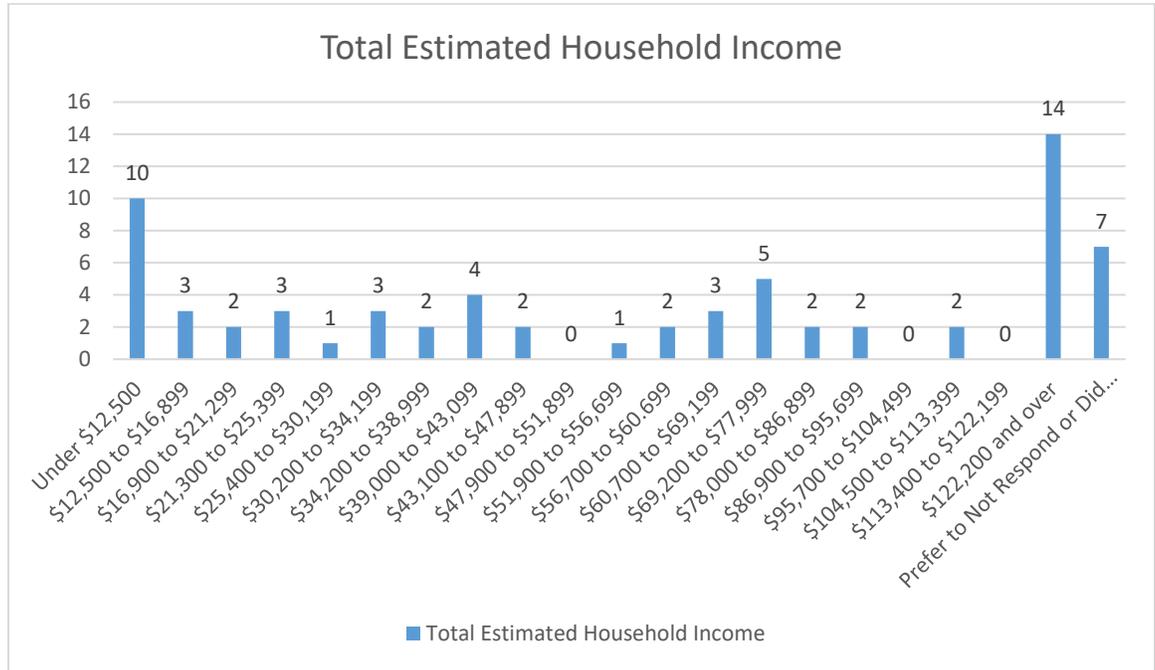
TOTAL NUMBER OF HOUSEHOLD MEMBERS

The participants responded with the total number of household members, including themselves. Fifty-nine participants completed the question and nine participants did not respond. The percentages are based on those who responded. The majority responded with two household members (33.90%, N=20), followed by one (28.81%, N=17), three (13.56%, N=8), four (11.86%, N=7), five (6.78%, N=4), six (3.39%, N=2), and eight (1.69%, N=1).



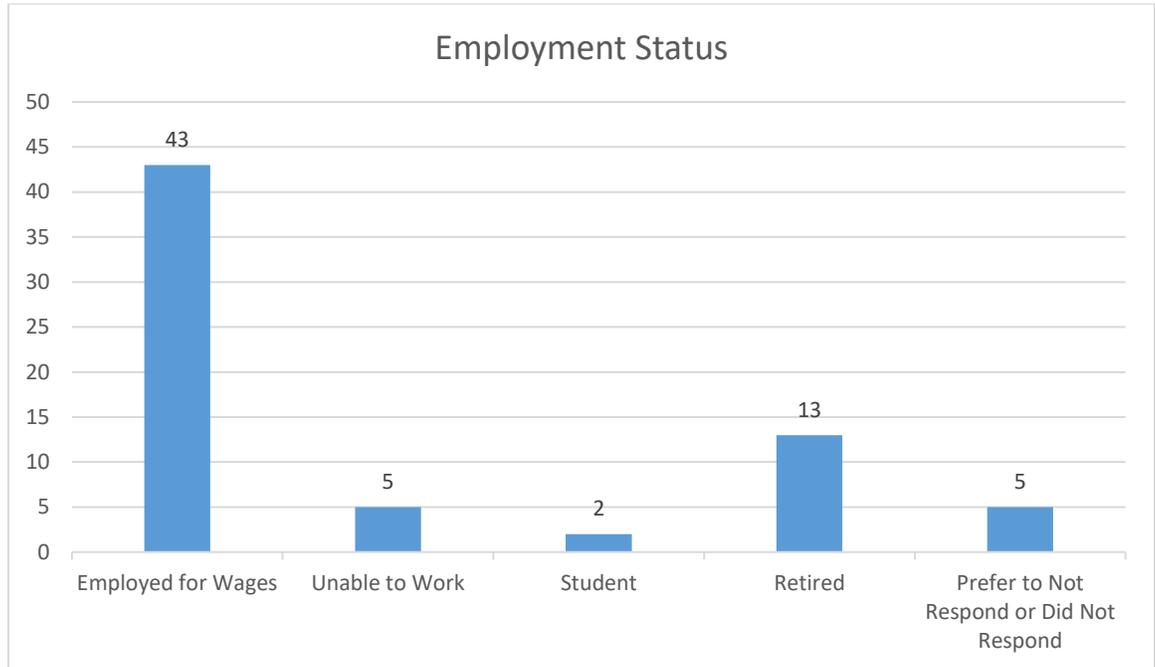
TOTAL ESTIMATED HOUSEHOLD INCOME

Participants were asked to self-identify their estimated household income. Sixty-one participants completed the question and seven participants preferred to not respond or did not respond. The percentages are based on those who responded. The majority of participants (22.95%, N=14) indicated they had a household income of \$122,200 and over, followed next by those with a household income of under \$12,500 (16.39%, N=10).



EMPLOYMENT STATUS

Participants were asked to self-select their employment status. Sixty-three participants completed the question and five participants preferred to not respond or did not respond. The percentages are based on those who responded. Most (68.25%, N=43) were employed for wages, followed by retired (20.63%, N=13), unable to work (7.94%, N=5), and student (3.17%, N=2).



Focus Group Demographic Survey

Please answer the following questions below. Completion of this survey is **voluntary** and will be kept **anonymous**.

1. Date of Focus Group:

2. Focus Group Population:
 - African American Community
 - Community/ Faith/ Social Services/ Non-profit Sector
 - Families with School Age Children/ Children in Childcare
 - Hispanic Community
 - Immigrant and Refugee Community
 - Individuals Experiencing Food Insecurity/ Food Distribution Organizations
 - Individuals Experiencing Homelessness/ Housing Insecurity
 - Individuals with Lived Experience Managing a Mental Health Condition
 - LGBTQ+ Community
 - Local Law Enforcement
 - Public Health/ Healthcare Community
 - Senior (65+) Community
 - Other:

3. What county do you live in?
 - Muscatine County
 - Rock Island County
 - Scott County

4. What is your age in years? [Click or tap here to enter text.](#)

5. What zip code do you live in? [Click or tap here to enter text.](#)

6. What is your gender?
 - Male
 - Female
 - Non-Binary
 - Other (please specify):
 - Prefer not to respond

7. Which ethnic group do you identify with?
 - Hispanic
 - Non-Hispanic

8. Which racial group do you affiliate with most?
 - Asian
 - American Indian/Alaska Native
 - Black/African American
 - Native Hawaiian/Pacific Islander
 - White
 - Other (Specify):
 - Prefer not to respond



9. Which is the highest grade or year of school you have completed?

- Never attended school or kindergarten only
- Grades 1 through 8 (Elementary)
- Grades 9 through 11 (Some High School)
- Grade 12 or GED (High School Graduate)
- College 1 Year to 3 Years (Some College or Technical School)
- Bachelor's Degree (College Graduate)
- Postgraduate Degree (Master's, M.D., Ph.D., J.D.)
- Prefer not to respond

10. Total number of household members (adults + children, including self):

11. What is your total estimated household income?

- | | |
|---|---|
| <input type="checkbox"/> Under \$12,500 | <input type="checkbox"/> \$56,700 to \$60,699 |
| <input type="checkbox"/> \$12,500 to \$16,899 | <input type="checkbox"/> \$60,700 to \$69,199 |
| <input type="checkbox"/> \$16,900 to \$21,299 | <input type="checkbox"/> \$69,200 to \$77,999 |
| <input type="checkbox"/> \$21,300 to \$25,399 | <input type="checkbox"/> \$78,000 to \$86,899 |
| <input type="checkbox"/> \$25,400 to \$30,199 | <input type="checkbox"/> \$86,900 to \$95,699 |
| <input type="checkbox"/> \$30,200 to \$34,199 | <input type="checkbox"/> \$95,700 to \$104,499 |
| <input type="checkbox"/> \$34,200 to \$38,999 | <input type="checkbox"/> \$104,500 to \$113,399 |
| <input type="checkbox"/> \$39,000 to \$43,099 | <input type="checkbox"/> \$113,400 to \$122,199 |
| <input type="checkbox"/> \$43,100 to \$47,899 | <input type="checkbox"/> \$122,200 and over |
| <input type="checkbox"/> \$47,900 to \$51,899 | <input type="checkbox"/> Prefer not to respond |
| <input type="checkbox"/> \$51,900 to \$56,699 | |

12. What best describes your employment status?

- Employed for wages
- Self-employed
- Out of work for more than 1 year
- Out of work for less than 1 year
- Student
- Retired
- Homemaker
- Unable to work
- Prefer not to respond



APPENDIX B: MUSCATINE QUALITATIVE COMMUNITY HEALTH ASSESSMENT

Part 1: Muscatine Summary of Focus Group Findings

UnityPoint Health-Trinity Muscatine & Public Health

Introduction

The 2021 Community Health Assessment was conducted by UnityPoint Health-Trinity Muscatine’s hospital and Public Health department in collaboration with Quad Cities regional partners: Genesis Health System, UnityPoint-Trinity, Community Health Care, Inc., Rock Island County Health Department, Scott County Health Department, and Quad City Health Initiative. Information obtained through these assessments help guide each organization to collectively develop health improvement plans that meet the needs of the communities and counties they serve.

