



# 2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Poweshiek County, Iowa

Sponsored by



**UnityPoint Health**  
Grinnell Regional Medical Center

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# INTRODUCTION

# PROJECT OVERVIEW

## Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Poweshiek County, Iowa. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

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

This assessment was conducted on behalf of UnityPoint Health - Grinnell Regional Medical Center (UPH-GRMC) by PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

## Methodology

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

### PRC Community Health Survey

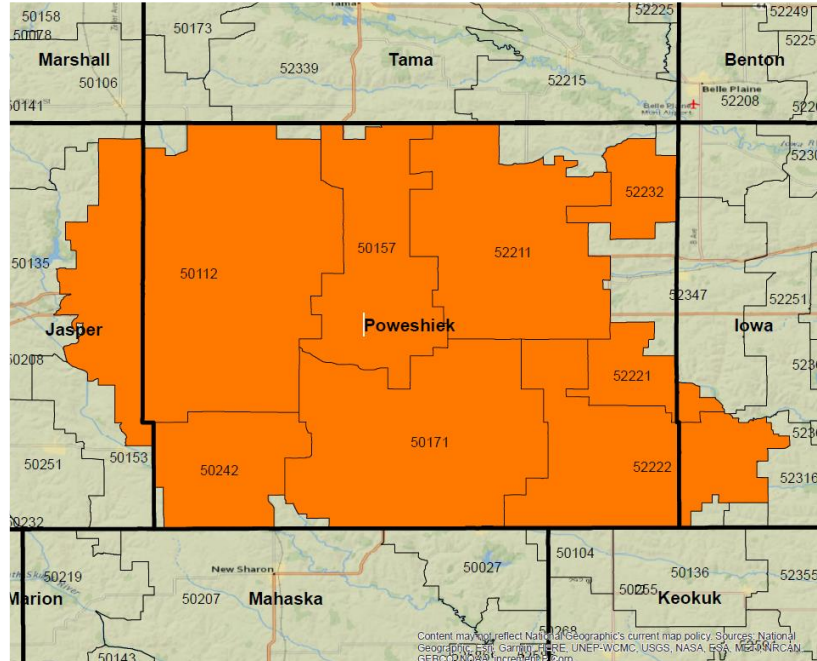
#### Survey Instrument

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



## Community Defined for This Assessment

The study area for the survey effort is defined as each of the residential ZIP Codes comprising Poweshiek County, including: 50112, 50157, 50171, 50242, 52211, 52221, 52222, and 52232. This community definition, determined based on the ZIP Codes of residence of recent patients of UnityPoint Health - Grinnell Regional Medical Center, is illustrated in the following map.



## Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included targeted surveys conducted by PRC via telephone (cell phone and landline), as well as a community outreach component promoted by the study sponsors through social media posting and other communications.

**RANDOM-SAMPLE SURVEYS (PRC)** ► For the targeted administration, PRC administered 200 surveys at random throughout the county.

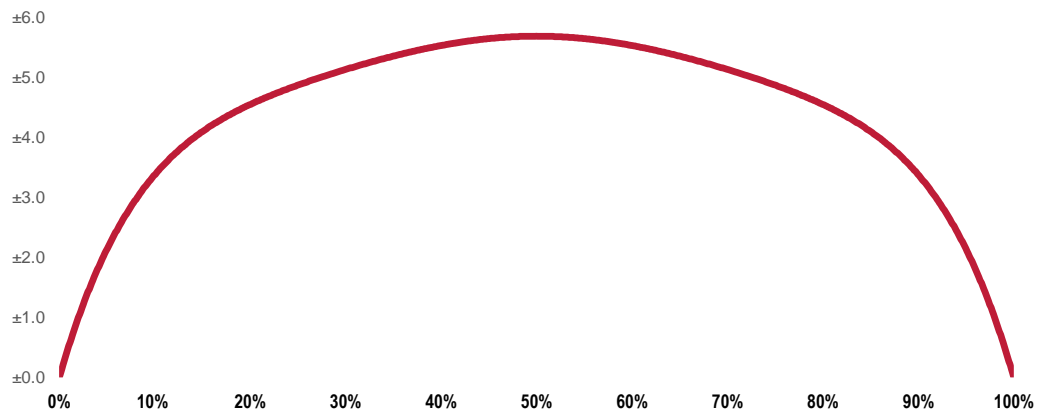
**COMMUNITY OUTREACH SURVEYS (UPH-GRMC)** ► PRC also created a link to an online version of the survey, and UnityPoint Health – Grinnell Regional Medical Center promoted this link throughout the various communities in order to drive additional participation and bolster overall samples. This yielded an additional 138 surveys to the overall sample.

**In all, 338 surveys were completed through these mechanisms.** Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Poweshiek County as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, for questions asked of all respondents, the maximum rate of error associated with a sample size of 338 respondents is  $\pm 5.7\%$  at the 95 percent confidence level.



## Expected Error Ranges for a Sample of 338 Respondents at the 95 Percent Level of Confidence



- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 338 respondents answered a certain question with a "yes," it can be asserted that between 6.6% and 13.4% (10% ± 3.4%) of the total population would offer this response.
  - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 44.3% and 55.7% (50% ± 5.7%) of the total population would respond "yes" if asked this question.

### Sample Characteristics

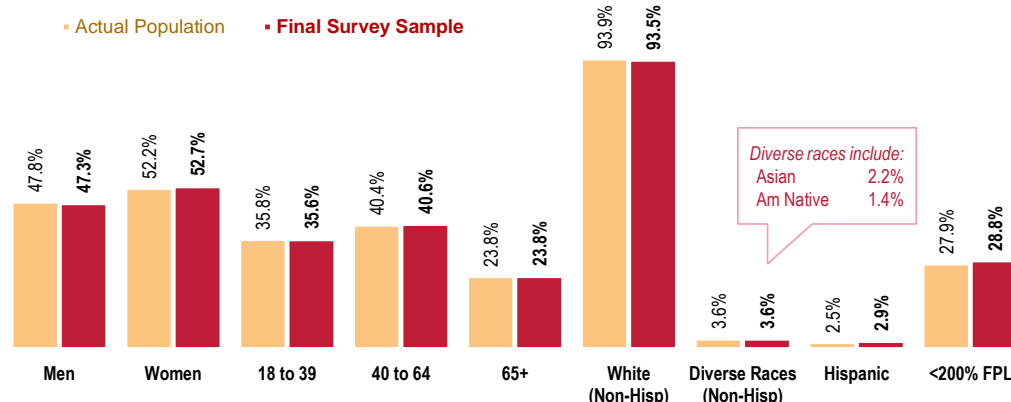
To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the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

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





## Population & Survey Sample Characteristics (Poweshiek County, 2022)



Sources:   
 • US Census Bureau, 2011-2015 American Community Survey.   
 • 2022 PRC Community Health Survey, PRC, Inc.   
 Notes:   
 • FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

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

### INCOME & RACE/ETHNICITY

**INCOME** ► Poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2021 guidelines place the poverty threshold for a family of four at \$26,500 annual household income or lower). In sample segmentation: “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

**RACE & ETHNICITY** ► While the survey data are representative of the racial and ethnic makeup of the population, the samples for Hispanic and minority race groups were not of sufficient size for independent analysis.

### Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by UPH-GRMC; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 65 community stakeholders took part in the Online Key Informant Survey, as outlined below:



## ONLINE KEY INFORMANT SURVEY PARTICIPATION

KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	4
Public Health Representatives	6
Other Health Providers	9
Social Services Providers	3
Other Community Leaders	43

Final participation included representatives of the organizations outlined below.

- Ahrens Park
- BGM Schools
- Brooklyn Healthcare
- Brooklyn Medical Clinic
- Brownells
- Capstone
- Central Iowa Community Services
- City of Grinnell
- City of Malcom/Malcom Food Pantry
- City of Montezuma
- City of Searsboro
- Decat/CPPC
- Drake Library
- East Poweshiek Ambulance Service
- Fareway
- Greater Poweshiek Community Foundation
- Grinnell Christian Church
- Grinnell College
- Grinnell Community Daycare
- Grinnell Family Medicine
- Grinnell Fire Department
- Grinnell Mutual
- Grinnell Police Department
- Grinnell-Newburg Community Schools
- Healing Hands Chiropractic
- Housing Authority, City of Grinnell
- Iowa Valley - Grinnell
- ISU Extension
- Jeld-Wen
- Manatt's
- Mayflower Homes
- Mom's Meals
- Poweshiek County Board of Health
- Poweshiek County Board of Supervisors
- Poweshiek County EMA
- Poweshiek County Sanitarian
- Region 6 Transportation
- Second Mile
- St. Francis Manor
- Strovers Chiropractic Care
- Substance Abuse Treatment Unit of Central Iowa
- The Menner Group
- United Church of Christ
- United Methodist Church
- UnityPoint Health - Grinnell Family Practice
- UnityPoint Health - Grinnell Regional Medical Center
- UnityPoint Health - Grinnell Regional Medical Practice
- UnityPoint Health - Montezuma Medical Clinic
- Windsor Manor



Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area.

## Public Health, Vital Statistics & Other Data

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

- [Center for Applied Research and Engagement Systems \(CARES\), University of Missouri Extension, SparkMap \(sparkmap.org\)](#)
- [Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#)
- [Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance \(DHIS\)](#)
- [Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics](#)
- [ESRI ArcGIS Map Gallery](#)
- [National Cancer Institute, State Cancer Profiles](#)
- [OpenStreetMap \(OSM\)](#)
- [US Census Bureau, American Community Survey](#)
- [US Census Bureau, County Business Patterns](#)
- [US Census Bureau, Decennial Census](#)
- [US Department of Agriculture, Economic Research Service](#)
- [US Department of Health & Human Services](#)
- [US Department of Health & Human Services, Health Resources and Services Administration \(HRSA\)](#)
- [US Department of Justice, Federal Bureau of Investigation](#)
- [US Department of Labor, Bureau of Labor Statistics](#)



## Benchmark Data

### Iowa Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor*

*Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

## Nationwide Risk Factor Data

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

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

## Healthy People 2030

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



Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

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

## Determining Significance

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

## Information Gaps

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

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



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

## Public Comment

UnityPoint Health - Grinnell Regional Medical Center made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, UPH-GRMC had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. UPH-GRMC will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.



# IRS FORM 990, SCHEDULE H COMPLIANCE

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS FORM 990, SCHEDULE H (2019)	See Report Page
<b>Part V Section B Line 3a</b> A definition of the community served by the hospital facility	6
<b>Part V Section B Line 3b</b> Demographics of the community	30
<b>Part V Section B Line 3c</b> Existing health care facilities and resources within the community that are available to respond to the health needs of the community	150
<b>Part V Section B Line 3d</b> How data was obtained	6
<b>Part V Section B Line 3e</b> The significant health needs of the community	15
<b>Part V Section B Line 3f</b> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
<b>Part V Section B Line 3g</b> The process for identifying and prioritizing community health needs and services to meet the community health needs	15
<b>Part V Section B Line 3h</b> The process for consulting with persons representing the community's interests	9
<b>Part V Section B Line 3i</b> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	154



# SUMMARY OF FINDINGS

## Significant Health Needs of the Community

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

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none"> <li>▪ Barriers to Access                             <ul style="list-style-type: none"> <li>– Appointment Availability</li> <li>– Finding a Physician</li> </ul> </li> <li>▪ Primary Care Physician Ratio</li> </ul>
CANCER	<ul style="list-style-type: none"> <li>▪ Leading Cause of Death</li> <li>▪ Cancer Deaths                             <ul style="list-style-type: none"> <li>– Including Colorectal Cancer Deaths</li> </ul> </li> <li>▪ Colorectal Cancer Screening [Age 50-75]</li> </ul>
DIABETES	<ul style="list-style-type: none"> <li>▪ Diabetes Deaths</li> </ul>
HEART DISEASE & STROKE	<ul style="list-style-type: none"> <li>▪ Leading Cause of Death</li> <li>▪ Heart Disease Prevalence</li> <li>▪ Overall Cardiovascular Risk</li> </ul>
MENTAL HEALTH	<ul style="list-style-type: none"> <li>▪ “Fair/Poor” Mental Health</li> <li>▪ Diagnosed Depression</li> <li>▪ Symptoms of Chronic Depression</li> <li>▪ Mental Health Provider Ratio</li> <li>▪ Receiving Treatment for Mental Health</li> <li>▪ Key Informants: Mental health ranked as a top concern.</li> </ul>
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none"> <li>▪ Overweight &amp; Obesity [Adults]</li> </ul>
POTENTIALLY DISABLING CONDITIONS	<ul style="list-style-type: none"> <li>▪ Activity Limitations</li> </ul>
RESPIRATORY DISEASE	<ul style="list-style-type: none"> <li>▪ Lung Disease Deaths</li> </ul>



## Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (“Areas of Opportunity” above) was determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Mental Health
2. Nutrition, Physical Activity & Weight
3. Diabetes
4. Potentially Disabling Conditions
5. Cancer
6. Heart Disease & Stroke
7. Respiratory Diseases
8. Access to Health Care Services

## Hospital Implementation Strategy

UnityPoint Health - Grinnell Regional Medical Center will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital’s action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital’s past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.





## Summary Tables: Comparisons With Benchmark Data

### Reading the Summary Tables

















- In the following tables, Poweshiek County results are shown in the larger, gray column.
- The columns to the right of the Poweshiek County column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether Poweshiek County compares favorably (☀️), unfavorably (🌧️), or comparably (☁️) to these external data.

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

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





SOCIAL DETERMINANTS
Linguistically Isolated Population (Percent)
Population in Poverty (Percent)
Children in Poverty (Percent)
No High School Diploma (Age 25+, Percent)
Unemployment Rate (Age 16+, Percent)
% Unable to Pay Cash for a \$400 Emergency Expense
% Worry/Stress Over Rent/Mortgage in Past Year
% Unhealthy/Unsafe Housing Conditions
% Food Insecure
% Could Rely on Public Transportation if Necessary

Poweshiek County	POWESHIEK COUNTY vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
0.1	 2.0	 4.1	
10.9	 11.1	 12.8	 8.0
11.3	 13.3	 17.5	 8.0
6.3	 7.5	 11.5	
2.7	 2.9	 3.8	
16.4		 24.6	
21.6		 32.2	
4.2		 12.2	
22.3		 34.1	
18.2			

 better     
  similar     
  worse























OVERALL HEALTH
% "Fair/Poor" Overall Health

Poweshiek County	POWESHIEK COUNTY vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
22.0	 12.7	 12.6	




 better     
  similar     
  worse




**ACCESS TO HEALTH CARE**

% [Age 18-64] Lack Health Insurance
% Difficulty Accessing Health Care in Past Year (Composite)
% Cost Prevented Physician Visit in Past Year
% Cost Prevented Getting Prescription in Past Year
% Difficulty Getting Appointment in Past Year
% Inconvenient Hrs Prevented Dr Visit in Past Year
% Difficulty Finding Physician in Past Year
% Transportation Hindered Dr Visit in Past Year
% Language/Culture Prevented Care in Past Year
% Skipped Prescription Doses to Save Costs
% Difficulty Getting Child's Health Care in Past Year
Primary Care Doctors per 100,000
% Have a Specific Source of Ongoing Care
% Have Had Routine Checkup in Past Year
% Child Has Had Checkup in Past Year
% Two or More ER Visits in Past Year































Poweshiek County	POWESHIEK COUNTY vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
4.3	 9.5	 8.7	 7.9
42.6		 35.0	
10.1	 7.3	 12.9	
4.8		 12.8	
23.0		 14.5	
16.3		 12.5	
17.7		 9.4	
7.5		 8.9	
1.3		 2.8	
9.9		 12.7	
9.6		 8.0	
80.4	 105.3	 106.1	
84.0		 74.2	 84.0
68.2	 75.7	 70.5	
91.0		 77.4	
10.4		 10.1	

ACCESS TO HEALTH CARE (continued)
% Eye Exam in Past 2 Years
% Rate Local Health Care "Fair/Poor"

Poweshiek County	POWESHIEK COUNTY vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
70.0		 61.0	 61.1
11.5		 8.0	







 better     
  similar     
  worse




CANCER
Cancer (Age-Adjusted Death Rate)
Lung Cancer (Age-Adjusted Death Rate)
Prostate Cancer (Age-Adjusted Death Rate)
Female Breast Cancer (Age-Adjusted Death Rate)
Colorectal Cancer (Age-Adjusted Death Rate)
Cancer Incidence Rate (All Sites)
Female Breast Cancer Incidence Rate
Prostate Cancer Incidence Rate
Lung Cancer Incidence Rate
Colorectal Cancer Incidence Rate
% Cancer
% [Women 50-74] Mammogram in Past 2 Years

Poweshiek County	POWESHIEK COUNTY vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
144.6	 151.3	 146.5	 122.7
33.6	 36.3	 33.4	 25.1
17.4	 20.2	 18.5	 16.9
19.3	 17.9	 19.4	 15.3
20.8	 13.9	 13.1	 8.9
436.2	 484.1	 448.6	
143.5	 132.6	 126.8	
83.0	 112.1	 106.2	
58.6	 62.6	 57.3	
35.3	 43.2	 38.0	
7.5	 11.8	 10.0	
73.7	 81.4	 76.1	 77.1

CANCER (continued)
% [Women 21-65] Cervical Cancer Screening
% [Age 50-75] Colorectal Cancer Screening







POWESHIEK COUNTY vs. BENCHMARKS




Poweshiek County	vs. IA	vs. US	vs. HP2030
88.4	 77.1	 73.8	 84.3
66.3	 72.0	 77.4	 74.4

 better     
  similar     
  worse

DIABETES
Diabetes (Age-Adjusted Death Rate)
% Diabetes/High Blood Sugar
% Borderline/Pre-Diabetes
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years














POWESHIEK COUNTY vs. BENCHMARKS

Poweshiek County	vs. IA	vs. US	vs. HP2030
41.6	 22.3	 22.6	
14.9	 10.2	 13.8	
12.1		 9.7	
44.2		 43.3	

 better     
  similar     
  worse



HEART DISEASE & STROKE
Diseases of the Heart (Age-Adjusted Death Rate)
% Heart Disease (Heart Attack, Angina, Coronary Disease)
Stroke (Age-Adjusted Death Rate)
% Stroke
% Told Have High Blood Pressure




POWESHIEK COUNTY vs. BENCHMARKS

Poweshiek County	vs. IA	vs. US	vs. HP2030
158.1	 170.3	 164.4	 127.4
9.8	 6.7	 6.1	
32.1	 32.3	 37.6	 33.4
3.2	 2.7	 4.3	
38.1	 31.8	 36.9	 27.7

HEART DISEASE & STROKE (continued)
% Told Have High Cholesterol
% 1+ Cardiovascular Risk Factor





POWESHIEK COUNTY vs. BENCHMARKS




Poweshiek County	vs. IA	vs. US	vs. HP2030
35.9		 32.7	
89.3		 84.6	

 better     
  similar     
  worse

INFANT HEALTH & FAMILY PLANNING
Low Birthweight Births (Percent)
Births to Adolescents Age 15 to 19 (Rate per 1,000)











POWESHIEK COUNTY vs. BENCHMARKS




Poweshiek County	vs. IA	vs. US	vs. HP2030
6.8	 6.8	 8.2	
5.5	 16.3	 19.3	

 better     
  similar     
  worse

INJURY & VIOLENCE
Unintentional Injury (Age-Adjusted Death Rate)
[65+] Falls (Age-Adjusted Death Rate)
Violent Crime Rate
% Victim of Violent Crime in Past 5 Years
% Victim of Intimate Partner Violence






POWESHIEK COUNTY vs. BENCHMARKS

Poweshiek County	vs. IA	vs. US	vs. HP2030
51.3	 42.9	 51.6	 43.2
50.7	 85.2	 61.6	 63.4
405.2	 283.0	 416.0	
0.7		 6.2	
13.5		 13.7	

 better     
  similar     
  worse

## KIDNEY DISEASE

% Kidney Disease

Poweshiek County	POWESHIEK COUNTY vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
4.3	 2.4	 5.0	
	 better	 similar	 worse

## MENTAL HEALTH

% "Fair/Poor" Mental Health

% Diagnosed Depression

% Symptoms of Chronic Depression (2+ Years)

% Typical Day Is "Extremely/Very" Stressful

Suicide (Age-Adjusted Death Rate)

Mental Health Providers per 100,000

% Taking Rx/Receiving Mental Health Trtmt




% Unable to Get Mental Health Svcs in Past Yr

Poweshiek County	POWESHIEK COUNTY vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
20.1		 13.4	
31.6	 17.4	 20.6	
37.5		 30.3	
9.7		 16.1	
12.8	 14.8	 13.3	 12.8
91.1	 111.8	 138.2	
31.6		 16.8	
11.0		 7.8	
	 better	 similar	 worse

## NUTRITION, PHYSICAL ACTIVITY & WEIGHT

Population With Low Food Access (Percent)

% "Very/Somewhat" Difficult to Buy Fresh Produce








Poweshiek County	POWESHIEK COUNTY vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
6.1	 20.0	 22.2	
18.3		 21.1	

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)
% 5+ Servings of Fruits/Vegetables per Day
% No Leisure-Time Physical Activity
% Meeting Physical Activity Guidelines
% Child [Age 2-17] Physically Active 1+ Hours per Day
Recreation/Fitness Facilities per 100,000
% Overweight (BMI 25+)
% Obese (BMI 30+)
% Children [Age 5-17] Overweight (85th Percentile)
% Children [Age 5-17] Obese (95th Percentile)

Poweshiek County	POWESHIEK COUNTY vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
35.4		 32.7	
27.4	 23.6	 31.3	 21.2
22.6	 20.1	 21.4	 28.4
59.4		 33.0	
16.1	 12.1	 11.9	
74.5	 71.8	 61.0	
40.3	 36.5	 31.3	 36.0
28.9		 32.3	
16.5		 16.0	 15.5

 better     
  similar     
  worse

ORAL HEALTH
% Have Dental Insurance
% [Age 18+] Dental Visit in Past Year
% Child [Age 2-17] Dental Visit in Past Year








Poweshiek County	POWESHIEK COUNTY vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
78.7		 68.7	 59.8
66.3	 68.1	 62.0	 45.0
78.7		 72.1	 45.0




 better     
  similar     
  worse



POTENTIALLY DISABLING CONDITIONS
% 3+ Chronic Conditions
% Activity Limitations
% With High-Impact Chronic Pain
Alzheimer's Disease (Age-Adjusted Death Rate)
% Caregiver to a Friend/Family Member













POWESHIEK COUNTY vs. BENCHMARKS




Poweshiek County	vs. IA	vs. US	vs. HP2030
33.9		 32.5	
29.8		 24.0	
15.6		 14.1	 7.0
31.5	 30.9	 30.9	
23.5		 22.6	

 better     
  similar     
  worse







RESPIRATORY DISEASE
CLRD (Age-Adjusted Death Rate)
Pneumonia/Influenza (Age-Adjusted Death Rate)
% [Age 65+] Flu Vaccine in Past Year
COVID-19 (Age-Adjusted Death Rate)
% [Adult] Asthma
% [Child 0-17] Asthma
% COPD (Lung Disease)




POWESHIEK COUNTY vs. BENCHMARKS

Poweshiek County	vs. IA	vs. US	vs. HP2030
79.2	 42.3	 38.1	
14.8	 14.3	 14.4	
76.5	 69.1	 71.0	
80.6	 99.0	 85.0	
5.5	 9.1	 12.9	
2.9		 7.8	
7.7	 6.2	 6.4	











 better     
  similar     
  worse




SEXUAL HEALTH
HIV Prevalence Rate
Chlamydia Incidence Rate
Gonorrhea Incidence Rate

Poweshiek County	POWESHIEK COUNTY vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
88.2	 111.1	 379.7	
248.6	 478.5	 481.3	
118.9	 219.3	 206.5	





 better     
  similar     
  worse

SUBSTANCE ABUSE
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)
% Excessive Drinker
% Illicit Drug Use in Past Month
% Used a Prescription Opioid in Past Year
% Ever Sought Help for Alcohol or Drug Problem
% Personally Impacted by Substance Abuse



Poweshiek County	POWESHIEK COUNTY vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
8.9	 9.0	 10.9	 10.9
17.0	 22.8	 27.2	
3.5		 2.0	 12.0
11.5		 12.9	
4.4		 5.4	
32.9		 35.8	




 better     
  similar     
  worse

TOBACCO USE
% Current Smoker
% Someone Smokes at Home

Poweshiek County	POWESHIEK COUNTY vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
14.1	 15.8	 17.4	 5.0
11.2		 14.6	

TOBACCO USE (continued)
% [Household With Children] Someone Smokes in the Home
% Currently Use Vaping Products

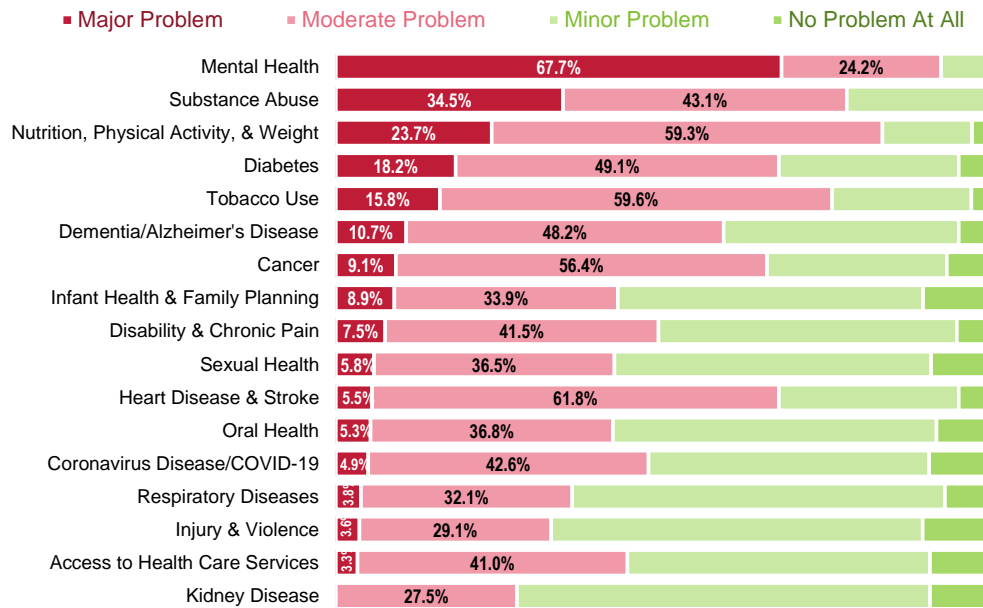
Poweshiek County	POWESHIEK COUNTY vs. BENCHMARKS		
	vs. IA	vs. US	vs. HP2030
8.1		 17.4	
3.6		 8.9	

 better     
  similar     
  worse

## Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 17 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

### Key Informants: Relative Position of Health Topics as Problems in the Community





# COMMUNITY DESCRIPTION

# POPULATION CHARACTERISTICS

## Total Population

Poweshiek County, the focus of this Community Health Needs Assessment, encompasses 584.92 square miles and houses a total population of 18,391 residents, according to latest census estimates.

Total Population  
(Estimated Population, 2016-2020)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Poweshiek County	18,391	584.92	31
Iowa	3,150,011	55,853.42	56
United States	326,569,308	3,533,038.14	92

Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2022 via SparkMap (sparkmap.org).

## Population Change 2010-2020

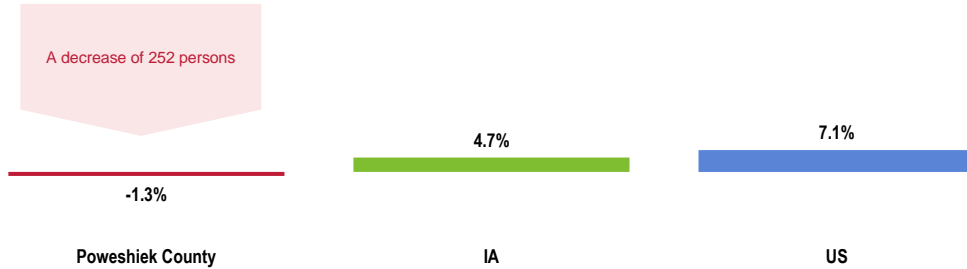
A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

**Between the 2010 and 2020 US Censuses, the population of Poweshiek County decreased by 252 persons, or 1.3%.**

**BENCHMARK** ► Contrasts with the population increases recorded across the state and US.



## Change in Total Population (Percentage Change Between 2010 and 2020)



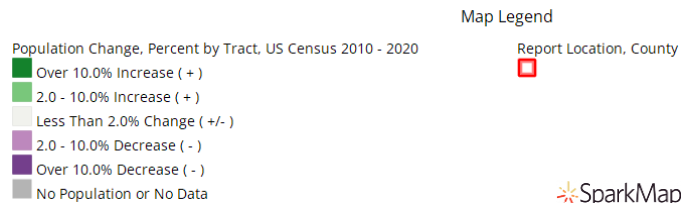
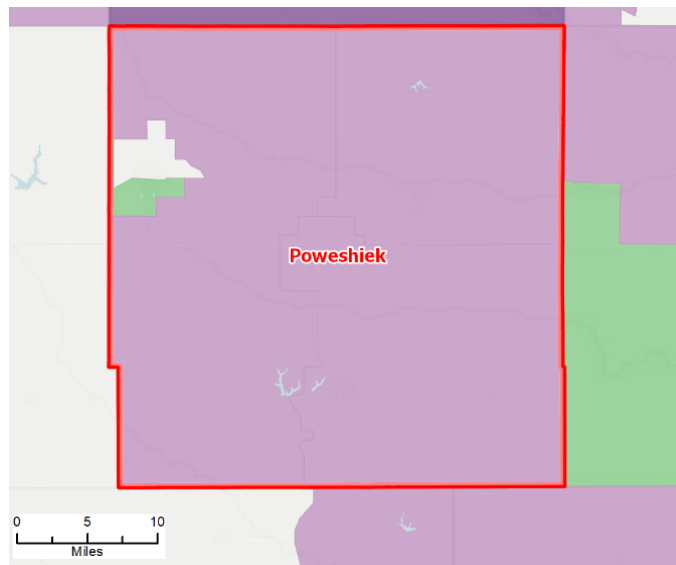
Sources: 

- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, Retrieved October 2022 via SparkMap (sparkmap.org).

  
 Notes: 

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

This map shows the areas of greatest increase or decrease in population between 2010 and 2020.



