

2025 Community Health Assessment

Data Triangulation



Together! Healthy Linn

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Board Approval

UnityPoint Health – Cedar Rapids Community Health Needs Assessment

- *Approved by the UnityPoint Health - Jones Regional Medical Center Board of Directors on November 3, 2025.*
- *Approved by the UnityPoint Health - St. Luke's Hospital Board of Directors on December 17, 2025.*

Regulatory Considerations

The development, implementation, and facilitation of the Community Health (Needs) Assessment process is financially supported through contract with Linn County Public Health and Mercy Medical Center, Unity Point – St. Luke's – Cedar Rapids, and Eastern Iowa Health Center in alignment with regulations pursuant to Section 501(r)(3) of the Patient Protection and Affordable Care Act (ACA) for tax-exempt hospitals, Public Health Service Act (Section 330), and Health Resources and Services Administration (HRSA). **IRS Tax Year: 2025**

Linn County Public Health is required under 641 (Public Health Department) Iowa Administrative Code Chapter 77 to conduct regular assessment of the health of the community. Additional requirements for the Community Health Assessment and Community Health Improvement Plan are outlined by the Public Health Accreditation Board (PHAB) under version 2022.

St. Luke's Hospital (SLH) and Jones Regional Medical Center (JRMC) are two charitable hospital organizations that are part of UnityPoint Health – Cedar Rapids Region. This document reflects collaborative work in conducting the Community Health Needs Assessment between these two entities and in partnership with Together! Healthy Linn and the Jones County Public Health Work Group (JCPHWG). It was done collaboratively in accordance with Community Health Needs Assessment for Charitable Hospital Organizations – Section 501(r)(3), because the “two hospital facilities with overlapping, but not identical, communities collaborate in conducting a CHNA, the portions of each hospital facility’s CHNA report relevant to the shared areas of their communities might be identical. So, hospital facilities with different communities, including general and specialized hospitals, may collaborate and adopt substantively identical CHNA reports to the extent appropriate.

However, the CHNA reports of collaborating hospital facilities should differ to reflect any material differences in the communities served by those hospital facilities. Additionally, if a governmental public health department has conducted a CHNA for all or part of a hospital facility’s community, portions of the hospital facility’s CHNA report may be

substantively identical to those portions of the health department's CHNA report that address the hospital facility's community."

The Together! Healthy Linn CHNA will be used as the primary document. Additional information provided by St. Luke's Hospital, JRMC and/or the JCPHWG will be italicized.

For questions or comments on the UnityPoint Health – Cedar Rapids Community Health Assessment, please contact:

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Together! Healthy Linn Questions and Comments

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UnityPoint Health – St. Luke's Hospital and Jones Regional Medical Center
Community Health Assessment
Executive Summary

The Community Health Assessment (CHA), conducted between January and August of 2024, identifies health needs, differences in health outcomes across populations, and system gaps in Linn County, IA. Led by Linn County Public Health and partners through the Mobilizing Through Planning and Partnership (MAPP) 2.0 framework, CHA triangulates data from partners, health status indicators, and community voices to shape the Community Health Improvement Plan (CHIP). *The Jones County CHA data gathering was conducted between January and December 2022 and finalized in 2023.*

Key Findings

Six priority areas emerged across the three assessment types:

- 1. Mental Health**
 - a. This was the top concern across all assessments
 - b. Youth suicidal ideation rose from 10.5% (2018) to 49.2% (2021)
 - c. Key barriers include long wait times and stigma
- 2. Underlying Causes of Chronic Disease**
 - a. Heart disease and cancer are the leading causes of death
 - b. Diabetes diagnoses rose over 60% from 2018 to 2022
 - c. Root causes: Obesity, smoking, poor diet, and inactivity
- 3. Substance Use & Overdose**
 - a. Overdose deaths are rising, especially from fentanyl and methamphetamines
 - b. Substance misuse ranked as a top concern among community members
 - c. Stigma and lack of culturally appropriate support noted.
- 4. Access to Care**
 - a. Disparities in insurance and prenatal care access for Black, Hispanic, and low-income residents
 - b. Rural areas face transportation and provider shortages
- 5. Childcare Cost & Access**
 - a. Costs of childcare are steadily increasing; financial assistance to help vulnerable residents is limited
 - b. Shortages in childcare were particularly present in rural areas like Mount Vernon and Fairfax
 - c. Listed as the second area of concern among community members
- 6. Community Violence**
 - a. Homicide and domestic violence rates are increasing
 - b. Black residents are disproportionately impacted
 - c. Youth safety and lack of positive outlets is a major concern

Cross-Cutting Themes

Themes that were found to impact multiple health priorities:

1. **Housing:** High-cost burden, aging housing stock, racial disparities.
2. **Transportation:** Gaps in suburban/rural access; disconnected sidewalks and other infrastructure.
3. **Economic Stability:** High poverty and unemployment in low life expectancy census tracts
4. **Diverse Voices:** Need for inclusive engagement of immigrants, refugees, LGBTQ+ individuals, and non-English speakers

Community Engagement

Over **835 residents** were engaged through focus groups, town halls, photovoice activities, and outreach at community events like CR Pride and Cleveland Area Neighborhood Association (CANA). Additional input was gathered via food security and violence prevention surveys.

The Jones County Needs Assessment used qualitative and quantitative data collected through identified data sources and distributing and evaluating a community-wide perceptual survey of 199 residents.

Process & Participation

The assessment was led by Linn County Public Health in collaboration with the two large hospital systems (UnityPoint-Cedar Rapids, Mercy Medical Center), Federally Qualified Health Center (Eastern Iowa Health Center), over 35 community partners, and guided by the Together! Healthy Linn Steering Committee.

Next Steps

Findings from this CHA will guide the 2025-2027 *Together! Healthy Linn* CHIP, with a focus on ensuring all have access to resources and opportunities to thrive, prevention, and collaboration. *UnityPoint Health – Cedar Rapids Region will utilize the Together! Healthy Linn CHIP in addition to the Jones County Public Health CHIP to develop the 2026 – 2028 UnityPoint Health – Cedar Rapids CHIP.*

Introduction

The 2024 Linn County Community Health Assessment (CHA) was conducted between January and August of 2024, to identify the health needs, assets, and priorities within the community. This document summarizes the CHA, also known as the Community Health Needs Assessment (CHNA). This iteration of the CHA and identification of priority issues utilized the updated Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 framework. The assessment emphasizes identification of populations at greater risk for poorer health outcomes, collaboration, and data-driven decision-making to ensure that all voices in the community were heard and represented in this comprehensive evaluation. This report includes an overview of the community served by the Together! Healthy Linn partner agencies and specifically those within the primary service area of Linn County further outlining population characteristics of those at greater risk for poorer health outcomes in these areas. Additionally, the report includes an overview of the MAPP 2.0 framework, partner involvement during planning and implementation phases, CHA findings, 2025-2027 Community Health Improvement Plan priorities, and a summary of the collaborative impact from the former CHA-CHIP iteration (2021-2024). While the primary service area for the Together! Healthy Linn partners is Linn County, the wider service area across partners includes Benton, Bremer, Buchanan, Cedar, Delaware, Fayette, Iowa, Johnson, Jones, Washington, Clinton, Jackson, Dubuque, Iowa, and Tama counties. For this report primary focus will be on Linn County with the healthcare service areas acknowledged.

Healthcare Service Area

Linn County has two large hospitals, Mercy Medical Center and Unity Point – St. Lukes – Cedar Rapids situated in Linn County. Both hospitals have a service area of Benton, Buchanan, Cedar, Delaware, Iowa, Johnson, Jones, Linn, and Tama counties. Of these, the Federally Qualified Health Center (FQHC), Eastern Iowa Health Center (EIHC) serves counties Linn, Benton, Jones, Iowa, and Johnson. Additionally, the region is served by the Community Health Free Clinic, His Hands Free Clinic, Linn County Public Health, and several additional primary and specialty care clinics. Populations of focus include individuals of all ages, from pediatrics to geriatrics. While Linn County is the primary service area for Mercy Medical Center, Linn County Public Health, Community Health Free Clinic, and His Hands Free Clinic, Unity Point – St. Luke's Hospital also includes Jones County as a primary service area through affiliation with Jones Regional Medical Center. Within this area there is a population of 519,729 individuals, 230,000 of which are attributed to Linn County. See Table 1 for a breakdown of indicators related to population, healthcare, poverty, race, and ethnicity; this data is mapped across the state of Iowa, combined hospital service area, combined EIHC service area, and the primary service areas of Linn and Jones counties. Appendix A further breaks down the indicators by specific county associated with the healthcare service areas.

Table 1: Healthcare Service Area Indicators

Indicators	State of Iowa	Hospital Service Area	FQHC Service Area	Hospital Primary Service Area	
				Jones	Linn
Total Population	3,190,369	519,729	446,036	20,646	230,299
Land Area (sq mi)	55,853.7	5,657.70	3,208	545.6	717.1
Median Age (yrs)	39.1	41.0	40.06	43	39.6
Median Income	\$71,433	\$75,056.67	\$74,768	\$73,071	\$72,279
Education – Less than High School (25 yrs+)	6.7%	5.6%	5.0%	5.6%	4.8%
Education – bachelor's or higher	31.5%	26.9%	31.9%	20.7%	35.2%
Unemployment	2.8%	5.6%	4.9%	2.9%	3.7%
Percent Disabled	13.2%	12.5%	12.3%	13.7%	12.8%
Homeownership Rate	71.8%	76.3%	74.4%	80.7%	72.5%
Language spoken at Home: Other than English	9.0%	5.3%	5.7%	2.7%	7.6%
Healthcare					
Uninsured Rate	5.0%	4.2%	3.5%	3.8%	3.8%
Medicaid Coverage Rate*	20.9%	19.7%	19.8%	20.3%	20.7%
Medicaid Coverage Rate - Child*	37.8%	36.9%	37.0%	38.2%	37.2%
Total Medicare Recipients**	685,181	11,446	17,123	4,897	46,356
Total Medicare Beneficiaries – Electricity dependent equipment	4.3% (n= 29,604)	3.9% (n =3,600)	3.6% (n= 1,227)	4.2% (n = 200)	3.5% (n = 1,626)
Premature Death (years of life lost among individuals under 75 yrs)	6,400 yrs	5,780 yrs	6,067 yrs	5,000 yrs	6,500 yrs
Poverty					
All	11.3%	10.1%	10.7%	10.4%	9.9%
<18	13.6%	11.2%	11.1%	14.0%	11.8%
18-64	11.0%	10.4%	11.4%	10.7%	10.1%
65+	9.4%	7.6%	7.1%	6.2%	6.9%
Race & Ethnicity					
American Indian/Alaska Native	0.5%	1.1%	0.2%	0.3%	0.2%
Asian	2.4%	0.5%	0.7%	0.3%	2.3%
Black/African American	4.1%	2.3%	3.8%	2.1%	7.1%
Native Hawaiian/Pacific Islander	0.2%	0.0%	0.1%	0.0%	0.2%
Other	2.8%	1.4%	1.4%	0.9%	1.3%
Two or More	5.6%	3.5%	3.3%	3.2%	6.0%
White	84.5%	89.6%	88.2%	93.2%	82.8%
Hispanic	6.8%	10.3%	9.2%	8.0%	3.9%

Source: 2023 American Community Survey 5-Year Estimates; <https://bhw.hrsa.gov/>

*Georgetown University, 2025 **Centers for Medicare and Medicaid Services, 2025

The following are the demographics for Jones County according to the 2023 County Health Rankings data:

Demographics	Jones, IA
% Below 18 Years of Age	20.1%
% 65 and Older	21.5%
% Female	46.9%
% American Indian or Alaska Native	0.5%
% Asian	0.6%
% Hispanic	2.7%
% Native Hawaiian or Other Pacific Islander	0.0%
% Non-Hispanic Black	2.9%
% Non-Hispanic White	92.6%
% Disability: Functional Limitations	26%
% Not Proficient in English	0%
Children in Single-Parent Households	25%
% Rural	73.8%
Population	20,900

Medically Underserved Area/Populations

Within the hospital's primary care service area, five of the nine counties (Table 2) are designated as medically underserved areas (MUA) and one as a medically underserved population (MUP). Locations identified as medically underserved areas or populations, are geographic areas where there is a lack of access to primary care services (Health Resources and Services Administration [HRSA], n.d.). MUAs specifically have a shortage of primary care health services in a designated geographic area, which may be as large as the entire county or as small as a specified area of the county. Conversely, MUPs denote locations where there is a shortage of primary care providers for a specific subset of a population residing within a smaller geographic area. These groups tend to experience increased barriers to accessing healthcare compared to their counterparts within the surrounding area. Examples of these populations may include minority, unhoused, or low-income individuals.

Table 2: Primary Care County by Service Area & MUA/MUP Designation

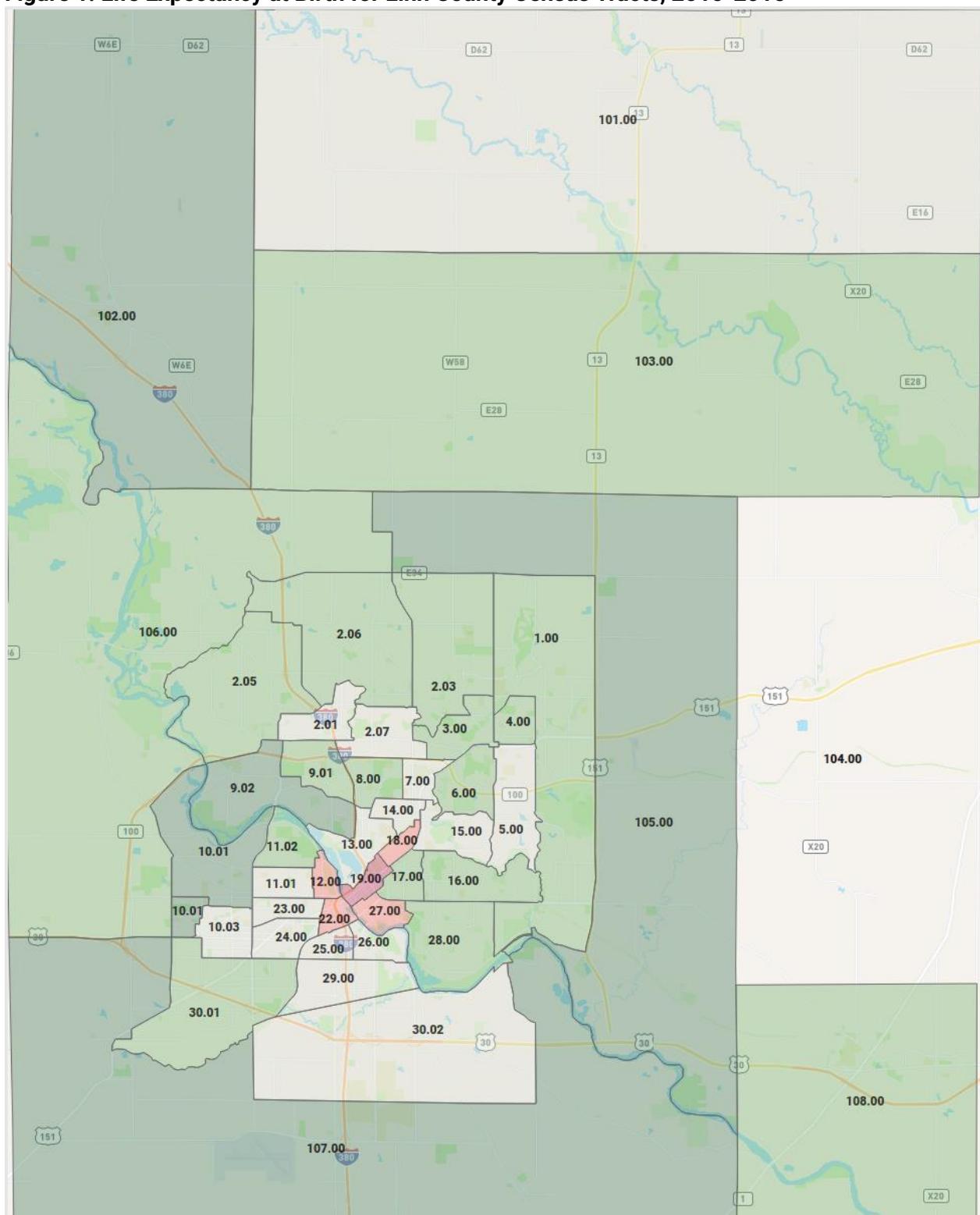
County	Designation	Service Area
Benton	Medically Underserved Area	Belle Plaine Township
Buchanan	Medically Underserved Area	Cono/ Newton Service Area, Fairbank Service Area
Cedar	Not Medically Underserved	N/A
Delaware	Medically Underserved Area	Delhi/ Milo Service Area, Delaware Service Area
Iowa	Medically Underserved Population	English Township
Johnson	Not Medically Underserved	N/A
Jones	Medically Underserved Area	Oxford Township

Linn	Medically Underserved Population	Low Income - Cedar Rapids
Tama	Medically Underserved Area	Tama Service Area
Source: HRSA, n.d.		

Primary Service Area - Linn County Population

Linn County has a population of approximately 230,000 people, with Cedar Rapids as its largest city and economic hub (Table 1). In 2023, the population of Linn County accounted for 7.2% of Iowa's total population, making Linn County the second most populous county in Iowa. The county has a diverse demographic, including low-income families, elderly residents, individuals with disabilities, and racial/ethnic minorities who may face higher needs in areas such as healthcare, housing, and social services. Approximately 10% of the total population in Linn County lives below the poverty line, with a significant number requiring assistance for housing, food security, and healthcare. The average life expectancy at birth among Linn County residents is 7 years (County Health Rankings, 2023), which is similar to that in the state of Iowa at 77.7 years. Life expectancy is a way of understanding how long people in a community are likely to live on average and identify where health gaps may exist. Figure 1 illustrates the life expectancy of those living within the census tracts in Linn County. Life expectancy at birth in Linn County ranges from 66.3 years in census tract 19 to 87.5 years in census tract 105.00. The areas of lowest life expectancy at birth are in census tracts 12, 18, 19, 22, and 27.