This process was guided by the Mobilizing for Action through Planning and Partnerships (MAPP) framework. MAPP is a community strategic planning process that aims to improve the health of communities by forming partnerships, identifying important issues, and formulating strategies to address these issues.

The first phase of the MAPP process is “Organizing for Success and Partnership Development.” This was done by identifying representatives from the six partners to comprise a Core Team to lead the assessment process. This Core Team of 12 individuals was finalized in the Fall of 2020 and met consistently starting in October of the same year. This Core Team were representatives from each county and health care system approaching the health needs assessment in a collaborative structure. Along with the Core Team from the region, a local steering committee was comprised of UnityPoint Health – Trinity Muscatine’s Senior and Public Health Leadership Teams to guide the efforts of the Muscatine County area.

In addition to the Core Team and Steering Committee, the Muscatine County Stakeholder group was formed by our local steering committee and invited to participate in health needs assessment and drive the health improvement plan. The Muscatine County Stakeholders are representatives of the following sectors in the county; industry, small business, community not-for-profit, health care, pharmacy, local school districts and academic institutes, transportation, human and mental health services, law enforcement, emergency management, faith-based organizations, diversity and equity, foundations and philanthropy, civic departments, and elected officials.

The second phase reviewed the community’s vision, a process of the MAPP framework. In alignment with our region and reviewed by the Muscatine County Stakeholders, the vision for the 2021 community health assessment is: “Muscatine County is united as one



vibrant, collaborative community with engaged citizens, safe, thriving neighborhoods, and equitable access and opportunities for overall health and social well-being.”

Phase three of MAPP consisted of conducting assessments to gather both quantitative and qualitative data to create a comprehensive view of health in our community. The “Community Health Status Assessment” was conducted by Professional Research Consultants (PRC) through a telephone and internet survey of residents from Scott, Rock Island, and Muscatine counties. The Core Team worked extensively with PRC to ensure consistent and appropriate survey questions, with comparative national data, were deployed to best meet the comprehensive health assessments for all counties and communities involved.

The final phases of MAPP will be completed by the end of 2021 following analysis of results from the assessments mentioned in phase three. These include “Identifying Strategic Issues”, where common themes that need to be addressed will be identified. The next is “Formulating Goals and Strategies” where the goals will be defined, as well as strategies on how to achieve those goals. The final phase, “Action Cycle,” is where the community will implement these strategies to achieve the defined community vision.

Community Themes and Strengths Assessment

Introduction & Purpose

Trinity Muscatine’s Hospital and their Public Health Department utilized the Community Themes and Strengths Assessments provided through the MAPP process as recommended by the collaborative Core Group. Conducting the Community Themes and Strengths Assessments seeks to understand three priorities from populations within the county. The first identifies what is important to the community (concerns and assets). The second assesses how quality of life is perceived in the community. The third assesses what assets does the community have that can be used to improve community health. The Community Themes and Strengths Assessments were distributed and completed during the months of August and September of 2021 in Muscatine County. Utilizing the MAPP Framework as a guide (Exhibit A), the Public Health Department distributed the Community Themes and Strengths Assessments, gathered results and analyzed common themes.

Method

In following, the recommendation of the MAPP process the public health department distributed the Community Themes and Strengths Assessments to sub-populations within the community that represent diverse perspectives, knowing that the phone surveys being completed by PRC will capture feedback from a larger population of residents in the county. The Community Themes and Strengths Assessment request was provided to the following sub-population groups within Muscatine County through leaders from the respective communities as identified by the Muscatine County Stakeholders. These sub-populations included: African American, Hispanic, Immigrant



and Refugee, LGBTQIA+, Seniors (65+), Healthcare, Faith-Based, Individuals Experiencing Food Insecurity, Individuals Experiencing Housing Insecurity, Individuals Managing Mental Health Condition/s, Law Enforcement, Families with School Age Children. These sub-populations were asked to complete the assessments in small group settings in-person or virtually. The groups that participated returned electronic copies of their group discussion summaries.

Results

Results were gathered by the Public Health Department and analyzed through a prioritizing process that tagged common themes of community concerns and assets. The following results outline the themes across all sub-groups from Muscatine County.

Primary Health Concern Themes:

- COVID-19 pandemic impacts
- Mental Health services and access

Primary Health Concern Solutions:

- Increase education on health and available resources
 - Lower barriers to accessing care and services
-
-

Mental Health Impact Concerns and Challenges:

- Access Barriers
- Negative Social Determinants of Health (SDOH) impacts
- Need for outreach and education

Mental Health Resources to Consider:

- Education and Outreach
- School Nurses and School Social Workers
- Increased Resources and Services
- Support Groups and Peer Connections

Mental Health Solutions:

- Mental Health Education and Outreach
 - Centralization of care, services, and referrals
 - Mental Health Center
-
-

Physical Activity, Nutrition, and Weight Impact Concerns and Challenges:

- Health Impacts and Chronic Disease
- Ease and Affordability of Processed Foods/Inaccessibility and Expense of Healthy Foods
- Need for Nutrition and Cooking Education

Physical Activity, Nutrition, and Weight Resources to Consider:

- Nutrition, Cooking and Fitness Education and Outreach
- Group Fitness Activities



Physical Activity, Nutrition, and Weight Solutions:

- Free and Low-Cost Nutritional and Activities
-
-

Access to Healthcare Impact Concerns and Challenges:

- Insufficient Insurance
- Difficulty Navigating Complex Systems
- Need to Increase Local Healthcare Workforce

Access to Healthcare Resources to Consider:

- Mobile and Community Integrated Resources
- Education on Healthcare Resources and Access
- Growing Local Healthcare Workforce

Access to Healthcare Solutions:

- Grow Local Healthcare Workforce
-
-

Additional Themes to Improve Muscatine County Health:

- Increase Education and Outreach
 - Coordination of and Collaboration Between Care and Service Providers
-
-

Acknowledgements

The Muscatine County area would like to acknowledge the input of the following community participants who supported the delivery of assessing the county's strengths and areas of improvement opportunities.

- ▶ Mississippi Valley Child Protection Center
- ▶ Mobilizing for Action through Planning and Partnerships (MAPP) process
- ▶ Muscatine Community YMCA – Mujeres Latinas
- ▶ Muscatine County Residents
- ▶ Muscatine County Stakeholder Committee
- ▶ National Public Health Performance Standards Assessment by National Association of County & City Health Officials
- ▶ Professional Research Consultants, Inc.
- ▶ Quad Cities Community Health Assessment Collaborative Partners
 - Community Health Care, Inc.
 - Genesis Health System
 - Quad City Health Initiative
 - Rock Island County Health Department
 - Scott County Health Department
 - UnityPoint Health – Trinity Regional Health System
- ▶ Senior Resources, Inc.
- ▶ UnityPoint Health – Trinity Muscatine Steering Committee
- ▶ UnityPoint Health-Trinity Muscatine Public Health
- ▶ Vision 2020 Muscatine
- ▶ West Liberty Immigration Coalition



Exhibits

Exhibit A

Exploration Questions

1. What do you think is the biggest health concern in our community (Muscatine OR Rock Island and Scott Counties)?
2. What is the one thing you would most like to see happen to address this health concern in our community?

Mental Health Questions

3. How does mental health impact our community?
4. What are the challenges we should consider as we think about mental health in our community?
5. What are the resources we should consider as we think about mental health in our community?
6. What is the one thing you would most like to see happen to address mental health in our community?

****Muscatine County Specific Question for Muscatine Community Health Association:**

Do you think having a facility in Muscatine to address mental health concerns would be helpful? Yes or No

Physical Activity, Nutrition, and Weight Questions

7. How does physical activity, nutrition, and weight impact our community?
8. What are the challenges we should consider as we think about physical activity, nutrition, and weight in our community?
9. What are the resources we should consider as we think about physical activity, nutrition, and weight in our community?
10. What is the one thing you would most like to see happen to address physical activity, nutrition, and weight in our community?