SparkMap



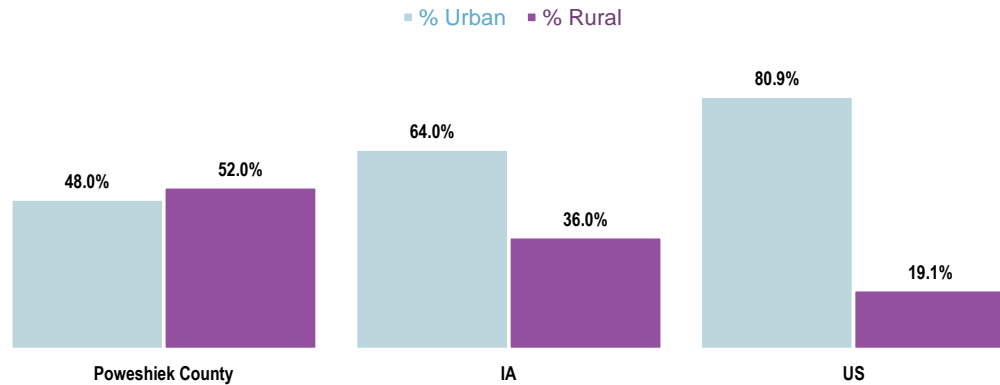
## Urban/Rural Population

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

**Poweshiek County is slightly more rural than urban, with 48.0% of the population living in areas designated as urban.**

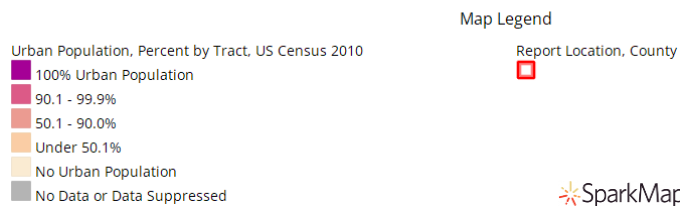
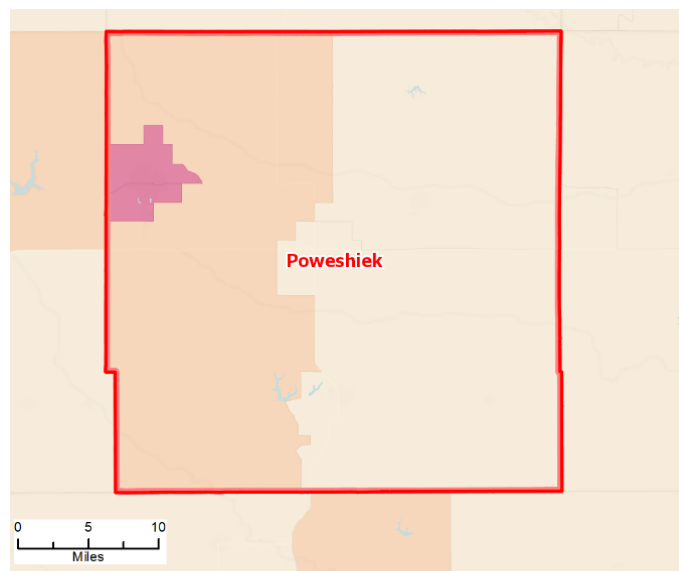
**BENCHMARK** ▶ Less urban than the rest of Iowa and especially the US.

### Urban and Rural Population (2010)



Sources: • US Census Bureau Decennial Census.  
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2022 via SparkMap (sparkmap.org).  
 Notes: • This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Note the following map, outlining the urban population in Poweshiek County.





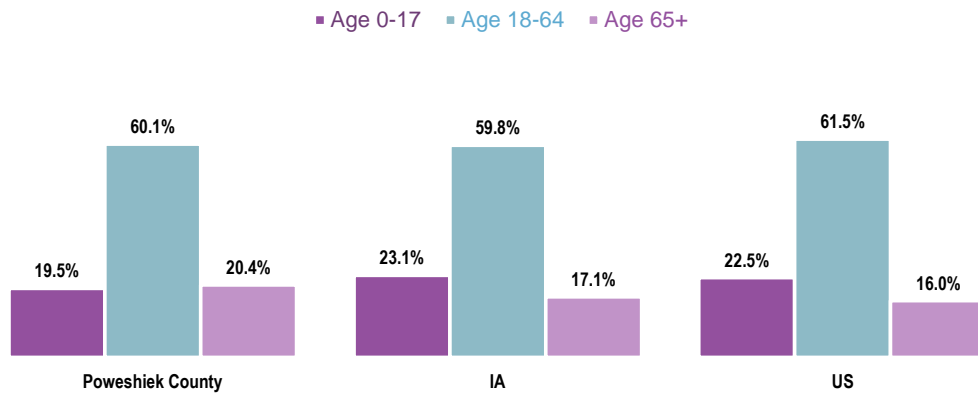
# Age

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

**In Poweshiek County, 19.5% of the population are children age 0-17; another 60.1% are age 18 to 64, while 20.4% are age 65 and older.**

**BENCHMARK** ▶ Higher proportion of residents age 65+ than found statewide and nationally.

## Total Population by Age Groups (2016-2020)



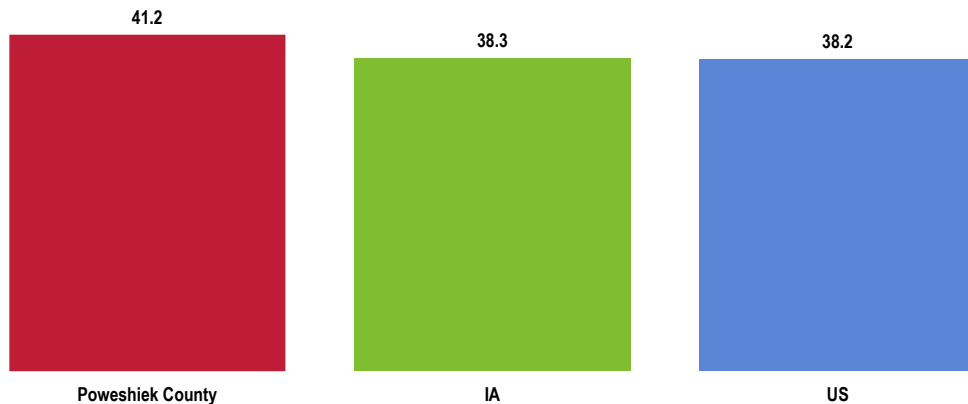
Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2022 via SparkMap (sparkmap.org).

## Median Age

**Poweshiek County is “older” than the state and the nation in that the median age is higher.**

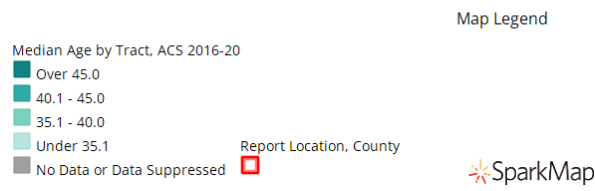
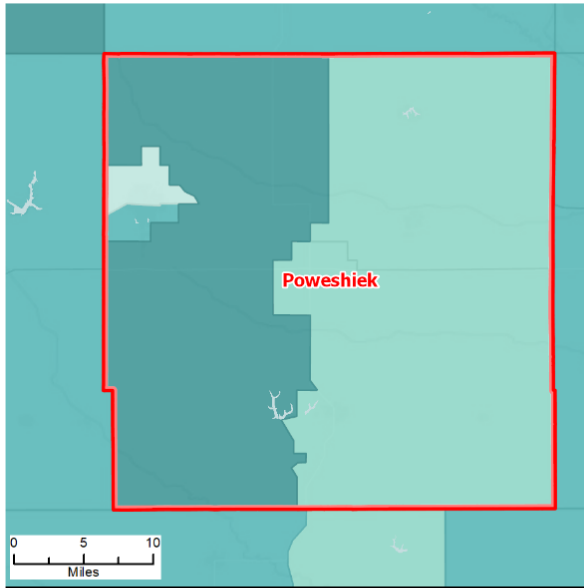
## Median Age (2016-2020)



Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2022 via SparkMap (sparkmap.org).





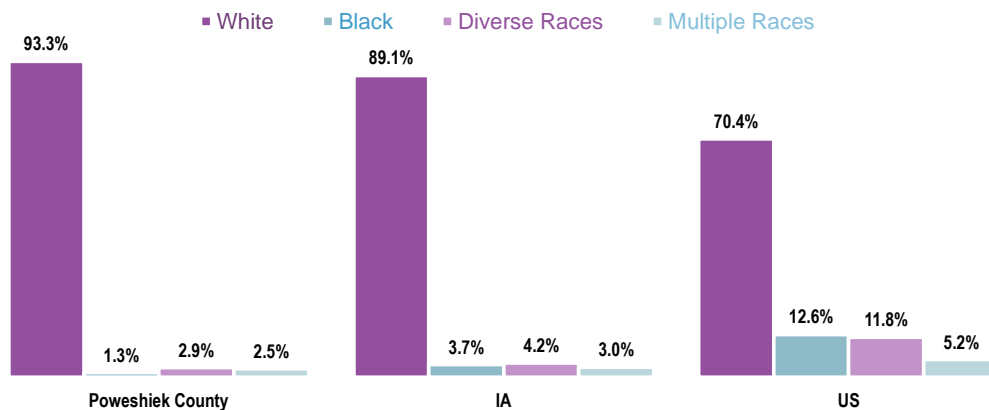
## Race & Ethnicity

### Race

In looking at race independent of ethnicity (Hispanic or Latino origin), most residents of Poweshiek County (93.3%) are White.

**BENCHMARK** ▶ Less diverse than the state and especially the nation.

Total Population by Race Alone  
(2016-2020)



Sources: • US Census Bureau American Community Survey 5-year estimates.  
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2022 via SparkMap (sparkmap.org).

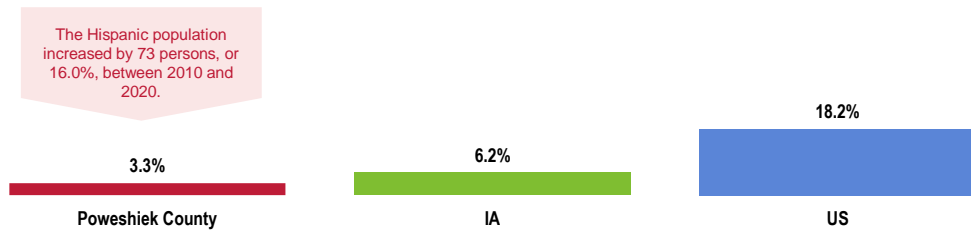


## Ethnicity

A total of 3.3% of Poweshiek County residents are Hispanic or Latino.

**BENCHMARK** ▶ Proportionally lower than found across the state and particularly the US.

### Hispanic Population (2016-2020)



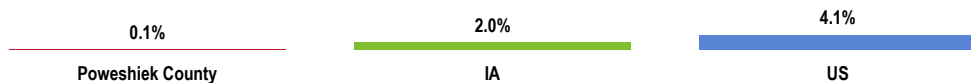
- Sources:
- US Census Bureau American Community Survey 5-year estimates.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2022 via SparkMap (sparkmap.org).
- Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

## Linguistic Isolation

A total of 0.1% of Poweshiek County population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English “very well”).

**BENCHMARK** ▶ Lower than found across Iowa and the US.

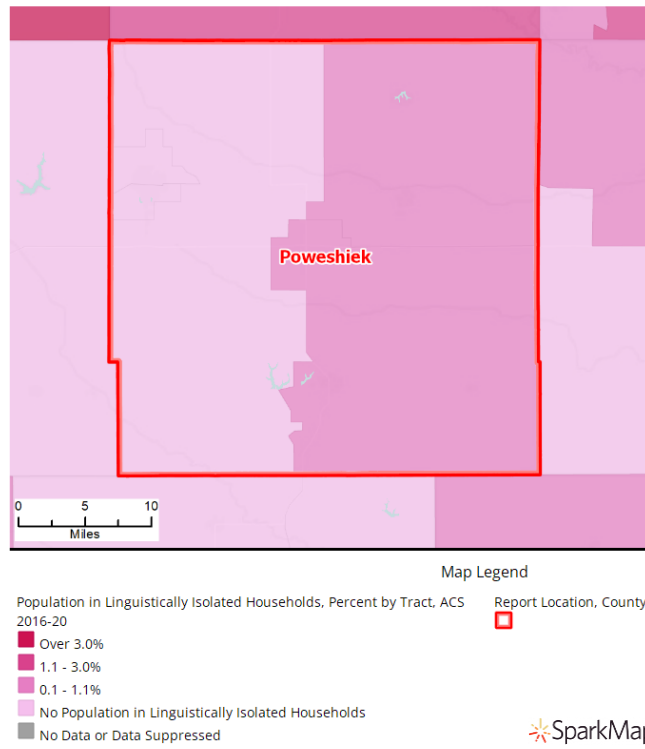
### Linguistically Isolated Population (2016-2020)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2022 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English “very well.”



Note the following map illustrating linguistic isolation throughout Poweshiek County.



# SOCIAL DETERMINANTS OF HEALTH

## ABOUT SOCIAL DETERMINANTS OF HEALTH

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

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

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

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

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

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

## Poverty

**The latest census estimate shows 10.9% of the Poweshiek County total population living below the federal poverty level.**

**BENCHMARK** ► More favorable than the national percentage. Fails to satisfy the Healthy People 2030 objective.

**Among just children (ages 0 to 17), this percentage in Poweshiek County is 11.3% (representing an estimated 395 children).**

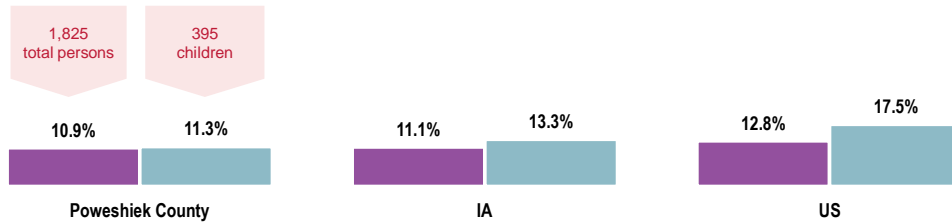
**BENCHMARK** ► More favorable than state and national percentages. Fails to satisfy the Healthy People 2030 objective.



## Population in Poverty (Populations Living Below the Poverty Level; 2016-2020)

Healthy People 2030 = 8.0% or Lower

■ Total Population ■ Children



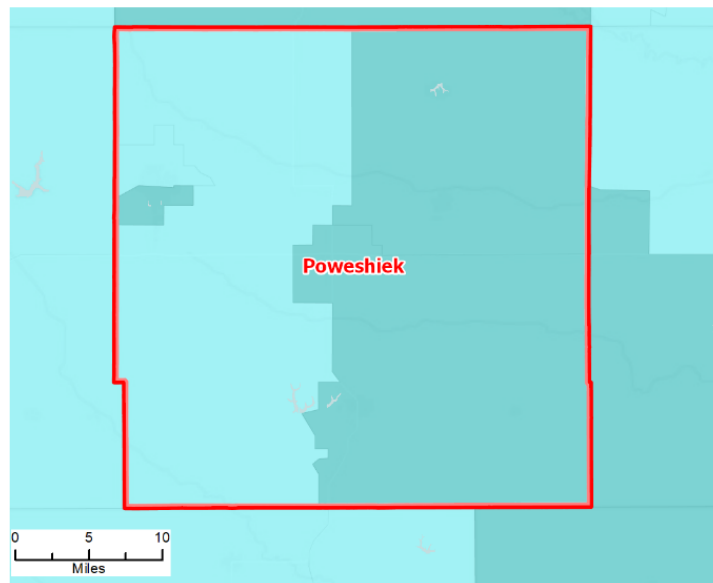
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

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

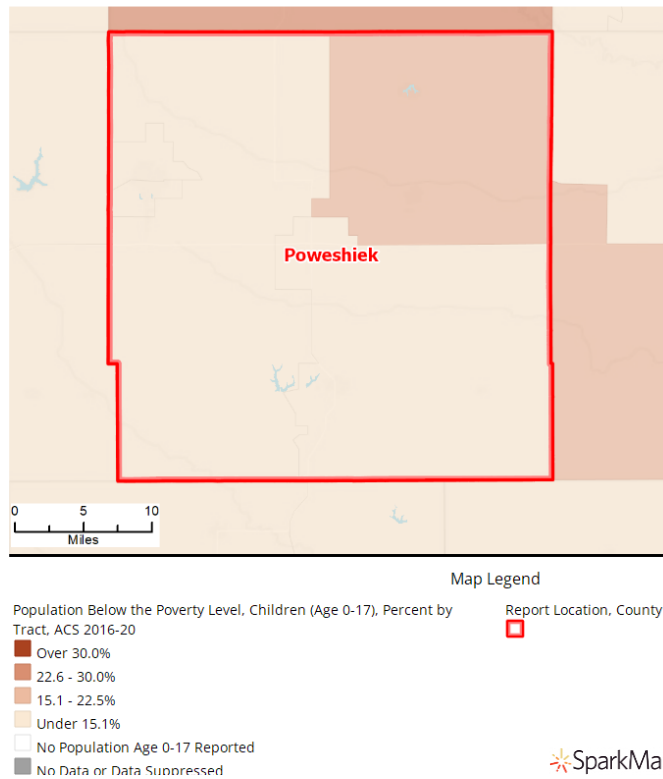


Map Legend

<p>Population Below the Poverty Level, Percent by Tract, ACS 2016-20</p> <ul style="list-style-type: none"> <li>■ Over 20.0%</li> <li>■ 15.1 - 20.0%</li> <li>■ 10.1 - 15.0%</li> <li>■ Under 10.1%</li> <li>■ No Data or Data Suppressed</li> </ul>	<p>Report Location, County</p> <ul style="list-style-type: none"> <li>■</li> </ul>
--	--

SparkMap



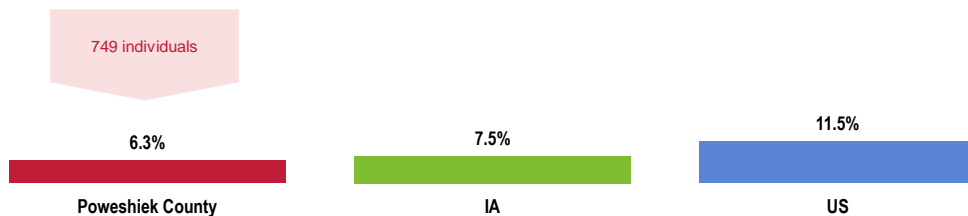


## Education

Among the Poweshiek County population age 25 and older, an estimated 6.3% (over 700 people) do not have a high school education.

**BENCHMARK** ► More favorable than found across the state and nation.

### Population With No High School Diploma (Population Age 25+ Without a High School Diploma or Equivalent, 2016-2020)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2022 via SparkMap (sparkmap.org).

Notes:

- This indicator is relevant because educational attainment is linked to positive health outcomes.

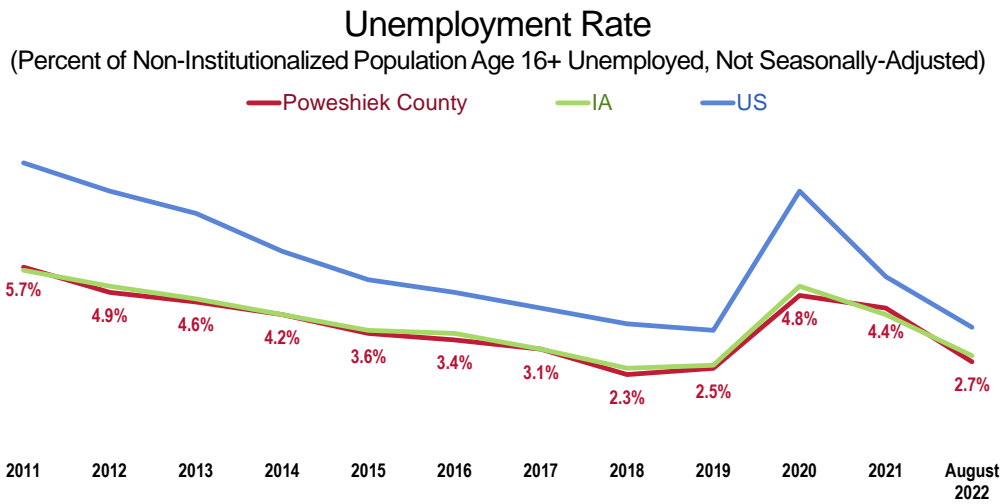


# Employment

According to data derived from the US Department of Labor, the unemployment rate in Poweshiek County as of August 2022 was 2.7%.

**BENCHMARK** ▶ More favorable than the national rate.

**TREND** ▶ Despite significant increases through the COVID-19 pandemic, unemployment is approaching pre-pandemic levels, and much lower than found a decade ago.



Sources: 

- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2022 via SparkMap (sparkmap.org).

Notes: 

- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.





# Financial Resilience

A total of 16.4% of Poweshiek County residents would not be able to afford an unexpected \$400 expense without going into debt.

**BENCHMARK** ▶ More favorable than the national finding.

**DISPARITY** ▶ More often reported among women and especially lower-income adults.

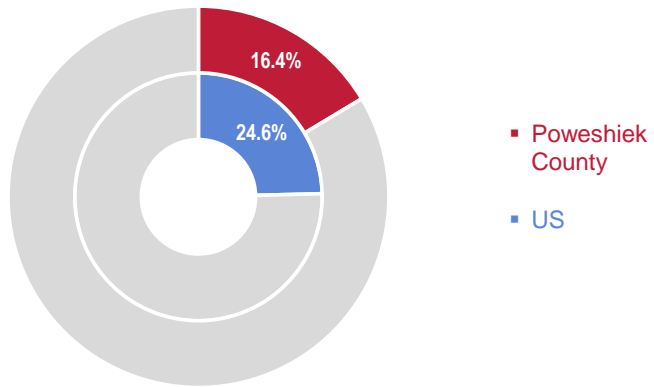
Respondents were asked: "Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"

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

Here, "low income" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; "mid/high income" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

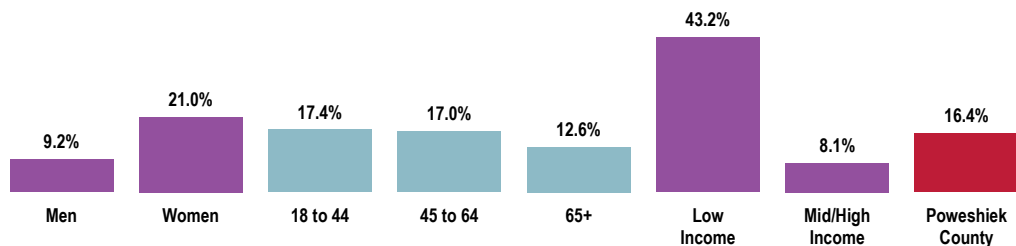
NOTE: For indicators derived from the population-based survey administered as part of this project, text describes significant differences determined through statistical testing. The reader can assume that differences (against or among local findings) that are not mentioned are ones that are not statistically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

## Do Not Have Cash on Hand to Cover a \$400 Emergency Expense



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 63]
  - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
  - Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

## Do Not Have Cash on Hand to Cover a \$400 Emergency Expense (Poweshiek County, 2022)



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 63]
- Notes:
- Asked of all respondents.
  - Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

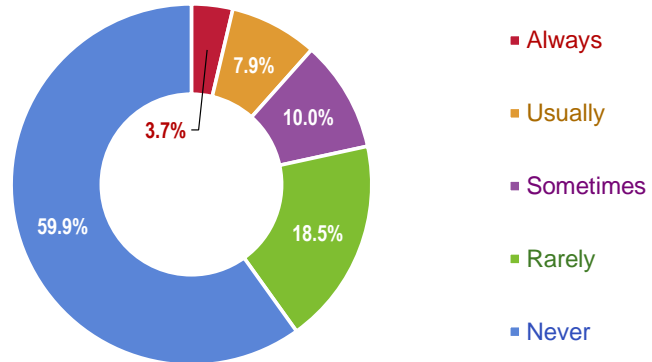


# Housing

## Housing Insecurity

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

Frequency of Worry or Stress  
Over Paying Rent or Mortgage in the Past Year  
(Poweshiek County, 2022)



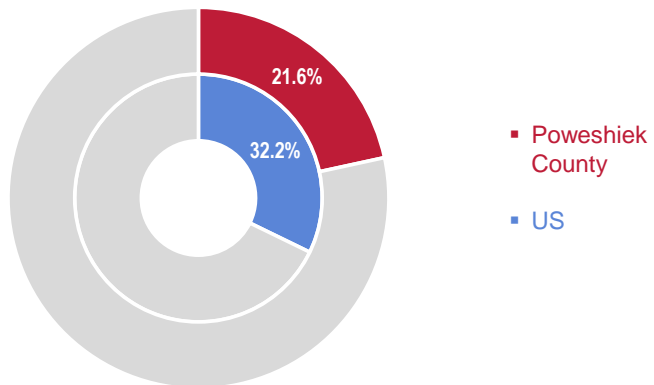
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 66]  
Notes: • Asked of all respondents.

However, a considerable share (21.6%) report that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

**BENCHMARK** ► More favorable than found nationally.

**DISPARITY** ► More often reported among women, adults younger than 65, and especially lower-income adults.

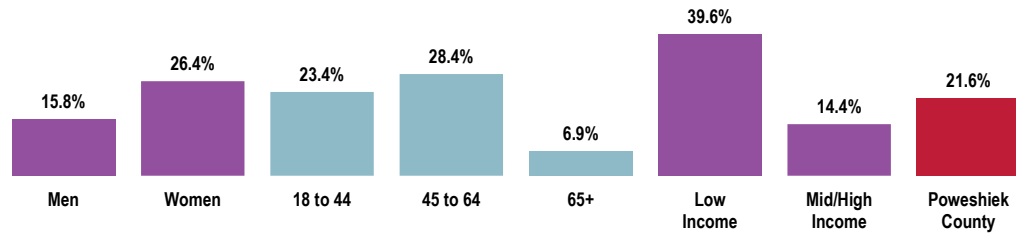
“Always/Usually/Sometimes” Worried  
About Paying Rent/Mortgage in the Past Year



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 66]  
• 2020 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.



## “Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year (Poweshiek County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 66]  
Notes: • Asked of all respondents.

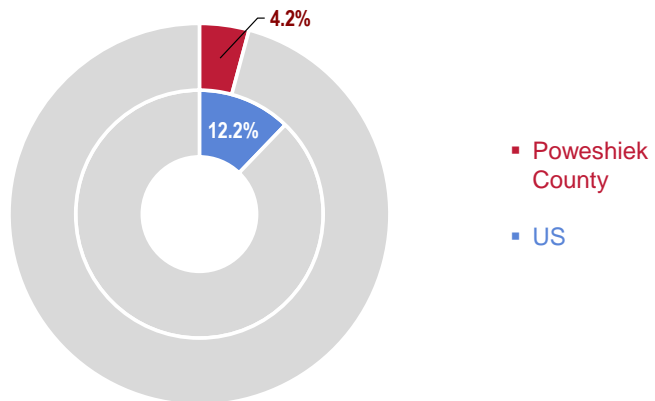
## Unhealthy or Unsafe Housing

**A total of 4.2% of Poweshiek County residents report living in unhealthy or unsafe housing conditions during the past year.**

**BENCHMARK** ▶ Better than the US percentage.

**DISPARITY** ▶ Women are more likely than men to report living in unsafe housing.

## Unhealthy or Unsafe Housing Conditions in the Past Year

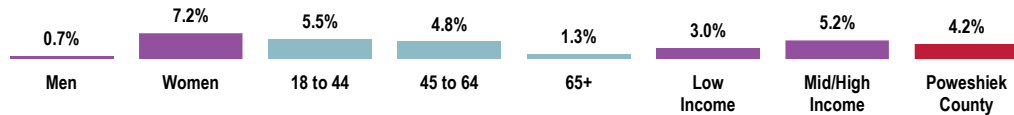


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 65]  
• 2020 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.  
• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

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



## Unhealthy or Unsafe Housing Conditions in the Past Year (Poweshiek County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 65]  
 Notes: • Asked of all respondents.  
 • Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

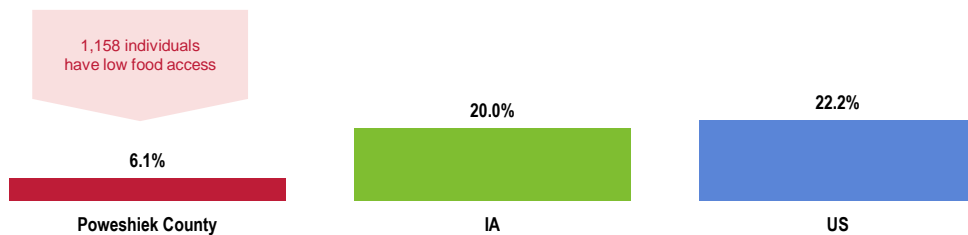
## Food Access

### Low Food Access

US Department of Agriculture data show that **6.1% of the Poweshiek County population (representing over 1,100 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.**

**BENCHMARK** ► Considerably lower than state and national findings.

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



Sources: • US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).  
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2022 via SparkMap (sparkmap.org).  
 Notes: • This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile (or 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Low food access is defined as living more than ½ mile (or 10 miles for rural areas) from the nearest supermarket, supercenter, or large grocery store.

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



## Food Insecurity

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

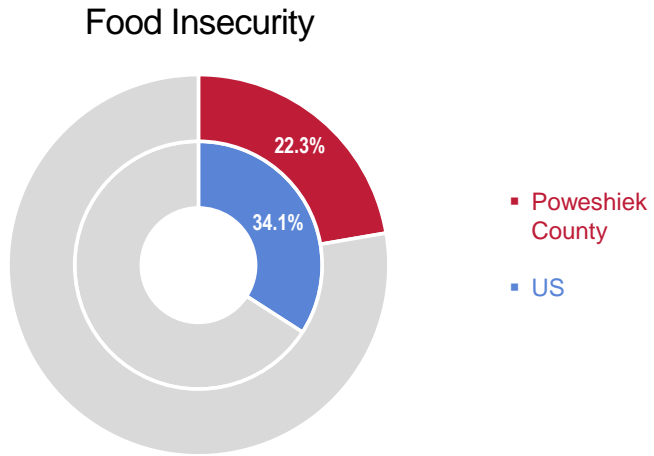
- I worried about whether our food would run out before we got money to buy more.
- The food that we bought just did not last, and we did not have money to get more."

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

**Overall, 22.3% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.**

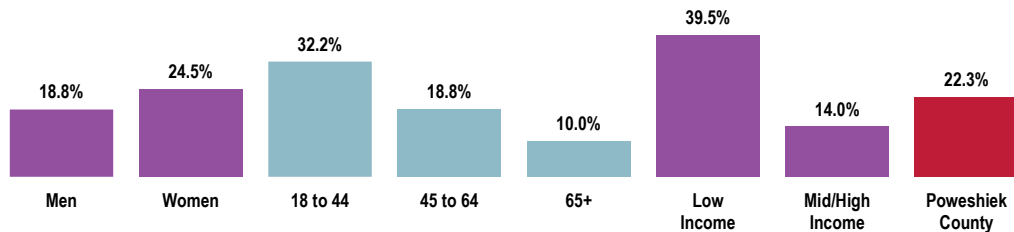
**BENCHMARK** ▶ Lower than the national percentage.

