



Community Health Needs Assessment

2017-2019



UnityPoint Health
Allen Hospital

FOREWORD

“People sometimes ask whether I think there’s anything we can do to ‘solve’ the problems of my community. I know what they’re looking for: a magical public policy solution or an innovative government program. But these problems of family, faith and culture aren’t like a Rubik’s Cube, and I don’t think that solutions (as most understand the term) really exist. A good friend, who worked for a time in the White House and cares deeply about the plight of the working class, one told me, ‘The best way to look at this might be to recognize that you probably can’t fix things. They’ll always be around. But maybe you can put your thumb on the scale a little for the people at the margins.’”

-J. D. Vance, *Hillbilly Elegy*, 2016

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PREFACE

A community health needs assessment is not a Valentine to providers nor a validation of how well we as a healthcare organization are doing. It is a list of what we need to do better together in the next three years. Healthcare organizations and providers spend much of our time telling the community what we know and what they should do. An effective community health needs assessment turns the tables on us as providers. The people we are here to serve have the opportunity to tell us what they lack and where we are falling short of their expectations.

Iowans live in three worlds: Plenty, Enough and Not Nearly Enough. Citizens living in Plenty and Enough enjoy better healthcare than any prior generation could dream of, even with our shortcomings as providers of that care. Citizens living in Not Nearly Enough often get care only in pieces: emergency care here, occasional care there, no care at all too much of the time. The dividing line is seldom just money. It is knowledge – knowing what is possible, what is available, how to access it and how to pay for it. It is also knowing how to apply what you learn about health and healthcare to make your life better. Those lessons start early in Plenty and Enough, and children who learn them well have a good chance to grow up to be healthy adults. Lessons in healthy living are less certain in Not Nearly Enough, and children who do not learn them there often never learn them at all. Health needs are inextricably social needs. Better community health starts with building better communities – especially for the people at the margins.

“Physicians themselves see limits to traditional health care in addressing patients’ needs. ‘Providing the best clinical care for those patients is fundamental,’ said Dr. Nirav Shah, senior vice president and COO for clinical operations of Kaiser Permanente Southern California. ‘The rest of the solution must include going outside our four walls.’”

-Stanford Social Innovation Review

“It’s an uphill battle for the well-off to fight the effects of wealth on their minds, to consciously step out of their circles and pay attention to the places where dinner is not certain, where keeping the lights on is a struggle, where a trailer park is a place real people live, not a punch line. Perhaps all of us who do not worry about where our next meal is coming from could stand to widen our lens.”

*-“How Can You Tell If Someone Is Kind? Ask How Rich They Are.”
Washington Post, October 21, 2016*

EXECUTIVE SUMMARY

The Affordable Care Act requires nonprofit hospitals to conduct a community health needs assessments (CHNA) every three years to maintain their Sec. 501(c)(3) tax-exempt status under the Internal Revenue Code. The purpose of a CHNA is to prioritize healthcare needs within a survey area and identify ways hospitals can help communities address unmet and underserved needs in the three years following the assessment. This CHNA was completed in 2016 and applies to calendar years 2017-2019.

Three Cedar Valley health organizations worked together on this CHNA: UnityPoint Health – Allen Hospital; Wheaton Franciscan Healthcare – Covenant Medical Center and Sartori Memorial Hospital; and the Black Hawk County Health Department. The CHNA includes two surveys to broaden the cross section of community opinion.

The Community Interviews Survey asked 24 agencies serving Black Hawk, Bremer, Buchanan, Butler, Fayette and Grundy counties to identify and prioritize the health needs of their clients and patients. Interviews were conducted face-to-face from January - September, 2016. Interview participants identified eight community health needs:

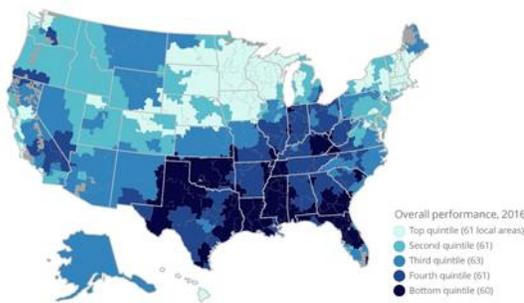
- 1st Priority: Mental Health Access and Services
- 2nd Priority: Healthcare Access and Transportation
- 3rd Priority: Women and Children's Health
- 4th Priority: Nutrition, Obesity, Wellness
- 5th Priority: Child Abuse and Neglect
- 6th Priority: Healthcare Insurance and Finance
- 7th Priority: High School Graduation Rates
- 8th Priority: Teen Gun Violence

The Community Online Survey is a new addition to our 2016 CHNA. We invited survey-area residents to fill out a 27-question, anonymous survey about their personal health and the health of their community. The survey was available online from December 1-20, 2015. Residents returned 605 complete responses. The majority of responses came from Black Hawk County. All responses were tabulated and weighted by Survey Monkey. Online participants identified 10 community health problems:

- 1st Priority: Diabetes
- 2nd Priority: Guns, violence, gangs
- 3rd Priority: Cancer
- 4th Priority: Heart Disease/Stroke
- 5th Priority: High blood pressure
- 6th Priority: Obesity
- 7th Priority: Aging
- 8th Priority: Access to mental health services
- 9th Priority: Limited access to doctors
- 10th Priority: Poor nutrition

Community health needs are relative, not absolute. In areas of plenty, needs are easy to confuse with wants. In areas where resources are scarce, needs are easier to identify. Almost all of Iowa, for example, scores in the top quintile of the Overall Local Health System Performance: Scorecard Ranking for 2016.¹ Like much of the upper Midwest, Iowa is a relatively healthy state. The Robert Wood Johnson and the University of Wisconsin Health Institute agree, ranking Iowa as one of the healthiest states and Bremer County as one of Iowa's best, ranked 16 out of 99.² The Annie E. Casey Foundation's Kids Count data center also concurs, ranking Iowa 1st in the nation for children's health in 2015 and 4th in overall health rank.³

Overall Local Health System Performance: Scorecard Ranking, 2016



Source: Commonwealth Fund Scorecard on Local Health System Performance, 2016 Edition.

Relatively speaking, then, Iowa is in good shape. Until recently, Iowa has been a mostly white, middle-class, rural state with high average scores that are inflated by our cultural homogeneity. However, things are quite different at the county and community level. Iowa has wealth and poverty, education and ignorance, great diversity and sometimes stifling sameness, often within the same communities. We have small communities that prosper and those that are withering away. We have cities enjoying vibrant growth and cities that have run out of future. Most relevant to this CHNA, we have populations that enjoy excellent healthcare and health outcomes living side by side with neighborhoods and communities that enjoy little of either. Iowa's homogeneity is fading away, replaced by a new, more diverse, more complex society.⁴ Hospitals have new opportunities, new issues, and new problems to address in order to serve this new order well.

This survey has done its job. It reflects real health disparities and needs, and it includes new and pressing community health needs like ways to deal with gun violence, child abuse and opioid abuse that were not part of the previous CHNA. There is a growing understanding of the link between personal health and community health. Community health is inextricably tied to social health. Iowans know that we cannot grow crops in fields of stone, and we're coming to realize that we can only deliver and sustain good health outcomes by building healthier social environments. The challenge and opportunity for Allen Hospital is finding new ways to do both.

The 2017-2019 CHNA was adopted by the Allen Hospital Board of Directors on December 13, 2016. It was published on the UnityPoint Health – Waterloo website on December 16, 2016.

The 2017-2019 CHNA implementation strategy will be planned, adopted and published online by May 15, 2017.

I. COMMUNITY SERVED BY THE HOSPITAL

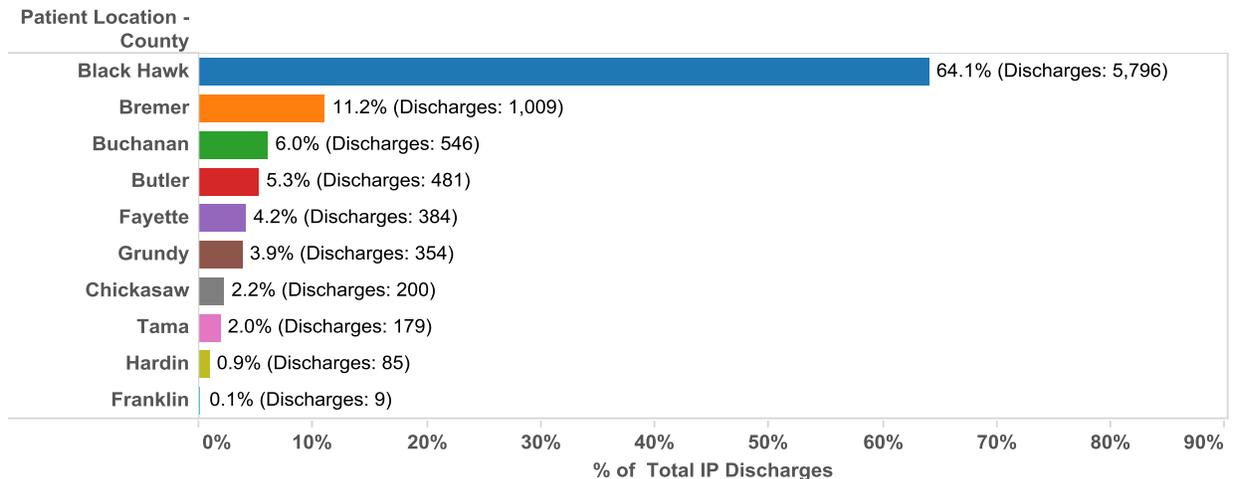
Geography

UnityPoint Health-Allen Hospital is a 204-bed, acute care community hospital serving the Cedar Valley of Northeast Iowa. The Cedar Valley includes 284,000 people living in these 10 contiguous counties:

County	Population	Percent	Cume
Black Hawk	133,455	47.0%	47.0%
Bremer	24,722	8.7%	55.7%
Buchanan	21,062	7.4%	63.1%
Butler	14,915	5.3%	68.4%
Chickasaw	12,097	4.3%	72.6%
Fayette	20,257	7.1%	79.8%
Franklin	10,295	3.6%	83.4%
Grundy	12,435	4.4%	87.8%
Hardin	17,367	6.1%	93.9%
Tama	17,337	6.1%	100.0%
Total	283,942	100%	100%

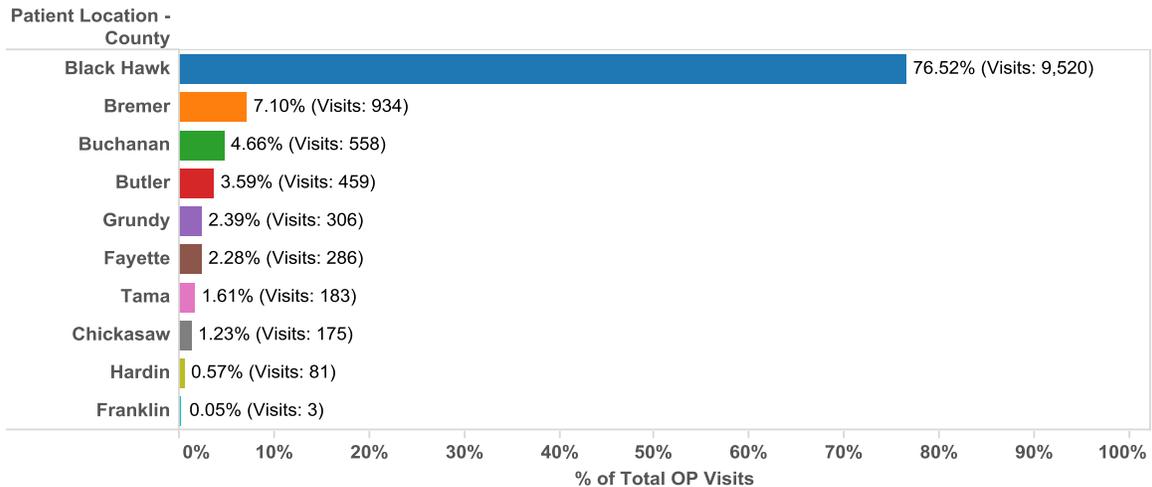
Inpatients

While Allen Hospital serves 10 counties, 95 percent of Allen Hospital's 2015 inpatients lived in just six: Black Hawk, Bremer, Buchanan, Butler, Fayette and Grundy.



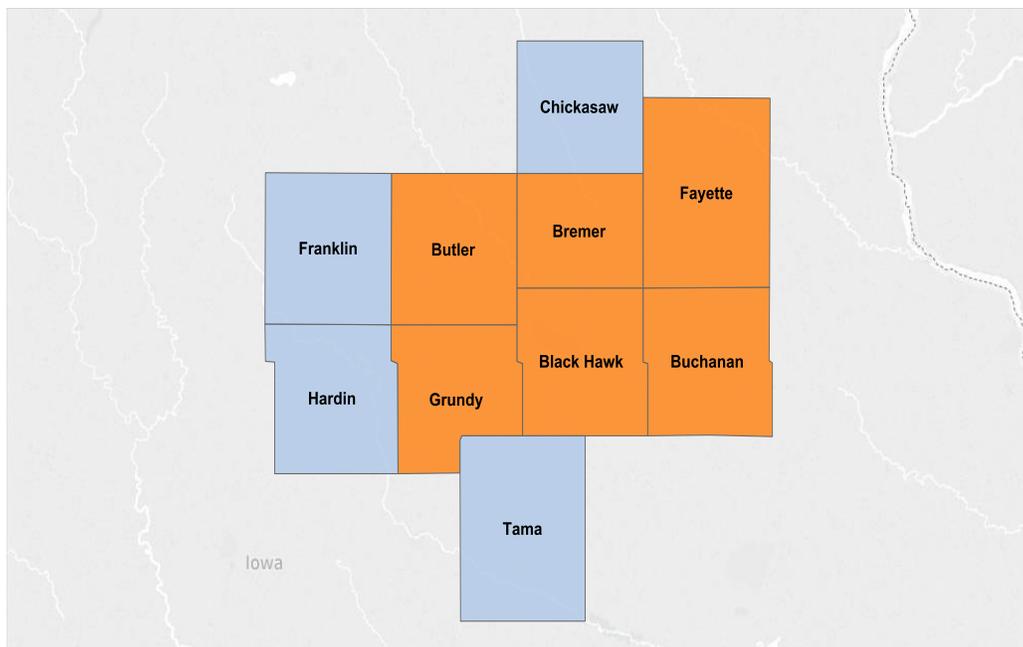
Outpatients

Similarly, 97 percent of Allen Hospital's 2015 outpatients lived in the same six counties:



Survey Area

Six core counties – Black Hawk, Bremer, Buchanan, Butler, Fayette and Grundy – define the community served by UnityPoint Health-Allen Hospital for the 2017-2019 Community Health Needs Assessment. There is special emphasis throughout the report on Black Hawk County, which includes more than half the survey area population and two-thirds of the patients served by UnityPoint Health-Allen Hospital.



II. COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

Data and other information used in the assessment are drawn from:

- Interviews
- Focus groups
- Community interviews survey
- Community online survey
- Community health needs surveys from the defined survey area
- External resources including:
 - Newspapers
 - Online sources
 - Meeting notes
 - Television
 - White papers and reports

Interviews and Focus Groups

The core of the community interview survey are data gathered during 24 interviews and focus groups with leaders of organizations providing social services, education, philanthropy and healthcare to the Cedar Valley. Interviews were made face-to-face on site with each organization's leader or leadership team. Interviewers framed the sessions with standard questions for continuity and encouraged participants to offer their own questions, answers and recommendations. Participants in each meeting defined and prioritized community health needs without prompting or suggestion. Interviews were conducted from December 2015 – September 2016 in sessions lasting 60-90 minutes. Results were transcribed and tabulated for this report.

Online Survey

The assessment also includes results of the community online survey conducted December 1 – December 20, 2015. The online survey was sponsored and implemented by the Black Hawk County Health Department, UnityPoint Health – Waterloo (Allen Hospital) and Wheaton Franciscan Healthcare – Iowa (Covenant Medical Center and Sartori Memorial Hospital). The online survey drew responses from 605 Cedar Valley residents, who individually identified and prioritized community health needs. Results were collated, transcribed and tabulated for this report.

Outside Community Health Needs Reports

The assessment includes data from or related to other community health needs reports including:

- Black Hawk County Community Health Needs Assessment: February 28, 2016
- Bremer County Health Needs Assessment (CHNA) Report: February 24, 2016
- Buchanan County Health Center Community Needs Assessment: March 3, 2015
- Buchanan County Health Needs Assessment: February 10, 2015
- Butler County Community Health Needs Assessment: February 17, 2016

- Community Memorial Hospital – UnityPoint Health Community Health Needs Assessment: 2013
- Covenant Medical Center Wheaton Franciscan Healthcare Community Health Needs Assessment and Implementation Plan: July 1, 2016 – June 30, 2019
- Covenant Medical Center Wheaton Franciscan Healthcare Community Health Needs Assessment and Implementation Plan: July 1, 2013 – June 30, 2016
- Fayette County Community Health Needs Assessment: January 5, 2016
- Grundy County Community Health Needs Assessment: February 19, 2016
- Grundy County Memorial Hospital Unity Point Health Community Health Needs Assessment Report, Grundy County, IA
- UnityPoint Health Black Hawk-Grundy Mental Health Center, Inc. 2015 Annual Report

External Resources

External resources for this report include:

- Newspaper articles
- Online articles
- Television report transcripts
- White papers and reports

Citations for this report are included in Notes starting on page 85.

Collecting and Analyzing Data

Primary data for the survey comes from three direct sources: interviews, focus groups and online survey participants. Secondary data comes from outside community health needs report and external sources listed above and cited in Notes on pp. 85-94. Both data sets yield quantitative results that are listed, compared and prioritized.

External resources add context to the data. The health of any community goes far beyond the reach and delivery of healthcare. It rests squarely on what the World Health Organization defines as the social determinants of health: the conditions in which people are born, grow, live, work and age. Those conditions vary greatly across the defined community of the survey. External resources help quantify local variances and qualify ways in which disparate social determinants drive sharply different outcomes.

Collaborating Parties

Parties who collaborated in conducting the assessment include Black Hawk County Health Department, UnityPoint Health – Waterloo (Allen Hospital) and Wheaton Franciscan Healthcare – Iowa (Covenant Medical Center and Sartori Memorial Hospital).

Contracting Parties

UnityPoint Health – Allen Hospital contracted with no parties or external sources other than those collaborators listed above for assistance in conducting the assessment. Colleagues in all three sponsor organizations and the community were generous in sharing what they know and helping us ask the right questions.

III. DESCRIPTION OF INPUT FROM PERSONS REPRESENTING BROAD INTERESTS IN THE COMMUNITY

Interviews and Focus Groups

These individuals and groups representing 24 organizations provided direct input to the survey during face-to-face interviews from December 2015 – September 2016.

Medically-Underserved, Low-Income, Minority Populations Represented by Community Survey Participants

Survey participants represent the interests of African American, Hispanic, Bosnian, Asian, Indian, Burmese, American Indian and Congolese populations living in the survey area, predominately in Black Hawk County. They also represent the interests and serve residents living in poverty; women and children; women and children at risk; pre-school children; adults 65+; the disabled; the underemployed and unemployed; the medically-underserved and unserved; residents suffering from mental health and/or addiction; residents living with food insecurity; English language learners and the LGBT communities. Community survey participants were recruited specifically for their knowledge and record of successful service to one or more medically-underserved, low-income and minority populations.

Unsuccessful Attempts to Obtain Input

There were no unsuccessful attempts to obtain input. The only limitation on the community interviews survey was the availability of spokespeople. We offset that with the community online survey, which added 605 additional community voices to the conversation.

Organizations That Provided Community Input

1. Allen Child Protection Center

- 212 West Dale Street, Suite 102, Waterloo, IA 50703
- 319.226.2345
- Sandy Kahler, Director
 - Katie Strub, LMHC
 - Miranda Kracke, LMSW
 - Taylor Smith
 - Ann Swisher, ARNP
 - Lisa Jorgensen, RN
- Kathryn.Strub@unitypoint.org
- Serves children in 27-counties of northeast and north central Iowa, investigating suspected cases of child abuse and neglect
- Interviewed January 19, 2016, at Allen Child Protection Center

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Recognize and prevent child abuse	Better, faster access to mental health services for children	Prevention of unplanned pregnancy	Better transportation and access to services	Body safety education for parents and children

2. Allen College Engagement-Salvation Army Partnership Free Clinic

- 207 Logan Avenue, Waterloo, IA 50703
- 319.235.9358
- Ruselle Debonis, ARNP, Director
- Ruselle.Dobonis@allencollege.edu
- Serves adults 19-64 within 45-mile radius of clinic
- Interviewed July 18, 2016, at Allen College, Waterloo, IA

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Lack of coverage, inability of pts to afford co-pay inhibits compliance with treatment and prescriptions	Lack of outplacement care coordination for mental health/addicts/inmates	Lack of adequate, affordable transportation	Lack of free or low-cost dental care throughout the community	Threat of pay for performance to free clinics, whose patients do not subscribe to wellness or prevention.

3. Allen Women’s Health Center

- 233 Vold Street, Waterloo, IA 50703
- 319.235.5090
- Sandy Kahler, Director;
 - Nikki Werning, BSW – Maternal Health
 - Brooke Schlee, BSW Maternal Health
 - Jean Hoy, ARNP – Family Planning
 - Sue Rogers, PSR – Family Planning
 - Leah Angel, RN – Maternal Health
 - Joni Spencer, LBSW – Together for Youth
 - Libby Fry, LMSW – Together for Youth
- Sandy.Kahler@unitypoint.org
- Provides women’s healthcare to woman and teens and youth counseling, sexual health and pregnancy programs
- Serves the Cedar Valley with underserved and minority populations of Black Hawk County. IA
- Interviewed January 21, 2016, at Allen Women’s Health Center

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
More mental health services, providers and access	More transportation for patients, locally and to UIHC	More STI screening services and more private facilities	Better, clearer insurance information for Medicaid pts	More effective ways to persuade teens, pregnant women to stop smoking and drinking alcohol

4. Big Brothers Big Sisters of Northeast Iowa

- 2530 University Avenue, Suite 8, Waterloo, IA 50701
- 319.235.9397
- Laura Yeats, Program Director
 - Ashley Leistikow, Match Coordinator
- Ashley@iowabigs.org
- Serves at-risk children K-12 in Black Hawk, Bremer and Butler Counties in Iowa
- Interviewed January 15, 2016, at Big Brothers Big Sisters of Northeast Iowa

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
More counselors and mental health services for children	Comprehensive, school-based gun safety and awareness classes	Combat chronic school truancy rates and improve graduation rates	Treat chronic alcoholism and drug abuse among parents of dependent children	

5. Black Hawk County Gaming Association

- 425 Cedar Street, Suite 300A, Waterloo, IA 50703
- 319.433.1153
- Beth Knipp, Executive Director
- Beth.Knipp@bhcgga.org
- Funds grants for capital improvements, charitable programs and public works in Black Hawk, Bremer, Buchanan, Butler, Chickasaw, Grundy and Tama Counties in Iowa
- Interviewed January 12, 2016, at Black Hawk County Gaming Association office

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Increase/improve mental health services	Improve access and transportation to mental health services	Increase/improve child care services	Reduce gun violence at all levels, particularly young people	Combat chronic school truancy rates and improve graduation rates

6. Black Hawk-Grundy Mental Health Center

- 3251 West Ninth Street, Waterloo, IA 50701
- 319.234.2893
- Tom Eachus, Executive Director
 - Katie Arjes, IHH Supervisor
 - Brian Heeren, Certified Peer Support Specialist
- Tom.Eachus@unitypoint.org
- Serves 6,000 mental health outpatients in Black Hawk and Grundy Counties in Iowa
- Interviewed January 20, 2016

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Need more providers, faster access to services. Medicaid pts need clarity from MCOs.	Need better care coordination, transportation through Integrated Health Home	Need more school-based services and access to them	Need crisis team, peer support for pts in crisis. Need better addiction services.	Need safe housing for pts

7. Cedar Valley Friends of the Family

- 2101 Kimball Avenue, Suite 130, Waterloo, IA 50701
- 319.272-1424
- Kelley Schmitz, Director of Operations
- Kelley@cvfriendsofthefamily.org
- Serves adults 18+, primarily women dealing with domestic violence, sexual assault and homelessness in 14 counties, including the Cedar Valley of Iowa
- Interviewed February 24, 2016

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Better access and transportation to follow up after physical/sexual assault	Better access and transportation to regular physician appointments and examinations	Better access to mental health services. Need more crisis response services.	More women's health services and education. Need mobile clinics and services.	