Access to Healthcare Questions

11. How does access to healthcare impact our community?
12. What are the challenges we should consider as we think about access to healthcare in our community?
13. What are the resources we should consider as we think about access to healthcare in our community?
14. What is the one thing you would most like to see happen to address access to healthcare in our community?

Exit Question

15. Is there anything else you would like to say about what could make your community a better place to live?



Part 2: Demographic Profile of Focus Group Participants

BACKGROUND

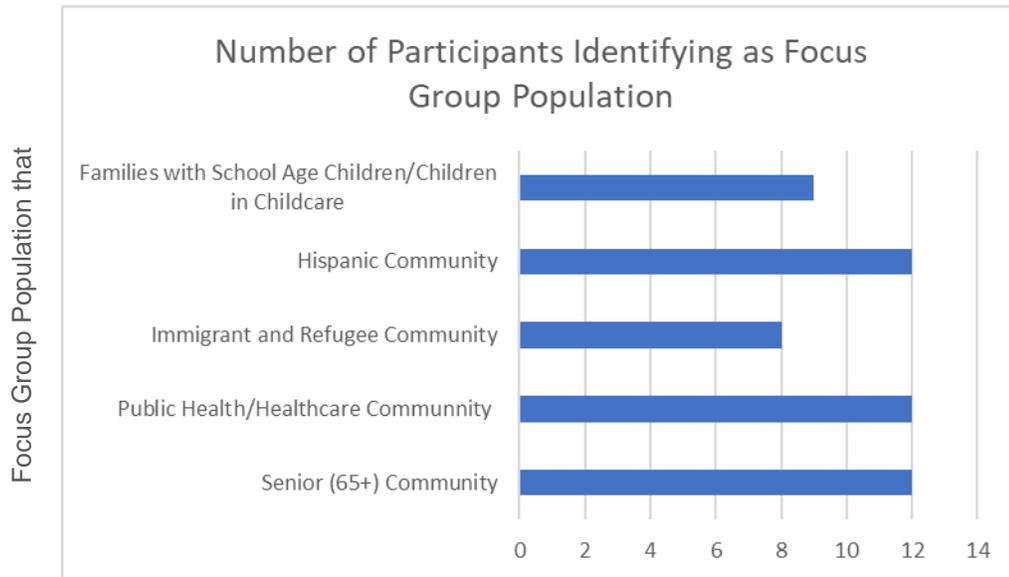
Participants of the 2021 Community Health Assessment Focus Groups were asked to voluntarily take a demographic survey following the completion of their focus group session. The focus groups took place between August 1, 2021 and September 30, 2021. There were 53 participants in the focus groups in Muscatine County of which 36 (68%) completed the demographic survey. The focus groups who were invited to participate included individuals in the county that diversely represent our community populations: 1) African American Community; 2) Community/Faith/Social Services/Non-Profit Sector; 3) Families with School Age Children/Children in Childcare; 4) Hispanic Community; 5) Immigrant and Refugee Community; 6) Individuals Experiencing Food Insecurity/Food Distribution Organizations; 7) Individuals Experiencing Homelessness/Housing Insecurity; 8) Individuals with Lived Experience Managing a Mental Health Condition; 9) LGBTQ+ Community; 10) Local Law Enforcement; 11) Public Health/Healthcare Community; and 12) Senior (65+) Community.

Following, is information collected from participants who completed the demographic survey. (See survey at the end of this profile). It is noted that in the conduct of the focus groups, the groups were inclusive of content and context experts.

FOCUS GROUP POPULATION

All identified sub-populations were invited to participate within Muscatine County. Five (5) groups out of the 12 (42%) that were invited, voluntarily participated in the Community Health Assessment Focus Groups. The following demonstrates the number of participants per group.





ADDITIONAL PARTICIPANT DEMOGRAPHICS

All participants report either working or living in Muscatine County. The participants were asked to share their age in years. Twenty-four (24) participants completed the question, and 29 participants did not respond. The percentages are based on who responded. The majority of participants (71%, N=17) were between the ages 36-65 years, followed by those ages 18-35 years (29%, N=7).

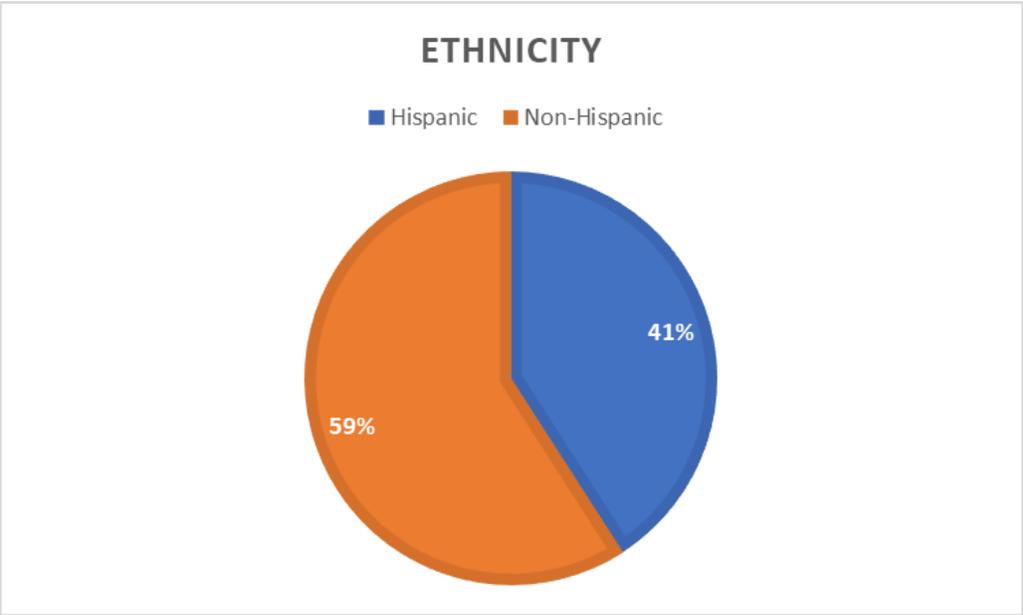
GENDER OF PARTICIPANTS

The participants were asked to self-identify their gender. All participants (N=53) responded to the question. Majority of the participants were female (90.56%, N=48), followed by male (9.44%, N=5).

ETHNIC AND RACIAL GROUPS PARTICIPANTS IDENTIFY WITH

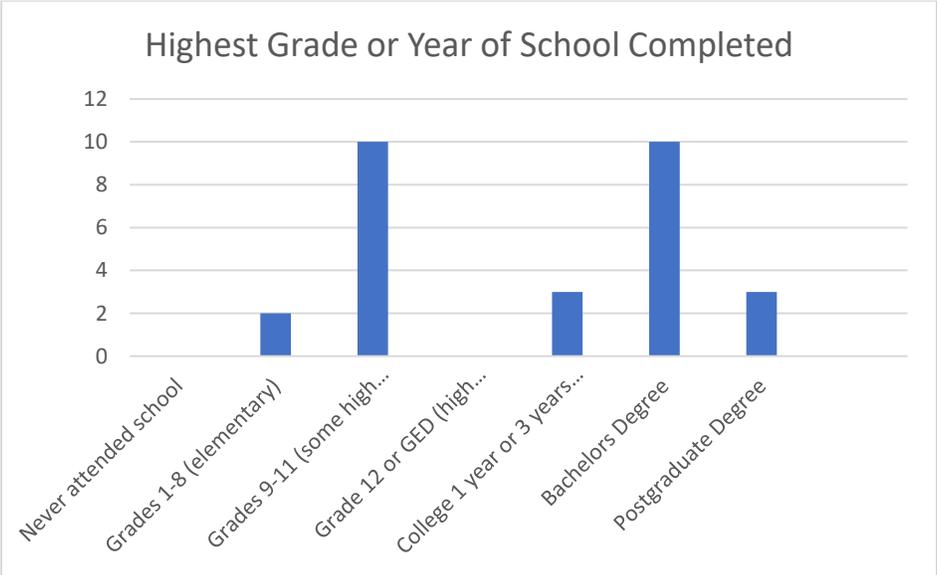
The participants were asked to **self**-report their ethnic group. Forty-four (44) participants responded to the question and nine did not respond. The percentages are based on those who responded. The majority (59.09%, N=26) of participants were non-Hispanic, followed by Hispanic (40.90%, N=18). In addition, 43 individuals identified as white, and 10 individuals had no response.