**DISPARITY** ▶ Adults younger than 65 and those with lower incomes are more likely to report being food insecure.



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 112]
  - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
  - Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

### Food Insecurity (Poweshiek County, 2022)



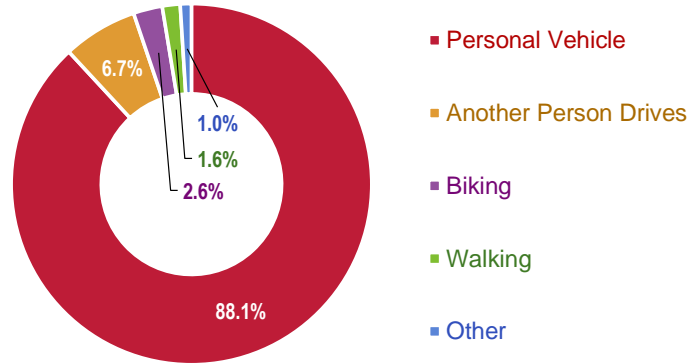
- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 112]
- Notes:
- Asked of all respondents.
  - Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.



## Primary Means of Transportation

While most residents of Poweshiek County use their personal vehicle as their primary means of transportation, 11.9% do not.

Primary Means of Transportation  
(Poweshiek County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 301]  
Notes: • Asked of all respondents.

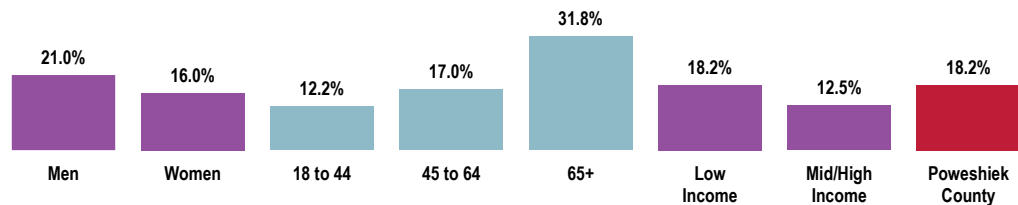
## Public Transportation

If needed, only 18.2% of area adults believe they could rely on public transportation to get to work, appointments, and shopping.

DISPARITY ► Adults younger than 65 are less likely to report that they could rely on public transport.

Could Rely on Public Transportation if Necessary  
(Poweshiek County, 2022)

Respondents who do not feel they could rely on public transportation primarily perceive there to be a lack of availability.



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 302-303]  
Notes: • Asked of all respondents.





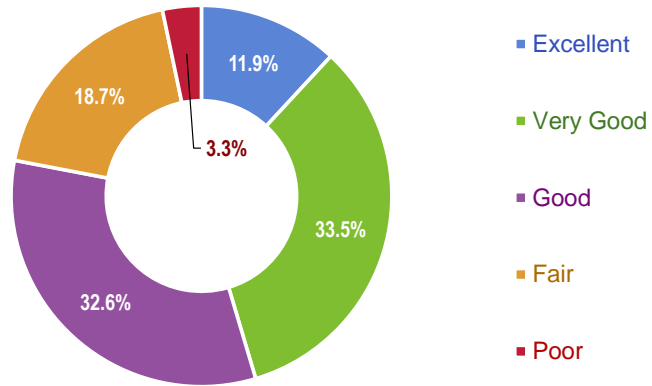
# HEALTH STATUS

# OVERALL HEALTH STATUS

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

**Most Poweshiek County residents rate their overall health favorably (responding "excellent," "very good," or "good").**

Self-Reported Health Status  
(Poweshiek County, 2022)



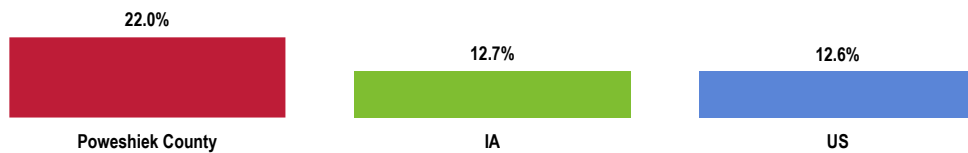
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 5]  
Notes: • Asked of all respondents.

**However, 22.0% of Poweshiek County adults believe that their overall health is "fair" or "poor."**

**BENCHMARK** ► Worse than state and national findings.

**DISPARITY** ► Those with lower incomes are more likely to report their health is "fair" or "poor."

## Experience "Fair" or "Poor" Overall Health

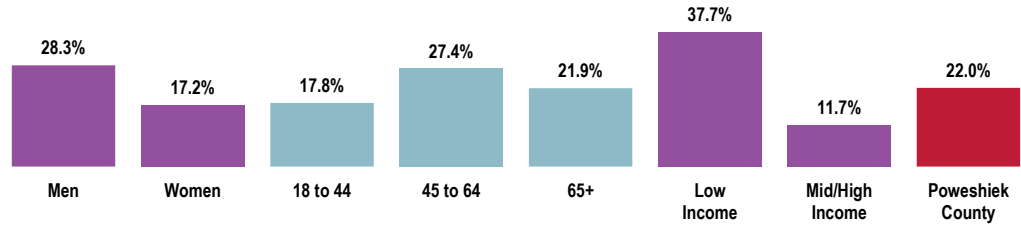


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 5]  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Iowa data.  
• 2020 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.





## Experience “Fair” or “Poor” Overall Health (Poweshiek County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 5]  
Notes: • Asked of all respondents.



# MENTAL HEALTH

## ABOUT MENTAL HEALTH & MENTAL DISORDERS

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

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

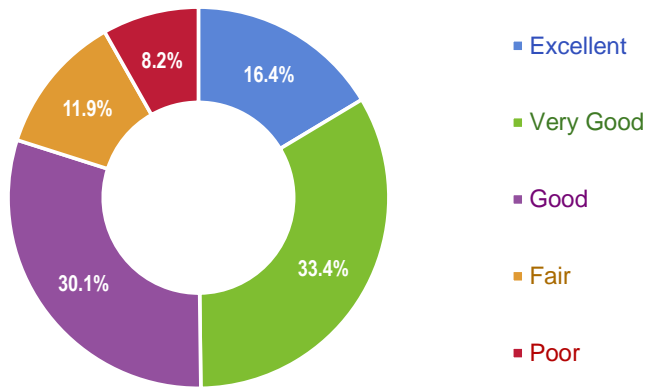
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Mental Health Status

**Most Poweshiek County adults rate their overall mental health favorably (“excellent,” “very good,” or “good”).**

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

Self-Reported Mental Health Status  
(Poweshiek County, 2022)



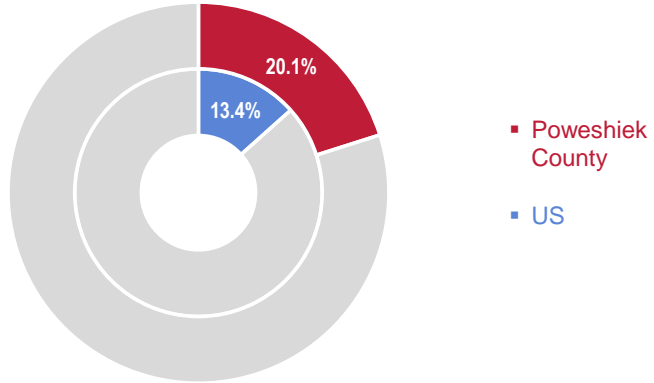
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 90]  
Notes: • Asked of all respondents.



However, 20.1% believe that their overall mental health is “fair” or “poor.”

BENCHMARK ► Worse than the national finding.

### Experience “Fair” or “Poor” Mental Health



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 90]  
• 2020 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.

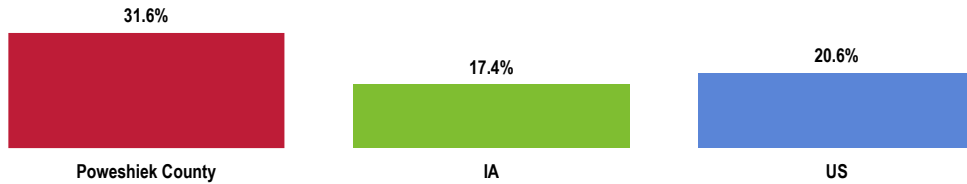
## Depression

### Diagnosed Depression

A total of 31.6% of Poweshiek County adults have been diagnosed by a physician, nurse, or other health professional as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Less favorable than state and US percentages.

### Have Been Diagnosed With a Depressive Disorder



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 93]  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2020 Iowa data.  
• 2020 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.  
• Depressive disorders include depression, major depression, dysthymia, or minor depression.



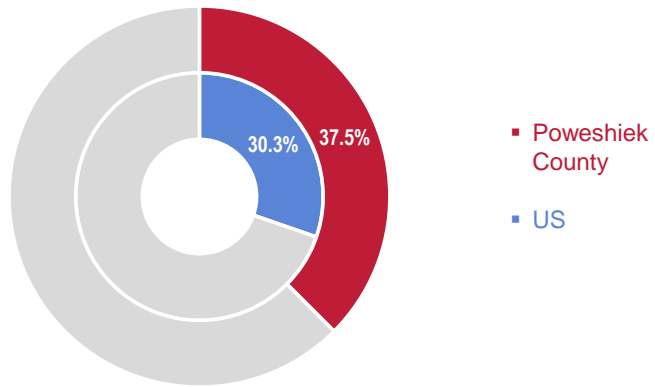
## Symptoms of Chronic Depression

A total of 37.5% of Poweshiek County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

**BENCHMARK** ▶ Higher than the national percentage.

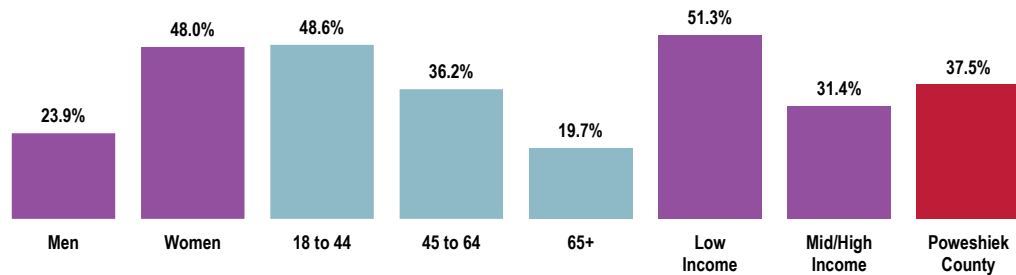
**DISPARITY** ▶ More often reported among women, adults younger than 65 (note the negative correlation with age), and lower-income adults.

### Have Experienced Symptoms of Chronic Depression



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 91]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.  
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

### Have Experienced Symptoms of Chronic Depression (Poweshiek County, 2022)



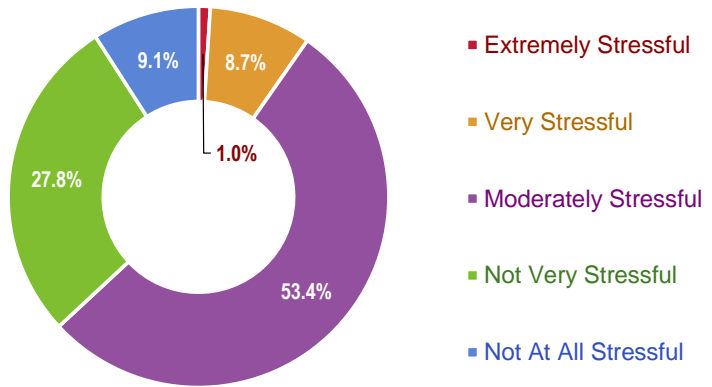
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 91]  
 Notes: • Asked of all respondents.  
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.



# Stress

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

Perceived Level of Stress On a Typical Day  
(Poweshiek County, 2022)



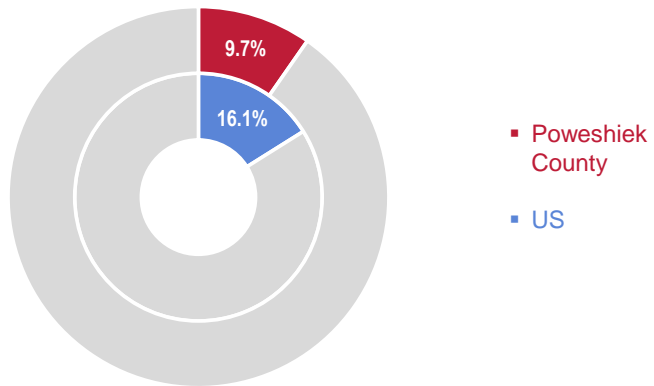
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 92]  
Notes: • Asked of all respondents.

In contrast, 9.7% of Poweshiek County adults feel that most days for them are “very” or “extremely” stressful.

**BENCHMARK** ► Better than the US finding.

**DISPARITY** ► Adults under the age of 65 are more likely to report experiencing stress.

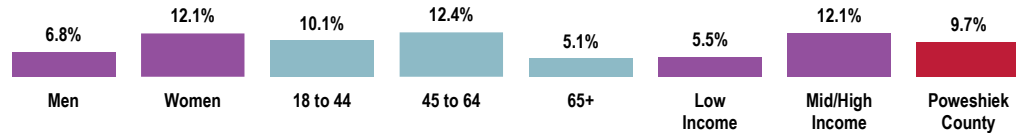
Perceive Most Days as “Extremely” or “Very” Stressful



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 92]  
• 2020 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.



## Perceive Most Days as “Extremely” or “Very” Stressful (Poweshiek County, 2022)



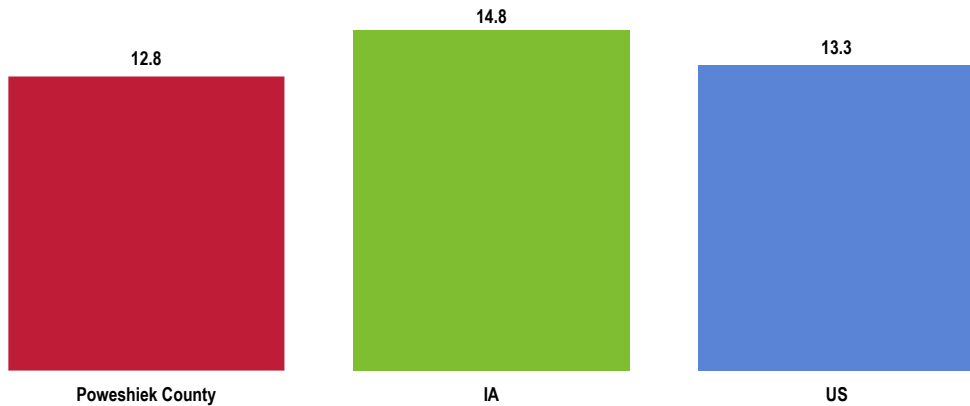
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 92]  
Notes: • Asked of all respondents.

## Suicide

In Poweshiek County, there were 12.8 suicides per 100,000 population (2011-2020 annual average age-adjusted rate).

**BENCHMARK** ► Lower than the statewide rate.

### Suicide: Age-Adjusted Mortality (2011-2020 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 12.8 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2022.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



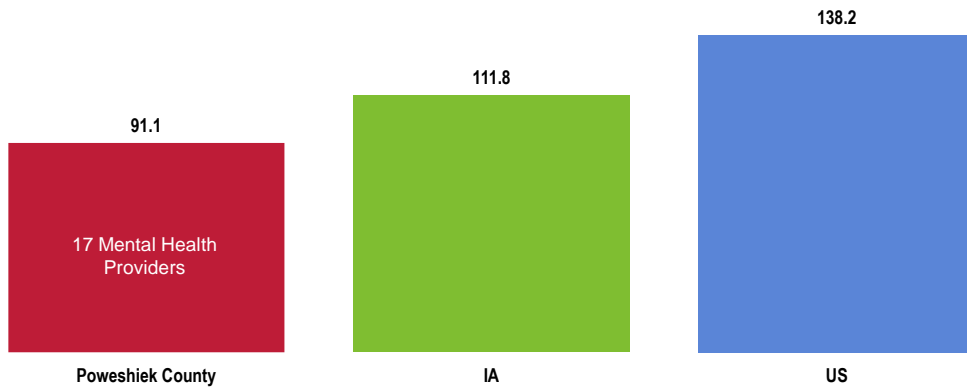
# Mental Health Treatment

## Mental Health Providers

In Poweshiek County in 2022, there were 91.1 mental health providers for every 100,000 population.

**BENCHMARK** ▶ Less favorable than state and US proportions.

**Access to Mental Health Providers**  
(Number of Mental Health Providers per 100,000 Population, 2022)



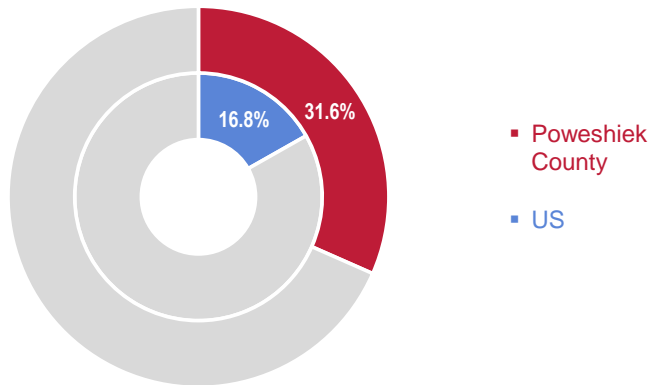
Sources: • University of Wisconsin Population Health Institute, County Health Rankings.  
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2022 via SparkMap (sparkmap.org).  
 Notes: • This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

## Currently Receiving Treatment

A total of 31.6% of area adults are currently taking medication or otherwise receiving treatment from a doctor, nurse, or other health professional for some type of mental health condition or emotional problem.

**BENCHMARK** ▶ Almost two times the national percentage.

**Currently Receiving Mental Health Treatment**



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 94]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.  
 • "Treatment" can include taking medications for mental health.

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

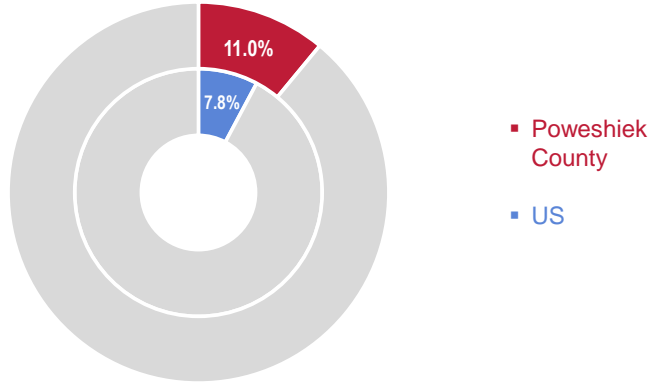


## Difficulty Accessing Mental Health Services

A total of 11.0% of Poweshiek County adults report a time in the past year when they needed mental health services but were not able to get them.

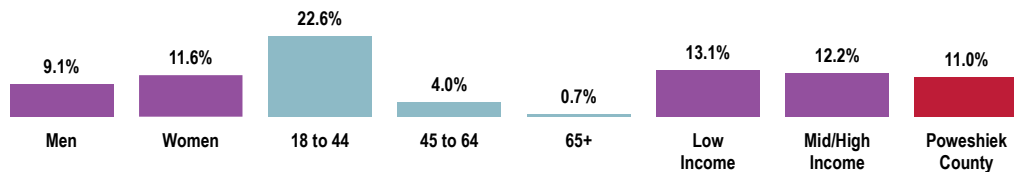
**DISPARITY** ▶ Those age 18 to 44 are much more likely than older respondents to report difficulty accessing mental health services.

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



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 95]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

### Unable to Get Mental Health Services When Needed in the Past Year (Poweshiek County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 95]  
 Notes: • Asked of all respondents.





# Key Informant Input: Mental Health

More than two-thirds of key informants taking part in an online survey characterized *Mental Health* as a “major problem” in the community.

## Perceptions of Mental Health as a Problem in the Community (Key Informants, 2022)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, PRC, Inc.  
Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

### Access to Care/Services

- Lack of mental health access locally. – Community Leader
- Access to outpatient services and severe need for more mental health beds in the state of Iowa, for those who need inpatient care. – Community Leader
- Biggest challenge for people with mental health issues is access to care without involving the police community for intervention. We need a good system to help these folks in their time of need. – Community Leader
- There is nowhere for mentally ill people to go. There is nowhere for acute issues, such as a person with suicidal intentions or an acute mental illness to go for counseling and treatment. There is also a stigma that it isn't good to have a mental illness. – Public Health Representative
- The ability to access services prior to needing to be hospitalized. Then the ability for health care workers to find hospitalization when it is needed. – Public Health Representative
- Getting urgent mental health care at the time of greatest need. – Public Health Representative
- It is extremely difficult to access mental health care in Poweshiek County. There are no inpatient facilities and at times, no psychiatrists, and few psychologists. – Public Health Representative
- Access to mental health help. Small communities are not equipped or staffed to handle mental health crisis or able to provide much in mental health services. – Community Leader
- Access. – Community Leader
- Access to mental health professionals. Mobile crisis teams take too long to respond to an incident. Mental health and addiction go hand-in-hand here. – Community Leader
- Long wait times for services. Lack of emergency care. Not sure how the state's access operates in Poweshiek to get someone to deal with emergencies. Nowhere to go, no available treatment or detox if they are turned away from the emergency room for drug and alcohol issues. The cost. – Community Leader
- Mental health care by the hospital and emergency room is often not provided. A band-aid is given, and people are sent out the door. – Community Leader
- Not enough people to help the people with mental health issues. People are fearful to admit it. Hours need to be more available in the evenings. People have to work, and some can't get time off, so it is a challenge for them to seek the help they may need. – Community Leader
- Lack of referring facilities for mental health issues. – Other Health Provider
- Access to quality all-day services and experienced providers. – Physician
- Finding providers and access to emergency help. – Other Health Provider
- Access to providers and immediate crisis intervention, either on site or at a clinic for students ages 3-18. We typically have to call police rather than a service mental health provider. Our social workers are awesome, but we do not have the capacity for therapy services. – Community Leader
- Absolute need for paramedic ambulance ownership and coverage here in the county. Poweshiek County has tens of millions of dollars invested in police and fire support but has no ownership in a paramedic medical support. Brooklyn runs its paramedic service in the black. It is our greatest need!!!! – Physician
- Not getting the immediate help when in crisis, and then sustained assistance once out of crisis. – Community Leader



Access to adequate psychiatric services. We have an abundance of psychologists and therapists, but minimal psychiatrists. – Community Leader  
Timely access. – Physician  
Mental health is a problem everywhere, but in a small community, many go untreated due to no facility here to help them. – Community Leader  
Lack of real service for bipolar and schizophrenia patients. – Physician

## Lack of Providers

Limited providers and hours. – Public Health Representative  
Not enough providers for the demand. Limited access to support or longer-term care for those without a home, the transient population. – Community Leader  
Limited communication with Capstone and significant turnover of medication prescribers. Lack of a real psychiatrist. Long waits for care and poor substance abuse support and alcohol abuse support. – Physician  
There are not enough providers. – Social Service Provider  
Grinnell is limited in the providers offering mental health services. We have several therapists, but finding someone who specializes in a particular area (childhood trauma, PTSD, transgender as examples) often requires traveling up to an hour away. It is a challenge for some individuals to find mental health providers who accept their insurance. – Community Leader  
Lack of providers in the area, and lack of appointments to see clients on a regular basis. – Community Leader  
Not enough mental health providers. – Other Health Provider  
Lack of resources, such as psychiatrists and counselors. Lack of ability to pay. The stigma still associated with mental illness. – Community Leader  
Lack of therapists, medication providers, psychologists for testing. Cost of treatment. – Other Health Provider  
Mental health, not enough providers or people who care. – Other Health Provider  
Access to mental health providers seems to be a major challenge in Poweshiek County. – Community Leader  
Lack of access to providers, lack of beds, lack of services, stigma. – Community Leader

## Multiple Factors

Transportation, availability of appointments, stigma of mental health. – Social Service Provider  
The lack of financial resources for treatment, the lack of education to identify the issues and the people, the lack of public support and support groups, the lack of accessible and affordable mental health care and providers in our schools and communities. – Community Leader  
Mental health made worse by drug abuse. Uncertainty regarding who is responsible to provide mental health services and funding. Relying on law enforcement to address those experiencing mental health issues. Society making it worse for marginalized populations (LGBTQ, women, minorities, low income, etc.). Lack of quality mental health care options/access. – Community Leader

## Work Related

Occupational health farming and agriculture-related health issues should be addressed within our community. Agriculture workers are a major population in this community and suffer from physical and mental issues specific to agriculture and farming. – Community Leader

## Denial/Stigma

Individuals not recognizing when they are experiencing a mental health crisis, social stigma and not wanting to be labeled as mentally ill, transportation barrier to access assistance, long wait times for non-crisis appointments, not wanting to take medication to help manage symptoms, shortage of staff to provide service. – Social Service Provider

## Family Support

If they do not have family members to advocate for them, there aren't enough case workers to assist with their needs (i.e., help them stay on their medication, be available for counseling, etc.). While our community is partnering with Capstone to assist police with dealing with those with mental health issues, more of this type of assistance is needed statewide. – Community Leader

## Suicide Rates

Suicide, no desire to attempt to be a functioning part of society. – Community Leader

## Awareness/Education

Knowledge of and access to available resources, expense associated with medications. – Community Leader





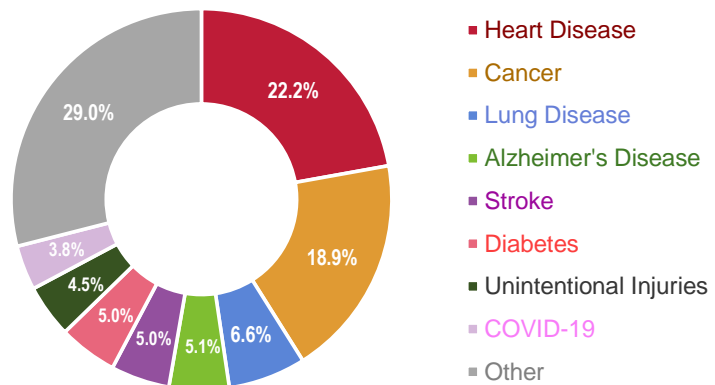
# DEATH, DISEASE & CHRONIC CONDITIONS

# LEADING CAUSES OF DEATH

## Distribution of Deaths by Cause

Together, heart disease and cancers accounted for 4 in 10 deaths in Poweshiek County between 2018 and 2020.

Leading Causes of Death  
(Poweshiek County, 2018-2020)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2022.  
Notes: • Lung disease is CLRD, or chronic lower respiratory disease.  
• COVID-19 data is only available for 2020.

## Age-Adjusted Death Rates for Selected Causes

### AGE-ADJUSTED DEATH RATES

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

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

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



The following chart outlines 2018-2020 annual average age-adjusted death rates per 100,000 population for selected causes of death in Poweshiek County.

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

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

### Age-Adjusted Death Rates for Selected Causes (2018-2020 Deaths per 100,000 Population)

	Poweshiek County	IA	US	HP2030
<b>Diseases of the Heart</b>	158.1	170.3	164.4	127.4*
<b>Malignant Neoplasms (Cancers)</b>	144.6	151.3	146.5	122.7
<b>Coronavirus Disease/COVID-19 [2020]</b>	80.6	99.0	85.0	n/a
<b>Chronic Lower Respiratory Disease (CLRD)</b>	79.2	42.3	38.1	n/a
<b>Unintentional Injuries</b>	51.3	42.9	51.6	43.2
<b>Fall-Related Deaths (65+) [2011-2020]</b>	50.7	85.2	61.6	63.4
<b>Diabetes Mellitus</b>	41.6	22.3	22.6	n/a
<b>Cerebrovascular Disease (Stroke)</b>	32.1	32.3	37.6	33.4
<b>Alzheimer's Disease</b>	31.5	30.9	30.9	n/a
<b>Pneumonia/Influenza [2011-2020]</b>	14.8	14.3	14.4	n/a
<b>Intentional Self-Harm (Suicide) [2011-2020]</b>	12.8	14.8	13.3	12.8
<b>Cirrhosis/Liver Disease [2011-2020]</b>	8.9	9.0	10.9	10.9

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2022.

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

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



# CARDIOVASCULAR DISEASE

## ABOUT HEART DISEASE & STROKE

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

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

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

## Age-Adjusted Heart Disease & Stroke Deaths

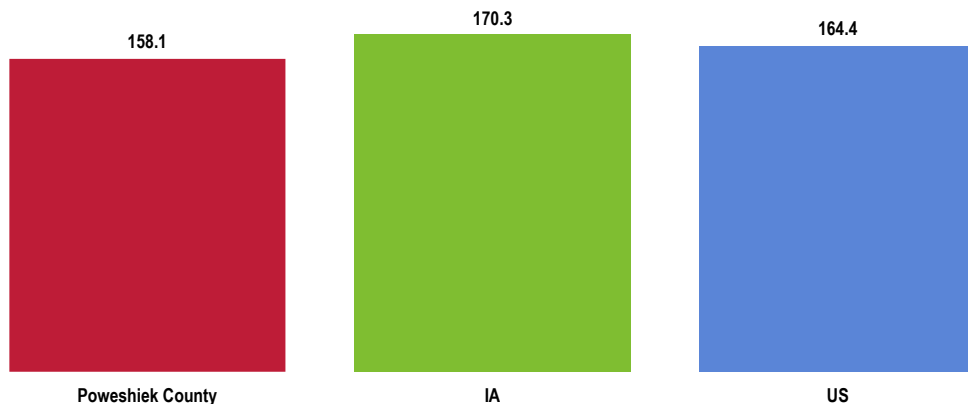
### Heart Disease Deaths

**Between 2018 and 2020, there was an annual average age-adjusted heart disease mortality rate of 158.1 deaths per 100,000 population in Poweshiek County.**

**BENCHMARK** ▶ Fails to satisfy the Healthy People 2030 objective.

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

**Heart Disease: Age-Adjusted Mortality**  
(2018-2020 Annual Average Deaths per 100,000 Population)  
Healthy People 2030 = 127.4 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2022.
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

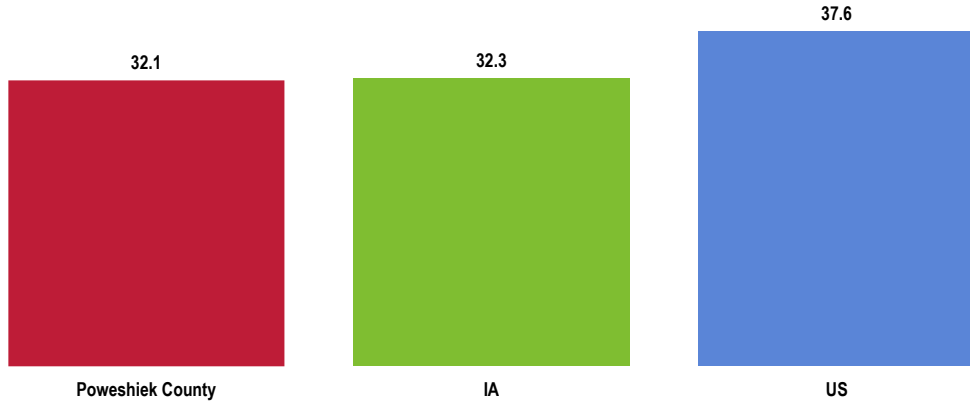


## Stroke Deaths

Between 2018 and 2020, there was an annual average age-adjusted stroke mortality rate of 32.1 deaths per 100,000 population in Poweshiek County.