Figure 1. Life Expectancy at Birth for Linn County Census Tracts, 2010-2015



Source: Tejada-Vera et al., 2020, National Geospatial Data Asset (NGDA) data from the U.S. Census Bureau (USCB), Esri Federal Datasets, Madeleine Gilmore

Demographic Characteristics

In addition to the census tracts referenced above, there are four additional census tracts that comprise the medically underserved population in Linn County. The associated census tracts are in the downtown Cedar Rapids area including census tracts 12, 13, 17, 18, 19, 22, 25, 26, and 27. The lowest life expectancy at birth within this area is in census tract 19 at 66.3 years (Table 3). Over the eight census tracts, there is a significant variation in demographic make-up with census tract 27 having the highest percentage of Black/African American residents at 21.5% compared to 5.9% for the entire county. Similarly, census tracts 13, 19, and 22 have the highest population of two or more races ranging from 14.5% to 19.8% compared to 5.9% across Linn County. Census tract 19 also has the highest percentage of Hispanic residents, with 14.9% compared to 4% in Linn County.

Table 3: Medically Underserved Population in Linn County – Demographic Characteristics, 2023

Demographic Characteristics													
		Life Expectancy	Median Age	Male	Female	American Indian/ Alaska Native	Asian	Black/ African American	Native Hawaiian/ Pacific Islander	Other	Two or more	White	Hispanic
Units		Years	Years	%	%	%	%	%	%	%	%	%	%
Linn		78	38.5	49.4%	50.6%	0.3%	2.3%	5.9%	0.1%	1.1%	5.9%	84.6%	4.0%
MUP: Census Tract	12	74.5	34.9	55.6%	44.4%	0.1%	0.0%	9.2%	0.0%	1.2%	5.5%	95.0%	0.0%
	13	79	29.2	37.8%	62.2%	0.1%	5.1%	10.5%	0.0%	0.1%	14.5%	69.8%	7.0%
	17	81.7	37.1	57.2%	42.8%	0.5%	0.0%	10.7%	0.0%	0.2%	11.8%	76.8%	5.5%
	18	74	41.0	50.2%	49.8%	0.0%	0.7%	7.0%	0.0%	2.9%	7.2%	82.3%	9.4%
	19	66.3	21.0	52.2%	47.8%	0.2%	3.3%	14.7%	0.7%	2.1%	10.0%	69.0%	14.9%
	22	72.8	35.4	49.2%	50.8%	0.0%	2.3%	12.0%	0.0%	2.7%	19.8%	63.1%	2.7%
	25	78.2	30.4	47.0%	53.0%	5.5%	2.9%	12.1%	0.4%	7.7%	16.3%	90.2%	3.1%
	26	77.9	43.3	49.6%	50.4%	0.0%	0.0%	12.9%	0.0%	1.1%	0.6%	85.3%	6.5%
	27	71.8	40.3	44.2%	55.8%	0.0%	3.3%	21.5%	0.0%	0.7%	6.0%	68.4%	5.1%

Source: National Center for Health Statistics, 2010-2015; American Community Survey 5-yr, 2023; CDC EPH Tracking, 2021

Socioeconomic & Health Indicators

In comparison, census tracts 13, 19, 22, and 27 have a poverty rate that is 2.3 to 2.9 times greater than that of Linn County (Table 4). In general, renters in Linn County have a higher housing cost burden than those who own their own home. The housing cost burden is defined as a household that spends more than 30% of their household income on rent or mortgage. Conversely, census tract 19 has the largest percentage of renter-occupied housing (89.4%) compared to the total housing stock in the area but has a higher housing cost burden among owner-occupied households (55%). Prevalence across the health indicators was relatively similar throughout the census tracts. However, the prevalence of coronary heart disease was 1.3 times higher in census tract 27 in comparison to Linn County. Prevalence of smoking among adults was 1.6 times higher in census tract 22 in comparison to Linn County.

Table 4: Medically Underserved Population in Linn County – Socioeconomic & Health Indicators, 2023

		Poverty Rate	Education: Less than High School	Socioeconomic Indicators					Health Indicators				
Units				Renter Occupied Housing	Housing Cost Burden: Owner-Occupied	Housing Cost Burden: Renter-Occupied	Unemployment	Uninsured	Prevalence: Coronary Heart Disease	Prevalence: All Cancer	Prevalence: Asthma Among Adults	Prevalence: Smoking Among Adults	Prevalence: Binge Drinking
MUP: Census Tract	Linn	9.9%	4.4%	27.5%	17.3%	41.9%	3.7%	3.8%	5.5%	7.3%	9.4%	15.1%	20.9%
	12*	17.7%	9.7%	30.3%	26.2%	34.1%	6.0%	7.3%	5.3%	6.2%	10.0%	20.0%	22.5%
	13	23.6%	7.0%	59.4%	31.4%	40.4%	3.3%	9.4%	4.6%	5.4%	10.5%	18.5%	22.6%
	17	9.7%	9.4%	29.4%	12.3%	56.5%	4.9%	5.7%	4.8%	6.0%	10.4%	18.1%	21.6%
	18*	11.5%	4.1%	46.8%	26.7%	51.7%	2.3%	4.4%	5.2%	6.2%	10.0%	18.1%	21.5%
	19*	32.4%	5.9%	89.4%	55.0%	43.6%	9.0%	7.4%	4.4%	3.9%	11.4%	19.0%	22.6%
	22*	28.4%	7.7%	46.4%	39.7%	53.8%	8.2%	12.6%	4.4%	4.2%	10.3%	24.6%	24.2%
	25	13.4%	8.2%	18.8%	13.7%	41.3%	4.0%	2.1%	5.6%	6.2%	10.4%	22.0%	22.0%
	26	11.3%	10.3%	53.7%	10.2%	48.3%	4.5%	6.9%	5.7%	6.2%	10.6%	20.6%	21.0%
	27*	29.3%	11.9%	23.1%	15.6%	51.2%	8.8%	0.0%	7.2%	7.4%	10.6%	20.5%	18.3%

Source: National Center for Health Statistics, 2010-2015; American Community Survey 5-yr, 2023; CDC EPH Tracking, 2021

*Denotes low life expectancy census tracts

The following is additional socioeconomic data on Jones County from the Jones County Public Health Community Needs Assessment:

Economic:

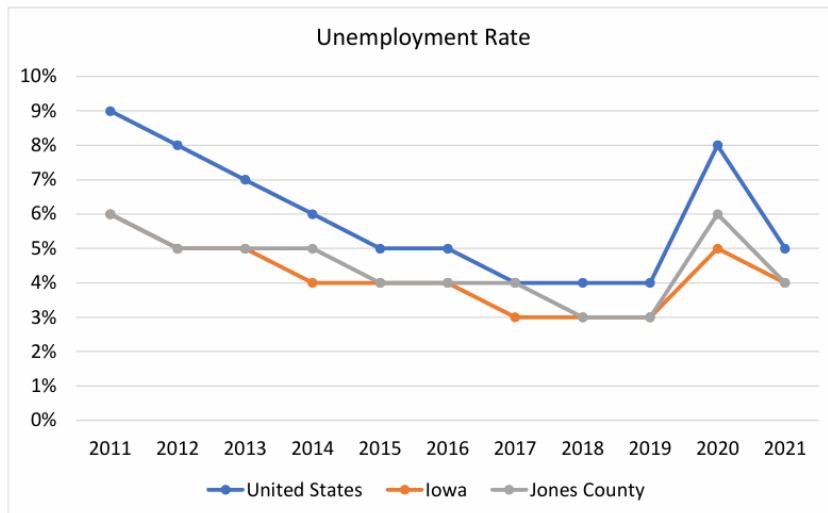


Figure 5: Unemployment Rate in the United States, Iowa, and Jones County (2011-2021)²

Table 9: Percent of Population by Income Bin (2022) [United States, Iowa, and Jones County]¹

	United States	Iowa	Jones County
Less than \$10,000	5.5%	4.3%	4.3%
\$10,000-\$14,999	3.7%	3.6%	3.2%
\$15,000-\$24,999	6.8%	7.5%	7.4%
\$25,000-\$34,999	7.3%	7.4%	8.1%
\$35,000-\$49,999	10.7%	12.2%	13.5%
\$50,000-\$74,999	16.2%	18.4%	19.9%
\$75,000-\$99,999	12.8%	14.2%	19.6%
\$100,000-\$149,999	16.9%	17.3%	13.7%
\$150,000-\$199,999	8.7%	7.8%	6.5%
\$200,000 or more	11.5%	7.3%	3.8%

Together! Healthy Linn

A wide range of stakeholders were involved throughout the CHA process, ensuring that the assessment was reflective of the community's diverse perspectives. Key stakeholders included local health systems, municipalities, community-based organizations, and residents. Leading the CHA and identification of the priority issues for the Community Health Improvement Plan (CHIP) is the MAPP Core Team at Linn County Public Health. This team is comprised of a group of individuals with expertise in strategic planning, data collection and analysis, and building diverse community partnerships (Table 5). However, the overall CHA-CHIP process is guided by the Together! Healthy Linn Steering Committee comprised of cross-sector partners (Table 6).

Table 5. MAPP Core Team

Name	Organization	Role
Amy Blake	Linn County Public Health	Assessment & Health Promotion Supervisor
Cassidy Flory	Linn County Public Health	Senior Health Education Specialist
Cindy Fiester	Linn County Public Health	Chronic Disease Program Coordinator
Christie Rossi	Linn County Public Health	Public Health Epidemiologist
Kristy Knight	The Heart of Health, LLC	Public Health Contractor
Maddie Gilmore	Linn County Public Health	Public Health Epidemiologist
Jacquie Montoya	Linn County Public Health	Public Health Program Planner

Table 6. Together! Healthy Linn Steering Committee Members

Name	Organization	Sector
Kathy Horan	MethWick	Aging Adults
Chelsea Lensing	Coe College	Education
Drew Westberg	Coe College	Education
Ashley Vanorny	Cedar Rapids City Council	Elected Officials
Hailee Sandberg	Iowa State University Extension & Outreach	Environmental Organization
Pramod Dwivedi	Linn County Public Health	Government
Gage Meskimen	City of Marion	Government
Ashley Balias	Linn County Community Services	Housing
Laura Medberry	College Community School District	K-12 Education
Lizzie Adams	Cedar Rapids Community School District	K-12 Education
Melissa Dean	Mercy Medical Center	Medical Providers
Joe Lock	Eastern Iowa Health Center	Medical Providers
Lori Weih	UnityPoint St. Lukes & Jones Regional Medical Center	Medical Providers
Joe Heitz	Greater Cedar Rapids Community Foundation	Philanthropy
Karey Chase	United Way of East Central Iowa	Philanthropy

The Jones County Public Health CHNA HIP Workgroup Members include representatives from JRMC, public health, schools, daycares, community agencies, extension services, law enforcement, and government officials. In addition, the SSA public health departments were contacted by St. Luke's Hospital to better understand their county needs through utilizing their most recent CHNA.

Guiding Principles

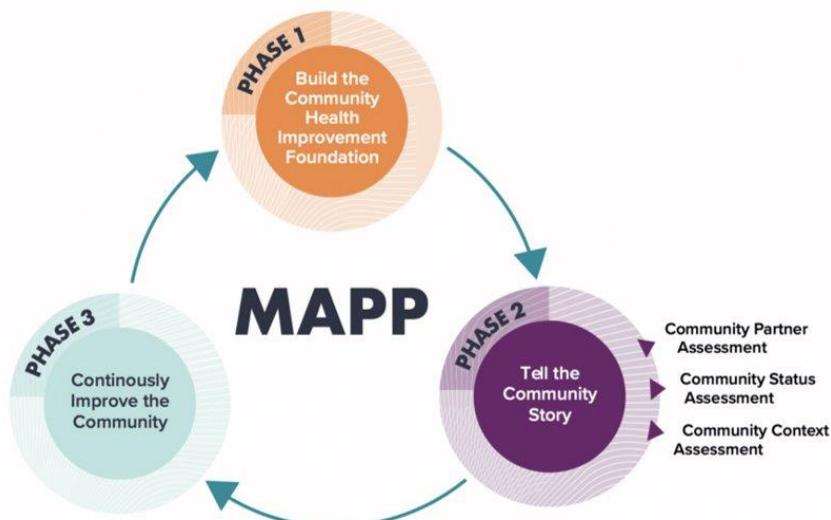
Together! Healthy Linn is a cross-sector, community-based collaborative established in 2015 united by a shared vision and set of values, which were last revised in March of 2018, but reviewed by the steering committee in 2021 prior to the 2022-2024 Community Health Improvement Plan cycle. This shared community vision and values were created to guide the development of the CHA and CHIP through a common lens. Together! Healthy Linn vision and values are:

- **Vision:** *The local public health system is collaborative, engaged in the community, responsive to community needs, easy to navigate, focused on prevention, and creates access for all. The system is designed for a culture of health, and promotes an active, safe, empowered, resilient, and connected community that embraces diversity and equity.*
- **Values:** *Together! Healthy Linn collaborative is driven by a commitment to collaboration, open communication, engagement with the community, and accountability.*

Methodology

Together! Healthy Linn collaborative uses the Mobilizing for Action through Planning and Partnerships (MAPP) framework to guide the CHA and CHIP process. In 2023, the updated MAPP 2.0 framework was released by the National Association for County and City Health Officials (NACCHO); MAPP is a nationally recognized framework for conducting community-wide strategic planning to improve community health. This framework balances quantitative data about health trends with the experiences of community members, assets available across the collaborative, and insight from content experts in the agencies within the local public health system. MAPP 2.0 consists of three phases and emphasizes social determinants of health and identification of populations disproportionately impacted as key factors that influence the overall health of the community (Figure 2).

Figure 2: MAPP 2.0 Framework



Source: National Association of County and City Health Officials (NACCHO), 2023

Community Health Assessment

The MAPP 2.0 framework incorporates three key assessments to capture the community narrative including the Community Partner Assessment (CPA), Community Status Assessment (CSA), and Community Context Assessment (CCA). These assessments employ a variety of data sources and methods to provide a comprehensive and accurate picture of the health status and needs of Linn County residents. Each of the assessments has a unique focus to build the overall community story and is conducted in a specific order to guide data discovery (Figure 3). The CPA is the first of the three followed by the CSA and finally CCA. The overall assessment occurred between January and August of 2024.

Figure 3: MAPP 2.0 Assessments



Community Partner Assessment

The CPA subcommittee (Table 7) met on January 11, 2024, to review MAPP 2.0 guidance related to this assessment including the proposed survey questions for community partners to reflect on. This assessment is focused on identification of the collective capacity of the collaborative to address health issues in the community given current resources and where the Together! Healthy Linn, as a group, needs to seek additional resources including the recruitment of additional members. Initially the CPA survey, as suggested by MAPP 2.0 guidance, consisted of 60 questions to comprehensively cover its themes and objectives. However, a lengthy survey can lead to respondent fatigue, lower response rates, and reduced data quality due to disengagement. As such, the subcommittee identified opportunities to shorten the survey, with a final count of 24 questions, making it more concise while maintaining thorough coverage of each of the associated themes. This balance ensures the subcommittee collects meaningful insights without overwhelming participants; this also improves completion rates and data reliability. The subcommittee planned implementation of the modified survey across two meetings.

Table 7. CPA Subcommittee Members, 2024

Name	Organization	Name	Organization
Amy Blake	Linn County Public Health	Jacquie Montoya	Linn County Public Health
Maddie Gilmore	Linn County Public Health		

Implementation. An invitation was sent to all partner agencies and individuals who had either participated in the CHA-CHIP process in the past or who had newly been identified. Overall, 181 unique individuals representing a total of 108 agencies were invited to participate in the CPA. Throughout the process, 35 agencies participated in this assessment (Table 8). To start the implementation process, an introductory meeting with community partners was held on February 26th, 2024, to introduce the survey including assessment purpose, timeline, and process. Following this meeting, the CPA survey was released and remained open for two weeks to gather initial input from the partners. Each of the participating partner agencies was instructed to fill out one CPA survey per agency. Preliminary results were then pulled by Maddie Gilmore (Epidemiologist) for initial assessment and synthesis. A follow-up meeting was held on March 25th, 2024, to present the aggregated results to the agencies for feedback and reflection. To accommodate additional input from newly identified agencies, the survey and reflection board remained open for another two months, ensuring broad and inclusive participation in the assessment process.

Data Limitations. While it was not feasible to survey every organization within the county, efforts were made to engage as many organizations as possible across various sectors to ensure diverse and comprehensive input. Additionally, some organizations were unable to participate in the assessment due to time constraints.