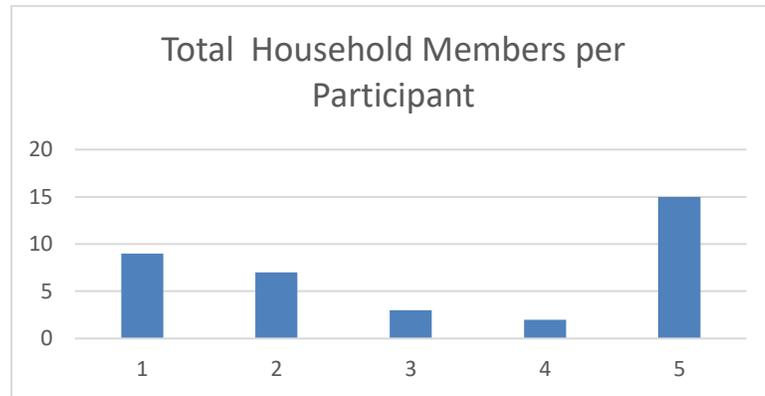
HIGHEST GRADE OR YEAR OF SCHOOL COMPLETED

The participants self-selected the highest grade or year of school completed. Twenty-eight (28) participants responded to the question and 25 participants preferred to not respond. The percentages are based on those who responded. There was an equal number of participants (35.72%, N=10 each) who reported a bachelor’s degree (college graduate) and grades 9 through 11 (some high school). This was followed by those with a postgraduate degree (10.71%, N=3), college 1 year or 3 years (some college) (10.71%, N=3), and grades 1 through 8 (elementary) (7.14%, N=2).



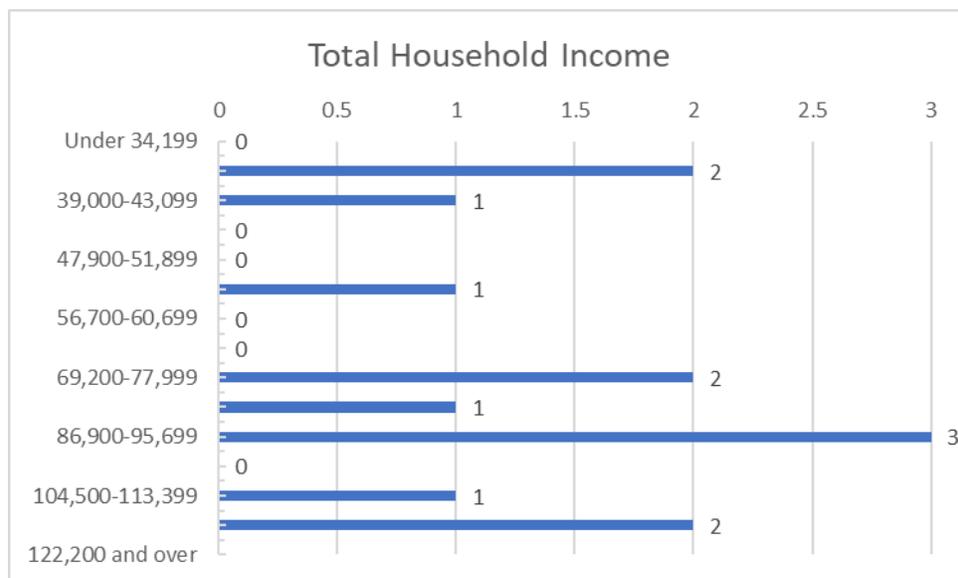
TOTAL NUMBER OF HOUSEHOLD MEMBERS

The participants responded with the total number of household members, including themselves. Thirty-six (36) participants completed the question, and 17 participants did not respond. The percentages are based on those who responded. The majority responded with five or more household members (41.67%, N=15), followed by one household member (25%, N=9), two members (19.44%, N=7), three members (8.33%, N=3), and four (5.56%, N=2).



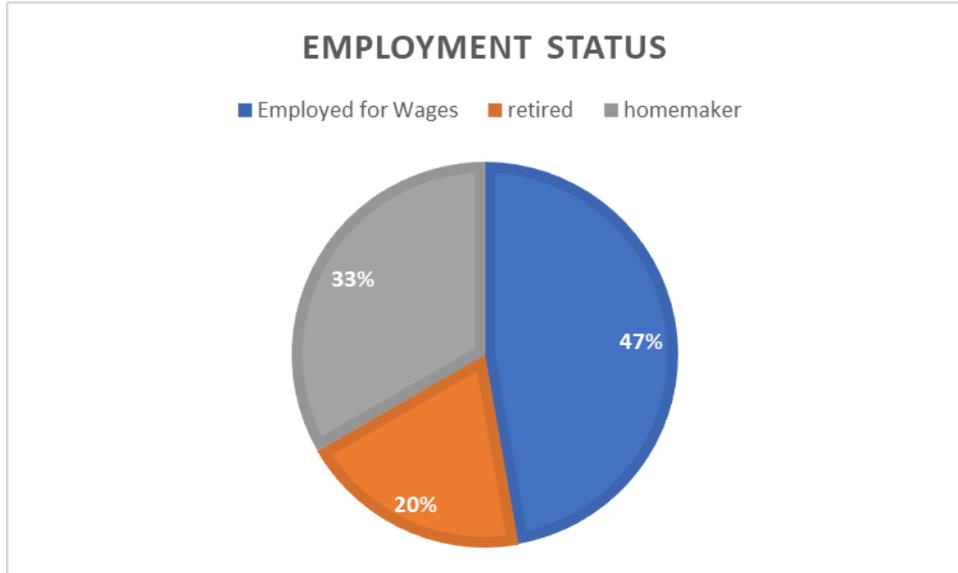
TOTAL ESTIMATED HOUSEHOLD INCOME

Participants were asked to self-identify their estimated household income. Thirteen (13) participants completed the question and 40 participants preferred to not respond.



EMPLOYMENT STATUS

Participants were asked to self-select their employment status. Thirty-six (36) participants completed the question and 17 participants preferred to not respond or did not respond. The percentages are based on those who responded. Most (47.23%, N=17) were employed for wages, followed by homemaker (33.33%, N=12), and retired (19.44%, N=7).



Focus Group Demographic Survey

Please answer the following questions below. Completion of this survey is **voluntary** and will be kept **anonymous**.

1. Date of Focus Group:

2. Focus Group Population:
 - African American Community
 - Community/ Faith/ Social Services/ Non-profit Sector
 - Families with School Age Children/ Children in Childcare
 - Hispanic Community
 - Immigrant and Refugee Community
 - Individuals Experiencing Food Insecurity/ Food Distribution Organizations
 - Individuals Experiencing Homelessness/ Housing Insecurity
 - Individuals with Lived Experience Managing a Mental Health Condition
 - LGBTQ+ Community
 - Local Law Enforcement
 - Public Health/ Healthcare Community
 - Senior (65+) Community
 - Other:

3. What county do you live in?
 - Muscatine County Rock Island County Scott County

4. What is your age in years? Click or tap here to enter text.

5. What zip code do you live in? Click or tap here to enter text.

6. What is your gender?
 - Male
 - Female
 - Non-Binary
 - Other (please specify):
 - Prefer not to respond

7. Which ethnic group do you identify with?
 - Hispanic
 - Non-Hispanic



8. Which racial group do you affiliate with most?
- | | |
|---|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Other (Specify): |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Prefer not to respond |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | |
9. Which is the highest grade or year of school you have completed?
- Never attended school or kindergarten only
 - Grades 1 through 8 (Elementary)
 - Grades 9 through 11 (Some High School)
 - Grade 12 or GED (High School Graduate)
 - College 1 Year to 3 Years (Some College or Technical School)
 - Bachelor's Degree (College Graduate)
 - Postgraduate Degree (Master's, M.D., Ph.D., J.D.)
 - Prefer not to respond
10. Total number of household members (adults + children, including self):
11. What is your total estimated household income?
- | | |
|---|---|
| <input type="checkbox"/> Under \$12,500 | <input type="checkbox"/> \$56,700 to \$60,699 |
| <input type="checkbox"/> \$12,500 to \$16,899 | <input type="checkbox"/> \$60,700 to \$69,199 |
| <input type="checkbox"/> \$16,900 to \$21,299 | <input type="checkbox"/> \$69,200 to \$77,999 |
| <input type="checkbox"/> \$21,300 to \$25,399 | <input type="checkbox"/> \$78,000 to \$86,899 |
| <input type="checkbox"/> \$25,400 to \$30,199 | <input type="checkbox"/> \$86,900 to \$95,699 |
| <input type="checkbox"/> \$30,200 to \$34,199 | <input type="checkbox"/> \$95,700 to \$104,499 |
| <input type="checkbox"/> \$34,200 to \$38,999 | <input type="checkbox"/> \$104,500 to \$113,399 |
| <input type="checkbox"/> \$39,000 to \$43,099 | <input type="checkbox"/> \$113,400 to \$122,199 |
| <input type="checkbox"/> \$43,100 to \$47,899 | <input type="checkbox"/> \$122,200 and over |
| <input type="checkbox"/> \$47,900 to \$51,899 | <input type="checkbox"/> Prefer not to respond |
| <input type="checkbox"/> \$51,900 to \$56,699 | |
12. What best describes your employment status?
- | | |
|---|---|
| <input type="checkbox"/> Employed for wages | <input type="checkbox"/> Out of work for less than 1 year |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Student |
| <input type="checkbox"/> Out of work for more than 1 year | <input type="checkbox"/> Retired |
| | <input type="checkbox"/> Homemaker |
| | <input type="checkbox"/> Unable to work |
| | <input type="checkbox"/> Prefer not to respond |