BENCHMARK ► Lower than the US rate.

### Stroke: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 33.4 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2022.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

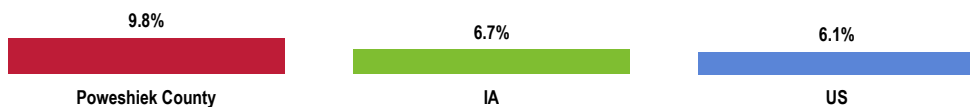
## Prevalence of Heart Disease & Stroke

### Prevalence of Heart Disease

A total of 9.8% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

BENCHMARK ► Worse than the national finding.

### Prevalence of Heart Disease



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 114]  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Iowa data.  
• 2020 PRC National Health Survey, PRC, Inc.

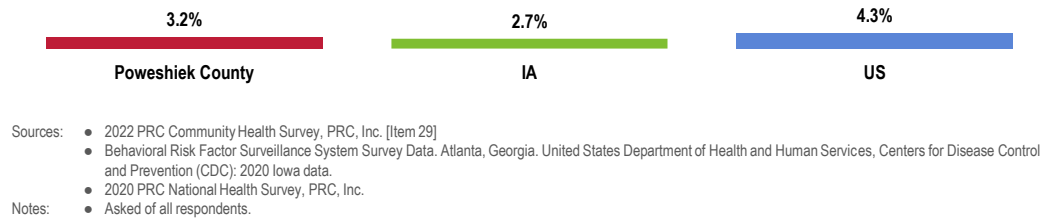
Notes: • Asked of all respondents.  
• Includes diagnoses of heart attack, angina, or coronary heart disease.



## Prevalence of Stroke

A total of 3.2% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

### Prevalence of Stroke



## Cardiovascular Risk Factors

### Blood Pressure & Cholesterol

A total of 38.1% of Poweshiek County adults have been told by a health professional at some point that their **blood pressure** was high.

**BENCHMARK** ► Less favorable than found across Iowa. Fails to satisfy the Healthy People 2030 objective.

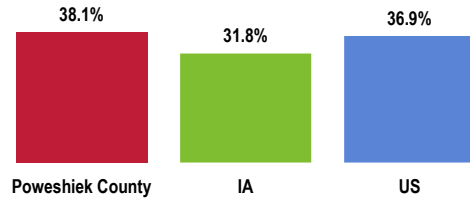
A total of 35.9% of adults have been told by a health professional that their **cholesterol level** was high.



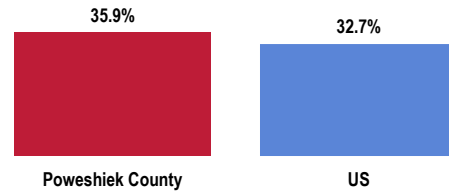


## Prevalence of High Blood Pressure

Healthy People 2030 = 27.7% or Lower



## Prevalence of High Blood Cholesterol



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 35-36]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Iowa data.  
 • 2020 PRC National Health Survey, PRC, Inc.  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.

## Total Cardiovascular Risk

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

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

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

**A total of 89.3% of Poweshiek County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.**

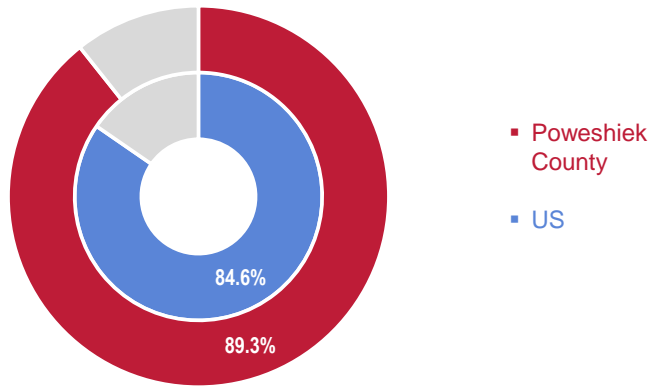
**BENCHMARK** ► Higher than the national percentage.

**DISPARITY** ► More often reported among adults age 65+ and those with lower incomes.

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



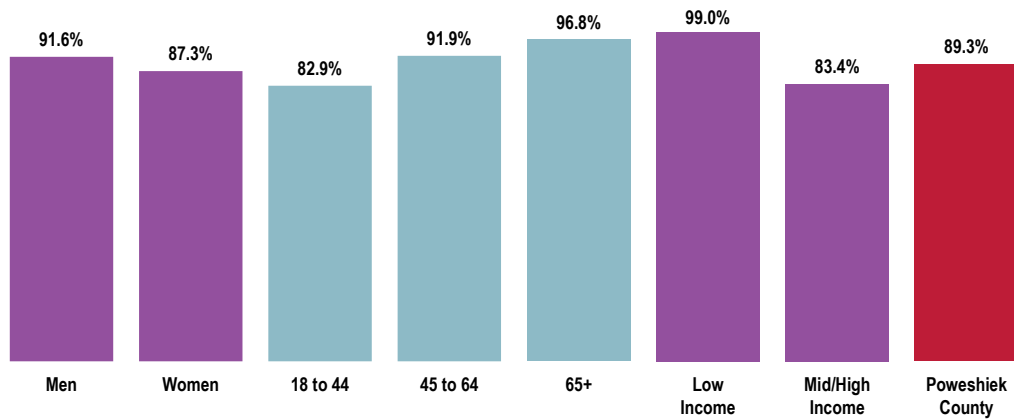
## Present One or More Cardiovascular Risks or Behaviors



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 115]  
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Reflects all respondents.  
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

## Present One or More Cardiovascular Risks or Behaviors (Poweshiek County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 115]  
 • Reflects all respondents.

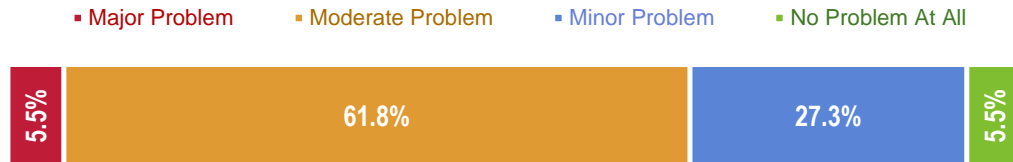
Notes: • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.



# Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a “moderate problem” in the community.

## Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2022)



Sources: ● PRC Online Key Informant Survey, PRC, Inc.  
Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

### Prevalence/Incidence

It is the leading cause of death in the United States. In smaller communities where the median age is higher than metropolitan areas, heart disease is likely the cause of most deaths. – Community Leader

### Lifestyle

The Midwest rural population is historically at high risk and comprises a large portion of our community. Poor physical and dietary habits are seemingly prevalent. Lack of education, emergency services and skilled health care facilities all add to the higher risks and problems associated with both. – Community Leader

### Obesity

I see a lot of obese patients at risk for heart disease that have never had a cardiac work-up, hypertension management, or cholesterol screening. – Other Health Provider



# CANCER

## ABOUT CANCER

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

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

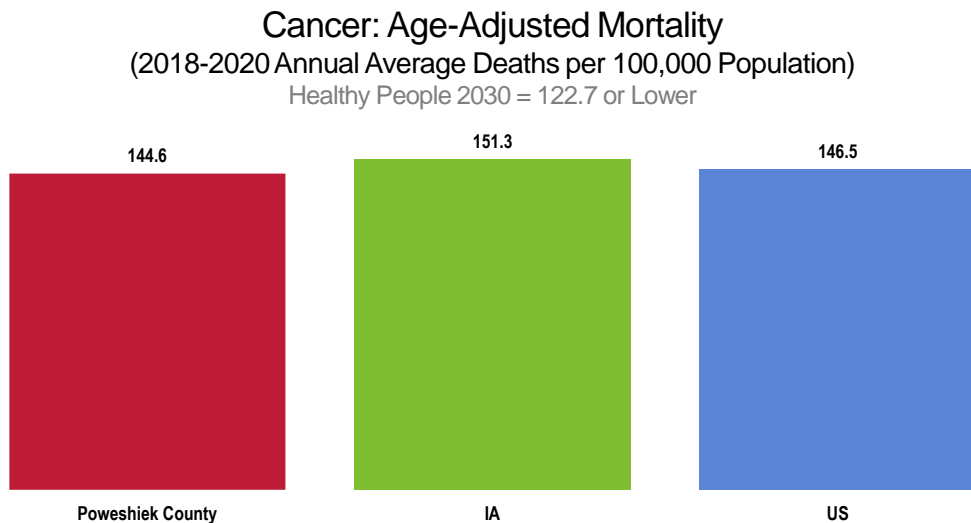
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Age-Adjusted Cancer Deaths

### All Cancer Deaths

**Between 2018 and 2020, there was an annual average age-adjusted cancer mortality rate of 144.6 deaths per 100,000 population in Poweshiek County.**

**BENCHMARK** ▶ Fails to satisfy the Healthy People 2030 objective.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2022.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



## Cancer Deaths by Site

**Lung cancer is by far the leading cause of cancer deaths in Poweshiek County.**

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

### BENCHMARK

Lung Cancer ► Fails to satisfy the Healthy People 2030 objective.

Colorectal Cancer ► Higher than both state and national rates. Fails to satisfy the Healthy People 2030 objective.

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

Prostate Cancer ► Lower than the state rate.

**Age-Adjusted Cancer Death Rates by Site**  
(2018-2020 Annual Average Deaths per 100,000 Population)

	Poweshiek County	IA	US	HP2030
<b>ALL CANCERS</b>	<b>144.6</b>	<b>151.3</b>	<b>146.5</b>	<b>122.7</b>
<b>Lung Cancer</b>	<b>33.6</b>	<b>36.3</b>	<b>33.4</b>	<b>25.1</b>
<b>Colorectal Cancer</b>	<b>20.8</b>	<b>13.9</b>	<b>13.1</b>	<b>8.9</b>
<b>Female Breast Cancer [2011-2020]</b>	<b>19.3</b>	<b>17.9</b>	<b>19.4</b>	<b>15.3</b>
<b>Prostate Cancer [2011-2020]</b>	<b>17.4</b>	<b>20.2</b>	<b>18.5</b>	<b>16.9</b>

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2022.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

## Cancer Incidence

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

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

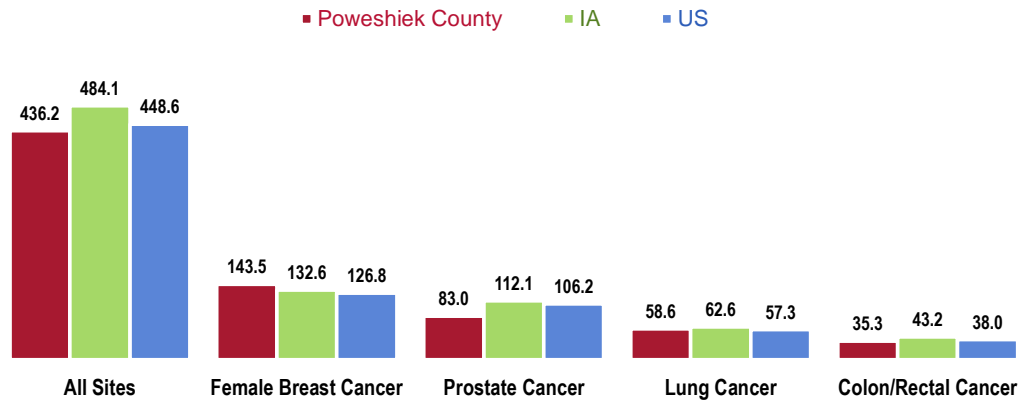
### BENCHMARK

Prostate Cancer ► Lower than both state and national rates.

Colorectal Cancer ► Lower than the state rate.



## Cancer Incidence Rates by Site (Annual Average Age-Adjusted Incidence per 100,000 Population, 2014-2018)



Sources: 

- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2022 via SparkMap (sparkmap.org).

Notes: 

- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

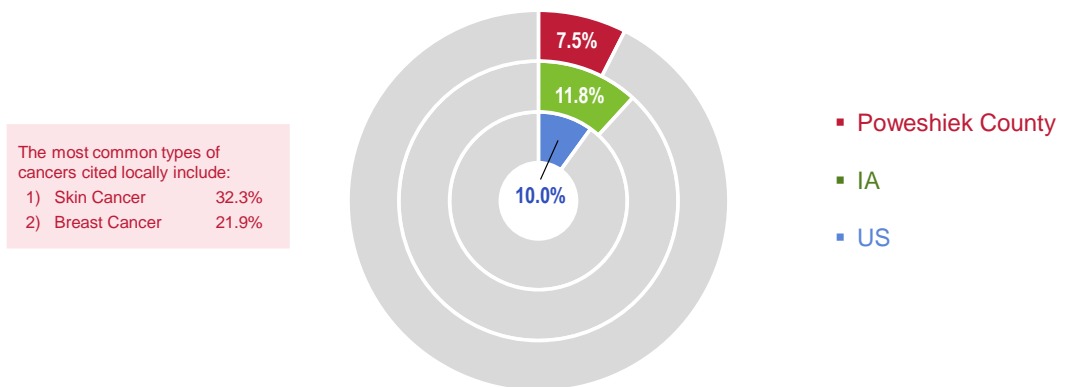
## Prevalence of Cancer

**A total of 7.5% of surveyed Poweshiek County adults report having ever been diagnosed with cancer. The most common types include skin cancer and breast cancer.**

**BENCHMARK** ▶ Lower than the statewide percentage.

**DISPARITY** ▶ Strongly correlated with age.

### Prevalence of Cancer



The most common types of cancers cited locally include:

1) Skin Cancer	32.3%
2) Breast Cancer	21.9%

Sources: 

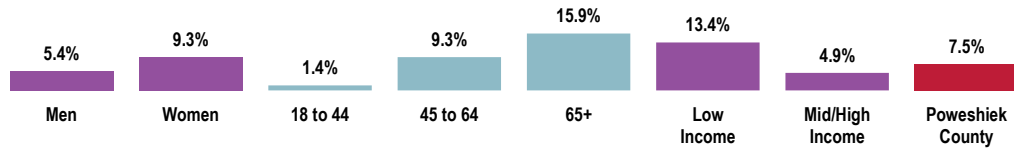
- 2022 PRC Community Health Survey, PRC, Inc. [Items 25-26]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Iowa data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes: 

- Reflects all respondents.



## Prevalence of Cancer (Poweshiek County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 25]  
 Notes: • Reflects all respondents.

### ABOUT CANCER RISK

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

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

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



# Cancer Screenings

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

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear/HPV testing); and colorectal cancer (colonoscopy/sigmoidoscopy and fecal occult blood testing).

## FEMALE BREAST CANCER

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

## CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

## COLORECTAL CANCER

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

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

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

**Among women age 50-74, 73.7% have had a mammogram within the past 2 years.**

**Among Poweshiek County women age 21 to 65, 88.4% have had appropriate cervical cancer screening.**

**BENCHMARK** ► More favorable than state and US findings. Satisfies the Healthy People 2030 objective.

**Among all adults age 50-75, 66.3% have had appropriate colorectal cancer screening.**

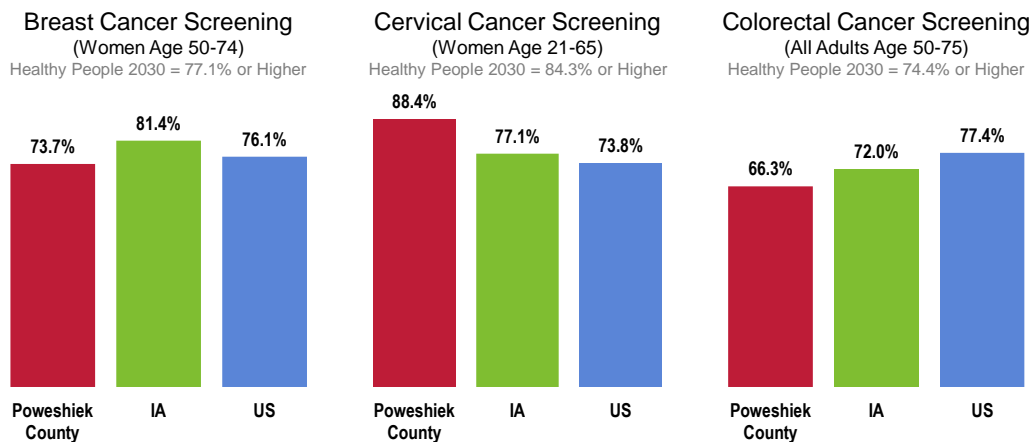
**BENCHMARK** ► Less favorable than the US finding. Fails to satisfy the Healthy People 2030 objective.

“Appropriate cervical cancer screening” includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65. Women 21 to 65 with hysterectomy are excluded.





“Appropriate colorectal cancer screening” includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

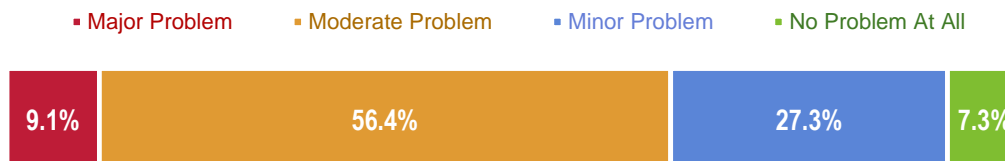


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 116-118]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Iowa data.  
 • 2020 PRC National Health Survey, PRC, Inc.  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>  
 Notes: • Each indicator is shown among the gender and/or age group specified.

## Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized **Cancer** as a “moderate problem” in the community.

### Perceptions of Cancer as a Problem in the Community (Key Informants, 2022)



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

#### Access to Care/Services

Cancer is an issue in Montezuma because patients have to travel for treatment. While they can get some treatment in Grinnell, oftentimes they are referred to DSM or Iowa City and they do their treatment there. – Community Leader

People can't get into the specialty doctors that they need to be seen at or it takes a very long time to get into the appointments. The other issue is that it could be treated quickly but having to keep going back to the doctors to check for this or that, it can be up to 6 months to get the first treatment. Also, misdiagnosis happens a lot more than people realize. – Community Leader

#### Prevalence/Incidence

Too many people dealing with this disease. – Community Leader

Number of patients that are being treated actively for cancer. – Physician

#### Quality of Care

Quality of care, staff, and provider. – Other Health Provider



# RESPIRATORY DISEASE

## ABOUT RESPIRATORY DISEASE

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

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

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

## Age-Adjusted Respiratory Disease Deaths

### ABOUT INFLUENZA & PNEUMONIA

**Influenza** (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, young children, and people with certain health conditions, are at high risk of serious flu complications. There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year. The best way to prevent flu is by getting vaccinated each year.

**Pneumonia** is an infection of the lungs that can cause mild to severe illness in people of all ages. Depending on the cause, doctors often treat pneumonia with medicine. In addition, vaccines can prevent some types of pneumonia. However, it is still the leading infectious cause of death in children younger than 5 years old worldwide. Common signs of pneumonia include cough, fever, and difficulty breathing. You can help prevent pneumonia and other respiratory infections by following good hygiene practices. These practices include washing your hands regularly and disinfecting frequently touched surfaces. Making healthy choices, like quitting smoking and managing ongoing medical conditions, can also help prevent pneumonia.

Vaccines help prevent pneumococcal disease, which is any type of illness caused by *Streptococcus pneumoniae* bacteria.

– Centers for Disease Control and Prevention (CDC – [www.cdc.gov](http://www.cdc.gov))



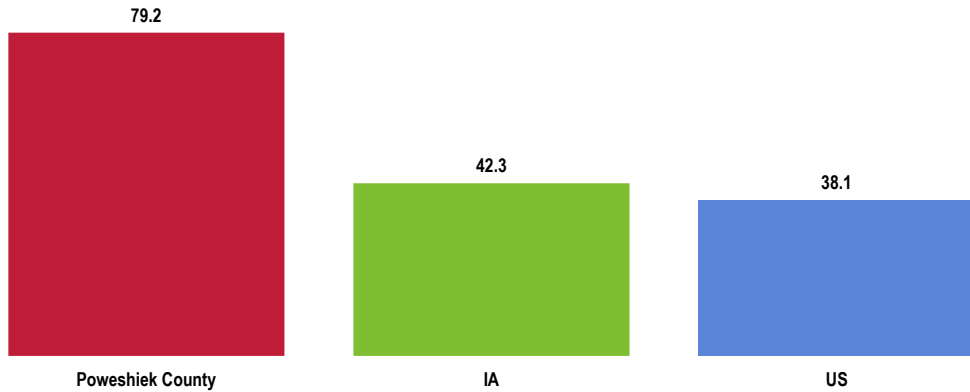
## Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2018 and 2020, there was an annual average age-adjusted CLRD mortality rate of 79.2 deaths per 100,000 population in Poweshiek County.

**BENCHMARK** ▶ Considerably higher than found across Iowa and the US.

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

### CLRD: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population)

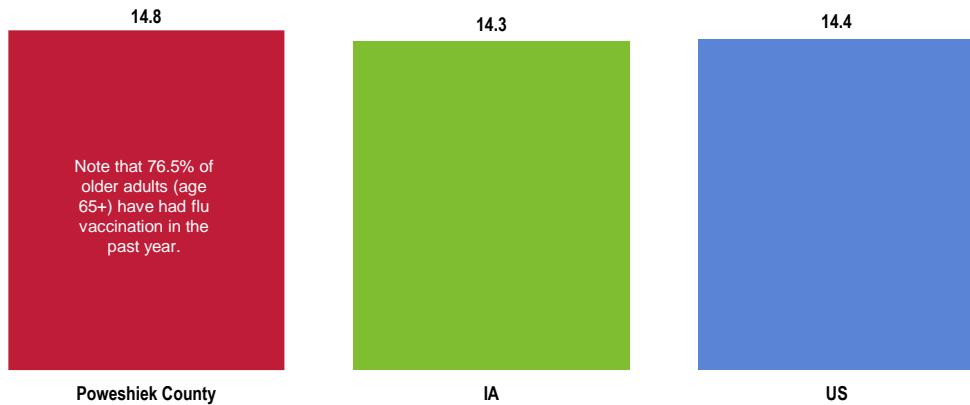


Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2022.  
Notes: • CLRD is chronic lower respiratory disease.

## Pneumonia/Influenza Deaths

Between 2011 and 2020, Poweshiek County reported an annual average age-adjusted pneumonia/influenza mortality rate of 14.8 deaths per 100,000 population.

### Pneumonia/Influenza: Age-Adjusted Mortality (2011-2020 Annual Average Deaths per 100,000 Population)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 124]  
• CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2022.



# Prevalence of Respiratory Disease

## Asthma

### Adults

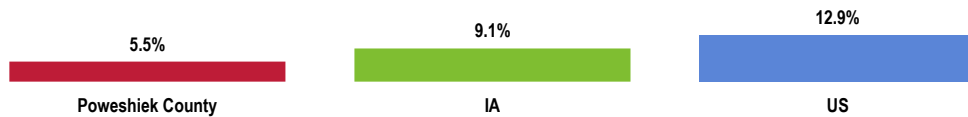
**A total of 5.5% of Poweshiek County adults currently suffer from asthma.**

**BENCHMARK** ▶ Lower than statewide and national percentages.

**DISPARITY** ▶ More prevalent among women.

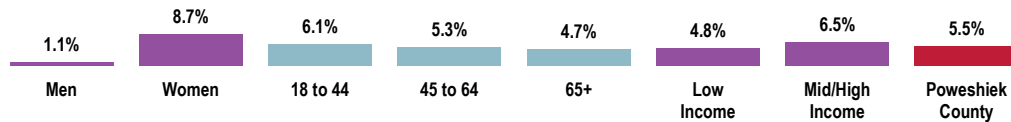
Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

### Prevalence of Asthma



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 119]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Iowa data.
  - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
  - Includes those who have ever been diagnosed with asthma and report that they still have asthma.

### Prevalence of Asthma (Poweshiek County, 2022)



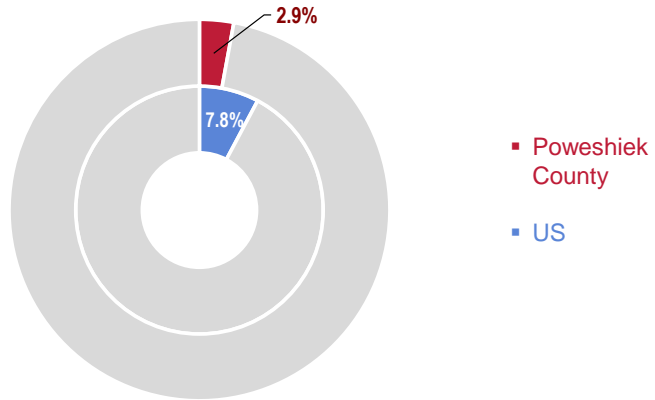
- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 119]
- Notes:
- Asked of all respondents.
  - Includes those who have ever been diagnosed with asthma and report that they still have asthma.



## Children

Among Poweshiek County children under age 18, 2.9% currently have asthma.

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



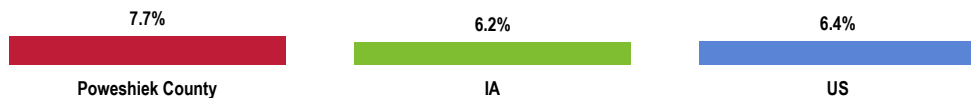
- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 120]
  - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents with children 0 to 17 in the household.
  - Includes children who have ever been diagnosed with asthma and are reported to still have asthma.

## Chronic Obstructive Pulmonary Disease (COPD)

A total of 7.7% of Poweshiek County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

### Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



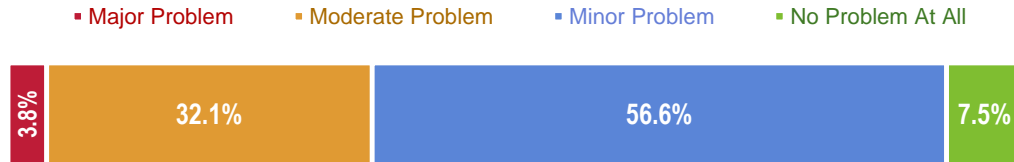
- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 23]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Iowa data.
  - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
  - Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.



# Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a “minor problem” in the community.

## Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2022)



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

### Co-Occurrences

• Allergies, smoking, vaping, air quality. – Community Leader

### Tobacco Use

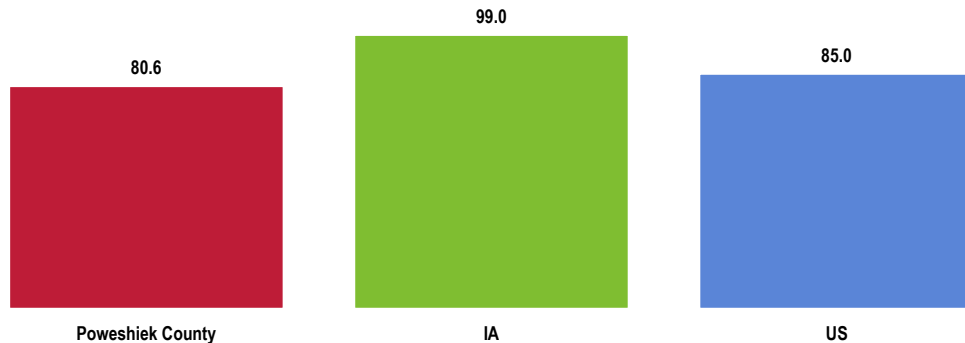
• A lot of people with smoking addiction and COPD. No pulmonologist available in town. – Other Health Provider

## Coronavirus Disease/COVID-19 Deaths

The 2020 age-adjusted COVID-19 mortality rate was 80.6 deaths per 100,000 population in Poweshiek County.

**BENCHMARK** ▶ Lower than the statewide rate.

## COVID-19: Age-Adjusted Mortality (2020 Average Deaths per 100,000 Population)



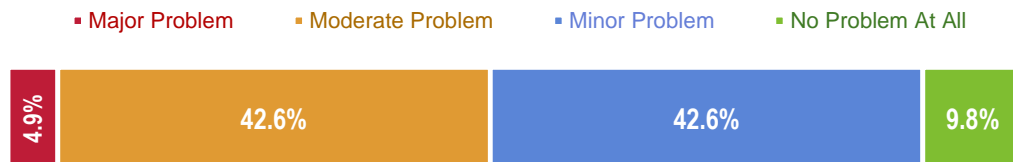
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2022.



# Key Informant Input: Coronavirus Disease/COVID-19

Key informants taking part in an online survey were equally likely to give “moderate” and “minor” ratings of *Coronavirus Disease/COVID-19* as an issue in the community.

## Perceptions of Coronavirus Disease/COVID-19 as a Problem in the Community (Key Informants, 2022)



Sources: ● PRC Online Key Informant Survey, PRC, Inc.  
Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

### Access to Care/Services

1. Poor structure to get immunizations out to the population – small Public Health staff with limited hours of services for immunizations; inefficient phone scheduling system for appointments; could have used a “full court press.” 2. Immunization nay-sayers in the county, refusing to be immunized – still lower than needed for full vaccination. – Community Leader

### Awareness/Education

Public perception about the safety and efficiency of the vaccine is poor. There has been poor vaccine uptake and poor adherence to public health guidelines around masking and isolation. – Community Leader

### Prevalence/Incidence

It's a problem all over Iowa. – Social Service Provider



# INJURY & VIOLENCE

## ABOUT INJURY & VIOLENCE

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

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

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

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

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

## Unintentional Injury

### Age-Adjusted Unintentional Injury Deaths

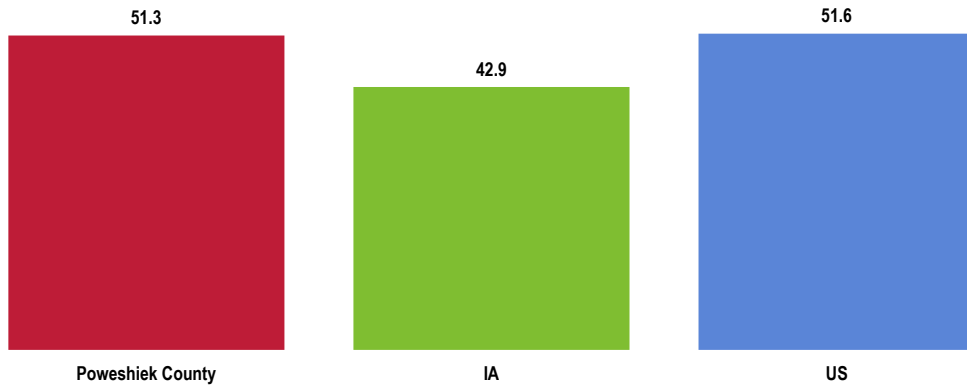
**Between 2018 and 2020, there was an annual average age-adjusted unintentional injury mortality rate of 51.3 deaths per 100,000 population in Poweshiek County.**

**BENCHMARK** ► Higher than found statewide. Fails to satisfy the Healthy People 2030 objective.





## Unintentional Injuries: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 43.2 or Lower

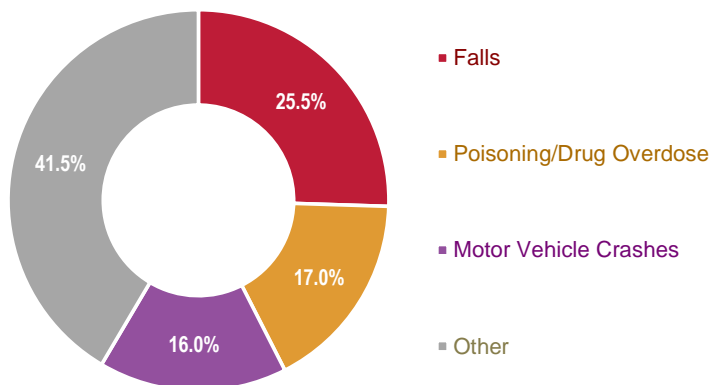


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2022.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

### Leading Causes of Unintentional Injury Deaths

**Falls, poisoning (including unintentional drug overdose), and motor vehicle crashes accounted for most unintentional injury deaths in Poweshiek County between 2011 and 2020.**

#### Leading Causes of Unintentional Injury Deaths (Poweshiek County, 2011-2020)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2022.

