FINAL

2024
COMMUNITY HEALTH NEEDS ASSESSMENT

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

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

Funded by
MercyOne Genesis
UnityPoint Health-Trinity

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INTRODUCTION

PREFACE

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

For the 2024 Quad Cities Community Health Assessment, our coordinated approach included primary data collection, secondary data analysis, and qualitative data gathering from community members in our bi-state area. The study sponsors engaged PRC, Inc. to collect secondary data and implement a community health survey. The following document provides PRC, Inc.'s bi-state findings in detail as well as information obtained through local partners. Documents produced as part of the 2024 Quad Cities Community Health Assessment process are available for review online at quadcities.healthforecast.net.

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 Scott, Muscatine, and Rock Island counties; it is a follow-up to similar studies conducted in 2002, 2007, 2012, 2015, 2018, and 2021 for Scott and Rock Island counties (and to 2018 and 2021 for the combined three-county area, including Muscatine County). 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 by Professional Research Consultants, Inc. (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.

Acknowledgments

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

Steering Committee:

- Brooke Barnes, Scott County Health Department

- Tom Bowman, Community Health Care, Inc.

- Nicole Carkner, Quad City Health Initiative (QCHI)

- Jennifer Craft, Trinity Muscatine Public Health

- Ellen Gackle, Scott County Health Department

- Rikki Hetzler, Trinity Muscatine Public Health

- Ameya Kotwal, MercyOne Genesis

- Joseph Malas, MercyOne Genesis

- Kate Meyer, Rock Island County Health Department

- Tiffany Peterson, Scott County Health Department

- Pamela Samuelson, UnityPoint Health-Trinity

- George Verástegui, Rock Island County Health Department

The Steering Committee was guided by the input from Stakeholder Committees that were convened to support data collection and the identification of community health priorities. The Steering Committee thanks the following community members who participated in this process. The Steering Committee also appreciates the contributions of Ariel Scaglione, University of Iowa student, and Elly Olson, Western Illinois University student, who supported this assessment as interns.

Rock Island and Scott Counties Stakeholder Committee:

- Amy Maxeiner, Black Hawk College

- Ann Garton, Institute for Person Centered Care/St. Ambrose University

- Brian Payne, Scott County Emergency Management Agency

- Brycie Kochuyt, Alternatives for the Older Adult

- Cheryl True, True Lifestyle Medicine Clinic

- Clare Stephenson, World Relief

- Denise Bulat, Bi-State Regional Commission

- Gina Ekstrom, Davenport Community School District

- Janessa Canny, Greater Quad Cities Hispanic Chamber of Commerce

- Jeff Cornelius, Two Rivers YMCA

- Kathleen Hanson, Scott County Board of Health

- Katie Resig, Project NOW

- Kristin Humphries, East Moline School District

- Paul Andorf, MEDIC EMS of Scott County

- Rich Whitaker, Vera French Community Mental Health Center

- Shawn Roth, Scott County Sheriff's Department

- Sister Thanh Nguyen, Sacred Heart

- Sue Hafkemeyer, Quad Cities Community Foundation

- Toni Robertson, League of United Latin American Citizens (LULAC)

Muscatine County Stakeholder Committee:

- Jessica Bopes, Muscatine County Community Services

- Sara Carlson, National Alliance on Mental Illness (NAMI)

- Vincent Castillo, Muscatine Center for Social Action

- Nick Doy, Muscatine County Sheriff's Department - Jail

- Laurie Edge, NAMI

- Yasmin Flores, Community Health Care

- Megan Francis, Crossroads, Inc.

- Carmen Galvin, Mississippi Valley Child Protection Center

- Cory Garvin, Wester Drug Pharmacy and Wellness/Muscatine County Board of Health

- Michelle Garvin, Wester Drug Pharmacy and Wellness/Muscatine County Board of Health

- Karen Harper, Muscatine County Board of Health

- Heidi Hoffman, ISU Extension

- Chris Jasper, Muscatine County Emergency Management

- Ken Larue, Non-emergency Transport

- Jamie Leza, Community Foundation of Greater Muscatine

- Tony Loconsole, Muscatine Community School District

- Matt McCleary, Muscatine County Sheriff's Department- Jail

- Kimberly McNeely, Non-emergency Transport

- Brandy Olson, Muscatine Power & Water/Muscatine County Board of Health Chair

- Shane Orr, United Way of Muscatine

- Jesenia Pesina, Aligned Impact Muscatine

- Lindsey Phillips, Trinity Muscatine Foundation/YMCA

- Rachel Pohl, UnityPoint Health Trinity Muscatine

- Kim Seligman, Matt's Diabetes Promise FKA Muscatine Diabetes Project

- Katelyn Voss, Community Health Care Muscatine

- Jamie Walker, UnityPoint Health Trinity Muscatine, Occupational Medicine

- Kim Warren, Aligned Impact Muscatine

- Kaitlyn Wintermeyer, Early Childhood Iowa Muscatine County (ECIMC)

Methodology

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

PRC Community Health Survey

Survey Instrument

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

developed by the sponsoring organizations and PRC and is similar to the previous surveys used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the "Total Area" in this report) includes Scott and Muscatine counties in Iowa and Rock Island County in Illinois. These counties encompass the primary service area for each of the hospitals collaborating on this study (MercyOne Genesis Medical Center Davenport; MercyOne Genesis Medical Center Silvis; UnityPoint Health – Trinity Moline; UnityPoint Health – Trinity Rock Island; UnityPoint Health – Trinity Bettendorf; and UnityPoint Health – Trinity Muscatine). Total Area survey data for 2018 and 2021 are available, and trending is provided throughout this assessment. A geographic description is illustrated in the following map.

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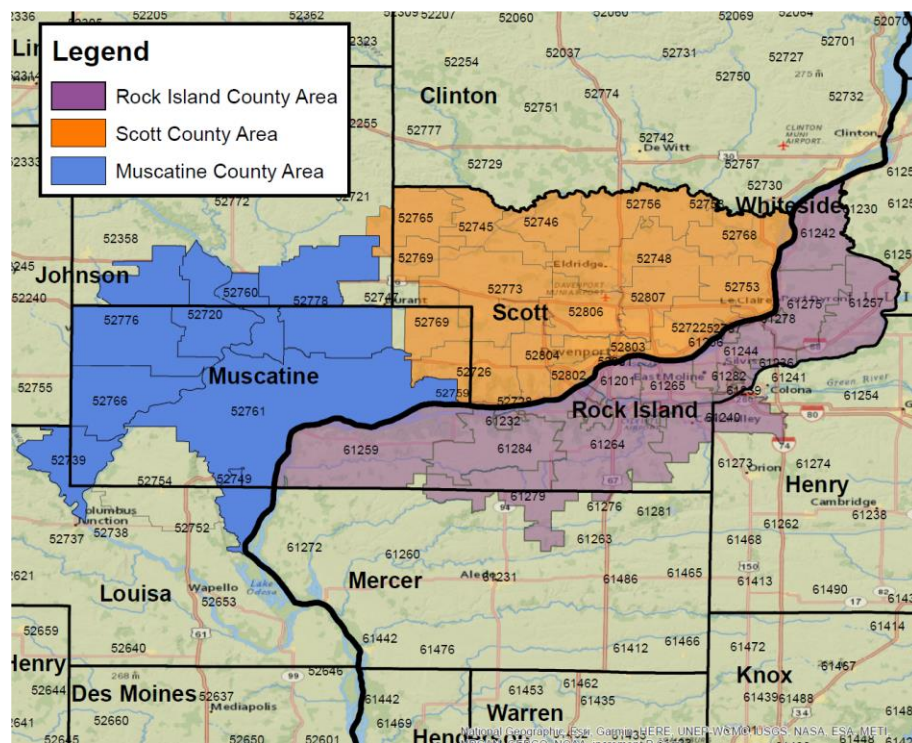
Sample Approach & Design

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

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

In all, the total sample of 1,150 respondents yielded 152 interviews among African American residents and 154 interviews among Hispanic residents (including respondents reached through both the random sample and the oversample interviews). By county, there were 442 surveys completed in Scott County, 216 in Muscatine County, and 492 in Rock Island County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Total Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 1,150 respondents is ±2.8% at the 95 percent confidence level. For county-level data, the maximum error rates at the 95 percent confidence level are ±4.4% for Rock Island County, ±4.6% for Scott County, and ±6.9% for Muscatine County.

Expected Error Ranges for a Sample of 1,150 Respondents at the 95 Percent Level of Confidence
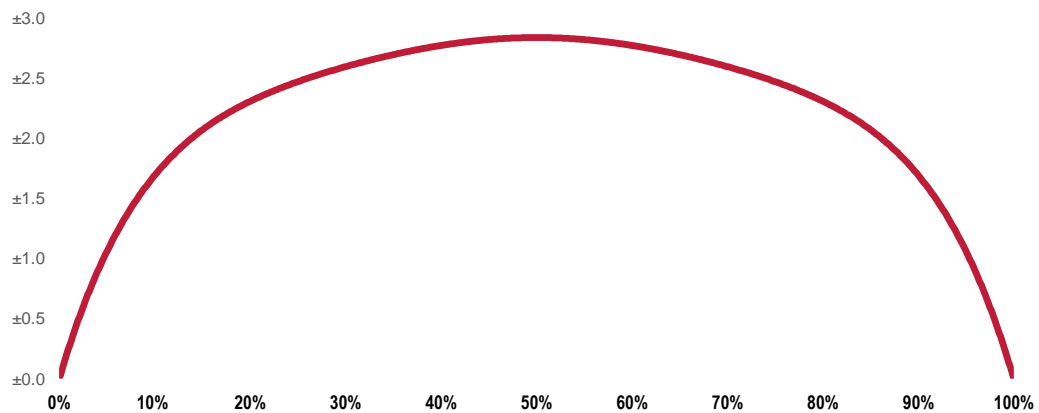
Note: ● The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples: ● If 10% of the sample of 1,150 respondents answered a certain question with a "yes," it can be asserted that between 8.3% and 11.7% (10% ± 1.7%) of the total population would offer this response.
● If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 47.2% and 52.8% (50% ± 2.8%) of the total population would respond "yes" if asked this question.

Sample Characteristics

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

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

Population & Survey Sample Characteristics
(Total Area, 2024)

- Actual Population ▪ **Final Survey Sample**

	Actual Population	Final Survey Sample
Women	51.2%	51.3%
Men	48.8%	48.7%
18 to 39	36.5%	36.3%
40 to 64	41.3%	41.4%
65+	22.2%	22.3%
Hispanic	8.7%	8.8%
White	80.2%	80.0%
Diverse Races	11.0%	11.2%
Low Income	29.3%	29.8%

Diverse races include:
Black 8.4%
Asian/Pac Islander 1.0%
American Native 0.7%
Multiple 1.1%
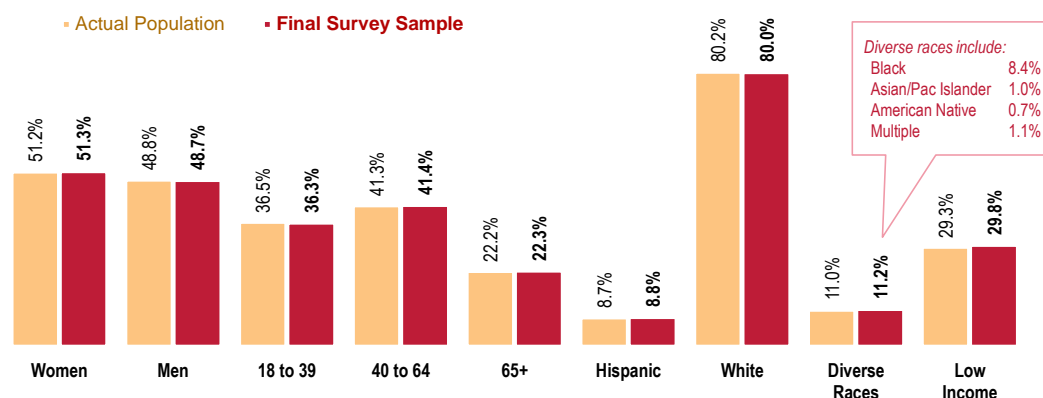
Sources:
- US Census Bureau, 2016-2020 American Community Survey.
- 2024 PRC Community Health Survey, PRC, Inc.

Notes:
- "Low Income" reflects those living under 200% of the federal poverty level, based on guidelines established by the US Department of Health & Human Services.
- All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. "Diverse Races" includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

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.

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 the Total Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)

- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics

- National Cancer Institute, State Cancer Profiles

- US Census Bureau, American Community Survey

- US Census Bureau, County Business Patterns

- US Census Bureau, Decennial Census

- US Department of Agriculture, Economic Research Service

- US Department of Health & Human Services

- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)

- US Department of Justice, Federal Bureau of Investigation

- US Department of Labor, Bureau of Labor Statistics

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

Benchmark Comparisons

Trending

Similar surveys were administered in the Total Area (Scott, Muscatine, and Rock Island counties combined) in 2018 and 2021 by PRC on behalf of the sponsoring organizations. Trending data for the Total Area, as revealed by comparison to the prior survey results, are provided throughout this report whenever available.

In addition, similar surveys were administered in the Quad Cities Area in 2002, 2007, 2012, 2015, 2018, and 2021 by PRC on behalf of the sponsoring organizations. Trending data for the Quad Cities Area (Scott and Rock Island counties combined), as revealed by comparison to prior survey results, are provided throughout this report whenever available.

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

Iowa & Illinois Data

State-level findings are provided where available as an additional benchmark against which to compare local findings. For survey indicators, these are taken from the most recently published data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

National survey data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level findings (from various existing resources) are also provided for comparison of secondary data indicators.

Healthy People 2030 Objectives

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.

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 receiving feedback from individuals and organizations and input from subject matter experts, the US 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, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be individually identifiable or might not comprise a large-enough sample for independent analyses.

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

Qualitative Community Health Assessment Methodology

Quad Cities: Rock Island County and Scott County

To complement the quantitative Community Health Survey and secondary data collection conducted by PRC, the Steering Committee collaborated with both the Stakeholder Committee and the Access to Care Workgroup to gather qualitative data from community members on health concerns. Between June and August 2024, there were 16 focus groups held with 141 individuals from 15 sub-populations. The majority of focus groups took place in-person, with one held virtually, and lasted up to an hour in length. Focus groups were held with the following sub-populations: African American Community, Elected Officials/Policymakers, Employers/Business, Faith Community, Healthcare Providers, Homebound/Individuals with Disabilities, Homeless Service Providers, Immigrant and Refugee Community, Individuals Experiencing Homelessness, Individuals with Experience Managing a Mental Health Condition, Military/Veterans, Nonprofit Sector, Parents, Public Health Providers, and Youth. Steering Committee members created a Facilitator's Guide that included an overview of the purpose and ground rules of the focus groups, plus a verbal consent and scripted questions to assist facilitators in conducting the groups. A documentation form and demographics survey were also provided to facilitators/notetakers to document responses. The Steering Committee held a Focus Groups Facilitator/Notetaker Training virtually in June for those who had volunteered to help with coordinating and completing the focus groups. Members of the Steering Committee were assigned to work with members of the Stakeholder Committee and Access to Care Workgroup to provide them with the needed materials and coordinate logistics of the focus groups. Stakeholder Committee and Access to Care Workgroup members helped reach out to community members and partners to recruit participants for the focus groups.

Muscatine County

Trinity Muscatine Hospital along with Trinity Muscatine Public Health (TMPH) utilized the MAPP process in telling the community story. Focus Groups were developed through recommendations of the Muscatine County Stakeholder Committee. The Muscatine County Stakeholder Committee developed the vision as well as outlined goals, objectives and the guided discussion questions for the Focus Groups. This is identified as the Community Themes and Strengths Assessment. The Community Themes and Strengths Assessment seeks to understand priorities from populations within the county. TMPH worked alongside a group of Muscatine County Community Stakeholders to collect and analyze qualitative data on community health concerns. Eight Focus Groups reaching 77 individuals from various sub-populations were organized in June, July and August 2024. Focus Groups were all held in person among the following sub-populations: Families of School Aged Children, Hispanic/Latino, LGBTQIA+, Persons Impacted by Mental Health, Persons Working With Seniors (65+), Public Health/Healthcare, Unsheltered/Housing Insecurity, and Young Professionals. All Focus Group facilitators were provided a Facilitator's Guide and a script of questions to be asked at each Focus Group session. The Stakeholder Committee identified populations of interest and helped reach out to community partners to assemble Focus Groups based on participant availability. Results from the Focus Groups were gathered by TMPH and analyzed through a prioritizing process that tagged common themes of community concerns and assets.