APPENDIX C: LIST OF ACTIVITIES CONDUCTED IN SUPPORT OF THE 2019 HEALTH IMPROVEMENT PLAN

Health Improvement Plan Goals	Leads / Collaborators	Activities
Mental Health		
To overcome physical, social, and financial barriers that limit timely and comprehensive access to mental health care.	Community Health Care, Inc.	Integrated Primary Care practices with both therapists (Licensed Social Workers) and Psych Nurse Practitioners. Had more than 15,000 patient visits in 2020.
		Implemented warm hand-offs from Primary Care providers to behavioral health services to facilitate same day access/urgent or emergency evaluations.
		Implemented telehealth for behavioral health.
		Providing integrated Behavioral Health services in Muscatine.
		Implemented hospital inpatient rounds by social workers to identify patient needs/barriers they may face at discharge and to connect them to services once discharged.
		Ensure all services come with a sliding fee discount for anyone earning less than 200% of the federal poverty level (standard offering of FQHC).
	Genesis	Provided additional grant monies for the Multisystemic Therapy Program at Vera French to keep the program operating until Medicaid funding can be secured.
		Supported the Mental Health Action Program to help nurse navigation and increased access for mental health care.
		Funded a Licensed Independent Social Worker to work with heart patients suffering from anxiety and depression, common in this patient population.
	Quad Cities Behavioral Health Coalition	Explored best practices through Innovation Team and developed a proposal to implement the Zero Suicide Initiative.
		Produced COVID-specific QC MH Services Guide.
		Distributed information from Eastern Iowa MH/DS Region.
		Established Facebook page for QCBHC to share information.



Advocate for public policy that increases funding, resources, and coverage to allow flexibility and integrated care.	Community Health Care, Inc.	Advocating for payment parity for video/audio behavioral health visits in Iowa.
	Quad Cities Behavioral Health Coalition	Established QCBHC and 4 Teams, along with guiding statements and brand (logo).
		Held Quarterly Coalition Meetings and more frequent Team meetings with community members.
		Developed dashboard of outcomes data with Outcomes Team.
		Explored resource development with Funding & Resources Team and secured local grants.
		Identified focus areas for project development and for education/training.
Improve and enhance mental health education with the Quad Cities region.	Community Health Care, Inc.	Conducting depression screenings for patients on an annual basis. Refer for additional care as needed.
		Educating our care teams on the importance of identifying mental/behavioral health issues for patients and connect them to services.
		Participating in the QCBHC to stay up to date on community education opportunities.
	Quad Cities Behavioral Health Coalition	Promoted Quad Cities Trauma Informed Consortium resources and trainings.
		Held Make It OK Ambassadors Training with Iowa Healthiest State Initiative.
		Partnered on survey of MH Perceptions through Promotion Team.
		Developed local training opportunities for Coalition members.
	Rock Island County Health Department	Shared mental health education information (from TogetherQC.com website, as well as QCBHC, Johns Hopkins, CDC, and IDPH Facebook posts) on RICHD FB page and promoted behavioral health partner organizations.
	UnityPoint Health - Trinity	Partnered with Prescription Drug Safety Network to combat opioid and prescription drug abuse. Teens and schools were presented with educational best practices and digital technology. The initiative helps educate middle and high school students about the dangers of prescription drug and opioid misuse and the importance of building, maintaining and promoting positive mental health. After completing the program, 55% more students said they could identify the signs of prescription drug misuse and abuse, 77% said it was their responsibility to prevent prescription drug misuse at school, and over 90% of students felt they had the skills needed to refuse prescription drugs. In the Quad Cities/Muscatine region, seven schools participated, with nearly 250 students completing a total of 117 learning hours.



Improve access to mental health services.	Muscatine Public Health	Completed a process improvement root cause analysis to determine mental health access needs in community.
		Established academic partnerships with U of I for ongoing rotating intern placements with Psychology and ARNPs.
		Worked with RYC to add .4 FTE of an ARNP in Muscatine for psychiatric medication management. Currently at 1.6 FTEs. Target is 2.
		Collaborated with RYC to establish a nursing scholarship program to grow and strengthen additional psychiatric mental health nurse practitioners to serve all communities through RYC.
		Conducted Community Forum in West Liberty in partnership with Rotary of West Liberty.
		Conducted Community Forum in Muscatine in partnership with U of I's Business Leadership Network.
		Connected Everfi with Wilton, West Liberty and Muscatine Community School District staff to promote UnityPoint Health education programs: (Prescription Drug Safety -Prevention education for grades 9-12 and Mental Wellness Basics -Mental health education for grades 8-10).
		Promoted NAMI's expansion of programs (through support of the Community Foundation of Greater Muscatine).
		Worked with/promoted adolescent Suicide Prevention Groups from RYC (through support of the Community Foundation of Greater Muscatine).
		Established a Mental Health Connections program (through the support of the Community Foundation of Greater Muscatine).
		Partnered with Muscatine County Community Services to conduct Mental Health Focus Groups.
		Promoted new drop-in peer center offered at Muscatine Center for Social Action.
		Invested in an updated resource website for all service needs in Muscatine County and beyond.
		Increased access to care through telehealth services.
Received Rural Health Access grant from HRSA.		



Substance Abuse		
Reduce substance abuse to safeguard the well being of children and adults.	Community Health Care, Inc.	Certified multiple Psych and Family Nurse Practitioners to provide Medication-Assisted Treatment (MAT).
		Developed program to provide MAT services on-site at CHC.
	Muscatine Public Health	Completed a process improvement root cause analysis to determine substance abuse needs in community.
		Established a Muscatine County Substance Use Task Force.
		Distributed 2,500 packets to local nursing homes, schools, and community members (through Dispose RX program).
		Connected Everfi with Wilton, West Liberty, and Muscatine Community School District staff to promote UnityPoint Health education programs: (Prescription Drug Safety -Prevention education for grades 9-12 and Mental Wellness Basics -Mental health education for grades 8-10).
		Presented and brought in quest speaker –Alex Elswick, Extension Specialist for Substance Use Prevention and Recovery and Voices of Hope, Co-Founder (for Muscatine County School District's Teacher Quality Day).
		Partnered with ISU County Extension on Project STOMP (Steps Toward Opioid Misuse Prevention). Project STOMP presented our successes at large group meeting in Ames.
		Promoted local RX Medication Drop Box Location.
		Conducted a "Business After Hours Campaign and Education" Project/Program (touting alternative, alcohol-free beverages).
		Assisted Muscatine PD with What you Don't See drug prevention trailer.
		Secured funding to create our own drug prevention trailer (final touches in progress).
		Collaborated to identify 1) key stakeholders for 30 Community Readiness Assessment Survey's, then 2) ways to share the results throughout the community.
		Conducted Community Forum in West Liberty (in partnership with Rotary of West Liberty).
		Conducted Community Forum in Muscatine (in partnership with U of I's Business Leadership Network).
		Invested in an updated resource website for all service needs in Muscatine County and beyond.
Received a Rural Health Access grant from HRSA.		
Currently exploring Drug Courts model for Muscatine County (model replication from the QCA).		



Nutrition, Physical Activity & Weight		
Engage cross-sector community partners and individuals in developing and implementing a comprehensive strategy toward regional health.	Quad City Health Initiative/ Be Healthy QC Coalition	Facilitated regular meetings of the Be Healthy QC Coalition and Access to Healthy Foods Group to share information and promote collaboration.
Maximize awareness and connect individuals with nutrition and physical activity resources in the Quad Cities region.	Community Health Care, Inc.	Perform education and planning with each patient falling into Obesity and above categories.
		Initiated support program in partnership with the YMCA for employees to access the Y.
	Genesis	Moved Naturally Slim (which is now Wondr Health) program to online option; continue to offer scholarships leading to better metabolic health for participants.
		Offered 25 Naturally Slim seats to the Quad Cities Hispanic Chamber of Commerce.
	Quad City Health Initiative/ Be Healthy QC Coalition	Produced "special" E-News Editions focused on nutrition and physical activity.
		Created BHQC Resource Guide (1st and 2nd editions).
		Promote QC Trails and BHQC aligned messaging online, on social media and through partner outreach.
	Rock Island County Health Department	Educating and promoting healthy lifestyles to maternal/child health program participants through RICHD's WIC program (regularly drawing on material from IDPH and the USDA).
		Participating/contributing to area partner organizations/meetings (including QCBHC, QCHI's BHQC, LLFQC, Head Start, and Activate RI) in promoting healthy lifestyles among QC residents.
		Sharing healthy lifestyle messaging through RICHD social media (particularly from QCHI's BHQC, TogetherQC.com, and IDPH).
Scott County Health Department	Supporting local work on Community Transformation by providing a 1.0 FTE Community Transformation Consultant. The Consultant works with communities and businesses to offer CHANGE tool, NEMS-V, and NEMS-R assessments and technical assistance in policy and environmental changes related to physical activity and nutrition.	
UnityPoint Health - Trinity	Presented <i>Living with Purpose: Preventing or Managing Diabetes</i> event with Genesis and five other community partners with 194 attendees. Education was provided to include prevention, nutrition, physical activity, weight management, and mental health aspects of living with a chronic disease.	
	Provided diabetes risk assessments, referral information and/or education (including nutrition), at large women's health fair to approximately 800 women.	