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



# Intentional Injury (Violence)

## Violent Crime

### Violent Crime Rates

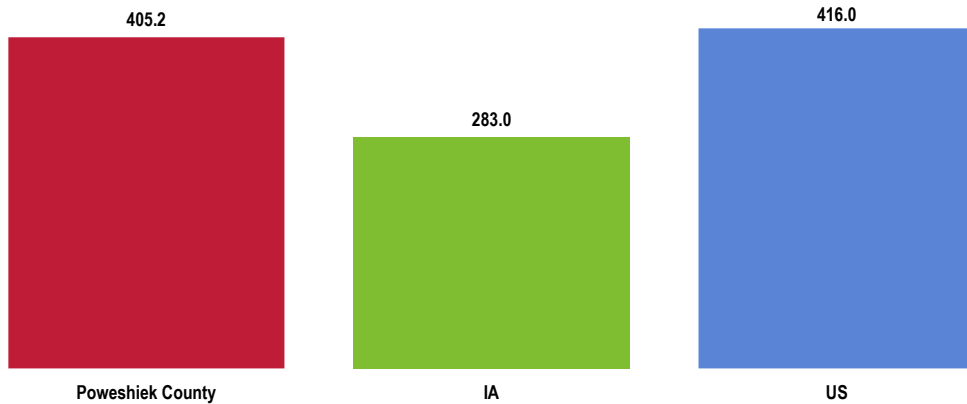
The county experienced 405.2 violent crimes per 100,000 population between 2015 and 2017.

**BENCHMARK** ► Much higher than found across Iowa.

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

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

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



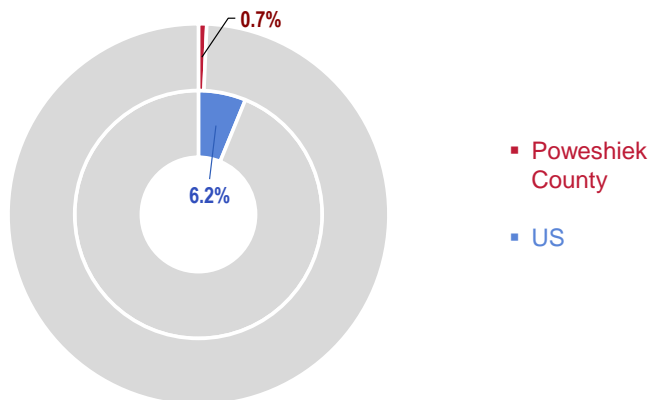
- Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2022 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
  - Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

### Community Violence

A total of 0.7% of surveyed Poweshiek County adults acknowledge being the victim of a violent crime in the area in the past five years.

**BENCHMARK** ► Well below the national percentage.

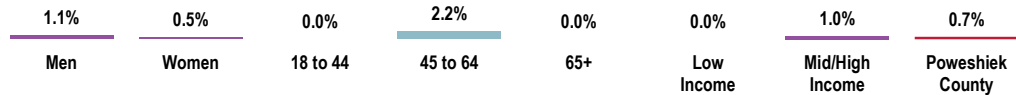
Victim of a Violent Crime in the Past Five Years



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 38]
  - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.



## Victim of a Violent Crime in the Past Five Years (Poweshiek County, 2022)

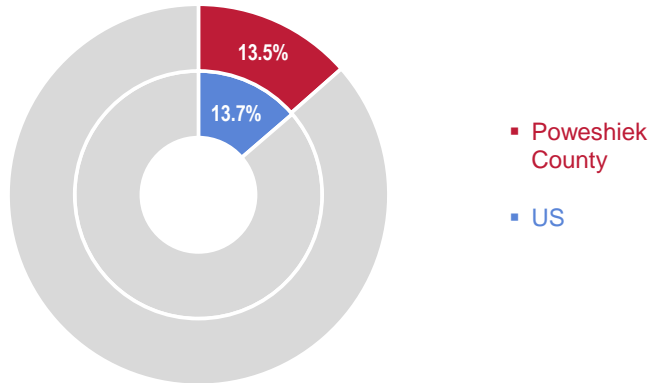


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 38]  
Notes: • Asked of all respondents.

### Intimate Partner Violence

**A total of 13.5% of Poweshiek County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.**

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



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 39]  
• 2020 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.

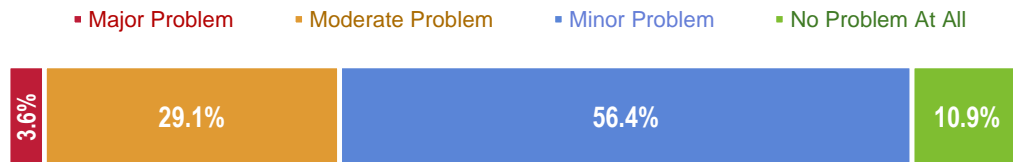
Respondents were read: "By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."



## Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a “minor problem” in the community.

### Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2022)



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

#### Domestic/Family Violence

High number of incarcerations resulting from domestic violence, and many are repeat offenders. – Social Service Provider



# DIABETES

## ABOUT DIABETES

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

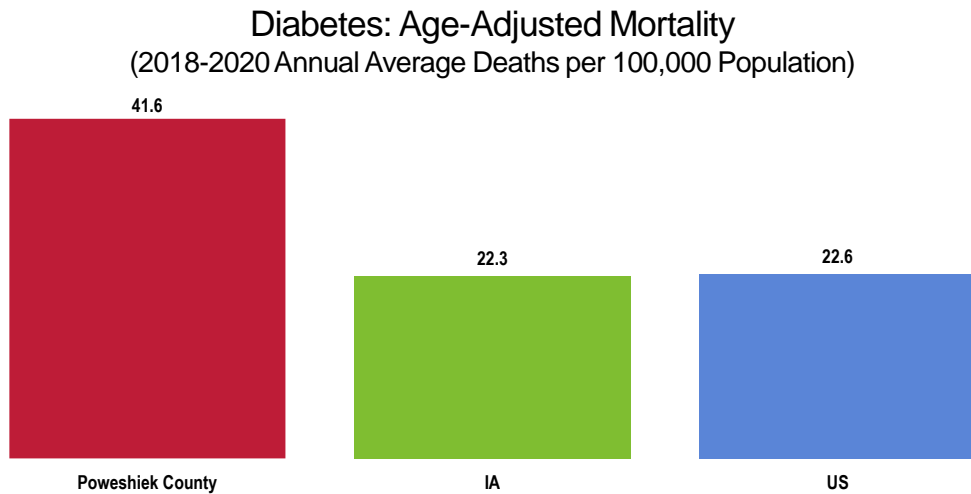
Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity,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

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

## Age-Adjusted Diabetes Deaths

Between 2018 and 2020, there was an annual average age-adjusted diabetes mortality rate of **41.6 deaths per 100,000 population in Poweshiek County.**

**BENCHMARK** ▶ Considerably higher than state and US rates.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2022.



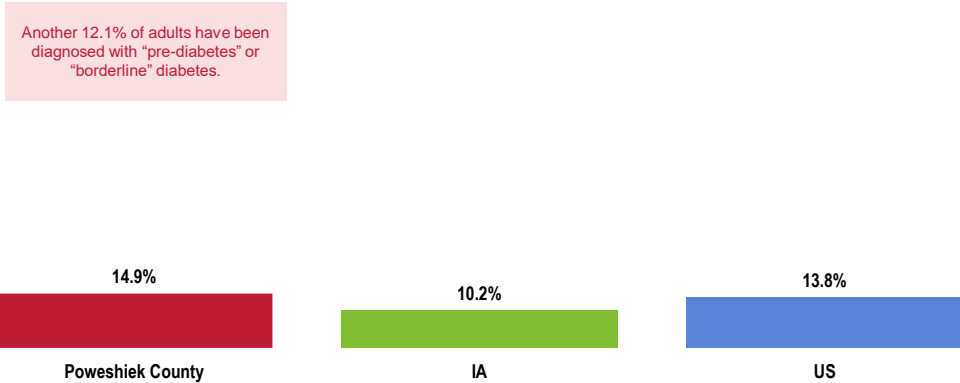
# Prevalence of Diabetes

A total of 14.9% of Poweshiek County adults report having been diagnosed with diabetes.

**BENCHMARK** ▶ Less favorable than the statewide percentage.

**DISPARITY** ▶ Increases sharply with age. Especially high among those with lower incomes.

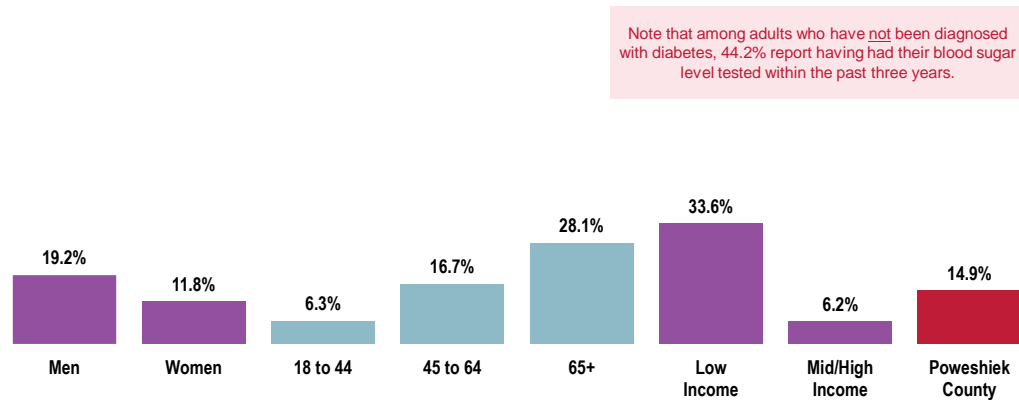
## Prevalence of Diabetes



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 121]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Iowa data.  
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).

## Prevalence of Diabetes (Poweshiek County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 33, 121]  
 Notes: • Asked of all respondents.  
 • Excludes gestational diabetes (occurring only during pregnancy).



# Key Informant Input: Diabetes

Key informants taking part in an online survey most often characterized *Diabetes* as a “moderate problem” in the community.

## Perceptions of Diabetes as a Problem in the Community (Key Informants, 2022)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, PRC, Inc.  
Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

### Access to Care/Services

- 1. Health care/providers is very limited for adults with diabetes, and pediatrics have to travel to Des Moines or Iowa City for routine diabetic care. Specialty items of assistive devices, shoes/socks, etc. must be ordered online or diabetic persons must travel to obtain these items. – Other Health Provider
- Those with diabetic foot ulcers need frequent appointments, either with a podiatrist or family physician, which can be a real issue. The closest wound care specialist is in Marshalltown; transportation there is a challenge. Many diabetic and pre-diabetic patients don't follow their diet and exercise regimen. Insulin can be expensive. – Public Health Representative
- The lack of community programs and health care and counseling for people with pre-diabetes and diabetic conditions, especially our youth. – Community Leader

### Affordable Medications/Supplies

- Affordable insulin, access to 24-hour pharmacy for emergency insulin. Smaller communities have limited food availability in terms of grocery stores and restaurants. – Community Leader
- Financial ability to pay for very expensive medications, and low medical IQ. – Physician

### Access to Affordable Healthy Food

- Access to healthy foods and making rational personal choices. – Community Leader

### Multiple Factors

- Compliance, education, finances, and food insecurity. – Other Health Provider

### Lifestyle

- Diet, lack of willpower to exercise, eat right, and improve health. Our society is used to eating too much and watching too much TV and screen time. – Public Health Representative



# KIDNEY DISEASE

## ABOUT KIDNEY DISEASE

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

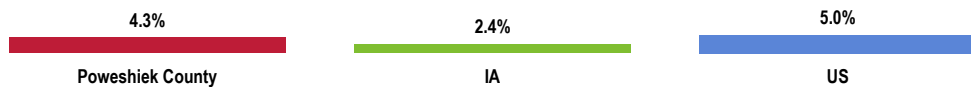
Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve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

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

## Prevalence of Kidney Disease

**A total of 4.3% of Poweshiek County adults report having been diagnosed with kidney disease.**

### Prevalence of Kidney Disease

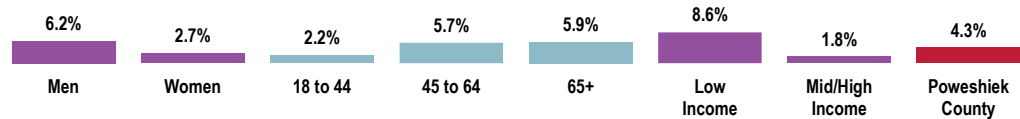


- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 24]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Iowa data.
  - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.





## Prevalence of Kidney Disease (Poweshiek County, 2022)

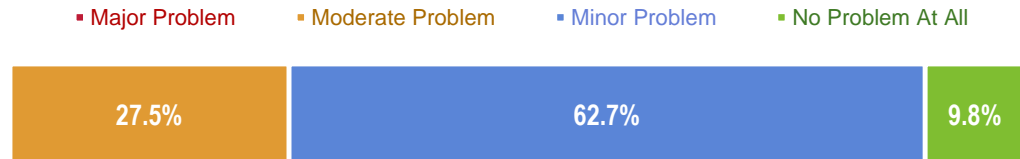


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 24]  
Notes: • Asked of all respondents.

## Key Informant Input: Kidney Disease

A high percentage of key informants taking part in an online survey characterized *Kidney Disease* as a “minor problem” in the community.

### Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2022)



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.



# POTENTIALLY DISABLING CONDITIONS

## Multiple Chronic Conditions

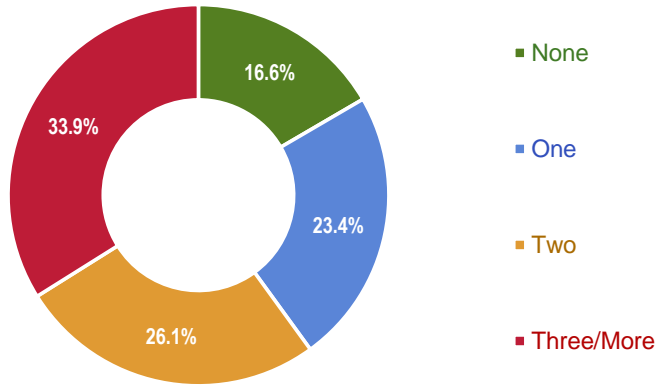
Among Poweshiek County survey respondents, most report currently having at least one chronic health condition.

For the purposes of this assessment, chronic conditions include:

- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart attack/angina
- High blood cholesterol
- High blood pressure
- Kidney disease
- Lung disease
- Obesity
- Stroke

Multiple chronic conditions are concurrent conditions.

Number of Current Chronic Conditions  
(Poweshiek County, 2022)

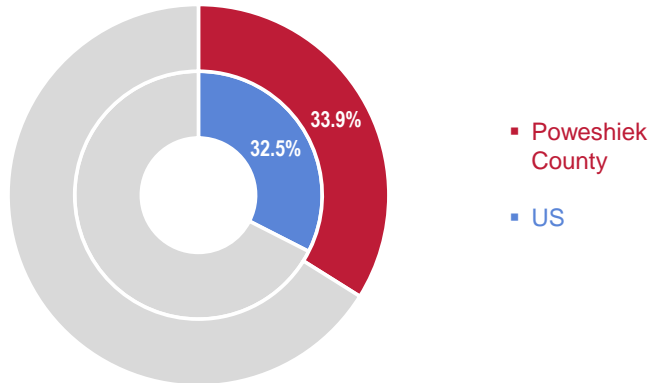


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 123]  
 Notes: • Asked of all respondents.  
 • In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.

In fact, 33.9% of Poweshiek County adults report having three or more chronic conditions.

DISPARITY ► Much more often reported among adults age 45+ and especially among those with lower incomes.

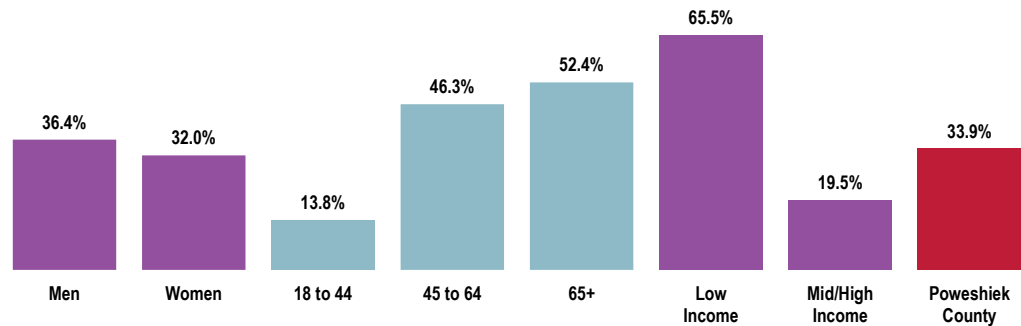
Currently Have Three or More Chronic Conditions



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 123]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.  
 • In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.



## Currently Have Three or More Chronic Conditions (Poweshiek County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 123]  
 Notes: • Asked of all respondents.  
 • In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.

## Activity Limitations

### ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

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



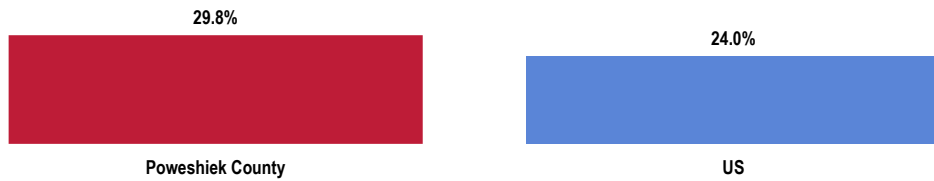
**A total of 29.8% of Poweshiek County adults are limited in some way in some activities due to a physical, mental, or emotional problem.**

**BENCHMARK** ▶ Higher than the national percentage.

**DISPARITY** ▶ Residents with lower incomes are much more likely to report having activity limitations.

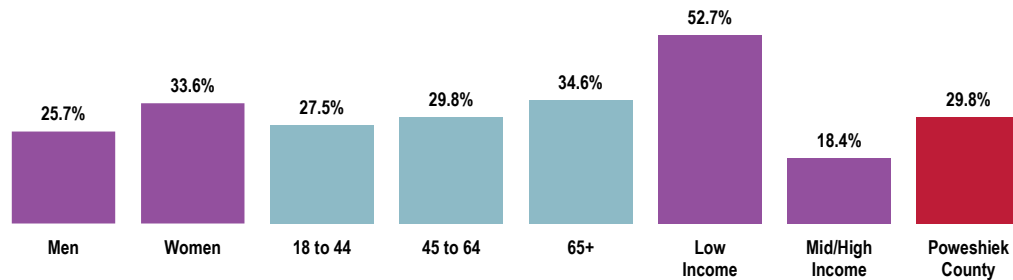
### Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem

- Most common conditions:
- Mental health
  - Arthritis
  - Back/neck problem
  - Difficulty walking
  - Bone/joint injury
  - Eye/vision problem



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 96-97]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

### Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem (Poweshiek County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 96]  
 Notes: • Asked of all respondents.



# Chronic Pain

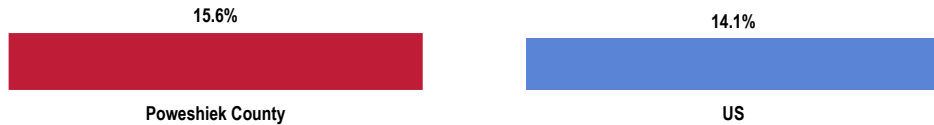
A total of 15.6% of Poweshiek County adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities “every day” or “most days” during the past six months.

**BENCHMARK** ▶ Fails to satisfy the Healthy People 2030 objective.

**DISPARITY** ▶ More often reported among those age 45+ and lower-income adults.

## Experience High-Impact Chronic Pain

Healthy People 2030 = 7.0% or Lower

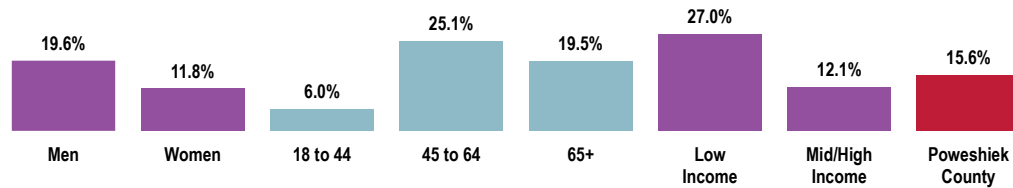


- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 37]
  - 2020 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
  - High-impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.

## Experience High-Impact Chronic Pain

(Poweshiek County, 2022)

Healthy People 2030 = 7.0% or Lower



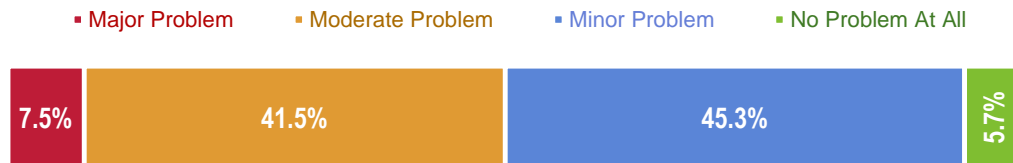
- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 37]
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
  - High-impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.



## Key Informant Input: Disability & Chronic Pain

Key informants taking part in an online survey most often characterized *Disability & Chronic Pain* as a “minor problem” in the community.

### Perceptions of Disability & Chronic Pain as a Problem in the Community (Key Informants, 2022)



Sources: ● PRC Online Key Informant Survey, PRC, Inc.  
Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

#### Access to Care/Services

Despite our proximity to Des Moines and Iowa City, our rural limited options create challenges for patients. GRMC and local providers do what they can, but the need far surpasses the supply. – Community Leader  
Again, patients are normally referred on. – Community Leader

#### Prevalence/Incidence

Almost every patient I see complains of some chronic pain issue. – Other Health Provider

## Alzheimer’s Disease

### ABOUT DEMENTIA

Alzheimer’s disease is the most common cause of dementia and the sixth leading cause of death in U.S. adults.<sup>1</sup> Nearly 6 million people in the United States have Alzheimer’s, and that number will increase as the population ages.

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

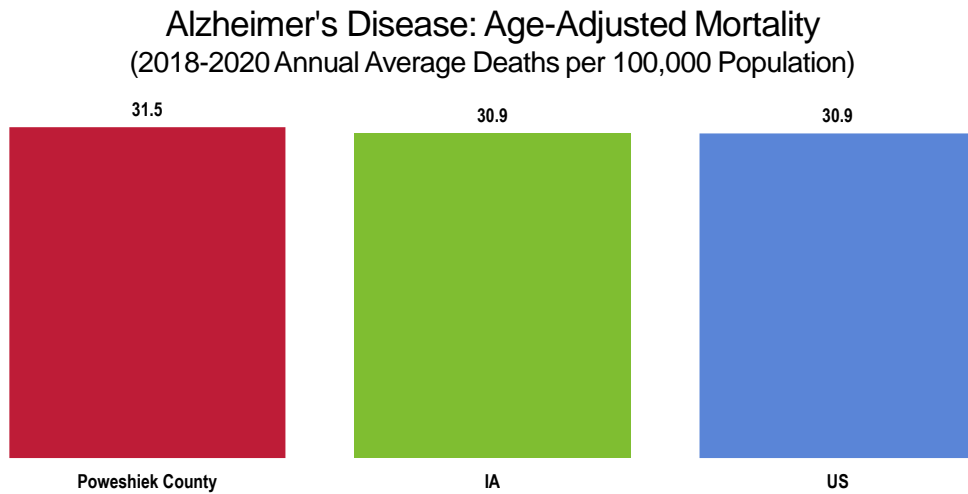
While there’s no cure for Alzheimer’s disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address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

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



## Age-Adjusted Alzheimer's Disease Deaths

Between 2018 and 2020, there was an annual average age-adjusted Alzheimer's disease mortality rate of 31.5 deaths per 100,000 population in Poweshiek County.

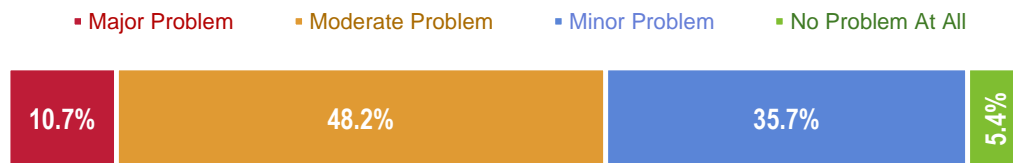


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2022.

## Key Informant Input: Dementia/Alzheimer's Disease

Key informants taking part in an online survey generally characterized *Dementia/Alzheimer's Disease* as a “moderate problem” in the community.

### Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2022)



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

#### Access to Care/Services

There is only one secure memory care in Poweshiek County. There are no doctors that specialize in this disease in Poweshiek County; therefore, dealing with the behaviors of a loved one with dementia/Alzheimer's disease can be difficult. – Community Leader

Access to community members who cannot get or afford in-home care. Family caregiver burnout. – Community Leader

#### Aging Population

Grinnell has a high population of senior-aged residents who are the most likely sufferers of dementia/Alzheimer's disease. – Community Leader

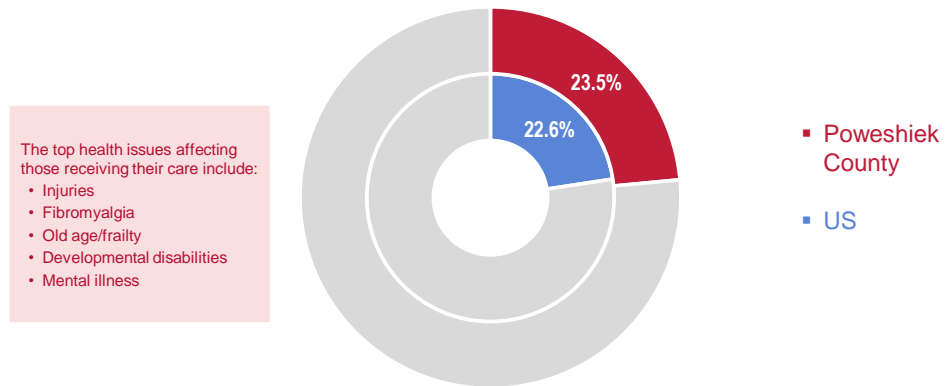
It is the generation of elderly that are in the area right now. There are not that many places available for the dementia/Alzheimer's patients. – Community Leader



# Caregiving

A total of 23.5% of Poweshiek County adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

## Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 98-99]  
• 2020 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.







# BIRTHS

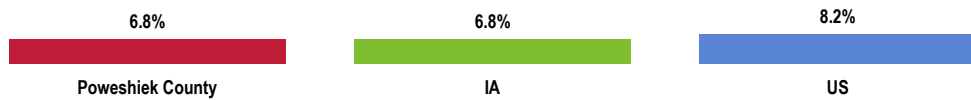
# BIRTH OUTCOMES & RISKS

## Low-Weight Births

A total of 6.8% of 2014-2020 Poweshiek County births were low-weight.

**BENCHMARK** ▶ Lower than found across the US.

Low-Weight Births  
(Percent of Live Births, 2014-2020)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted October 2022.

Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

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

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



# FAMILY PLANNING

## ABOUT FAMILY PLANNING

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

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

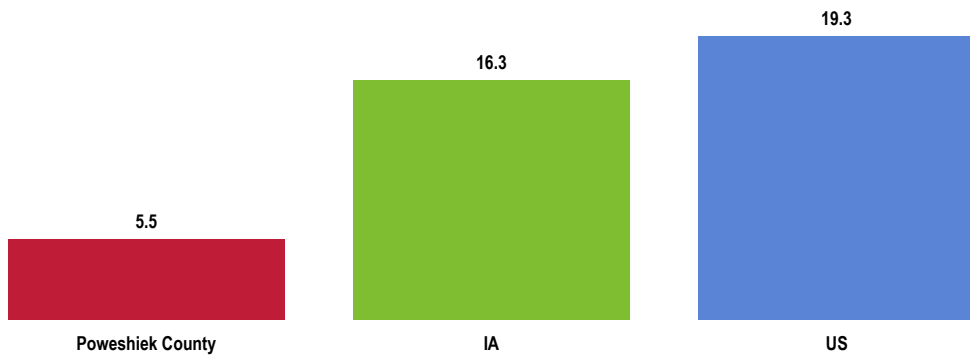
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Births to Adolescent Mothers

**Between 2014 and 2020, there were 5.5 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in Poweshiek County.**

**BENCHMARK** ▶ Considerably lower than state and national rates.

**Teen Birth Rate**  
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2014-2020)



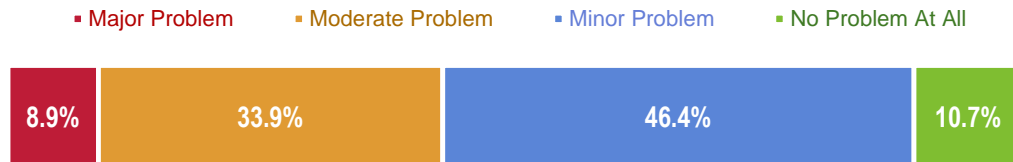
- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2022 via SparkMap ([sparkmap.org](http://sparkmap.org)).
- Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.



# Key Informant Input: Infant Health & Family Planning

Key informants taking part in an online survey generally characterized *Infant Health & Family Planning* as a “minor problem” in the community.