8. Cedar Valley's Promise

- 1407 Independence Avenue, Waterloo, IA 50703
- 319.291.2603
- Sarah Corkery, Board Chair
 - Dr. Ron Flory, Board Member
- SarahED@VeridianCU.org
- Oversees community grants for early childhood health, safety and welfare in the Cedar Valley
- Interviewed February 9, 2016

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Improve overall vaccination rates for Black Hawk County children	Improve flu shot vaccination rate at all levels for Black Hawk County	Provide better dental care for Black Hawk County Children	Provide better registration and tracking of Black Hawk County child care	Address lack of healthy food choices in east and north Waterloo

9. Cedar Valley United Way

- 425 Cedar Street, Suite 300, Waterloo, IA 50701
- 319.235-6211 Extension 13
- Debbie Roth, Senior Director of Community Resources
 - Rose Middleton, Board Chair
- Debbie.Roth@cvuw.org
- Makes grants for education, income and health in the Cedar Valley.
- Interviewed January 22, 2016

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Too few mental health providers and services, too much social stigma	Address need for grade-level reading, increased graduation rate	Provide better pathways out of chronic poverty	Coordinate care between clinical providers and judicial system	

10. Covenant Midwives and Women’s Health Center

- 432 King Drive, Waterloo, IA 50702
- 319.272.8200
- Amy Wright, Manager
 - Teresa Horak, Director of Women’s and Children’s Services
- Amy.Wright@whc.org
- Serves women living in the Cedar Valley with health, prenatal, pregnancy, labor and delivery services and Center Program
- Interviewed February 26, 2016

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Improve access to mental health services	Improve awareness of STIs and screen services for under-served and young women	Increase payment/insurance access and options for young women, youth, Medicaid pts	Motivate women to improve health practices and safe practices throughout pregnancy	Improve midwifery services to under-served women

11. Family and Children's Council

- 2167 Kimball Avenue, Waterloo, IA 50702
- 319.234.7600
- Anesa Kajtazovic, Executive Director
- Anesa@fccouncil.net
- Prevents child abuse, strengthens families in Black Hawk County, IA
- Interviewed February 12, 2016
- Re-interviewed July 29, 2016

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Reduce sexual abuse against children	Increase community awareness of lifelong effects of child abuse	Increase community awareness of lifelong effects of child abandonment	Establish respite care for caregivers of dependent children	

12. Guernsey Charitable Foundation

- 100 East Fourth Street, Suite 230, Waterloo, IA 50703
- 319.226.3434
- Soo Greiman, Executive Director
- [Guernsey Foundation@aol.com](mailto:Guernsey_Foundation@aol.com)
- Family life, community health, betterment
- Interviewed January 14, 2016

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Improve Waterloo Schools graduation rates	Increase services and access to free clinics in our area	Emphasize activities and services that promote prevention and early intervention	Address projects that make a difference in local hidden healthcare needs	

13. Hawkeye Community College

- 844 W 4th St, Waterloo, IA 50702
- 319.296.4014
- Rhonda McRina, Director of Diversity and Inclusion
 - Carol Hedberg, Student Services Counselor
- Rhonda.McRina@hawkeyecollege.edu; Carol.Hedberg@hawkeyecollege.edu
- Post-secondary education and job training across the Cedar Valley
- Interviewed August 2015.

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Financial health	More services and access for mental health, trauma (physical, mental sexual)	Address sleeping issues for students	Address spiritual health needs	Address need for fresh foods

14. Healthy Cedar Valley Coalition

- 319-266-0194
- Christine Carpenter, Team Leader
- Christine.Carpenter@cfu.net
- Forming partnerships that build community coalitions and capacity that will enhance the health of the Cedar Valley through education, outreach, and advocacy
- Interviewed January 2016

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Improve access to mental health services, especially in schools	Improve availability and access to transportation to area clinics	Increase access to breast cancer support groups	Promote health through fresh foods programs	

15. I-Hope Free Clinic (closed 2016)

- 722 S Hackett Road, Waterloo, IA 50701
- 319.229.0775
- Patti Downs
- Pjdowns125@live.com
- Free healthcare clinic
- Interviewed February 8, 2016

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Patient census decreasing, less need, fewer clinics and providers	Address smoking, poor diet, inactivity, diabetes	Address good diet, good body mechanics, weight management		

16. KWWL-TV Focus Group 1

- 500 East Fourth Street, Waterloo, IA 50703
- 319.291.1200
- Jim McKernan, General Manager
 - Shane Moreland, News Director
 - Chris Hussey, Community Relations
 - Jerry Gallagher, Anchor
 - Nikki Newbrough, Assignment Editor
- Jim.McKernan@kwwl.com
- NBC television affiliate serving the Cedar Valley
- Interviewed February 9, 2016

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Better access to adult mental health services	Partner with area schools for student mental health services	Provide a community-wide plan to improve the graduation rate in Waterloo Schools	Provide rational, affordable end-of-life care	Improve fresh food choices and public transportation in downtown Waterloo

17. KWVL-TV Focus Group 2

- 500 East Fourth Street, Waterloo, IA 50703
- 319.291.1200
- Shane Moreland, News Director
 - Amanda Goodman, Anchor
 - John Huff, General Sales Manager
 - Don Morehead, National Sales Manager
- Shane.Moreland@kwvl.com
- NBC television affiliate serving the Cedar Valley
- Interviewed February 11, 2016

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Provide more services and better access to pediatric health care	Improve vaccination rate for school-age children	Reduce gun use among teens	Treat school bullying as a public health threat	Provide better addiction services to counteract growing opioid and heroin addiction

18. R. J. McElroy Trust

- 425 Cedar Street, Suite 425, Waterloo, IA 50701
- 319.287.9102
- Stacy Van Gorp, Executive Director
 - Sarah Hansen, Intern
- vangorp@rjmcelroytrust.org
- Inspiring and transforming deserving young people of the Cedar Valley through philanthropic grants
- Interviewed January 12, 2016

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Improve area high school graduation rates	Reduce gun violence among teens and young adults	Identify students at risk for ACES	Provide healthy alternatives for young people	Identify causal link between parental depression and chronic student absenteeism

19. Northeast Iowa Food Bank

- 1605 Lafayette Street, Waterloo, IA 50704
- 319.235.0507
- Holly Caquelin, Client Intake Specialist
- cvfpintake@feedingamerica.org
- Providing nutritious food and grocery products to nonprofit organizations and individuals in Northeast Iowa, while offering hunger education programs to the community and those in need
- Interviewed February 9, 2016

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Address food insecurity	Provide mental health education to NEIFB clients	Address food needs of disabled/fixed-income population	Improve public transportation	

20. Salvation Army

- 88 Franklin Street, Waterloo, IA 50703
- 319.235.9358
- Grace Kohl, Development Director
 - Bill Drier, Program Director
- Grace-kohl@usc.salvationarmy.org
- Meeting human needs without discrimination: food, shelter, emergency services
- Interviewed January 20, 2016

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Improve emergency shelter and county-wide response to disasters	Coordinate discharge of unstable patients	Recruit more help with shelter and addiction services	Provide better public transportation in Waterloo, better fresh food sources	Provide emergency fund for small needs: glasses, hearing aids, prosthetics, burials

21. Success Link Inc.

- 229 East Park Avenue, Waterloo, IA 50703-4621
- 319.234.3728
- Brad McCalla, Executive Director
- Brad@successlink.us
- Behavioral consulting, services to parents, community research
- Interviewed February 18, 2016

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Expand school-based mental health services and access to them	Expand school-based physical health services and access to them	Improve school attendance and graduation in Waterloo Schools	Reduce exploding incidence of diabetes and STIs in schools	Address chronic poverty in Waterloo

22. University of Northern Iowa

- Wellness & Recreation Center 101, UNI, Cedar Falls, IA 50614
- 319.273.2137
- Joan Thompson, Health Educator, Victim Services Advocate
- Joan.Thompson@uni.edu
- Wellness and health services to college students 17-25
- Interviewed August 21, 2015

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Mental Health/Stress too few providers, too many patients	Sexual Assaults/STDS	Alcohol disorders	Wellness and nutrition	Sleep disorders

23. Waterloo Community Schools

- 1516 Washington Street, Waterloo, IA 50702
- 319.433.1801
- Cora Turner, Executive Director, Student and At-Risk Services;
 - Brenda Buck, RN, Black Hawk County Health Department for Success Street
 - Zoe Schaefer, ARNP, Black Hawk County Health Department for Success Street
 - Michelle Osterhaus, Counselor
 - Kayann Lilja, Counselor, West High School
 - Rebecca Renze, Counselor, East High School
 - Donna Kitrick, Administrator, Waterloo Schools
 - Marcia Sisk, RN, Black Hawk County Health Department for Success Street
 - Becky Cain, Durham Transportation bus services
 - Kathi Corbett, Durham Transportation bus services
 - Byron Phillips, Assistant Principal, West High School
 - Marla Padget, Principal, East High School
 - Jessica Bergmann, Practicum Student
- TurnerC@waterlooschools.org
- Waterloo public schools K-12
- Interviewer February 23, 2016

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Improve mental health services and access to address alcohol and drug abuse	Improve transportation for students and training for drivers	Improve parental education on health, corrections, custody issues	Improve immunization rates of new immigrant populations	Increase SuccessStreet services. Hold community-wide health fair for students in Aug.

24. YWCA of Black Hawk County

- 425 Lafayette Street, Waterloo, IA 50703
- Cindy Mohr, Executive Director
- lmohr@ywcabhc.org
- African and Hispanic women and girls, elderly men
- Interviewed January 2016

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Need community-wide focus on weight and nutrition issue	Provide education on health/self-esteem to children, young women	Work with community agencies to provide agency-specific transportation	Improve mental health services and access to same	

IV. PRIORITIZED SIGNIFICANT COMMUNITY HEALTH NEEDS

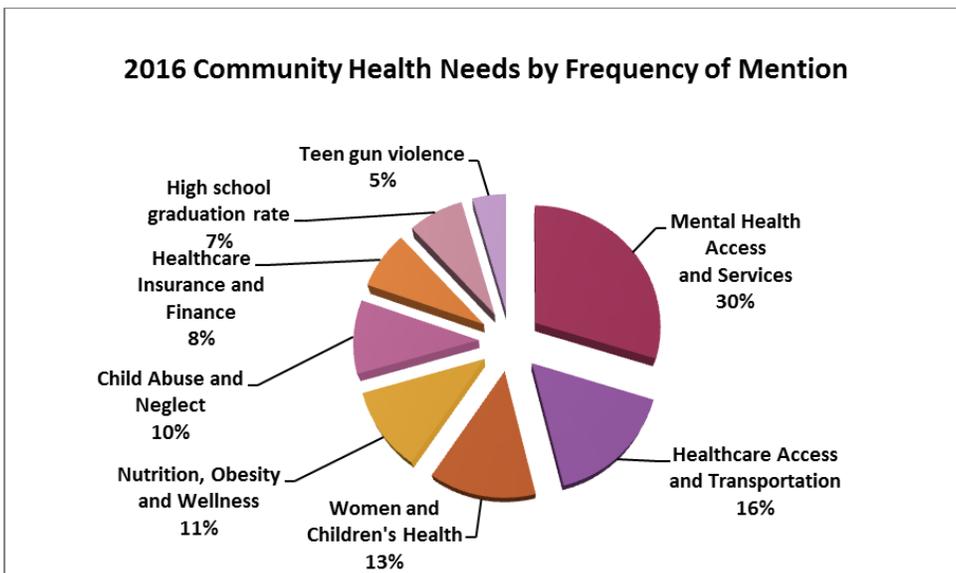
The Community Interviews Survey

Individuals and groups representing 24 different community organizations in the survey area participated in face-to-face interviews from December 2015 – September 2016. They were asked to identify, discuss and prioritize significant community health needs. Their top choices were assigned these point values:

- 1st priority: 5 points
- 2nd priority: 4 points
- 3rd priority: 3 points
- 4th priority: 2 points
- 5th priority: 1 point

By summing the priority points, we are able to total relative weights for each of eight community health needs identified in our community interviews survey:

POINTS AWARDED BY PRIORITY						
SIGNIFICANT COMMUNITY HEALTH NEEDS	1st	2nd	3rd	4th	5th	TOTAL
Mental Health Access and Services	55	24	12	6	3	100
Healthcare Access and Transportation	5	32	9	8	1	55
Women and Children's Health	5	16	15	8	1	45
Nutrition, Obesity, Wellness	10	8	9	6	4	37
Child Abuse and Neglect	15	4	9	4	1	33
Healthcare Insurance and Finance	15	0	6	3	2	26
High School Graduation Rates	10	4	9	0	2	25
Teen Gun Violence	0	8	3	4	0	15



1st Priority: Mental Health Access and Services

There is universal recognition across the survey area that mental health services are too few and too difficult to access and navigate. Virtually no one feels confident that they could find or easily access appropriate mental health services, routinely or in an emergency. Mental health is a branch of health care that few laypersons understand.

Organizations like Allen Women’s Health, Big Brothers Big Sisters of Northeast Iowa, Black Hawk Gaming Association, Black Hawk-Grundy Mental Health Center, Cedar Valley Friends of the Family, Cedar Valley United Way, Hawkeye Community College, the Salvation Army and a dozen more agree that the survey area urgently needs:

- More mental health providers
- Faster, better access to existing services
- Greatly increased mental health services for children and teens
- Improved access to school-based mental health services
- Better access and more services to address alcohol and drug abuse
- Far better coordination of discharge, physical support, treatment and care compliance of unstable patients

As of September 2016, there were 70 mental health care Health Professional Shortage Areas (HPSAs) across Iowa.¹ They were meeting 59.98 percent of need. That figure is calculated by dividing the number of psychiatrists available to a given area by the number of psychiatrists needed to meet or exceed patient to provider ration of 30,000:1, or 20:000:1 where high needs are indicated.²

Patient-to-provider ratios across the survey area are favorable by national standards, particularly in Black Hawk and Buchanan Counties.³

Mental Health Provider Ratios	Iowa	Black Hawk	Bremer	Buchanan	Butler	Fayette	Grundy
Rural residents	36.0%	13.5%	64.5%	68.5%	100.0%	70.6%	100.0%
Mental health providers	830:1	860:1	1,070:1	780:1	1,880:1	4,070:1	12,830:1

However, there are mental Health Care Provider Shortage Areas within areas within each county.⁴ Their HPSA priority ranks – the urgency of need for additional providers – generally fall into the third of four national quartiles, with first quartile scores indicating most pressing need. However, urban areas support mental health practices that rural areas typically cannot. Patients from rural counties usually must travel to urban neighbors for mental health services, adding substantial caseload and provider need to otherwise favorable patient to provider ratios.⁴

HPSA RANGE OF SCORES - MENTAL HEALTH PROVIDERS		
	1 - HIGH PRIORITY	
Black Hawk	11 - 16	
Bremer	13 - 16	
Buchanan	16	
Butler	13 - 16	
Fayette	16	
Grundy	18	

There is a critical, nationwide shortage of psychiatric beds that “is forcing many mentally ill patients with severe symptoms to be boarded in hospital emergency rooms and jails as they wait for an available bed, sometimes for weeks.”⁵ The nation has 37,679 state psychiatric beds, down 13 percent since 2010. In the same period, Iowa’s state psychiatric beds went from 149 to 64. Iowa now has just 2.0 beds per 100,000 people, the lowest ratio in the nation. The national average is 11.7 beds per 100,000 persons.⁶

For many Americans, the shortage of psychiatric beds makes no difference. “Twenty percent of adults – 43.7 million people – have a mental health condition, and more than half of them do not receive treatment.”⁷ The result is often incarceration. Arkansas, Mississippi and Alabama have the lowest rates of care and the highest rates of imprisonment for mentally ill citizens.⁸ In Iowa, more than half of state psychiatric beds are filled by people involved in the criminal justice system.⁹

Adequate psychiatric beds mean nothing without enough providers to admit patients to them. Meanwhile, the providers who are available often are out of reach for many patients and families. “Almost all non-psychiatric physicians accept private or public insurance, only about half of psychiatrists do.”⁹ Often they don’t have to. Their supply is tight, their services are in demand and insurance companies often carve out mental health services coverage to other companies, making insurance compliance and paperwork even more burdensome on already busy providers.¹⁰

States that ignore or undertreat adults with any mental illness pay for that decision with poor social scores. Conversely, states that treat mental illness with purpose and serious resources rank high in positive social outcomes like low child abuse, high disability graduation from high school, high overall graduation, low homelessness, low obesity, low poverty, low toxic chemical release, low unemployment and low violent crime.¹¹

Nationwide, children and teens suffer from the shortage of providers. There is an estimated one psychiatrist per 1,807 children needing psychiatric services in the United States.¹² The shortage guarantees many young peoples’ disorders will continue, often becoming lifelong. Anxiety and impulse control disorders often start by age 11. The median onset age for substance abuse is 20. The depression rate among young Americans was 11.1 percent in 2014. Eighty percent of them will receive inadequate treatment or none at all.¹³ Insufficient care falls particularly hard on youth of color, who see mental health professionals at less than half the rate of white classmates. The result follows a familiar pattern. “Psychiatric and behavioral problems among minority youth often result in school punishment or incarceration, but rarely mental healthcare.”¹⁴

The situation is no better locally, within the survey area. In one way, it’s far worse. Black Hawk County Sheriff Tony Thompson says “more than 60 percent” of the inmates in his jail are mentally ill – twice the national average.¹⁵ “We’re not a treatment center,” he said. “We simply house people for the court until the court says to let them go. It grows more and more frustrating because those population numbers are not getting better. Every year, those numbers get worse.”¹⁶

Jails are not the only holding cells for psychiatric emergencies, including pediatric patients. A recent poll of 1,700 emergency physicians conducted by the American Academy of Emergency Physicians shows that 21 percent have had psychiatric patients waiting for two to five days in their emergency departments for beds.¹⁷ Iowa psychiatric beds are listed on a statewide hospital registry, but they are regularly oversubscribed, and participation in the system remains optional. Iowa is one of just six states with an F rating for diversion, the process by which “law enforcement agencies seek to identify individuals whose criminal acts are clearly attributable to untreated mental illness and connect them to needed treatment rather than punishment.”¹⁸ Meanwhile, mental health patients often shuttle from hospitals to shelters to jails, lost in a system that currently offers little more than short-term stabilization in an endless revolving door.

There are a few bright spots. Black Hawk County has recently joined the Data-Driven Justice Initiative. “The initiative is designed to address two key populations: low-risk mentally ill persons held in jails only because they can’t afford bond, and chronically homeless and mentally ill persons repeatedly cycling through jails, emergency rooms, shelters and other services at large taxpayer expense.”¹⁹ Iowa’s regent’s institutions are seeking additional funding to address mental health needs, which are widespread in student populations. Yet the pending change in administration in Washington bodes poorly for reform or even current low levels of treatment. Despite its presence in every part of American society, our chronic underfunding of mental illness remains easy for politicians to scapegoat and taxpayers to dismiss. It is one of the few medical conditions we still equate with moral failure and weakness of character. And it is the only adult medical condition other than addiction – a form of mental illness – whose victims have no political power to change a system that perpetuates their failures and our own. See *Access to Mental Health Services*, p. 62; *Access to Mental Health Care*, p. 73

2nd Priority: Healthcare Access and Transportation

Access to healthcare involves both financial and non-financial barriers. It typically includes three major components. “Together, health insurance, local care options, and a usual source of (primary) care help ensure access to healthcare. Access to healthcare allows individuals to enter the healthcare system, find care easily and locally, pay for care, and get their health needs met.”¹

Greater access to physicians does not by itself mean that communities will have better

Access to Physicians	Iowa	Black Hawk	Bremer	Buchanan	Butler	Fayette	Grundy
Primary care physicians	1,350:1	1,040:1	1,640:1	2,100:1	5,010:1	2,560:1	4,100:1
Rural residents	36.0%	13.5%	64.5%	68.5%	100.0%	70.6%	100.0%
Health Outcomes		73	7	24	12	63	6

health outcomes. Outcomes depend on many other factors as well. Black Hawk County has more physicians than the other five survey counties combined, but it also has a more complex social structure, including the wide disparities in income, education, and social structures that often contribute to poorer health outcomes. And because Black Hawk County is the medical hub of the survey area, its physicians also provide the majority of primary and specialty care to patients living throughout the survey area.²

There is a shortage of doctors in the United States, but it is more nuanced than just too few providers. In 2014, the Institute of Medicine put it this way: “The system isn’t undermanned. It’s inefficient. We rely too heavily on physicians and not enough on midlevel practitioners, especially because evidence supports they are just as effective in primary care settings. We don’t account for advances in technology, like telehealth and new drugs and devices that lessen the burden on physician visits to maintain health.”³ We also encourage doctors to live in more expensive areas by reimbursing higher Medicare for care in those areas. And we incentivize specialists. The United States ranks 24th of 28 countries in doctors per 1,000 people, but we rank 11th in specialists.⁴ The result is a shortage in primary care physicians, the access point for most patients into healthcare.

According to Healthy People 2020, access to healthcare requires three distinct steps: gaining entry into the system, finding a location where needed services are provided, and finding a healthcare provider with whom the patient can communicate and build trust.⁵ Access affects all aspects of healthcare and healthy communities, including physical, social and mental health; prevention of disease and disability; detection and treatment of health conditions; quality of life; life expectancy and preventable death.⁶

Barriers to healthcare services include lack of availability, high cost and lack of insurance coverage.⁷ Barriers also include lack of accommodation when patients are busy with work or other commitments; lack of timely appointments; inaccessibility to of services because of travel time and distance; and the unwillingness of hospitals or providers to accept health insurance.⁸

Children have no access to healthcare without adults. Three factors affect how parents access and use healthcare for their children. First, parents want access and insurance themselves to be healthy enough to help their children get their own care. Second, accessing the system and finding child providers is difficult, particularly for Medicaid children or families far removed from care sites. Third, children often forego health care when parents cannot afford it.⁹ Children have no other access options on their own.

Lack of access hits the unemployed and single mothers and children especially hard. Unemployed adults have poorer mental and physical health than employed adults and are less likely to receive needed medical care and prescriptions due to cost.¹⁰ Iowa households headed by women know these facts well. “Seventy percent of Iowa’s female-headed households struggle for economic security. Forty percent are living in poverty, and 30 percent do not earn enough to support their basic living expenses.”¹¹ “Basic living expenses” seldom includes anything short of emergency health care. That puts a heavy burden on individuals who go without primary care and taxes providers and communities with the cost of treating high-acuity patients in emergency settings rather than guaranteeing healthcare access and primary care to all.