Table 8. Organizational participation in the community partner assessment, 2024

Organization Name	County(s) Served*	Primary Population Served*
AbbeHealth	Benton, Bremer, Buchanan, Cedar, Delaware, Fayette, Iowa, Johnson, Jones, Linn	Individuals across multiple counties in Iowa requiring mental health and aging services.
Advocates for Social Justice (ASJ)	Linn	Community members in Linn County advocating for social justice
Amani Community Services	Linn	African American victims of domestic violence and sexual assault in Linn County
Area Substance Abuse Council (ASAC)	Benton, Clinton, Delaware, Jackson, Jones, Linn	Individuals in multiple counties in Iowa seeking substance abuse prevention and treatment services
Catherine McAuley Center	Linn	Individuals in Linn County needing transitional housing, adult education, and immigrant services
Cedar Rapids Community School District	Linn	Students and families within the Cedar Rapids area
Cedar Rapids Public Library	Linn	General public in Cedar Rapids and surrounding areas
Children of Promise Mentoring Program	Linn	Youth in Linn County with incarcerated parents
City of Cedar Rapids - Housing Services	Linn	Residents of Cedar Rapids seeking housing assistance
City of Fairfax	Linn	Residents of Fairfax
City of Marion	Linn	Residents of Marion
City of Mt. Vernon	Linn	Residents of Mt. Vernon
Coe College	Linn	Students and academic community in Cedar Rapids
Corridor Metropolitan Planning Organization	Benton, Cedar, Iowa, Johnson, Jones, Linn, Washington	Residents and businesses in the Cedar Rapids metropolitan area
Eastern Iowa Health Center	Benton, Iowa, Johnson, Jones, Linn	Patients in Linn County and surrounding areas seeking medical and dental care
Feed Iowa First	Linn	Communities in Linn County focusing on combating food insecurity
Four Oaks Family and Children Services	Statewide	Children and families across Iowa requiring support services
Hawkeye Area Community Action Program (HACAP)	Benton, Iowa, Johnson, Jones, Linn, Washington	Low-income individuals and families in several counties in Eastern Iowa
His Hands Free Clinic	Linn	Uninsured and underinsured individuals in Cedar Rapids

Organization Name	County(s) Served	Population Served
Kids First Law Center	Linn	Children in Linn County involved in high-conflict custody and divorce cases
Linn County Child Development Center	Linn	Young children and families in Linn County needing early childhood education
Linn County Public Health	Linn	Residents of Linn County of all ages
Linn County Sustainability Department	Linn	Residents and businesses in Linn County
Matthew 25	Linn	Residents of Cedar Rapids focusing on neighborhood revitalization and community development
Mercy Medical Center	Benton, Buchanan, Cedar, Delaware, Iowa, Johnson, Jones, Linn, Tama	Patients in Cedar Rapids and surrounding areas seeking medical services
MHDS East Central Region - Linn County office	Benton, Bremer, Buchanan, Delaware, Dubuque, Iowa, Johnson, Jones, Linn	Individuals in multiple counties needing mental health and disability services
NAMI Linn County	Linn	Residents of Linn County seeking mental health support and advocacy
NewBo City Market	Linn	General public in Cedar Rapids and visitors to the New Bohemia district
Southeast Linn Community Center	Linn	Residents of southeast Linn County seeking community services
Tanager	Linn	Children and families in Linn County needing mental and behavioral health services
United Way of East Central Iowa	Benton, Cedar, Iowa, Jones, Linn	Communities across multiple counties in East Central Iowa focusing on health, education, and financial stability
United We March Forward	Linn	Immigrant and refugee communities in Linn County
UnityPoint Health – St. Luke's Hospital	Benton, Buchanan, Cedar, Delaware, Iowa, Johnson, Jones, Linn, Tama	Patients in Cedar Rapids and surrounding areas seeking medical services
Wellington Heights Community Church	Linn	Residents of the Wellington Heights neighborhood in Cedar Rapids
Wellness Coalition of Rural Linn County	Linn	Rural communities in Linn County focusing on health and wellness initiatives

Community Status Assessment

The CSA is the second of the three assessments that focuses on quantitative health trends overtime. There were three themes explored through the assessment including health status, behaviors, and outcomes; social determinants of health; and systems of power, privilege, and oppression. In alignment with guidance from the MAPP 2.0, the epidemiologists with Linn County Public Health identified some preliminary indicators that fit into each of these themes and data sources, if available. An initial list of indicators was presented to the Linn County Data Collaborative on February 23rd, 2024; this group served as the CSA subcommittee (Table 9). Additional indicators were selected to reflect the unique characteristics of Linn County and based on the availability of data sources. Initial data collection and analysis took place between March and May of 2024. A draft report was completed on May 31, 2024. Additional data was collected and included in the assessment following feedback from hospital partners in July of 2024 and again in November of 2024 reflecting on feedback from the Together! Healthy Linn Steering Committee and MAPP Core Team.

Table 9. CSA Subcommittee Members, 2024

Name	Organization	Name	Organization
Amy Blake	Linn County Public Health	Ana Stomp	City of Cedar Rapids
Ashley Balias	Linn County Community Services	Christie Rossi	Linn County Public Health
Karey Chase	United Way of East Central Iowa	Lori Weih	Unity Point – St. Luke's and JRMC– Cedar Rapids
Maddie Gilmore	Linn County Public Health	Melissa Dean	Mercy Medical Center
Mystic Henningsen	United Way of East Central Iowa	Peter Konrad	Linn County GIS
Sara Buck	City of Cedar Rapids		

Data Sources. Selected indicators were gathered from multiple sources, including partnering local agencies such as Linn County Public Health and the Cedar Rapids Police Department. Data was obtained through a data sharing agreement (DSA) with the Iowa Department of Health and Human Services (Iowa HHS) and from public sources. The DSA enables access to Linn County-specific data from the Behavioral Risk Factor Surveillance System (BRFSS) and inpatient and outpatient hospital datasets. Publicly available data was sourced from reports released by the Sexually Transmitted Infections (STI), Human Immunodeficiency Virus (HIV), and Immunization programs at Iowa HHS, as well as from the Iowa Departments of Corrections (DOC), Iowa Child Care Resource and Referral (ICCRR), Iowa Secretary of State, County Health Rankings, and the Iowa Youth Survey. Furthermore, local, state, and national data were available for query from the Iowa Integrated Data System, the U.S. Census Bureau, Uniform Crime Reporting Statistics, Centers for Disease Control and Prevention (CDC), CDC Wide-ranging Online Data for Epidemiologic Research (WONDER), Web-based Injury Statistics Query and Reporting System (WISQARS), Surveillance Epidemiology and End Results (SEER) Registry, and the Federal Bureau of Investigation (FBI) Crime Data Explorer.

Community Context Assessment

Several major topics emerged from the CSA as potential areas for improvement including childcare access and cost, drug use and overdose, food security, heavy drinking, housing, mental health, physical inactivity, unemployment, vaccine hesitancy, and violent crime. The CCA builds upon the results of the CSA further reflecting on the thoughts and opinions of community members. On May 21st, 2024, an initial subcommittee meeting was convened to identify the strategies that will be used to drive the assessment process. Subcommittee members are captured in Table 10 including organizational affiliation. At the initial meeting, MAPP Core Team members Jacquie Montoya, Amy Blake, and Madeleine Gilmore began by reviewing the objectives, timeline, and assessment components associated with the MAPP 2.0 framework for the CHA. Amber Hawkins, a practicum student from the University of Iowa, introduced various methodologies based on the populations of focus and balancing existing assessment activities. Suggested methodologies included photovoice assessments geared toward youth and aging adults, focus groups capturing the voice of immigrant and refugees, individual interviews across communities, walking surveys in key neighborhoods, and general outreach to rural Linn County and at community events. The subcommittee subsequently pinpointed upcoming events and opportunities across Linn County where these methodologies could be implemented to engage diverse populations effectively.

Table 10. CCA Subcommittee Members, 2024

Name	Organization	Name	Organization
Amber Hawkins	Linn County Public Health – Practicum Student	Jacquie Montoya	Linn County Public Health
Amy Blake	Linn County Public Health	Jody Bridgewater	East Central Iowa Region MHDS - Linn County office
Anne Carter	Linn County Public Health	Kristi Sjullie-Pick	Foundation 2
Antoinette Mugisha	RIVA AmeriCorps	Maddie Gilmore	Linn County Public Health
Christie Rossi	Linn County Public Health	Melissa Dean	Mercy Medical Center
Cindy Fieste	Linn County Public Health	Molly Higgins	City of Cedar Rapids- Intern
Crystal Hall	Tanager Place	Rebecca McDowell	Community Member
Haley Sevening	City of Cedar Rapids	Tom Wieseler	City of Mt Vernon

Implementation. Various engagement methods were utilized throughout the CCA process including a focus group, two town halls, community outreach, photovoice, and targeted surveys. In total, 835 community members responded to these engagement efforts (Table 11). Through these different methodologies, the subcommittee successfully gathered responses from youth, young Latino families, rural populations and municipalities, members of the Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ+) community, and more. This assessment was conducted between May and July of 2024.

Table 11. Community Members Engaged, by Method, 2024

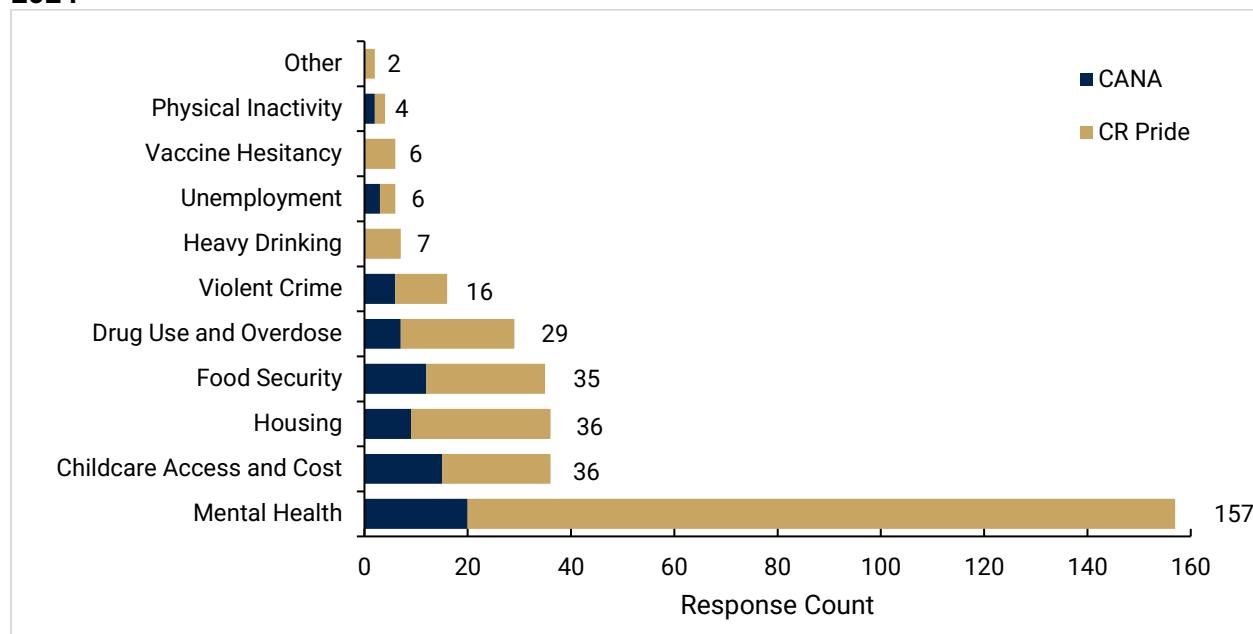
Engagement Method	Priority Population	Community Members Engaged	Date of Implementation
Focus Group	Spanish Speaking Families	11	July 5, 2024
Photovoice	Middle School Students	8	July 11 -18, 2024
Town Hall			
Mount Vernon	Rural Community	2	July 11, 2024
Fairfax	Rural Community	5	July 17, 2024
Event Outreach			
CANA	Young Families	74	June 22, 2024
CR Pride	LGBTQ+ Youth & Adults	260	July 6, 2024
Survey			
Food Security	Low to Middle-Income	432	June 2023 - July 2024
Community Violence	General Community	43	June - September 2024
TOTAL		835	May – July 2024

Focus group implementation relied heavily on partnership with Monica Miranda from Hawkeye Area Community Action Program (HACAP) to help recruit, organize, and facilitate a focus group specifically intended for Latino families in Linn County. Prior to the focus group session, the MAPP core team at Linn County Public Health met to develop a facilitation packet including focus group questions and consent forms. To ensure accessibility and clear communication, all focus group materials, including consent forms, were translated into Spanish. Monica also served as a dedicated translator throughout the session, ensuring seamless interaction and understanding among participants. Onsite childcare was available for participants to utilize during the session, which reduced the barrier for individuals with small kids to participate.

With the hope of reaching Linn County's rural communities, the MAPP Core Team reached out to each of the municipalities in Linn County to schedule town hall meetings. Two municipalities agreed; one session was held at the Lester Buresh Family Community Wellness Center in Mount Vernon and one at Fairfax City Hall. During the sessions, attendees were introduced to the CCA process and briefed on key findings from the CSA. After reviewing the findings, community members engaged in discussions to reflect on the data, identify gaps, assess available supports, and pinpoint areas needing improvement. To further reach additional families and LGBTQ+ community, the MAPP Core Team conducted individual discussions at two

events, the Cleveland Area Neighborhood Association (CANA) Safety and Wellness Fair on June 22nd, 2024, and CR Pride Festival on July 6th, 2024. At these events, an interactive activity was designed to collect community input. Using the ten focus areas identified in the CSA, participants were asked to place a marble into the jar corresponding to the focus area they perceived as the highest priority and the area most in need of assistance within the community (Figure 4). Each jar was labeled with one of ten focus areas that had been identified as significant issues in the CSA. Participants were then asked to provide a rationale for selecting their chosen focus area as the highest priority, and their responses were recorded for analysis.

Figure 4. Marble Activity Responses from CANA Safety and Wellness Fair & CR Pride Festival, 2024



Source: Linn County Public Health Project Team

While the community outreach events included feedback from youth participants, an additional photovoice assessment was implemented with middle school students attending the Tanager Freedom School at McKinley STEAM Academy over the summer; attendees ranged in age between 11 and 14 years. Crystal Hall from Tanager Place was instrumental in coordinating with the school for the project. Photovoice is a research method that uses photography and storytelling to help people document and share their experiences and concerns related to a topic of interest. An initial presentation of the project was held with the students on July 11th led by MAPP Core Team members, Jacquie Montoya and Madeleine Gilmore. Members shared the purpose of the project, guidelines for capturing pictures, and distributed cameras to the students. This photovoice was used to highlight aspects of the adolescent's environment that influenced their well-being. Students were given digital cameras with a packet that included an explanation of the project for parents and written instructions with photovoice examples to take home. They were instructed to photograph elements in their neighborhoods that they felt had a positive or negative impact on their health. The cameras were then collected the following week and students had a chance to select and reflect on the meaning of the chosen picture. For those

who did not have the opportunity to take pictures, the team asked them to describe what they would have photographed if given the chance. While the focus of this photovoice activity was to get insight into how youth view the community, feedback and participation from college age youth helping with the classes within the Freedom Schools was also captured.

In addition to the planned CCA data collection methods, two surveys were conducted during the assessment period, aligned with the 2022-2024 CHIP priorities and used to inform additional data for the CCA. These surveys included the Linn County Public Health Food Security Survey and Annual Community Violence Survey for Linn County. The Food Security survey was conducted from June 2023 to July 2024 with primary collection efforts focused on June and July of both years. The survey aimed to understand the accessibility and adequacy of food resources, identify barriers to nutritious food, and highlight areas for improvement in ensuring equitable food access across the county. It was open to the whole community, understanding that the food system is shared by individuals at all income levels who experience unique barriers. The survey additionally covered insights on economic well-being, housing, food preparation, and food pantry use, providing valuable data to address food security challenges in the community. The second annual Community Violence Survey for Linn County, was conducted from June to September 2024, assessing the current state of safety within the community. The survey served to identify areas of concern, guide targeted prevention and intervention strategies, and promote community engagement and empowerment.

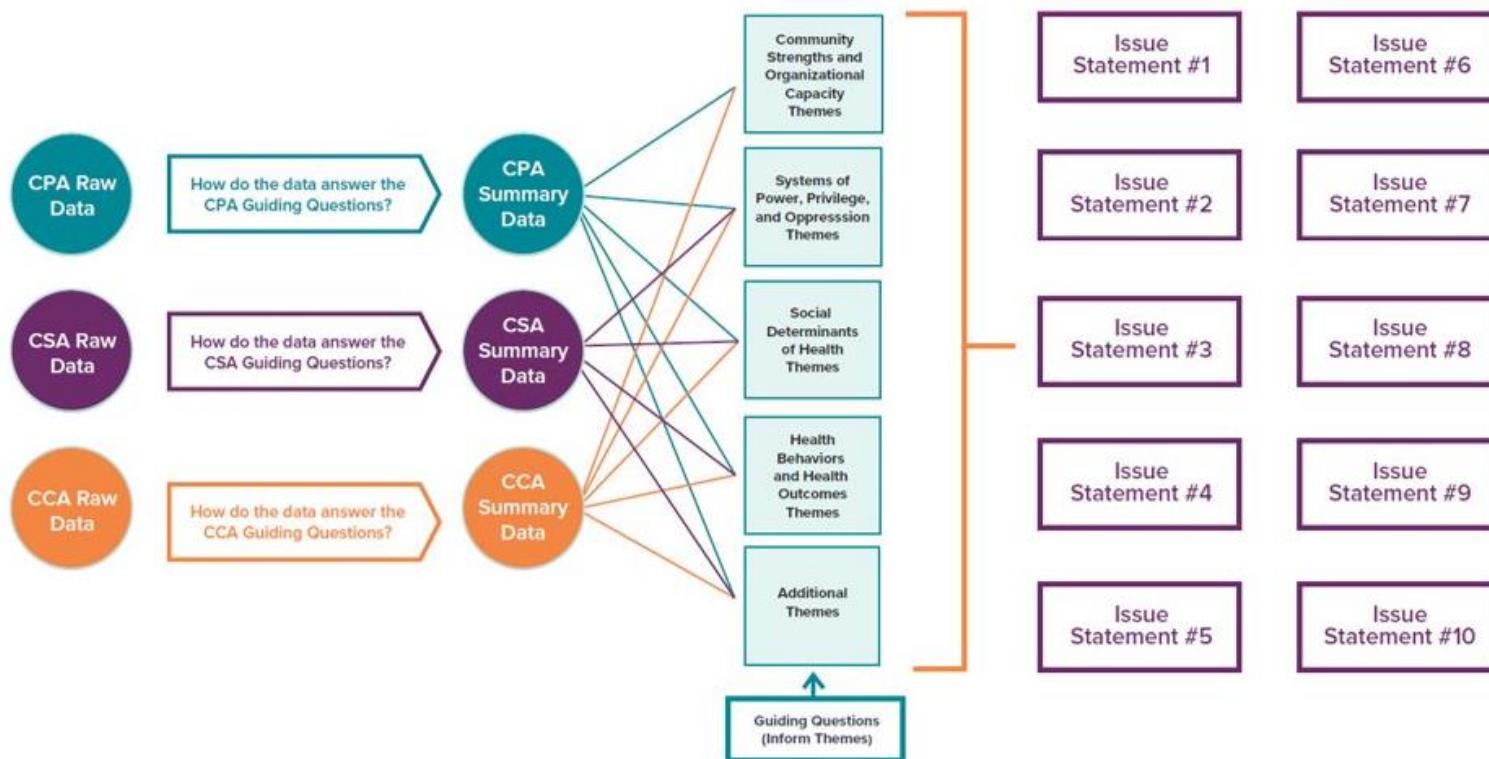
The Jones County Needs Assessment used qualitative and quantitative data collected through identified data sources and distributing and evaluating a community-wide perceptual survey.