IRS FORM 990, SCHEDULE H COMPLIANCE

For nonprofit 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 (2022)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	10
Part V Section B Line 3b Demographics of the community	37
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	205
Part V Section B Line 3d How data was obtained	9
Part V Section B Line 3e The significant health needs of the community	16
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	18
Part V Section B Line 3h The process for consulting with persons representing the community's interests	14
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	278

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); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	

ACCESS TO HEALTH CARE	▪ Barriers to Access
	  – Inconvenient Office Hours
	  – Cost of Prescriptions
	  – Cost of Physician Visits
	  – Appointment Availability
	  – Difficulty Finding a Physician
	  – Lack of Transportation
	▪ Skipping/Stretching Prescriptions
	▪ "Fair/Poor" Financial Situation
	▪ Particular Place for Child's Health Care
	▪ Difficulty Accessing Children's Health Care
	▪ Specific Source of Ongoing Medical Care
	▪ Emergency Room Utilization
	▪ Ratings of Local Health Care
	▪ Outmigration for Health Care Services
	▪ "Fair/Poor" Ease of Obtaining Health Care Services

CANCER	▪ Leading Cause of Death ▪ Lung Cancer Deaths ▪ Lung Cancer Incidence ▪ Female Breast Cancer Screening
DIABETES	▪ Diabetes Deaths ▪ Diabetes Prevalence ▪ Prevalence of Borderline/Pre-Diabetes ▪ Kidney Disease Deaths
DISABLING CONDITIONS	▪ Multiple Chronic Conditions ▪ High-Impact Chronic Pain ▪ Alzheimer's Disease Deaths
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ Heart Disease Prevalence ▪ High Blood Pressure Prevalence ▪ High Blood Cholesterol Prevalence

AREAS OF OPPORTUNITY (continued)

HOUSING	▪ Housing Conditions ▪ Tested for Lead [Children] ▪ Experience of Homelessness
INFANT HEALTH & FAMILY PLANNING	▪ Teen Births ▪ Acceptance of Newborn Vaccinations [Parents]
INJURY & VIOLENCE	▪ Fall-Related Deaths [Age 65+] ▪ Homicide Deaths ▪ Violent Crime Experience ▪ Intimate Partner Violence ▪ Abuse/Neglect in Childhood [Adults]
MENTAL HEALTH	▪ "Fair/Poor" Mental Health ▪ Diagnosed Depression ▪ Symptoms of Chronic Depression ▪ Stress ▪ Suicide Deaths ▪ Mental Health Provider Ratio ▪ Receiving Treatment for Mental Health ▪ Difficulty Obtaining Mental Health Services ▪ "Fair/Poor" Ease of Obtaining Mental Health Services
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Food Insecurity ▪ Difficulty Accessing Fresh Produce ▪ Leisure-Time Physical Activity ▪ Meeting Physical Activity Guidelines ▪ Children's Physical Activity ▪ Access to Recreation/Fitness Facilities ▪ Overweight & Obesity [Adults & Children]
ORAL HEALTH	▪ Regular Dental Care [Adults] ▪ "Fair/Poor" Ease of Obtaining Dental Care
RESPIRATORY DISEASE	▪ Lung Disease Deaths ▪ Asthma Prevalence [Adults]
SEXUAL HEALTH	▪ Gonorrhea Incidence
SUBSTANCE USE	▪ Alcohol-Induced Deaths ▪ Illicit Drug Use ▪ Personally Impacted by Substance Use ▪ "Fair/Poor" Ease of Obtaining Substance Use Services
TOBACCO USE	▪ Use of Vaping Products

Community Feedback on Prioritization of Health Needs

On October 1 and October 2, 2024, the sponsors of this study convened three gatherings of community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for the community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began each meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions. Finally, participants were provided an overview of the prioritization exercise that followed.

To assign priority to the identified health needs (i.e., Areas of Opportunity), an online audience response system was used in which each participant was able to register his/her ratings via a website using a cell phone or other mobile device. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:

  o *How many people are affected?*
  o *How does the local community data compare to state or national levels, or Healthy People 2030 targets?*
  o *To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?*

  Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. Mental Health
2. Access to Health Care
3. Nutrition, Physical Activity & Weight
4. Diabetes
5. Heart Disease & Stroke
6. Housing
7. Infant Health & Family Planning
8. Cancer
9. Substance Abuse
10. Oral Health
11. Injury & Violence
12. Disabling Conditions
13. Sexual Health
14. Respiratory Disease
15. Tobacco Use

Summary of Qualitative Community Health Assessment Findings

Quad Cities: Rock Island County and Scott County

A thematic analysis of responses from focus group participants was conducted and overarching themes emerged. The Quad Cities was described as a diverse, safe, and happy place to live. Both provider and community respondents would like to see an expansion of the local healthcare workforce and facilities and described a desire for an increased presence of local specialists, and accessible health resources. Respondents would also like to see issues of poverty and inequity addressed, including an expansion of affordable housing and transportation, to further increase local wellbeing. The Quad Cities strengths include a high level of diversity, a strong sense of community, and an array of engaging community involvement opportunities.

Muscatine County

The qualitative findings revealed several key themes that highlight Muscatine County's health needs. There is a significant demand for more local specialty providers, particularly in obstetrics, mental health, oncology, and dental services, with a focus on ensuring continuity of care. Affordable healthcare and accessible resources were themes that were tied to the importance of transportation as well as education to promote prevention. The community expressed a desire for free or affordable wellness programs such as exercise opportunities, increased access to healthy foods, improved walkability, and bike access due to the high obesity rating in Muscatine County. Education on preventative care and affordable, healthy food is seen as vital, along with the need for a more holistic approach to healthcare in the Muscatine Community. Participants expressed the desire for more diverse providers with expanded hours, easier access to resources, and support in navigating complex systems. Social determinants of health were highlighted by all focus groups in being the most important stepping stone necessary in increasing overall community wellness.

Summary Tables:
Comparisons With Benchmark Data

Reading the Summary Tables

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

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

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

TREND SUMMARY
(Current vs. Baseline Data)

SURVEY DATA INDICATORS:

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

OTHER (SECONDARY) DATA INDICATORS:

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

SOCIAL DETERMINANTS (See data beginning on page 44.)	Scott County	Muscatine County	Rock Island County	QCA (Scott+Rock Island)	Total Area	vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
Linguistically Isolated Population (Percent)	☀️ 1.0	☀️ 1.2	🌧️ 3.0	1.9	**1.9**	☁️ 1.9	☀️ 3.8	☀️ 3.9			
Population in Poverty (Percent)	☁️ 11.9	☁️ 11.7	🌧️ 15.2	13.4	**13.2**	🌧️ 11.1	☁️ 11.8	☁️ 12.5	🌧️ 8.0		
Children in Poverty (Percent)	☁️ 15.6	☁️ 16.0	🌧️ 23.6	19.1	**18.7**	🌧️ 13.0	🌧️ 15.6	☁️ 16.7	🌧️ 8.0		
No High School Diploma (Age 25+, Percent)	☀️ 6.0	☁️ 9.9	☁️ 10.4	8.0	**8.2**	🌧️ 7.0	☀️ 9.9	☀️ 10.9			
Unemployment Rate (Age 16+, Percent)	☁️ 3.8	☀️ 3.4	🌧️ 6.1	4.8	**4.6**	🌧️ 3.0	☀️ 6.1	☁️ 4.3		☀️ 6.8	☀️ 6.6
% Unable to Pay Cash for a $400 Emergency Expense	☁️ 33.8	☁️ 35.2	☁️ 35.1	34.4	**34.5**			☁️ 34.0			
% Unhealthy/Unsafe Housing Conditions	☁️ 16.5	☁️ 18.9	☁️ 21.5	18.8	**18.9**			☁️ 16.4		🌧️ 15.3	🌧️ 15.3
% House Contains a Lead Hazard	☀️ 3.3	☀️ 3.3	🌧️ 10.5	6.6	**6.3**					☁️ 5.8	🌧️ 3.0
% [Child 0-17] Tested for Lead	☁️ 53.9	☁️ 48.1	☁️ 43.6	48.8	**48.7**					🌧️ 60.3	☁️ 56.6
% Personal/Family Financial Situation is "Fair/Poor"	☁️ 40.0	☁️ 45.4	☁️ 45.5	42.6	**42.9**					🌧️ 32.6	🌧️ 31.6
% Homeless in the Past 2 Years	☁️ 6.6	☁️ 4.3	☁️ 8.4	7.4	**7.1**					🌧️ 0.4	🌧️ 3.2

SOCIAL DETERMINANTS (continued)	Scott County	Muscatine County	Rock Island County	QCA (Scott+Rock Island)	Total Area	vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
% Ease of Obtaining Social Services is "Fair/Poor"	34.3	28.8	34.8	34.6	**33.9**					27.6	22.1
% Socioeconomically at Risk	66.4	73.2	71.8	68.9	**69.4**					63.5	64.0
Population With Low Food Access (Percent)	13.9	17.0	16.8	15.2	**15.5**	20.0	20.2	22.2			
% Food Insecure	33.8	37.4	44.3	38.7	**38.5**			43.3		24.0	23.9

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

better — similar — worse

OVERALL HEALTH (See data beginning on page 66.)	Scott County	Muscatine County	Rock Island County	QCA (Scott+Rock Island)	Total Area	vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
% "Fair/Poor" Overall Health	25.0	29.1	36.0	30.2	**30.1**	16.2	16.9	15.7		15.2	19.3

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

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ACCESS TO HEALTH CARE (See data beginning on page 172.)	Scott County	Muscatine County	Rock Island County	QCA (Scott+Rock Island)	Total Area	vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
% [Age 18-64] Lack Health Insurance	8.0	8.3	8.2	8.1	**8.1**	6.7	12.3	8.1	7.6	10.6	6.5
% Difficulty Accessing Health Care in Past Year (Composite)	52.5	49.0	54.4	53.4	**52.9**			52.5		33.3	43.6
% Cost Prevented Physician Visit in Past Year	19.4	13.9	22.7	20.9	**20.1**	7.2	10.8	21.6		10.6	15.3
% Cost Prevented Getting Prescription in Past Year	21.9	21.9	26.8	24.2	**23.9**			20.2		13.6	14.5
% Difficulty Getting Appointment in Past Year	31.2	32.2	26.4	29.0	**29.3**			33.4		10.1	22.5
% Inconvenient Hrs Prevented Dr Visit in Past Year	22.5	15.6	22.0	22.2	**21.5**			22.9		11.9	15.8
% Difficulty Finding Physician in Past Year	20.6	17.5	22.2	21.3	**20.9**			22.0		5.5	12.6
% Transportation Hindered Dr Visit in Past Year	11.8	10.2	18.2	14.8	**14.2**			18.3		4.8	8.2
% Language/Culture Prevented Care in Past Year	1.9	3.2	3.5	2.6	**2.7**			5.0		2.1	2.3
% Stretched Prescription to Save Cost in Past Year	21.5	21.4	24.4	22.8	**22.7**			19.4		14.0	16.1
% Difficulty Getting Child's Health Care in Past Year	7.1	7.0	13.1	10.0	**9.7**			11.1		5.5	5.1
Primary Care Doctors per 100,000	97.6	42.5	48.3	75.5	**71.5**	73.7	81.2	76.4			

ACCESS TO HEALTH CARE (continued)	Scott County	Muscatine County	Rock Island County	QCA (Scott+Rock Island)	Total Area	vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
% Have a Specific Source of Ongoing Care	(similar) 72.0	(similar) 69.0	(similar) 73.1	72.6	**72.1**			(similar) 69.9	(worse) 84.0	(worse) 81.5	(worse) 75.8
% Ease of Obtaining Health Care Services is "Fair/Poor"	(similar) 21.4	(similar) 24.4	(similar) 20.6	21.0	**21.4**					(worse) 10.6	(worse) 14.1
% [Child 0-17] Have a Particular Place for Medical Care	(similar) 83.0	(better) 91.9	(similar) 81.4	82.2	**83.3**					(worse) 93.8	(similar) 82.4
% Outmigration for Health Services	(better) 28.1	(worse) 47.1	(similar) 34.2	31.0	**32.9**					(worse) 25.1	(worse) 28.1
% Routine Checkup in Past Year	(similar) 74.2	(similar) 73.8	(similar) 73.0	73.6	**73.7**	(worse) 78.3	(worse) 76.7	(better) 65.3		(better) 66.7	(similar) 71.5
% [Child 0-17] Routine Checkup in Past Year	(better) 90.4	(similar) 88.0	(worse) 81.6	86.1	**86.3**			(better) 77.5		(similar) 81.3	(similar) 80.9
% Two or More ER Visits in Past Year	(similar) 17.2	(better) 10.9	(similar) 18.8	18.0	**17.1**			(similar) 15.6		(worse) 8.6	(worse) 11.1
% Rate Local Health Care "Fair/Poor"	(better) 18.2	(similar) 24.2	(worse) 27.5	22.6	**22.8**			(worse) 11.5		(worse) 10.5	(worse) 13.6

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

better   similar   worse

	DISPARITY AMONG COUNTIES					TOTAL AREA vs. BENCHMARKS				TRENDS	
CANCER *(See data beginning on page 96.)*	**Scott County**	**Muscatine County**	**Rock Island County**	**QCA** (Scott+Rock Island)	**Total Area**	**vs. IA**	**vs. IL**	**vs. US**	**vs. HP2030**	**QCA TREND**	**TOTAL AREA TREND**
Cancer Deaths per 100,000 (Age-Adjusted)	☁️ 154.1	☁️ 159.1	☁️ 162.0	157.7	**157.9**	☁️ 151.3	☁️ 152.1	☁️ 146.5	🌧️ 122.7	☀️ 183.1	☀️ 183.1
Lung Cancer Deaths per 100,000 (Age-Adjusted)				41.1	**40.7**	☁️ 36.3	☁️ 35.5	🌧️ 33.4	🌧️ 25.1		
Female Breast Cancer Deaths per 100,000 (Age-Adjusted)				18.8	**19.5**	☁️ 17.9	☁️ 20.5	☁️ 19.4	🌧️ 15.3		
Prostate Cancer Deaths per 100,000 (Age-Adjusted)				20.1	**19.4**	☁️ 20.2	☁️ 18.7	☁️ 18.5	☁️ 16.9		
Colorectal Cancer Deaths per 100,000 (Age-Adjusted)				11.7	**12.3**	☁️ 13.9	☁️ 13.9	☁️ 13.1	🌧️ 8.9		
Cancer Incidence per 100,000 (Age-Adjusted)	☁️ 495.2	☁️ 511.6	☁️ 462.7	479.7	**483.4**	☁️ 486.8	☁️ 459.7	☁️ 442.3			
Lung Cancer Incidence per 100,000 (Age-Adjusted)	☁️ 65.3	☁️ 63.2	☁️ 65.7	65.5	**65.2**	☁️ 60.7	☁️ 59.3	🌧️ 54.0			
Female Breast Cancer Incidence per 100,000 (Age-Adjusted)	☁️ 145.7	☁️ 124.1	☁️ 117.4	132.4	**131.5**	☁️ 134.7	☁️ 132.6	☁️ 127.0			
Prostate Cancer Incidence per 100,000 (Age-Adjusted)	☁️ 116.5	☁️ 123.2	☁️ 110.5	113.6	**114.8**	☁️ 120.4	☁️ 115.1	☁️ 110.5			
Colorectal Cancer Incidence per 100,000 (Age-Adjusted)	☁️ 36.4	🌧️ 46.6	☁️ 32.4	34.5	**35.9**	☁️ 40.7	☁️ 39.8	☁️ 36.5			

CANCER (continued)

	DISPARITY AMONG COUNTIES			QCA (Scott+Rock Island)	Total Area	TOTAL AREA vs. BENCHMARKS				TRENDS	
CANCER (continued)	Scott County	Muscatine County	Rock Island County			vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
% [Women 50-74] Breast Cancer Screening	75.7	81.4	74.3	75.0	**75.8**	79.6	72.8	64.0	80.5	89.8	86.0
% [Age 45-75] Sigmoidoscopy/Colonoscopy in Past 10 Years	79.8	77.7	78.2	79.1	**78.9**			68.3	74.4	75.2	74.4

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

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DIABETES
(See data beginning on page 116.)

	DISPARITY AMONG COUNTIES			QCA (Scott+Rock Island)	Total Area	TOTAL AREA vs. BENCHMARKS				TRENDS	
DIABETES (See data beginning on page 116.)	Scott County	Muscatine County	Rock Island County			vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
Diabetes Deaths per 100,000 (Age-Adjusted)	16.4	56.3	30.5	23.1	**26.9**	22.3	19.6	22.6		15.6	16.3
% Diabetes/High Blood Sugar	12.8	19.6	16.8	14.7	**15.3**	11.6	12.0	12.8		7.0	14.5
% Borderline/Pre-Diabetes	14.5	11.5	12.8	13.7	**13.5**			15.0		8.1	8.1
Kidney Disease Deaths per 100,000 (Age-Adjusted)	11.0		21.1	15.8	**15.2**	9.7	16.6	12.8		10.0	9.2

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

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DISABLING CONDITIONS
(See data beginning on page 121.)

	DISPARITY AMONG COUNTIES			QCA (Scott+Rock Island)	Total Area	TOTAL AREA vs. BENCHMARKS				TRENDS	
DISABLING CONDITIONS	Scott County	Muscatine County	Rock Island County			vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
% 3+ Chronic Conditions	☀ (better) 35.4	🌧 (worse) 48.0	🌧 (worse) 43.8	39.4	**40.4**			☁ (similar) 38.0		🌧 (worse) 31.0	🌧 (worse) 31.1
% High-Impact Chronic Pain	☀ (better) 20.7	☁ (similar) 26.9	🌧 (worse) 27.4	23.8	**24.1**			🌧 (worse) 19.6	🌧 (worse) 6.4		
Alzheimer's Disease Deaths per 100,000 (Age-Adjusted)	☁ (similar) 27.7	☁ (similar) 26.0	☀ (better) 22.1	24.9	**25.0**	☀ (better) 30.9	☁ (similar) 26.2	☀ (better) 30.9		🌧 (worse) 21.1	🌧 (worse) 20.2

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

☀ better   ☁ similar   🌧 worse

HEART DISEASE & STROKE
(See data beginning on page 87.)