		Presenting a 6-week, evidence-based, plant-focused cooking class, called <i>Cooking with Heart</i> (59 community members participated during three 6-week classes).
Promote policy, systems, and environment changes to improve nutrition, physical activity, and weight in the Quad Cities region.	Community Health Care, Inc.	Perform BMI assessments (at least annually) on all patients as a reportable measure to the Health Resource and Service Administration. Implemented a Population Health Team to identify patients with multiple health needs and to better manage their services here at CHC, as well as their transitions of care among specialists. Special focus on diabetic patients.
	Be Healthy QC Coalition	Shared information about policies, programs and environmental changes that support a culture of wellness.
	Scott County Health Department & Bi-State Regional Commission	Oversaw project to assess walkability around senior facilities.
	Scott County Health Department	Promoted and explained a Walk Audit Toolkit (produced in November 2018).



Access to Healthcare		
Improve and enhance education and outreach to healthcare consumers in the Quad Cities region.	Genesis	Continued funding Family Connects Genesis program (newborn visits: help with feeding, sleep, maternal depression, connections to primary care, vaccinations, etc.).
		Continued funding for breast health screenings for women who lack means.
		Established Lyndsay's Legacy Fund -- new help for women with Inflammatory Breast Cancer.
		Added 18 primary care and convenient care physicians.
		Offered telehealth, which has increased in use during the pandemic.
	Scott County Health Department	Started telehealth services for Maternal, Child, and Adolescent Health clients (which includes breastfeeding classes, maternal health education, developmental screenings, substance abuse screenings, prenatal risk assessment, maternal depression screenings, and listening visits).
	UnityPoint Health - Trinity	Opened a new, collaborative health care facility known as UnityPoint Clinic® – SouthPark Pointe, located in Moline. Includes Express Care, Family Medicine and Pediatrics-- allowing for improved care collaboration. The facility features onsite x-ray and lab, more exam rooms, greater visibility, easy access and convenient parking.
		Launched a new model of urgent care in the Quad Cities with UnityPoint Clinic – Express in Bettendorf. The walk-in clinic provides a more convenient and personalized care option with the goal of getting patients in and out within 30 minutes, 7 days a week, 365 days a year. The new clinic provides, X-ray on-site, lab services and medications – all under one roof.
		Established a bilingual community health advocate to serve the Florencia Neighborhood in Moline. Goals included building trust, removing barriers, and creating an access point to health care services. The advocate has worked with 16 community partners to provide 10 educational classes with both children and adults on oral hygiene, diabetes, heart disease prevention, hands-only CPR, and cancer prevention, as well as health screenings and education at community events.



		<p>Helped organize a first in our region-- a Veterans Experience Action Center event (based on recommendations from Trinity's community Military Advisory Committee). 613 Veterans attended over two days in July 2019 with more than \$250,000 in VA compensation benefits processed. 140 volunteers, over 40 VA representatives, 34 sponsors & donors, and 31 community partners supported this event. 98% of veterans responding to an exit survey said the event was beneficial. Over \$13,000 was raised for the Trinity Health Foundation Military & Veteran Services Fund.</p>
		<p>Expanded hours at the UnityPoint Clinic Express Care locations in Bettendorf and Moline. Now hours include M-F 8 a.m. to 8 p.m., Saturday and Sunday 8 a.m. to 4 p.m., and most holidays (began January 13, 2020).</p>
		<p>Opened the UnityPoint Health – Trinity Medical Oncology & Hematology Clinic and infusion center at the Moline campus with Costas Constantinou, MD. The Center integrates care between the medical oncology department and radiation oncology clinic, creating a stronger continuum of care, and easier access for patients - all under one roof. It includes a renovated and more comfortable infusion center.</p>
<p>Promote the use of the right care at the right time at the right place at the right cost.</p>	<p>Community Health Care, Inc.</p>	<p>Implemented same day access at all locations.</p> <p>Implemented a Walk-in Clinic at our Davenport (River Drive) location.</p> <p>Implemented same day and emergency appointments in our Dental locations.</p>
	<p>Genesis</p>	<p>Established 421 - DOCS: a help line to find a provider.</p>
	<p>UnityPoint Health - Trinity</p>	<p>Executed a <i>Where to Go for Care</i> campaign with the purpose of providing education to the community to meet healthcare needs in the appropriate setting; Provided this education and training at 8 locations (which included distribution of <i>Where to Go for Care</i> surveys to 150 people in 2019).</p>



Improve coordination of wraparound service and education for providers.	Community Health Care, Inc.	Created an assistance and referral guide for all providers here at CHC. Our Outreach Team acts as an internal referral source for any patient who has SDoH-related needs. We connect those patients when needs are identified.
		Implemented a Community Health Worker program to have trained staff engage patients in the community in order to connect them to services within CHC, as well as support services available through partner organizations.
	Rock Island County Health Department	Partnering with QCON/Hub to support and promote healthcare partners in order to increase access for public health clientele. Referrals include CHC, primary care, pediatrics, obstetrics/gynecology, and behavioral health providers.
	UnityPoint Health - Trinity	Signed the Illinois Health and Hospitals Association's pledge to eliminate healthcare disparities. The purpose of the pledge is to increase collection of data, increase cultural trainings, improve diversity in governance and leadership, and strengthen community partnerships. As it relates to COVID-19, the health system will continue to examine the data to better understand which communities are being impacted.



Other		
	UnityPoint Health - Trinity	Provided cancer prevention education at 43 health fairs, mobile pantries and community events with 5,869 people reached.
		Presented vaping prevention information at 4 community events to 262 people. The Tobacco-Free QC Coalition created a Vaping Resource Guide for parents, families, schools, and the general community to educate about the dangers of vaping.

Key / Abbreviations

ARNP - Advanced Registered Nurse Practitioner
 BHQC - Be Healthy QC Coalition
 CHANGE - Community Health Assessment and Group Evaluation
 CHC - Community Health Care, Inc.
 DS - Disability Services
 FQHC - Federally Qualified Health Center
 FTE - Full-Time Equivalent
 HRSA - Health Resources and Services Administration
 IDPH - Illinois Department of Public Health
 IPCC - Institute for Person-Centered Care
 ISU - Iowa State University
 LLFQC - Live Lead Free QC Coalition
 LMC - Louisa, Muscatine, and Cedar Iowa Counties
 MAT - Medication-Assisted Treatment
 MH - Mental Health
 NAMI - National Alliance on Mental Illness
 NEMS-R - Nutrition Environment Measures Survey-Restaurant
 NEMS-V - Nutrition Environment Measures Survey-Vending
 PD - Police Department
 QCA - Quad Cities Area
 QCBHC - Quad Cities Behavioral Health Coalition
 QCHI - Quad City Health Initiative
 QCON - Quad Cities Open Network
 QCTIC - Quad Cities Area Trauma-Informed Consortium
 RI - Rock Island
 RICHD - Rock Island County Health Department
 RX - Prescription
 RYC - Robert Young Center
 SCHD - Scott County Health Department
 SDoH - Social Determinants of Health
 TFQC - Tobacco-Free QC Coalition
 U of I - University of Iowa



APPENDIX D: OTHER RESOURCES

Part 1: Life Expectancy and Social Vulnerability Maps

Among other factors, community health status is impacted by place – where people live, including housing, neighborhood, and environment. Understanding how place is a positive or negative force impacting health outcomes helps provide contextual information to understand why health varies among populations and geographic areas.

The following maps utilize census tracts to compare populations. Census tracts are not the same as neighborhoods – they get redrawn from time to time and may split neighborhoods. General characterizations can be made about individuals living in a census tract while recognizing that differences will still exist among those individuals and the neighborhoods in which they reside.

QCA County Maps of CDC’s Social Vulnerability Index (SVI)