Data limitations. Several limitations were identified throughout this assessment. Engagement with community members was primarily restricted to planned events such as the CR Pride Festival and CANA Safety and Wellness Fair, which may not have fully captured the perspectives of individuals outside these gatherings. Efforts were made to include voices that are often marginalized, such as veterans and the unhoused, but coordination challenges prevented effective outreach to these groups. As a result, while some responses might have come from these populations, they were not systematically documented. In addition, a community-wide survey has historically been conducted during this phase of the assessment to capture a broad perspective of health from community members. However, the subcommittee made the decision not to distribute such a survey for this iteration, which limited the broader data collection. Additionally, the photovoice activity conducted with children over a weekend period faced some practical issues. The cameras used for the activity were either forgotten or lost by many of the students, leading to incomplete data collection and missing responses from some students. While the assessment group attempted to account for these barriers by adding a one-on-one interview for each student, the photo component was still not captured by all students.

Data Analysis

Analysis of the three assessments was conducted by the MAPP Core Team's Epidemiologists, Maddie Gilmore and Christie Rossi. Quantitative indicators were analyzed using the following statistical tools: SAS, SPSS, and R. Qualitative data was coded into common themes. Results from the three assessments were then combined and analyzed through a process called data triangulation, which is a methodological approach that enhances research findings by integrating multiple sources of data (Figure 4). It involves comparing and cross-referencing data from various assessments to identify consistent patterns, themes, and insights. The process involves extracting significant data points and themes from each of the three assessments. Following the identification of key themes, a systematic review was conducted to determine if similar themes were present across the entire CHA. By synthesizing data from multiple sources, conclusions reflect a robust and comprehensive view of the community's diverse experiences.

Figure 4. Data triangulation process



Source: National Association of County and City Health Officials, 2023

Assessment Findings

There were six primary areas of concern that emerged across the three assessments, the areas included mental health, underlying causes of chronic disease, substance use and overdose, access to care, childcare cost and access, and community violence. Additional factors or themes emerged across the leading health issues (i.e. cross-cutting themes) these are described in the assessment findings as well.

Mental Health

Mental health emerged as the top issue across all three assessments, highlighting a significant need to focus on all aspects of mental health communitywide. While 53% of agencies who responded to the CPA state a focus on mental or behavioral health, rates of severe mental health issues continue to increase among youth and adults in Linn County. The percentage of adults diagnosed with depressive disorder increased from 18.9% to 23.5% between 2018 and 2022, respectively. Adults experiencing severe mental health (14 or more days per month) also increased from 11.7% in 2018 to 13.7% in 2022. Disproportionate burden of poor mental health among adults occurs among females (16% vs. 10% among men), individuals aged 18 to 24 (30.9%), and Black/African American individuals (23% vs. 13% white counterparts). Like adults, poor mental health has also increased among adolescents with 28.5% of adolescents reporting being sad for two or more weeks in 2021 compared to 22% in 2018. The most striking increase is in the percentage of adolescents in Linn County who experienced suicide ideation and who have further made plans for ending their lives; this increased from 10.5% in 2018 to 49.2% in 2021.

Despite an increase in individuals suffering from poor mental health, the rate of suicide deaths has significantly decreased in Linn County, from 20.3 per 100,000 population in 2018 to 14.4 per 100,000 population in 2022. However, males continue to experience a higher rate of death by suicide (29.5 per 100,000 population) compared to their female counterparts (6.9 per 100,000 population). Conversely, females have a two-times higher rate of non-fatal self-harm hospitalizations and emergency department visits compared to males in Linn County. Black/African American individuals are at a 4.1 times greater rate of self-inflicted emergency department visits compared Asian and nearly two times greater than their White counterparts.

Overall, community members cite difficulty accessing mental health services due to long wait times, lack of providers, and increased demand due to the number of individuals suffering from mental health. Members noted barriers due to health insurance dictating the level of care available, high deductibles for service, and lack of providers taking Medicaid. Resources for youth and geriatric members are limited particularly in crisis situations. Services for children are severely lacking with long wait times for service and growing concerns within K-12 schools at all ages. Funding cuts to mental health care and stigma prevent members from seeking or obtaining help. Advocacy and policy changes were noted as needed areas of focus in the future as mental health impacts have ties to all aspects of life including unemployment, housing, and substance use.

Jones County Mental Health Access:

Year	2019	2020	2021	2022
Providers in Jones County	10	11	14	19
County Population per Provider	2074	1880	1473	1095
Providers in Iowa	4928	5197	5555	6001
State Population per Provider	640	607	569	532
Percent of State Providers in County	0.20%	0.21%	0.25%	0.32%

Underlying Causes of Chronic Disease

Between 2019 and 2023, chronic diseases accounted for seven of the ten leading causes of death (Table 11). Over this period, there was a significant increase in deaths related to Diabetes Mellitus, Cerebrovascular disease, Alzheimer's Disease, and Essential hypertension and hypertensive renal disease. Heart disease remains the leading cause of death for Linn County, with mortality rates of 144.0 per 100,000 population followed by cancer at 134.5 per 100,000 population in 2023. This was a significant decrease from the previous year with an age-adjusted mortality rate of 171.1 and 161.9 per 100,000 population for heart disease and cancer, respectively in 2022. While heart disease and cancer continue to be the top two leading causes of death, the mortality rate decreased over the assessment period. Similarly, hospitalizations related to heart attacks also decreased during this period. Rate of cancer incidence has remained relatively stable overtime; however, the incidence of female breast cancer, male prostate cancer, and skin melanoma significantly worsened between 2018 and 2022.

Table 12. Top Ten Leading Causes of Death – Chronic Disease, 2019-2023

Leading Cause of Death		Count	Age-Adjusted Rate (AAR)*	Percent Change**
1	Heart Disease	2,181	162.7	-11.7%
2	Cancer	2,043	152.4	-18.4%
5	Chronic lower respiratory disease	534	39.1	-23.4%
6	Cerebrovascular Disease (Stroke)	440	32.4	12.4%
7	Alzheimer's	333	24.0	16.3%
8	Diabetes Mellitus	247	18.7	251.0%
9	Essential hypertension and hypertensive renal disease	199	14.5	158.1%

Source: CDC WONDER, 2019-2023 *Rate per 100,000 population **Between AAR of 2019 and 2023

Approximately 15.7% of adults 18 years and older in Linn County report having ever been diagnosed with diabetes in 2022; an over 60% increase from 2018 (9.8%). Among adults, the likelihood of having ever been diagnosed with diabetes increases if the individual is obese as well as among those 50 years of age and older. Similarly, a majority (39.7%) of these individuals report having first received the diabetes diagnosis between the ages of 45 and 59 years of age. Approximately 72.7% of adults 18 years of age or older in Linn County are overweight or obese. This rate has remained consistent over the past five years. In addition, 2.6% of the adult population within Linn County had reported having a stroke (cerebrovascular disease), 6% diagnosed with coronary heart disease, and 6.1% diagnosed with Chronic Obstructive Pulmonary Disease (COPD) during this time. Among individuals 65 years of age or older, 14.9%, and 10% of those diagnosed with heart disease and high cholesterol, respectively, were non-compliant with their prescribed medications in 2022.

Additional health information for Jones County includes:

In 2023, Jones County ranked 10 out of 99 Iowa counties overall, and in the upper quartile (75-100th percentile) with respect to health outcomes and in the lower middle quartile (25-50th percentile) in health factors (what influences the health of the county).² Approximately 12% of Jones County residents reported fair or poor health, which is the same as the state and national average. However, Jones County residents reported more physically unhealthy days (2.9 days) within a 30-day period compared to the state average (2.8 days), but lower than the national average (3.0 days).² Table 10 shows the top causes of death in Jones County in 2022, with heart disease being the leading cause of death in the county.

Table 10: Leading Causes of Death in Jones County (2022)³

Cause of Death	Death AAR (per 10k)
Diseases of Heart	14.58
Malignant Neoplasms (Cancer)	10.26
Chronic Lower Respiratory Diseases	5.30
Accidents (unintentional injuries)	5.14
Intentional self-harm (suicide)	4.27
Cerebrovascular diseases	4.07
Alzheimer's disease	3.69
Diabetes mellitus	2.46

Populations. Black/African American and white residents in Linn County are disproportionately impacted by heart disease mortality compared to populations of other races. Males have a greater likelihood of heart disease mortality with rates 1.3 time higher than their female counterparts. Similarly, white residents are two times more likely to die of cancer and nearly three times more likely to die of a stroke compared to other races. A low-level disparity exists for men diagnosed with cancer (552.0 per 100,000) particularly lung and bronchus cancers (55.5 per 100,000) and colon and rectum cancers (25.2 per 100,000). Additionally, men 65+ years have a higher likelihood of being hospitalized for heart disease with a hospitalization rate of 6.2 per 10,000, compared to 4.4 per 10,000 population among females. Alternately, females are 2.3 times more likely to die of Alzheimer's Disease compared to males. Among partnering agencies, 11.8% focus on cancer prevention or treatment and 20.6% provide chronic disease services including diabetes management and prevention.

Root Cause. Chronic diseases are typically influenced by a combination of genetic, physiological, environmental, and behavioral factors often tied to smoking, poor nutrition, physical inactivity, and excessive alcohol use (CDC, n.d.). Rates of smoking among adults in Linn County have decreased overtime with 14.1% of adults stating that they currently smoke. Rates of smoking every day decrease with higher levels of education with 18.8% of adults who have not graduated from high school smoking every day compared to only 3.3% of adults with four or more years of college. Adults who identify as bisexual are slightly more likely to smoke (23%) compared to their gay/lesbian (17%) or heterosexual (16%) counterparts. Additionally, 5.2% of adults and 8% of adolescents currently use e-cigarettes and 4.1% of adults use smokeless tobacco products on a regular basis. Nearly twenty-three percent of adults in Linn County report binge drinking. Likewise, 32% of 11th graders in Linn County report having ever had alcohol with 7% stating that they had engaged in binge drinking within the 30 days prior to report.

Physical inactivity and poor nutrition may be associated with a variety of factors spanning from accessibility and availability to individual behavior. Within Linn County, 24.3% of adults report not having engaged in any form of physical activity in the 30 days prior to report; 64% of boys and 82% of girls in middle and high school do not get the suggested (one or more hours, 7 days/week) physical activity each week with approximately 6% of all students not engaging in any form of physical activity within a week. While nearly 90% of Marion residents report satisfaction in the availability of paths and walking trails, only 64% of residents in Cedar Rapids are satisfied with the opportunities. Likewise, 74% of Marion and 54% of Cedar Rapids residents report access to good or excellent exercise opportunities. Across Linn County, 71.3% of the population has access to a park located within ½ mile, and 88% within 1 mile of their home.

Neighborhood and built environment (53%) were noted as a priority across partnering agencies, including access to parks and recreational facilities; additionally, 26.5% of organizations report that they are actively addressing physical inactivity, with the goal of also offering no-cost spaces for outdoor leisure. Despite this focus there continues to be a clear disparity in access between urban and rural areas. Individuals residing in rural locations cite a lack of connection between existing bike and walking trails to the rural areas. While the City of Mount Vernon offers scholarships for individuals to access updated fitness and community centers, the surrounding locations in Linn County do not offer the same. Members additionally note that disconnected sidewalks and walkways as well as community violence hinder community members from using available infrastructure in their neighborhoods including parks and sidewalks.

Like that of physical activity, fruit and vegetable consumption among adults and youth remain low with 20.5% of adults consuming less than one serving of vegetables per day and 35.9% consuming less than one serving of fruits. Among middle and high school students, 8.3% report that they did not consume any vegetables and 6% did not consume fruits per week. According to community members, reduced consumption is tied to an increase in cost for nutritious foods, removal of vital food sources throughout the community, and difficulties accessing SNAP benefits leading to increased food insecurity particularly among low-income residents. This is further exacerbated by increasing areas of low access to grocery stores throughout the county, with census tract 12 identified as an existing food desert in 2019.

Approximately, 5% of middle and high school students in Linn County in 2021 reported having gone hungry within the past 30 days because there was not enough food in their home. Black/African American households experience food insecurity at a rate 4 times higher than White households, while Hispanic/Latino households face food insecurity at 2.5 times the rate of non-Hispanic households. Households below the ALICE threshold, which include those earning above the federal poverty level but unable to afford the basic cost of living, experience significant rates of food insufficiency. Of those below the ALICE threshold, 25% of females, 47% of individuals with disabilities, and 36% of LGBT individuals reported experiencing food insufficiency. Of note, within the partnering agencies, 22.9% of organizations focus on food security and access, with 14.7% specifically addressing SNAP/WIC through their services. While 23% of organizations who participated in the CPA focus on food access there is still a lot of room for additional collaboration across food resource partners and food banks to better meet the needs of the community.

Jones County Food Insecurity Data

Year	Number of Food Insecure People	Food Insecurity Rate	Average Cost per Meal	Below SNAP Threshold (160% FPG)	Between 160% - 185% FPG	Above other nutrition program threshold (185% FPG)	Number of Food Insecure Children	Child Food Insecurity Rate	Income at or below 185% FPG	Income above 185% FPG
2016	2,320	11.3%	\$2.84	50%	6%	44%	750	16.9%	61%	39%
2017	2,160	10.6%	\$2.78	52%	5%	44%	690	15.5%	61%	39%
2018	1,820	8.9%	\$2.94	58%	6%	36%	620	13.9%	70%	30%
2019	1,670	8.1%	\$3.04	56%	3%	41%	550	12.6%	68%	32%
2020	1,610	7.8%	\$3.15	58%	4%	38%	540	12.3%	70%	31%

Substance Use and Overdose

Linn County has seen a sharp rise in drug-related overdose deaths since 2016, with a peak of 57 fatalities in 2020. Men account for a majority of these deaths, with a mortality rate of 27.3 per 100,000, more than twice the rate for women. Fentanyl and methamphetamines remain major contributors to these deaths. Opioid-related deaths reached new highs in 2020 and 2022, totaling 32 deaths. Stimulant-related deaths have also surged, with 23 fatalities reported in both 2021 and 2022. While non-fatal drug overdose hospitalizations and emergency department (ED) visits have fluctuated, they are generally trending downward. A substantial portion of overall overdose hospitalizations are linked to benzodiazepines, while many ED treatments for overdoses are associated with both heroin and benzodiazepines. Males are more frequently associated with overdose deaths, opioid ED visits, and stimulant-related hospitalizations. However, females are more likely to be hospitalized for overall overdoses or visit the ED for overdoses, including those related to stimulants.

Drug use and overdose ranked in the top five concerns noted among community members during community outreach events, particularly in reference to youth in Linn County. Some participants also shared personal connections to substance misuse, emphasizing its profound impact on the community. Moreover, responses pointed to an overabundance of bars and the cultural challenge where sobriety "isn't cool" as being barriers to improving substance abuse in Linn County. Focus group discussions revealed a notable gap in resources addressing drug and alcohol misuse and mental health, emphasizing the need for multilingual support, particularly in Spanish. Participants also stressed the importance of fostering open, community-wide conversations about these challenging issues to reduce stigma and improve access to support. Within the collaborative, 17.7% of organizations align with substance use and prevention efforts, underscoring the growing recognition of this issue as well as the intersection to mental health.

Access to Care

Access to care remains a significant concern across Linn County, with multiple barriers disproportionately affecting marginalized communities. Insurance coverage can significantly impact access to care. Between 2018 and 2022, the percentage of the population who is uninsured remained stable at 3.8% for Linn County. However, uninsured rates are notably higher among certain populations, with Black/African American residents facing an uninsured rate of 11.4%, and Hispanic/Latino residents at 8.4%, compared to 4.7% for White residents. Rates also differ across geographic areas with three of the five areas of low-life expectancy exceeding the overall rate of the county. Census Tract 12 (Northwest), the uninsured rate was 6.9% in 2022, which is an improvement from 8.7% in 2019. Census Tract 19 (Downtown), the uninsured rate increased from 2.7% in 2018 to 5.3% by 2021 and 2022. Uninsured rate in census tract 18 has fluctuated over the last five years but is currently at 5.1%.

Town hall discussions revealed a strong community interest in establishing health or dental clinics in underserved areas like Fairfax, where clinic availability is limited. Furthermore, access to prenatal care was noted as a particular challenge for Hispanic and low-income women, many of whom struggle to receive care during the first trimester. Despite these challenges, support from organizations like Eastern Iowa Health Center (EIHC) and financial aid programs at other health centers have been identified as beneficial resources for those in need. Additionally, transportation barriers in rural areas continue to limit residents' ability to access healthcare support.

Access To Care in Jones County:

Primary Care – ratio of residents to providers

	2017	2018	2019	2020
County Providers	9	8	7	7
County Population per Provider	2282	2593	2954	2945
State Providers	2293	2326	2343	2331
State Population per Provider	1372	1357	1347	1357
Percent of State Providers in County	0.39%	0.34%	0.30%	0.30%

Childcare Cost and Access

Childcare cost and access have become an emerging issue for Linn County particularly since the COVID-19 pandemic and subsequent Derecho (in-land hurricane) that impacted physical locations. The monthly cost of care centers and in-home services has been rising steadily, with the weekly cost for an infant in a licensed center increasing from \$205.45 in 2018 to \$222.19 in 2022. Additionally, there has been a reduction in facilities accepting financial assistance through programs like the Department of Human Services (DHS), making childcare increasingly inaccessible for low-income families and single-parent households. This issue ranked number two during outreach efforts as important issues for Linn County community members. Members stated issues related to daycare deserts, particularly in rural areas, along with concerns about high childcare costs and the lack of emergency or last-minute care options. Town hall discussions echoed these concerns, emphasizing the shortage of childcare services in areas like Mount Vernon and Fairfax, where access to affordable and quality childcare is extremely limited. Participants highlighted the urgent need for more accessible and affordable childcare solutions across the community. Organizations identified expanding

affordable childcare as a key area for intervention. Collaborative efforts are being explored to address these shortages, with a focus on improving access in rural areas and providing financial support to families in need. However, ongoing efforts will be necessary to close the gaps in childcare availability and affordability throughout the county.

Violence

There has been an increase in violent crime rates in Marion and Cedar Rapids, while Hiawatha has demonstrated a decrease between 2018 and 2022. However, the violent crime rate within Hiawatha remains elevated compared to the other two jurisdictions of note. During this time homicide rates have increased but remain smaller compared to Iowa and the United States with a combined-year homicide rate of 6.5 per 100,000 population over 2020 and 2021 compared to 3.0 per 100,000 over 2018 and 2019. A notable disparity exists in homicide mortality rates, with Black/African American individuals being 9.6 times more likely to be involved in violent crimes and 4.7 times more likely to be victims compared to White individuals. Rate of shots fired incidents in Cedar Rapids have declined significantly since 2020 when the city peaked at 125.4 per 100,000 compared to 87.6 per 100,000 in 2022.