	DISPARITY AMONG COUNTIES			QCA (Scott+Rock Island)	Total Area	TOTAL AREA vs. BENCHMARKS				TRENDS	
HEART DISEASE & STROKE	Scott County	Muscatine County	Rock Island County			vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
Heart Disease Deaths per 100,000 (Age-Adjusted)	☁ (similar) 168.0	☁ (similar) 154.6	☁ (similar) 180.2	174.1	**171.8**	☁ (similar) 170.3	☁ (similar) 165.8	☁ (similar) 164.4	🌧 (worse) 127.4	☁ (similar) 191.0	☁ (similar) 190.0
% Heart Disease	☁ (similar) 11.1	☁ (similar) 12.3	☁ (similar) 14.1	12.5	**12.4**	🌧 (worse) 6.7	🌧 (worse) 6.2	☁ (similar) 10.3		🌧 (worse) 7.1	🌧 (worse) 7.5
Stroke Deaths per 100,000 (Age-Adjusted)	☁ (similar) 36.8	☀ (better) 25.7	☁ (similar) 33.0	34.9	**33.8**	☁ (similar) 32.3	☀ (better) 39.5	☁ (similar) 37.6	☁ (similar) 33.4	☁ (similar) 34.4	☁ (similar) 35.5
% Stroke	☁ (similar) 3.4	☁ (similar) 4.1	☁ (similar) 3.7	3.5	**3.6**	☁ (similar) 3.1	☁ (similar) 3.4	☀ (better) 5.4		☁ (similar) 2.3	☁ (similar) 3.1
% High Blood Pressure	☀ (better) 38.7	☁ (similar) 48.4	🌧 (worse) 47.1	42.6	**43.3**	🌧 (worse) 31.4	🌧 (worse) 30.0	☁ (similar) 40.4	☁ (similar) 42.6	🌧 (worse) 27.3	🌧 (worse) 36.7
% High Cholesterol	☁ (similar) 33.8	☁ (similar) 38.4	☁ (similar) 36.5	35.1	**35.5**			☁ (similar) 32.4		🌧 (worse) 28.7	☁ (similar) 33.3

HEART DISEASE & STROKE (continued)	Scott County	Muscatine County	Rock Island County	QCA (Scott+Rock Island)	Total Area	vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
% 1+ Cardiovascular Risk Factor	☁ 87.9	🌧 93.9	☁ 89.9	88.9	**89.5**			☁ 87.8		☀ 92.0	☁ 87.1

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

☀ better   ☁ similar   🌧 worse

INFANT HEALTH & FAMILY PLANNING *(See data beginning on page 127.)*	Scott County	Muscatine County	Rock Island County	QCA (Scott+Rock Island)	Total Area	vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
No Prenatal Care in First Trimester (Percent of Births)	☀ 14.4		🌧 22.6	18.0	**18.0**	☁ 20.0	☀ 24.4	☀ 22.3		☀ 23.0	☀ 23.0
Teen Births per 1,000 Females 15-19	☁ 19.6	☁ 18.0	🌧 24.4	21.7	**21.2**	🌧 14.4	🌧 14.7	🌧 16.6			
Low Birthweight (Percent of Births)	☁ 8.0	☁ 7.9	☁ 8.4	8.2	**8.1**	🌧 6.8	☁ 8.5	☁ 8.3			
Infant Deaths per 1,000 Births	☀ 3.7		🌧 6.8	5.1	**4.9**	☁ 4.8	☀ 5.7	☁ 5.5	☁ 5.0	☁ 5.0	☁ 5.3
% [Parents] Would Want All Newborn Vaccinations	☁ 85.6	☁ 85.7	☁ 84.9	85.3	**85.3**					🌧 93.6	☁ 83.6

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

☀ better   ☁ similar   🌧 worse

INJURY & VIOLENCE (See data beginning on page 107.)	Scott County	Muscatine County	Rock Island County	QCA (Scott+Rock Island)	Total Area	vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
Unintentional Injury Deaths per 100,000 (Age-Adjusted)	43.1 (similar)	42.0 (similar)	45.7 (similar)	44.6	**44.4**	42.9 (similar)	47.6 (similar)	51.6 (better)	43.2 (similar)	39.0 (similar)	38.1 (similar)
Motor Vehicle Crash Deaths per 100,000 (Age-Adjusted)	7.9 (similar)		8.4 (similar)	8.1	**8.4**	10.5 (better)	9.0 (similar)	11.4 (better)	10.1 (better)		
[65+] Fall-Related Deaths per 100,000 (Age-Adjusted)	114.1 (similar)		147.2 (similar)	130.8	**124.9**	87.4 (worse)	53.3 (worse)	67.1 (worse)	63.4 (worse)		
Homicide Deaths per 100,000 (Age-Adjusted)	5.0 (better)		12.1 (worse)	8.1	**7.5**	3.0 (worse)	9.1 (better)	6.1 (worse)	5.5 (worse)	2.3 (worse)	2.3 (worse)
Violent Crimes per 100,000	517.1 (similar)	461.2 (similar)	362.6 (better)	445.3	**447.1**	283.0 (worse)	420.9 (similar)	416.0 (similar)			
% Victim of Violent Crime in Past 5 Years	5.9 (similar)	3.6 (better)	9.0 (worse)	7.3	**6.9**			7.0 (similar)		2.6 (worse)	
% Victim of Intimate Partner Violence	25.8 (similar)	26.8 (similar)	27.5 (similar)	26.6	**26.6**			20.3 (worse)		10.7 (worse)	23.6 (similar)
% [Adults] Victim of Childhood Neglect or Abuse	29.1 (similar)	28.8 (similar)	31.2 (similar)	30.1	**29.9**					14.0 (worse)	19.5 (worse)

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

better   similar   worse

MENTAL HEALTH (See data beginning on page 68.)	DISPARITY AMONG COUNTIES			QCA (Scott+Rock Island)	Total Area	TOTAL AREA vs. BENCHMARKS				TRENDS	
	Scott County	Muscatine County	Rock Island County			vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
% "Fair/Poor" Mental Health	☀ 25.9	☁ 30.9	🌧 32.4	28.9	**29.2**			🌧 24.4		🌧 8.9	🌧 17.3
% Diagnosed Depression	☁ 33.4	☁ 37.6	☁ 33.5	33.5	**34.0**	🌧 18.5	🌧 17.7	☁ 30.8		🌧 20.5	🌧 23.6
% Symptoms of Chronic Depression	☀ 43.1	☁ 50.3	🌧 50.5	46.5	**47.0**			☁ 46.7		🌧 25.2	🌧 34.7
% Typical Day Is "Extremely/Very" Stressful	☁ 19.5	☁ 16.1	☁ 19.8	19.6	**19.3**			☁ 21.1		🌧 9.5	🌧 16.0
Suicide Deaths per 100,000 (Age-Adjusted)	☁ 15.0	🌧 20.6	☁ 17.1	15.9	**16.5**	☁ 16.7	🌧 10.9	🌧 13.9	🌧 12.8	☁ 16.2	☁ 16.0
Mental Health Providers per 100,000	☁ 182.0	🌧 87.0	☀ 290.0	230.5	**213.4**	☁ 199.0	🌧 314.0	🌧 313.7			
% Receiving Mental Health Treatment	☁ 27.7	☁ 31.6	☁ 28.9	28.2	**28.6**			🌧 21.9		🌧 17.6	🌧 18.1
% Unable to Get Mental Health Services in Past Year	☁ 12.1	☀ 6.7	☁ 14.0	13.0	**12.3**			☁ 13.2		🌧 8.9	🌧 9.1
% Ease of Obtaining Mental Health Services is "Fair/Poor"	☁ 36.2	☁ 36.0	☁ 41.2	38.5	**38.3**					🌧 12.6	☁ 34.3
% [Child 5-17] Mental Health is "Fair/Poor"	☁ 13.4		☁ 9.1	11.3	**10.9**					☁ 8.2	☁ 10.1
% [Child 5-17] Needed Mental Health Services in the Past Year	☁ 16.8		☁ 13.9	15.4	**15.9**					☁ 10.3	☁ 16.6

MENTAL HEALTH (continued)	DISPARITY AMONG COUNTIES			QCA (Scott+Rock Island)	Total Area	TOTAL AREA vs. BENCHMARKS				TRENDS	
	Scott County	Muscatine County	Rock Island County			vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
% [Child 5-17] Received Mental Health Treatment in Past Year	☁ 12.7		☁ 11.2	12.0	**12.8**					☁ 9.8	☁ 12.4

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

☀ better   ☁ similar   🌧 worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT *(See data beginning on page 134.)*	DISPARITY AMONG COUNTIES			QCA (Scott+Rock Island)	Total Area	TOTAL AREA vs. BENCHMARKS				TRENDS	
	Scott County	Muscatine County	Rock Island County			vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
% "Very/Somewhat" Difficult to Buy Fresh Produce	☁ 23.7	☁ 26.4	☁ 27.4	25.5	**25.6**			☀ 30.0		🌧 21.7	
% No Leisure-Time Physical Activity	☁ 23.3	☁ 24.2	☁ 27.0	25.0	**24.9**	☁ 25.9	☁ 22.8	☀ 30.2	🌧 21.8	🌧 18.6	🌧 20.2
% Meet Physical Activity Guidelines	☁ 25.7	☁ 20.9	☁ 23.1	24.5	**24.0**	☀ 20.1	☁ 23.4	🌧 30.3	🌧 29.7	☁ 23.7	☁ 22.7
% Use a Local Paved or Dirt Trail for Exercise at Least Weekly	☀ 44.9	☁ 34.8	🌧 35.5	40.5	**39.8**					☁ 38.7	☁ 38.6
% [Child 2-17] Physically Active 1+ Hours per Day	☁ 43.7	🌧 40.8	☁ 45.9	44.8	**44.3**			☀ 27.4		🌧 57.5	☁ 44.4
Recreation/Fitness Facilities per 100,000	☀ 16.6	☁ 11.6	🌧 5.5	11.6	**11.6**	☁ 12.1	☁ 12.6	🌧 14.8			
% Healthy Weight (BMI 18.5-24.9)	☀ 28.5	🌧 15.1	☁ 23.0	25.9	**24.7**		🌧 31.1	🌧 31.9		☁ 25.8	🌧 30.7
% Overweight (BMI 25+)	☀ 69.5	🌧 84.7	☁ 75.9	72.4	**73.9**	☁ 71.2	🌧 67.2	🌧 63.3		🌧 64.1	☁ 72.9

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	Scott County	Muscatine County	Rock Island County	QCA (Scott+Rock Island)	Total Area	vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
% Obese (BMI 30+)	☀ 39.6	🌧 55.4	☁ 46.4	42.7	**44.2**	🌧 37.4	🌧 33.3	🌧 33.9	🌧 36.0	🌧 24.1	🌧 38.8
% [Child 5-17] Healthy Weight	☁ 46.4	☀ 64.9	☁ 45.3	45.9	**48.0**			☁ 54.3		🌧 61.5	☁ 57.0
% [Child 5-17] Overweight (85th Percentile)	☁ 41.9		☁ 39.7	40.9	**39.6**			☁ 31.8		🌧 30.8	🌧 29.3
% [Child 5-17] Obese (95th Percentile)	☁ 24.3		☁ 30.6	27.4	**25.8**			☁ 19.5	🌧 15.5	🌧 15.6	☁ 24.1

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

☀ better   ☁ similar   🌧 worse

ORAL HEALTH (See data beginning on page 193.)	Scott County	Muscatine County	Rock Island County	QCA (Scott+Rock Island)	Total Area	vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
% Have Dental Insurance	☁ 78.7	☁ 79.2	☁ 78.4	78.6	**78.6**			☀ 72.7	☀ 75.0	☀ 68.3	☀ 72.9
% Dental Visit in Past Year	☁ 62.2	☁ 62.0	☁ 56.7	59.6	**59.9**	🌧 68.3	🌧 65.9	☁ 56.5	☀ 45.0	🌧 68.1	🌧 68.0
% [Child 2-17] Dental Visit in Past Year	☁ 79.8	☀ 92.7	☁ 82.0	80.9	**82.1**			☁ 77.8	☀ 45.0	☁ 78.2	☁ 80.2
% Ease of Obtaining Dental Care is "Fair/Poor"	☁ 25.5	☁ 23.2	☁ 27.2	26.3	**25.9**					🌧 10.4	🌧 15.4

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

☀ better   ☁ similar   🌧 worse

RESPIRATORY DISEASE
(See data beginning on page 102.)

	DISPARITY AMONG COUNTIES			QCA (Scott+Rock Island)	Total Area	TOTAL AREA vs. BENCHMARKS				TRENDS	
	Scott County	Muscatine County	Rock Island County			vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
Lung Disease Deaths per 100,000 (Age-Adjusted)	(similar) 49.2	(similar) 43.4	(similar) 49.0	49.2	**48.6**	(similar) 42.3	(worse) 35.1	(worse) 38.1		(similar) 47.7	(similar) 49.4
Pneumonia/Influenza Deaths per 100,000 (Age-Adjusted)	(similar) 11.3	(worse) 17.5	(similar) 12.8	12.0	**12.6**	(similar) 13.8	(better) 15.0	(similar) 13.4		(better) 15.7	(better) 15.5
% Asthma	(similar) 14.7	(similar) 14.1	(worse) 19.4	16.9	**16.5**	(worse) 9.7	(worse) 8.7	(similar) 17.9		(worse) 11.5	(worse) 11.3
% [Child 0-17] Asthma	(similar) 10.6	(similar) 5.6	(similar) 13.6	12.1	**11.4**			(better) 16.7		(similar) 8.9	(similar) 8.5

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

(sun) better (cloud) similar (rain) worse

SEXUAL HEALTH
(See data beginning on page 169.)

	DISPARITY AMONG COUNTIES			QCA (Scott+Rock Island)	Total Area	TOTAL AREA vs. BENCHMARKS				TRENDS	
	Scott County	Muscatine County	Rock Island County			vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
HIV Prevalence per 100,000	(similar) 160.2	(better) 87.6	(similar) 193.5	175.2	**164.9**	(worse) 119.4	(better) 338.8	(better) 386.6			
Chlamydia Incidence per 100,000	(similar) 569.8	(better) 446.0	(similar) 568.8	569.3	**554.7**	(worse) 457.2	(similar) 568.8	(similar) 495.0			
Gonorrhea Incidence per 100,000	(worse) 339.9	(better) 105.4	(similar) 263.1	246.9	**233.1**	(worse) 139.5	(similar) 210.2	(worse) 194.4			

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

(sun) better (cloud) similar (rain) worse

SUBSTANCE USE (See data beginning on page 151.)	Scott County	Muscatine County	Rock Island County	QCA (Scott+Rock Island)	Total Area	vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
Alcohol-Induced Deaths per 100,000 (Age-Adjusted)	similar 14.0		similar 12.4	13.3	**12.9**	worse 9.9	worse 10.2	similar 11.9		worse 9.2	worse 8.8
Cirrhosis/Liver Disease Deaths per 100,000 (Age-Adjusted)	similar 10.9		similar 11.1	11.0	**10.9**	similar 9.7	similar 11.9	similar 12.5	similar 10.9		
% Excessive Drinking	similar 23.9	similar 21.2	similar 20.2	22.2	**22.1**	similar 22.6	worse 18.0	better 34.3		similar 20.1	similar 23.4
Unintentional Drug-Induced Deaths per 100,000 (Age-Adjusted)	similar 11.6			8.2	**7.9**	better 9.4	better 22.0	better 21.0		better 11.4	better 10.3
% Used an Illicit Drug in Past Month	similar 6.4	better 3.9	similar 8.1	7.2	**6.8**			similar 8.4		worse 3.0	worse 3.3
% Used a Prescription Opioid in Past Year	similar 15.7	similar 14.3	similar 15.9	15.8	**15.6**			similar 15.1			
% Ever Sought Help for Alcohol or Drug Problem	similar 8.2	similar 11.0	similar 11.8	9.9	**10.0**			better 6.8			
% Personally Impacted by Substance Use	similar 44.1	similar 41.0	similar 46.2	45.1	**44.6**			similar 45.4		worse 36.1	worse 37.2
% Ease of Obtaining Substance Use Services is "Fair/Poor"	similar 31.6	better 23.8	worse 35.6	33.6	**32.4**					worse 13.7	worse 26.1

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

better   similar   worse

TOBACCO USE *(See data beginning on page 163.)*	DISPARITY AMONG COUNTIES			QCA (Scott+Rock Island)	Total Area	TOTAL AREA vs. BENCHMARKS				TRENDS	
	Scott County	Muscatine County	Rock Island County			vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
% Smoke Cigarettes	☁️ 18.3	☁️ 22.3	☁️ 20.2	19.1	**19.5**	🌧️ 14.7	🌧️ 12.4	☀️ 23.9	🌧️ 6.1	☀️ 25.9	☁️ 19.8
% Someone Smokes at Home	☀️ 17.0	☁️ 18.2	🌧️ 22.9	19.8	**19.6**			☁️ 17.7		☀️ 26.7	☁️ 16.4
% Use Vaping Products	☁️ 14.8	☁️ 13.8	☁️ 17.3	16.0	**15.8**	🌧️ 6.7	🌧️ 5.2	☁️ 18.5		🌧️ 6.8	🌧️ 7.0

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

☀️ better   ☁️ similar   🌧️ worse

COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

The Total Area, the focus of this Community Health Needs Assessment, is predominantly associated with Scott and Muscatine counties in Iowa and Rock Island County in Illinois; it houses a total population of 361,102 residents and encompasses 1,323.03 square miles, according to latest census estimates.

Total Population
(Estimated Population, 2018-2022)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Scott County, IA	174,315	458.10	381
Muscatine County, IA	42,968	437.44	98
Rock Island County, IL	143,819	427.50	336
Quad Cities Area	318,134	885.59	359
Total Area	361,102	1,323.03	273
Iowa	3,188,836	55,853.39	57
Illinois	12,757,634	55,513.20	230
United States	331,097,593	3,533,269.34	94

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Population Change 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 the Total Area increased by 7,060 persons, or 2.0%.

BENCHMARK ▶ A smaller percentage increase than recorded nationally but higher than found across Illinois, which recorded a decrease in population.

DISPARITY ▶ Scott and Muscatine counties experienced an increase in population, while Rock Island County experienced a decrease.