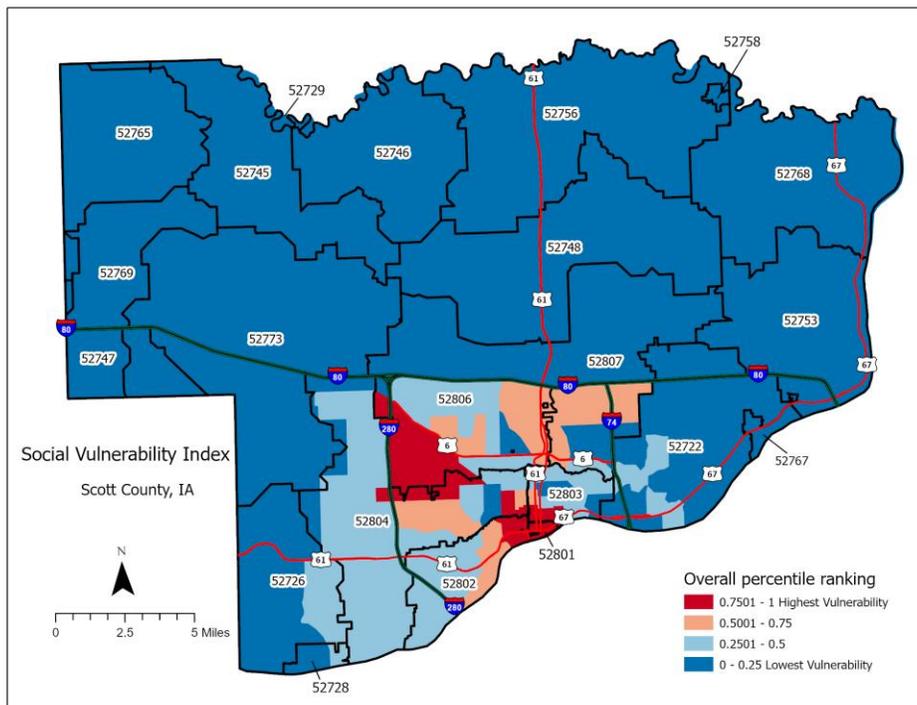
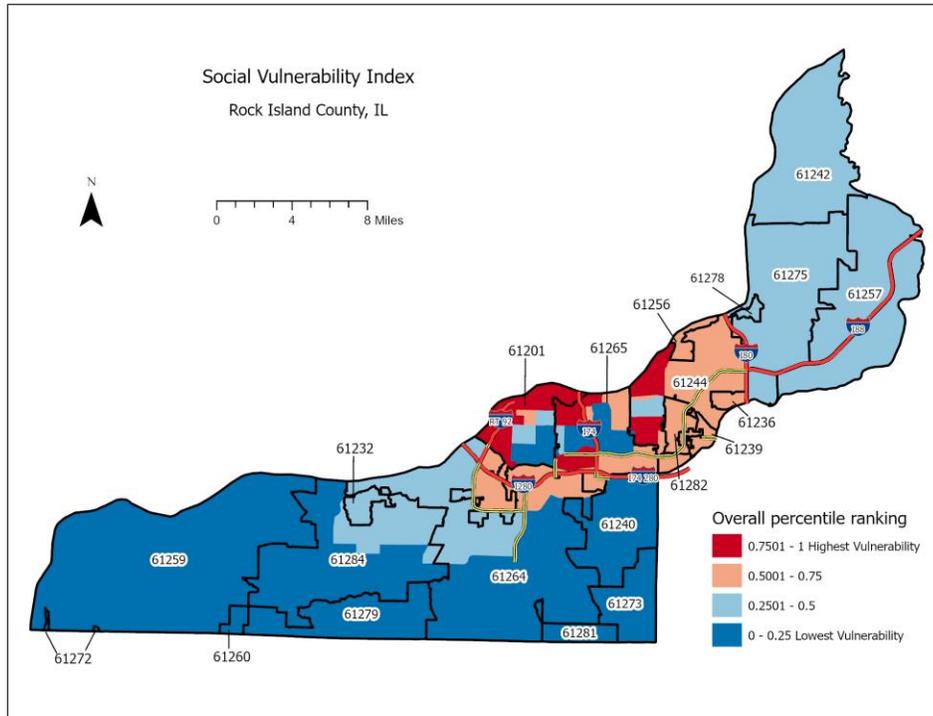
Social Vulnerability refers to the resilience of communities (the ability to survive and thrive) when confronted by external stresses on human health, stresses such as natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss. Socially Vulnerable Populations include those who have special needs, such as, but not limited to, people without vehicles, people with disabilities, older adults, and people with limited English proficiency.

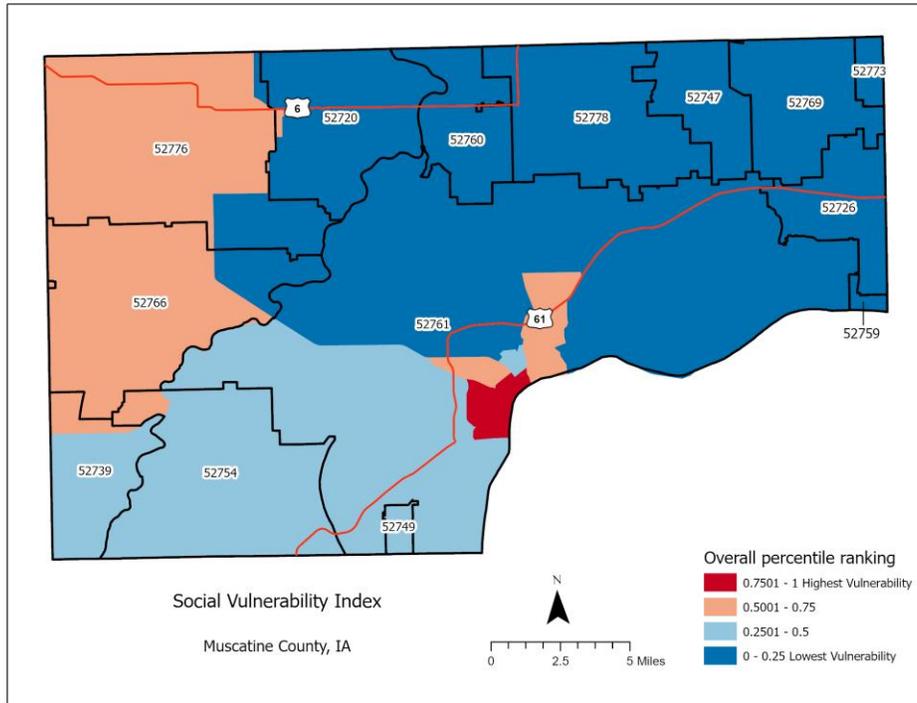
The CDC/ATSDR (Agency for Toxic Substances and Disease Registry) Social Vulnerability Index (SVI) ranks each U.S. census tract on 15 social factors, including poverty, lack of vehicle access, and crowded housing, and groups them into four related themes. Each tract receives a separate ranking for each of the four themes, as well as an overall ranking. The themes and social factors include:

- Socioeconomic status (below poverty, unemployed, income, no high school diploma)
- Household composition & disability (aged 65 or older, aged 17 or younger, older than age 5 with a disability, single-parent households)
- Minority status & language (minority, speak English “less than well”)
- Housing type & transportation (multi-unit structures, mobile homes, crowding, no vehicle, group quarters)

The SVI Interactive Map can be found at: <https://svi.cdc.gov/map.html>. For more information on the SVI, visit: <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>.





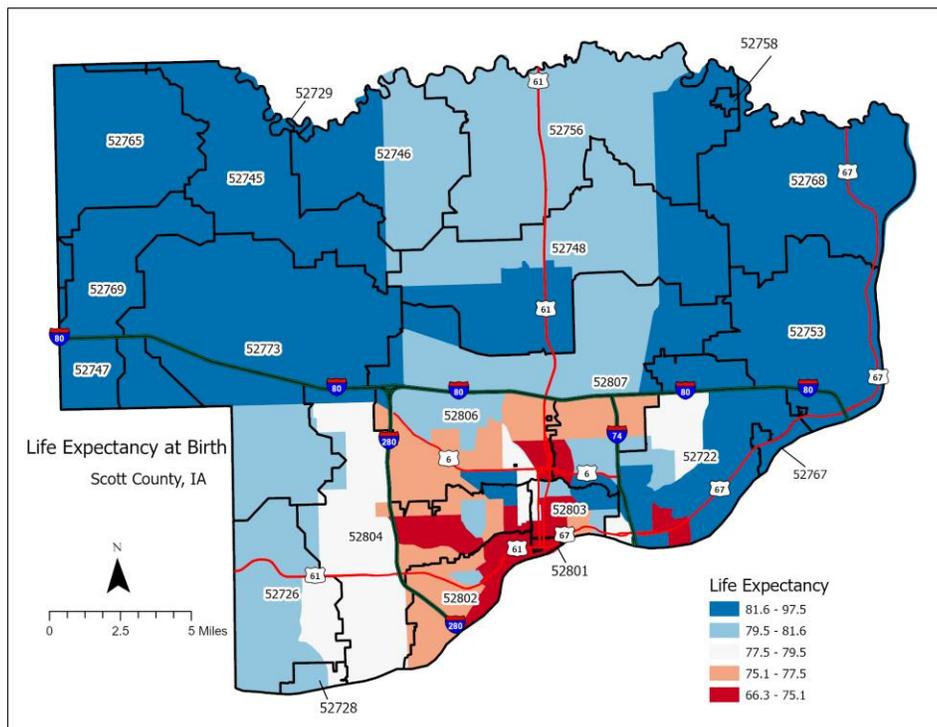
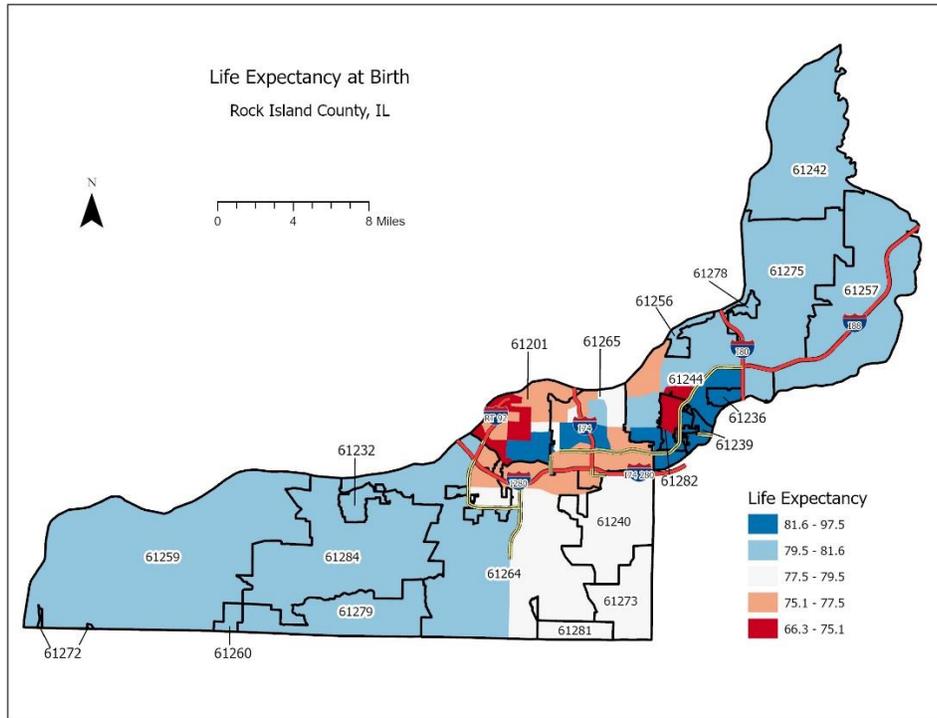