Barriers to access are even harder to navigate for people with disabilities. Barriers include an inaccessible physical environment, a lack of assistive technology, negative attitudes of people towards disability and services, systems and policies that are nonexistent or that hinder people from participation in life.¹² Multiple barriers are common, making access even more difficult. The seven most common barriers to healthcare for persons with disabilities are:

- Attitudinal – stereotyping, stigma, prejudice, discrimination
- Communication – small print, lack of Braille, lack of captioning and sign language
- Physical – steps, curbs, inaccessible diagnostic equipment
- Policy – denial of benefits, programs, opportunities, reasonable accommodations
- Programmatic – inconvenient, insufficient, inadequate scheduling and engagement
- Social – unemployment, lack of education, poverty, exposure to childhood violence
- Transportation – lack of public and private transportation¹³

The most common barriers to healthcare for all people are time and distance, both of which require transportation to surmount. Dr. Samina Syed, author of a 2013 review on transportation, concluded, “You can provide the best care in the world, but it doesn’t matter if the patient has no way to get to it.”¹⁴ The study found that “around 25 percent of lower-income patients have missed or rescheduled their appointments due to lack of transportation. (Those) patients also missed filling prescriptions twice as often as patients without that same problem, (leading to) poorer management of chronic illness and this poorer health outcomes.”¹⁵ Not surprisingly, lack of transportation is a particularly stubborn barrier for the elderly, the unemployed, shift workers, rural residents and parents of young children. A study of 200 children with a history of missed appointments showed that 51 percent of parents cited lack of transportation as the primary reason.¹⁶ In a society designed around car ownership, lack of a car or reliable friends or relatives with cars is a major barrier to healthcare for children and adults alike. See *Lack of Transportation*, p.53; *Access to Mental Health Services*, p.62; *Limited Access to Doctors*, p.63; *Access to Mental Health Care*, p. 73.

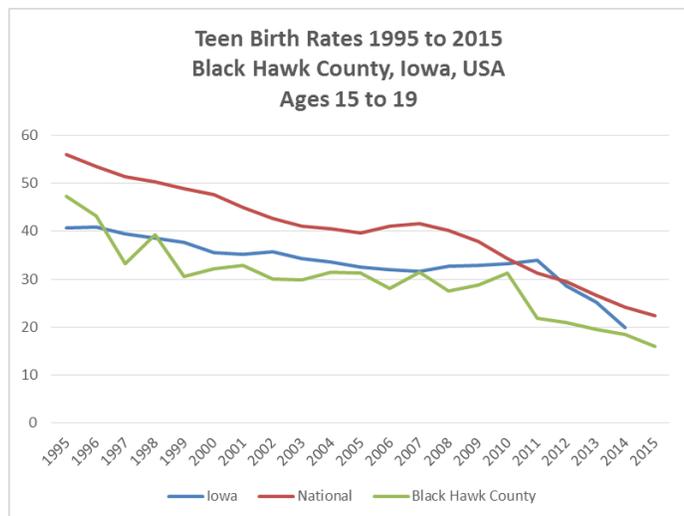
3rd Priority: Women and Children’s Health

“If present trends continue, by the next generation, more Iowa families will be supported by women than men.”¹ Regardless of the political import of that prediction, the financial import raises three warning flags. First, women continue to earn less than men, giving them less opportunity to support themselves and their families. Second, single-parent households almost always earn less than two-parent households. Third, few indicators are more important to predicting and receiving good healthcare than disposable income. Poverty is an entirely predictable barrier to effective healthcare access.

The Urban Institute reports that “slightly more than half (51.4 percent) of the U.S. population experiences poverty at some time before age 65.”² Yet poverty need not be permanent. “On average, poor individuals have a one-in-three chance of escaping poverty in any given year. Blacks, households headed by women and households with more children have a lower probability of getting out of poverty. Higher education levels improve the likelihood of escaping poverty.”³ The report goes on to emphasize how women in particular can improve their options. “Job gains and pay raises often lift a household out of poverty. Increases in educational attainment, such as completing a high school or post-secondary degree, have a large association with poverty exits, as do shifts from female-headed to two-parent households.”⁴ Two-parent homes are not always possible, stable, supportive or positive. But they often offer more financial stability and options than single-parent homes, including better access to healthcare.

Women and children’s health issues by definition start with reproductive health. In healthcare, reproductive health focuses on contraception and sexual health, fertility, and routine and high-risk pregnancy and delivery. Contraception and sexual health often carry the most weight in communities. Teens and young adults come to sexual maturity 10 to 15 years before they are capable of supporting themselves, let alone forming stable family units. The notion that they will remain sexually inactive during that period is no more valid than the idea that they will not try smoking, drinking or recreational drugs until they are old enough to know better. No generation has yet done so, and teens’ and young adults’ common belief that they are bulletproof simply makes their experiments more dangerous. Communities’ best defense strategies are education and services.

Organizations like Allen Women’s Health are here to help. Twenty years ago, 47 of every 1,000 teen girls in Black Hawk County were giving birth every year. By 2015, that number had declined to just 16; a reduction of 66 percent, exceeding both the State of Iowa decline of 51 per cent and the national decline of 60 percent for the same period.⁵ Allen Women’s Health deserves great credit for helping to reduce teen and young adult pregnancy. Early pregnancy is a social determinant of poverty. Girls and young women are already at an economic disadvantage. They are entirely unprepared to support themselves, let alone children. The positive impact of postponing pregnancy is difficult to overstate for the social wellbeing of mothers and children and the communities that support them. In 2015, 38 percent of births – 1,068 children – were reimbursed by Medicaid.



Fortunately, early pregnancies are declining in the survey area. However, African-American teen births remain disproportionate to population. African-Americans comprise 12 percent Black Hawk County teens but have 21 percent of early pregnancies.⁶ Across the survey area, the percentage of births to all women age 20 to 24 decreased from 24 percent in 2010 to 20 percent in 2015. The percentage of births to women 19 and under decreased by half in the same five years, from 8 percent to 4 percent.⁷ The benefits of later pregnancies will be lifelong throughout the survey area. Later pregnancy means more opportunity for education, job experience and maturity, and the benefits are the same worldwide in nations rich and poor. “When a girl has 7 or more years, of education, she will marry 4 years later and have 2 fewer children.”⁸

Iowa girls and young women are getting the point. They are being more careful about sex. “Despite rosy memories about how wholesome kids were in the good old days, the fact is that American teens were three times more likely to become parents in the late 195s and early 1960s than they are today.”⁹ Despite the heat of the 2016 election, 74 percent of Iowans support Planned Parenthood.¹⁰ Reproductive services like it are working. The Center for Disease Control reports that the birth rate for American teens is at an all-time low, including 50 percent declines for African Americans and Hispanics.¹¹

What is not declining in the survey area is sexually transmitted disease (STD). Recent research has shown that more than half of all people will have an STD or STI at some point in their lives. Another startling statistic is that less than half of adults ages 18 to 44 have ever been tested for an STD or STI apart from HIV/AIDS.⁴⁷ The increase is due primarily to the decline in use of condoms; reckless, unprotected sex driven by binge drinking; and millennials’ general unawareness of the STD risk. Every year, one in four teens gets an STD, and by age 25, one in two sexually-active persons will have one.¹²

The three major STDs on the rise in this generation are chlamydia, gonorrhea and syphilis. Here are 2014 STD prevalence rates among adolescents, young adults and all adults in four of the survey area’s six counties. There are data in all four counties for children from 10 to 14 as well, but they are not reported as a numeric value with fewer than five annual cases.¹³

CHLAMYDIA AND GONORRHEA INCIDENCE IN 2014			
COUNTY	STDs	STDs	TEEN
	AGES 15-19	ALL AGES	BIRTHS
Black Hawk	218	1,017	92
Bremer	9	54	6
Buchanan	19	58	8
Butler	<5	23	7

Child care is a fact of life in 2016. The average weekly child care center rate across Iowa for infants is \$200. Average weekly fees for toddlers from 2 to 3 are \$175. Average weekly fees for children 3 to 4 are \$165. Home weekly daycare rates average \$125. Iowa does offer the Child Care Assistance Program through the Iowa Department of Human Services.¹⁴ Iowa’s child care centers are licensed and overseen by the state. However, child care providers nationwide are often underpaid, creating a drag on both providers themselves and the knowledge and skills they can bring to children.¹⁵

See Single-Parent Families, p.53; Access to Immunizations, p.73; Bullying, p.75; Child Care, p.76.

4th Priority: Nutrition, Obesity, Wellness

Iowans are increasingly obese. Obesity rates have nearly tripled since 1990, and the current adult obesity rate in Iowa is 32.1 percent.¹ No adult cohort is exempt. The highest rate of obesity is among adults 45-64 at 35.9 percent. Young adults are lowest at 17.8 percent. Men average two points higher than women, and African American Iowans average a point higher than Hispanics and four points higher than white Iowans.² It is difficult to overstate the threat widespread obesity means to the health and wellness of the state. Obesity is linked to all major causes of adult death, including heart disease, cancer, stroke, hypertension, diabetes, COPD and their complications. Childhood obesity in Iowa is skyrocketing: 28.1 percent of Iowa children are now considered obese, a rate that increases every year.³

The Food Research and Action Center reports that, “low-income and food-insecure people are vulnerable to obesity.”⁴ That is often difficult for the rest of the population to understand and believe. It’s counterintuitive to see people who are obese and believe they are not getting enough to eat, but the real issue is what low-income and food-insecure are eating. “Low income neighborhoods frequently lack full-service grocery stores and farmers’ markets where residents can buy a variety of high-quality fruits, vegetables, whole grains, and low-fat dairy products. Instead, residents – especially those without reliable transportation – may be limited to shopping at small, neighborhood corner stores and convenience stores, where fresh produce and low-fat items are limited.”⁵ Iowa lost half its grocery stores from 1995 to 2005, down from 1,400 to 700 stores. In rural Iowa, 43 percent of grocery stores in towns with populations less than 1,000 had closed by 2010.⁶

Obesity is inextricably tied to social determinants and poor community health outcomes. Key factors driving obesity among low-income and food-insecure populations include:

- Limited resources
- Lack of access to fresh, healthy food
- Cycles of food deprivation and overeating
- High levels of stress, anxiety and depression
- Fewer opportunities for physical activity
- Greater exposure to marketing of obesity-promotion products
- Limited access to health care⁷

Wellness ties directly to well-being, people’s perceptions that their lives are going well.⁸ The Centers for Disease Control considers well-being essential to public health, a strong measure of the vitality of communities. The CDC associates well-being with:

- Self-perceived health
- Longevity
- Healthy behaviors
- Mental and physical illness
- Social connectedness
- Productivity
- Factors in the physical and social environment⁹

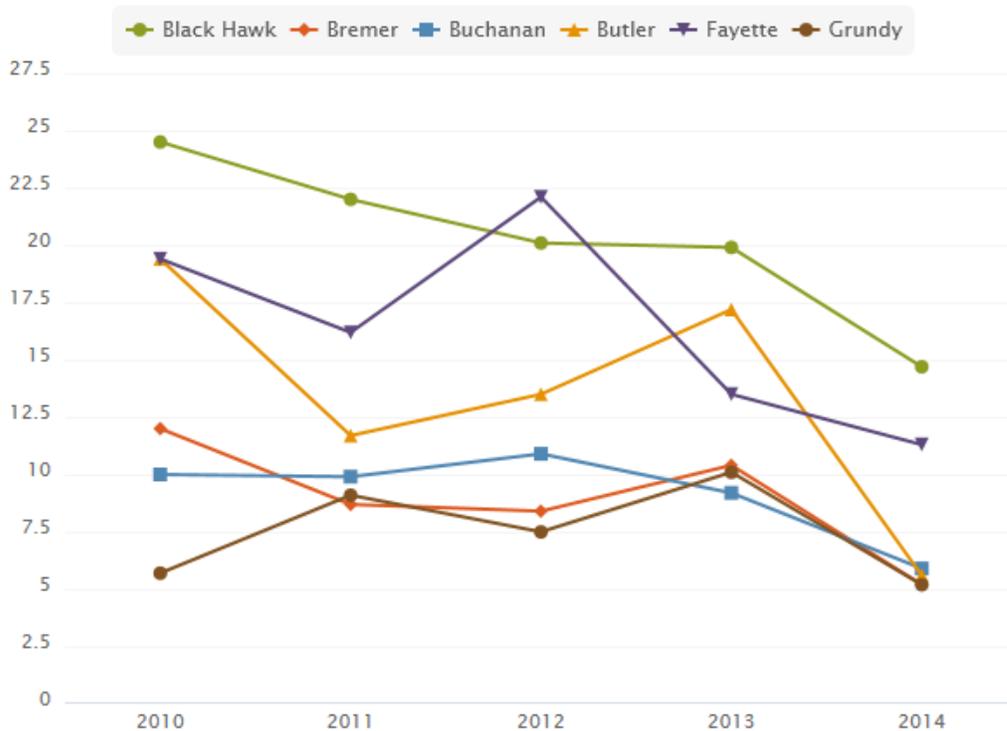
This is how the counties in the survey area rank among the CDC wellness factors. By summing the factors and remembering that low numbers equal better outcomes, it's evident that Grundy County is the healthiest part of the survey area. It's even safer to conclude that Grundy and Bremer Counties are healthy environments; Butler and Buchanan are not far behind; and Fayette and Black Hawk Counties are far down the scale of overall community health and health outcomes.¹⁰

WELLNESS FACTORS RANK	BLACK HAWK	BREMER	BUCHANAN	BUTLER	FAYETTE	GRUNDY
Physical environment	75	47	64	55	31	42
Health Factors	78	4	39	22	69	5
Health Behaviors	72	14	44	37	73	4
Health Outcomes	73	7	24	12	63	6
Quality of Life	86	21	8	7	56	17
Sum of Factors	384	93	179	133	292	74
County Wellness Rank	6	2	4	3	5	1

Wellness is the product of many factors: nature, nurture, geography, climate, education, community and behavior all play parts. Of the factors we control, two are particularly important: smoking and regular aerobic and weight-bearing exercise. Smoking all but guarantees shorter, less healthy lives. It is the leading cause of preventable death in the United States, and smoking rates across the country now stand at 16 percent.¹¹ However, smoking takes a particularly heavy toll of poorer Americans with less education. A third of Americans insured by Medicaid smoked in 2014. Just 13 percent of Americans with private insurance shared the habit.¹² A recent long-term test tracking the health of men over 45 years found that poor physical fitness – resulting from a lack of exercise – ranks second only to smoking as leading risk factors for early death.¹³ The benefit of fitness in middle age is lifelong. “Persons with low fitness (in middle age) are associated with an increased mortality risk throughout life.”¹⁴ There also is a new public health risk growing rapidly in America, one that upends the notion that rural living is healthier than life in our cities. Death rates are rising quickly and disproportionately for middle-aged white, rural Americans – particularly women. “Things that reduce the risk of death (in America) are now being overwhelmed by things that elevate it, including opioid abuse, heavy drinking, smoking and suicide.”¹⁵ The trend has been growing since 1999. It is producing widespread fear and anger in the areas hardest hit, and it is strongest in parts of the country that supported the presidential campaign of Donald Trump.¹⁶ Since 1999, roughly 650,000 Americans have died prematurely as a result – 450,000 men and 200,000 women. That number nearly equals the death toll of the American Civil War.¹⁷ See *Obesity*, p.61; *Poor Nutrition*, p.64; *Alcohol Abuse*, p.66; *Tobacco Use*, p.69; *Physical Inactivity*, p.70; *Illegal Drug Use*, p.71; *Prescription Drug Abuse*, p.71; *Affordable Fresh Food*, p.74; *Healthy Diets*, p.76.

5th Priority: Child Abuse and Neglect

Child abuse and neglect rates decreased across the survey area from 2010 to 2014.¹ Though it does not establish cause and effect, it is worth noting the Allen Child Protection Center opened in 2009 to help law enforcement reveal child abuse and neglect, remove victims from further harm and help the courts adjudicate cases with chains of evidence and first-person narratives. There is an important caveat to these data. Child protection professionals estimate perhaps 15 to 20 of cases are discovered and reported. That is equally true for rural communities, which are far from child protection services. That's an important factor. Lack of transportation is significant in keeping child abuse and neglect hidden away from discovery, intervention and remediation. Child abuse and neglect is usually a family affair, and every member of the family has different reasons and abilities to bring abuse and neglect to light or keep it hidden. Those most affected – children – often have no resources at all. Their mothers may suffer in silence for months or years before things reach a breaking point.



CHILD ABUSE AND NEGLECT (PER 1,000 CHILDREN, AGE 0-17) (RATE)

Child and Family Policy Center
KIDS COUNT Data Center, datacenter.kidscount.org
A project of the Annie E. Casey Foundation

The Allen Child Protection Center investigated 479 allegations of child abuse in 2015, including 334 girls and 143 boys - an increase of 102 cases over 2014. The Center investigated 514 allegations of abuse and neglect involving 514 alleged victims and 433 allegations of sexual abuse. Allegations involved strangers just two times: 372 alleged offenders were family members, and 155 were other known persons. This is where allegations of child abuse were made within the survey area (above) and the relationships between victim and offender (below).²

ALLEGATIONS OF CHILD ABUSE - 2015	
Black Hawk	175
Bremer	27
Buchanan	11
Butler	19
Fayette	4
Grundy	8

Offender Relationship to Victim	Count of Victims
	28
Adopted Father	8
Birth Father	89
Birth Mother	32
Brother	27
Cousin	28
Father's girlfriend	7
Foster Father	2
Grandfather	10
Grandmother	3
Guardian	1
Mother's boyfriend	68
Other known person	155
Sister	5
Step-brother	12
Step-Father	28
Step-Mother	2
Stranger	2
Uncle	19
Unknown	1
Total	527

“The United States has one of the worst records among industrialized nations – losing on average 4 to seven children (who die) every day to child abuse and neglect.” Worse, “around 80 percent of child maltreatment fatalities involve *at least* one parent as perpetrator.”³ Adults who neglect and abuse children who survive – as most will - do cumulative, corrosive damage to their victims that they seldom escape in adulthood. The Centers for Disease Control that adults who reported six or more adverse childhood experiences – a rate more common than most people understand – had an average life expectancy two decades shorter than those who reported none.⁴

The CDC-Kaiser Permanente Adverse Childhood Experience (ACE) Study is one of the largest investigations of childhood abuse and neglect and later-life health and well-being.⁵ The study ran from 1995 to 1997 and has been updated since. It first identified these forms and frequency of childhood abuse, challenges and neglect among 17,337 California adults:

ACE Category	Women	Men	Total
	Percent (N = 9,367)	Percent (N = 7,970)	Percent (N = 17,337)
ABUSE			
Emotional Abuse	13.1%	7.6%	10.6%
Physical Abuse	27%	29.9%	28.3%
Sexual Abuse	24.7%	16%	20.7%
HOUSEHOLD CHALLENGES			
Mother Treated Violently	13.7%	11.5%	12.7%
Household Substance Abuse	29.5%	23.8%	26.9%
Household Mental Illness	23.3%	14.8%	19.4%
Parental Separation or Divorce	24.5%	21.8%	23.3%
Incarcerated Household Member	5.2%	4.1%	4.7%
NEGLECT			
Emotional Neglect ³	16.7%	12.4%	14.8%
Physical Neglect ³	9.2%	10.7%	9.9%

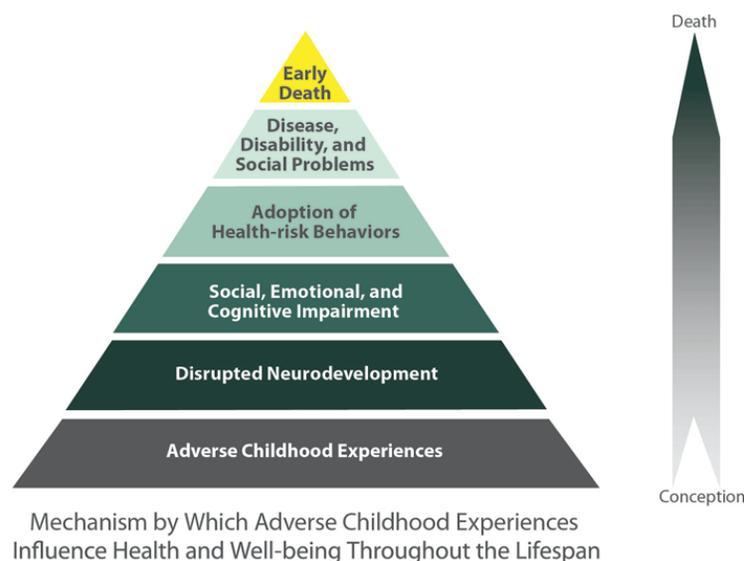
The study determined that Adverse Childhood Experiences (ACEs) are common. Almost two-thirds of study participants reported at least one ACE, and more than 1 in 5 reported three or more ACEs.⁶

Number of Adverse Childhood Experiences (ACE Score)	Women Percent (N = 9,367)	Men Percent (N = 7,970)	Total Percent (N = 17,337)
0	34.5%	38.0%	36.1%
1	24.5%	27.9%	26.0%
2	15.5%	16.4%	15.9%
3	10.3%	8.5%	9.5%
4 or more	15.2%	9.2%	12.5%

Researchers found it is the cumulative effect of multiple ACEs that causes the most lasting damage when children with ACEs become adults. Multiple ACEs increase the frequency and severity of adverse outcomes like these as abused children mature into adulthood.⁷

- Alcoholism and alcohol abuse
- COPD
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease
- Liver disease
- Poor work performances
- Financial stress
- Risk for intimate partner violence
- Multiple sexual partners
- STDs
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- Risk for sexual violence
- Poor academic achievement

The pattern for how multiple ACEs disrupt and eventually cut short adult lives is well understood. The pyramid of behaviors begins with adverse childhood experiences and moves through predictable stages to premature death in this pattern:⁸



In Iowa, 6,361 adults responded to a recent ACE survey and reported these results:⁹

- 45 percent had no ACEs
- 21.3 percent had 1 ACE
- 11.8 percent had 2 ACEs
- 7.2 percent had 3 ACEs
- 14.7 percent has 4 or more ACEs

Iowa survey participants who had experienced 4 or more ACEs as children were 2.3 times more likely to report poor health as adults; 5 times more likely to have clinical depression; 1.5 times more likely to smoke cigarettes; 3 times more likely to have heart disease; and twice as likely to have diabetes.¹⁰

A pilot program in Black Hawk County began in 2015 to address the consequences of ACEs and reduce their occurrence going forward. Current sponsors of the program include Cedar Valley United Way, Cedar Valley's Promise, Lutheran Social Services, Family and Children's Council and Operation Threshold.¹¹

See Poor Parenting Skills, p. 51; Child Abuse, p. 54; Domestic Abuse, p. 55; Mental/Emotional Abuse, p. 67; Bullying, p. 75

6th Priority: Healthcare Insurance and Finance

It is impossible to know how healthcare insurance and finance will change in light of the 2016 election. Political promises are easy to make and often difficult to enact. Regardless, Medicare and Medicaid provide health insurance to 1.3 million Iowa children and adults who will continue to need services going forward. That's 40 percent of Iowa's residents.