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

			An increase of 6,570 persons	An increase of 7,060 persons			
5.0%	**1.2%**	**-2.0%**	**2.1%**	**2.0%**	**4.7%**	**-0.1%**	**7.1%**
Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
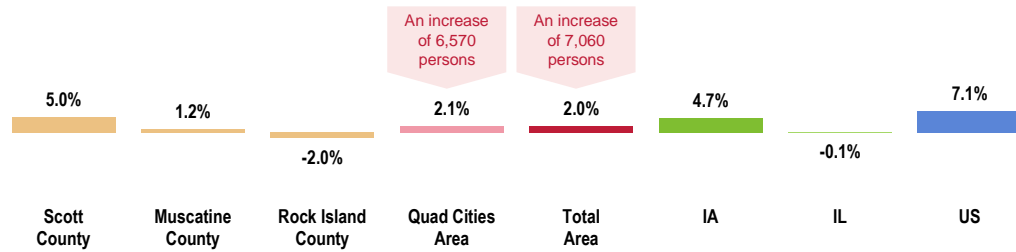
Sources:
- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

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

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

Map Legend

Report Location, County

Population Change, Percent by Tract, US Census Bureau 2010 - 2020
- Over 10.0% Increase (+)
- 2.0 - 10.0% Increase (+)
- Less Than 2.0% Change (+/-)
- 2.0 - 10.0% Decrease (-)
- Over 10.0% Decrease (-)
- No Population or No Data

SparkMap
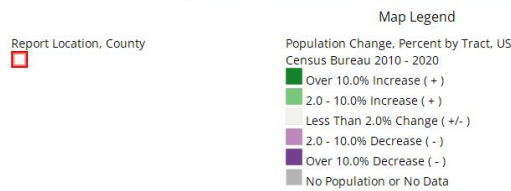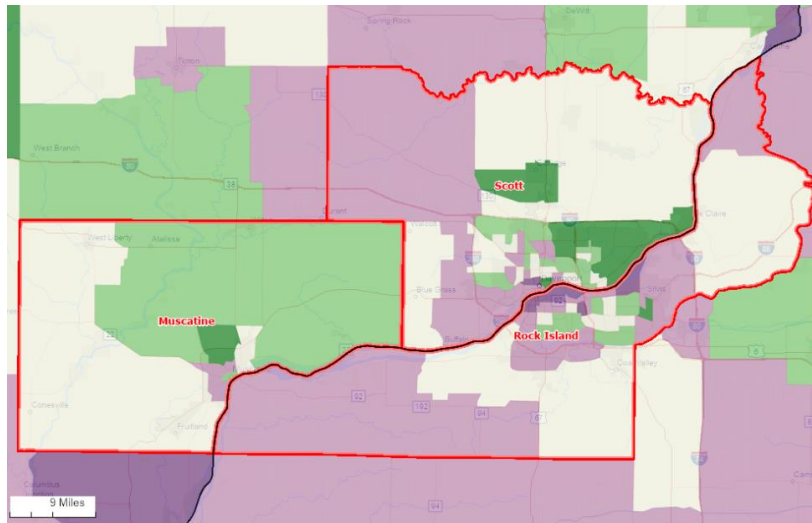
Urban/Rural Population

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.

The Total Area is predominantly urban, with 84.0% of the population living in areas designated as urban.

BENCHMARK ► More urban than the state of Iowa.

DISPARITY ► Muscatine County is more rural than Scott and Rock Island counties.

Urban and Rural Population
(2020)

■ % Urban ■ % Rural

	Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
% Urban	86.7%	58.2%	88.5%	87.5%	84.0%	63.1%	86.9%	80.0%
% Rural	13.3%	41.8%	11.5%	12.5%	16.0%	36.9%	13.1%	20.0%
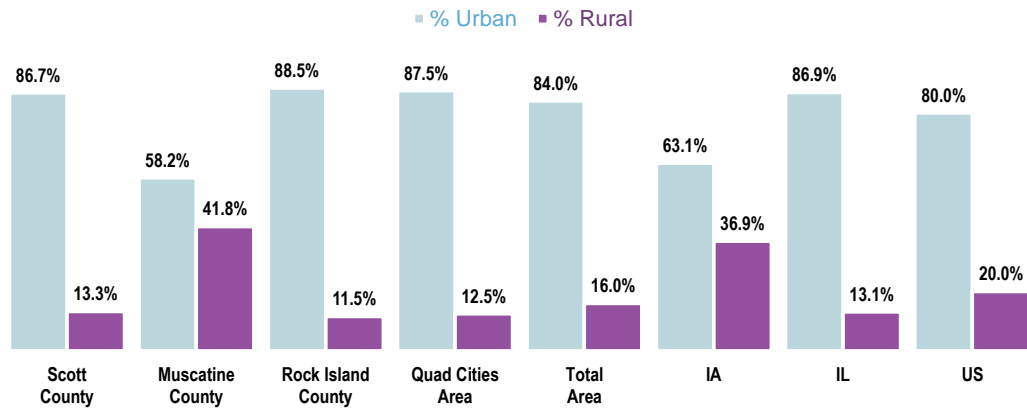
Sources:
- US Census Bureau Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

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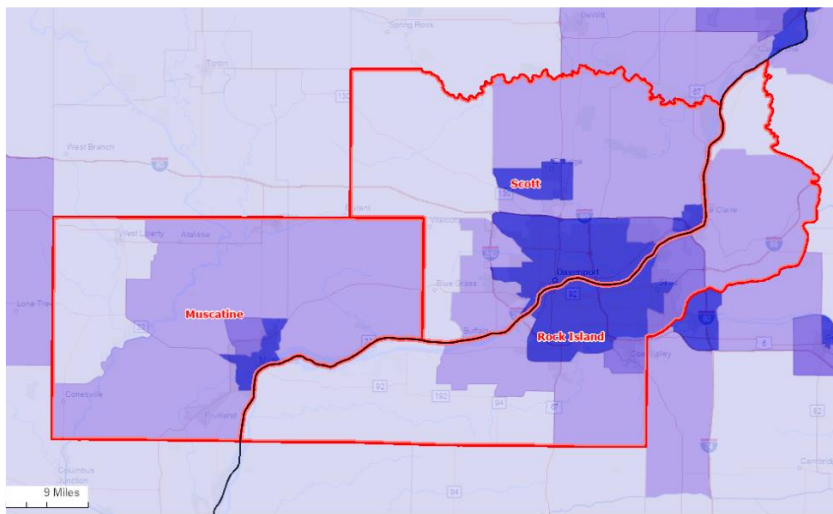
Map Legend

Report Location, County

Population Living in Urban Areas, Percent by Tract, US Census Bureau 2020
- Over 90.0%
- 80.0 - 90.0%
- Under 80.0%
- No Urban Population
- No Data or Data Suppressed

☀SparkMap

Age

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

In the Total Area, 23.1% of the population are children age 0-17; another 58.9 % are age 18 to 64, while 18.0% are age 65 and older.

BENCHMARK ► The proportion of adults age 65+ is higher in the Total Area than across Illinois and the US.

DISPARITY ► Among the counties, Rock Island County has the highest proportion of adults age 65+.

Total Population by Age Groups
(2018-2022)
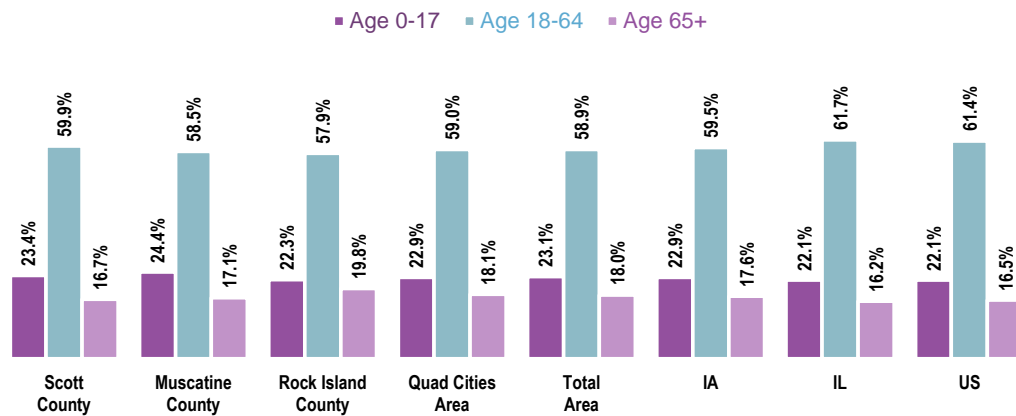
■ Age 0-17   ■ Age 18-64   ■ Age 65+

	Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
Age 0-17	23.4%	24.4%	22.3%	22.9%	23.1%	22.9%	22.1%	22.1%
Age 18-64	59.9%	58.5%	57.9%	59.0%	58.9%	59.5%	61.7%	61.4%
Age 65+	16.7%	17.1%	19.8%	18.1%	18.0%	17.6%	16.2%	16.5%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Median Age

While Scott and Muscatine counties are similar in median age to state and US medians, Rock Island County is "older" in that the median age is higher.

Median Age
(2018-2022)
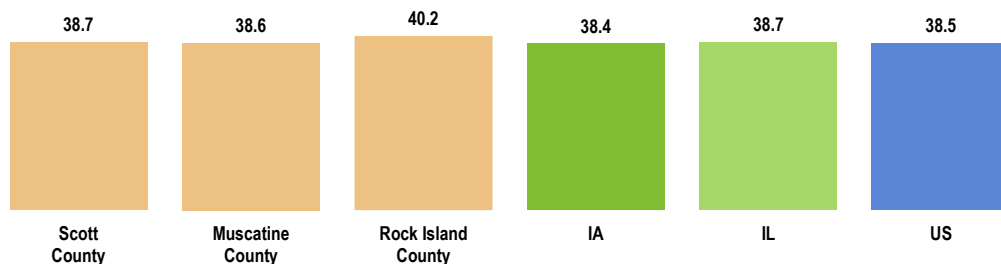
Scott County	Muscatine County	Rock Island County	IA	IL	US
38.7	38.6	40.2	38.4	38.7	38.5

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Map Legend

Report Location, County

Median Age by Tract, ACS 2018-22
- Over 45.0
- 40.1 - 45.0
- 35.1 - 40.0
- Under 35.1
- No Data or Data Suppressed

SparkMap
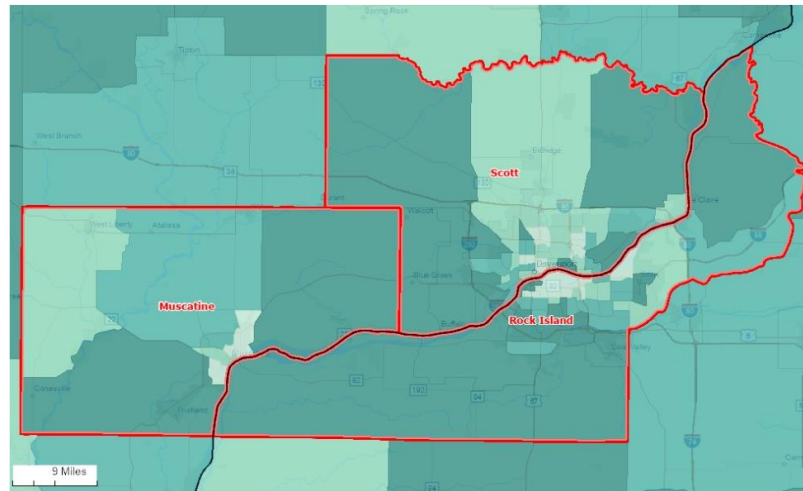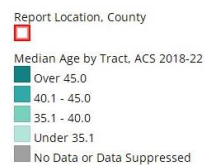
Race & Ethnicity

Race

Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

In looking at race independent of ethnicity (Hispanic or Latino origin), 79.3% of residents of the Total Area are White and 8.0% are Black.

BENCHMARK ► Less diverse than Illinois and the US.

DISPARITY ► Rock Island County is more diverse than Scott and Muscatine counties.

Total Population by Race Alone
(2018-2022)

■ White ■ Black ■ Diverse Races ■ Multiple Races

	White	Black	Diverse Races	Multiple Races
Scott County	81.8%	7.0%	4.5%	6.7%
Muscatine County	83.6%	2.7%	8.8%	4.9%
Rock Island County	75.0%	10.7%	7.3%	7.0%
Quad Cities Area	78.7%	8.7%	5.8%	6.8%
Total Area	79.3%	8.0%	6.1%	6.6%
IA	86.9%	3.8%	4.6%	4.7%
IL	65.8%	13.9%	12.8%	7.5%
US	65.9%	12.5%	12.8%	8.8%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).
- "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Ethnicity

A total of 11.1% of Total Area residents are Hispanic or Latino.

BENCHMARK ► Much lower than found across Illinois and the US.

DISPARITY ► Higher in Muscatine and Rock Island counties.

Hispanic Population
(2018-2022)

The Hispanic population increased by 6,585 persons, or 19.9%, between 2010 and 2020.

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
7.3%	18.6%	13.5%	10.1%	11.1%	6.5%	17.8%	18.7%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Notes:
- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Linguistic Isolation

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

BENCHMARK ► Lower than found across Illinois and the US.

DISPARITY ► Higher in Rock Island County.

Linguistically Isolated Population
(2018-2022)
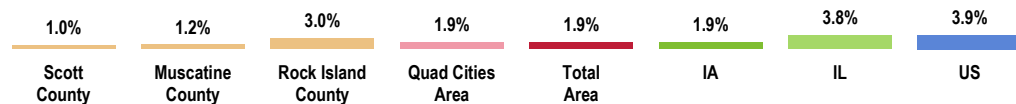
Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
1.0%	1.2%	3.0%	1.9%	1.9%	1.9%	3.8%	3.9%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 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."
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

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

Map Legend

Report Location, County

Population in Linguistically Isolated
Households, Percent by Tract, ACS 2018-22

Over 3.0%
1.1 - 3.0%
0.1 - 1.1%
No Population in Linguistically Isolated
Households
No Data or Data Suppressed

SparkMap
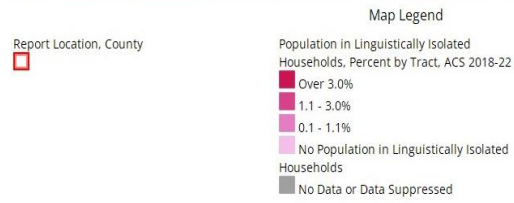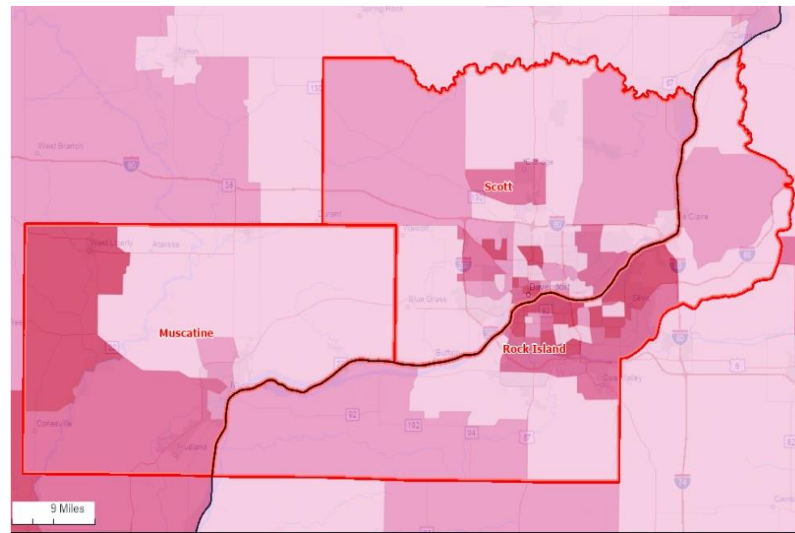
SOCIAL DETERMINANTS OF HEALTH

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

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to overall health.

The latest census estimate shows 13.2% of the Total Area total population living below the federal poverty level.

BENCHMARK ► Higher than found across Iowa. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Higher in Rock Island County.

Among just children (ages 0 to 17), this percentage in the Total Area is 18.7% (representing an estimated 15,330 children).

BENCHMARK ► Higher than found across Iowa and Illinois. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Higher in Rock Island County.