Rates of interpersonal violence including child and domestic abuse remain of high concern in Linn County. In 2018 there were 2,768 reports of child abuse made with 437 of the cases determined as "founded" (perpetrator placed on the child abuse registry) and 196 "confirmed" (any of the allegation found true), which impacted a total of 754 unique children. In 2023, there was a reduction in the number of reports made (n = 2,299) as well as number of confirmed case (n=119); however, there was an increase in the number of "founded" cases (n=447) for a total of "confirmed and founded" cases of 566, impacting 722 unique children. Over both years the highest number of "confirmed" or "founded" cases was for Denial of Critical Care (neglect) comprising 56% of cases in 2023 with 51% of all confirmed and founded cases involving children 5 years of age or younger.

While the rate of domestic abuse decreased between 2018 and 2022, arrests for domestic violence have risen increasing from 299.2 per 100,000 population in 2018 to 340.3 per 100,000 population in 2022. Arrest rates disproportionately affected Black/African American populations. The disparity between men and women in violence-related mortality rates is also significant, with men being at much higher risk. Community violence was rated number six in areas of concern for community members; voiced concern was regarding a lack of constructive activities for youth and the rising levels of violence in neighborhoods, particularly in marginalized areas. A photovoice submission emphasized the violence experienced by children in the community, shedding light on the emotional and physical impacts of growing up in unsafe environments. Within the Together! Healthy Linn Collaborative, 14.7% of organizations in Linn County are focused on injury and violence prevention. While improvements particularly in gun and group violence have been noted due to the implementation of the Group Violence Intervention (GVI) strategy through the Stand Up for Peace collaborative and GVI leadership at Foundation 2, further efforts are needed to prevent continued violence across multiple forms of violence. Several organizations, such as Stand Up for Peace and the Children of Promise Mentoring Program, are working to create safer communities and provide mentorship to at-risk youth, but more collaborative efforts are needed to address the increasing youth violence and lack of safe spaces.

Cross-Cutting Themes

A primary theme across all health issues is the difference in impact each issue has across different populations. As the Together! Healthy Linn collaborative identifies priority issues and develops the 2025-2027 Community Health Improvement Plan it is essential that focus maintain on the specific populations who are impacted at a greater level compared to their counterparts. Additional themes that arose across health issues are the impact of housing, transportation, economic stability, and the need to engage diverse voices across the community.

Housing

The percentage of occupied housing units spending 30% or more of household income on housing costs (Housing cost burden) is currently impacting 23.6% of the population. A moderate to severe disparity exists in housing cost burden when looking at any racial group compared to White populations, with American Indian and Alaskan Native populations at 4.5 times greater, Black/African American at 3.5 times higher, and Asian and Two or More races at two times higher rate of housing cost burden compared to White populations. There is also a significant disparity in overcrowded households for Black/African American populations (8.4%) compared to White populations. Across Linn County the 18.5% of the overall housing stock is pre-1950, which are homes that carry the highest risk for lead exposure and are typically located in the main metropolitan area. Within the nine census tracts that comprise Linn County's Medical Underserved Population, the percentage of total housing stock built before 1950 ranges from 42.3% in census tract 27 to 83.2% in census tract 17 (Table 12).

Table 13. Percentage of Total Housing Stock Built in 1950 or before by Census Tract, 2022

Medically Underserved Population – Census Tract									
Percentage of pre-1950's Housing Stock by Census	12*	13	17	18*	19*	22*	25	26	27*
	67.4%	43.4%	83.2%	73.1%	54.9%	50.0%	60.9%	44.4%	42.3%
Percent Renter occupied	27.2%	55.1%	19.8%	42.7%	85.5%	45.7%	19.6%	46.1%	75.7%

*Denotes Low-Life Expectancy Census Tract

Several key barriers related to housing were identified by community members. Housing was rated as number three for the areas of needed improvement with members citing high rent, lack of affordable housing, and an increase in the unhoused population in Linn County as areas of greatest concern. Town hall discussions further noted that affordable housing options in rural areas, such as Fairfax and Mount Vernon, are very limited. One photovoice submission highlighted a neighborhood with dilapidated houses, further reflecting on fears over structural issues in their own home and hope in the resilience of the community. Across partnering organization, 22.9% are working to address housing-related issues.

Transportation

Transportation emerged as a cross-cutting theme in Linn County, affecting access to essential services across multiple areas, including healthcare, employment, and education. Among Cedar Rapids and Marion residents, less than half rated the public transportation system as good or excellent. However, walkability is improving, with many residents having commutes of less than 10 minutes. Despite this shift concerns were raised about the walkability of certain areas, with disconnected sidewalks in places like Hiawatha and other areas of Cedar Rapids making it difficult for residents to navigate their neighborhoods safely. Town hall conversations highlighted a lack of reliable transportation as a major barrier, particularly in suburban/rural areas like Fairfax and Mount Vernon. Residents in these areas have limited access to public transportation. Furthermore, participants noted transportation as one of the biggest obstacles to accessing healthcare services, especially for rural and underserved populations, further emphasizing the need for improved transportation infrastructure and services throughout the county. Currently, 14.3% of participating organizations have an identified focus on addressing transportation gaps as part of their efforts to improve access to essential services.

Economic Stability

Overall, Linn County has a median income of \$75,457 with 9.5% of the population in poverty. However, significant disparities exist across different populations. Among low-life expectancy census tracts (12, 18, 19, 22, 27) the poverty rate in these areas range from 11.2% in census tract 18 to 38.1% in census tract 19. Unemployment rates across the county are 3.8%; however, rates across the low-life expectancy census tract exceed the county level ranging from 4% in census tract 18 to 10% in census tract 27. Low-income individuals tend to experience a disproportionate impact of disease in health. Approximately 51% of partnering organizations state that they prioritize economic stability.

Diverse Voices

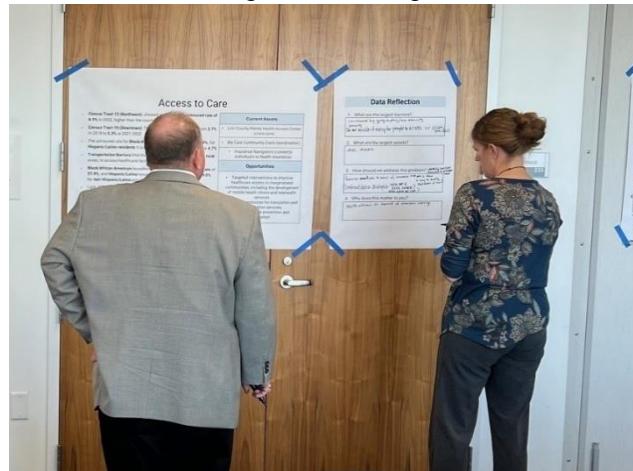
Engaging diverse voices is a key focus in the community, as evidenced by data from the three assessments. English language learners increased from 2.2% in 2018 to 2.6% in 2022. In addition, outreach to English language learners can be challenging due to trust issues; organizations often need to collaborate with trusted community members to effectively engage these populations. Of the partnering agencies, 68.8% of organizations work with refugees, immigrants, asylum seekers, and others who speak English as a second language. Additionally, 62.9% of these organizations offer translation or interpretation services. These findings highlight the ongoing need for strategies to bridge language gaps and build trust within diverse communities.

Identifying Strategic Issues

The process for identifying the strategic issues for the 2025-2027 Community Health Improvement Plan began with presentation of the preliminary CHA findings at the Together! Healthy Linn Steering Committee meeting on September 26, 2024. At this meeting, the Steering Committee members posed additional questions or suggestions for needed data collection. The MAPP data team then collected additional data and integrated the findings into the pre-developed assessment documents. Once completed, the top issues across the assessments were identified and used to guide the following data walk sessions with the Together! Healthy Linn Steering Committee.

Data walk.

Follow-up meetings were held on October 21st and 29th further diving into the emerging health issues identified across the three assessments including acknowledgement of the cross-cutting issues. Two sessions were needed for the greatest number of members to attend and provide feedback. During the two sessions members had the opportunity to reflect on categorical information including pre-identified assets and opportunities to address the issues. Further consideration was included to identify potential barriers to address, additional assets, idea generation on how we might address the problem, and finally why these areas are important or matter to individual members.



Following the discussion, attendees had an opportunity to vote for the broad categories looking at both impact and ease to address the issues in our community given the available resources. Members also identified areas where data or information was still missing or needed to be considered in the final prioritization process. Through this additional discussion, the topic area "Underlying Causes of Chronic Disease" was added. Data was combined from both sessions and prepared to inform the prioritization process starting in November (Table 11).

Table 14. Big Easy Voting – October 2024

Topic	Impact		Ease		Total
	Number	Average	Number	Average	
Mental Health	34	3.4	21	2.1	55
Access to Care	33	3.2	25	2.5	58
Child Care Access & Cost	23	2.3	23	2.3	46
Food Security & Access	31	3.1	32	3.2	63
Built-Environment	25	2.5	30	3.0	55
Violence & Safety	32	3.2	21	2.1	53

"Low Impact/Ease" = 1; "High Impact/Ease" = 5

Prioritization Process

The prioritization process occurred between November 15th, 2024, and January 30th, 2025, over two 1.5-hour sessions on the respective dates. The length of time between sessions was to ensure that the greatest number of Steering Committee members possible were able to attend (Table 12). Feedback from the previous session was used to re-orient members and guide discussion. Before each meeting, data sheets and meeting materials were provided to Steering Committee members to help facilitate the process and prepare members for prioritization activities.

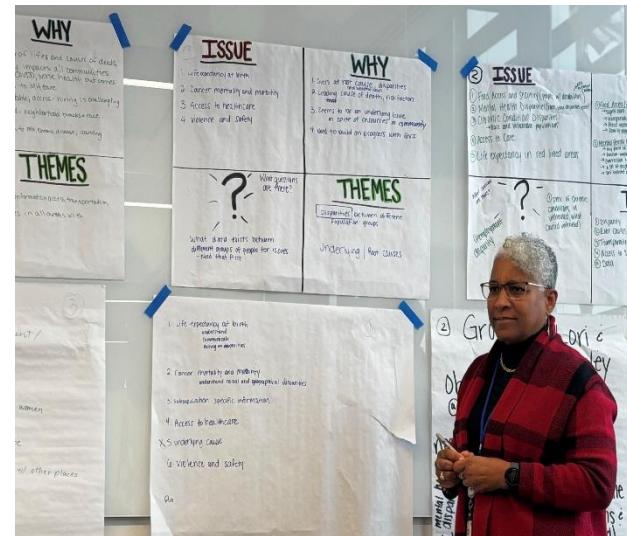
Table 15. CHIP Prioritization Participants

Name	Organization	Sector	Committee Member	Attended	
				11/15/24	01/30/25
Kathy Horan	MethWick	Aging Adults	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chelsea Lensing	Coe College	Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drew Westberg	Coe College	Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ashley Vanorny	Cedar Rapids City Council	Elected Officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hailee Sandberg	Iowa State University Extension & Outreach	Environmental Organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pramod Dwivedi	Linn County Public Health	Public Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gage Meskimen	City of Marion	Government	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ashley Balius	Linn County Community Services	Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laura Medberry	College Community School District	K-12 Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lizzie Adams	Cedar Rapids Community School District	K-12 Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Melissa Dean	Mercy Medical Center	Medical Providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Joe Lock	Eastern Iowa Health Center	Medical Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lori Weih	UnityPoint St. Lukes & Jones Regional Medical Center	Medical Providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	*
Joe Heitz	Greater Cedar Rapids Community Foundation	Philanthropy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Karey Chase	United Way of East Central Iowa	Philanthropy	<input checked="" type="checkbox"/>	*	<input checked="" type="checkbox"/>
Anne Carter	Linn County Public Health	Public Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Amy Blake	Linn County Public Health	Public Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Matt Majeski	Linn County Public Health	Public Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*Feedback was provided ahead of the meeting; Sessions were facilitated by MAPP Core Team

At the November 2024 prioritization session, members were arranged in small groups as they arrived, to avoid duplication of sector representation during the process. Each group had a dedicated small group facilitator. There were three groups with two to three participants each. Groups began by reflecting on the data sheets reviewed prior to the meeting and shared observations with tablemates from the pre-meeting worksheet. Facilitators documented the issues noted. Members were then asked to select 3 to 5 issues per table that rose to the top of all the issues identified. Once identified, groups worked to reflect on three additional questions pertaining to the selected issues, this included noting why the issue is important, questions that remain, and overarching themes noted. All groups shared their issue sheets with the large group.

The MAPP Core Team then transferred brainstormed issues and supporting information to a large sticky wall. Members combined, like-items and began naming groups. At the end of the first session, Steering Committee members decided that a second session was needed to continue the naming and prioritization process with more member input. As such, between the November and January sessions, significant effort was made to find a date and time that would work for the largest number of members. Overall, six members participated in the November session and twelve in the session in January.



The final prioritization session on January 30th began by reviewing progress to date including the named categories from the previous meeting. Members then reflected on the names and information with the following prioritization criteria in mind (Figure 5).

Figure 5. Together! Healthy Linn Prioritization Criteria

Data driven (should appear in ≥ 2 assessments)	Requires a collaborative, multi-sector approach	Alignment with the <i>Together! Healthy Linn</i> vision	Assets available within the Local Public Health System	<i>Together! Healthy Linn</i> has the ability to influence	Size and significance of issue has large impact

After subsequent discussion, the committee landed on three clear priorities for the 2025 – 2027 CHIP. Each of the following priority areas will consider the populations who are disproportionately impacted by the issue including indicators such as demographic characteristics, access to resources, and life expectancy at the geographic level. The three priority areas include:

- **Healthcare Access:** Making sure people can see a doctor when they need to. This includes having transportation, health insurance, and helping to find the right care. It also means getting special care when needed and having interpreters available right away.
- **Chronic Illness Prevention & Management:** Helping people stay healthy and manage long-term illnesses. This includes treating diseases and finding ways to stop them before they start, especially in communities that are more at risk.
- **Supporting Mental Health:** Making sure people get the help they need for their mental health. This includes everything from preventing problems to getting treatment, especially for groups who may struggle more, like LGBTQ+ people, youth, Veterans, and people of color.

*See Appendix E: “Community Health Improvement Plan Brief” for a snapshot of the key indicators

While housing and community violence were identified as key issues for Linn County, the Together! Healthy Linn Steering Committee acknowledged that there were strong collaboratives in the community already focusing on addressing these two issues, the Alliance for Equitable Housing and Stand Up for Peace, which was developed through the 2022-2024 Community Health Improvement Plan. As such there was no need for duplication, but collaboration amongst members to continue to address these issues through the existing collaboratives. Similarly, food access, built environment, and childcare access and affordability rose to the top of areas of need for the community. However, as underlying factors related to chronic illness, mental health, and access to care both food access and built environment will be considered throughout the three priority areas as the workgroups implement the associated strategies and actions. Committee members acknowledged significant challenges that may arise in addressing childcare access and affordability, of note is the need for state and federal support to make change.

Goals and Strategies

Following the prioritization meeting on January 30th, work groups for the identified strategic priorities were formed. Using the guidance from the Together! Healthy Linn Steering Committee and prepared data sheets for each of the priority areas (Appendices B-D), the work groups began identifying the associated goals and strategies for each of the priority areas in late February and early March 2025 (Table 13). The 2025-2027 Community Health Improvement Plan is projected to be finalized by the end of April 2025 (Appendix F).



Table 16. 2025-2027 Community Health Improvement Plan, Goals & Strategy Identification

Priority Area: Healthcare Access
Goal 1: Increase health insurance coverage among underserved populations by leveraging existing collaborations between insurance assisters and health providers (Alignment with Health People 2030)
Preliminary Strategies: <ol style="list-style-type: none">1. Track and respond to state and national level changes to the health insurance climate2. Develop and implement communication strategies that improve understanding of health insurance, access to healthcare, and available resources in the community.3. Increase outreach and support to disproportionately impacted populations.
Goal 2: Identify and reduce barriers that limit healthcare access among underserved populations (Alignment with Healthy People 2030).
Strategies: <ol style="list-style-type: none">1. Increase culturally adapted healthcare practices among providers.2. Ensure health navigation for community members using community health workers, care navigators, doulas, etc.3. Increase screening of Social Determinants of Health and ensure closed-loop referrals.
Priority Area: Chronic Illness Prevention & Management
Goal 1: Improve early detection of the five leading cancer diagnoses and promote chronic disease prevention efforts through community collaborations
Strategies: <ol style="list-style-type: none">1. Identify and address opportunities within the healthcare system in Linn County to increase common screenings for the top five cancer diagnoses as well as for the social and structural determinants of health.2. Address gaps in access to preventative resources and knowledge of risk and protective factors related to chronic illness.3. Increase engagement in and opportunities for physical activities in the community.4. Implement community-wide culturally informed chronic disease programming.
Priority Area: Supporting Mental Health
Goal 1: Strengthen mental health support by expanding community partnerships, promoting well-being, and fostering resilience.
Strategies: <ol style="list-style-type: none">1. Advocate for workshops, resources, and policies to educate and encourage mental health support for employers and employees.2. Coordinate communication strategies to promote awareness and reduce stigma (specifically around access, language, awareness, safety plans, safe havens, resource lists, QR codes, and more)3. Implement group PM+ peer-led groups with clinical oversight4. Connecting with community members to co-create solutions

Community Health Improvement Plan Impact from 2023-2025 Cycle

In March of 2022, the Together! Healthy Linn Steering Committee identified four strategic priorities for Linn County based on the 2021 Community Health Assessment. The selected priorities for focus for the Together! Healthy Linn [2022-2024 Community Health Improvement Plan \(CHIP\)](#) was Mental Health, Food Security, Equitable Opportunities for Physical Activity, and the Prevention of Gun Violence (See Appendix G). The plan was completed on December 31, 2024. Prior to the completion of the plan, MAPP Core Team members gathered each of the workgroups associated with the priority areas to evaluate progress in meeting the identified goals and strategies. These meetings took place between November and December of 2024. Four questions were posed to solicit reflection from the workgroup members:

1. What have we accomplished over the last three years related to the specific area of focus?
2. Did we have to make any adjustments through the course of the implementation period? If so, what and why?
3. What was not achieved that we had planned to achieve and why?
4. What work or actions need to be continued in the future regardless of if the topic is prioritized in the 2025-2027 CHIP?