## Perceptions of Infant Health and Family Planning as a Problem in the Community (Key Informants, 2022)



Sources: ● PRC Online Key Informant Survey, PRC, Inc.  
Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

### Access to Care/Services

Our community is limited in family planning services available to those without a regular health care provider. We used to have Planned Parenthood available within our community. These services could be accessed by anyone, without judgment. Teenagers wanting birth control could find options at Planned Parenthood. Women of all ages and income levels could find support and guidance without judgment. I'm unsure exactly what is available at this time, but last I knew, there was a shuttle to another community for services? I hope I am wrong, that there are local options for family planning besides the local doctor offices. If there is something available, there needs to be more publicity. – Community Leader

Comprehensive early care for infants can be difficult to access and, when accessed, can be inadequate for the needs of the family. – Community Leader

OB/maternal health care. We are one of the only hospitals in the region that provides prenatal and birth care. Need to have more OB providers that also have a surgical background. – Community Leader

### Awareness/Education

Young families can be overwhelmed and do not know how to take care of an infant's health. Family planning is also needed because child care is an issue. – Community Leader

### Government

I'm concerned with the impacts of Roe v. Wade being overturned and what that will mean for access to abortion and other family planning options in Iowa. – Community Leader

### Lack of Providers

Family planning is more of an issue than infant health, but declining numbers of family practitioners is a barrier. Family planning though is a huge issue since the nearest resource is in Marshalltown. – Community Leader





# MODIFIABLE HEALTH RISKS

# NUTRITION

## ABOUT NUTRITION & HEALTHY EATING

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

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

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

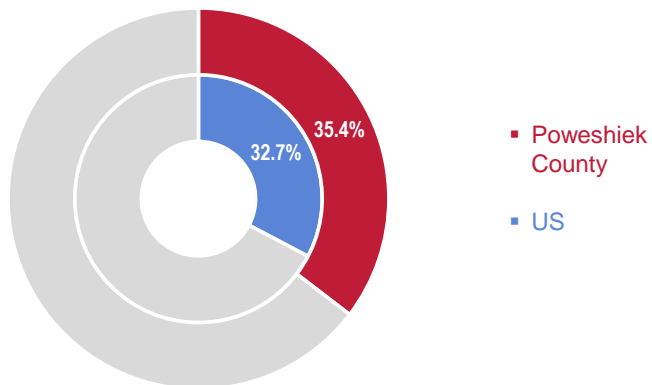
## Daily Recommendation of Fruits/Vegetables

**A total of 35.4% of Poweshiek County adults report eating five or more servings of fruits and/or vegetables per day.**

**DISPARITY** ▶ Those less likely to report eating fruits and vegetables include adults age 65+ and those with lower incomes.

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

### Consume Five or More Servings of Fruits/Vegetables Per Day

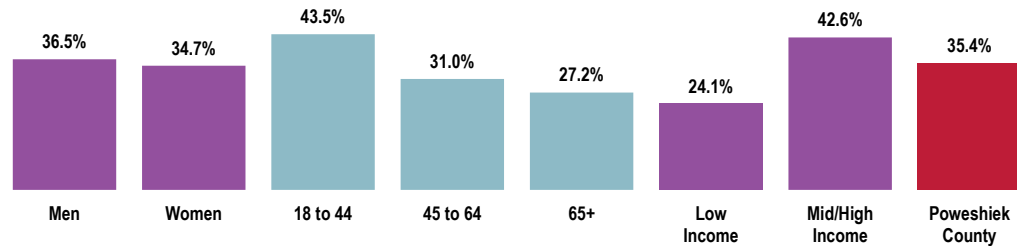


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 125]  
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.  
• For this issue, respondents were asked to recall their food intake on the previous day.



## Consume Five or More Servings of Fruits/Vegetables Per Day (Poweshiek County, 2022)

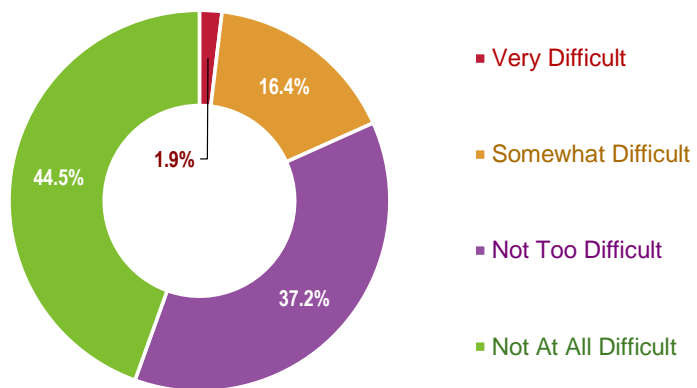


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 125]  
 Notes: • Asked of all respondents.  
 • For this issue, respondents were asked to recall their food intake on the previous day.

## Difficulty Accessing Fresh Produce

**Most Poweshiek County adults report little or no difficulty buying fresh produce at a price they can afford.**

### Level of Difficulty Finding Fresh Produce at an Affordable Price (Poweshiek County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 79]  
 Notes: • Asked of all respondents.

Respondents were asked: "How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"

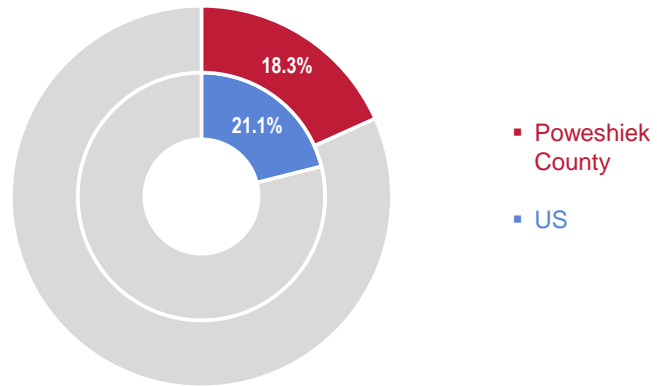
**RELATED ISSUE**  
 See also *Food Access* in the **Social Determinants of Health** section of this report.



However, 18.3% of Poweshiek County adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables.

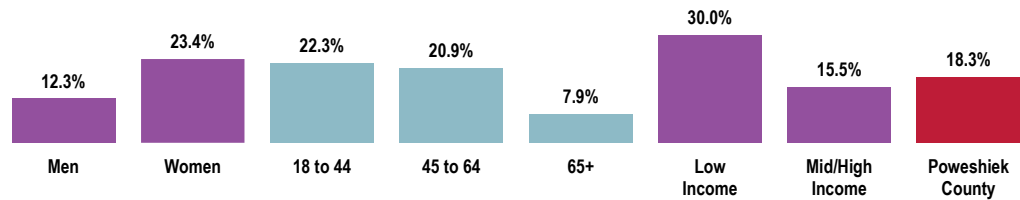
**DISPARITY** ► More often reported among women, adults younger than 65, and those with lower incomes.

### Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 79]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

### Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Poweshiek County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 79]  
 Notes: • Asked of all respondents.





# PHYSICAL ACTIVITY

## ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

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

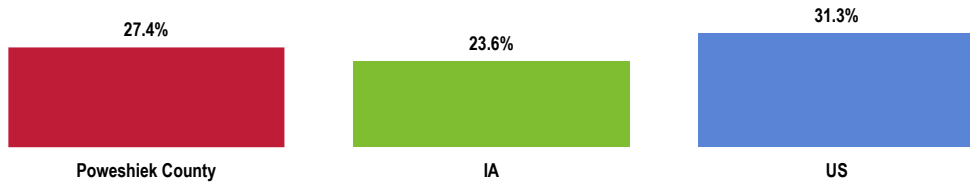
## Leisure-Time Physical Activity

**A total of 27.4% of Poweshiek County adults report no leisure-time physical activity in the past month.**

**BENCHMARK** ▶ Fails to satisfy the Healthy People 2030 objective.

### No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.2% or Lower



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 82]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Iowa data.
  - 2020 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.



# Activity Levels

## Adults

### ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services.  
[www.cdc.gov/physicalactivity](http://www.cdc.gov/physicalactivity)

“Meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activities:  
**Aerobic** activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

**Strengthening** activity is at least 2 sessions per week of exercise designed to strengthen muscles.

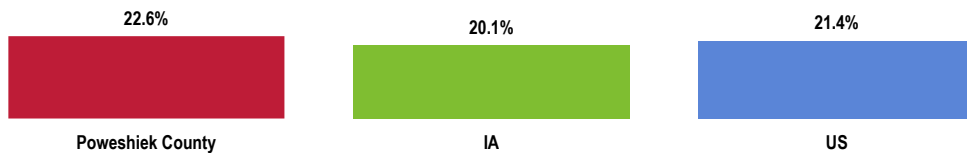
**A total of 22.6% of Poweshiek County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).**

**BENCHMARK** ▶ Fails to satisfy the Healthy People 2030 objective.

**DISPARITY** ▶ Adults with lower incomes are much less likely to report meeting the recommendations.

### Meets Physical Activity Recommendations

Healthy People 2030 = 28.4% or Higher

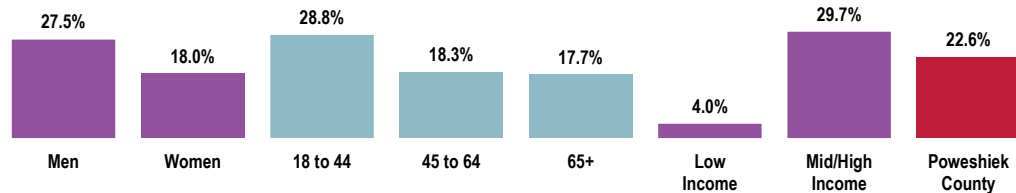


- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 126]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2020 Iowa data.
  - 2020 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
  - Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.



## Meets Physical Activity Recommendations (Poweshiek County, 2022)

Healthy People 2030 = 28.4% or Higher



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 126]
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
  - Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

## Children

### CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

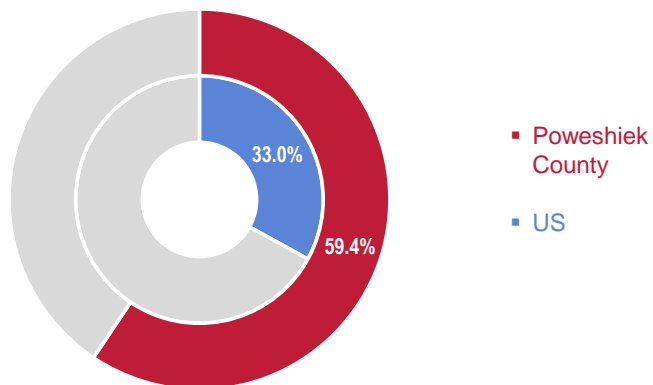
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. [www.cdc.gov/physicalactivity](http://www.cdc.gov/physicalactivity)

**Among Poweshiek County children age 2 to 17, 59.4% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).**

**BENCHMARK** ▶ Considerably higher than the US percentage.

### Child Is Physically Active for One or More Hours per Day (Parents of Children Age 2-17)



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 109]
  - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents with children age 2-17 at home.
  - Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

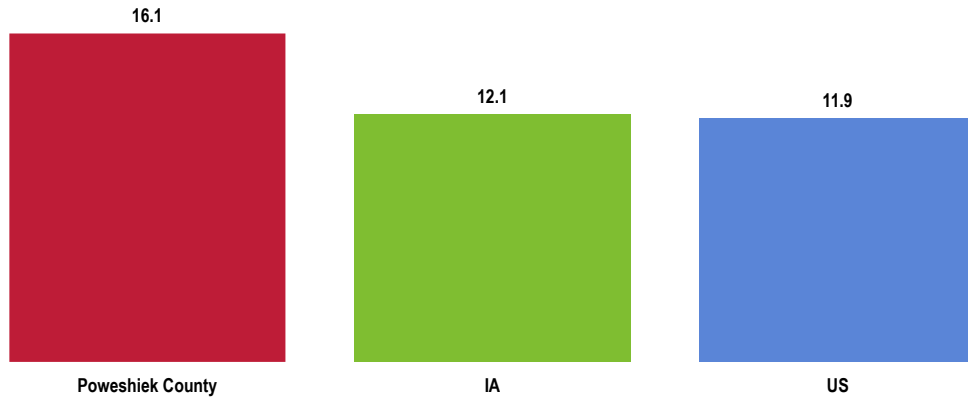


# Access to Physical Activity

In 2020, there were 16.1 recreation/fitness facilities for every 100,000 population in Poweshiek County.

**BENCHMARK** ▶ Better than found across Iowa and the US.

**Population With Recreation & Fitness Facility Access**  
(Number of Recreation & Fitness Facilities per 100,000 Population, 2020)



- Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2022 via SparkMap (sparkmap.org).
- Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."* Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.



# WEIGHT STATUS

## ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

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

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared ( $m^2$ ). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches<sup>2</sup>)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9  $kg/m^2$  and obesity as a BMI  $\geq 30 kg/m^2$ . The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25  $kg/m^2$ . The increase in mortality, however, tends to be modest until a BMI of 30  $kg/m^2$  is reached. For persons with a BMI  $\geq 30 kg/m^2$ , mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25  $kg/m^2$ .

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

## Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI ( $kg/m^2$ )
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	$\geq 30.0$

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.



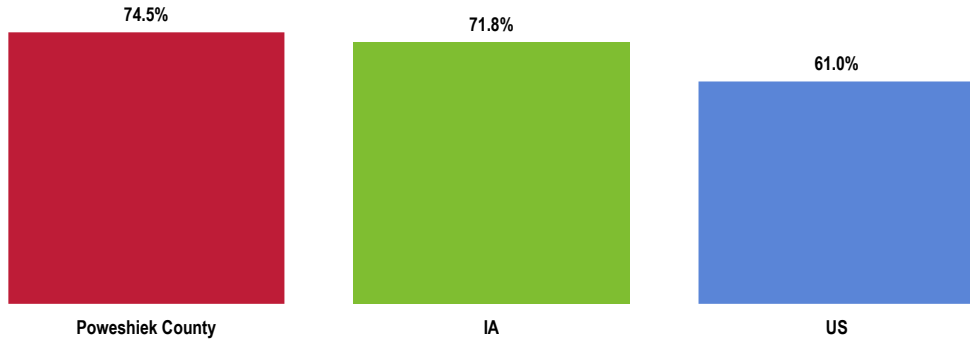
## Overweight Status

Nearly three-fourths of Poweshiek County adults (74.5%) are classified as **overweight**.

**BENCHMARK** ▶ Less favorable than the national percentage.

Here, "overweight" includes those respondents with a BMI value  $\geq 25$ .

### Prevalence of Total Overweight (Overweight and Obese)



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 128]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Iowa data.
  - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Based on reported heights and weights, asked of all respondents.
  - The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

The overweight prevalence above includes **40.3%** of Poweshiek County adults who are classified as **obese**.

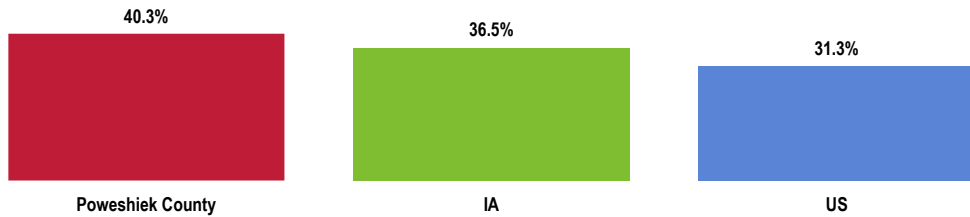
**BENCHMARK** ▶ Less favorable than the national percentage.

**DISPARITY** ▶ More often reported among adults age 45 to 64 and those with lower incomes.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value  $\geq 30$ .

### Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower

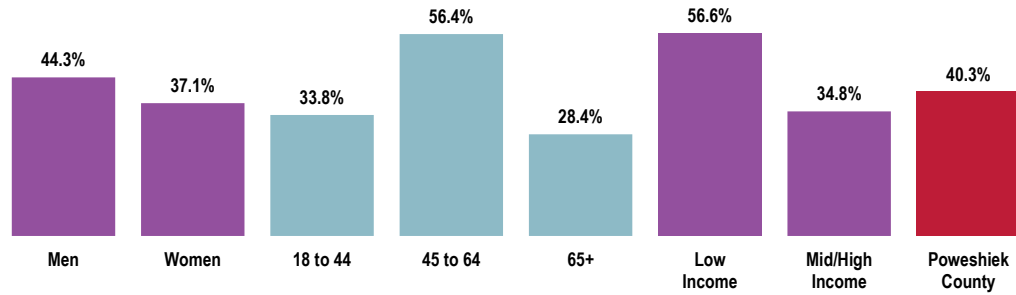


- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 128]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Iowa data.
  - 2020 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Based on reported heights and weights, asked of all respondents.
  - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.



## Prevalence of Obesity (Poweshiek County, 2022)

Healthy People 2030 = 36.0% or Lower



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 128]  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Based on reported heights and weights, asked of all respondents.  
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

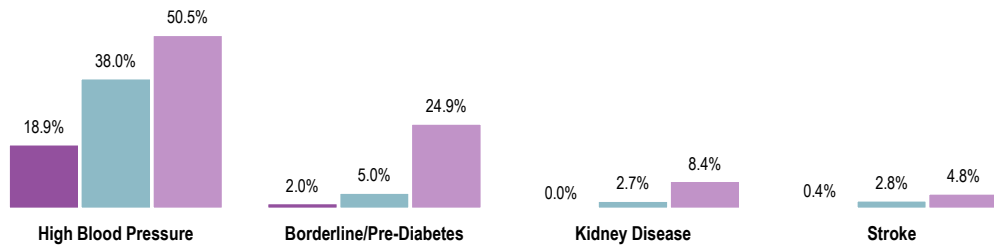
## Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

The correlation between overweight and various health issues cannot be disputed.

### Relationship of Overweight With Other Health Issues (Poweshiek County, 2022)

■ Among Healthy Weight   ■ Among Overweight/Not Obese   ■ Among Obese



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 128]  
 Notes: • Based on reported heights and weights, asked of all respondents.



# Children's Weight Status

## ABOUT WEIGHT STATUS IN CHILDREN & TEENS

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

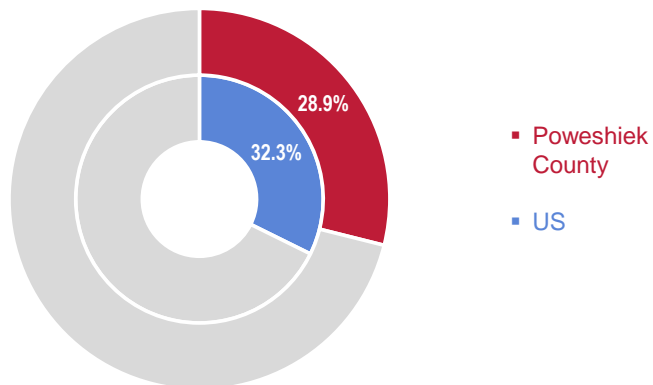
BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5<sup>th</sup> percentile
- Healthy Weight ≥5<sup>th</sup> and <85<sup>th</sup> percentile
- Overweight ≥85<sup>th</sup> and <95<sup>th</sup> percentile
- Obese ≥95<sup>th</sup> percentile

– Centers for Disease Control and Prevention

**Based on the heights/weights reported by surveyed parents, 28.9% of Poweshiek County children age 5 to 17 are overweight or obese (≥85<sup>th</sup> percentile).**

Prevalence of Overweight in Children  
(Parents of Children Age 5-17)



Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 131]

● 2020 PRC National Health Survey, PRC, Inc.

Notes: ● Asked of all respondents with children age 5-17 at home.

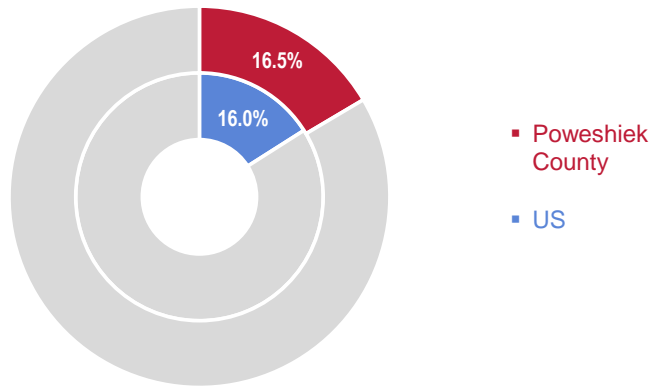
● Overweight among children is determined by children's Body Mass Index status at or above the 85<sup>th</sup> percentile of US growth charts by gender and age.





The childhood overweight prevalence above includes 16.5% of area children age 5 to 17 who are obese (≥95th percentile).

### Prevalence of Obesity in Children (Children Age 5-17 Who Are Obese; BMI in the 95<sup>th</sup> Percentile or Higher) Healthy People 2030 = 15.5% or Lower

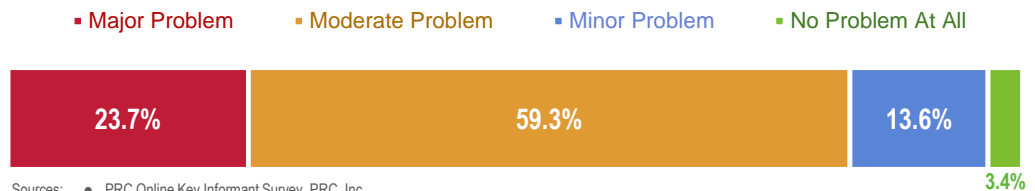


- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 131]
  - 2020 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents with children age 5-17 at home.
  - Obesity among children is determined by children’s Body Mass Index status equal to or above the 95<sup>th</sup> percentile of US growth charts by gender and age.

## Key Informant Input: Nutrition, Physical Activity & Weight

The greatest share of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a “moderate problem” in the community.

### Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community (Key Informants, 2022)



- Sources:
- PRC Online Key Informant Survey, PRC, Inc.
- Notes:
- Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

#### Access to Affordable Healthy Food

Cost of healthy food. Access to recreation and wellness facilities, the distance and cost. Personal choices. – Community Leader



Unfortunately, the cheapest food is most often the unhealthiest. High carbs and sodium and added sugar are found in much of the food distributed at local food banks because it is the cheapest and what the majority of their clients will eat. – Community Leader

Fast, healthy, cost-friendly eating choices. – Public Health Representative

## Awareness/Education

The lack of public education – especially in our schools, a small number of accessible and affordable exercise facilities and programs, the prevalence of limited healthy foods vs. unlimited unhealthy foods, failure by our employers, health care providers, and community as a whole to promote and encourage healthier lifestyles. – Community Leader

People need to learn how to cook. School activities can be every day and every evening, so it makes it a challenge for nutrition. Programs for weight are not offered in the evening hours. Some kids need to have a place for physical activity. – Community Leader

## Nutrition

People don't want to cook healthy food. Fast food is easy. Food is also expensive – fruit, vegetables that are healthy are oftentimes the most expensive thing in the grocery store. This is a busy world, and too much attention is given to watching TV and not enough to physical activity. – Public Health Representative

Food with high sugar content is everywhere and convenient. Drinks with high sugar content are so easily available and normal for youth. There is very little food grown in Iowa – we grow commodities. As people get heavier, physical activity becomes harder. This is a very difficult problem to fix. – Community Leader

## Obesity

Obesity is on the rise and is affecting younger persons and children, as well. – Other Health Provider

Lack of obesity management or awareness by primary care provider. Food insecurity. Lack of affordable exercise facilities. – Other Health Provider

## Affordable Care/Services

Fitness club memberships can be expensive and cost-prohibitive and may not have resources or youth with weight concerns. Resources for nutritional guidance is also limited for families that do not have insurance or financial resources. Access to healthy foods is difficult for lower-income families. – Community Leader

## Built Environment

Grinnell is not a very walkable community. Also, access to low-cost healthy food is a challenge. – Physician

## Lifestyle

Healthy lifestyles include proper diet and exercise. – Other Health Provider

## Prevention Programs

Community members not participating in much-needed programs in the area. Manufacturing and larger employers not putting an emphasis on wellness programs. – Public Health Representative



# SUBSTANCE ABUSE

## ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. ...Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

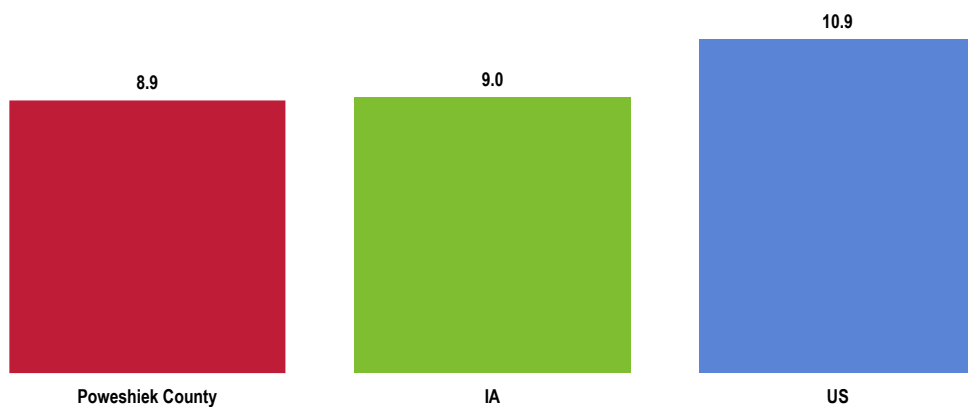
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Age-Adjusted Cirrhosis/Liver Disease Deaths

**Between 2011 and 2020, Poweshiek County reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 8.9 deaths per 100,000 population.**

**BENCHMARK** ▶ Lower than the national rate. Satisfies the Healthy People 2030 objective.

**Cirrhosis/Liver Disease: Age-Adjusted Mortality**  
(2011-2020 Annual Average Deaths per 100,000 Population)  
Healthy People 2030 Objective = 10.9 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2022.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



# Alcohol Use

## Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

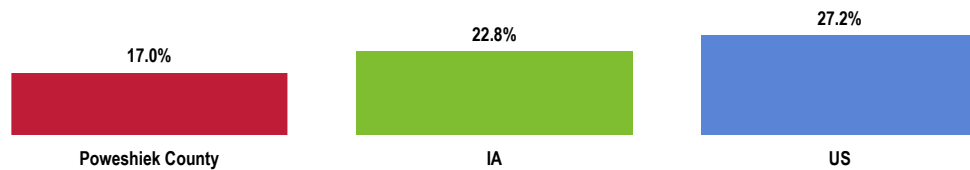
- **HEAVY DRINKERS** ▶ men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **BINGE DRINKERS** ▶ men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

**A total of 17.0% of area adults are excessive drinkers (heavy and/or binge drinkers).**

**BENCHMARK** ▶ Lower than found across Iowa and the US.

**DISPARITY** ▶ More often reported among young adults and residents with higher incomes.

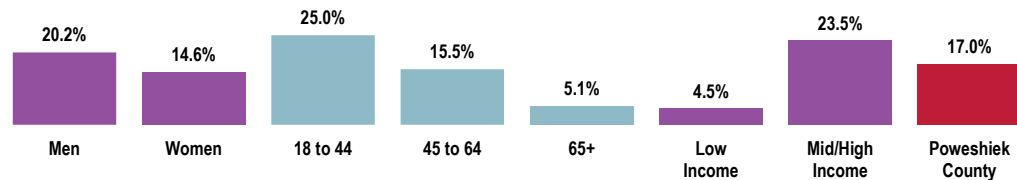
### Excessive Drinkers



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 136]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Iowa data.
  - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
  - Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.



## Excessive Drinkers (Poweshiek County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 136]

Notes: • Asked of all respondents.

• Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

## Illicit Drug Use

**A total of 3.5% of Poweshiek County adults acknowledge using an illicit drug in the past month.**

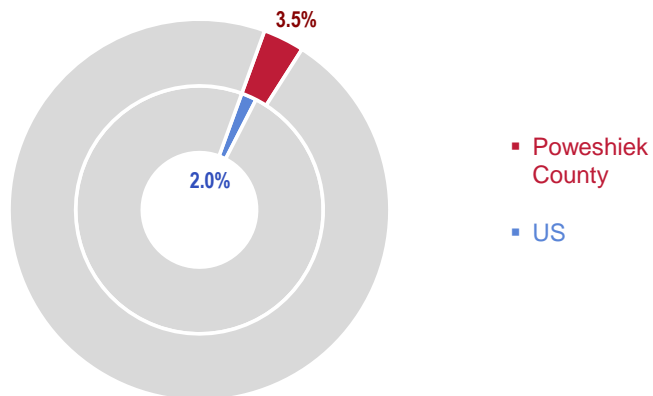
**DISPARITY** ▶ Those age 45 to 64 are more likely to report illicit drug use.

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

### Illicit Drug Use in the Past Month

Healthy People 2030 = 12.0% or Lower



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 49]

• 2020 PRC National Health Survey, PRC, Inc.

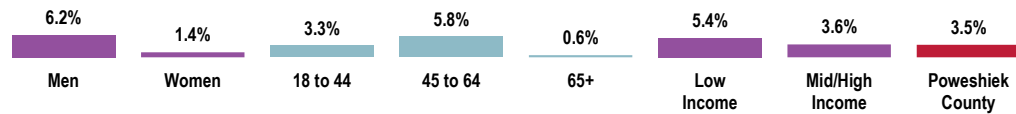
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.



## Illicit Drug Use in the Past Month (Poweshiek County, 2022)

Healthy People 2030 = 12.0% or Lower



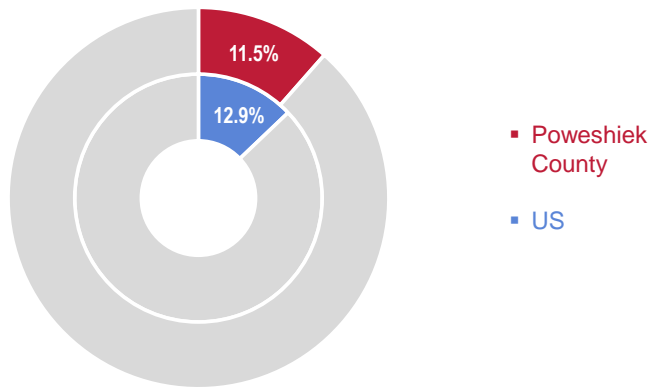
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 49]  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>  
 Notes: • Asked of all respondents.

## Use of Prescription Opioids

**A total of 11.5% of Poweshiek County adults report using a prescription opioid drug in the past year.**

**DISPARITY** ▶ Respondents age 45 to 64 and especially those with lower incomes are more likely to report prescription opioid use.

### Used a Prescription Opioid in the Past Year

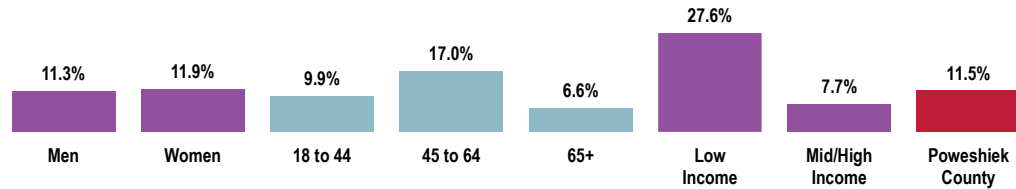


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 50]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.