Population in Poverty
(Populations Living Below the Poverty Level; 2018-2022)
Healthy People 2030 = 8.0% or Lower

■ Total Population   ■ Children
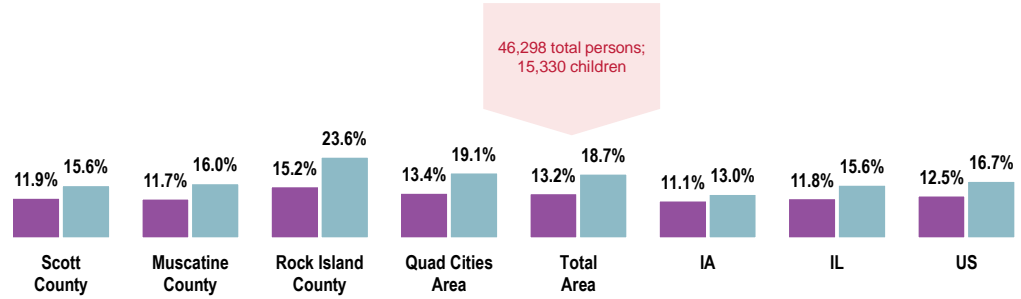
46,298 total persons;
15,330 children

	Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
Total Population	11.9%	11.7%	15.2%	13.4%	13.2%	11.1%	11.8%	12.5%
Children	15.6%	16.0%	23.6%	19.1%	18.7%	13.0%	15.6%	16.7%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

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

Map Legend

Report Location, County

Population Below the Poverty Level, Percent by Tract, ACS 2018-22
- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed

SparkMap

Map Legend

Report Location, County

Population Below the Poverty Level, Children
(Age 0-17), Percent by Tract, ACS 2018-22
- Over 30.0%
- 22.6 - 30.0%
- 15.1 - 22.5%
- Under 15.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed

SparkMap
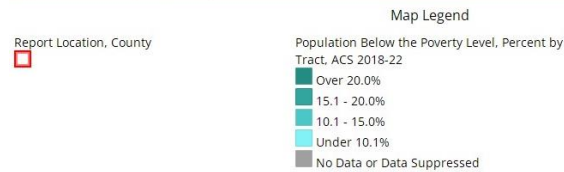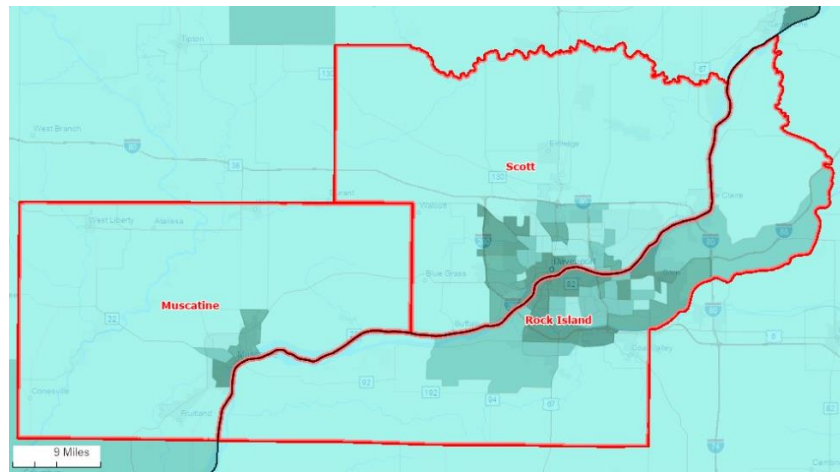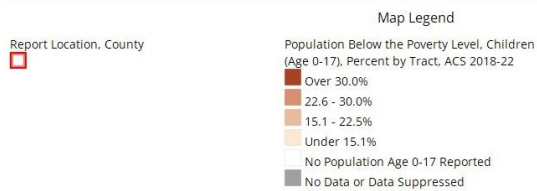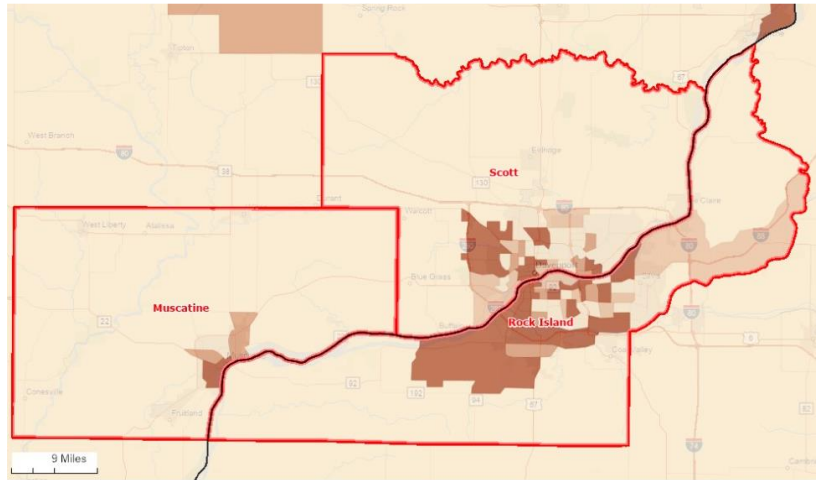
Education

Among the Total Area population age 25 and older, an estimated 8.2% (over 20,000 people) do not have a high school education.

BENCHMARK ► Higher than found across Iowa but lower than found across Illinois and the US.

DISPARITY ► Lower in Scott County.

Population With No High School Diploma
(Adults Age 25 and Older; 2018-2022)
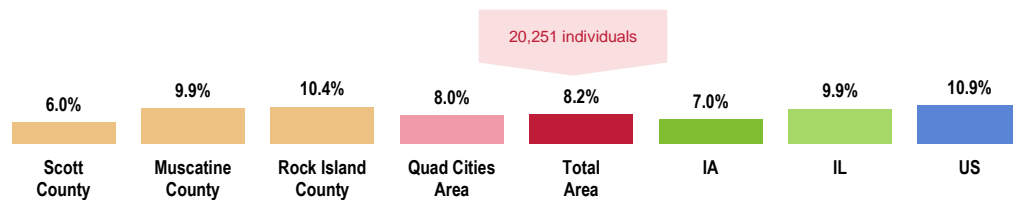
20,251 individuals

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
6.0%	9.9%	10.4%	8.0%	8.2%	7.0%	9.9%	10.9%

Sources: ● US Census Bureau American Community Survey 5-year estimates.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).
Notes: ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Map Legend

Report Location, County

Population with No High School Diploma (Age 25+), Percent by Tract, ACS 2018-22
- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed

SparkMap
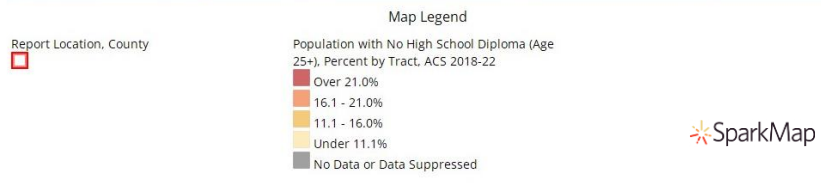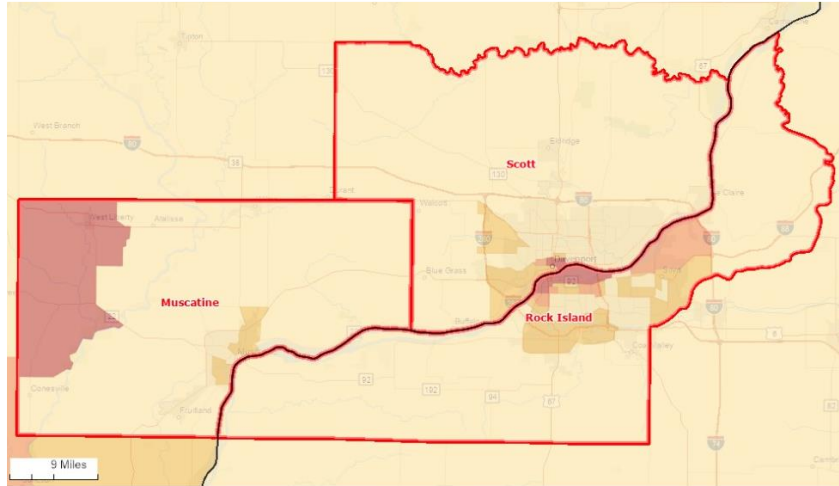
Employment

According to data derived from the US Department of Labor, the unemployment rate in the Total Area as of June 2024 was 4.6%.

BENCHMARK ► Higher than the Iowa unemployment rate but lower than the Illinois rate.

TREND ► Following significant increases in 2020 (attributed to the COVID-19 pandemic), unemployment has returned to pre-pandemic levels and is lower than found a decade ago.

Unemployment Rate

Legend: Quad Cities Area — Total Service Area — IA — IL — US

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	June 2024
Quad Cities Area	6.8%	6.0%	5.4%	5.3%	4.3%	4.0%	3.9%	7.9%	5.3%	3.8%	4.2%	4.8%
Total Service Area	6.6%	5.9%	5.2%	5.1%	4.1%	3.8%	3.8%	7.7%	5.2%	3.7%	4.1%	4.6%
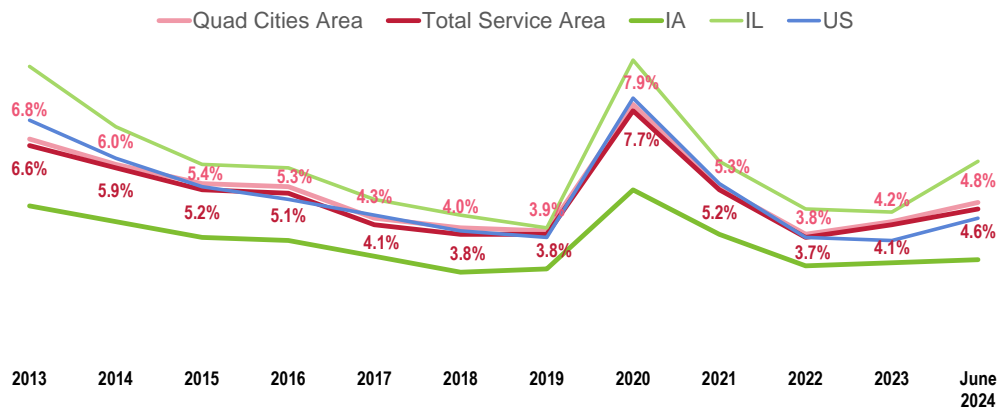
Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Notes:
- Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Financial Resilience

A total of 34.5% of Total Area residents would <u>not</u> be able to afford an unexpected $400 expense without going into debt.

DISPARITY ► Correlated with age and income. Also higher among women, Hispanic residents, and LGBTQ+ respondents.

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

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
33.8%	35.2%	35.1%	34.4%	34.5%	34.0%
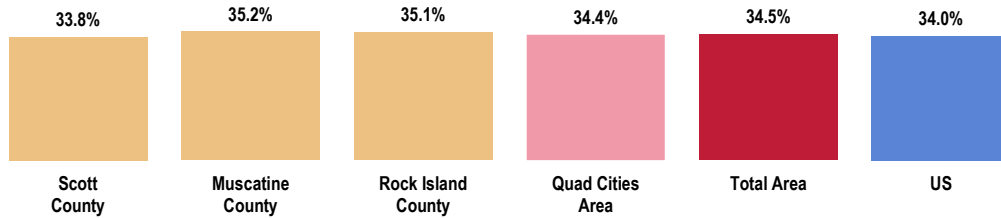
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 53]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Do Not Have Cash on Hand to Cover a $400 Emergency Expense
(Total Area, 2024)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
41.3%	27.1%	47.1%	34.9%	14.2%	79.1%	53.3%	23.2%	43.9%	32.4%	38.3%	44.4%	34.5%
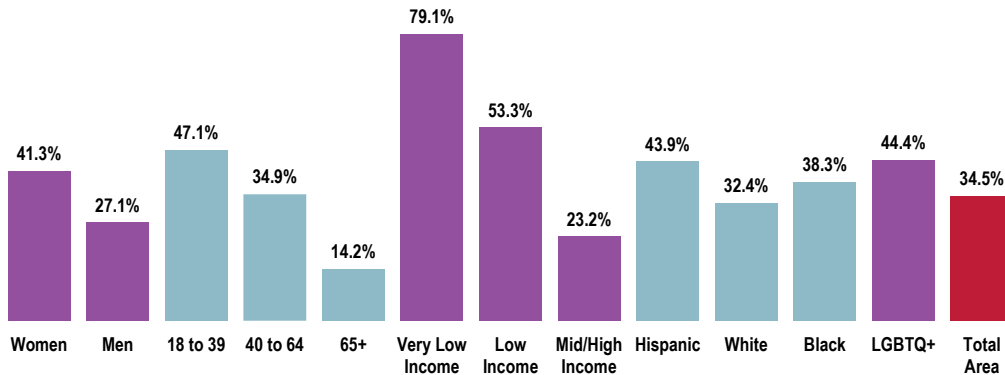
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 53]
Notes: ● Asked of all respondents.
● Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Housing

Unhealthy or Unsafe Housing

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?"

A total of 18.9% of Total Area residents report living in unhealthy or unsafe housing conditions during the past year.

TREND ► Represents a significant increase from previous surveys in both areas.

DISPARITY ► Correlated with age and income. Also higher among Hispanic residents, Black residents, and LGBTQ+ respondents.

Unhealthy or Unsafe Housing Conditions in the Past Year

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
16.5%	18.9%	21.5%	18.8%	18.9%	16.4%
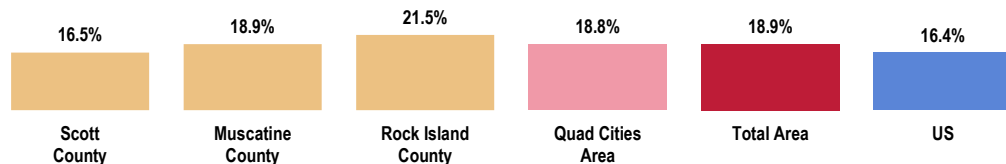
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 307]
- 2023 PRC National Health Survey, PRC, Inc.

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

Unhealthy or Unsafe Housing Conditions in the Past Year

Quad Cities Area

15.3% (2018) — 14.8% (2021) — 18.8% (2024)

Total Area

15.3% (2018) — 14.7% (2021) — 18.9% (2024)

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: ● Asked of all respondents.
● Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Unhealthy or Unsafe Housing Conditions in the Past Year
(Total Area, 2024)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
19.4%	18.2%	28.3%	16.2%	9.1%	44.0%	27.0%	13.4%	24.4%	17.1%	25.2%	26.8%	18.9%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: ● Asked of all respondents.
● Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Lead Hazard

Presence of Lead in Homes

Among Total Area residents, 6.3% have been informed that their house contains a lead hazard.

TREND ► Marks a significant increase from previous surveys in the Total Area.

DISPARITY ► Higher in Rock Island County. More often reported among adults younger than 65, Hispanic residents, Black residents, and LGBTQ+ respondents.

Have Been Informed That House Contains a Lead Hazard
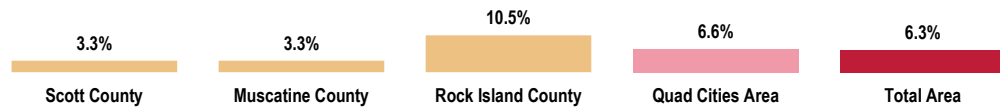
Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area
3.3%	3.3%	10.5%	6.6%	6.3%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 308]
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Have Been Informed That House Contains a Lead Hazard

Quad Cities Area

2012	2015	2018	2021	2024
5.8%	3.2%	2.6%	3.2%	6.6%

Total Area

2018	2021	2024
3.0%	3.0%	6.3%
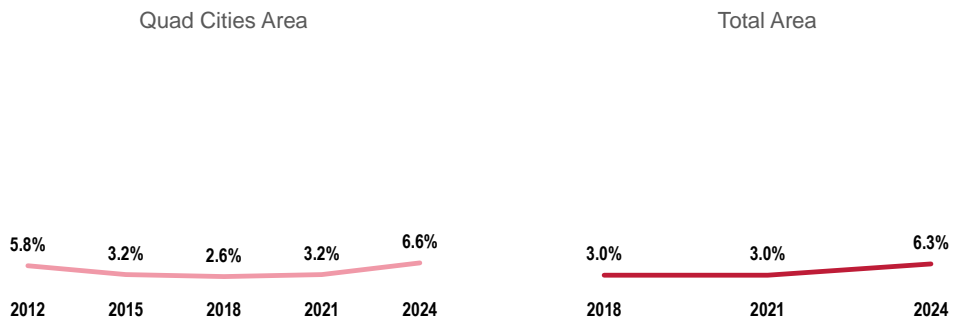
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 308]
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Have Been Informed That House Contains a Lead Hazard
(Total Area, 2024)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
6.2%	6.3%	8.9%	6.3%	2.1%	8.1%	8.9%	5.7%	7.2%	4.7%	14.6%	10.9%	6.3%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 308]
Notes: ● Asked of all respondents.

Lead Testing in Children

Among Total Area respondents with children younger than 18, 48.7% report that their child has been tested for lead.

TREND ► Testing has declined significantly over time in the Quad Cities Area.

Child Has Been Tested for Lead
(Children 0-17)
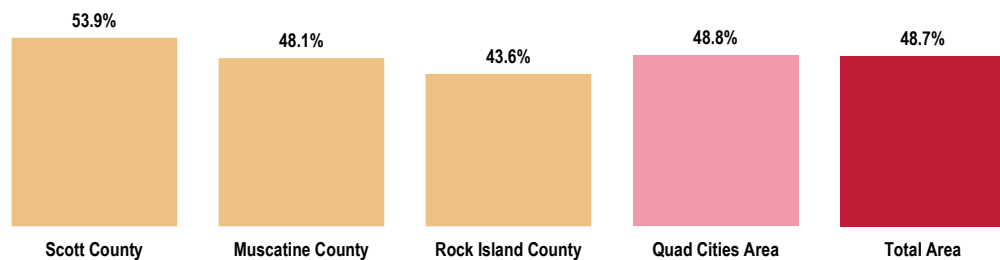
Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area
53.9%	48.1%	43.6%	48.8%	48.7%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 322]
Notes: ● Asked of all respondents with children under 18 at home.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Child Has Been Tested for Lead
(Children 0-17)
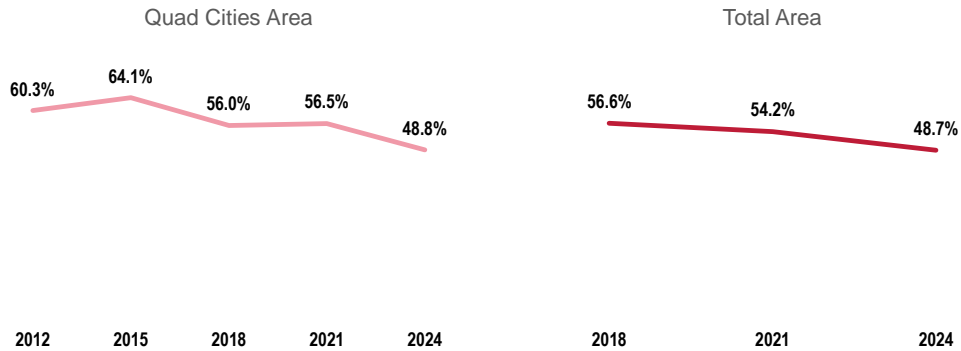
Quad Cities Area

60.3% 64.1% 56.0% 56.5% 48.8%

2012   2015   2018   2021   2024

Total Area

56.6% 54.2% 48.7%

2018   2021   2024

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 322]
Notes: ● Asked of all respondents with children under 18 at home.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Housing Insecurity

Homelessness

Among Total Area adults, 7.1% report there was a time in the past two years when they lived on the street, in a car, or in a temporary shelter.

TREND ► Rising significantly higher over time in both areas.

DISPARITY ► Correlated with age and income.