Approximately 94 percent of Iowans were insured by 2015. Kaiser Family Foundation data indicates that there were still 188,000 uninsured residents in Iowa in 2015, and 47 percent of them were eligible for the state's expanded Medicaid coverage. Another 16 percent were eligible for subsidies to help purchase private health insurance coverage, as long as they buy a plan through the Iowa exchange.¹

There are 560,000 Iowa children and adults receiving Medicaid funds in Iowa. Iowa Medicaid

IOWA MEDICAID SPENDING BY ENROLLMENT - 2011					
Group	AGED	DISABLED	ADULT	CHILDREN	OVERALL
Percentage	21%	49%	11%	19%	
Per enrollee	\$15,865	\$18,893	\$2,048	\$2,106	\$5,491

was privatized in 2016, and the transition has not been smooth. Legislative oversight of privatized Medicaid now seems less likely with control of the governor's office and the legislature firmly in the hands of the party that sponsored the transition.²

There were 572,000 adults enrolled in Medicare in Iowa in 2014.³ That number will continue to grow as Iowa continues to age. In 2015, 14.9 percent of Iowans were over 65. Five of the six counties in the survey area are older than that already:⁴

IOWA MEDICARE SPENDING - 2014			
	TOTAL PERSONS SERVED	SERVED PER 1,000 ENROLLEES	SERVICES PER PERSON SERVED
Inpatients	118,600	236	
Outpatients	378,000	752	
Physicians and supplier services	438,080		34 services
Home health	25,000	51	27 visits
Hospice	18,380		51 days

<u>County</u>	<u>Residents 65+</u>
• Black Hawk	13.8%
• Bremer	17.3%
• Buchanan	15.3%
• Butler	20.1%
• Fayette	19.4%
• Grundy	18.8%

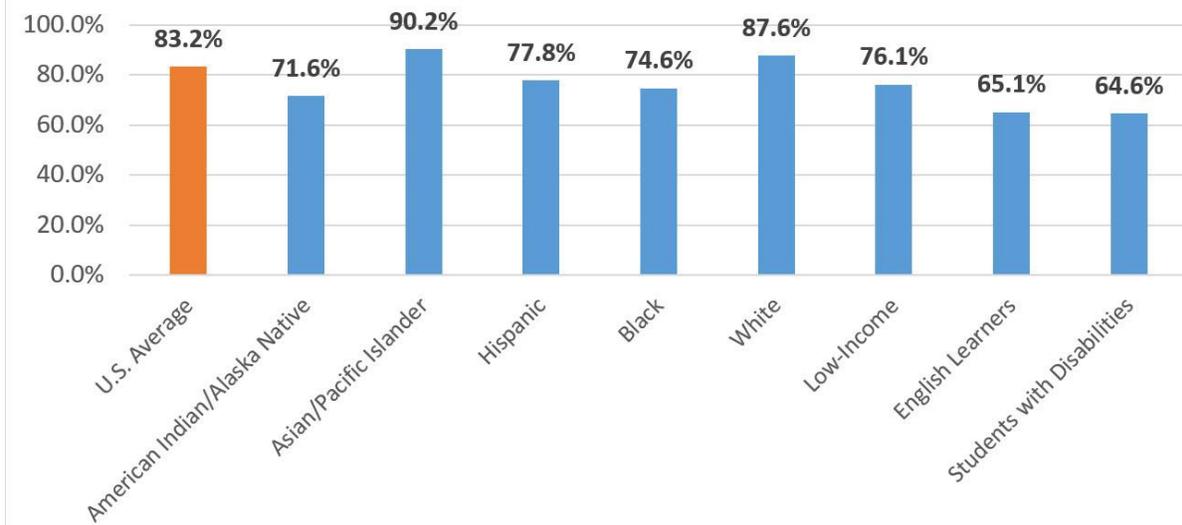
The United States Census Bureau projects that more than 20 percent of the residents of every survey county other than Black Hawk County will be older than 65 by 2050.⁵ See *Lack of Health Insurance, p.52; Lack of Health Education, p.52; Unemployment, p. 54.*

7th Priority: High School Graduation Rates

Iowans have taken pride in the quality of our schools for generations. However, our pride is no longer justified by the data. Iowa ranked 14th in quality of primary and secondary education in 2012; 15th in 2013; 13th in 2014; and 13th in 2015.¹ Iowa's graduation rate of 89 percent is 6 points higher than the 2016 national average of 83 percent, but the quality of our graduates' education no longer leads the nation.¹

Survey respondents identified high school graduation rates as a community health need specific to students in Waterloo in Black Hawk County. Waterloo is the only community of size with comparatively large minority, low-income, and transient populations. While the nation's high school graduation rate reached an all-time high of 83 percent for the Class of 2015, the national average graduation rates vary widely by student subgroups.²

High School Graduation Rates by Student Subgroup for School Year 2014–15



Five of the six survey counties have high school graduation rates greater than 90 percent.³

HIGH SCHOOL GRADUATION RATES	IOWA	BLACK HAWK	BREMER	BUCHANAN	BUTLER	FAYETTE	GRUNDY
	89%	82%	96%	94%	95%	92%	98%

Black Hawk County’s graduation rate is primarily the average of the Cedar Falls Schools’ high rate of 95.9 percent and the Waterloo Schools’ low rate of 74.3 percent. The demography of the survey area shows that Black Hawk County most closely resembles Fayette County, but that too is skewed by sharp differences between the cities of Cedar Falls and Waterloo.

People living in most of the communities in the survey area are white majority residents born in the United States. By contrast, 25 percent of the residents of Black Hawk County are members of minority subsets, and an increasing number of Black Hawk County residents each year are foreign-born.

As a whole, Iowa is a stay-at-home society, with low net immigration and emigration across county and state borders. Any concentration of foreign-born residents increases population transience and decreases chances newcomer students will remain in a given area long enough to graduate from high school with their entering class.

As dependent minors, students follow their parents, who frequently follow the labor market to take transient jobs. The number of persons living in poverty and the relatively large number of persons of foreign birth clearly affect graduation rates in Black Hawk and Fayette Counties.⁴

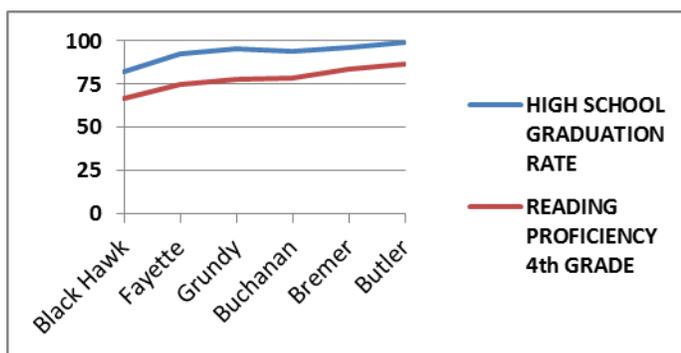
COUNTY DEMOGRAPHY	BLACK HAWK	BREMER	BUCHANAN	BUTLER	FAYETTE	GRUNDY
Population	133,455	24,722	21,062	14,915	20,257	12,435
High school graduate	89.7%	94.3%	91.7%	91.5%	89.5%	94.2%
College degree	26.2%	28.2%	17.3%	15.3%	18.4%	20.5%
Persons in poverty	14.5%	7.6%	10.7%	9.9%	14.4%	6.7%
Foreign born	4.9%	1.1%	1.1%	0.6%	1.1%	0.5%
Disabled under 65	8.4%	5.4%	7.3%	5.1%	8.7%	6.2%
Uninsured under 65	7.5%	5.3%	7.1%	6.5%	7.6%	5.0%
Per capita income	\$24,771	\$29,632	\$28,193	\$26,327	\$24,236	\$30,701

Dropping out of school starts long before most students are old enough to do so. It is the result of

	ALL	WHITE	BLACK	HISPANIC	ASIAN
Grade 4	19%	17%	25%	24%	19%
Grade 8	19%	18%	22%	25%	13%

failures that disconnect students from academic success and their peers. There are many social factors that drive success in school. One of the most important is regular attendance. “Good attendance in the early years is strongly correlated with reading proficiency by the end of the third grade, graduating from high school on time and success in adulthood. Chronic absence (which Iowa defines as 18 days absent in a 180-day school year) is an early-warning sign that intervention may be needed to ensure a child is on a path to success.”⁵ One-third of Iowa districts and nearly 40 percent of elementary schools have rates of chronic absence among both boys and girls in kindergarten in excess of 10 percent. Kindergarten attendance sets the pattern for future attendance. Once the pattern is set, good or bad, it is likely to continue as long as children remain in school.⁶ Chronic absence is more pronounced among minority and low-income students – as much as four times greater – and is a major factor in both subgroups’ higher dropout/ and lower graduation rates.⁷

Early chronic absence often puts students at lifelong disadvantage. One critical juncture comes in Grades 3 and 4. Students who can read by Grades 3 and 4 advance. Students who cannot are often caught in a social and developmental trap they never escape. The long-term value of reading proficiency by Grade 4 is obvious across all six counties in the survey area. Counties with the highest reading proficiency rates in Grade 4 also have the highest graduation rates. Counties that fall short have lower graduation rates.⁸



“A high school education these days...it used to be that a high school (diploma) might be enough because you could go into a factory or you could go into an office and just do some repetitive work, and if you were willing to work hard, you could make a decent living. The problem is repetitive work now is done by machines and that’s just going to be more and more true.”⁹ Dropping out of high school inflicts heavy personal penalties on dropouts and decades of social and financial burdens on communities. Prospects for dropouts are bleak because:

- Dropouts will earn a quarter to half a million dollars less over a lifetime than graduates will.
- Dropouts are far more likely to wind up in prison. Dropouts are 3.5 times more likely to be arrested over their lifetimes than high school graduates. Nationally, 75 percent of state prisoners and 59 percent of federal prisoners are high school dropouts.
- High school dropouts die younger. For dropouts, the death rate is 2.5 times higher than for those with a year or more of college. For white female dropouts, average life expectancy is about 73 years. For white female college grads, almost 84 years. For white males, about 67 years for dropouts and about 80 for college grads.¹⁰

Waterloo Schools Superintendent Dr. Jane Lindaman estimates each high school dropout costs Waterloo \$300,000 in lifetime lost wages, lost taxes, lost opportunity and extra social services. By that formula, 100 dropouts in a given school year burden the community with \$30 million in lifelong lost revenue and extra services. The cumulative effect of an annual high dropout rate is a significant, chronic drag on community health, financially and socially.

See Unemployment, p 54; Dropping Out of School, p.70; Access to Mental Health Care, p. 73.

Eighth Priority: Teen Gun Violence

Guns, Violence, Gangs, p.57; Guns, Violence and Gangs, p. 67; Violence, Guns Gangs, p. 76.

The Community Online Survey

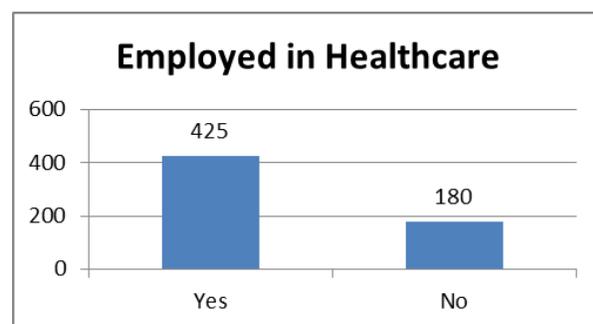
In December 2015, three area health care systems asked residents of Black Hawk County to assess the health needs of their communities online. UnityPoint Health – Waterloo (Allen Hospital), Wheaton Franciscan Healthcare – Iowa (Covenant Medical Center and Sartori Memorial Hospital) and Black Hawk County Health Department produced the survey and published it online from December 1 – 20, 2015.

The survey was publicized in the Waterloo-Cedar Falls Courier and on KWWL-TV and Cedar Valley radio stations. It also was publicized on the sponsoring systems' websites and social media, and of course it was shared from person to person online.

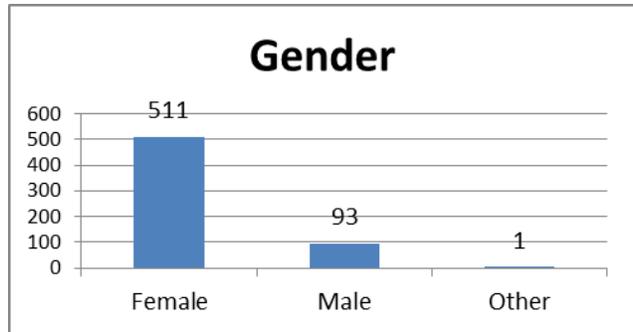
A total of 605 participants replied to 27 multiple-choice questions. Participation was voluntary and free, and their replies are anonymous. Participants recorded their demographic information only to ensure that responses were a representative sample of Black Hawk County adults. The data below are not a perfect sample, but that was not our goal. We wanted to open the Community Health Needs Assessment in a format that would encourage candid individual responses that could be compared to responses from Cedar Valley agencies and organizations.

Participants' Demographics

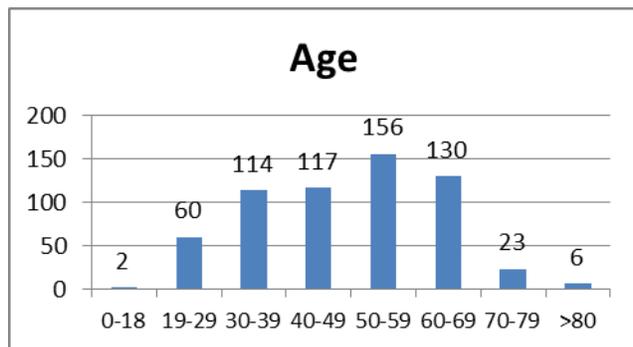
While the majority of survey participants work in healthcare, they also live in our communities and understand our health care needs, both as citizens and as providers. We were able to break out three participant cohorts to avoid results suggesting that one size ever fits all. Some of the charts below reflect how the three cohorts – all participants, lay participants (those who do not work in healthcare), and African American participants (some of whom work in healthcare, some of whom do not) – may offer different emphases, depending how they identify their communities. Lay and African American participants are subsets of All participants.



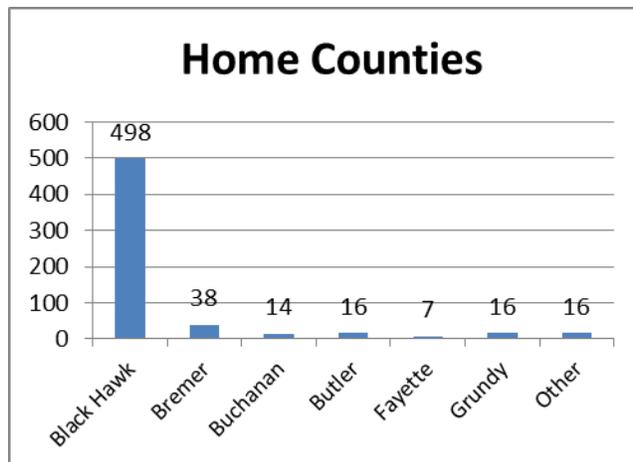
Female survey participants outnumbered males by a 5:1 ratio. Lopsided ratios favoring female responses are common for online healthcare surveys. There are at least three reasons this response ratio correlates well with Black Hawk County demographics. First, women across the country typically make healthcare decisions for several generations of family members and pay closer attention to healthcare issues and news than men. Second, 80% of American healthcare workers are women, a figure that aligns closely with the Black Hawk County workforce. Finally, women often drive social media sites and share surveys with online friends and communities. While Black Hawk County genders are evenly divided, the gender response ratio of this survey fits comfortably into healthcare survey norms.



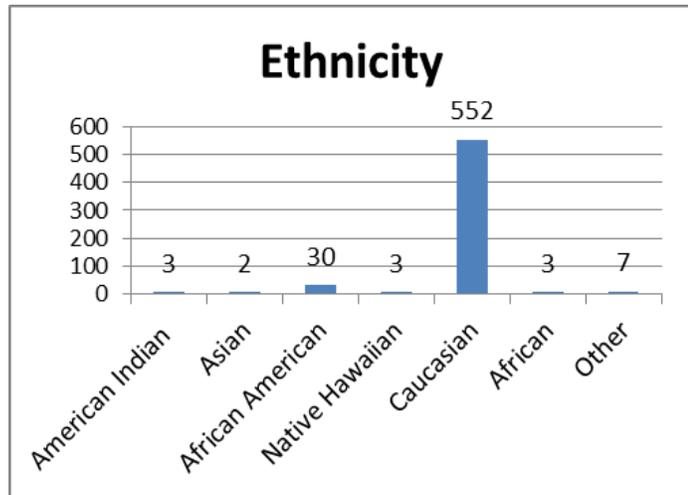
We made no effort to encourage or limit the responses of any demographic cohort. Participants were self-selected, and the result is an age distribution from 18 – 80 a typical bell-shape curve. The large number of participants from 30 – 70 is a good match for the years when most community members are actively employed and raising children and grandchildren in the community.



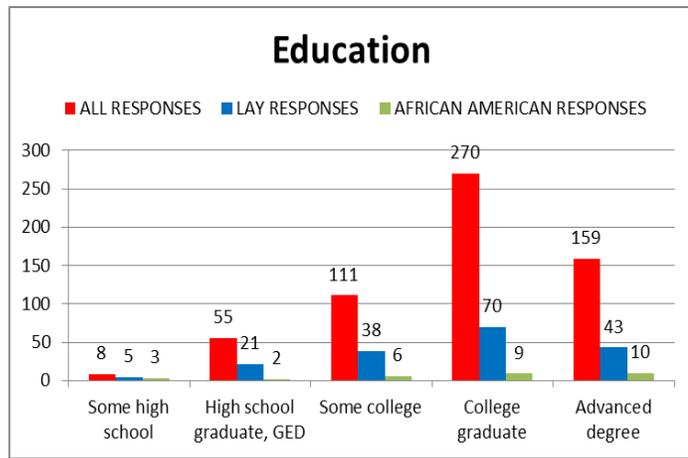
Since online surveys know no geographic bounds, we drew 107 participants who live outside Black Hawk County. However, both hospital sponsors have many employees who live elsewhere but work in Black Hawk County. We believe that brings the total response into balance, and the survey primarily reflects the thoughts of those who live and/or work in Black Hawk County and understand its issues and health needs. The survey drew a disproportionately high response from participants with college and graduate degrees. This is common for online healthcare surveys, which frequently attract a majority of responses from women with college degrees..



Ninety-one percent of the 605 survey participants are white. While that underrepresents Black Hawk County minorities in general and underweights Black Hawk County African Americans by half, the overall ratio of white respondents to all the minority subgroups closely mirrors the ethnic makeup of the six-county survey area. We have broken out some of the charts below into three cohorts to compare and contrast replies from All, Lay (non-healthcare by profession) and African-American.



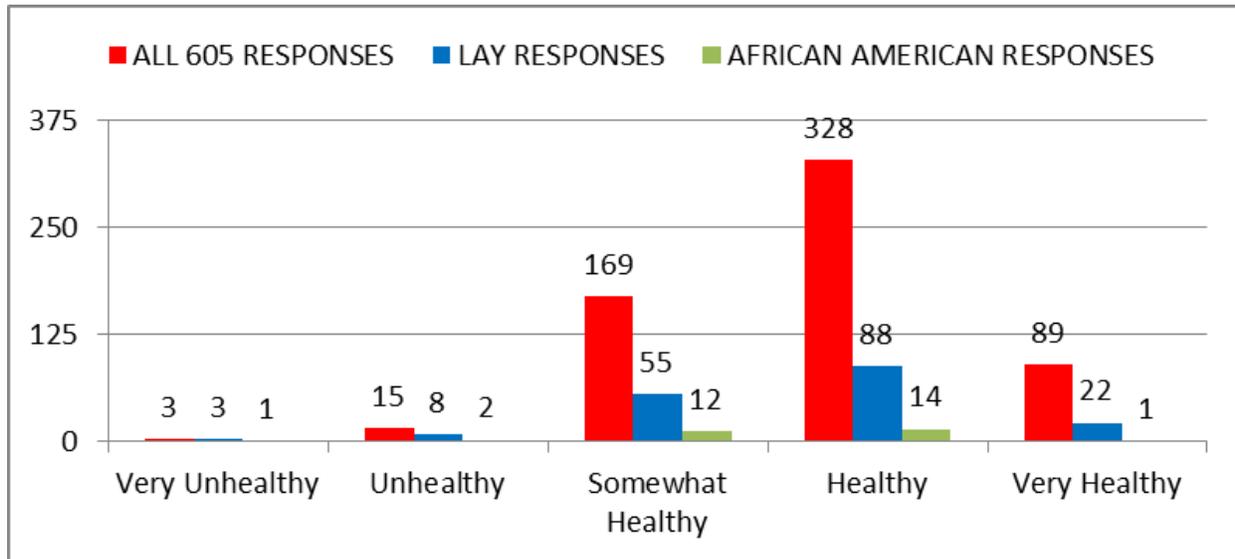
Online surveys know no geographic bounds. We drew 107 participants who live outside Black Hawk County. However, many of the survey sponsors' employees live elsewhere but work in Black Hawk County. That helps bring the total response into balance. The online survey results primarily reflect the thoughts of people who live and/or work in Black Hawk County and understand its issues and community health needs firsthand.



Identifying Community

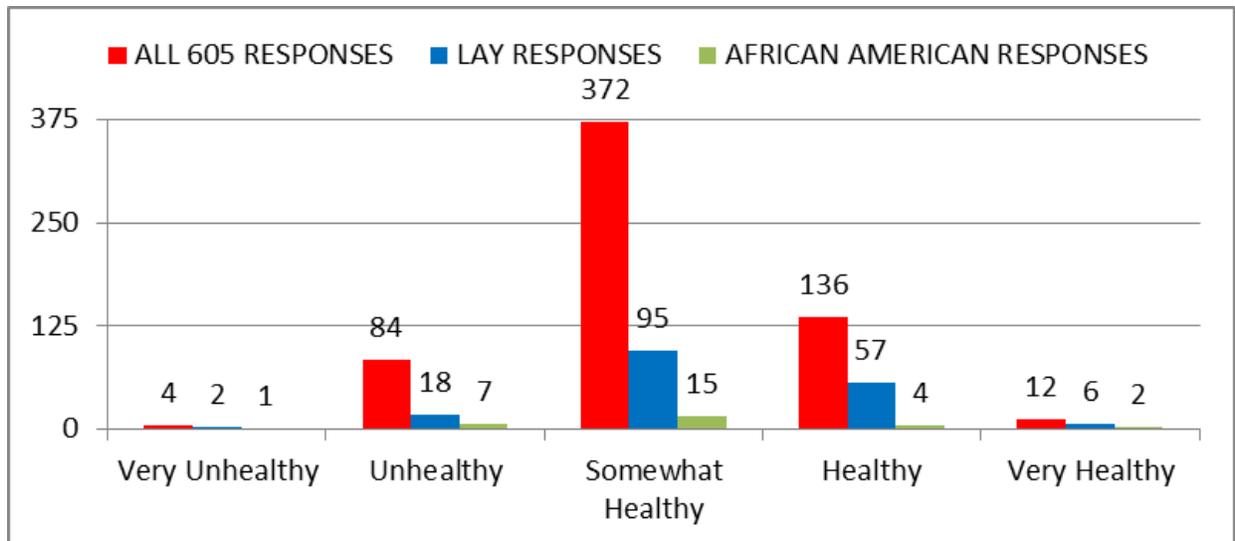
We asked participants to rate their personal health and then rate the health of their community. Community is subjective, of course, and can include whatever area, institutions and neighborhoods people call home. The lack of sharp boundaries helps in defining community health needs. The overlapping definitions cover more geography and social strata than individuals or community cohorts could address on their own. Community health needs are both objective and subjective. The ratio of physicians to patients, for example, is easy to determine and compare to state and national norms. The prevalence of diabetes is equally easy to measure, but its importance as a community health need varies by respondents. It is important to remember that a community health needs assessment measures how people feel rather than what they know. It is a series of leading indicators, not scientific markers of population health.

Your Personal Health



Majorities of participants consider themselves either somewhat healthy or healthy. Just seven people consider themselves very unhealthy, while 112 people report they are very healthy. Participants rate their personal health as fair to excellent, with the majority favoring healthy.

Health of the Community



All three participant cohorts are less optimistic about the health of the community. That evaluation may be true. It may also be because all of us must guess when we try to grasp the health of an entire community. Or it may just be reflecting the common phenomenon that returns most incumbents to office year after year. Voters, for example, hold Congress in exceptionally low regard, but they usually hold much higher opinions of their members. It's human nature to disparage the group while carving out exceptions close to home. Most participants feel healthy themselves but consider the community less so.