## Used a Prescription Opioid in the Past Year (Poweshiek County, 2022)

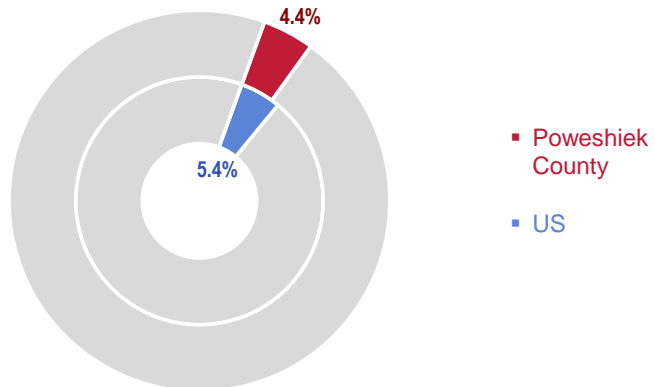


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 50]  
Notes: • Asked of all respondents.

## Alcohol & Drug Treatment

A total of 4.4% of Poweshiek County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

### Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 51]  
• 2020 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.

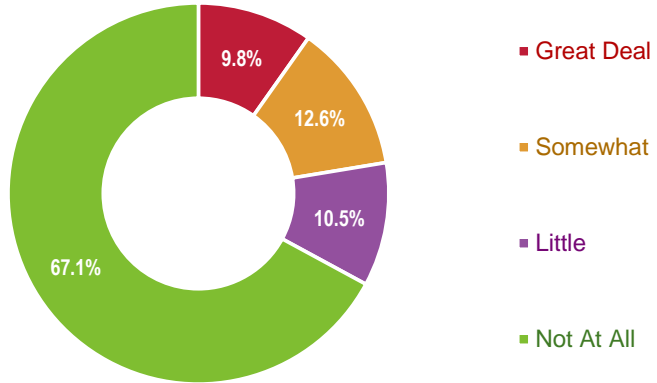


# Personal Impact From Substance Abuse

Area adults were also asked to what degree their lives have been impacted by substance abuse (whether their own abuse or that of another).

Most Poweshiek County residents' lives have not been negatively affected by substance abuse (either their own or someone else's).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's)  
(Poweshiek County, 2022)

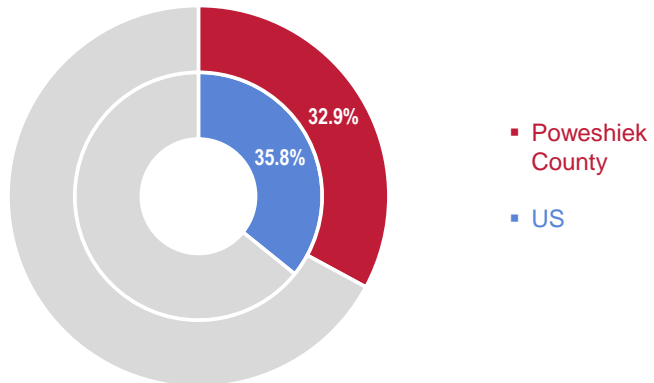


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 52]  
Notes: • Asked of all respondents.

However, 32.9% have felt a personal impact to some degree (“a little,” “somewhat,” or “a great deal”).

DISPARITY ► Adults under the age of 65 are more likely to report being affected.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

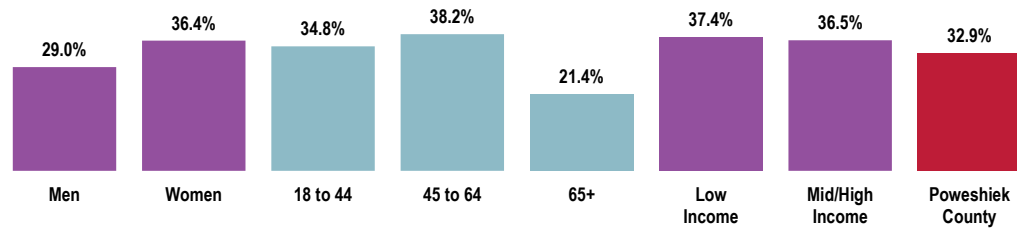


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 52]  
• 2020 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.  
• Includes response of “a great deal,” “somewhat,” and “a little.”





## Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (Poweshiek County, 2022)

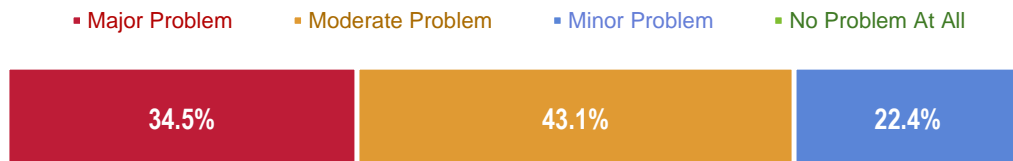


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 52]  
 Notes: • Asked of all respondents.  
 • Includes response of "a great deal," "somewhat," and "a little."

## Key Informant Input: Substance Abuse

Key informants taking part in an online survey generally characterized *Substance Abuse* as a "moderate problem" in the community.

### Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2022)



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

#### Access to Care/Services

Like mental health issues, there are very limited services for drug and alcohol treatment, with no detox or treatment facility. The nearest in Waterloo and Des Moines. Limited assistance through the emergency room, and severely limited services through SATUCI. – Community Leader

Lack of resources. – Other Health Provider

No programs locally to help with substance abuse. People have to go to larger cities to get the help they need. – Community Leader

There doesn't seem to be much assistance with keeping an individual in the hospital or elsewhere so that they can get the treatment they need. Most is done in an outpatient setting where it is too easy for the individual to go back to using again. – Community Leader

I am not aware of any substance abuse treatment in the community. There used to be something called SATUCI, but I do not know if they exist. – Community Leader

I don't know of anywhere in the area that people can go. – Public Health Representative



There is one substance abuse agency in Poweshiek County, and it is open two days a week. – Social Service Provider

Lack of resources and providers. – Community Leader

Much like mental health, there aren't very many resources for substance abusers outside of maybe a few AA/NA-type meetings at a local church or something. Drug use, abuse and manufacturing are higher in smaller communities also, so I would say it may be more readily available and easier to access than larger areas. Law enforcement is limited to enforcement also. Some towns may not have a law enforcement dedicated to it, making drug activity much easier. – Community Leader

Treatment centers or detox facilities. Case workers to follow up with patients and ensure they are taking medications. Training for first responders on dealing with someone in a mental health crisis. – Community Leader

A medical professional to treat. No facility and no transportation available for those with no vehicle. – Community Leader

## Lack of Providers

Lack of community-based providers. – Other Health Provider

Number of providers and or long-term care facilities. – Community Leader

## Prevalence/Incidence

There is such a large community of people with substance abuse in our community. They support each other and give each other a sense of family. This can be detrimental to the problem – they are happy and content living their life. I watched a drug house operate across the street from my store for approximately four years, until the house was finally condemned. Drug deals happened in broad daylight, in front of customers and employees. Law enforcement was aware of the problem, yet I seldom saw a police car patrol our street or neighborhood. They broke countless laws, such as vehicles sat on the street for months without moving, no license plates, vehicles parked across sidewalks for months, driving vehicles without plates. Law enforcement ignored these things when they took place at a home of known drug activity. When the police look the other way at all these little things, they realize they can get away with anything, and they did. – Community Leader

Drug abuse. Fentanyl is an issue because of the open border. Opioids are available everywhere, marijuana, and other drugs as well. – Public Health Representative

## Awareness/Education

Providers have limited knowledge of the extent that driving that drug abuse is going on in our community. – Physician

## Lack of Communication

Poor communication with Capstone, long waits, lack of a psychiatrist. – Physician

## Prevention/Screenings

Lack of screening by primary care provider. No outpatient or inpatient local detox facilities. – Other Health Provider

## Transportation

Transportation barrier, funding if not on Medicaid, staff shortages, only outpatient services are an option in Poweshiek County, so individuals must leave this community to access long-term treatment. A lack of transitional housing or shelters. – Social Service Provider



## Most Problematic Substances

Key informants (who rated this as a “major problem”) identified **alcohol** and **methamphetamine/other amphetamines** as causing the most problems in the community.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Abuse as a “Major Problem”)	
ALCOHOL	29.6%
METHAMPHETAMINE OR OTHER AMPHETAMINES	27.8%
HEROIN OR OTHER OPIOIDS	11.1%
MARIJUANA	11.1%
PRESCRIPTION MEDICATIONS	11.1%
CLUB DRUGS (e.g. MDMA, GHB, Ecstasy, Molly)	3.7%
COCAINE OR CRACK	3.7%
SYNTHETIC DRUGS (e.g. Bath Salts, K2/Spice)	1.9%



# TOBACCO USE

## ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

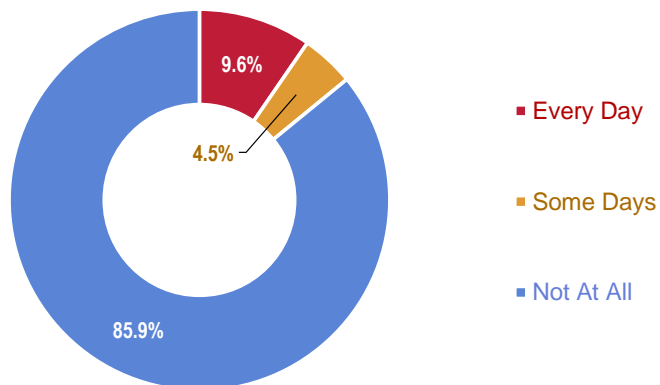
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Cigarette Smoking

### Cigarette Smoking Prevalence

**A total of 14.1% of Poweshiek County adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).**

Cigarette Smoking Prevalence  
(Poweshiek County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 40]  
Notes: • Asked of all respondents.



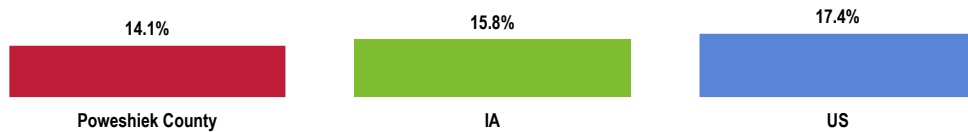
Note the following findings related to cigarette smoking prevalence in Poweshiek County.

**BENCHMARK** ▶ Fails to satisfy the Healthy People 2030 objective.

**DISPARITY** ▶ Those age 45 to 64 are more likely to report that they smoke cigarettes.

## Current Smokers

Healthy People 2030 = 5.0% or Lower

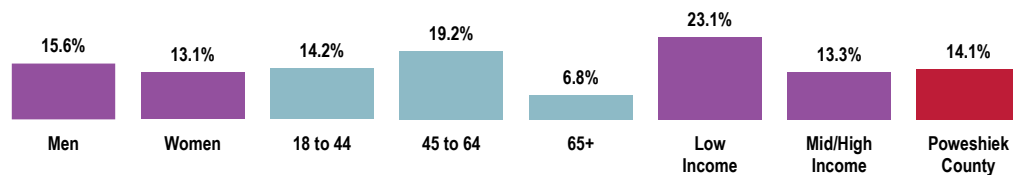


- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 40]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2020 Iowa data.
  - 2020 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
  - Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

## Current Smokers

(Poweshiek County, 2022)

Healthy People 2030 = 5.0% or Lower



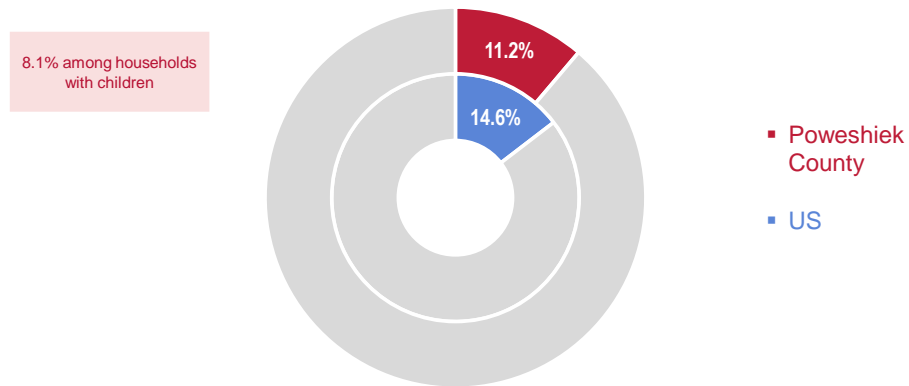
- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 40]
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
  - Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).



## Environmental Tobacco Smoke

Among all surveyed households in Poweshiek County, 11.2% report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month.

### Member of Household Smokes at Home



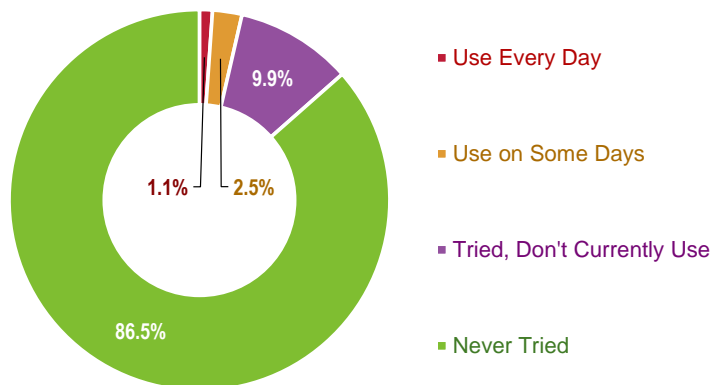
- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 43, 134]
  - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
  - "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

## Other Tobacco Use

### Use of Vaping Products

Most Poweshiek County adults have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products.

### Use of Vaping Products (Poweshiek County, 2022)



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 135]
- Notes:
- Asked of all respondents.

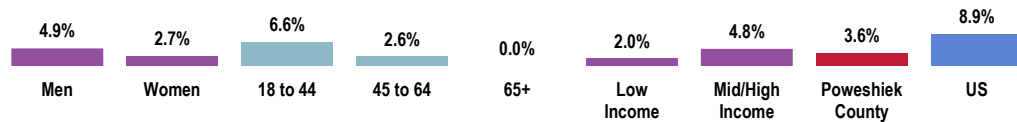


However, 3.6% currently use vaping products either regularly (every day) or occasionally (on some days).

**BENCHMARK** ▶ Well below the US finding.

**DISPARITY** ▶ Highest among adults under 45.

### Currently Use Vaping Products (Poweshiek County, 2022)

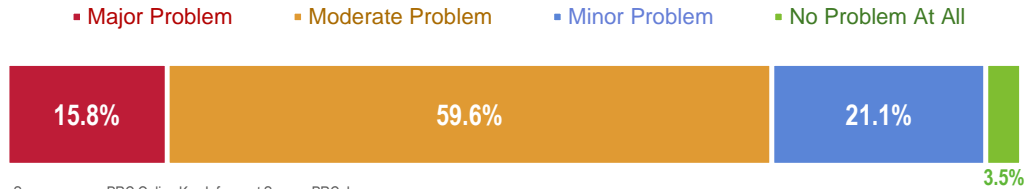


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 135]  
 Notes: • Asked of all respondents.  
 • Includes regular and occasional users (those who use vaping products every day or on some days).

## Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a “moderate problem” in the community.

### Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2022)



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

#### E-Cigarettes

Vaping with juveniles, tied into marijuana use. – Community Leader

The increase in vaping is a problem everywhere. Vaping is started at a very young age, for example, fourth-graders. – Social Service Provider



## Impact on Quality of Life

Tobacco use is a major problem in nearly all rural cities that I have been a part of, leading to or exacerbating a host of chronic medical conditions. – Community Leader

I hear about a lot of unsuccessful attempts to quit, resulting health problems from tobacco use, underage use, many people who are homeless prioritize spending their few resources on cigarettes, unfortunately tobacco use is a coping strategy used by many to help manage stress. – Social Service Provider

## Prevalence/Incidence

Number of patients I see with chronic lung disease. – Physician

Tobacco usage among young people. – Public Health Representative

## Awareness/Education

Lack of education and screening at regular health care visits. Socioeconomic status. – Other Health Provider

## Easy Access

Cigarettes are still readily available, along with smokeless tobacco, chewing tobacco and snuff. Vaping has become extremely popular with youth and is very common to get, even in schools. – Community Leader

## Environmental Tobacco Smoke

Many people smoke and stand right outside of doors to stores or offices, and you have to walk through it. People have COPD and other diseases related to smoking and are on oxygen and still smoke. – Other Health Provider





# SEXUAL HEALTH

## ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

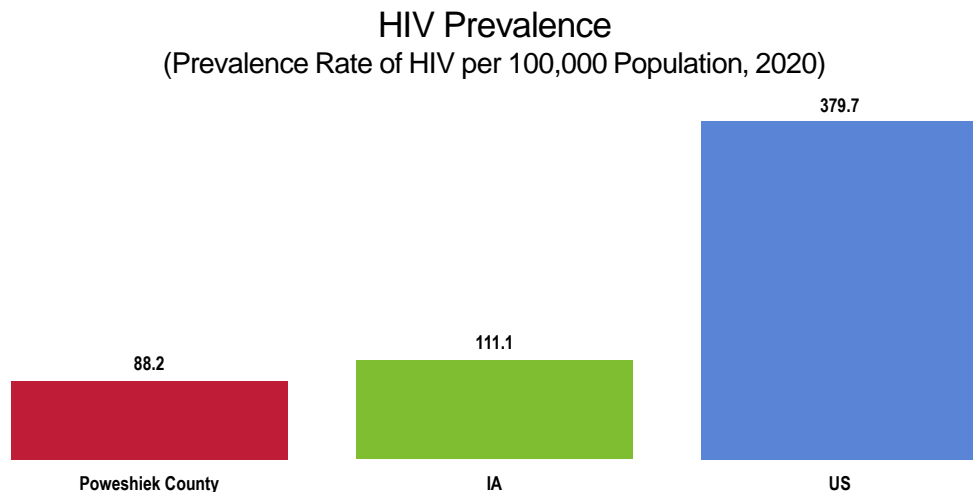
– Healthy People 2030 (<https://health.gov/healthypeople>)

## HIV

### HIV Prevalence

In 2020, there was a prevalence of 88.2 HIV cases per 100,000 population in Poweshiek County.

**BENCHMARK** ▶ Lower than the statewide rate and especially the US rate.



- Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2022 via SparkMap ([sparkmap.org](http://sparkmap.org)).
- Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.



# Sexually Transmitted Infections (STIs)

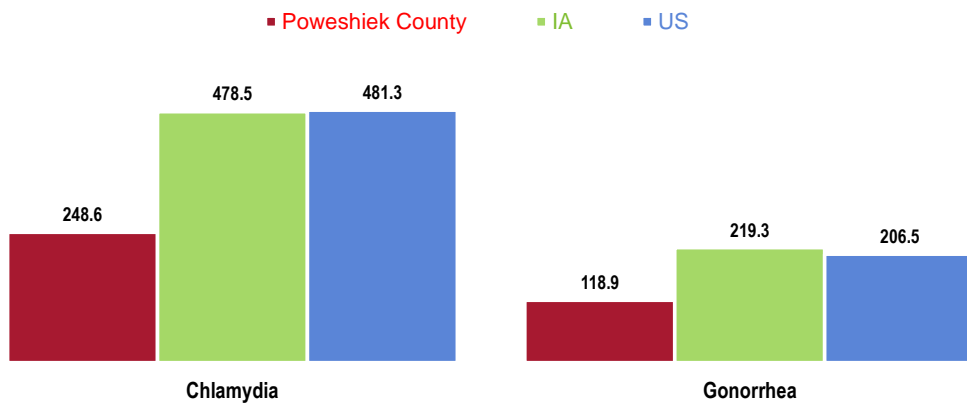
## Chlamydia & Gonorrhea

In 2020, the chlamydia incidence rate in Poweshiek County was 248.6 cases per 100,000 population.

The Poweshiek County gonorrhea incidence rate in 2020 was 118.9 cases per 100,000 population.

**BENCHMARK** ▶ The rate for each is well below the corresponding state and national rates.

### Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2020)



Sources: 

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2022 via SparkMap (sparkmap.org).

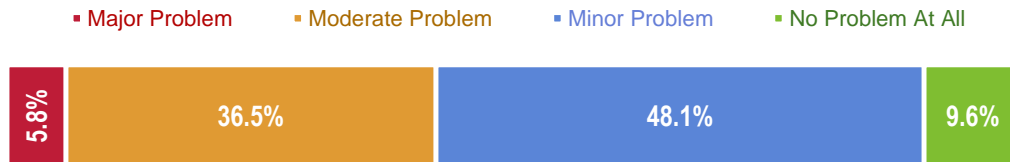
Notes: 

- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

## Key Informant Input: Sexual Health

Key informants taking part in an online survey generally characterized *Sexual Health* as a “minor problem” in the community.

### Perceptions of Sexual Health as a Problem in the Community (Key Informants, 2022)



Sources: 

- PRC Online Key Informant Survey, PRC, Inc.

Notes: 

- Asked of all respondents.



Among those rating this issue as a “major problem,” reasons related to the following:

### Access to Care/Services

We have no women's health programs for young teenagers to use for safe sex practices. – Public Health Representative

### Affordable Care/Services

Access to free and low-cost services such as cervical cancer screenings, STI screenings and mammography no longer exists. – Physician

### Sexually Active Youth

Promiscuity, lack of parental support for birth control for teens, not enough education on safe sex. – Public Health Representative





# ACCESS TO HEALTH CARE

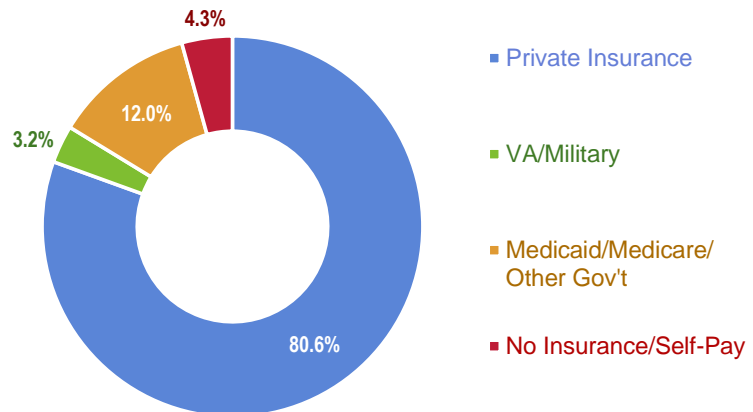
# HEALTH INSURANCE COVERAGE

## Type of Health Care Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

A total of 80.6% of Poweshiek County adults age 18 to 64 report having health care coverage through private insurance. Another 15.2% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage  
(Adults Age 18-64; Poweshiek County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 137]  
Notes: • Reflects respondents age 18 to 64.

## Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

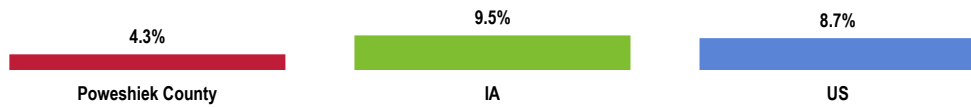
Among adults age 18 to 64, 4.3% report having no insurance coverage for health care expenses.

**BENCHMARK** ▶ Lower than found across Iowa and the US. Satisfies the Healthy People 2030 objective.



## Lack of Health Care Insurance Coverage (Adults Age 18-64)

Healthy People 2030 = 7.9% or Lower



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 137]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Iowa data.
  - 2020 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents under the age of 65.



# DIFFICULTIES ACCESSING HEALTH CARE

## ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

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

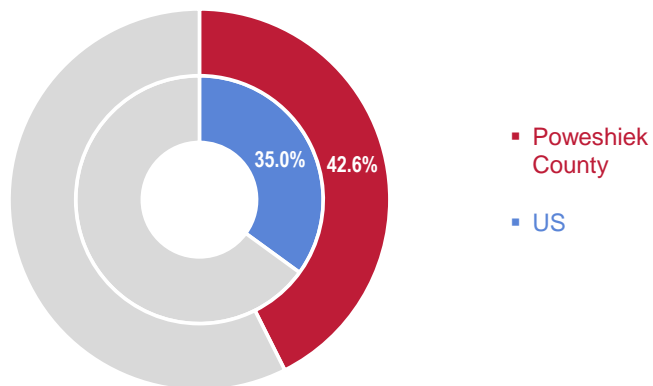
## Difficulties Accessing Services

**A total of 42.6% of Poweshiek County adults report some type of difficulty or delay in obtaining health care services in the past year.**

**BENCHMARK** ► Worse than found nationally.

**DISPARITY** ► More often reported among women and adults younger than 45.

### Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



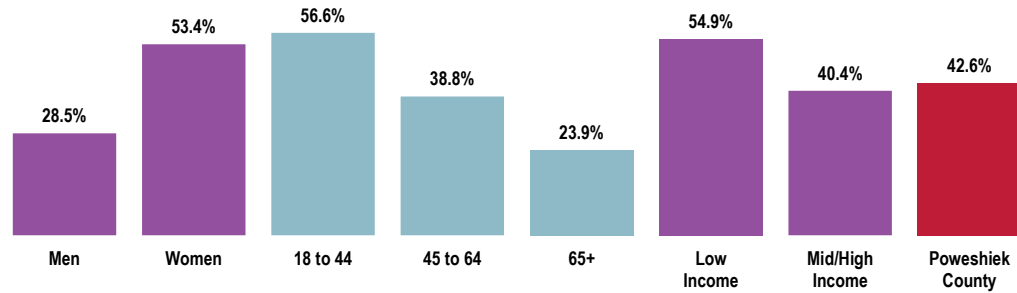
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 140]  
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.  
• Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.



## Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (Poweshiek County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 140]  
 Notes: • Asked of all respondents.  
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

## Barriers to Health Care Access

Of the tested barriers, appointment availability and difficulty finding a physician impacted the greatest shares of Poweshiek County adults.

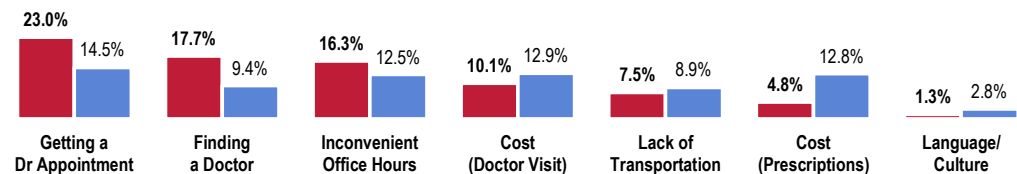
**BENCHMARK** ► Two of the tested barriers were found to be more of a barrier locally than nationally: **appointment availability** and **difficulty finding a physician**. Meanwhile, **cost of prescriptions** was less of a barrier locally than nationally.

Note also the percentage of adults who have skipped or reduced medication doses in the past year in order to stretch a prescription and save costs.

## Barriers to Access Have Prevented Medical Care in the Past Year

■ Poweshiek County ■ US

In addition, 9.9% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 7-14]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.



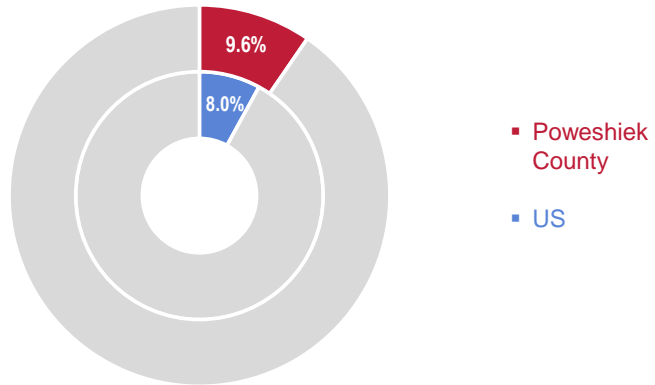


# Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

A total of 9.6% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

Had Trouble Obtaining Medical Care for Child in the Past Year  
(Parents of Children 0-17)

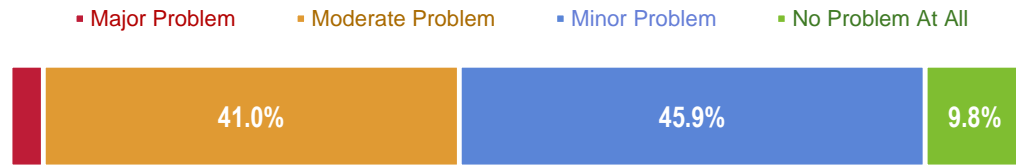


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 104]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents with children 0 to 17 in the household.

# Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey generally characterized *Access to Health Care Services* as a “minor problem” in the community.

Perceptions of Access to Health Care Services  
as a Problem in the Community  
(Key Informants, 2022)



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

## Access to Care/Services

- Outreach to the smaller communities in the county. Long distances to the hospital and emergency facilities. Insufficient ambulance service. Lack of enough Medicaid-eligible doctors and dentists. Overall cost for health care emergency services. – Community Leader
- Specialty providers are only available one or two days per month. – Community Leader



## Translation Services

Growing population of non-native English speakers in our service area. Access to in-person translation services would be helpful to improve access to health care in these populations. – Physician

## Affordable Care/Services

Cost of health care is the biggest challenge related to accessing health care. Also, availability of providers. – Physician

## Palliative Care

I do not believe we have adequate options for end-of-life care and affordable senior housing. – Community Leader

## Transportation

Transportation to and from medical appointments, especially out of town to such places as the VA and University of Iowa hospitals. – Public Health Representative



# PRIMARY CARE SERVICES

## ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

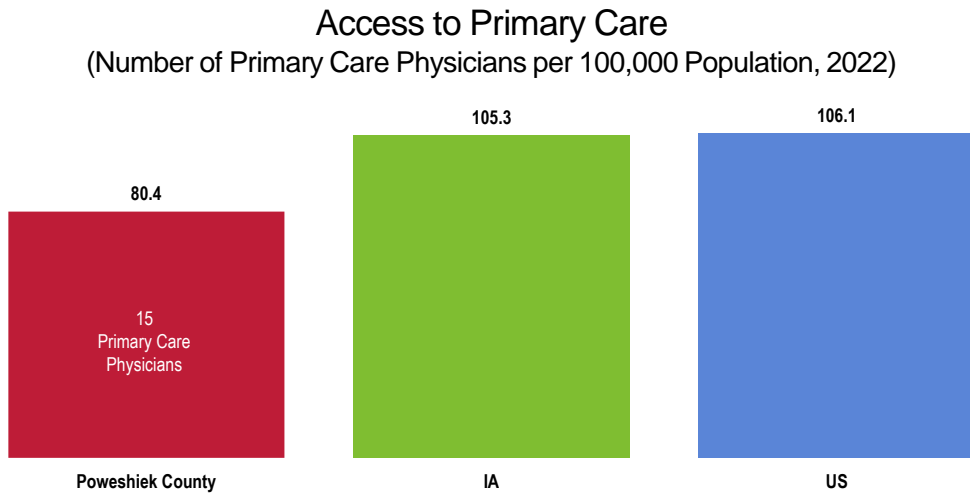
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

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

## Access to Primary Care

In 2022, there were 15 primary care physicians in Poweshiek County, translating to a rate of 80.4 primary care physicians per 100,000 population.