Was Homeless at Some Point in the Past 2 Years

6.6%	4.3%	8.4%	7.4%	7.1%
Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 306]
Notes: ● Asked of all respondents.
● Includes those who were living on the street, in a car, or in a temporary shelter.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Was Homeless at Some Point in the Past 2 Years

Quad Cities Area

2007	2012	2015	2018	2021	2024
0.4%	2.0%	1.6%	2.6%	3.7%	7.4%

Total Area

2018	2021	2024
3.2%	4.0%	7.1%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 306]
Notes: ● Asked of all respondents.
● Includes those who were living on the street, in a car, or in a temporary shelter.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Was Homeless at Some Point in the Past 2 Years
(Total Area, 2024)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
6.3%	7.9%	11.8%	6.1%	1.4%	24.3%	10.5%	3.9%	10.3%	6.4%	9.1%	8.8%	7.1%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 306]
Notes: ● Asked of all respondents.
● Includes those who were living on the street, in a car, or in a temporary shelter.

Current Financial Condition

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

Rating of Personal or Family Financial Situation
(Total Area, 2024)
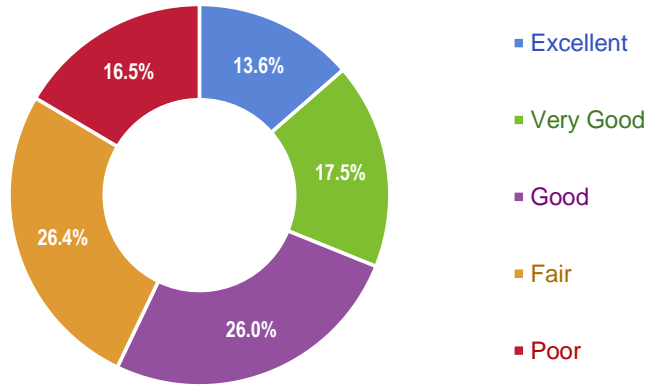
- Excellent — 13.6%
- Very Good — 17.5%
- Good — 26.0%
- Fair — 26.4%
- Poor — 16.5%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: ● Asked of all respondents.
● Respondents were asked to think of their financial situation in terms of being able to afford adequate food, housing, and pay current bills.

However, a considerable share (42.9%) of Total Area respondents gave "fair" or "poor" ratings of their current financial situation.

TREND ► Marks a significant increase from the previous survey in both areas.

DISPARITY ► Women, adults younger than 65, those with lower incomes, and LGBTQ+ respondents are more likely to evaluate their financial situation as "fair" or "poor."

Personal or Family Financial Situation is "Fair/Poor"

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area
40.0%	45.4%	45.5%	42.6%	42.9%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: ● Asked of all respondents.
● Respondents were asked to think of their financial situation in terms of being able to afford adequate food, housing, and pay current bills.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Personal or Family Financial Situation is "Fair/Poor"

Quad Cities Area

32.6% — 42.6%

2021 **2024**

Total Area

31.6% — 42.9%

2021 **2024**

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: ● Asked of all respondents.
● Respondents were asked to think of their financial situation in terms of being able to afford adequate food, housing, and pay current bills.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Personal or Family Financial Situation is "Fair/Poor"
(Total Area, 2024)

Category	Percentage
Women	47.1%
Men	38.3%
18 to 39	51.2%
40 to 64	44.6%
65+	26.1%
Very Low Income	81.4%
Low Income	68.3%
Mid/High Income	30.1%
Hispanic	49.4%
White	41.8%
Black	40.1%
LGBTQ+	54.2%
Total Area	42.9%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: ● Asked of all respondents.
● Respondents were asked to think of their financial situation in terms of being able to afford adequate food, housing, and pay current bills.

Food Access

Low Food Access

Low food access is defined as living more than 1 mile (in urban areas, or 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.

RELATED ISSUE
See also Difficulty Accessing Fresh Produce in the *Nutrition*, *Physical Activity* & *Weight* section of this report.

US Department of Agriculture data show that 15.5% of the Total Area population (representing over 54,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

BENCHMARK ► Lower than found across Iowa, Illinois, and the US.

DISPARITY ► Lower in Scott County.

Population With Low Food Access
(2019)

54,921 individuals have low food access

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
13.9%	17.0%	16.8%	15.2%	15.5%	20.0%	20.2%	22.2%
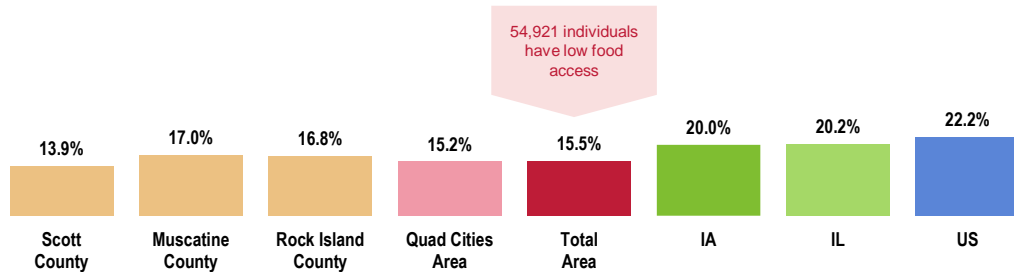
Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Notes:
- Low food access is defined as living more than 1 mile from the nearest supermarket, supercenter, or large grocery store for urban census tracts, and 10 miles for rural ones.
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Map Legend

Report Location, County

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

SparkMap
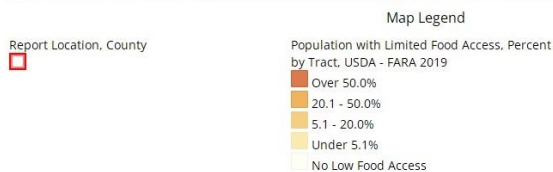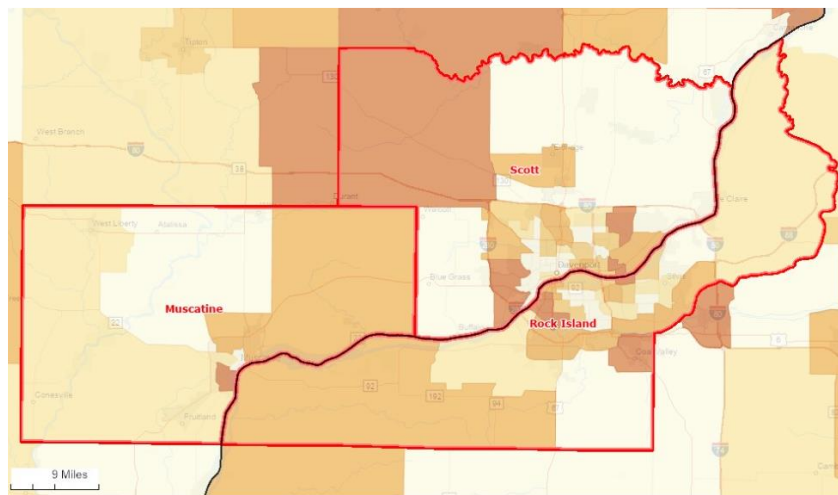
Food Insecurity

Overall, 38.5% of residents in the Total Area 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.

TREND ► Represents a significant increase from previous surveys in both areas.

DISPARITY ► Higher in Rock Island County. More often reported among women, adults younger than 65, those with lower incomes, Hispanic residents, Black residents, and LGBTQ+ respondents.

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

I worried about whether our food would run out before we got money to buy more.

The food that we bought just did not last, and we did not have money to get more."

Those answering "often" or "sometimes" true for either statement are considered to be food insecure.

Food Insecurity

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
33.8%	37.4%	44.3%	38.7%	38.5%	43.3%
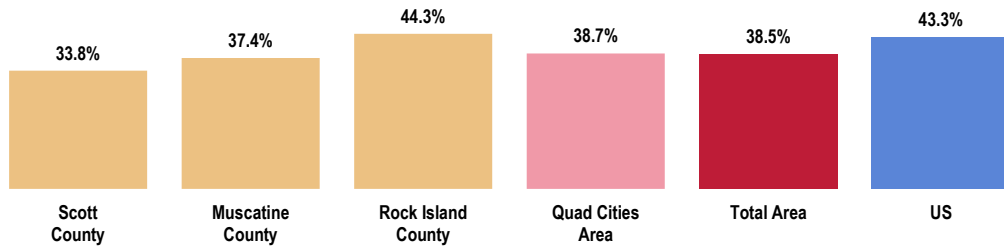
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 98]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Food Insecurity

Quad Cities Area

2018	2021	2024
24.0%	25.2%	38.7%

Total Area

2018	2021	2024
23.9%	24.1%	38.5%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 98]
Notes: ● Asked of all respondents.
● Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
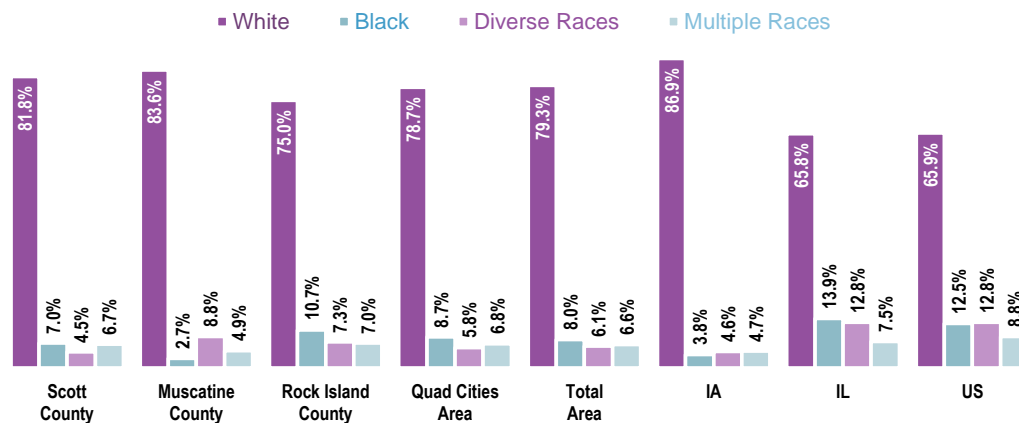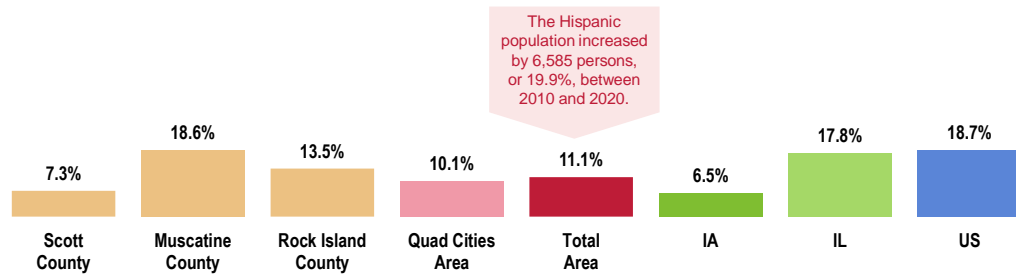
Food Insecurity
(Total Area, 2024)

Category	Percentage
Women	42.9%
Men	34.1%
18 to 39	55.5%
40 to 64	36.8%
65+	15.3%
Very Low Income	77.7%
Low Income	62.1%
Mid/High Income	26.9%
Hispanic	53.4%
White	35.3%
Black	45.4%
LGBTQ+	54.8%
Total Area	38.5%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 98]
Notes: ● Asked of all respondents.
● Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Obtaining Social Services

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

Here, respondents were told that "social services are those services designed to help people who are experiencing difficulties to obtain adequate food, housing, employment, counseling, health care, transportation, etc."

Rating of the Ease of Obtaining Local Social Services
(Total Area, 2024)

Rating	Percentage
Excellent	11.4%
Very Good	20.3%
Good	34.4%
Fair	24.2%
Poor	9.7%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 309]
Notes: ● Asked of all respondents; excludes those who have not needed such services.

However, one-third of Total Area respondents (33.9%) gave "fair" or "poor" ratings of their access to social services.

TREND ► Marks a significant increase over time in both areas.

DISPARITY ► Women, adults younger than 65, those with lower incomes, and LGBTQ+ respondents are more likely to give low ratings.

Ease of Obtaining Local Social Services is "Fair/Poor"

34.3%	28.8%	34.8%	34.6%	33.9%
Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 309]
Notes: ● Asked of all respondents; excludes those who have not needed such services.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Ease of Obtaining Local Social Services is "Fair/Poor"

Quad Cities Area

2007	2012	2015	2018	2021	2024
27.6%	21.6%	28.4%	22.7%	24.7%	34.6%

Total Area

2018	2021	2024
22.1%	24.8%	33.9%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 309]
Notes: ● Asked of all respondents; excludes those who have not needed such services.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Ease of Obtaining Local Social Services is "Fair/Poor"
(Total Area, 2024)

	Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
%	39.7%	27.1%	40.0%	35.0%	18.4%	43.4%	45.5%	28.2%	36.3%	33.7%	26.7%	42.5%	33.9%

Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 309]
Notes: • Asked of all respondents; excludes those who have not needed such services.

Problems Facing Local Families

When asked what they perceive to be the number one problem facing themselves or their families today, Total Area respondents most often gave responses related to finances or physical health.

► The highest percentage cited **finances** or the **cost of living** (24.1%), followed closely by **health concerns** (21.8%).

► Others mentioned affordable health care, access to health care, and insurance coverage.

Number One Problem Facing My Family Today
(Total Area, 2024)

- Finances/Cost of Living — 24.1%
- Health Concerns — 21.8%
- Nothing/Uncertain — 18.1%
- Affordable Health Care — 6.7%
- Access to Health Care — 2.9%
- Insurance Coverage — 2.2%
- Other (Each <2%) — 24.2%
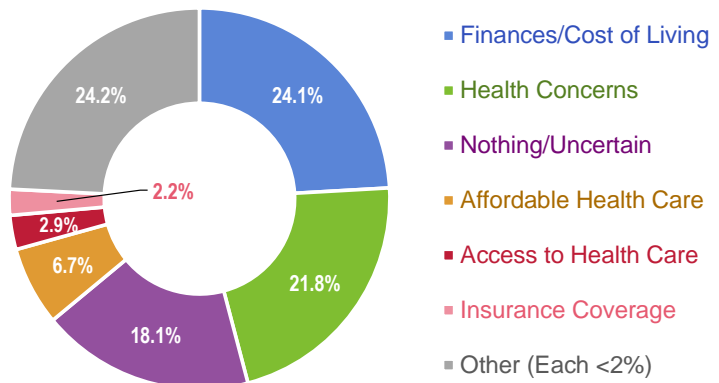
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 304]
Notes: • Asked of all respondents.

Health Disparities

Social Determinant Risk & Health

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

- Symptoms of chronic depression

- Difficulties accessing health care

- No dental care in the past year

- "Fair/poor" mental health

- Personally impacted by substance use

- Difficulty affording fresh produce

- Diagnosed depression

- Access barrier: cost of prescriptions

- "Fair/poor" access to dental care

- "Fair/poor" health

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

Health Disparities by Social Determinant Risk
(Total Area, 2024)

■ At Risk ■ Not At Risk

Category	At Risk	Not At Risk
Symptoms of Chronic Depression	59.3%	18.8%
Difficulties Accessing Health Care	64.0%	27.5%
No Dental Care in Past Year	50.5%	16.6%
"Fair/Poor" Mental Health	39.4%	5.9%
Personally Impacted by Substance Use	54.5%	22.1%
Difficulty Affording Produce	35.5%	3.2%
Diagnosed Depression	43.7%	11.8%
Access Barrier: Cost of Prescriptions	33.0%	3.3%
"Fair/Poor" Access to Dental Care	35.2%	5.7%
"Fair/Poor" Health	39.0%	9.7%
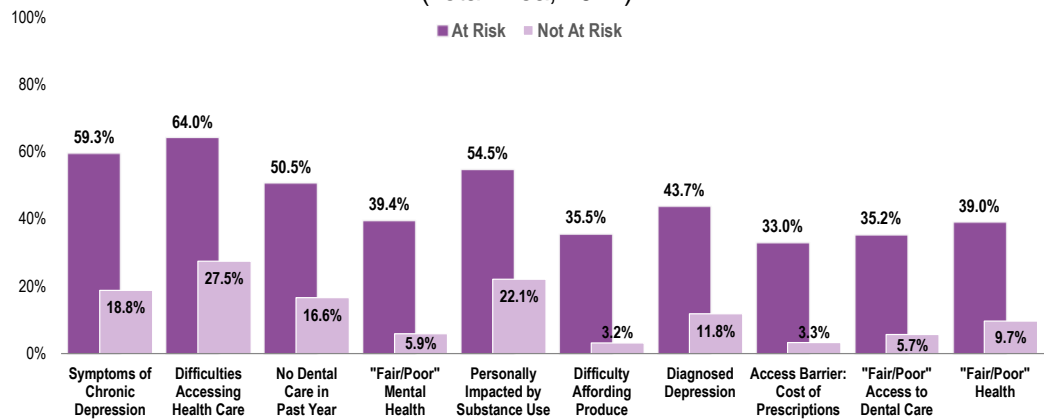
Sources: • 2024 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 327]
Note: • In this case, "at-risk" includes survey respondents who answered affirmatively to any of these indicators: below 100% of the federal poverty level; unable to meet an emergency expense; "fair/poor" financial situation; live in unhealthy/unsafe housing conditions (including lead hazards); incidence of homelessness; currently out of work; victim of a violent crime in the past five years; victim of intimate partner violence; abused as a child; food insecure.