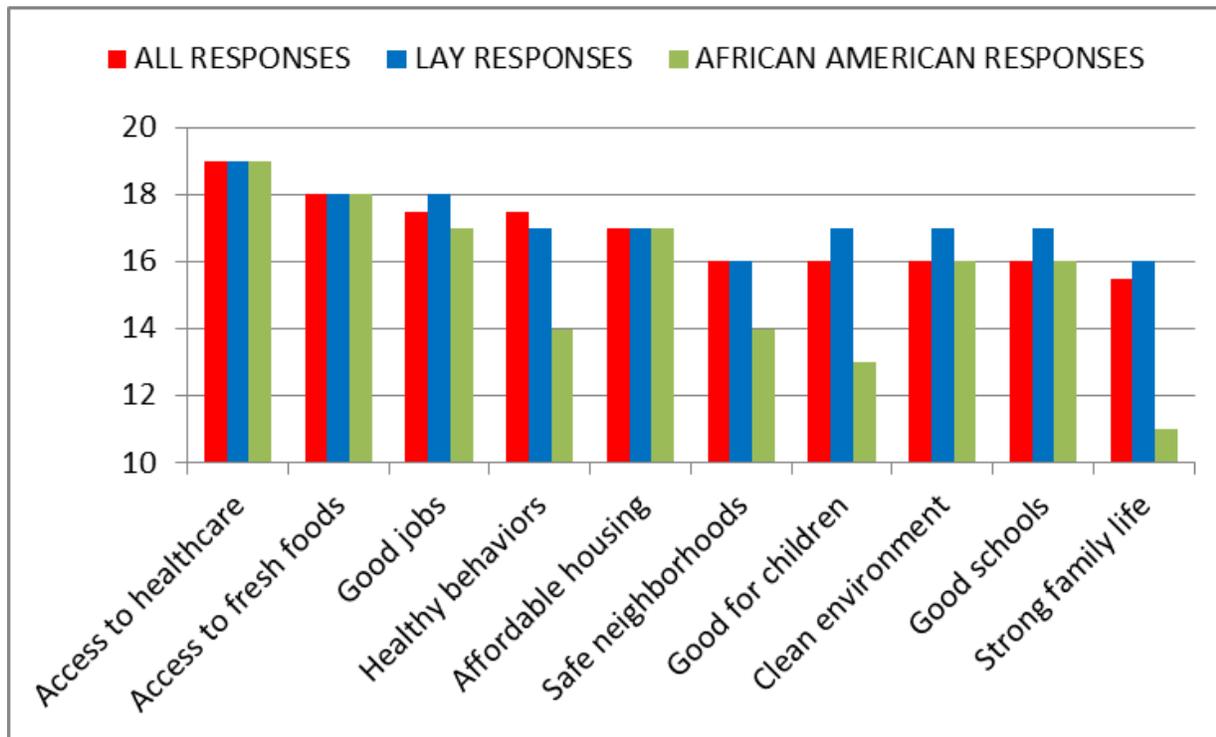
What Goes Into Your Health?

Healthy communities don't emerge or flourish in a vacuum. Social determinants are often stronger, broader and more difficult to change than we appreciate when we talk about community health. Part of our narrower focus stems from the constant demand on our time and resources to meet patients' needs. It's difficult to act narrowly and think broadly at the same time. Part of it comes from the scientific basis of modern health care. As health care professionals, we tend to assume that once we know the cause of illness or injury, the treatment and cure will then necessarily follow. That assumption doesn't fully account for patients' participation in outcomes. A third part of the difficulty of addressing the social determinants of any community's health is the complexity of improving even one factor without also accounting for all the others. If the number of factors necessary to grow and sustain healthy communities seems to be a larger challenge than healthcare systems and providers can address by themselves, there's good reason. The Robert Wood Johnson Foundation, the largest private US grant maker focused on health, estimates that "just 20 percent of a person's health is related to health care. The rest stems from behavioral, environmental, and social factors."¹ That's a humbling statement for institutional healthcare to address. Despite our science, our investment, our training and our passion, **the majority of factors driving individual and community health are not ours to control.** They are, however, ours to understand and address. Our reach - our ability to teach and influence - can exceed our grasp, and it should.



Graphic: Stanford Social Innovation Review: The Community Cure for Health Care, July 21, 2016

Top 10 Healthy Community Factors



Scale is 1-20

Tier 1 Factors

Survey participants had no difficulty identifying and prioritizing their Top 10 Healthy Community Factors into three closely-ranked tiers. They were unanimous in citing access to healthcare (mental and physical) and availability of fresh food as Tier 1 fundamentals for community health. There is clear agreement that we all need to feed and care for our minds and bodies, and we need the right people in the right places delivering the right goods and services to help us do it.

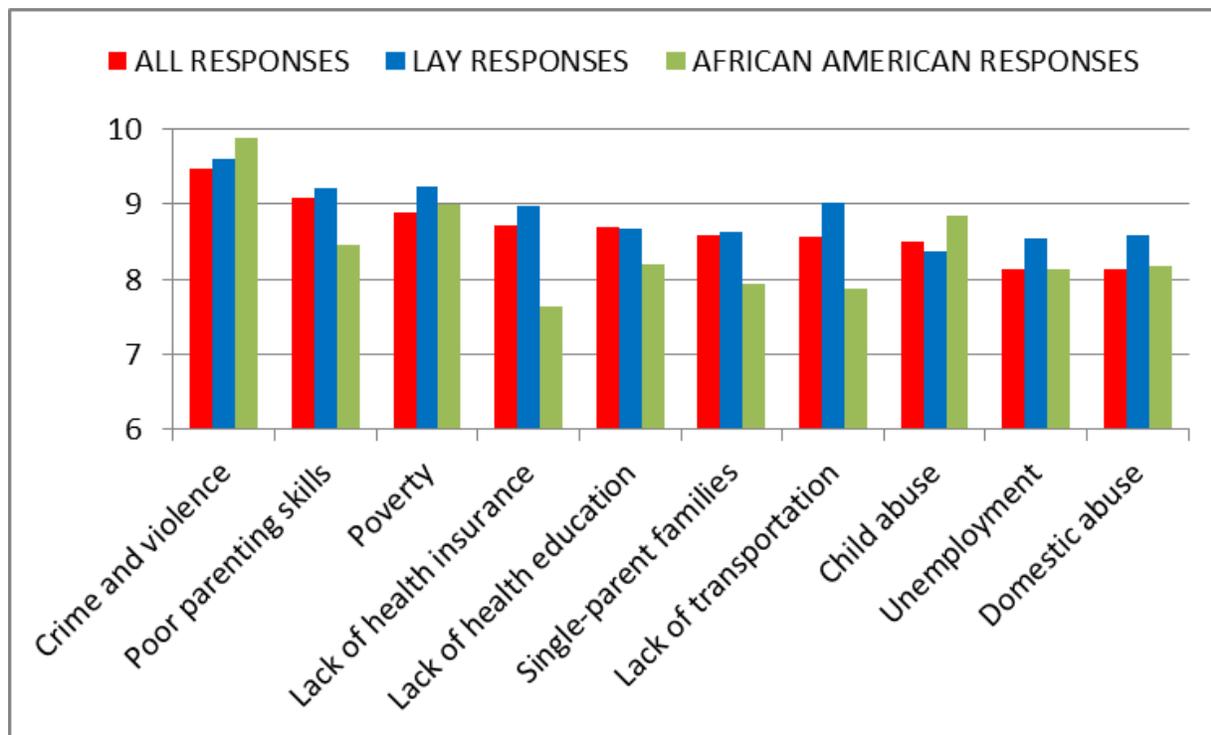
Tier 2 Factors

Second-tier issues include good jobs, healthy behaviors and affordable housing. Healthy communities offer citizens stability which in turn encourages ownership, investment and responsibility for maintaining good living. Healthy behaviors are essential to prosperity, and participants understand that behaviors drive outcomes.

Tier 3 Factors

Third-tier social determinants flow naturally from community stability and safety. They include safe neighborhoods, a clean environment and good schools, all of which are good for children and a culture of strong family life. Their third-tier rank does not mean they are less important than other factors. Safe, clean, good facilities and institutions are the product of the factors participants identified in Tiers 1 and 2.

Top 10 Community Social Factors



Scale is 1-10

Crime and Violence

One community social factor overshadows all others for all survey respondents: crime and violence. There has been a marked increase of perceived danger in Black Hawk County since the last CHNA survey in 2013, driven largely by increased incidents of gunfire in Waterloo. While most of the gunfire has not resulted in personal injury, it has made both urban and rural communities across the survey area feel less safe and secure, including rural counties that statistically are very safe. This is the incidence of reported violent crime in the survey area from 2012-2014:¹

VIOLENT CRIME OFFENSES

COUNTY	RATE PER 100,000 PERSONS	RATE ACROSS IOWA	SAFETY RANK IN IOWA
Black Hawk	407	263	59
Bremer	256		
Buchanan	72		
Butler	16		
Fayette	184		
Grundy	56		

Poor Parenting Skills

Poor parenting skills are linked to two other Top 10 Community Social Factors: poverty and lack of education. Both are isolating, reinforcing bad behavior by default. Without better examples and hope of a better financial future, families often hand down bad behavior generation to generation. Income and education do not automatically produce better parenting, but they do provide significant advantages. A 2015 study of self-sufficiency among Iowa women and girls notes, “You don’t work with the girls alone; you better involve the families. They need to have training. They need to know there is a better way to do things. So many of our families don’t know that. You don’t know what you don’t know. They need someone not to judge them but to mentor and walk them through some of the hoops.”²

Poverty

Poverty is a root cause for all of the Top 10 Community Social Factors that drive community health. The Cedar Valley United Way’s executive director told the Waterloo Cedar Falls Courier, “I think the biggest piece for us was as we did the community assessment in 2013, it pointed out the No. 1 issue we as United Way, we as a community, should be working on is poverty.”³

Poverty is a chronic disease, weakening everything it touches. Poverty in Iowa seldom kills directly, but it often robs people of decades of healthy life and contributes to behaviors that result in premature suffering and death. The number of children living in poverty is an important indicator of other social factors influencing communities, but it seldom stands alone. Both Black Hawk and Fayette counties have slightly higher percentages of children living in poverty than the state average, and both rank in the bottom half of Iowa counties for health outcomes and quality of life. However, Buchanan County has the same percentage of children in poverty but enjoys health outcomes and a quality of life in the top quartile of Iowa counties.⁴ (Scale is 1-99: 1=best, 99=worst)

Social Factor - Poverty	Iowa	Black Hawk	Bremer	Buchanan	Butler	Fayette	Grundy
Children in poverty	16%	17%	7%	16%	13%	18%	9%
Health Outcomes		73	7	24	12	63	6
Quality of Life		86	21	8	7	56	17

In America, poverty is not automatically destiny. The majority of people in poverty move out of poverty, but the recidivism rate is high.³ For most, poverty is a slow, chronic downward spiral that takes work, help and often luck escape. In this case, preparation may be the most reliable escape route. The Centers for Disease Control addressed that idea this way: “There is a very strong correlation between income and life span,” Dr. Thomas R. Frieden, director of the Centers for Disease Control and Prevention, said in an interview. “But it is not inevitable. There are things we can do to change the life trajectory of people. What improves health in a community? It includes wide access to social, educational and economic opportunity.”⁵

Lack of Health Insurance

Iowa was one of the better-insured states prior to the passage of the Affordable Care Act in 2010. Thanks to increased enrollments and expansion of Medicaid coverage, 94% of Iowans are presently insured.⁶

IOWANS WITH HEALTH INSURANCE - 2015

INSURED BY	PERCENTAGE	NUMBER
Employer	53	1,641,000
Non-Group	8	249,700
Medicaid	17	538,700
Medicare	14	459,600
Other Public	2	45,000
Uninsured	6	166,700
	100	3,100,700

Lack of Health Education

Health education is often politically charged, particularly for teens and children. Two generations ago, many Iowa schools, particularly in smaller communities, simply left difficult topics like sex education up to parents. While sex education has been used as a political rallying cry for both home and private schooling in the past, it is currently on firmer footing in eastern Iowa. Today's high school students often receive education covering sexual abstinence, HIV/AIDS, and contraception. One reason for the change is a growing recognition that it's seldom easy for kids to talk openly and honestly about sex with their parents without some support from school. A 2014 poll conducted by Planned Parenthood and Family Circle magazine showed that while half of parents are comfortable talking about sex with their teenage children, only 18% of their children agree.⁷ School-based education combined with student/parent conversation are much more effective together than either choice is alone.

Children who grow up with little health education are at lifelong serious risk. "People ages 15 to 25 make up one quarter of the sexually active population, but they contract about half of the 19 million sexually-transmitted diseases annually."⁸ Ignorance of health risks and consequences can be particularly hard on young women, who usually bear the entire burden for unplanned pregnancies and the babies they bear. "During the focus group discussions (regarding self-sufficiency for young women), leaders stressed the need for awareness/knowledge of the issues facing women and girls within their communities. Leaders pointed out that women and girls don't know what they don't know. In addition, they note women are not aware of what resources/options are available and how to access and navigate the networks."⁹

It doesn't have to be that way. One of the state's most progressive and successful health education programs is Success Street in Waterloo. The program offers sexual education, STI testing, mental health counseling, family therapy, interventions and referrals to Waterloo students through Carver Academy, East High and West High.

Single-Parent Families

Single-parent homes are mainstream life in 2016. The issue is framed in many ways, but for healthcare, the primary issue of single-parent homes is its effects on children. Single parents are generally single mothers, and there is nothing to suggest that trend will slow in the next generation. The Iowa Women’s Leadership Project notes, “If present trends continue, by the next generation, more families will be supported by women than by men.”¹⁰ That prediction raises two red flags. Single parents almost always have less earning power than two parents, even when only one parent works. In those cases, the parent who does not work outside the home provides day care that single parents must pay others to provide. And when single parents are mothers, as more and more single parents are, they often earn significantly less than single fathers. The financial deck is stacked against single-parent families, and their relative lack of resources means their children grow up in poverty. Poor children generally receive less health care than children whose parents have the means to pay for well-child visits, examinations and vaccinations. That sets up generational habits that are not easy to break. Children who grow up without regular health care seldom learn why or how to access it as adults.¹¹

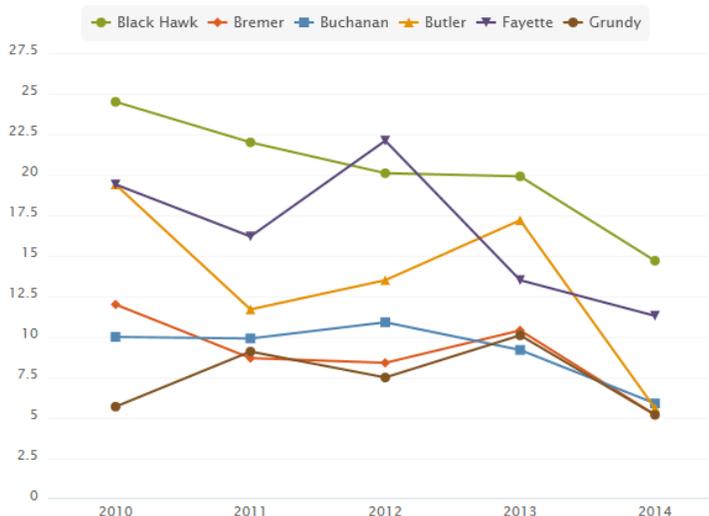
Single-Parent Homes	Iowa	Black Hawk	Bremer	Buchanan	Butler	Fayette	Grundy
Children in single-parent homes	29%	34%	18%	15%	20%	27%	23%
Children eligible for free lunch	34%	43%	16%	22%	23%	34%	19%
Children in poverty	16%	17%	7%	16%	13%	18%	9%

Lack of Transportation

Transportation is fundamental to healthcare access. The lack of either public or private transportation is an immediate barrier to all but a handful of patients. While it’s possible for people to walk to nearby providers, patients often are too young, too old, too ill or too impaired to walk any distance at all. Factor in elements like cold weather, darkness and routes that are unsafe for pedestrians, and walking is simply a non-starter. Public transportation offers limited options, but rural communities have no services, and even urban centers like Waterloo and Cedar Falls offer public transportation only on weekdays. Patients needing evening or weekend healthcare often miss appointments or simply give up making them because they cannot get where they need to go. Patients in communities of some size do have the option of calling a taxi, but those who cannot afford a car or do not drive are often the same people who cannot afford cab service in the first place. Inadequate transportation to healthcare is not limited to our survey area. It exists across Iowa and the United States, and it is particularly crippling in smaller communities and rural areas. As one observer noted about rural Iowa, “There is no bus system: they have to take a taxi. That’s a huge barrier in our environment in the winter to be able to get to and from work.”¹²

Child Abuse

Child abuse exists in every county and every socioeconomic cohort across Iowa. The notion that child abuse is driven by poverty or random encounters with strangers is fiction. In all but a handful of cases, children are abused by family members, family friends or caregivers. “Child abuse is seldom a single event. Rather, it occurs with regularity, often increasing in violence. It crosses all boundaries of income, race, ethnicity, and religious faith. A child abuser is usually closely related to the child, such as a parent, step-parent or other caregiver. Victims of child abuse may feel that they are bad and deserve the abuse. They usually have poor self-esteem. In addition to physical injuries that may be the result of abuse, child victims may develop eating disorders or sleep disturbances and nightmares. They may develop speech disorders or developmental lags in their motor skills. Many child victims demonstrate some form of self-destructive behavior. They may develop physical illness such as asthma, ulcers, allergies, or recurring headaches. Also, they often experience irrational and persistent fears or hatreds and demonstrate either passive or aggressive behavioral extremes.”¹³



CHILD ABUSE AND NEGLECT (PER 1,000 CHILDREN, AGE 0-17) (RATE)

Child and Family Policy Center
 KIDS COUNT Data Center, datacenter.kidscount.org
 A project of the Annie E. Casey Foundation

Unemployment

Iowa has enjoyed relatively low unemployment since the recession. Iowa unemployment peaked at 6.6% in June 2009, the same year US unemployment peaked at 9.9%. Iowa's unemployment rate in August 2016 was 4.2%.¹⁴

UNEMPLOYED IOWANS - 2016

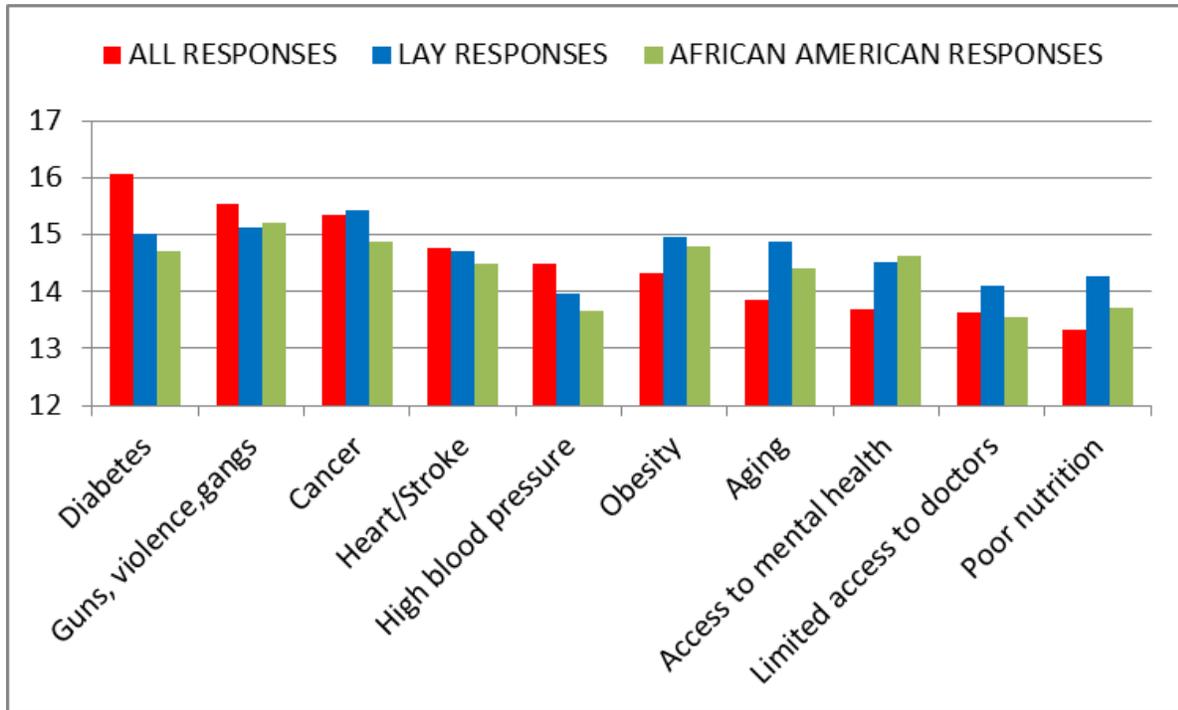
COUNTY	PERCENTAGE	NUMBER
Black Hawk	5.8	7,740
Bremer	4.2	1,038
Buchanan	4.6	969
Butler	4.5	671
Fayette	5	1,013
Grundy	3.6	448

Domestic Abuse

“Domestic violence is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, threats, and emotional abuse.”¹⁵ It affects both women and men. In 2011, 6,628 incidents were reported in Iowa. Almost one in five Iowa women is stalked during their lifetimes. One in three women and one in four men in the United States experience some form of physical violence by an intimate partner. Nearly one in five American women and one in 59 men have been raped in their lifetime.¹⁶

Intimate partner violence, sexual violence and stalking are widespread, affecting men and women alike. They occur in all races and ethnic groups and disproportionately affect women with household incomes less than \$25,000. Sexual violence starts young. Seventy-nine percent of female rape victims were first raped before age 25. Twenty-eight percent of male rape victims were first raped before age 10. Half of all stalking victims of both sexes were first stalked before age 25. Twenty-seven percent of women and 12 percent of men victimized by rape, sexual violence or stalking report significant, lasting health impacts like injury and post-traumatic stress disorder.¹⁷

Top 10 Community Health Problems

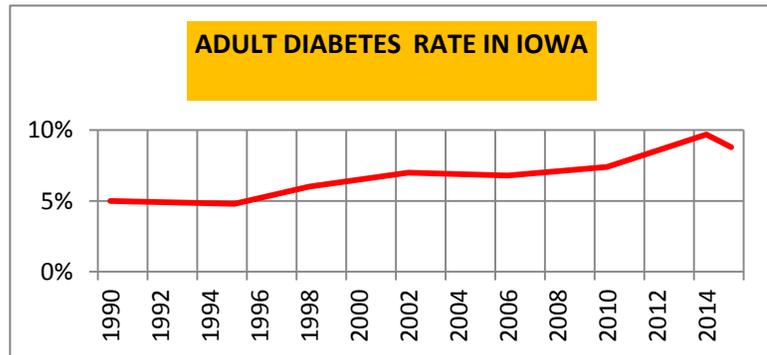


Scale is 1-20

Diabetes

The growth of type 2 diabetes in Iowa mirrors the tripling of obesity among Iowa adults. Just five percent of Iowans were diabetic in 1990. Just one generation later, 8.8 percent of Iowans now are diabetic. Projections for the next generation are not encouraging.

The 263,000 diabetes cases in Iowa in 2010 are projected to increase 40 percent to 368,000 cases by 2030. Meanwhile, Iowa's population by 2030 is projected to grow far less—just 10 percent. Today, prevalence of diabetes in the six-county survey area matches the state average of 9 percent. Butler and Fayette Counties have slightly higher rates of 10 percent each.¹



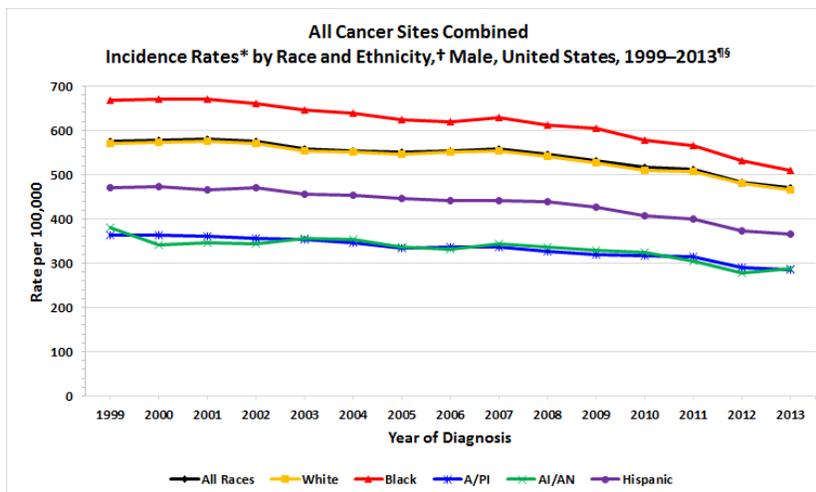
Guns, Violence, Gangs

Guns, violence and gangs in the survey are largely a Black Hawk County issue. Waterloo is at the receiving end of a drug pipeline that delivers to Iowa cities like Des Moines, Cedar Rapids and Waterloo. According to former Cedar Rapids city councilman Dale Todd, speaking to the Cedar Rapids Gazette, “the steady pipeline of drugs that poured into our state from large cities in the east in the ‘90s has had lingering effects for some of our most vulnerable Iowans. The families, infrastructures and economies that were eroded are still struggling to rebuild.”² The most alarming signs to the public are the increases in shootings, often by teen against teen and frequently among two or more African Americans. Waterloo had 25 homicides from 2011 to 2015: two thirds of the victims were black men.³ Endless family feuds are equally disturbing. Cedar Rapids saw 64 shootings in 2012, 56 shootings in 2013 and 95 shootings in 2014. Fifty-eight shootings in Waterloo in 2014 were directly related to two local gangs.⁴ Shootings are simply irresistible to local media, particularly when they are amplified by social media. No incidence of gunfire goes unnoticed in small markets with media constantly needing fresh, dramatic video to feed the 24-hour news cycle.