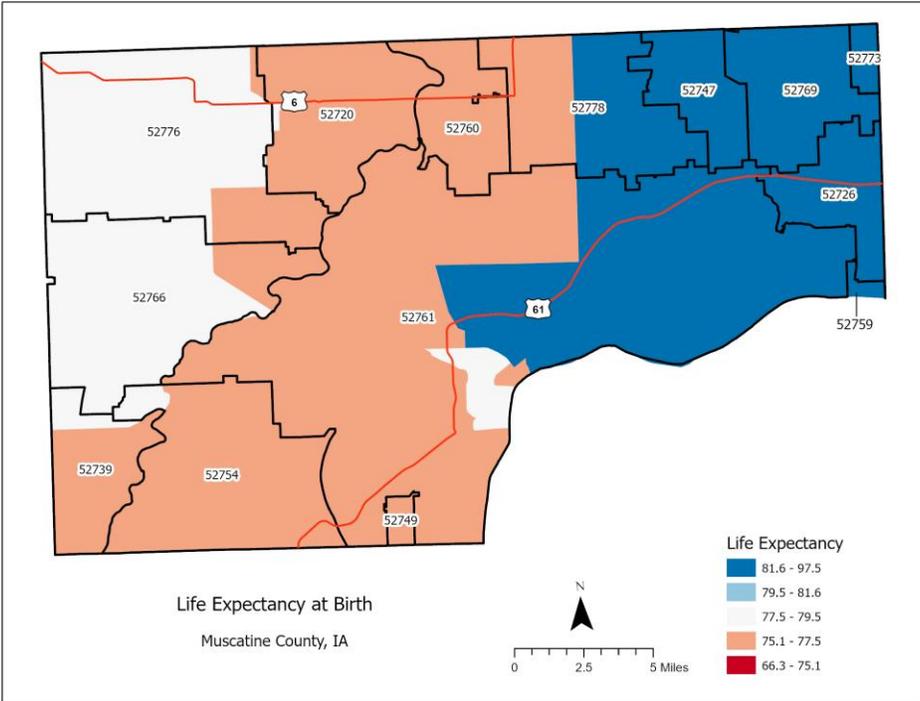
QCA County Maps of CDC's Life Expectancy at Birth

The U.S. Small-area Life Expectancy Estimates Project (USALEEP) is a partnership of NCHS, the Robert Wood Johnson Foundation (RWJF), and the National Association for Public Health Statistics and Information Systems (NAPHSIS) to produce a new measure of health for where you live. The USALEEP project produced estimates of life expectancy at birth—the average number of years a person can expect to live—for most of the census tracts in the United States for the period 2010-2015. A growing body of research is recognizing the importance of measuring mortality outcomes in small geographic areas, such as U.S. census tracts, to identify health disparities within a population.

The interactive United States map showing estimates of U.S. life expectancy at birth by state and census tract can be found at: <https://www.cdc.gov/nchs/data-visualization/life-expectancy/index.html>. For more information on the data and documentation files, visit: <https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html>.







Part 2: Additional Data Resources

Resources Created/Maintained by Local Organizations				
Title	Author (Organization)	Study Sponsor	Date of Publication/ Update	Link
<i>Reports</i>				
Bi-State Region Comprehensive Economic Development Strategy (CEDS)	Bi-State Regional Commission		Apr-2021	https://bistateonline.org/index.php/2013-05-03-14-11-33/ceds-comprehensive-economic-development-strategy
Early Childhood Iowa Muscatine County Community Plan	Early Childhood Iowa Muscatine County	Early Childhood Iowa Muscatine County Board of Directors	Feb-2019	https://www.ecimc.org/communityplan
Housing Assessment--First Quarter 2020, Downtown Davenport, Iowa	DiSalvo Development Advisors, LLC	Downtown Davenport Partnership	2020	https://www.downtowndavenport.com/pdf/DTDavenport_1stQtr_HousingReport.pdf
Quad Cities Metro LRTP (Long Range Transportation Plan)	Bi-State Regional Commission		Mar-2021	https://bistateonline.org/transportation/quad-cities-metro-planning/2012-11-13-20-19-45/quad-cities-metro-lrtp-long-range-transportation-plan
Quad Cities Strategic Traffic Safety Plan, 2020	Bi-State Regional Commission		Dec-2020	https://bistateonline.org/transportation/quad-cities-metro-planning/2012-11-13-20-19-45/safety-and-security.html
Quarterly Market Reports	Dr. Kenneth A. Kriz, Distinguished Professor of Public Administration at the University of Illinois	Quad Cities Chamber	2020-2021	https://quadcitieschamber.com/economic-development/quarterly-market-report
Tri-Cities 2020 Housing Needs Assessment	Western Economic Services, LLC	Tri-Cities Communities	Mar-2020	https://www.davenportiowa.com/UserFiles/Servers/Server_6481372/File/2020%20HNA%20DRAFT%20DPIA_HNA_DPR.pdf



Resources Created/Maintained by Organizations Outside of the Study Area

<i>Data Sites</i>				
American Community Survey	United States Census Bureau		2020	https://census.gov/programs-surveys/acs/data.html
City Health Dashboard (Davenport, IA)	Department of Population Health, NYU Langone Health	Robert Wood Johnson Foundation	2021	https://www.cityhealthdashboard.com/ia/davenport/city-overview
County Health Rankings and Roadmaps Data & Resources	University of Wisconsin Population Health Institute	Robert Wood Johnson Foundation	Mar-2021	https://www.countyhealthrankings.org/explore-health-rankings
Food Insecurity in the United States	Feeding America		2019	map.feedingamerica.org/
Neighborhood Atlas	University of Wisconsin School of Medicine and Public Health	National Institute on Aging and National Institute On Minority Health And Health Disparities of the National Institutes of Health	2020	neighborhoodatlas.medicine.wisc.edu/
Opioid Data Dashboard	Illinois Department of Public Health		2019	https://idph.illinois.gov/OpioidDataDashboard/
PLACES: Local Data for Better Health	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health	CDC, Robert Wood Johnson Foundation and CDC Foundation	2020	https://www.cdc.gov/PLACES



Reports				
Illinois Risk and Reach Report	Erikson Institute, Illinois Early Childhood Asset Map (IECAM) of University of Illinois at Urbana-Champaign, and The Fiscal Policy Center at Voices for Illinois Children	Irving Harris Foundation, Pritzker Children's Initiative, Robert R. McCormick Foundation, W. Clement and Jessie V. Stone Foundation	Spring-2019	https://storage.googleapis.com/wzukusers/user-24822041/documents/a718785095bb439db9682bc247d4c0f6/1.10.2.%20%20IL%20Risk%20and%20Reach%20report.pdf
Illinois Youth Survey Results	Center for Prevention Research and Development, University of Illinois	Illinois Department of Human Services	2020	https://iys.cprd.illinois.edu/results
Muscatine, Iowa Laborshed Analysis 2019	Iowa Workforce Development, Labor Market Information Division	Iowa Workforce Development, Iowa Economic Development	2019	https://www.iowaworkforcedevelopment.gov/sites/search.iowaworkforcedevelopment.gov/files/documents/2018/muscatineexecsummary_2019.pdf
COVID-19 Resources				
Data Sites				
COVID-19 in Iowa	Iowa Department of Public Health		2021	https://coronavirus.iowa.gov/#CurrentStatus
COVID-19 Integrated County View	Centers for Disease Control and Prevention		2021	https://covid.cdc.gov/covid-data-tracker/#county-view
COVID-19 Statistics (Illinois)	Illinois Department of Public Health		2021	https://www.dph.illinois.gov/covid19/covid19-statistics