Income & Health

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

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

- Unable to afford $400 emergency expense

- "Fair/poor" financial situation

- Food insecurity

- Access barrier: transportation

- Difficulty affording fresh produce

- "Fair/poor" access to dental care

- No dental care in past year

- Unhealthy housing conditions

- Symptoms of chronic depression

- "Fair/poor" health

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

Health Disparities by Income Level
(Total Area, 2024)

Legend: ■ Very Low Income ■ Low Income ■ Mid/High Income

Category	Very Low Income	Low Income	Mid/High Income
Cannot Afford Emergency Expense	79.1%	53.3%	23.2%
"Fair/Poor" Financial Situation	81.4%	68.3%	30.1%
Food Insecurity	77.7%	62.1%	26.9%
Access Barrier: Transportation	43.9%	21.0%	7.4%
Difficulty Affording Produce	51.1%	44.8%	15.6%
"Fair/Poor" Access to Dental Care	52.1%	41.6%	18.2%
No Dental Care in Past Year	65.6%	58.4%	33.2%
Unhealthy Housing Conditions	44.0%	27.0%	13.4%
Symptoms of Chronic Depression	69.8%	57.7%	40.2%
"Fair/Poor" Health	50.2%	44.4%	21.4%
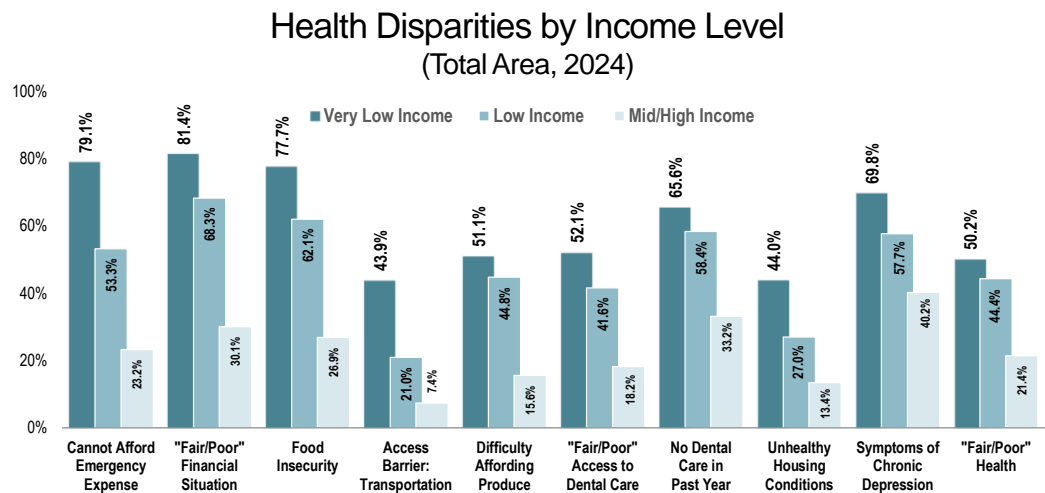
Sources: ● 2024 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]

Race/Ethnicity & Health

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

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

- Children's exercise levels

- Food insecurity

- Female breast cancer screening

- "Fair/poor" access to substance use services

- Lack of routine medical care

- Childhood asthma

- No particular place for child's health care

- Receiving mental health treatment

- Diagnosed depression

- Cigarette smoking in households with children

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

Of the indicators shown below, Hispanic residents gave the least favorable responses regarding children's exercise levels, food insecurity, and lack of routine medical care. Black residents gave the least favorable responses regarding female breast cancer screening, asthma in children, no regular place for child's health care, and cigarette smoking in households with children. White residents gave the least favorable responses for the remaining indicators: access to substance use services, receiving mental health treatment, and diagnosed depression.

Health Disparities by Race/Ethnicity
(Total Area, 2024)

Legend: ■ Hispanic ■ White ■ Black

Indicator	Hispanic	White	Black
Child Exercises Less Than Daily	68.8%	47.1%	51.5%
Food Insecurity	53.4%	35.3%	45.4%
[Women] No Mammogram in Past 2 Years	12.5%	26.3%	8.8%
"Fair/Poor" Access to Substance Use Services	18.7%	35.7%	23.3%
No Routine Checkup in Past Year	22.7%	13.7%	6.0%
Child Diagnosed with Asthma	15.4%	8.6%	25.2%
No Particular Place for Child's Health Care	15.6%	14.2%	29.0%
Receiving Mental Health Treatment	21.5%	30.9%	18.3%
Diagnosed Depression	30.2%	35.3%	22.9%
Cigarette Smoking in Child's Home	17.7%	25.9%	30.1%

Sources: ● 2024 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]

HEALTH STATUS

OVERALL HEALTH STATUS

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

Self-Reported Health Status
(Total Area, 2024)
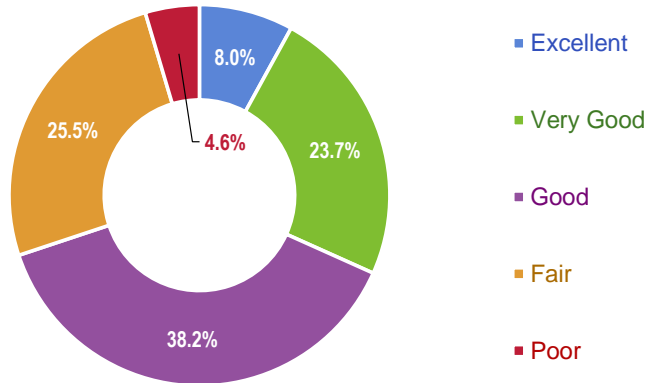
- 8.0%
- 4.6%
- 25.5%
- 23.7%
- 38.2%

- ■ Excellent
- ■ Very Good
- ■ Good
- ■ Fair
- ■ Poor

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: ● Asked of all respondents.

However, 30.1% of Total Area adults believe that their overall health is "fair" or "poor."

BENCHMARK ► Considerably higher than found across Iowa, Illinois, and the US.

TREND ► Rising significantly over time in both areas.

DISPARITY ► Higher in Rock Island County. More often reported among women, adults age 40 to 64, those with lower incomes, and LGBTQ+ respondents.

Experience "Fair" or "Poor" Overall Health

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
25.0%	29.1%	36.0%	30.2%	30.1%	16.2%	16.9%	15.7%
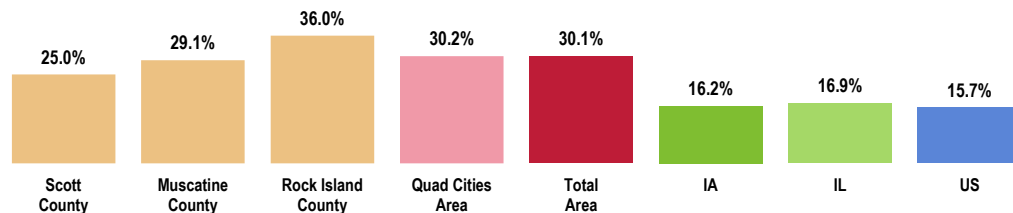
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa and Illinois data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Experience "Fair" or "Poor" Overall Health

Quad Cities Area

15.2% (2002)
9.1% (2007)
15.6% (2012)
16.2% (2015)
18.8% (2018)
25.0% (2021)
30.2% (2024)

Total Area

19.3% (2018)
24.8% (2021)
30.1% (2024)

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Experience "Fair" or "Poor" Overall Health
(Total Area, 2024)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
35.4%	23.7%	27.1%	33.4%	28.8%	50.2%	44.4%	21.4%	34.3%	28.8%	34.1%	42.0%	30.1%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
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 ages and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

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

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

Mental Health Status

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

"Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is excellent, very good, good, fair, or poor?"

Self-Reported Mental Health Status
(Total Area, 2024)
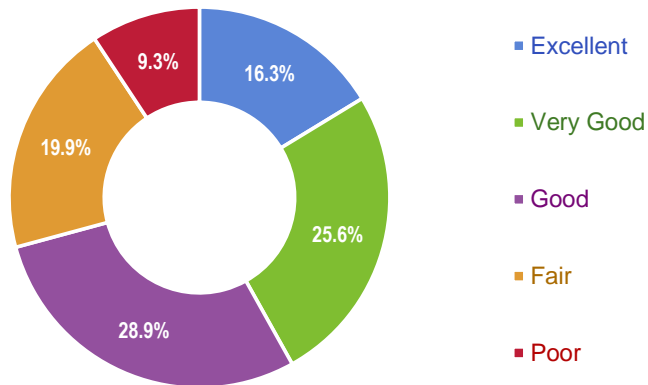
- Excellent — 16.3%
- Very Good — 25.6%
- Good — 28.9%
- Fair — 19.9%
- Poor — 9.3%

Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: • Asked of all respondents.

However, 29.2% believe that their overall mental health is "fair" or "poor."

BENCHMARK ► Higher than the national percentage.

TREND ► Denotes a significant increase over time in both areas.

DISPARITY ► Higher in Rock Island County.

Experience "Fair" or "Poor" Mental Health

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
25.9%	30.9%	32.4%	28.9%	29.2%	24.4%
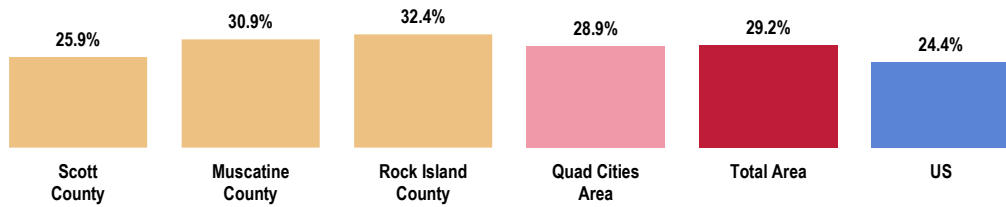
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 77]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
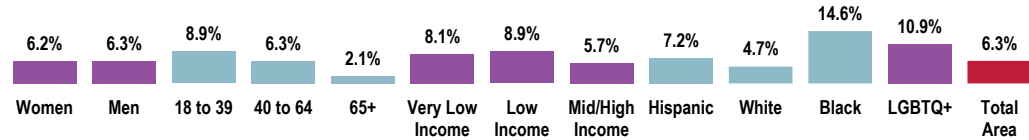
Experience "Fair" or "Poor" Mental Health

Quad Cities Area

2007	2012	2015	2018	2021	2024
8.9%	10.6%	11.9%	17.6%	23.1%	28.9%

Total Area

2018	2021	2024
17.3%	22.7%	29.2%
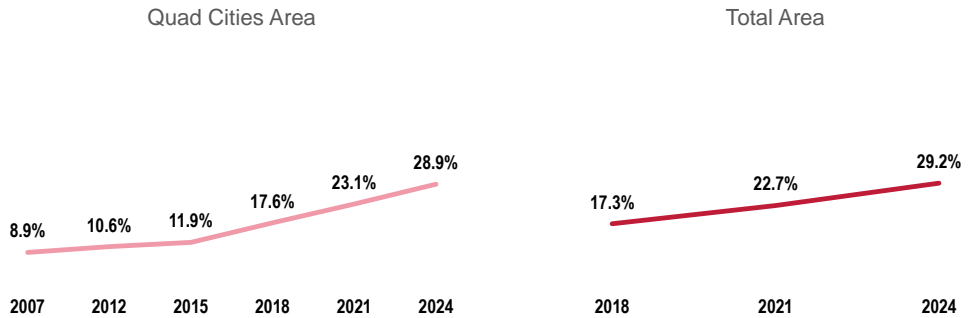
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Depression

Diagnosed Depression

A total of 34.0% of Total Area adults have been diagnosed by a physician or other health professional as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Much higher than the statewide percentages.

TREND ► Marks a significant increase over time in both areas.

Have Been Diagnosed With a Depressive Disorder

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
33.4%	37.6%	33.5%	33.5%	34.0%	18.5%	17.7%	30.8%
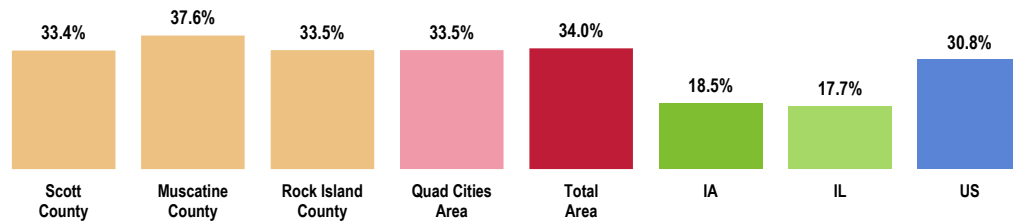
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 80]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa and Illinois data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Depressive disorders include depression, major depression, dysthymia, or minor depression.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
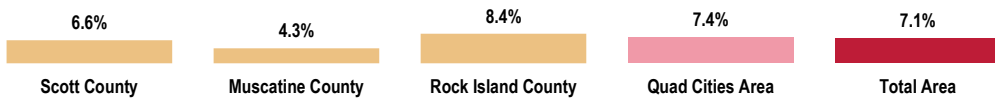
Have Been Diagnosed With a Depressive Disorder

Quad Cities Area

2015	2018	2021	2024
20.5%	22.7%	30.2%	33.5%

Total Area

2018	2021	2024
23.6%	30.6%	34.0%
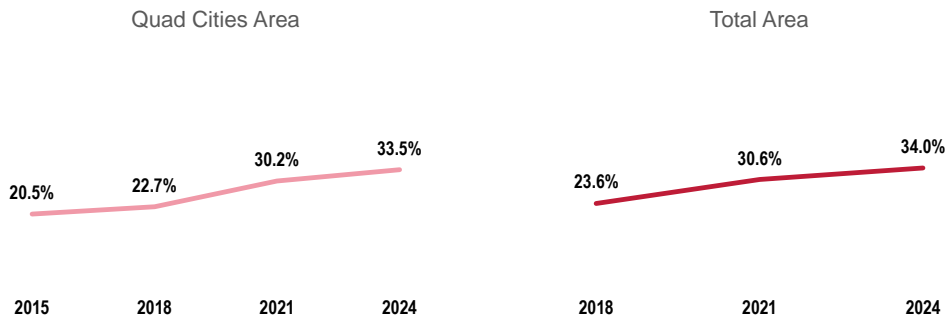
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 80]
Notes: ● Asked of all respondents.
● Depressive disorders include depression, major depression, dysthymia, or minor depression.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
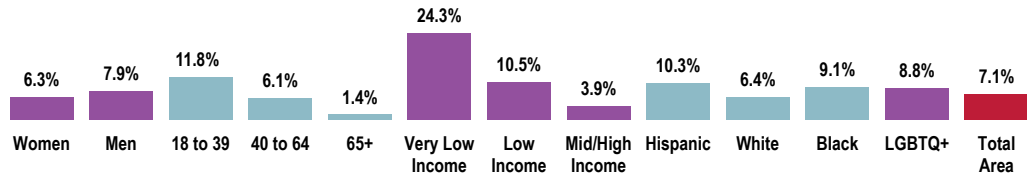
Symptoms of Chronic Depression

A total of 47.0% of Total Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

TREND ► Rising significantly over time in both areas.

DISPARITY ► Higher in Rock Island County. Correlated with age and income. Also higher among women and LGBTQ+ respondents.

Have Experienced Symptoms of Chronic Depression

	Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
	43.1%	50.3%	50.5%	46.5%	47.0%	46.7%
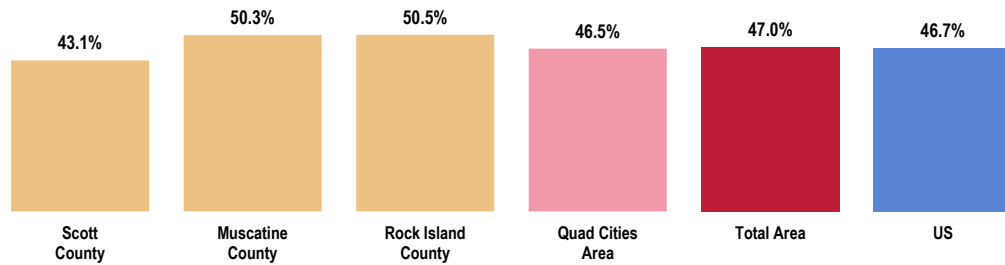
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 78]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Have Experienced Symptoms of Chronic Depression

Quad Cities Area

2002	2007	2012	2015	2018	2021	2024
25.2%	24.0%	24.0%	29.8%	34.6%	42.7%	46.5%

Total Area

2018	2021	2024
34.7%	43.2%	47.0%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 78]
Notes: ● Asked of all respondents.
● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
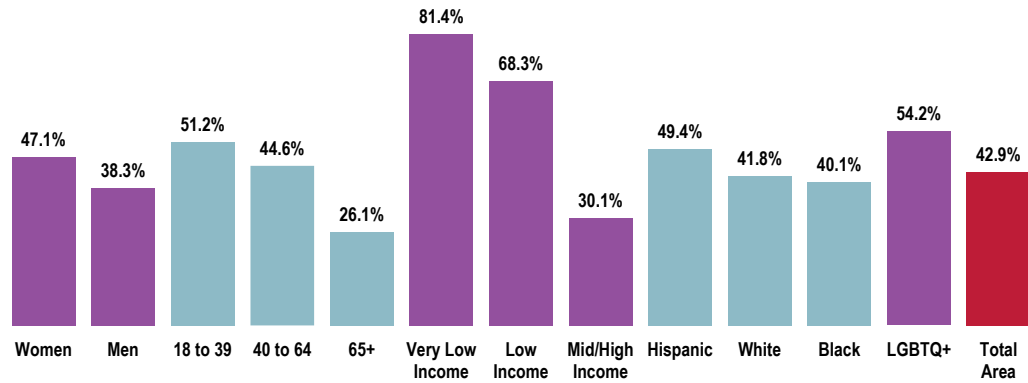
Have Experienced Symptoms of Chronic Depression
(Total Area, 2024)

Category	Percentage
Women	55.0%
Men	37.7%
18 to 39	60.4%
40 to 64	43.9%
65+	30.8%
Very Low Income	69.8%
Low Income	57.7%
Mid/High Income	40.2%
Hispanic	45.8%
White	46.8%
Black	40.1%
LGBTQ+	69.0%
Total Area	47.0%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 78]
Notes: ● Asked of all respondents.
               ● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Stress

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

Perceived Level of Stress On a Typical Day
(Total Area, 2024)
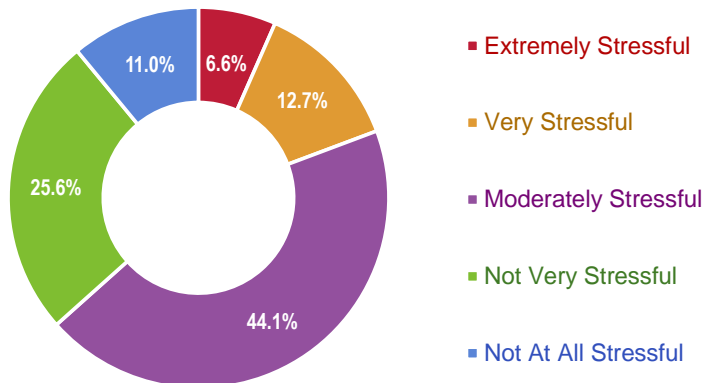
Stress Level	Percentage
Extremely Stressful	6.6%
Very Stressful	12.7%
Moderately Stressful	44.1%
Not Very Stressful	25.6%
Not At All Stressful	11.0%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: ● Asked of all respondents.