In addition to the qualitative reflection from workgroup members, end of cycle data related to the set objectives for each goal was collected to identify quantitative progress made over the implementation period at a higher level. This data was also tracked over the implementation period and published in an interactive dashboard available to the public: [CHIP 2022-2024 Indicators](#). In January of 2024, both quantitative and qualitative outcome evaluation were summarized and presented in the 2022-2024 Community Health Improvement Plan: Final Report, which can be found at the following link: <https://www.linncountyiowa.gov/613/Reports-and-Publications>. Below is a high-level summary of the impact noted over the plan period.

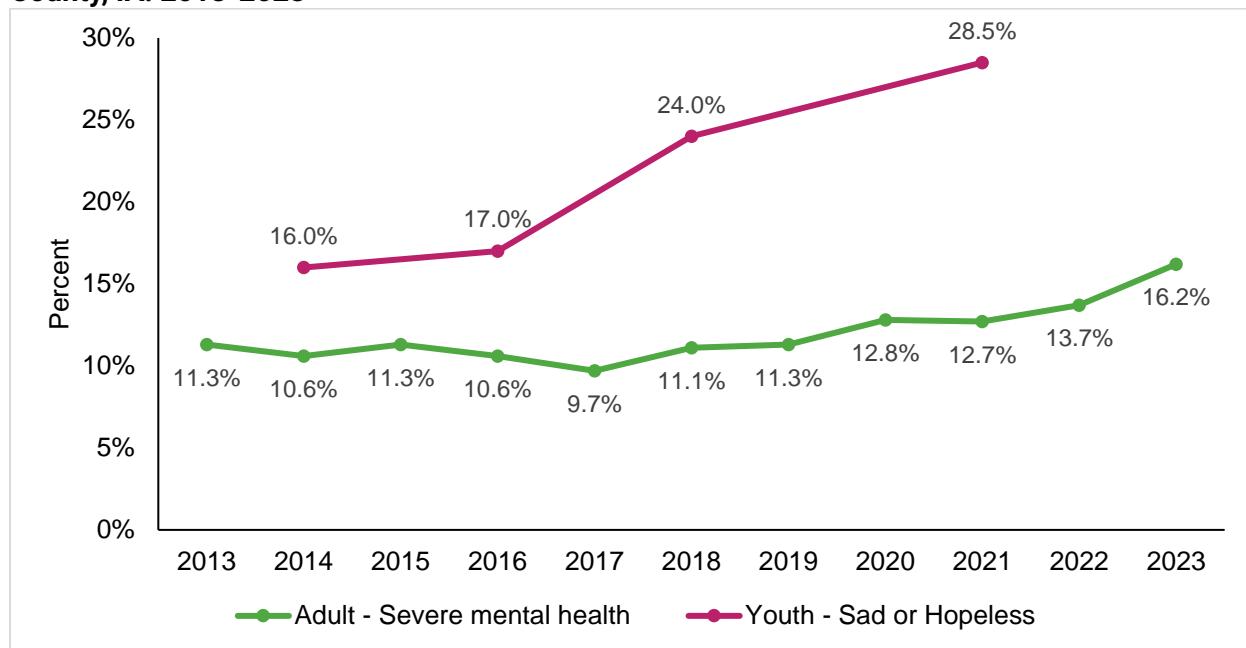
Mental Health Progress

The workgroup focused on three primary areas of need to achieve the goal of increasing non-clinical supports for mental health in Linn County including mapping existing resources for specific populations of focus, best methods for engaging populations based of preference, and increasing the proportion of community members who could serve as non-clinical supports through existing trainings (Table 14). Through this goal and associated strategies, the workgroup sought a 5% reduction in adults experiencing severe mental health as well as adolescents who report feeling sad or hopeless. Unfortunately, the 2023 Iowa Youth Survey is not available due to a change in state code the month or two prior to administration, requiring active parental consent for their child to participate in the assessment. As such, many school districts elected not to participate in the assessment, limiting sampling across the state. Among adults, severe mental health was found to increase slightly (Figure 6). It is likely that an impact was not noted during this period as the focus of the collaborative was identifying opportunities to build a system of support, not on implementing a particular intervention. This should be noted for future iterations.

Table 17. Mental Health: Strategic Priority Goals, Objectives, and Measures

Mental Health				
Goal	Increase mental health supports in Linn County through engagement of community members, leaders, and non-clinical partners, to develop solutions that enhance a culturally responsive and trauma-informed ecosystem.			
Objective	By December 31, 2024, there will be a 5% reduction in Linn County adults who report experiencing 14 or more days of poor mental health in the previous 30 days and adolescents who report feeling sad or hopeless in the previous 12 months.			
Measure	Adult	Baseline: 12.6%	Goal: 7.6%	Final: 13.6%
	Adolescent	Baseline: 27.5%	Goal: 22.5%	Final: Unavailable

Source: BRFSS, 2020-2023; Iowa Youth Survey 2021

Figure 6. Percentage of Adults and Adolescents Experiencing Severe Mental Health, Linn County, IA: 2013-2023

Source: BRFSS, 2013-2023; Iowa Youth Survey, 2014-2021

While an intervention was not applied, many activities were engaged over the three-year period to build on a supportive infrastructure for the community. The group first did an assessment of known non-clinical supports in the community and sought to discover supports that were not known. One such resource was an emerging program out of New City Church in Cedar Rapids that uses trained church members as non-clinical support for anyone in the community. Realizing the broadness of the search, the workgroup examined mental health related data from the 2021 CHA as well as updated data to identify populations in Linn County who are disproportionately impacted by mental health. Six populations emerged including LGBTQ+, BIPOC, immigrant/refugees, youth, and females particularly those with children. Population-focused groups were formed to identify tailored supports, methods of

communication, and gaps and barriers to accessing the existing resources. One resource of note is Problem Management plus (PM+) currently being implemented in the refugee population in Linn County. Currently, there are efforts to expand the application of this program into the other high-priority populations. Additionally, a list of mental health trainings and agencies/instructors that offer the trainings in Linn County was also generated; this list will be accessible on the Community Planning Tool currently being developed.

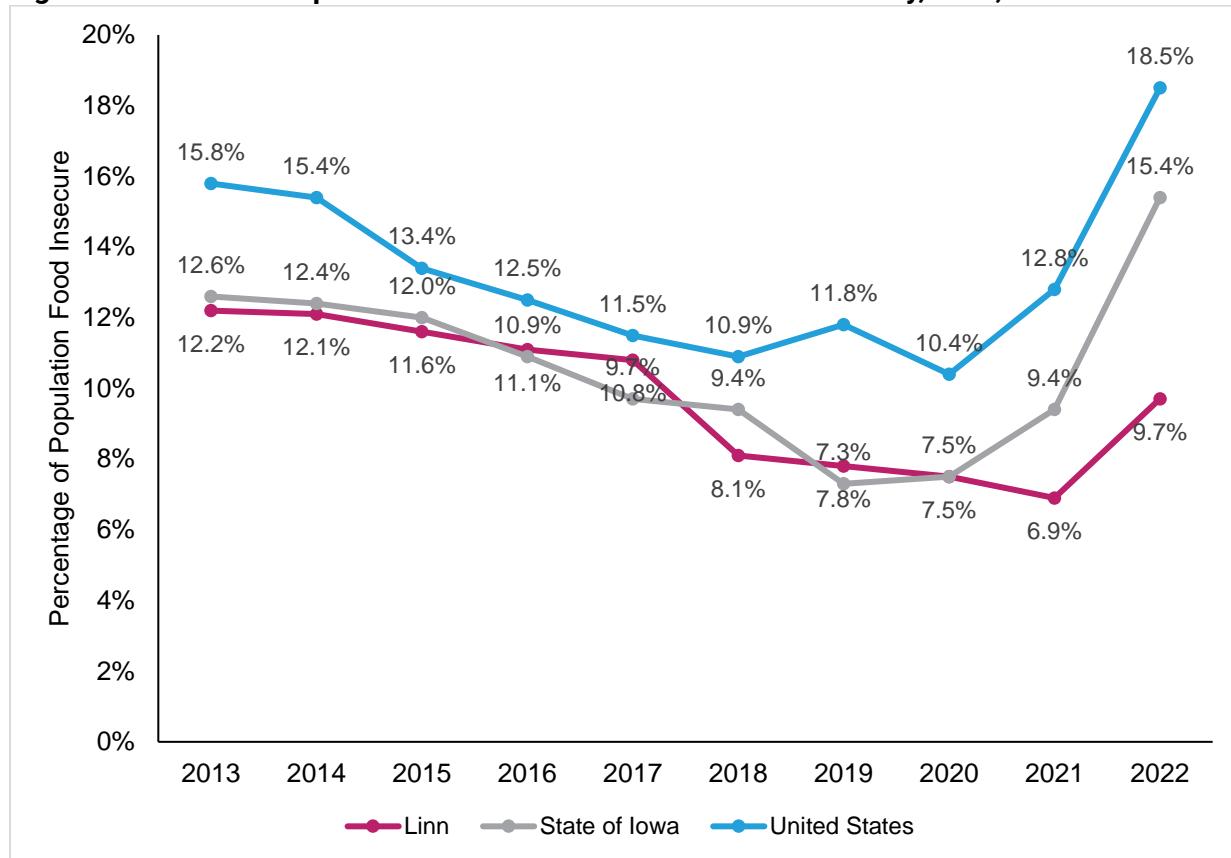
Food Access Progress

Over the implementation period, the food access workgroup prioritized focus on developing a centralized food resource page, harnessing data to improve coordination of food resources, and to increase understanding of food assistance eligibility and utilization. A target to reduce the percentage of Linn County residents who are food insecure was set at 3% reduction. However, between 2019 and 2022 a 2% increase was noted (Table 15; Figure 7). The true impact of the recent efforts cannot be attributed to this increase as the available data reflects early implementation, not full cycle efforts. Additionally, recent food system shifts, particularly the closure of the 1st Ave Hy-Vee and increased cost of food has negatively impacted the issue of food insecurity with less resources available to support the growing need. It may be advised to select objectives based on locally available data sources for better connectivity and timeliness with the goal and implementation strategies.

Table 18. Food Access Strategic Priority Goals, Objectives, and Measures

Food Access			
Goal	Create a centralized communications system to increase understanding and coordination of food resources among food system partners and the community.		
Objective	By December 31, 2024, there will be a 3% reduction in the percentage of Linn County residents who are food insecure.		
Measure	Baseline: 7.9%	Goal: 4.9%	Final: 9.7%
Source: Feeding America, 2019-2022			

Figure 7. Percent of Population who are Food Insecure in Linn County, Iowa, and the US



Source: Feeding America, 2013-2022

During the CHIP implementation, the food access workgroup successfully established a directory to assist individuals in need of food resources such as SNAP, WIC, and Double Up Food Bucks navigate the application and eligibility process through a common platform. Additionally, the group implemented a community survey to capture food needs across the population regardless of low-income status. This enabled a common understanding of food security across income, experiences of pantry users in accessing food or engaging with food pantries. Finally, the workgroup established a pantry partner group that allowed discussion across pantries of barriers faced, systems used, as well as sharing of successes, and an understanding of where pantries might work together to better meet the needs of those in need. While collaboration across partners increased, there is still a lot of room for additional collaboration across food resource partners and food banks to better meet the needs of the community.

Equitable Opportunities for Physical Activity (EOPA) Progress

Primary focus of the workgroup during implementation was identifying gaps in available opportunities across Linn County and increasing engagement in free and low-cost options to be physically active. To document impact, the EOPA group sought a 5% increase in adults and adolescents who engaged in physical activity over a given period (Table 16; Figure 8). Like the Mental Health objective, the strategies ultimately implemented by this workgroup were not a direct intervention, but prioritized long-term, impactful planning to achieve the desired outcomes

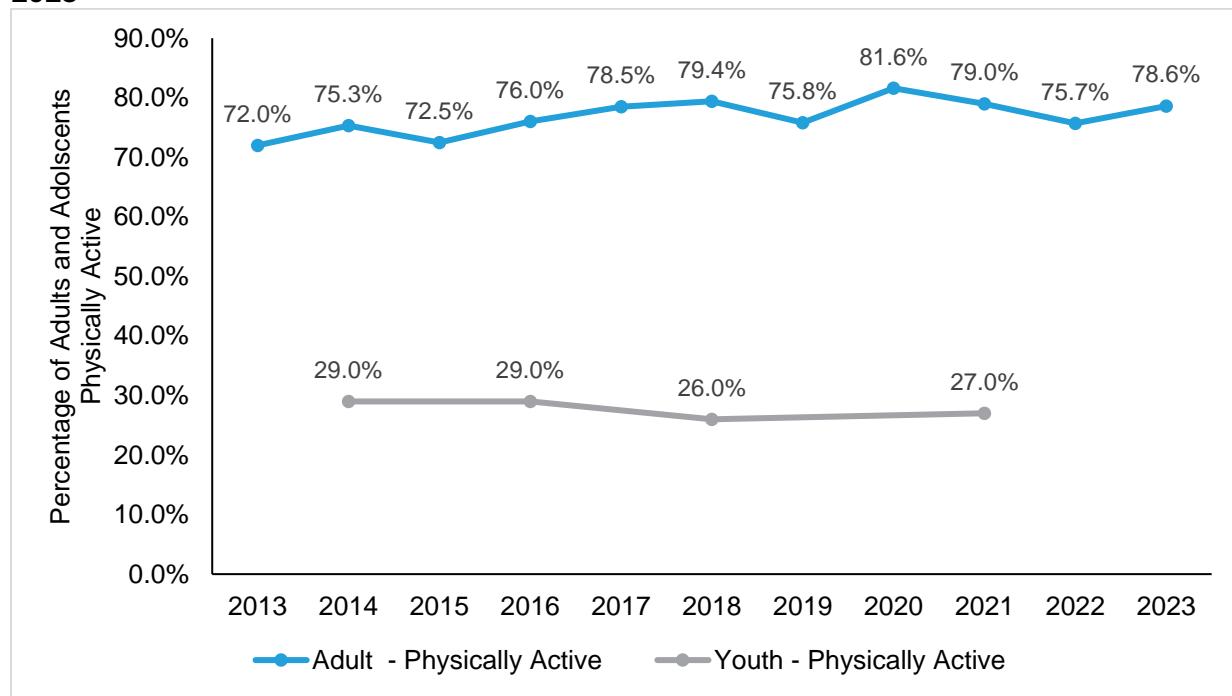
with emphasis on geographic access as well as access for all abilities. In 2023, Together! Healthy Linn partners, City of Cedar Rapids and Linn County Conservation began development of a first ever joint Linn County and Cedar Rapids Trail and Bikeways Plan to be released in 2025. The project identified areas in the city and county where trail improvements were needed, documenting challenges for users associated with current trail and bikeway network, and opportunities for growth along with amenities along the trails. An unanticipated gap that was uncovered was the need for culturally relevant and adaptive sport and recreational opportunities for individuals of all ages and abilities. Subcommittees were formed to address these gaps including members from the affected communities. The Adaptive Sports & Recreation committee is adding CAN Play curriculum to the community to increase available opportunities and conducting a trail and park audit to map out ADA compliant terrain and equipment to add to county maps for public awareness.

Table 19. EOPA: Strategic Priority Goals, Objectives, and Measures

Equitable Opportunities for Physical Activity				
Goal	Increase accessibility to, and utilization of, programs and existing community assets for all residents to have the opportunity to be physically active.			
Objective	By December 31, 2024, there will be a 5% increase in the proportion of adults who report they are physically active in the previous 30 days and adolescents who report 7 days with 60 minutes of physical activity daily.			
Measure	Adult	Baseline: 81.6%	Goal: 86.6%	Final: 75.6%
	Adolescent	Baseline: 27.3%	Goal: 32.3%	Final: Unavailable

Source: BRFSS; Iowa Youth Survey

Figure 8. Percent of Adults and Adolescents who are Physically Active, Linn County, IA: 2013-2023



Source: BRFSS, 2013-2023; Iowa Youth Survey, 2014-2021

Prevention of Gun Violence Progress

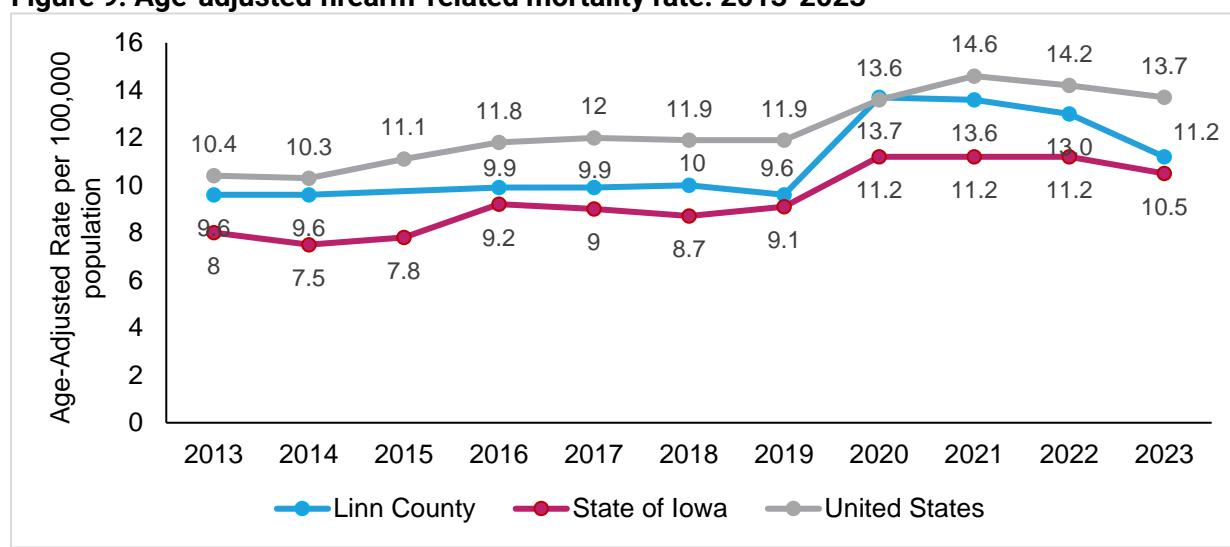
While the Together! Healthy Linn – Prevention in Gun Violence group did not achieve the desired 30% reduction in firearm-related deaths, a statistically significant decrease was noted between the baseline year of 2020 and 2023. During this period, Linn County had a 18.2% decrease in firearm-related deaths, decreasing from 13.7 per 100,000 population in 2020 to 11.2 per 100,000 population (Figure 9; Table 16). Supporting this reduction was the implementation of the Group Violence Intervention Strategy in 2022 with dedicated leadership of the strategy under Foundation 2 Crisis Services in collaboration with existing cross-sector collaboratives working to address social and structural determinants of health, such as My Care Community. Alignment across these two initiatives has allowed for better collection of the complex needs of those affected by group and gun violence and expansion of non-traditional partnerships in violence prevention. In 2023, the collaborative rebranded violence prevention efforts as Stand Up for Peace; there are currently 78 organizations engaged in this work. The collaborative also expanded implementation of evidence-based strategies to include implementation of The Council for Boys and Young Men curriculum through Children of Promise Mentoring Program and Universal Parenting along with Life Skills Classes held at the Juvenile Detention Center facilitated by Linn County Public Health.