**BENCHMARK** ► Less favorable than state and national proportions.



Sources: 

- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2022 via SparkMap ([sparkmap.org](http://sparkmap.org)).

Notes: 

- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.



# Specific Source of Ongoing Care

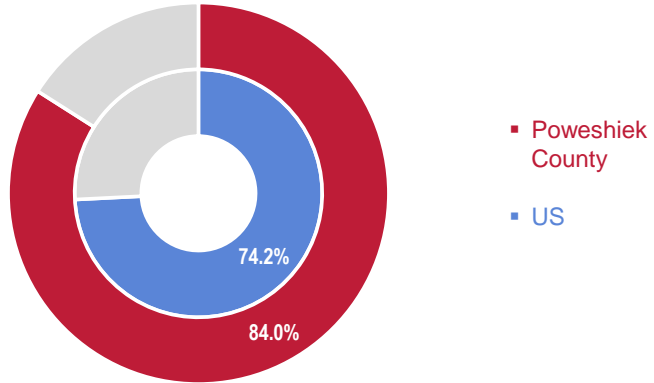
Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

**A total of 84.0% of Poweshiek County adults were determined to have a specific source of ongoing medical care.**

**BENCHMARK** ▶ Better than the US percentage.

**Have a Specific Source of Ongoing Medical Care**  
Healthy People 2030 = 84.0% or Higher



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 139]  
• 2020 PRC National Health Survey, PRC, Inc.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.

# Utilization of Primary Care Services

## Adults

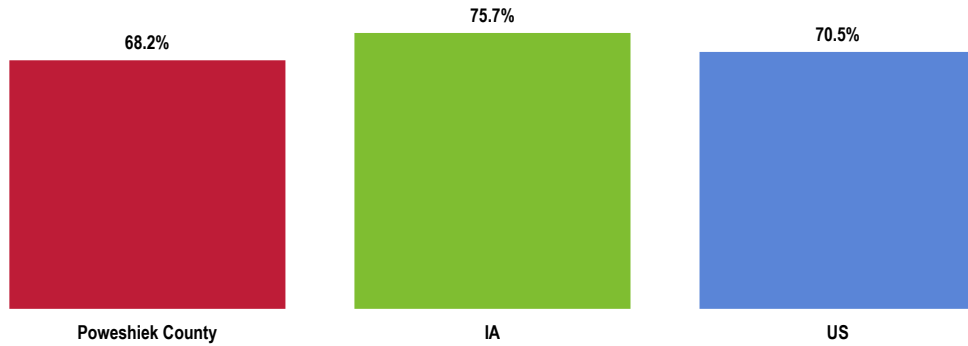
**More than two-thirds of adults (68.2%) visited a physician for a routine checkup in the past year.**

**BENCHMARK** ▶ Lower than the statewide percentage.

**DISPARITY** ▶ Increases with age.



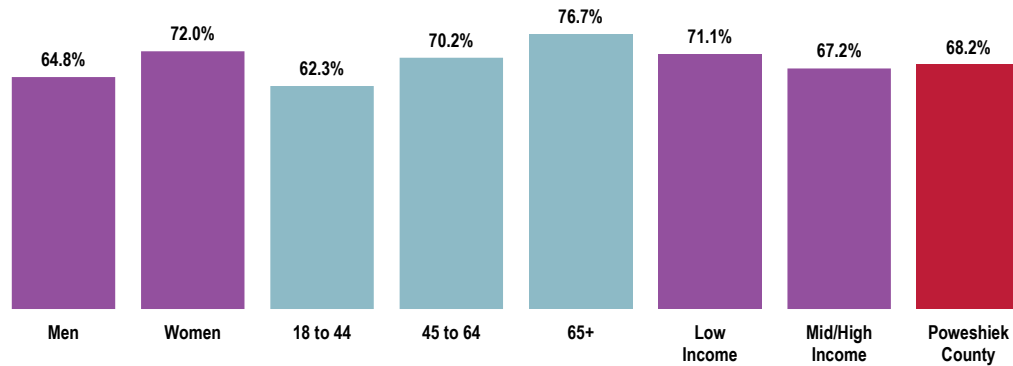
## Have Visited a Physician for a Checkup in the Past Year



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 18]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Iowa data.  
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

## Have Visited a Physician for a Checkup in the Past Year (Poweshiek County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 18]  
 Notes: • Asked of all respondents.

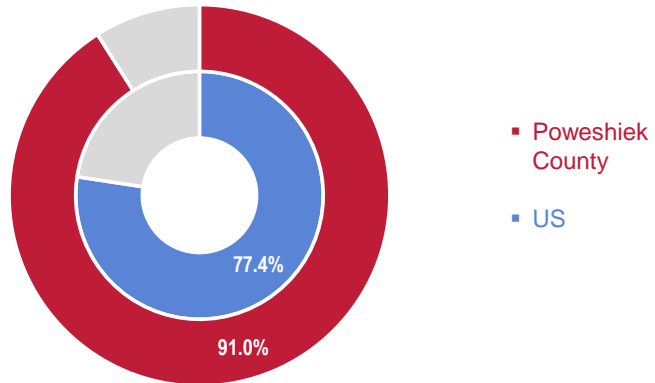


## Children

Among surveyed parents, 91.0% report that their child has had a routine checkup in the past year.

BENCHMARK ► Much better than the national finding.

### Child Has Visited a Physician for a Routine Checkup in the Past Year (Parents of Children 0-17)



Sources: 

- 2022 PRC Community Health Survey, PRC, Inc. [Item 105]
- 2020 PRC National Health Survey, PRC, Inc.

Notes: 

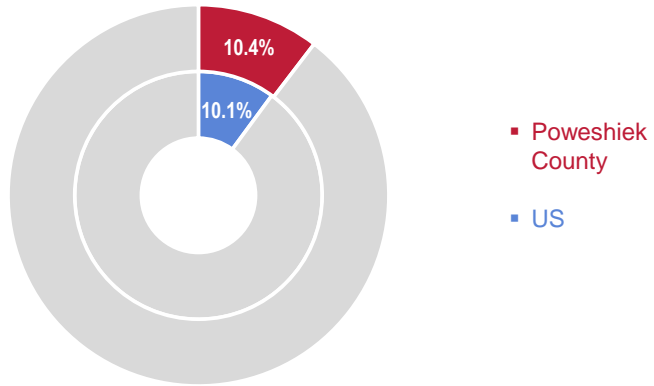
- Asked of all respondents with children 0 to 17 in the household.



# EMERGENCY ROOM UTILIZATION

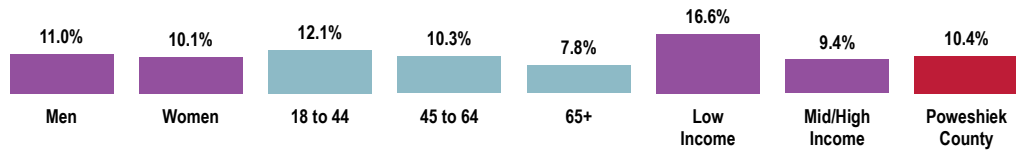
A total of 10.4% of Poweshiek County adults have gone to a hospital emergency room more than once in the past year about their own health.

Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 22]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Poweshiek County, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 22]  
 Notes: • Asked of all respondents.



# ORAL HEALTH

## ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

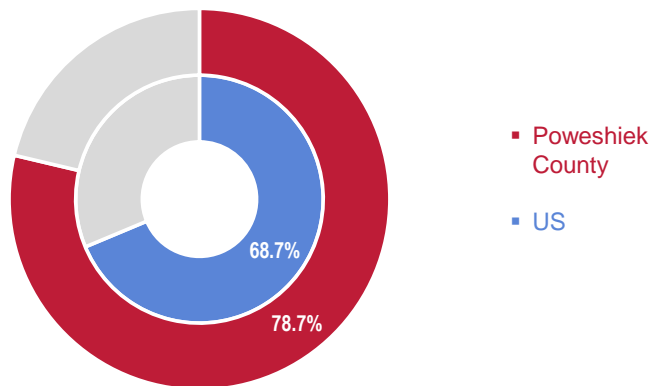
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Dental Insurance

**Over three-fourths of Poweshiek County adults (78.7%) have dental insurance that covers all or part of their dental care costs.**

**BENCHMARK** ▶ Higher than the US percentage. Satisfies the Healthy People 2030 objective.

**Have Insurance Coverage  
That Pays All or Part of Dental Care Costs**  
Healthy People 2030 = 59.8% or Higher [Adults <65]



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 21]  
• 2020 PRC National Health Survey, PRC, Inc.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.





# Dental Care

## Adults

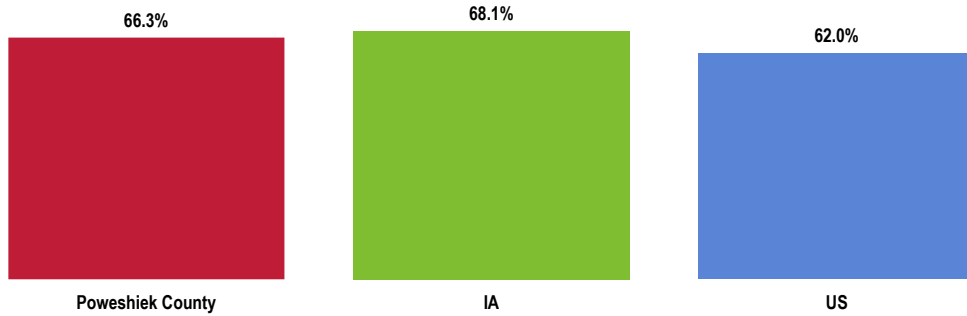
**A total of 66.3% of Poweshiek County adults have visited a dentist or dental clinic (for any reason) in the past year.**

**BENCHMARK** ▶ Satisfies the Healthy People 2030 objective.

**DISPARITY** ▶ Adults age 18 to 44, those with lower incomes, and those without dental insurance are less likely to report receiving dental care.

### Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher

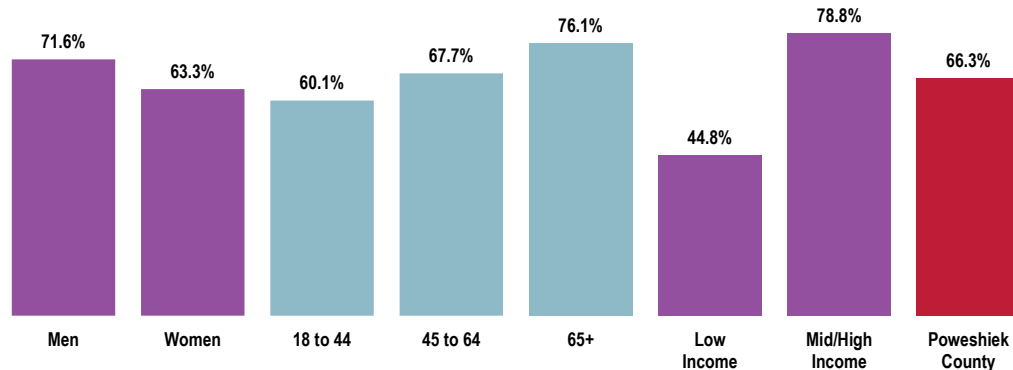


- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 20]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Iowa data.
  - 2020 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.

### Have Visited a Dentist or Dental Clinic Within the Past Year (Poweshiek County, 2022)

Healthy People 2030 = 45.0% or Higher

With Dental Insurance 71.7%  
No Dental Insurance 59.3%



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 20]
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.



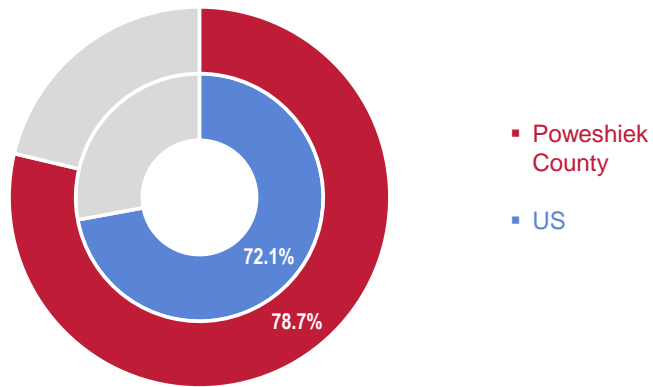
## Children

A total of 78.7% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

BENCHMARK ▶ Satisfies the Healthy People 2030 objective.

### Child Has Visited a Dentist or Dental Clinic Within the Past Year (Parents of Children Age 2-17)

Healthy People 2030 = 45.0% or Higher



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 108]  
• 2020 PRC National Health Survey, PRC, Inc.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>  
Notes: • Asked of all respondents with children age 2 through 17.

## Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a “minor problem” in the community.

### Perceptions of Oral Health as a Problem in the Community (Key Informants, 2022)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

#### Access for Medicaid Recipients

- Dentists who won't take Medicaid patients. – Community Leader
- None of the providers in town accept Medicaid. – Physician

#### Access to Care/Services

- Again, hours available for people to make it to appointments. Not everyone can get vacation days to go to the dentist. – Community Leader



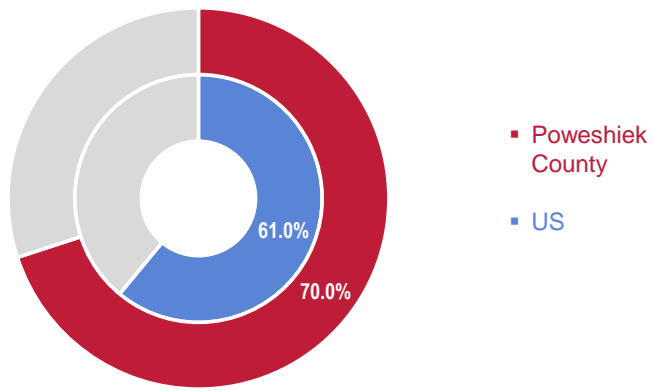
# VISION CARE

**A total of 70.0% of Poweshiek County residents had an eye exam in the past two years during which their pupils were dilated.**

**BENCHMARK** ▶ More favorable than the national finding. Satisfies the Healthy People 2030 objective.

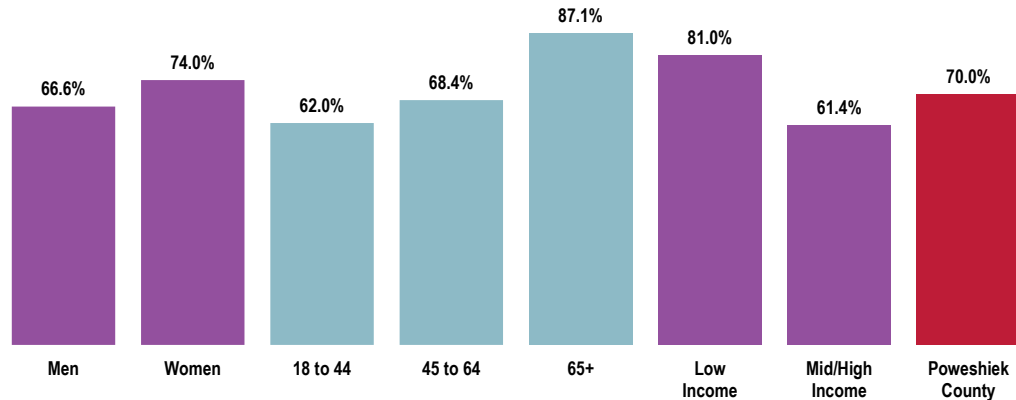
**DISPARITY** ▶ Those less likely to report receiving vision care include adults younger than 65 and those with higher incomes.

**Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated**  
Healthy People 2030 = 61.1% or Higher



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 19]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>  
 Notes: • Asked of all respondents.

**Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Poweshiek County, 2022)**  
Healthy People 2030 = 61.1% or Higher



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 19]  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>  
 Notes: • Asked of all respondents.



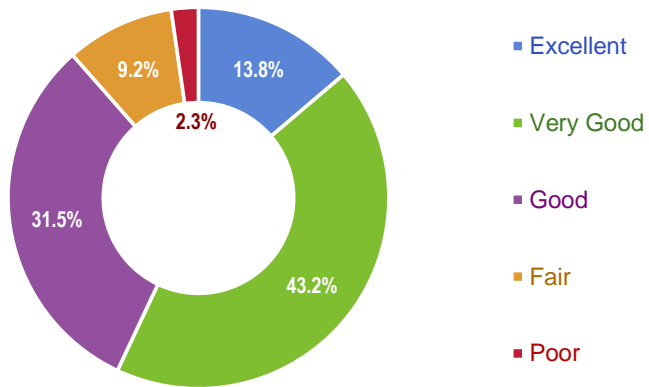


# LOCAL RESOURCES

# PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

A majority of Poweshiek County adults rates the overall health care services available in their community as “excellent” or “very good.”

Rating of Overall Health Care Services Available in the Community (Poweshiek County, 2022)

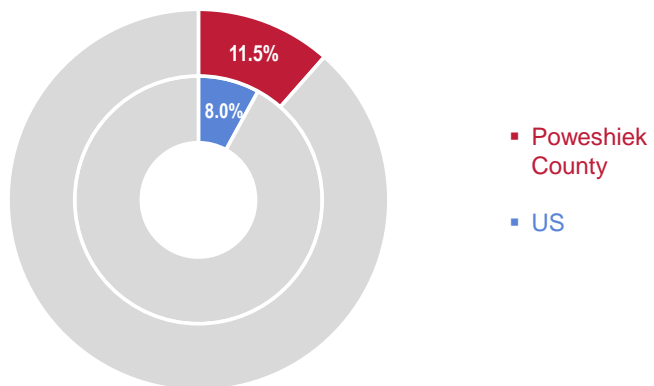


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 6]  
 Notes: • Asked of all respondents.

However, 11.5% of residents characterize local health care services as “fair” or “poor.”

DISPARITY ► Adults younger than 65 are more likely to give unfavorable ratings of local services.

Perceive Local Health Care Services as “Fair/Poor”

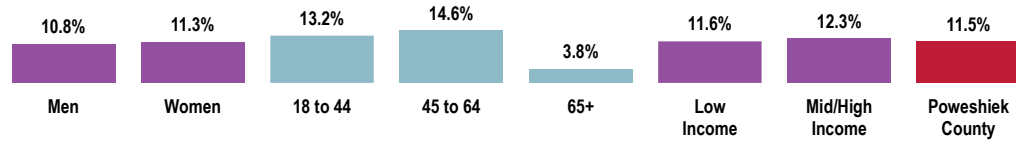


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 6]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.



## Perceive Local Health Care Services as “Fair/Poor” (Poweshiek County, 2022)

With Access Difficulty 15.5%  
No Access Difficulty 8.3%



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 6]  
Notes: • Asked of all respondents.



# Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

## Access to Health Care Services

- Community Care Clinic
- JPK Fund
- Poweshiek County Public Health
- UnityPoint Grinnell
- Urgent Care

- Pharmacies
- Poweshiek County Public Health
- UnityPoint
- UnityPoint Grinnell

## Cancer

- Doctor's Offices
- Infusion Room

## Disability & Chronic Pain

- Doctor's Offices
- Grinnell Regional Medical Center
- Poweshiek County Public Health
- UnityPoint

## Coronavirus Disease/COVID-19

- Grinnell College
- Grinnell Regional Medical Center
- Hospitals
- Poweshiek County Public Health

## Heart Disease & Stroke

- Doctor's Offices
- UnityPoint

## Dementia/Alzheimer's Disease

- Dementia/Alzheimer's Support Groups
- Poweshiek County Mental Health
- Public Health
- St. Francis Manor
- UnityPoint Grinnell
- Urgent Care
- Windsor Manor

## Infant Health & Family Planning

- Doctor's Offices
- Federally Qualified Health Centers
- Grinnell College
- Grinnell OBGYN
- Grinnell Regional Medical Center
- Mid-Iowa Community Action
- Poweshiek County Public Health
- UnityPoint
- WIC

## Diabetes

- Brooklyn Family Pharmacy
- Diabetes Support Group
- Diabetic Educators
- Doctor's Offices
- Grinnell Food Coalition
- Grinnell Regional Medical Center
- Grocery Stores
- Healthy Eating Initiative
- Methodist Church
- Mid-Iowa Community Action
- Nutrition Services

## Injury & Violence

- Crisis Intervention Services
- Domestic Abuse Hotline
- Family Crisis Center
- Iowa Coalition Against Domestic Violence
- Your Life Iowa

## Mental Health

- 889 State Mental Health Emergency Line
- Campbell Fund
- Capstone



- Churches
- CICS Office
- City
- Cornerstone
- County
- Crisis Intervention Services
- Davis Psychological Services
- Doctor's Offices
- Grinnell College
- Grinnell Police Department
- Grinnell Regional Medical Center
- Healthy Homes Family Services
- Hope Counseling
- Hospitals
- Iowa MHDS Region for Poweshiek County
- JPK Fund
- JR Paulson
- Law Enforcement
- Mental Health Crisis Hotline - 988
- Mental Health Services
- Midwest Counseling
- Mobile Crisis
- Online Resources
- Poweshiek County 24 Hour Crisis Line
- Poweshiek County Jail
- Poweshiek County Mental Health
- Poweshiek County Public Health
- Private Counseling Services
- SATUCI
- School System
- Station Clubhouse
- Suicide Hotline
- UnityPoint
- UnityPoint Grinnell
- Your Life Iowa

### **Nutrition, Physical Activity, & Weight**

- Ahrens Fitness Center
- Anytime Fitness
- Community Activities/Resources
- Community Gardens
- Community Meals
- Fitness Centers/Gyms
- Food Pantry
- Food Recovery Network
- GARC
- Grinnell College
- Grinnell Farm To Table
- Grinnell Food Coalition
- Grinnell Local Foods Connection
- Grinnell Regional Medical Center
- Imagine Grinnell

- Iowa Kitchen
- Mid-Iowa Community Action
- Nutrition Services
- Parks and Recreation
- Poweshiek County Public Health
- PWA Fitness Center
- School System
- Tiger Packs
- WIC

### **Oral Health**

- Dentist's Offices
- Grinnell Regional Medical Center
- Mid-Iowa Community Action

### **Respiratory Diseases**

- UnityPoint

### **Sexual Health**

- Community Care Clinic
- Doctor's Offices

### **Substance Abuse**

- AA/NA
- Capstone
- DARE
- Detox
- Grinnell Regional Medical Center
- Hospitals
- Jail
- Private Counseling Services
- SATUCI
- The Clubhouse
- UnityPoint

### **Tobacco Use**

- Doctor's Offices
- My Life My Quit
- Public Health
- Quitline Iowa
- SATUCI







# APPENDIX

# EVALUATION OF PAST ACTIVITIES

## Community Benefit

Over the past three years, UnityPoint Health-Grinnell Regional Medical Center (UPH-GRMC) has invested in improving the health of our community's most vulnerable populations. Our commitment to this goal is reflected in:

- Over \$90 thousand in community benefit, excluding uncompensated Medicare.
- More than \$12 thousand in charity care and other financial assistance programs.

Our work also reflects a focus on community health improvement, as described below.

## Addressing Significant Health Needs

UPH-GRMC conducted its last CHNA in 2019 and reviewed the health priorities identified through that assessment. Considering the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined at that time that UPH-GRMC would focus on developing and/or supporting strategies and initiatives to improve:

- Access to Health Care Services
- Addiction
- Mental Health
- Transportation
- Nutrition, Physical Activity, and Weight

Strategies for addressing these needs were outlined in UnityPoint Health-Grinnell Regional Medical Center's Implementation Strategy. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by UPH-GRMC to address these significant health needs in our community.



## Evaluation of Impact

Priority Area: Improved Mental Health	
Community Health Need	Improve access to mental health care services.
Goal(s)	<ul style="list-style-type: none"> <li>• Expand work/life balance programming</li> <li>• Expand appointment hours available without work/school conflict</li> <li>• Expand Telehealth options</li> </ul>

Strategy: Increase availability of Mental Health telehealth services	
Strategy Was Implemented?	Yes
Target Population(s)	Residents in UPH-Grinnell Service Area
Partnering Organization(s)	Capstone, University of Iowa, UPH-Des Moines, Eyerly Ball, Grinnell College
Results/Impact	<ul style="list-style-type: none"> <li>• Eyerly Ball providing telehealth services.</li> <li>• Grinnell College partnering with the University of Iowa for tele psych services</li> </ul>

Strategy: Partner with UPH-Des Moines on psychiatry program	
Strategy Was Implemented?	Yes
Target Population(s)	UPH-DM psychiatry students; residents in UPH-Service Area
Partnering Organization(s)	UPH-Des Moines
Results/Impact	<ul style="list-style-type: none"> <li>• 4 students per class, so 16 at any given time</li> <li>• UPH retained 2 from last graduating class</li> <li>• In the current group of seniors, 2 have signed with UPH</li> </ul>

Strategy: Partner with Area Employers to Increase Mental Health Services	
Strategy Was Implemented?	Yes
Target Population(s)	Individuals working in UPH-Grinnell Service Area
Partnering Organization(s)	Manatts, Grinnell Mutual, Brownells, Mental Health Consortium
Results/Impact	<ul style="list-style-type: none"> <li>• Mental Health Consortium provides financial assistance</li> <li>• Mobile Crisis Response Team used to prevent hospitalizations.</li> <li>• Social Worker hired to work with local Police and Sheriff's Departments</li> </ul>



## Priority Area: Access to Health Care

<b>Community Health Need</b>	Affordable and Adequate Health Care
<b>Goal(s)</b>	<ul style="list-style-type: none"> <li>• Expand opportunities for free STI testing.</li> <li>• Expand opportunities for free family planning services.</li> <li>• Expand free clinic hours at Public Health based on need</li> <li>• Recruit a specific number of primary care providers</li> </ul>

### Strategy: Implement free STI testing

**Strategy Was Implemented?** No due to pandemic

### Strategy: Implement Family Planning options through Free Clinic

**Strategy Was Implemented?** No due to pandemic

### Strategy: Recruit Primary Care Providers

**Strategy Was Implemented?** Yes

**Target Population(s)** Individuals in UPH-GRMC service area

**Partnering Organization(s)** UPH-Des Moines

**Results/Impact**

- 3 primary care providers recruited and hired
- Continue to actively recruit as needed



## Priority Area: Addiction

<b>Community Health Need</b>	Accessible and effective health education regarding addiction.
<b>Goal(s)</b>	<ul style="list-style-type: none"> <li>• Increase understanding of the dangers of nicotine and marijuana for young adults and youth under the age of 16.</li> <li>• Increase the understanding of the dangers of opioids</li> </ul>

### Strategy: Provide educational items to physicians regarding Quitline and My Life My Quit for Teenagers

<b>Strategy Was Implemented?</b>	Yes
<b>Target Population(s)</b>	Adults and Teens who smoke
<b>Partnering Organization(s)</b>	Grinnell Family Medicine, UPH-Grinnell Regional Family Practice
<b>Results/Impact</b>	<ul style="list-style-type: none"> <li>• According to County Health Rankings 2021 Poweshiek County has an adult smoking rate of 18%, up from 14% in 2018.</li> <li>• Brooklyn and Montezuma City Councils considering smoking ban in city parks.</li> </ul>

### Strategy: Work with ISteps in School Districts to Educate on Harms of Nicotine Use

<b>Strategy Was Implemented?</b>	Yes
<b>Target Population(s)</b>	Teens in Poweshiek County
<b>Partnering Organization(s)</b>	Johnson County Public Health, BGM Schools, GNB Schools, Montezuma Schools, Satuci
<b>Results/Impact</b>	<ul style="list-style-type: none"> <li>• 2/3 School Districts participating in ISteps post-COVID</li> <li>• Partnered with Satuci to provide education to elementary aged students</li> </ul>

### Strategy: Provide Corporate Cessation Programming at Local Employers

<b>Strategy Was Implemented?</b>	No due to the pandemic
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## Priority Area: Transportation

<b>Community Health Need</b>	Expand transportation options to promote overall health
<b>Goal(s)</b>	<ul style="list-style-type: none"> <li>Evaluate transportation accessibility and availability throughout the county.</li> <li>Identify primary transportation barriers to accessing healthy choices.</li> </ul>

### Strategy: Development of Transportation Committee

<b>Strategy Was Implemented?</b>	Yes
<b>Target Population(s)</b>	Residents of Poweshiek County
<b>Partnering Organization(s)</b>	Grinnell College, Grinnell Chamber of Commerce, People Rides, City of Grinnell
<b>Results/Impact</b>	<ul style="list-style-type: none"> <li>Meeting with Region 6/People Rides to generate ideas</li> <li>Committees continue to meet re: transportation</li> </ul>

### Strategy: Expand Public Transportation

<b>Strategy Was Implemented?</b>	No
<b>Target Population(s)</b>	Residents of Poweshiek County
<b>Partnering Organization(s)</b>	Grinnell College, Grinnell Chamber of Commerce, People Rides, City of Grinnell
<b>Results/Impact</b>	<ul style="list-style-type: none"> <li>Grinnell College zip cars made available to Grinnell College students only</li> <li>Region 6 and People Rides unable to expand transportation coverage after much discussion</li> </ul>

### Strategy: Uber or Lyft Transportation made available to Community

<b>Strategy Was Implemented?</b>	No
<b>Partnering Organization(s)</b>	Transportation Committee



## Priority Area: Nutrition, Exercise and Healthy Body Weights

<b>Community Health Need</b>	Promote Healthy diet and exercise to achieve optimal body weights
<b>Goal(s)</b>	<ul style="list-style-type: none"> <li>• Support wellness programming and education to promote good nutrition and physical activity habits.</li> <li>• Enhance screening for prediabetes and other weight-related activities.</li> <li>• Update bike ability/walkability study.</li> </ul>

### Strategy: Register as 5210 Healthy Choices Workplace

<b>Strategy Was Implemented?</b>	Yes
<b>Target Population(s)</b>	UPH-Employees
<b>Partnering Organization(s)</b>	Local businesses
<b>Results/Impact</b>	<ul style="list-style-type: none"> <li>• UPH-GRMC provides nutritional counseling to obese children</li> <li>• Food Gardens provide free vegetables to community</li> </ul>

### Strategy: Pre-Diabetes Screenings and Nutritional Class offering

<b>Strategy Was Implemented?</b>	Yes
<b>Target Population(s)</b>	Individuals with Hgb A1C of 5.7-6.4
<b>Partnering Organization(s)</b>	Lion's Club, Area Employers
<b>Results/Impact</b>	<ul style="list-style-type: none"> <li>• 2022 Diabetes prevalence 8.7%</li> <li>• 2022 Obesity prevalence 37.3%</li> <li>• 12 diabetic screenings held across the county</li> <li>• Two Diabetic Education classes offered to individuals determined to be pre-diabetic</li> </ul>

### Strategy: Expand Bike/Walking path to Schools

<b>Strategy Was Implemented?</b>	No
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