Guns and drugs are a steady undercurrent running through most gangs, but they are not generally the reasons young people want to join. Gangs are social organizations. While their aims are antisocial to the rest of society, gangs fill in pieces that are otherwise missing from members’ lives. Middle Earth, a New Jersey agency that has served adolescents and gangs for four decades, notes that most people believe youth join gangs for a sense of belonging and protection. While both ideas are correct, young people also join gangs for the same reasons people join any other organizations. Reasons include a sense of belonging, acceptance and loyalty; companionship, training, excitement and activities; a sense of status and self-worth; peer pressure; financial gain; and a failure to know what membership means and requires.⁵ One other reason is obvious. Young people hunger to find dramatic ways to rebel against their parents and impress their friends. Gangs satisfy both temptations with flashy packages.

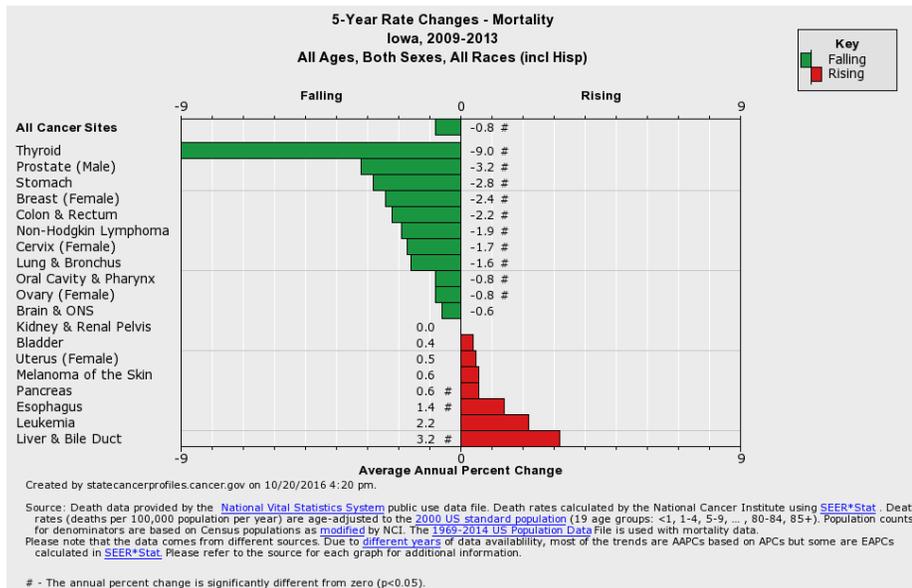
Cancer

While the incidence rate of cancer in America has slowly fallen over the past generation, future generations will live with more cancer survivors 65 or older. The economic burden of generations of older survivors with co-morbidities will burden the health care system. “In 2016, nearly 62 percent of almost 16 million cancer survivors are 65 or older. By 2040, an estimated 73 percent of 26 million cancer survivors will be 65 or older. Aging increases the chances that cancer survivors will suffer from



one or more chronic medical conditions. Among cancer survivors aged 65-69, 27 percent had a history of other medical problems. Among survivors aged 85 and older, 47 percent had other chronic conditions.”⁶

Cancer is the second leading cause of death in Iowa. In 2013, Iowa had 6,438 cancer deaths, ranking the state 20th in the nation. The 2013 national age-adjusted cancer mortality rate was 169 deaths per 100,000 persons, slightly above the national rate of 167 deaths. Cancer appears in many sites throughout the body, and rates per body site change over time as prevention, testing, diagnoses and cancer treatments improve. In Iowa, cancer in adults in all body sites fell by 0.8 percent from 2009 to 2013.⁷



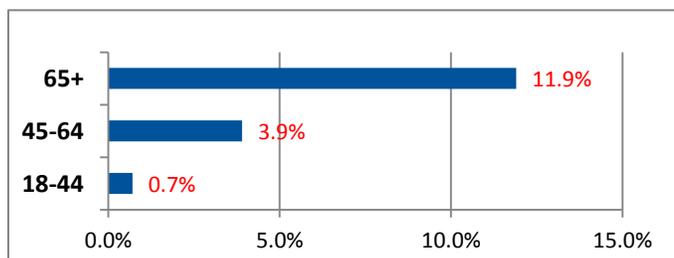
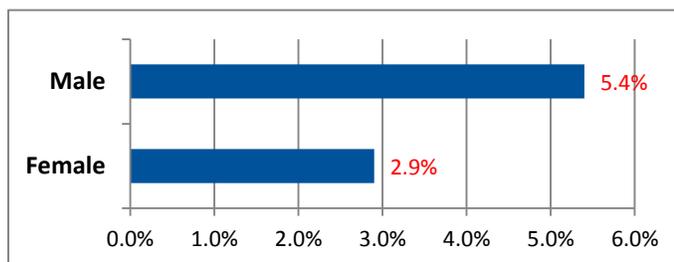
The incidence of cancer in all sites varies across the survey area. Buchanan County is a cancer hot spot, while Bremer County cancer incidence is significantly lower than state and national norms.⁸ African-American and Hispanic women in Black Hawk County develop cancer in all sites at an average rate that is 10 percent higher than the general state population. African-American and Hispanic males develop cancer 12 percent more often than the general state population. Cancer incidence is stable among Iowa minority women and declining among Iowa minority men.⁹ This mirrors national trends. Nationwide, the cancer death rate for black men is 24% higher than in white men. Breast cancer death rates for black women are 42 percent higher than in white women.

CANCER DEATHS FOR SURVEY AREA COUNTIES 2009 - 2013			
	Age-Adjusted	Average Deaths	Recent
	Death Rate	Per Year	Trend
United States	168.5	577,303	Falling
State of Iowa	169.7	6,407	Falling
Bremer County	129.8	44	Falling
Fayette County	151.3	50	Falling
Grundy County	151.8	29	Stable
Butler County	156.6	37	Falling
Black Hawk County	170.9	261	Falling
Buchanan County	188.1	49	Falling

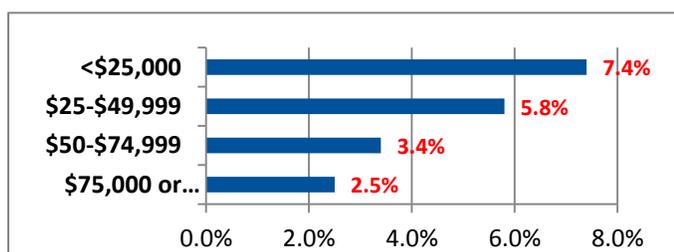
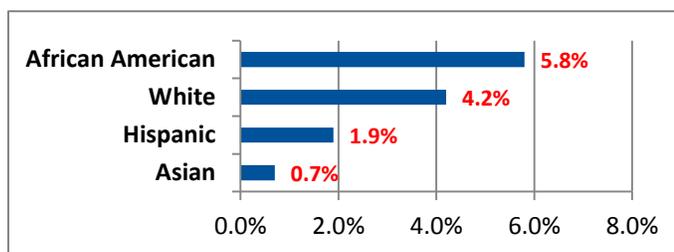
Death rates from colorectal cancer are decreasing faster for black women than for white women, but colorectal death rates for black men are about 50 percent higher for black men than for white men. Obesity is a factor common to many forms of cancer. Nationwide, 32 percent of both black and white men are obese. Black and white women are even more obese. While nearly four in 10 white women are obese, nearly six in 10 black women share that trait. On a brighter note, lung cancer deaths have decreased faster among American blacks than whites, attributable to the rapid reduction in smoking rates among African Americans since 1975.¹⁰

Heart/Stroke

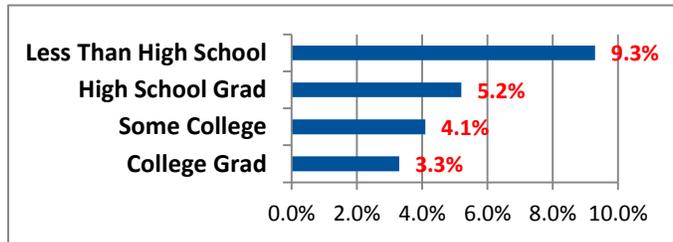
Coronary heart disease, which reduces blood flow through the coronary arteries to the heart muscles, is responsible for about one in five deaths in Iowa.¹¹ CHD affects men almost twice as often as women.¹² CHD is age-related, increasing steadily every year for adults who are 65 or older. It is particularly common among men over 75. While CHD is common among older adults, it is not inevitable. Iowa's CHD deaths have decreased 29 percent from 2003.¹³



Iowa now ranks 22nd in the rate of CHD death per 100,000 persons. While 13.0 percent of American adults are over 65, 14.9 of Iowa adults are in that age cohort. Iowa's aging population underscores the risk of increased rates of heart disease for decades to come. Five of the six counties in the survey area are in the third quintile of heart risk across Iowa at 103-162 age-adjusted heart deaths per 100,000 persons per year. Grundy County is in the first quintile of risk, with 73-93 heart deaths per 100,000 persons per year.¹⁴



There are clear links between poverty and heart disease. A 2011 study published by the UC Davis Health System indicates that “people with lower socioeconomic status had a 50 percent greater risk of developing heart disease than the other (12,000) participants.”¹⁵ While similar findings

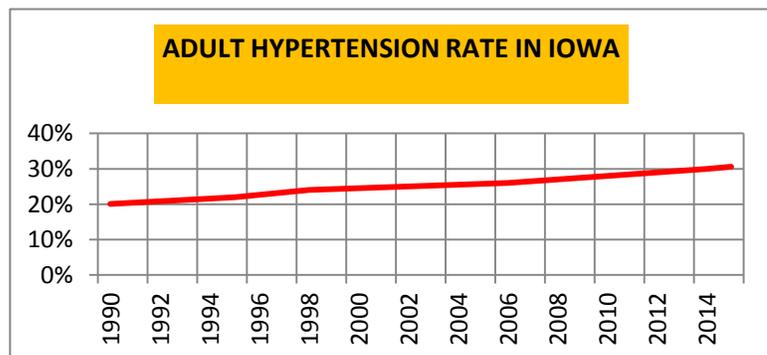


have long been attributed to lack of regular healthcare and lack of or compliance with smoking cessation programs and medications, the study showed “for the first time that the increased risk endured despite long-term improvements in other risk factors, indicating that access and adherence could not account for the differences.”¹⁶ A parallel study in the American Journal of Epidemiology found that “lifelong disadvantage (poverty) may translate into an ‘accumulation of risk’ for heart disease. Those who were disadvantaged as children and adults were 82 percent more likely to develop heart disease than those who were comparatively well off in childhood and adulthood.”¹⁷

High Blood Pressure

Almost one third of Iowa adults have high blood pressure.¹⁸ That ranks Iowa 29th among

the 50 states and Puerto Rico. High blood pressure contributes to long-term disease and damage including heart attack; stroke; aneurism; heart failure; weakened and narrow blood vessels to the kidneys; thickened, narrowed or torn blood vessels in the eyes; metabolic syndrome; and trouble with memory and understanding.¹⁹



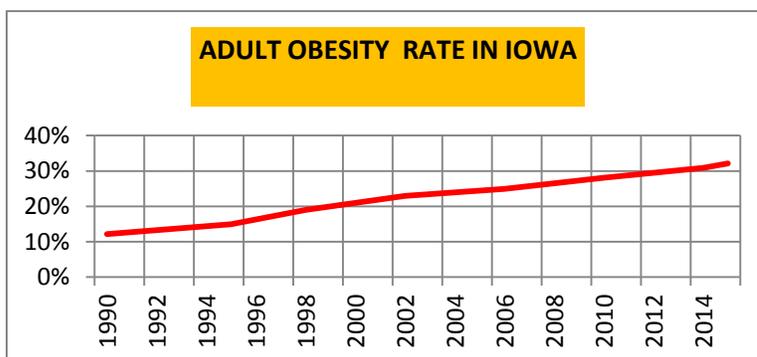
African-Americans develop high blood pressure at younger ages than other groups in the U.S. African-Americans are more likely to develop complications of blood pressure. These problems include stroke, kidney disease, blindness, dementia, and heart disease.²⁰ The causes are not

CONTRIBUTING FACTORS TO ADULT HIGH BLOOD PRESSURE				
	SMOKING	OBESITY	PHYSICAL	EXCESSIVE
	RATE	RATE	INACTIVITY	DRINKING
Iowa	19%	31%	25%	22%
Black Hawk	17%	29%	24%	22%
Bremer	15%	32%	25%	22%
Buchanan	16%	33%	27%	21%
Butler	15%	33%	29%	19%
Fayette	17%	39%	29%	19%
Grundy	15%	29%	27%	20%

entirely understood, but they include a genetic predisposition and different tolerances for hypertension drugs and salt in the diet. There is substantial evidence that environmental factors like housing, income, diet and stress also increase rates of high blood pressure.

Obesity

Six of the Top 10 Community Health Problems identified for adults in this survey are either diseases or conditions that foster disease like obesity and aging. It's important to look at them together since they often present as co-morbidities. While participants ranked obesity fifth on the list of six diseases and conditions, obesity is a common factor to each of the remaining five: diabetes, cancer, heart and stroke, high blood pressure and aging. It is no exaggeration to say that that the United States in general and



Iowa in particular are in an obesity epidemic. Iowa has the 12th-highest adult obesity rate in the nation. More than 30 percent of Iowa adults have a body-mass index greater than 30, the obesity threshold. Obesity in Iowa has almost tripled since 1990.²¹

Ageing

“Nearly 30% of Iowans 65 and older are widowed, and the same percentage of this age group live alone.”²² Approximately one in three Iowans in this age group has at least one disability. The leading causes of death for Iowans over 65 in 2009 were:

- Heart disease 34.1%
- Cancer 26.2%
- Stroke 8.7%
- Chronic respiratory disease 6.3%
- Alzheimer’s disease 5.0%
- Other 19.7%

There is widespread misperception that ageing automatically brings poor health. That is not necessarily the case. Even when it is true, there is more to the story than deteriorating physical health. Social connections, community and sense of purpose are important for all of us at every age, yet those things tend to fall away disproportionately for persons over 65. Retirement from the workforce, geographic and emotional distance from children and grandchildren, widowhood and a gradual fading away from family, friends and a sense of belonging add to the aches and pains of physical decline.

Social isolation is not a marginal issue. Researchers have found mounting evidence linking loneliness to physical illness and to functional and cognitive decline. As a predictor of early death, loneliness eclipses obesity. “The profound effects of loneliness on health and independence are a critical public health problem,” said Dr. Carla M. Perissinotto, a geriatrician at the University of California, San Francisco. “It is no longer medically or ethically acceptable to ignore older adults who feel lonely and marginalized.”²³

In Britain and the United States, roughly one in three people older than 65 live alone, and in the United States, half of those older than 85 live alone. Studies in both countries show the prevalence of loneliness among people older than 60 ranges from 10 percent to 46 percent.

Issues of ageing and social isolation will be increasingly common in Iowa for the next generation. Iowa's population continues to shift to our few cities as our small towns empty and farm populations dwindle. Iowa is a slow-growth state, projected to grow less than 10 percent statewide by 2030. At the same time, the percent of Iowans 65 or older will increase from the current 15 percent to 22.4 percent. One of the more determinants of successful ageing is strong social association. In general, the more ways people remain linked to families, friends and communities as they grow older, the more they enjoy their later years and the more years they live. Premature death is calculated in years of potential life lost before age 75 per 100,000 persons, age-adjusted. Residents of Grundy County, for example, enjoy a large number of social associations. On average, they also enjoy more healthy years as they age than residents of other survey counties.²⁵

DETERMINANTS OF SUCCESSFUL AGING IN IOWA			
	POOR OR FAIR HEALTH	COMMUNITY SOCIAL ASSOCIATIONS	PREMATURE DEATHS IN YEARS
Iowa	13%	15.5	5,900
Black Hawk	14%	13.4	6,300
Bremer	10%	19.5	4,400
Buchanan	11%	12.9	5,900
Butler	10%	19.3	5,300
Fayette	12%	21.0	6,800
Grundy	10%	28.4	4,100

Access to Mental Health

The advocacy group Mental Health America tracks mental illness in America. In 2015, 18 percent of adults experienced one or more mental illnesses. However, just 41 percent of Americans with mental illness report receiving treatment. The issue inadequate mental health service is a nationwide epidemic.²⁶

Iowa is 12th in the nation in prevalence of mental illness. Iowa ranks 6th in the nation in access to mental health care. "Rankings reflect five measures including access to insurance, access to treatment, quality and cost of insurance and access to special education." States in the Northeast and Upper Midwest generally rank well, while states across the Deep South and desert states do not.²⁷

MENTAL HEALTH IN IOWA - PREVALANCE DATA 2014			
MEASURE	STATE RANK	PERCENTAGE	NUMBER
Overall	12		
Adults with any mental illness	8	16.8	392,000
Adults dependent/abusing drugs or alcohol	16	8.1	189,000
Adults contemplating suicide	25	4.1	94,000
Youth with major depressive episode	18	10.4	25,000
Youth dependent/abusing drugs or alcohol	4	4.5	11,000
Youth with severe major depressive episode	40	8.8	19,000

Despite its high rank, Iowa has 70 Health Professional Shortage Area (HPSA) areas and populations with shortages of mental health professionals. As of September 2016, providers nationwide were meeting just 48 percent of American mental health care needs. It would take another 2,772 mental health providers nationwide to remove the HPSA designation. Iowa providers currently meet 60 percent of need. Iowa needs another 30 providers to satisfy our HPSA shortfall.²⁸ See the data table below for Iowa's mental health provider ratios by county.

Limited Access to Doctors

Five of the six counties in the survey area fall well below state average ratios for primary care physicians, dentists and mental health providers. Black Hawk County, the only survey county with more urban than rural residents, meets or exceeds state average ratios for providers. Part of that is due to Black Hawk County's relatively large population, and part is due to the normal aggregation of medical services and providers in metro areas.²⁹

Access to Physicians	Iowa	Black Hawk	Bremer	Buchanan	Butler	Fayette	Grundy
Rural residents	36.0%	13.5%	64.5%	68.5%	100.0%	70.6%	100.0%
Primary care physicians	1,350:1	1,040:1	1,640:1	2,100:1	5,010:1	2,560:1	4,100:1
Dentists	1,630:1	1,480:1	2,060:1	3,010:1	5,000:1	1,850:1	4,130:1
Mental health providers	830:1	860:1	1,070:1	780:1	1,880:1	4,070:1	12,830:1
Health Outcomes		73	7	24	12	63	6

All six survey counties include Health Professional Survey Area (HPSA) shortages of primary care physicians. HPSA scores are developed by the National Health Service Corps in determining priorities for assignment of clinicians. Scores range from 1 to 25 for primary care and mental health providers and 1 to 26 for dentists: the higher the score, the greater the priority. There are 6,100 HPSA shortage areas for primary care physicians in the United States today. This chart shows the range of mental health provider HPSA scores in the survey area. A score of 1 indicates highest placement priority for additional providers.³⁰

HPSA RANGE OF SCORES - PRIMARY CARE	
	1 - HIGH PRIORITY
Black Hawk	11 - 16
Bremer	1 - 6
Buchanan	7
Butler	9 - 12
Fayette	11
Grundy	9

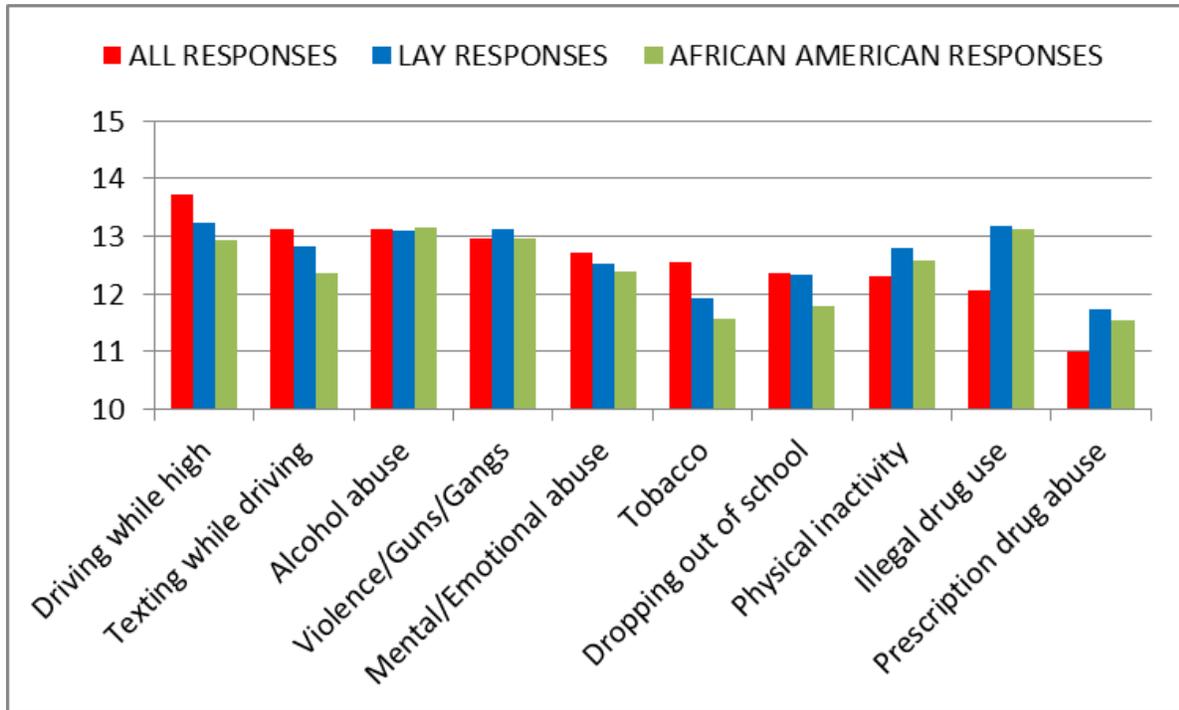
Poor Nutrition

“Poor lifestyle choices, such as smoking, overuse of alcohol, poor diet, lack of physical activity and inadequate relief of chronic stress are key contributors in the development and progression of preventable chronic diseases, including obesity, type 2 diabetes mellitus, hypertension, cardiovascular disease and several types of cancer.”³¹ Neither the abundance of fresh foods nor reminders and advisories to use them are enough by themselves to guarantee a healthy diet. Food choices are governed by availability, cost, convenience, habit, peer pressure and attractive additives like fat, sugar and salt. Food insecurity exists everywhere, including Iowa, the most abundant producer of fresh food on the planet. Productivity and availability of fresh foods are positive factors in getting people to switch to healthy diets, but healthy eating is a learned behavior. Without steady education, encouragement and good example, we all are subject to the habits and marketing that influence our diets. The situation is analogous to smoking. In 1965, 42 percent of American adults were smokers. Today, that figure is just 15 percent. Habits change, but they do not change overnight, particularly when they require us to exchange multiple bad habits we enjoy for good habits we may not particularly like or want to do.