Table 20. Prevention of Gun Violence: Strategic Priority Goals, Objectives, and Measures

Prevention of Gun Violence	
Goal	Increase the effectiveness of community partnerships to target evidenced-based strategies to reduce gun violence.
Objective	By December 31, 2024, there will be a 30% reduction in firearm-related deaths in Linn County
Measure	Baseline: 13.7 per 100K Goal: 9.6 per 100 K Final: 11.2 per 100K

Source: CDC WONDER, 2020-2023

Figure 9. Age-adjusted firearm-related mortality rate: 2013-2023



Source: CDC WONDER, 2013-2023

Cross Priority Achievements



Over the past year, the Prevention of Gun Violence and Equitable Opportunities for Physical Activity workgroups led by Linn County Public Health worked to establish strong partnerships across different sectors and areas of expertise to prevent youth violence through a strength-based approach that also incorporates elements of physical activity, healthy living, mental health, environmental sustainability, mentorship, and restorative justice. In May of 2024, Chain

Reaction Bike Hub, a newly established non-profit opened its doors to the public. CRBH centers on addressing barriers to accessing affordable and reliable transportation particularly for low-income, youth and young adults at-risk for engaging in gun/group violence, and traditionally marginalized communities. At the end of December, CRBH had rescued over 700 bikes from the Cedar Rapids Linn County Solid Waste Agency, Cedar Rapids Police Department, and from private donations that are being repaired by volunteer bike mechanics to provide low-cost opportunities for transportation and recreation for individuals who could not otherwise afford to purchase a bike. Members can obtain bikes either through sale or through one of the three other programs including Earn-A-Bike (12hr of volunteer service), Cycle for Change free bikes for individuals working with case workers, or the free kids bike program. Repair workshops are also being held to increase personal skills to repair your own bike. Learn more at: crbikeshub.org

Additional UnityPoint Health – Cedar Rapids Impact from their 2023-2025 Cycle:

Addressing Social Determinants of Health:

- *39,416 patients screened for social determinants of health. Approximately 6% of individuals on the inpatient setting screen positive for food insecurities and were referred to community agencies.*
- *Approximately 5400 meals were delivered by our team to individuals in our neighborhood over 3 years through Horizons Meals on Wheels.*
- *Access / Mental Health*
- *Insurance: UPH – Cedar Rapids Financial Counselors assisted over 10,200 individuals in accessing insurance.*

Mental Health :

- *2300 patients served in crisis care through the opening of Guidelink and Linn County Access Center which is managed by Abbe Health.*
- *1047 adult behavioral health patients with Medicaid (or 46% of the patients served in 2023) were served in our inpatient units and 883 adolescent behavioral health patients with Medicaid (62% adolescent patients served) were served.*
- *Transportation: 4000 patient transports*

Health Equity:

- *Implementation of Community Health Workers at 2 clinics. Based on the Social Determinants of Health Screenings that occur in the clinics, these team members do outreach to individuals who are identified to have needs. The program started in November of 2024. From November – December 2024, 174 were identified and outreach was provided.*
- *Clinical Competencies Culturally Responsive Care- In 2024, clinical competencies to provide education and awareness on health equity and culturally responsive care was rolled out to all team members across the acute nursing areas, surgical services and emergency department services.*
- *Improve care for sickle cell treatment for patients of color – Implemented a sickle cell protocol for pain management and trained the Emergency Department, medically complex unit and a grand round educational session on sickle cell management. Impact – trained 140 individuals.*

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Appendix A: Hospital & FQHC Service Area Characteristics

County Indicators	Benton	Buchanan	Cedar	Delaware	Iowa	Johnson	Jones	Linn	Tama
Total Population	25,575	20,565	18,505	17,488	16,662	152,854	20,646	230,299	17,135
Land Area (sq mi)	716.1	571.1	579.6	577.7	586.5	613	575.6	717.1	721
Median Age (yrs)	43.3	39.1	43.8	44	42.2	32.2	43	39.6	41.8
Median Income	\$84,742	\$78,430	\$79,080	\$76,205	\$72,185	\$71,563	\$73,071	\$72,279	\$67,955
Education – Bachelors or Higher	24.9%	22.3%	21.5%	19.7%	24.2%	54.6%	20.7%	35.2%	19.4%
Education – Less than High School*	5.3%	5.4%	4.2%	7.8%	5.2%	3.8%	5.6%	4.8%	8.5%
Unemployment Rate	2.3%	2.7%	2.9%	2.1%	2.4%	2.2%	2.9%	3.7%	4.0%
Percent Disabled	11.5%	12.0%	11.9%	15.3%	13.7%	9.9%	13.7%	12.8%	11.4%
Homeownership Rate	84.3%	81.1%	80.8%	-	76.1%	58.6%	80.7%	72.5%	76.5%
Home: Language other than English	2.8%	3.8%	1.6%	2.6%	2.2%	13.7%	2.4%	7.6%	11.3%
Healthcare									
Uninsured	3.0%	5.9%	3.8%	4.0%	2.4%	5.4%	2.7%	3.8%	7.0%
Medicaid Coverage Rate (2023) **	18.7%	20.2%	17.6%	18.0%	19.2%	20.1%	20.3%	20.7%	22.5%
Total Medicare Recipients (2024) ***	5,865	4,739	4,349	4,229	3,977	24,521	4,897	46,356	4,085
Total Medicare Beneficiaries – Electricity dependent equipment	4.2%	4.9%	3.4%	4.1%	3.4%	2.7%	4.2%	3.5%	4.8%
Premature Death (yrs of life lost among individuals <75 yrs per 100K)	6,400	5,200	5,400	6,300	6,200	4,800	5,000	6,500	8,800
Poverty									
All	7.9%	7.0%	7.2%	7.9%	9.2%	16.3%	10.4%	9.9%	15.4%
<18	7.2%	5.9%	8.5%	5.6%	13.5%	9.2%	14.0%	11.8%	24.8%
18-64	6.8%	7.6%	7.5%	7.9%	8.4%	21.1%	10.7%	10.1%	13.2%
65+	12.1%	6.8%	5.0%	10.5%	6.4%	4.1%	6.2%	6.9%	10.0%
Race & Ethnicity									
American Indian/Alaska Native	0.1%	0.1%	0.3%	0.3%	0.2%	0.2%	0.3%	0.2%	8.3%
Asian	0.3%	0.3%	0.3%	0.3%	0.6%	0.0%	0.3%	2.3%	0.5%
Black/African American	0.4%	0.4%	0.4%	0.7%	0.7%	8.4%	2.1%	7.1%	0.8%
Native Hawaiian/Pacific Islander	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%
Other	0.5%	0.5%	0.8%	0.5%	1.3%	2.8%	0.9%	1.3%	4.5%
Two or More	3.7%	2.9%	3.7%	2.3%	3.8%	0.0%	3.2%	6.0%	6.2%
White	94.9%	95.8%	94.4%	96.0%	93.5%	76.6%	93.2%	82.8%	79.7%
Hispanic	5.9%	16.5%	6.3%	1.4%	3.0%	25.1%	8.0%	3.9%	22.5%

Source: 2023 American Community Survey 5-Year Estimates; <https://bhw.hrsa.gov/>

*25yrs+ **Georgetown University, 2025 *** Centers for Medicare and Medicaid Services, 2025

Appendix B: Healthcare Access Data Sheet

Community Health Status Assessment

Table 1: Percent of Population Uninsured, Linn County, Iowa

2018	2019	2020	2021	2022	Source
3.8%	3.7%	3.9%	4.0%	3.8%	ACS 5-Year Estimate

- Census Tract 12 (Northwest) showed an uninsured rate of 6.9% in 2022, higher than the county average of 3.8% and in Census Tract 19 (Downtown), the uninsured rate increased from 2.7% in 2018 to 5.3% in 2021-2022
- The uninsured rate for Black/African American residents is 11.4%, 8.6% for American Indian/Alaskan Native, 8.3% Asian, and 8.4% for Hispanic/Latino residents compared to 2.8% of non-Hispanic White residents. Approximately, 16.5% of individuals 19 to 34 years are uninsured.
- Black/African American households are experiencing a poverty rate of 25.9%, and Hispanic/Latino households at 13.6%, compared to 9.0% for non-Hispanic/Latino populations

Table 2: Self-Reported Health and Cost of Care Burden, Linn County, Iowa

	2018	2019	2020	2021	2022	Source
Fair or poor health	15.7%	13.5%	12.3%	11.2%	15.9%	BRFSS
Unable to seek care due to cost	7.3%	7.1%	7.1%	*	*	BRFSS
Fair or poor health <u>and</u> unable to seek care due to cost	2.6%	1.4%	1.8%	*	*	BRFSS

Table 3: Percent of Pregnant Women Who Received Prenatal Care During First Trimester, Linn County, Iowa

2018	2019	2020	2021	2022	Source
83.5%	83.9%	83.6%	85.7%	85.5%	CDC WONDER

Early prenatal care is essential for monitoring maternal and fetal health, identifying potential risks, and providing timely interventions. When a significant portion of pregnant women don't receive care early on, it may suggest barriers to accessing services, such as provider availability, transportation, lack of education or finances.

Table 4: Ratio of Population to Provider, by Service Type, Linn County, Iowa

	2018	2019	2020	2021	2022	Reference US	Source
Primary Care Providers	1570:1	1640:1	1660:1	1610:1	1530:1	1330:1	County Health Rankings
Dentists	1390:1	1370:1	1390:1	1360:1	1350:1	1360:1	County Health Rankings
Mental Health Providers	640:1	590:1	500:1	450:1	420:1	320:1	County Health Rankings

Additional Data from BRFSS

Table 5: Primary Healthcare Provider

Question: "Do you have one person or a group of doctors that you think of as your personal health care provider?"

	2018	2019	2020	2021	2022
Yes	88.6%	87.7%	88.7%	*	*

*Data not available or suppressed

Table 6: Time Since Last Routine Checkup

Question: "About how long has it been since you last visited a doctor for a routine checkup?"

	2018	2019	2020	2021	2022
>12 months	81%	84.6%	82.5%	80.5%	84.4%
1-2 years	9.4%	7.5%	9.5%	11.8%	8.0%
2-5 years	4.4%	3.6%	4.4%	3.9%	3.7%
5+ years	5.1%	4.0%	3.4%	3.9%	3.7%
Never	*	*	*	*	*

*Data not available or suppressed

Table 7: Health Insurance Coverage

Question: "Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?"

	2018	2019	2020	2021	2022
Yes	93.8%	94.4%	95.9%	*	*

*Data not available or suppressed

- Most healthcare facilities in Linn County are in the Cedar Rapids metro area. Thus, healthcare is less available and accessible to residents who live in other areas of Linn County.

Community Context Assessment

- Approximately 3 out of 4 Cedar Rapids residents report that the community has affordable prevention services and quality healthcare. Marion residents were slightly lower on these measures with approximately 60% reporting these services to be affordable.
- Both Marion (38%) and Cedar Rapids (50%) residents report having low access to affordable mental health services.
- Town Hall- Transportation Barriers limit the ability of residents, especially in rural areas, to access healthcare facilities. Discussions revealed a strong community interest in establishing health or dental clinics in underserved areas like Fairfax, where clinic availability is limited
- Focus Group- Lack of Translation Services for English-language learners
- Access to prenatal care was noted as a particular challenge for Hispanic and low-income women through the focus group, many of whom struggle to receive care during the first trimester.
- Support from organizations like Eastern Iowa Health Center (EIHC) and financial aid programs at other health centers have been identified as beneficial resources for those in need.

Known Assets

- Translation and interpretation services available through 62.9% of organizations from CPA
- Half of the organizations are actively addressing access to care, with 43.8% identifying it as a core competency

Table 8: Medical Facilities in Linn County, Iowa 2022

Facility Type	Number	Facility Type	Number
Hospital	2	Student services (k-12)	1
Federally Qualified Health Center	1	Home health agencies	18
Free Clinics	2	Long-term care	15
Public Health Clinics	1	Assisted Living Programs	28
WIC offices*	2	Low Income Dental	4
Veteran's Services	1	Dialysis Facilities	4

Source: Linn County Resource Sheets and Iowa Department of Inspections and Appeals, Health Facilities Division

Table 9: Assets in Access to Care

Asset	Population Focus	Notes
AbbeHealth	Persons seeking support with mental health or aging services	Identified through the CPA
Southeast Linn Community Center	Focus on citizens of Lisbon and Mount Vernon, emphasis on the economically disadvantaged, children, and senior citizens	Identified through the CPA
Catherine McAuley Center	Adult learners, refugees and immigrants, and women healing from trauma	Identified through the CPA
United We March Forward	Immigrants and refugees	Identified through the CPA
Eastern Iowa Health Center (EIHC)	All needing medical services but emphasis on those who are under or uninsured	Identified through the CPA
Area Substance Abuse Council	Those impacted by substance abuse and gambling disorders	Identified through the CPA
MHDS Easter Central Region- Linn County Office	Children with serious emotional disturbances and adults with brain health challenges and/or intellectual/developmental disabilities	Identified through the CPA More specifically:
Four Oaks Family and Children Services	Children/families who need supportive services for children (psychiatric care and treatment)	Identified through the CPA More specifically:
HACAP	Low-income families or individuals	Identified through the CPA
His Hands Free Clinic	Low-income and under or uninsured	Identified through the CPA
Children of Promise Mentoring Program	Youth at risk for incarceration or violence	Identified through the CPA

Tanager	Focus on diagnosis, psychological testing, medication management, and therapy for children and families	Identified through the CPA
UnityPoint St. Luke's Hospital	Not specific to one population	Identified through the CPA
Cedar Rapids Community School District	Youth, K-12	Identified through the CPA
LCPH-Healthy Homes	Property owners and renters	Identified through the CPA
Mercy Medical Center	Not specific to one population	Identified through the CPA
Linn County Mental Health Access Center	Adults experiencing a mental health or substance use disorder crisis	Short-term crisis stabilization
My Care Community	Providers and individuals connecting to services	Care coordination network/collaborative
Insurance navigators	Individuals needing support with health insurance	
State Health Improvement Plan	NA	Plan that brings together the health priorities across the state of Iowa.
Community Health Workers	Low-income, uninsured/underinsured, individuals with multiple needs for referrals, etc.	Unity Point has "Cross Continuum Social Workers"

Appendix C: Chronic Illness Prevention & Management Data Sheet

Community Health Status Assessment

Table 1: Leading Causes of Death in Linn County, Iowa 2020

Rank	Cause of Death (ICD-10 classification)	Number of Deaths	Age-Adjusted Rate ²
1	Heart Disease	462	161.9
2	Cancer	390	136.2
3	COVID-19	266	92.3
4	Unintentional Injuries	142	57.2
5	Chronic Lower Respiratory Diseases	109	37.8
6	Cerebrovascular Disease	81	27.7
7	Alzheimer Disease	72	24.1
8	Chronic Liver Disease and Cirrhosis	47	17.5
9	Diabetes Mellitus	44	15.5
10	Suicide	41	18.1

Source: CDC WONDER, 2020

Table 2: Heart Attack Hospitalization Rate¹ and Mortality Rate², Linn County, Iowa

	2018	2019	2020	2021	2022	Source
Heart Attack Hospitalization Rate	33.9	37.3	28.2	31.7	27.4	IHHS Tracking Portal
Heart Disease Mortality Rate	308.1	256.7	296.7	275.0	301.5	CDC WONDER

- The heart disease mortality rate in Linn County was 301.5 per 100,000 in 2022, making it one of the leading causes of death
 - Black/African American, Indigenous, and Hispanic/Latino populations experience higher mortality rates and incidence due to heart disease.
 - Heart disease mortality is higher among men compared to women, reflecting national trends where men have elevated heart disease risks

Table 3: Cancer Rate² and All Cancer-Related Mortality Rate², Linn County, Iowa

	2018	2019	2020	2021	2022	Source
All Cancer Mortality Rate	176.2	178.0	167.0	161.0	176.1	CDC WONDER
All Cancer Rate (Incidence)	510.5	517.5	458.3	523.0	*	SEER Registries
Female Breast	135.0	141.8	126.7	155.4	*	
Male Prostate	126.4	147.7	128.1	149.6	*	
Lung and Bronchus	59.2	59.4	44.9	49.7	*	
Skin: Melanoma	36.6	29.9	28.1	40.4	*	
Colon & Rectum	31.8	34.5	23.0	33.2	*	

*Data not available or suppressed

- Cancer rates, especially breast and prostate, remain high among certain racial groups
 - Cancer mortality rates include higher instances of specific cancers such as prostate cancer at 149.6 per 100,000 among men and 155.4 per 100,000 for breast cancer among women

¹ Rate per 10,000 population

² Rate per 100,000 population

- Black/African American men have higher rates of prostate cancer mortality, and Black/African American women face higher rates of breast cancer mortality compared to other racial groups.