FOOD INSECURITY IN SURVEY AREA - TOTAL PERSONS - 2014			
	FOOD	PERSONS	PERSONS
	INSECURITY	AT	INELIGIBLE
COUNTY	RATE	RISK	FOR AID
Black Hawk	15.1%	19,900	11,144
Bremer	10.3%	2,520	983
Buchanan	11.3%	2,370	1,067
Butler	11.3%	1,690	744
Fayette	12.8%	2,650	1,458
Grundy	10.6%	1,310	537

Food insecurity is more complicated than diet choice. It involves food availability. Food insecurity among adults is 20 to 40 percent higher in Black Hawk County than in the surrounding five survey counties.³² The imbalance is less among survey-area children, but there are children in every Iowa county going hungry at every meal. That’s particularly true in single-parent and living-alone households. Many households do not have enough income to cover expenses, and families go hungry and do without when cash is short to pay rent and utilities. Nationally, 13 percent of American households were food insecure in 2015. However, 30 percent of households headed by single mothers were food insecure, and almost 10 percent of households with persons over 65 living alone were food insecure. Food insecurity is not primarily an issue of race, gender or age. It is a direct, daily consequence of poverty.³³

Top 10 Community Risky Behaviors



Scale is 1-20

Driving While High

One in four traffic deaths in Iowa involves drunk driving. The data indicate no clear pattern of excessive drinking on a regular basis and drunken driving deaths, nor is there a direct link between excessive drinking dates and overall health outcomes.¹

Alcohol in Iowa	Iowa	Black Hawk	Bremer	Buchanan	Butler	Fayette	Grundy
Excessive drinking	22%	22%	22%	21%	19%	19%	20%
Drunk driving deaths	24%	21%	20%	25%	29%	11%	20%
Health outcomes 1-99 (1 = best)		73	7	24	12	63	6

That may be because drunk and drugged driving are everyday occurrences in Iowa and nationwide.² The advocacy group Mothers Against Drunk Driving (MADD) estimates that some 300,000 Americans drive drunk or drugged or both every day. Typically, just one percent of those impaired drivers are arrested on that day. Half of drivers killed in crashes who test positive for drugs also test positive for alcohol. Drunk driving quickly becomes a habit, and habitual drunk and drugged drivers soon lose their sense of fear of being caught. The average driver charged with a DUI offense has driven drunk 80 times before his first arrest. And 50 to 75 percent of convicted drunk or drugged drivers continue to drive on their suspended licenses.³ Drunk and drugged driving are primarily

behaviors of young males from 18 – 44. Unfortunately, they set a deadly example for even younger males. Over 40 percent of American 10th graders drink alcohol in some quantity. Yet while one in seven teens binge drink, only one in 100 parents believes his or her teen binge drinks. Drunk and drugged driving are learned behaviors that start early. They depend on the bravado of the young, the denial of society and the impairment of judgment that returns only with painful sobriety and regret.⁴

DRUNK DRIVING IN IOWA - 2015	
Drunk driving fatalities	102
Alcohol crash injuries	937
Alcohol crashes	1,665
DUI arrests	16,642
DIU convictions	12,896
Taxpayer subsidy of drunk-driving fatalities	\$494,000,000

Texting While Driving

Texting while driving, also called texting and driving, is the act of composing, sending, reading text messages, email, or making similar use of the web on a mobile phone while operating a motor vehicle.⁵ An American Automobile Association study showed that 34% of teens

IOWA CRASH HISTORY FOR DISTRACTED DRIVERS - CELL PHONES				
	TOTAL	TOTAL	MAJOR	TOTAL
	CRASHES	FATALITIES	INJURIES	INJURIES
2015	1,100	11	28	601
2010	659	4	7	288
2005	682	2	19	317
2001	518	1	21	357

(age 16 -17) admitted to being distracted behind the wheel because of texting, and 40% of American teens say they have been in a car when the driver used a cell phone in a way that put people in danger.⁶ In Iowa, adults are banned from text messaging while driving, and teens are prohibited from using handheld electronic devices. However, fines are light, considering the deadly consequences of distracted driving. Penalties include \$30 for adults texting while driving and \$50 for teens using handheld electronic devices.⁷ Crashes and injuries from distracted driving have more than doubled in Iowa since 2001. Fatalities have jumped from one in 2001 to 11 in 2015.⁸

Alcohol Abuse

The Substance Abuse and Mental Health Services Administration (SAMHSA), which conducts the annual National Survey on Drug Use and Health (NSDUH), defines binge drinking as drinking five or more alcoholic drinks on the same occasion on at least one day in the past 30 days.⁹ In 2014, 24.7 of American adults 18+ reported binge drinking within the past 30 days. That includes 10.6 million men and 5.7 million women.¹⁰

ALCOHOL ABUSE BY COUNTY - 2016			
	COUNTY RANK	ADULTS WHO	ALCOHOL
	FOR HARD	REPORT BINGE	DRIVING
	LIQUOR USE	DRINKING	DEATHS
Iowa		22%	24%
Black Hawk	6	22%	21%
Bremer	25	22%	20%
Buchanan	38	21%	25%
Butler	92	19%	29%
Fayette	51	19%	11%
Grundy	89	20%	20%

Iowans binge drink at slightly lower rates than the national average. Alcohol is the fourth-leading preventable cause of death in the United States. Alcohol abuse cost the United States \$249 billion dollars in 2010. Three quarters of that cost relates to binge drinking.¹¹ In rough figures, the negative effects of binge drinking cost Iowans \$2.5 billion annually—the equivalent of one third of Iowa’s annual operating budget.

Guns, Violence and Gangs

Grundy Center in Grundy County is probably the safest place to live in all of Iowa. With a population of 2,706 people, there were no violent crimes, no murders, no rapes, no aggravated assaults, no burglaries, and no arson in 2013, the most recent year of the FBI's Uniform Crime Reports.¹² Few other places in the state are as peaceful. However, Iowa ranks 10th nationwide among the safest states in 2016 Iowa ranks 6th nationwide for home and community safety, which includes per capita rates of murder, rape, assault, theft, sex offenses, drug abuse, suicides, and bullying as well as per capita law enforcement officers and firefighters.¹³ Iowa has a relatively small corps of gangs in its urban areas, fueled largely by the sale of drugs pipelined into smaller communities from cities like Chicago, Kansas City and Omaha and countries like Mexico via Interstates 35 and 380. A drug culture is a gun culture, and the combination of gangs and guns attracts widespread attention in rural settings that would be lower profile in larger areas. That extra attention contributes to widely disparate treatment of white versus minority drug offenders. While black Americans are 2.5 times more likely to be arrested for drug possession, black Iowans are seven times more likely to be arrested for drug possession than white Iowans, despite the fact that both groups use illicit drugs at the same rate.¹⁴ Iowa and the survey area have a history of guns, violence and gangs, especially in Waterloo, but the state and the survey area are safer than most other places in the nation. Iowans’ perceptions do not necessarily match the data, particularly amidst the daily drama of rancorous political campaigns. See *Guns, Violence, Gangs*, p. 57.

Mental/Emotional Abuse

Psychological abuse (also referred to as psychological violence, emotional abuse or mental abuse) is a form of abuse, characterized by a person subjecting, or exposing, another person to behavior that may result in psychological trauma, including anxiety, chronic depression, or post-traumatic stress disorder.¹⁵ Psychological abuse crosses all socioeconomic lines. It often remains hidden even from victims because it involves no actual physical abuse or other outward signs. Emotional abuse is an exercise of power, typically of one partner in a couple over the other. Victims are usually women, who often have less financial power and physical presence and more children at risk to demand respect. Emotional abuse behaviors include verbal abuse, isolation, intimidation and threats. Emotional abuse also includes dismissive behaviors that make perpetrators feel in control and victims feel alone and unimportant.¹⁶ Adult emotional abusers often exhibit behaviors like blaming others; resentment; entitlement; superiority; pettiness; sarcasm; deceitfulness; jealousy and pushiness—asking and expecting too much too soon.¹⁷

Psychological abuse among children and teens frequently appears as bullying, a significant and growing risk to children's well-being and health. The majority of bullying takes place at school. One in three United States students say they have been bullied in school.¹⁸ The results can be devastating.

Kenneth Hotard, age five, was found walking on the side of the road a half mile from his Houma, Louisiana school on October 31, 2016. He had deliberately missed his school bus and was walking home – and going the wrong direction – to avoid school bullies. His mother said, “He urinated on himself he was too afraid to go to school alone.”¹⁹ Earlier that month, an 11-year-old in North Lewisburg, Ohio, took more drastic action. Bethany had survived a brain tumor as a child, but the cure left her with a twisted smile. After years of relentless teasing, Bethany finally gave up. She told her best friend on the bus ride she would love her forever, and then she went home, found a hidden gun and killed herself on the family's back porch. Suicide among adolescents remains rare, but the Centers for Disease Control recently reported that now it is just as likely for middle school students to die from suicide as from traffic accidents. Suicide rates among 10-to-14-year-olds have doubled since 2007. There is no single cause, but social media has made adolescence and bullying even more traumatic, especially for girls.²¹

When children and teens who are bullied to the breaking point don't harm themselves, they often turn their pain and rage onto others. Countless American mass shootings have perpetrators who have been bullied, isolated and driven to despair. Parents across the country have noticed. In 2007, 36 percent of American parents who home-schooled their children did so to provide religious or moral instruction. By 2012, only 17 percent of parents cited that reason, while 25 percent of parents supported home-schooling to keep their kids safe and avoid the drug and peer pressure their students might otherwise find at schools.²²

Emotional abuse is a learned behavior. It is often generational in families. Abusers typically were themselves abused, usually at home or school. Emotional abuse grows stronger and more violent the longer is ignored, tolerated or even encouraged. It can be stopped only by people who refuse to look the other way and instead take prompt, decisive action to intervene and break the cycle for themselves or for others who are victims. Emotional abuse can be stopped by families and communities and schools that understand the threat, recognize the signs and face it head on.

Tobacco Use

Smoking in America is largely a factor of geography, low income and limited education. Nearly 21 of every 100 Midwestern adults smokes, versus 17 in the South; 15 in the Northeast; and 13 in the West. More than 26 percent of every 100 adults living below poverty level smoke, while just 15 of every 100 smoke who live at or above the poverty level. Education levels tell a similar story. Americans who have earned GED certificates are 8 times more likely to smoke than classmates who go on to earn graduate degrees.

ADULTS WHO SMOKE - EDUCATION

GED certificate	43.0%
HS diploma	21.7%
Associate degree	17.1%
Some college	19.7%
BA, BS degree	7.9%
Graduate degree	5.4%

Smoking rates continue a 50-year decline. In 1965, 44 percent of Americans smoked. In 2014, that number had declined to 16.8 percent for adults. Still, cigarette smoking is the leading cause of preventable disease and death in the United States, accounting for more than 480,000 deaths every year, or 1 of every 5 deaths. More than 16 million Americans live with a smoking-related disease.²³

IOWA ADULTS WHO SMOKE TOBACCO - 2015

Iowa	19%
Black Hawk	17%
Bremer	15%
Buchanan	16%
Butler	15%
Fayette	17%
Grundy	15%

American teen smoking rates also have declined, but tobacco manufacturers have made marketing inroads with young people with smokeless tobacco and e-cigarettes. Data on smokeless tobacco is clear. Each year about 30,000 Americans learn they have mouth and throat cancers. Nearly 8,000 die from these diseases. Only about half of people with diagnosed mouth or throat cancer survive more than 5 years.²⁴

TRUE COST OF SMOKING IN IOWA

Lifetime cost per smoker	\$1,502,649
Out-of-pocket cost per smoker	\$107,779
Financial opportunity cost	\$1,019,361
Health care cost	\$150,567
Income loss	\$215,081
Other costs	\$9,800

In Iowa, a 2014 survey suggests more high school students use e-cigarettes (11 percent) than regular cigarettes (9 percent). Both products are banned by law to people under 18.²⁵ Manufacturers of both products count on the addictive nature of nicotine to establish habits that users find both expensive to maintain and hard to break. The lifetime cost per smoker is staggering, equivalent to 30 years of the median household income in Iowa. While two thirds of that cost is in financial opportunity lost, the remaining third is in hard-dollar costs, including an extra \$150,000 in healthcare per smoker.²⁶ The Centers for Disease Control recently reported that while smoking rates have declined dramatically since 2009, 40 percent of all cancer cases are now linked to tobacco use. Of the 36 million current smokers, CDC director Tom Frieden says, "Nearly half could die prematurely from tobacco-related illnesses, including 6 million from cancer, unless we implement the programs that will help smokers quit."²⁷

E-cigarettes – vaping – are attracting many younger smokers. While data on their safety are mixed, “mounting evidence suggests vaping is far less dangerous than smoking. This year, a prestigious doctors’ organization in Britain told the public that e-cigarettes were 95 percent less harmful than cigarettes. British health officials are encouraging smokers to switch.²⁸ The Centers for Disease Control cautiously agrees. E-cigarettes are helping Americans stop smoking. An estimated 4 million Americans have stopped smoking in 2015 with the help of e-cigarettes. Significantly, American youth smoking has dropped in half since 2007, the year e-cigarettes were introduced. It is now at an historic nationwide low of seven percent.²⁹

Dropping Out of School

“In school year 2013–14, the adjusted cohort graduation rate (ACGR) for public high schools rose to an all-time high of 82 percent. This indicates approximately

HIGH SCHOOL DROPOUT RATE BY COUNTY SCHOOL DISTRICT - 2012					
			ANTICIPATED	FOUR-YEAR	GRADES 9-12
		FOUR-YEAR	FOUR-YEAR	GRADUATION	DROPOUT
COUNTY	SCHOOL DISTRICT	GRADUATES	GRADUATES	RATE	RATE
Black Hawk	Cedar Falls	348	363	95.9%	0.4%
Black Hawk	Waterloo	523	704	74.3%	6.6%
Bremer	Waverly-Shell Rock	150	157	95.5%	2.0%
Buchanan	Independence	94	106	88.7%	1.9%
Butler	Aplington-Parkersburg	67	68	98.5%	0.0%
Fayette	North Fayette	68	72	94.4%	3.4%
Grundy	Grundy Center	55	57	96.5%	2.6%

four out of five students graduated with a regular high school diploma within four years of the first time they started 9th grade. Asian/Pacific Islander students had the highest ACGR (89 percent), followed by White (87 percent), Hispanic (76 percent), Black (73 percent), and American Indian/Alaska Native (70 percent) students.³⁰ Students throughout the survey area graduated at even higher rates than the national norm with the clear exception of students enrolled in Waterloo.³¹ Waterloo is the only community in the survey area with significant racial diversity and the only community with a significant population of transient parents who often do not remain employed in the community long enough for their children to stay four years to graduate. Regardless of reason, a high dropout rate is both a personal and a community problem, and it is a significant community health risk as well. See High School Graduation Rates, p.40, for ways Waterloo’s dropout rate affects community health.

Physical Inactivity

Iowa ranks low in adults who meet aerobic and muscle-strengthening physical activity guidelines.³² One in four Iowa adults reported no leisure-time physical activity in 2014. Only 17 percent meet both guidelines. Despite the state’s professed desire to be the healthiest in the nation, there is little to indicate we are preparing our children to do better. Iowa has no state policy guidelines on time spent in moderate to vigorous activity in physical education classes, no state guidance on recess, no guidance on walking or biking to school and no state regulations meeting CDC guidelines for preschoolers in all settings.³³ Access to exercise areas and facilities is a plus for adults, but it does not

necessarily drive or limit physical activity. Access to vigorous physical education in schools and preschools on a regular basis is a significant factor in improving youth fitness.³⁴ It is a significant community health need.³³ The obesity rate in Iowa – adults with a body mass index higher than 30 – has nearly tripled since 1990. That escalating rate is a flashing danger sign for the health of Iowa millennials and their children in years to come. See *Obesity*, p. 61.

PHYSICAL INACTIVITY BY COUNTY- 2016			
	PHYSICALLY INACTIVE ADULTS	ADULTS WITH ACCESS TO EXERCISE	ADULT OBESITY
Iowa	25%	76%	31%
Black Hawk	24%	80%	29%
Bremer	25%	75%	32%
Buchanan	27%	46%	33%
Butler	29%	38%	33%
Fayette	29%	64%	39%
Grundy	27%	75%	29%

Illegal Drug Use

Iowa has the second-lowest rate of illicit drug use in the United States. Youth substance abuse has declined steadily over the last decade. Meth labs are down from 1,500 in 2003 to 135 in 2015. However, underage and binge drinking exceed national averages, and abuse of prescription drugs, heroin, marijuana concentrates and synthetic drugs are growing.³⁵ Alcohol remains the most widely-abused substance among Iowa adults.³⁶ It is also the most sampled gateway drug sampled by Iowa youth.³⁷ While binge drinking and drug overdose threaten individuals, drinking while high remains the top public health threat. One in eight high school seniors drives after using marijuana, a number that jumps to 1 in three among Iowa college students. Fifteen percent of high school students ride with drivers who have been drinking, and 20 percent ride with drivers who have been smoking marijuana.³⁸

See *Alcohol Abuse*, p. 66.

SUBSTANCE ABUSE IN IOWA - 2014	
	ALL IOWANS IN TREATMENT
Iowa	
Alcohol	50.0%
Marijuana	25.0%
Meth	14.8%
Cocaine	1.7%
Heroin	1.6%
Other	6.3%

IOWA YOUTH SUBSTANCE ABUSE - 2014	
	GRADES 6, 8, 11 USED IN LAST 30 DAYS
Alcohol	10%
Tobacco	6%
Other	12%
Rx	4%
OTC	3%
Meth	1%

Prescription Drug Abuse

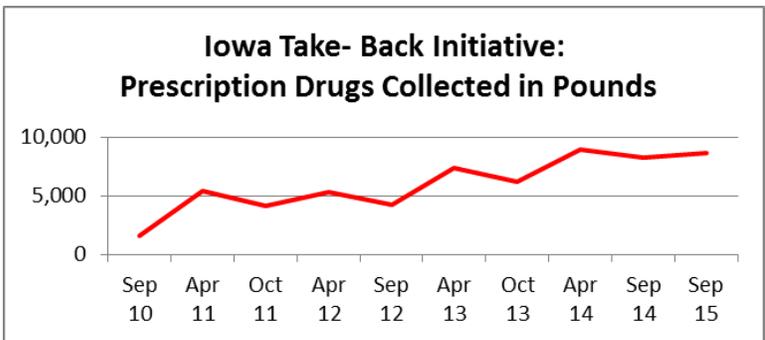
“Deaths from drug overdoses have surged in nearly every county across the United States, driven largely by an explosion in addiction to prescription painkillers and heroin.”³⁹

HEROIN AND OPIOID USE TREND IN IOWA 2005-2014				
	2005 TREATMENT ADMISSIONS	2005 OVERDOSE DEATHS	2014 TREATMENT ADMISSIONS	2014 OVERDOSE DEATHS
Heroin	186	2	636	19
Other Opioids	422	10	1,363	33

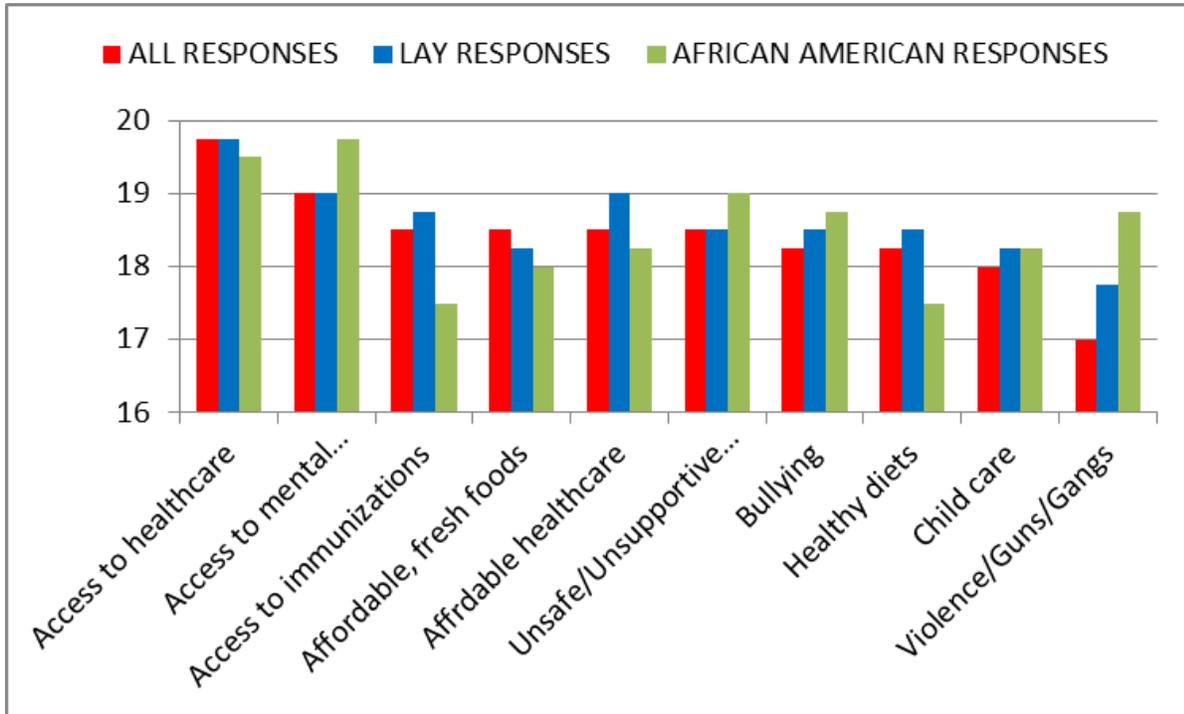
While opioids are prescription drugs and heroin is a street drug, abuse of both is surging nationwide, and Iowa is not immune. In fact, Iowa's crackdown in prescription painkillers has helped to drive prescription drug abusers to heroin.⁴⁰ Prescription opioid and heroin treatment admissions and deaths in Iowa more than tripled from 2005 to 2014.⁴¹ Bad as it is, that increase is relatively mild compared to many other parts of the country, notably Appalachia and the desert Southwest. Counties hit hardest by the surge in Iowa are Black Hawk, Dubuque, Johnson, Linn, Polk and Scott – home to Iowa's largest cities.⁴² Yet many Iowa teens and adults do not understand the danger of prescription and over-the-counter drugs. "According to a 2014 youth survey, almost one out of four Iowa middle and high school students either do not know or do not believe using prescription drugs (not prescribed to them) puts them at risk."⁴³ The data show a different story. Life expectancy dropped for young and middle-age white Americans in 2013 and 2014, while it increased for both black and Hispanic Americans in the same period. Because the white population is so large, any dip in younger cohorts is highly unusual, and the overall life expectancy for all Americans remained unchanged. The factors driving life expectancy rates down for younger, white Americans include drug overdoses, liver disease and suicides.⁴⁴

Iowa is fighting the overdose epidemic with several new measures. The legislature passed a bill in 2016 allowing emergency responders to carry and administer naloxone, an emergency medication to reverse opioid overdose.⁴⁵ Governor Branstad wants lawmakers to pass a bill like laws in 16 other states that require physicians to consult drug registries before prescribing opioids.⁴⁶ And the Iowa Take-Back Initiative, part of the Iowa prescription monitoring program (PMP) has collected and disposed of 60,000 pounds of extra or outdated prescription drugs since 2010.^{47,48}

IOWA PMP (Prescription Monitoring Program) TRACKING		
	PRESCRIPTIONS	DOSES
	DISPENSED	DISPENSED
2009	4,239,890	228,149,732
2014	4,800,912	269,466,402



Top 10 Health Concerns for Children



Scale is 1-20

Access to Healthcare

See *Healthcare Access and Services*, p. 28.

Access to Mental Health Care

See *Mental Healthcare Access and Services*, p. 26.