Table 4: Age-Adjusted Rate of Cancer by Stage, Linn County, Iowa

	Stage				
	In Situ	Localized	Regional	Distant	Unknown/Unstaged
Male	20.0	248.0	96.8	131.4	21.4
Female	4.3	241.9	91.1	96.8	16.1

Table 5: Asthma trends per 10K population in Linn County, Iowa

	2019	2020	2021	2022	2023	Source
Emergency Department Visits	36.8	29.9	29.3	24.4	36.8	Iowa Public Health Tracking Portal
Hospitalizations	3.1	2.9	2.2	2.6	5.5	

- Rates of both asthma-related hospitalizations and Emergency Department visits is among children 0 to 4 years with emergency department visits two times as high and hospitalizations three times as high among those 0 to 4 years as compared to the next age category, 5 to 14 years.

Table 6: Additional Chronic Disease Trends in Linn County, Iowa

	2018	2019	2020	2021	2022	Source
Diabetes, adult prevalence	11.6%	10.5%	11.9%	9.7%	17.9%	BRFSS
Test for high blood sugar or diabetes in the past three years	60.8%	*	53.1%	*	*	BRFSS
Diag. as pre-diabetic/borderline diabetic	13.0%	*	12.4%	*	7.9%	BRFSS
Cerebrovascular (Stroke) mortality crude rate per 100K	30.5	34.0	35.5	36.7	44.5	CDC WONDER

*Data not available or suppressed

- Diabetes prevalence is notably high among Black/African American and Hispanic/Latino populations.
- Gestational diabetes rates highlight additional risks for women, particularly those from low-income and minority backgrounds, with disparities in early prenatal care access particularly affecting Asian, Hispanic/Latina, and Black or African American women compared to their White counterparts.

Table 7: Trends for Risk Factors Cancer & Chronic Disease

	2018	2019	2020	2021	2022	Source
Tobacco Use	30.3%	22.7%	22.6%	24.2	24.5%	BRFSS
Heavy Drinking	7.0%	7.0%	7.8%	6.2%	8.3%	BRFSS
Physical Inactivity	20.6%	24.2%	18.4%	21.0	24.3%	BRFSS
Obesity	71.2%	70.9%	70.3%	73.3%	72.7%	BRFSS
Unhealthy Diet						
Vegetable Consumption Daily	*	44.4%	*	40.9%	*	BRFSS
Fruit Consumption Daily	*	49.4%	*	51.7%	*	BRFSS

*Data not available or suppressed

- Tobacco Use:
 - From 2015 to 2020, adults who identified as bisexual had higher rates of ever smoking compared to those who identify as straight or gay/lesbian with 23% of bisexuals reporting current smoking, compared to 17% of gay and bisexual individuals and 16% of straight individuals
 - Rates of smoking every day decrease with higher levels of education with 18.8% of adults who have not graduated high school smoking every day compared to only 3.3% of adults with four or more years of college
- Heavy Drinking:
 - Consuming 15 or more drinks per week for men and 8 or more drinks per week for women
- Socioeconomic:
 - Black/African American households are experiencing a poverty rate of 25.9%, and Hispanic/Latino households at 13.6%, compared to 9.0% for non-Hispanic/Latino populations and uninsured rates (11.4% for Black/African American, 8.4% for Hispanic/Latino, compared to 4.7% for White residents)

Community Context Assessment

- Event Outreach- impacts on mental health in minority communities, exacerbated by social stigma, limited mental health resources, and socioeconomic barriers
- Town Hall- transportation barriers limit ability of residents, especially in rural areas, to access healthcare facilities. Discussions revealed a strong community interest in establishing health or dental clinics in underserved areas where clinic availability is limited
- Focus Group- lack of translation services for English-language learners
- Access to prenatal care was noted as a challenge for Hispanic and low-income women, many of whom struggle to receive care during the first trimester
- Support from organizations like Eastern Iowa Health Center (EIHC) and other financial aid programs have been identified as beneficial resources for those in need

Known Assets

Table 8: Known Assets in Risk Factors for Chronic Disease

Asset	Population Focus	Notes
HACAP – WIC and Maternal Health	Pregnant and postpartum people, children birth through 5 years old	Services to support women and children
My Care Community	Providers and individuals connecting to services	Creates a closed loop referral system accessible to providers and patients
UnityPoint	Everyone	Identified through the CPA
Mercy Medical Center	Everyone	Identified through the CPA
Eastern Iowa Health Center (EIHC)	Low-income individuals, uninsured and underinsured	Health services provided to those in need regardless of ability to pay
Linn County Public Health	Everyone	Preventative services
ISU Extension and Outreach	Individuals needing additional support accessing services	Address challenges of Iowans through research, education, and extension experiences. Priorities include mental health, 4-H, healthy environments, resources for Iowans to thrive, workforce development, etc.
ASAC	Individuals impacted by addiction	Population specific programs (Ex: adults, youth, pregnant women, mothers with children, men, LGBTQ+)
Mental Health Access Center	Anyone over the age of 18 years old	Crisis care for people experiencing MH or substance use disorder crisis
His Hands Free Clinic	Low-income individuals, uninsured and underinsured	Health services provided to those in need regardless of ability to pay
Community Health Free Clinic	Low-income individuals, uninsured and underinsured	Health services provided to those in need regardless of ability to pay

Appendix D: Supporting Mental Health Data Sheet

Community Health Status Assessment

Table 1: Percent of Population Experiencing Severe Mental Health, Linn County, Iowa

	2018	2019	2020	2021	2022	Source:
Overall	11.1%	11.3%	12.8%	12.7%	13.7%	BRFSS

- Rise in severe mental health issues, increasing from 11.1% in 2018 to 13.7% in 2022
 - Females were more likely to experience severe mental health challenges, with 16% of women reporting 14 or more days of poor mental health per month, compared to 10% of men.
 - A significantly higher percentage of the Black or African American population reported severe mental health issues, with 23% affected, in contrast to 13% among their White counterparts.
 - Severe mental health issues affect nearly a third of individuals aged 18 to 24 (30.9%). As age increases, the percentage of those experiencing severe mental health declines, with only 7.2% of those over 65 affected.

Table 2: Rate¹ of Self-Inflicted Emergency Visits and Hospitalizations

	2018	2019	2020	2021	2022	Source
Emergency Visits	6.7	4.7	5.5	7.1	*	Outpatient Dataset ³
Hospitalizations	9.9	8.2	7.6	6.3	*	Outpatient Dataset ²

*Data is not available or suppressed

- Significant increase in self-inflicted emergency department visits, which were 4.1 times higher for Black/African American populations compared to White populations
- Self-inflicted hospitalizations show moderate disparities, particularly among Black/African American, Multiracial, and White populations compared to Asian populations

Table 3: Rate⁴ of Suicide Mortality per 100,000 populations, Linn County, Iowa

2018	2019	2020	2021	2022	Source
19.5	19.8	18.0	20.1	14.8	CDC Wonder

Table 4: Suicide Mortality by Method, Linn County, Iowa

Method	2018	2019	2020	2021	2022	Source
Firearm	43.8%	31%	45.5%	52.3%	64.5%	Linn County Medical Examiner
Hanging	31.3%	40.5%	27.3%	29.5%	22.6%	

- Suicide mortality rate among males was alarmingly high, at 29.5 per 100,000, significantly higher than for females
- A majority of deaths by suicide are associated with the use of a firearm.

³ Hospitalization and emergency department data are collected by the Iowa Hospital Association on behalf of IHHS in accordance with Iowa Code section 135.166

⁴ Rate is per 100,000 population

Additional Data from BRFSS & the Iowa Youth Survey

Table 5: Depression (BRFSS)

Question: "Have you ever been told you had a depressive disorder (including depression, major depression, dysthymia, or minor depression)?"

	2018	2019	2020	2021	2022
Yes	*	18.9%	18.3%	20.3%	23.5%

*Data is not available or suppressed

Table 6: Adolescent Depression and Suicidal Ideation (Iowa Youth Survey)

Depression & Suicidal Ideation	2018		2021	
	Male	Female	Male	Female
Felt Sad or Hopeless	16%	32%	16%	40%
Suicidal Ideation	16%	28%	12%	28%
Suicidal Attempts	4%	7%	2%	6%

- Among adolescents who reported experienced suicide ideation there was a statistically significant increase among those who further made plans for ending their lives; this increased from 10.5% in 2018 to 49.2% in 2021

Community Context Assessment

- Event Outreach- 47% of marble activity participants cited stigma, high costs, and long wait times as major obstacles.
- Photovoice- Youth participants in a photovoice activity emphasized the importance of mental clarity and emotional well-being, with participants noting how their environment impacts mental health
- Mental health was consistently identified as a top priority in community outreach activities, including focus groups and town hall meetings. Stigma, high costs, and long wait times for mental health services were the primary barriers reported.

Known Assets

- 52.9% of organizations from the CPA identified mental health as a primary focus.
 - Identified areas for growth and learning in Linn County include making stronger efforts to reduce stigma and stereotypes across communities

Appendix E: Community Health Improvement Plan Brief



TOGETHER! HEALTHY LINN COMMUNITY HEALTH IMPROVEMENT PLAN 2025-2027

TOGETHER! HEALTHY LINN

Together! Healthy Linn (T!HL) is a cross-sector, community-based collaborative established in 2015 to address Linn County's health needs through shared resources and collective impact. The group is united by a common vision and set of values that guide its work. The T!HL collaborative conducts a community health assessment (CHA) that informs the community health improvement plan (CHIP) every three years. The CHA is used to identify the areas of greatest need for Linn County and aids in prioritization of the top issues that impact the health of Linn County residents and the development of the CHIP. From December 2023 to March 2025, the T!HL collaborative engaged 43 organizations and 835 community members to shape this plan. Based on the 2024 CHA, the community identified three strategic priorities for the 2025–2027 CHIP.

PRIORITY 1: HEALTHCARE ACCESS

Goal 1: Increase health insurance coverage among underserved populations by leveraging existing collaborations between insurance assisters and health providers

- **Strategy 1:** Track and respond to state and national level changes to the health insurance climate
- **Strategy 2:** Develop and implement communication strategies that improve understanding of health insurance, access to healthcare, and available resources in the community.
- **Strategy 3:** Increase outreach and support to disproportionately impacted populations



Goal 2: Identify and reduce barriers that limit healthcare access among underserved populations.

- **Strategy 1:** Increase culturally adapted healthcare practices among providers.
- **Strategy 2:** Ensure health navigation for community members using community health workers, care navigators, doulas, etc.
- **Strategy 3:** Increase screening of Social Determinants of Health and ensure closed-loop referrals.

PRIORITY 2: CHRONIC ILLNESS PREVENTION & MANAGEMENT

Goal 1: Improve early detection of the top five leading cancer diagnoses and promote chronic disease prevention efforts through community collaborations

- **Strategy 1:** Address gaps in access to preventative resources and knowledge of risk and protective factors related to chronic illness.
- **Strategy 2:** Increase engagement in and opportunities for physical activities in the community.
- **Strategy 3:** Implement community-wide culturally informed chronic disease programming.
- **Strategy 4:** Identify and address opportunities within the healthcare system in Linn County to increase common screenings for the top five cancer diagnoses as well as screenings for the social and structural determinants of health.

PRIORITY 3: SUPPORTING MENTAL HEALTH

Goal 1: Strengthen mental health support by expanding community partnerships, promoting well-being, and fostering resilience.

- **Strategy 1:** Advocate for workshops, resources, and policies to educate and encourage mental health support for employers and employees.
- **Strategy 2:** Coordinate communication strategies to promote awareness and reduce stigma
- **Strategy 3:** Implement group PM+ peer-led groups with clinical oversight
- **Strategy 4:** Connecting with community members to co-create solutions





Together! Healthy Linn

TOGETHER! HEALTHY LINN

COMMUNITY HEALTH IMPROVEMENT PLAN

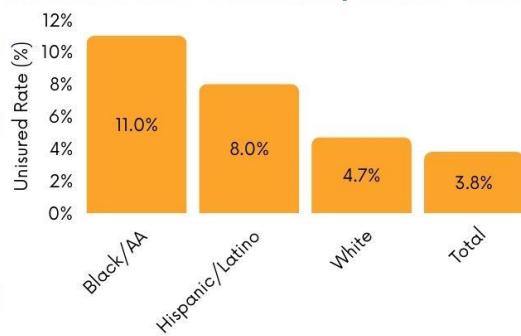
2025-2027

PRIORITY 1: HEALTHCARE ACCESS

Access to healthcare remains a significant concern across Linn County, with barriers affecting marginalized communities to a greater extent.

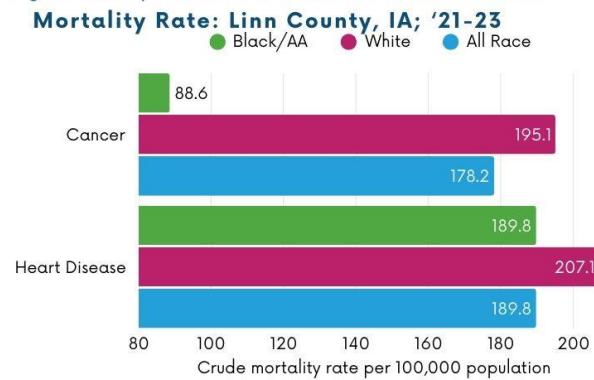
- Insurance coverage can impact access to care.
- Transportation health and dental services are limited or missing in rural areas.
- Approximately 7% of adults can not afford to see a physician due to cost
- Hispanic and low-income women struggle to access prenatal care in their first trimester
- Low life-expectancy census tracts 12, 18, & 19 exceed the overall uninsured rate of the county.

Uninsured Rate: Linn County, IA 2018-2022



PRIORITY 2: CHRONIC ILLNESS PREVENTION & MANAGEMENT

Heart disease and cancer are the leading causes of death for Linn County residents. While cancer continues to rise in Iowa, the incidence of female breast, male prostate, and skin melanoma significantly worsened between 2018 & 2022.



Root Causes: Chronic disease is influenced by a combination of genetic, physiological, environmental, and behavioral factors such as smoking, excessive alcohol use, poor nutrition, and inactivity.

- Adult smoking rates in Linn County have decreased overtime. Adults with less than a High School degree are 5.7 times more likely to smoke compared to those with a Bachelor's degree or higher.
- Approximately, 23% of adults and 7% of 11th graders in Linn County report binge drinking.
- 64% of boys and 82% of girls in middle & high school do not get the suggested physical activity each week (1+hr. daily).
- 24.3% of adults and 6% of adolescents do not engage in any form of exercise.
- Trail disconnection, neighborhood safety, and limited rural access reduce physical activity.
- Food insecurity is widespread, particularly among marginalized groups.

PRIORITY 3: SUPPORTING MENTAL HEALTH

Mental health is the most pressing health issue identified across all assessments in Linn County, with growing concern for both youth and adult populations.

- Diagnosed depression rose from 18.9% (2018) to 23.5% (2022).
- Adults with poor mental health (14+ days/month) increased to 13.7%.
 - There is a disproportionate impact on females (16%), young adults 18-24 (30.9%), and Black/African American individuals (23%).
- Adolescents reporting persistent sadness rose to 28.5% (2021).
- An alarming increase was noted among adolescents reporting experiencing suicide ideation who also reported making a plan to end their lives, increasing from 10.5% (2018) to 49.2% (2021).
- Major barriers include long wait times, provider shortages, insurance restrictions, and lack of Medicaid-accepting providers.
- Stigma, lack of funding, and fragmented systems are noted to limit access to care.
- Among partner agencies, there is widespread support for advocacy, policy change, and improved funding to meet rising mental health needs across the lifespan.



Appendix F: 2025-2027 CHIP Timeline

2025-2027 TOGETHER HEALTHY LINN CHIP TIMELINE



Prioritization: Today!

Who: T!HL Steering Team

What: Identification of 3-4 priority areas



Power Analysis: Feb 2025

Who: MAPP Core Team & Interested T!HL Members

What: Discussing how the priorities are influenced by various factors



Set Up Workgroups- Feb 2025

Who: MAPP Core Team

What: Identifying individuals who may be interested in joining workgroups



Create Partner Profiles- Feb 2025

Who: Subcommittee Members

What: Answering questions re: organization's mission, goals, priorities, etc. Helps ensure alignment



Develop Goals- March 2025

Who: All involved

What: Brainstorm goals for each priority and how to measure progress



Select Strategies- March 2025

Who: All involved

What: Taking goals and developing strategies to achieve the goals



Action Planning- March 2025

Who: All involved

What: Determining objectives, measures, timelines, and meetings



Monitor and Evaluate- Through 2027

Who: All involved

What: Monitor and report out on progress for the period

Appendix G: 2022-2024 Community Health Improvement Plan



2022-2024 Community Health Improvement Plan

Goals & Strategies

Together! Healthy Linn Vision

The local public health system is collaborative, engaged in the community, responsive to community health needs, easy to navigate, focused on prevention, and creates access for all. The system is designed for a culture of health and promotes an active, safe, empowered, resilient, and connected community that embraces diversity and equity.

2022-2024 Community Health Improvement Plan

The 2022-2024 Linn County Community Health Improvement Plan (CHIP) is built upon findings from the 2021 Community Health Assessment (CHA). The CHIP is designed with the Mobilizing for Action through Planning and Partnerships (MAPP) framework to improve health outcomes in our community.

Mental Health

Increase mental health supports in Linn County through engagement of community members, leaders, and non-clinical partners, to develop solutions that enhance a culturally responsive and trauma-informed ecosystem.

- Identify and leverage non-clinical partners to provide mental health supports
- Increase awareness of mental health and available resources through a messaging/marketing plan

Food Security

Create a centralized communications system to increase understanding and coordination of food resources among food system partners and the community.

- Utilize data to improve coordination of food resources in the community
- Deploy a centralized food resource website and information system
- Increase understanding of food assistance eligibility and utilization

Equitable Opportunities for Physical Activity

Increase accessibility to, and utilization of, programs and existing community assets for all residents to have the opportunity to be physically active.

- Identify gaps in available opportunities to be physically active across Linn County
- Increase opportunities for all residents to access free or low-cost programs and services
- Increase engagement in available options to be physically active through joint messaging and information sharing

Prevention of Gun Violence

Increase the effectiveness of community partnerships to target evidence-based strategies to reduce gun violence.

- Align community partnerships to address gun violence
- Develop public engagement and education campaign to shift social norms related to violence
- Identify evidence-based practices currently used in Linn County, and consider opportunities for expansion or addition

Learn more about Together! Healthy Linn at: LinnCountyIowa.gov/753/Together-Healthy-Linn



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