Access to Immunizations

Most children in the survey area have access to immunizations and are vaccinated on schedule.¹ Children attending day care centers or public schools in Iowa are required to have certain vaccinations. Iowa also provides for religious exemptions from vaccination standards under certain circumstances.² In Iowa, school children must be vaccinated for diphtheria, pertussis, tetanus, poliomyelitis, rubella, rubella,

VACCINATION RATES FOR SURVEY AREA SCHOOLS - 2013-2014 SCHOOL YEAR

COUNTY	HIGHEST COMPLIANCE	VACCINATION RATE	LOWEST COMPLIANCE	VACCINATION RATE
Black Hawk	Don Bosco	100%	Palotta MS	75.7%
Bremer	Sumner JRSR	100%	Janesville JRSR	92.7%
Buchanan	East Buchanan	100%	Jesup EL	94.6%
Butler	APL-PARK HS	100%	Clarksville	88.8%
Fayette	Oelwein MS	93.9%	North JHS	98.3%
Grundy	GC Elementary	99.3%	Reinbeck EL	93.8%

and varicella. Children at daycare centers also have to be immunized against the flu and pneumonia. These laws apply to any licensed schools, whether public or private.³ The federally-funded Vaccines for Children (VCF) program provides vaccines through the Centers for Disease Control, state departments of health and private physicians' offices to children who otherwise would not be vaccinated for lack of ability to pay.⁴

The World Health Organization recognizes vaccine hesitancy as a serious public health problem. The WHO defines it as “delay in acceptance or refusal of vaccines despite availability of vaccination services.”⁵ The Atlantic magazine has identified four kinds of parents who do not vaccinate their children. They include the complacent, who tend to live in places isolated from most communicable diseases; the inaccessible, people without ready access to healthcare; the calculating, people who let others assume the risk of vaccination to keep their kids safe too; and the unconfident, those who do not trust vaccinations or the healthcare system.⁶ Understanding that anti-vaxers are not all the same improves the chances of changing their minds and behaviors. Increasingly around the country, pediatricians are dismissing families who refuse to vaccinate their children. The American Academy of Pediatrics announced this summer for the first time that dismissal is acceptable if doctors have exhausted counseling efforts. In 2013, the AAP found that 1 in 8 pediatricians report they always do, twice as many as in 2006. A few families leave, but many pediatricians report that the majority of families thank them for insisting on childhood immunizations.⁷

Affordable Fresh Foods

Food insecurity in the survey area is mixed. Four counties report very low food insecurity, while Black Hawk and Butler counties approach the national norm of 13.5% of residents living without adequate food.⁸ Food insecurity is a direct result of poverty. Households with higher rates of food insecurity include households with children (17 percent); households headed by single parents (22 percent rate for men, and 30 percent rate for women); African-American households (22 percent); and Hispanic households (19 percent).⁹ See *Poor Nutrition*, p. 64.

LIMITED ACCESS TO HEALTHY FOODS - 2010		
	INDIVIDUALS	PERCENTAGE
Iowa	180,000	6%
Black Hawk	11,768	9%
Bremer	477	2%
Buchanan	694	3%
Butler	1,987	13%
Fayette	371	2%
Grundy	281	2%

Affordable Health Care

See *Women and Children's Health*, p. 30; *Health Insurance and Finance*, p. 39.

Unstructured/Unsafe/Unsupportive Living Environment

Safe living environments for children provide for their physical, social, financial, and emotional security. Physically safe environments include safe housing and neighborhoods and stable, effective schools. Counties in the survey area provide generally safe housing and neighborhoods with notable

PHYSICAL ENVIRONMENT RANK	Iowa	Black Hawk	Bremer	Buchanan	Butler	Fayette	Grundy
Physical environment rank 1-99		75	47	64	55	31	42
Severe housing problems	12%	15%	9%	11%	8%	10%	7%

outlier neighborhoods and communities in Black Hawk, Bremer, Buchanan and Butler counties. Safe housing and neighborhoods track closely with higher levels of education and income and healthy local economies that provide good jobs.¹⁰ The national Kids Count Data Center estimates that 43,000 Iowa children – six percent of our child population – were living in neighborhoods deemed “sometimes” or “always” unsafe in 2011-2012.¹¹

The Iowa Department of Human Services’ child welfare model of practice defines four outcomes that define a safe environment for children, They include physical safety, free from abuse and neglect, in their homes whenever possible; permanency and stability of living situations; academic preparation and skill development; and well-being, the capacity of families to provide for children’s needs.¹² Failure to provide these outcomes may result in a DHS assessment for child abuse, which includes physical abuse; mental injury; sexual abuse; child prostitution; presence of illegal drugs in a child’s body; denial of critical care; proximity to dangerous substances; bestiality in a child’s presence and access to registered a sex offender or obscene materials.¹³ Child neglect and abuse are not necessarily linked to income, education or socioeconomic status. They also occur in households where alcoholism, drug abuse, spousal emotional abuse, mental illness, severe economic stress and divorce are present. Too often, children are the front line troops in household civil wars. They do not have the physical strength, emotional maturity or the resources to defend themselves. Child protection agencies are charged with doing what children cannot do for themselves.

See Child Abuse and Neglect, p. 35; Child Abuse, p. 54

Bullying

Iowa has established the Governor’s Office for Bullying Prevention housed within the University of Northern Iowa’s Center for Violence Prevention.¹⁴ The Center has four charges: provide anti-bullying training for educators; develop a uniform bullying-incident reporting procedure; collect data on bullying incidents; develop guidelines for schools to address online bullying.¹⁵ The Center plans to develop and introduce a school-based Mentors in Violence program, recruiting students to mentor one another about bullying. The program has been successful in Sioux City and Cedar Falls. Bullying is a problem that is best addressed through prevention and rapid intervention. Bullies, like other abusers, learn their skills through practice. A prompt, clear response is the best way to stop bullying and keep it from happening again.^{16,17}

See Mental/Emotional Abuse, p. 67.

Healthy Diets

See *Nutrition, Obesity, Wellness*, p. 33.

Child Care

Eleven million children under age 5 across the country are enrolled in child care.¹⁸

There are 1,404 licensed child care centers and daycare centers in Iowa. The six counties in the survey area have an average of one child care center for every 139 children

under age 5.¹⁹ That does not include home-care settings of five or fewer children. Daycare is not inexpensive. Iowans pay an average of 10 to 12 percent of their income to provide full time child care in larger centers.²⁰ Child care is simply out of reach for others. Many young families, particularly single-parent families, discover that they cannot pay for full-time child care on one salary. That presents a true community health need. See *Women's and Children's Health*, p. 30.

IOWA CHILD CARE CENTERS BY COUNTY			
COUNTY	CHILDREN UNDER 5	CARE CENTERS	CHILD:CENTER RATIO
Black Hawk	8,274	49	169:1
Bremer	1,286	13	99:1
Buchanan	1,432	8	179:1
Butler	895	8	112:1
Fayette	1,134	11	103:1
Grundy	734	10	73:1

Violence, Guns, Gangs

Firearm deaths and homicides are lower in Iowa than all but eight other states in the nation.²¹ At the same time, Iowa has one of the highest rates of gun

IOWA FIREARM MORTALITY STATISTICS - 2014			
	FIREARM HOMICIDE DEATHS	TOTAL FIREARMS DEATHS	TOTAL SUICIDES DEATHS
United States rate per 100,000	5.1	10.2	13.0
Iowa rate per 100,000	2.5	7.4	12.9
Iowa deaths	78	239	407

ownership. Almost one-third of Iowa adults own a gun.²² Iowa also has 27 licensed firearm dealers per 1,000 establishments in the state, a rate 50 percent higher than the national average.²³ According to 24/7 Wall Street, Iowa is unusual, since gun violence typically is higher in states with higher gun ownership. Iowa firearm deaths per 100,000 residents are well below national averages despite its high rate of gun ownership. Iowa does match the national norm for firearm suicides.²⁴

See *Teen Gun Violence*, p. 43; *Crime and Violence*, p. 50p; *Guns, Violence and Gangs*, p. 57; *Guns Violence and Gangs*, p. 67.

V. POTENTIALLY AVAILABLE RESOURCES

These are resources potentially available to address the significant health needs identified through the 2017-2019 Allen Hospital Community Health Needs Assessment. They will be evaluated for possible incorporation into an implementation plan to be published by May 15, 2017.

The Community Interviews Survey

1st Priority: Mental Health Access and Services

1. Establish a peer-counseling program through Black Hawk-Grundy Mental Health Center to help mental health patients feel more calm, safe and compliant during crisis events in the Emergency Department
2. Continue working with Black Hawk County officials on the Stepping Up initiative to keep mental health patients out of survey area jails
3. Work with The Salvation Army to help break the cycle of emergency room to jail to shelter and offer patients being released things they will need to re-enter the outside world without immediately repeating the cycle
4. Continue to match Allen College curricula with community health needs. Allen College increased enrollment in its psychiatric mental health nurse practitioner program to 18 students each year.
5. Establish open-access scheduling at Black Hawk-Grundy Mental Health Center.
6. Establish a crisis peer support program with BHGMHC and the Allen Hospital Emergency Services. Include area law enforcement and The Salvation Army shelter program in the program.
7. Build on these recent initiatives of Black Hawk-Grundy Mental Health Center:
 - a. Integration of licensed independent social workers into UnityPoint Clinic Family Medicine – Waterloo, Evansdale and two new sites in development
 - b. Expansion of behavioral healthcare through telehealth technology
 - c. Collaboration with Allen College to recruit and retain mental health practitioners in the survey area
 - d. Expansion of school-based staff to 10 full-time therapists with Waterloo Schools funding
 - e. Assumption of responsibility for the Hawkeye Community College mental health program
 - f. Assessment of student mental health needs in outlying school districts with a grant from the Cedar Valley United Way

2nd Priority: Healthcare Access and Transportation

1. Work with major community foundations to fund solutions to community health needs. Twelve local foundations provide an estimated \$16 million in annual grants to the Cedar Valley with several more foundations due to come online by 2018.
2. Work with Allen Foundation and other area foundations to secure additional funding for transportation of patients to area hospitals, clinics and pharmacies
3. Work with Hawkeye Community College to develop space and programming for rotating community outreach clinics in its new Adult Learning Center in downtown Waterloo
4. Consider the care and cost advantages of training paramedics to treat more patients in their homes rather than transporting them to emergency departments (New York Times, *Going to the Emergency Room Without Leaving the Living Room*, November 4, 2016. This might require a UnityPoint Health System initiative, and it's certainly worth considering given the rural nature of our markets and our long winters.
5. Establish early-morning and late-evening (6:00 a.m. – 8:00 p.m.) weekday office hours for one or more UnityPoint Clinic sites in a neighborhood or community and 8:00 a.m. – Noon hours on Saturday.
6. Evaluate the IMPACT program's success to see if lessons learned can apply elsewhere in our clinical operations
7. Continue to support Allen College's ACE-SAP Free Clinic, the only remaining free clinic in the survey area.
8. High-risk pregnant women currently travel to University of Iowa Hospitals and Clinics for prenatal care. Can Allen Hospital care for those patients close to home?
9. When high-risk patients must travel, they often miss appointments because they have no daycare for other children at home. Are there community partners to help provide those services, and is there any Foundation funding available to cover costs?
10. Explore the efficacy of adding pharmacists to review inpatient medication regimens and provide counseling through UnityPoint at Home.
11. Work with area minority leadership to identify and recruit bi-lingual students to nursing and health sciences programs at Allen College. We will need far more caregivers who are bi-lingual as Iowa diversifies, and we should encourage our current bi-lingual students to look here for careers.
12. Find ways to put the proven expertise of Gold Star Teachers, 20 Under 40 winners and 8 Over 80 winners to better use. These people excel at solving problems. We need to seek their counsel on making healthcare more accessible and effective.
13. Decompress the Allen Hospital campus and make services more accessible by relocating them to new clinic space in North Crossing (in process for 2014 opening).

3rd Priority: Women and Children's Health

1. Work with Black Hawk County Health Department on ways to improve STI (Sexually Transmitted Infection) testing and treatment in the survey area.
2. Work with Northeast Iowa Family Practice Center and the forthcoming Hawkeye Community College Adult Learning Center as satellite sites for STI testing and treatment.
3. Find ways for Allen Women's Health to work with the Allen Hospital NICU. The two programs are currently running in parallel rather than in partnership.
4. Establish rotating satellite clinics in the forthcoming Hawkeye Community College for Allen Women's Health services like Young Parents Together, Together for Youth, SiHLE for young African American women. There are new requests to extend these programs into Cedar Falls, which would be an excellent match with the new Prairie Parkway,

5. Establish a continuing education program for parents to ensure that area children are fully immunized with all childhood vaccinations.
6. Partner with the Kaleidoscope series for school children at Gallagher-Bluedorn Performing Arts Center to address children's health issues. Consider grant funding to cover costs.
7. Work with Waterloo and Cedar Falls schools to establish case managers in schools through Success Link. School counselors are so busy scheduling students that they have neither time nor extra training to provide additional services.
8. Work with the Cedar Bend Humane Society to extend the reach of shelter animals to teach social earning and intelligence to children who need extra attention. (<https://education.muttigrees.org/how-does-it-work>).

4th Priority: Nutrition, Obesity, Wellness

1. Develop active, strategic partnerships with area agencies following the model laid out in the Stanford Social Innovation Review (Stanford Social Innovation Review, The Community Cure for Health Care, July 21, 2016). Seek to collaborate rather than compete with community resources.
2. Work with area schools and pools to teach more children how to swim, for wellness and for public safety.

5th Priority: Child Abuse and Neglect

1. Seek additional donor funding for Allen Child Protection Center to expand its services and community outreach.
2. Explore stronger ties between Allen Child Protection Center and Family and Children's Council, perhaps sharing back-office support and facilities and providing a larger speakers' bureau for community education. Both services have effective community outreach programs that are constrained by too few qualified staff to teach them. Consider grant funding to extend the reach of training to more community members, parents, grandparents, mandatory reporters and medical providers.
3. Work closely with Cedar Valley United Way to support their ACEs (Adverse Childhood Experiences) initiative and incorporate their findings into our clinical pediatric work and child protection services.
4. Work with the Black Hawk Readiness Assessment sponsored by the Church Row. Neighborhood to reduce child abuse by offering early responses to childhood ACEs.

6th Priority: Healthcare Insurance and Finance

1. Some Medicaid call centers are giving patients incomplete or incorrect information on presumptive eligibility and transportation reimbursement. Can Allen Women's Health provide greater community information here?
2. Allen Women's Health has daily need for transportation of three to six Medicaid patients. That amounts to 750 – 1,500 patients annually. Are funding and volunteers available to help?

7th Priority: High School Graduation Rates

1. Work with Beth Van Meeteren, director of the Regents' Center for Early Childhood Education at the University of Northern Iowa, to support early developmental education in STEM.
2. Work with the Waterloo Schools to support the new career and technical education pathways that will be added at the Waterloo Schools Career Center for the 2017-18 school year. They include information technology, advanced manufacturing and early childhood education.
3. Establish formal programs with Waterloo-area schools and Hawkeye Community College to identify, recruit and mentor secondary and post-secondary students in both clinical and technical careers available at UnityPoint Health – Waterloo. Consider Allen College's Nurse Camp as a pilot model for other disciplines.
4. Sponsor and participate in the Cedar Valley United Way Grade Level Reading project: www.cedarvalleyunitedway.org/GradeLevelReading.
5. Sponsor and participate in programs that read to children.
6. Partner with Irving School, Carver Academy, the R. J. McElroy Trust and Waterloo Schools to help at-risk kids overcome barriers to school attendance.
7. Partner with area media establish a campaign to decrease the large number of children who do not show up for Waterloo Schools the first day, first week or even first month of school terms, greatly increasing their chances of dropping out later on.
8. Partner with area congregations and the Food Bank to help children with school basics like clothing, shoes and supplies.

8th Priority: Teen Gun Violence

1. Work with Waterloo law enforcement to learn how we can help them prevent gun violence.
2. Work with area firearms experts to teach gun safety to children and young adults.

The Community Online Survey

1st Community Health Problem: Diabetes

2nd Community Health Problem: Guns, Violence, Gangs

1. Work with the Black Hawk Drug Enforcement Task Force to help slow the epidemic of opioid abuse that is increasing throughout the survey area.
2. Support e-prescribing to fight opioid abuse (Becker's Health and IT Review, *How e-Prescribing Could Be the Main Tool in Fighting Opioid Abuse*, July 11, 2016).

3rd Community Health Problem: Cancer

4th Community Health Problem: Heart Disease/Stroke

5th Community Health Problem: High Blood Pressure

6th Community Health Problem: Obesity

7th Community Health Problem: Ageing

1. Work with area agencies, congregations and fraternal organizations to find ways social media can help area seniors and others living alone feel less isolated, a proven cause of medical and mental health issues (New York Times, *Facebook Could Be Associated With a Longer Life, Study Finds*, November 1, 2016).
2. Work with Western Home on their program to seniors and preschoolers together to benefit both.

8th Community Health Problem: Access to Mental Health Services

1. Wait times are getting longer for substance abuse programs at Horizons and Pathways. Are there community resources to help? Is there grant funding available?
2. Transportation is always an issue with substance abuse treatment. It is vital to get patients into treatment as soon as they agree to go, before they change their minds. Are grant funding or donor dollars available to help provide it?

9th Community Health Problem: Limited Access to Doctors

10th Community Health Problem: Poor Nutrition

1. Work with area funders to explore efficacy of providing free lunch to all school children (Des Moines Register, *Editorial: Provide Free Lunch to All School Children*, October 27, 2016)
2. Work with large, institutional cafeterias (including hospitals, schools, large offices and plants) to reduce food waste and redistribute unused, fresh food on a daily basis where it is needed most. Seek pilot grant funding.

VI. EVALUATION OF IMPACT OF PRIOR CHNA

These actions were taken since Allen Hospital finished conducting its immediately preceding CHNA in 2013 for calendar years 2014-2016. They address the four broad community health needs identified and prioritized in that survey.

1st Priority: Mental Health

1. Formally affiliated with Black Hawk-Grundy Mental Health Center in January 2015, to bring primary care and behavioral health care coordination to 6,000 mental health patients.
2. Brought 13 additional mental health providers into UnityPoint Clinic from Waterloo Psychiatric Associates of Northeast Iowa.
3. Integrated Primary Care behavioral health into Patient Centered Medical Home 2.0 at one primary care site by end of 2015 and rest of primary care sites in 2016.
4. Allied with officials of Black Hawk County and to join national initiative to keep mentally ill patients out of jail, April 2016.
5. Allen College added a new Occupational Therapy degree track at Allen College to help address mental health issues.
6. Allen College increased enrollment in its psychiatric mental health nurse practitioner program to 18 students per class to meet growing demand for services, 2016.
7. Allen College continues its annual summer Nurse Camp, an intense, six week program to attract and expose secondary school students to health care careers with daily classes and hands-on learning, helping to meet the growing need for more nurses and health sciences graduates.
8. Allen Child Protection Center added a mental health producer to provide new, evidence-based techniques for relieving symptoms of childhood trauma, 2016.

2nd Priority: Access to Healthcare

1. Opened new primary care clinic at Allen Hospital, 2014.
1. Opened new Occupational Health Center in Cedar Falls, 2016.
2. Added new primary care clinic in Eldora, 2016.
3. Added new, more accessible primary care clinic in Denver, 2016.
4. Extended hours in six UnityPoint Clinic-Waterloo sites, 2016.
5. Added Virtual Care (MDLive), 2015.
6. Added MyUnityPoint online patient portal for patients, 2015.
7. Opening UnityPoint Health - Prairie Parkway, a comprehensive primary care medical center for family medicine, internal medicine and OB/GYN in Cedar Falls, November 2016 – January 2017.
8. Allen Hospital announced plans to construct new Urgent Care and Family Medicine clinics opposite the hospital to open in 2017, the first clinics of their kind in East Waterloo in 40 years, 2016.
9. Allen Child Protection Center worked with the Iowa Chapter of Children's Advocacy Centers across Iowa to train or identify existing evidence-based programs across Iowa, particularly in underserved rural areas, 2016.

10. Allen Child Protection Center continued to expand outreach to 27 counties, providing medical evaluations, forensic interviews, advocacy services to assist in the investigation and prosecution of child abuse and neglect cases.
11. Allen College sponsors and operate the only free clinic in the survey area.
12. Allen Foundation secured funding from Jim Lind Service to help cover health care transportation costs for low-income patients at Allen Women's Health and the Allen Child Protection Center, 2016.
13. Allen Foundation secured millions dollars in philanthropy to help build Prairie Parkway in Cedar Falls to serve the rapidly-growing southwest sector of the survey area, 2015-2016.
14. Allen Foundation secured a substantial gift to remodel and open family and patient facilities within Allen Hospital for UnityPoint Hospice – Allen Hospital, 2015.
15. Allen Foundation spread philanthropy funds to patients and families through its Giving It Forward Today fund and meeting smaller, individual health care needs like funding for a front-door ramp for a disabled patient, a water heater for a patient in need, a wedding for two hospice patients, prayer shawls, quilts and cakes to help patients and families mark special occasions.

3rd Priority: Chronic Disease Management

1. Provided access and subsidy of a standard patient experience survey for ACO network providers to improve care coordination.
2. Implemented EPIC electronic health record across UnityPoint Clinic, increasing quality of care in tandem with Epic Care Link providing real time all provider ER admission notification.
3. Patient-Centered Medical Home (PCMH) has been deployed in all UPC primary care sites with the exception of Greenhill that will deploy when they move to the new building for moderate risk chronic care management.
4. Advanced Care by UnityPoint at Home is developing for high- risk chronic care management.
5. All UnityPoint Clinic sites as well as many of our independent aligned partners are providing Transitional Care Management services.
6. Added low back pain care pathway.
7. Introduced IMPACT (Integrated Care Patient Care Management) program for our post-acute and long term care patients as part of T.H.E. Care Model for 2017 introduction.
8. Added EDCCP program to emergency department in 2013.
9. Added social worker to emergency department in 2014.
10. Added two emergency department case managers in 2015.
11. Added a chronic disease navigator in 2015 to make follow-up contacts with COPD and heart-failure patients for at least six weeks following hospitalization.
12. New Public Health degree program at Allen College addresses chronic disease.
13. Planned Physical Therapy degree track at Allen College addresses chronic health issues.
14. Opened new vascular ultrasound services to meet community need, 2016.

15. Opened UnityPoint Waterloo – Center for Urology in Waterloo, to ensure sustainability of this vital community service, August 2016.
16. Opened UnityPoint Waterloo – Community Cancer Center in Waterloo, to ensure sustainability of this vital community service, August 2016.
17. Opened UnityPoint Health - Prairie Parkway, a comprehensive primary care medical center, in Cedar Falls November 2016.

4th Priority: Nutrition, Obesity, Wellness and Prevention

1. Added a dietitian to UnityPoint Clinic - Diabetes and Endocrinology at United Medical Park for diabetic and weight management care.
2. Added new focus on outpatient therapy services.
3. Dieticians are a part of Patient-Centered Medical Home 2.0 and will be deployed in one primary care site by the end of 2015 with the rest slated for 2016.
4. UnityPoint at Work now provides active outreach into local employers to offer wellness screening and coaching services as well.
5. New Public Health degree program at Allen College addresses wellness.
6. Prairie Parkway, new primary care center in Cedar Falls, will emphasize prevention and early intervention in disease, nutrition and wellness with special emphasis on pediatric services.
7. Implemented Healthwise, a patient and family health literacy tool enhancing quality, safety and consumer engagement.
8. Introduced Cooking with a Cardiologist, a series of three annual, community cooking classes in partnership with Hy-Vee Foods.
9. Allen Hospital will dedicate several acres of Allen Hospital land for community vegetable gardens, to open in 2017.

Notes

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2. Ibid.
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4. HRSA Data Warehouse, *HPSA Mental Health Providers*, 2016
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15. Waterloo Cedar Falls Courier, *60 Percent in BHC Jail Mentally Ill, Sheriff Says*, April 4, 2011
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7th Community Health Problem: Ageing

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8th Community Health Problem: Access to Mental Health Services

1. See *1st Priority*, above

9th Community Health Problem: Limited Access to Doctors

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The 2017-2019 CHNA was adopted by the UnityPoint Health - Allen Hospital Board of Directors on December 13, 2016. It was subsequently published on the UnityPoint Health - Waterloo website at www.unitypoint.org/finances in December 2016.

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