In contrast, 19.3% of Total Area adults feel that most days for them are "very" or "extremely" stressful.

TREND ► Denotes a significant increase from previous surveys in both areas.

DISPARITY ► More often reported among adults younger than 65, those with lower incomes, White residents, and LGBTQ+ respondents.

Perceive Most Days As "Extremely" or "Very" Stressful

19.5%	16.1%	19.8%	19.6%	19.3%	21.1%
Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
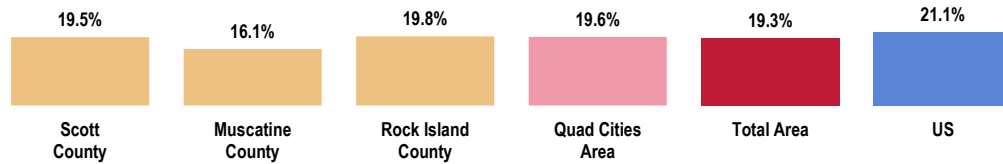
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 79]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Perceive Most Days As "Extremely" or "Very" Stressful

Quad Cities Area

2012	2015	2018	2021	2024
9.5%	9.6%	15.8%	14.2%	19.6%

Total Area

2018	2021	2024
16.0%	14.3%	19.3%
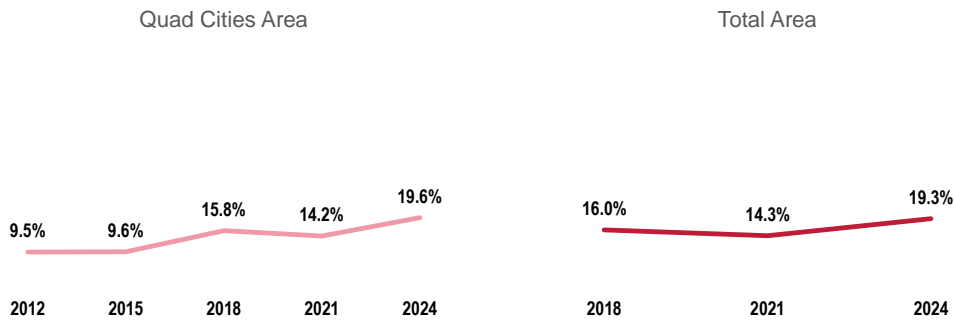
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Perceive Most Days as "Extremely" or "Very" Stressful
(Total Area, 2024)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
20.4%	17.8%	27.3%	20.2%	4.7%	34.5%	26.5%	16.5%	12.6%	19.6%	17.3%	31.1%	19.3%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: ● Asked of all respondents.

Suicide

In the Total Area, there were 16.5 suicides per 100,000 population (2018-2020 annual average age-adjusted rate).

BENCHMARK ► Higher than the Illinois and national rates. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Higher in Muscatine County.

Suicide: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
15.0	20.6	17.1	15.9	16.5	16.7	10.9	13.9

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● 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.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
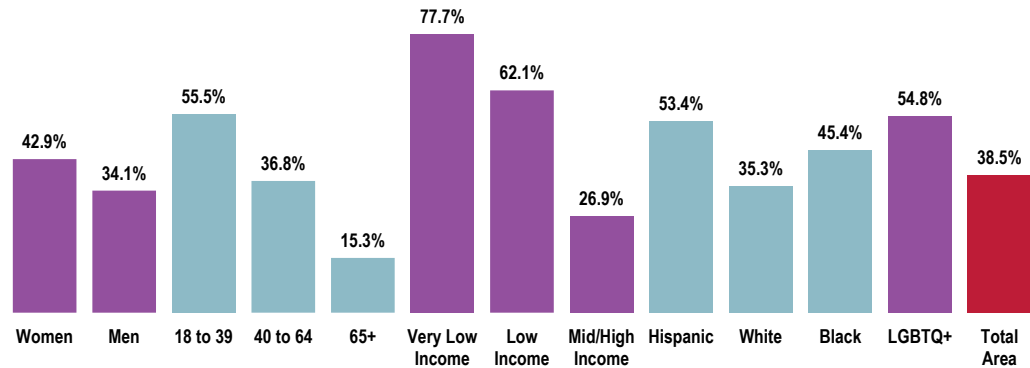
Suicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower
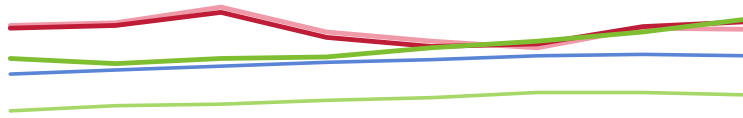
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Quad Cities Area	16.2	16.4	17.6	15.7	15.0	14.5	16.0	15.9
Total Service Area	16.0	16.2	17.2	15.3	14.6	14.8	16.1	16.5
IA	13.7	13.3	13.7	13.8	14.5	15.0	15.7	16.7
IL	9.7	10.1	10.2	10.5	10.7	11.1	11.1	10.9
US	12.5	12.8	13.1	13.4	13.6	13.9	14.0	13.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- 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.

Children & Mental Health

Of Total Area households with children age 5 to 17, most give positive ratings of their child's mental health (including problems with stress, depression, and problems with emotions). However, 10.9% consider their child's mental health to be "fair" or "poor."

DISPARITY ► Higher among adolescents age 13 to 17.

Child's Mental Health is "Fair/Poor"
(Children 5-17, 2024)

Total Area Girls	Total Area Boys	Total Area Age 5 to 12	Total Area Age 13 to 17	Quad Cities Area	Total Area	US
10.0%	11.3%	7.5%	16.2%	11.3%	10.9%	14.4%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 323]
- 2023 PRC National Child & Adolescent Health Survey, PRC, Inc.

Notes:
- Asked of all respondents about a child age 5-17 at home.
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Child's Mental Health is "Fair/Poor"
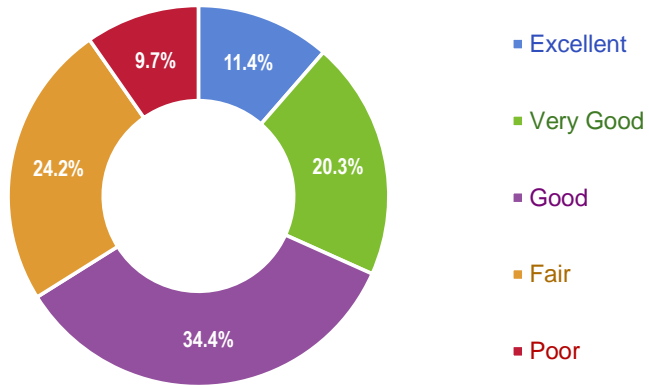### (Children 5-17)

Quad Cities Area

8.2%   8.7%   16.5%   11.3%

2015   2018   2021   2024

Total Area

10.1%   15.8%   10.9%

2018   2021   2024
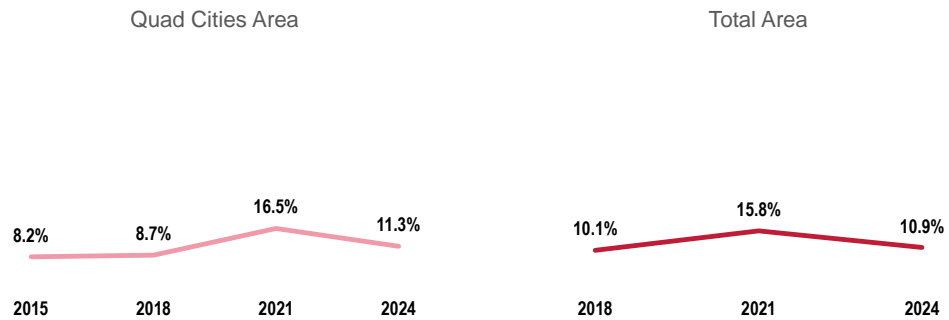
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 323]
Notes: ● Asked of all respondents about a child age 5-17 at home.
       ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

In the Total Area, 15.9% of children age 5 to 17 needed mental health services in the past year.

DISPARITY ► Higher among adolescents age 13 to 17.

Child Needed Mental Health Services in the Past Year
(Children 5-17, 2024)

80.8% of these respondents reported their child received treatment in the past year

17.2%   14.7%   11.5%   22.6%   15.4%   15.9%

Total Area Girls   Total Area Boys   Total Area Age 5 to 12   Total Area Age 13 to 17   Quad Cities Area   Total Area
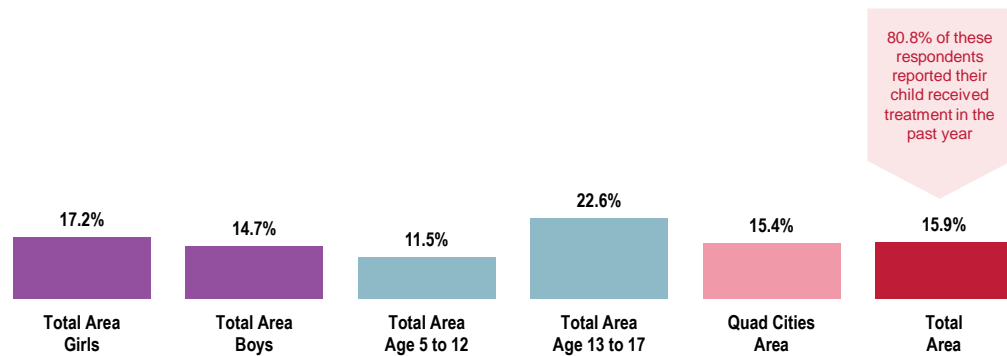
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Items 324-325]
Notes: ● Asked of all respondents about a child age 5-17 at home.
       ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
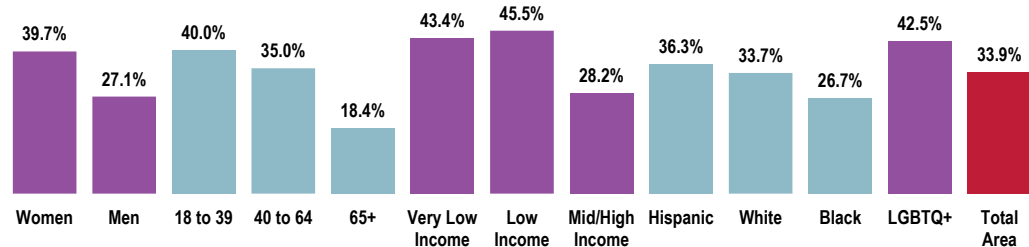
Child Needed Mental Health Services in the Past Year
(Children 5-17)

Quad Cities Area

10.3% (2015)
16.2% (2018)
27.8% (2021)
15.4% (2024)

Total Area

16.6% (2018)
26.6% (2021)
15.9% (2024)
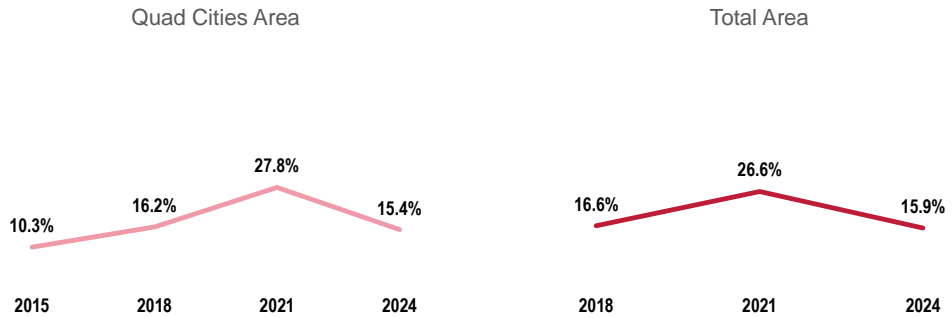
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 324]
Notes: ● Asked of all respondents about a child age 5-17 at home.
 ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Mental Health Treatment

Mental Health Providers

In the Total Area in 2023, there were 213.4 mental health providers (including psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care) for every 100,000 population.

BENCHMARK ► Lower than found across Illinois and the US.

DISPARITY ► Considerably lower in Muscatine County.

Note that this indicator only reflects providers practicing in the Total Area and residents in the Total Area; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

Number of Mental Health Providers per 100,000 Population
(2023)
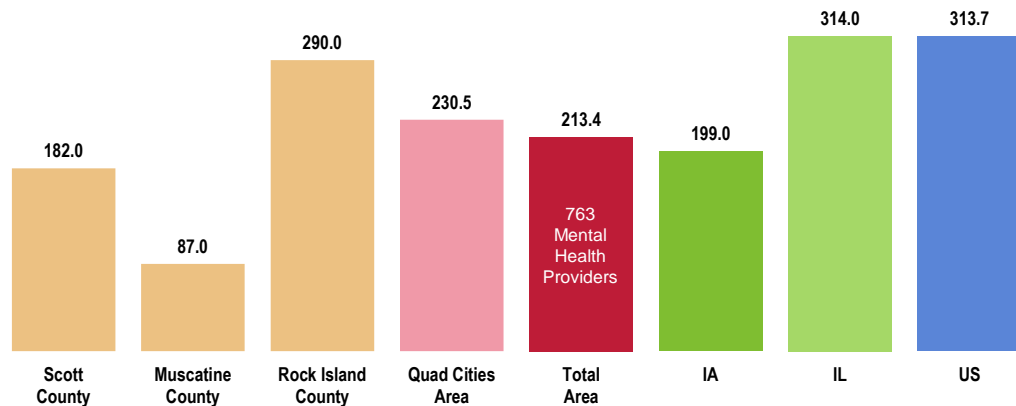
Scott County	182.0
Muscatine County	87.0
Rock Island County	290.0
Quad Cities Area	230.5
Total Area	213.4 (763 Mental Health Providers)
IA	199.0
IL	314.0
US	313.7

Sources: ● Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
 ● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 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 counselors that specialize in mental health care.
 ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Currently Receiving Treatment

Adults

A total of 28.6% of Total Area adults are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

BENCHMARK ► Higher than the national percentage.

TREND ► Represents a significant increase over time in both areas.

Currently Receiving Mental Health Treatment

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
27.7%	31.6%	28.9%	28.2%	28.6%	21.9%
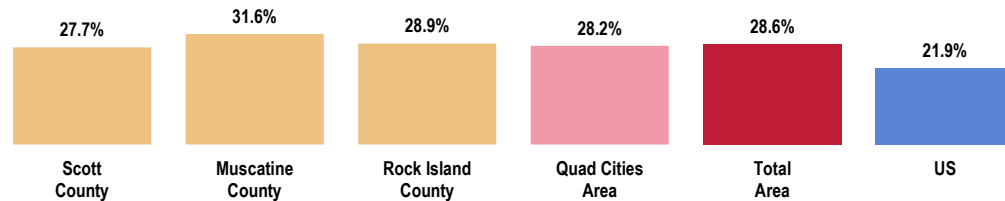
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 81]
　　　　● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
　　　　● Includes those now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.
　　　　● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Currently Receiving Mental Health Treatment

Quad Cities Area

2018	2021	2024
17.6%	25.0%	28.2%

Total Area

2018	2021	2024
18.1%	25.0%	28.6%
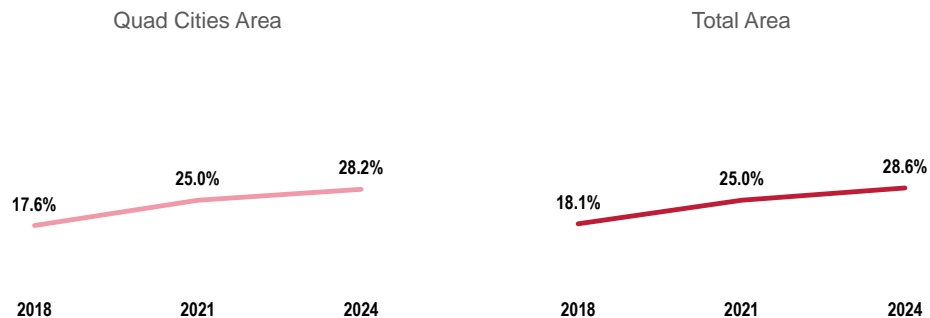
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 81]
Notes: ● Asked of all respondents.
　　　　● Includes those now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.
　　　　● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Children

A total of 12.8% of Total Area children age 5 to 17 received treatment or counseling from a mental health professional in the past year.

DISPARITY ► Higher among adolescents age 13 to 17.

Child Received Mental Health Treatment/Counseling in the Past Year
(Children 5-17)

Total Area Girls	Total Area Boys	Total Area Age 5 to 12	Total Area Age 13 to 17	Quad Cities Area	Total Area	US
15.0%	10.9%	8.5%	19.4%	12.0%	12.8%	19.5%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 325]
- 2023 PRC National Child & Adolescent Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Child Received Mental Health Treatment/Counseling in the Past Year
(Children 5-17)

Quad Cities Area

2015	2018	2021	2024
9.8%	12.7%	24.0%	12.0%

Total Area

2018	2021	2024
12.4%	23.1%	12.8%
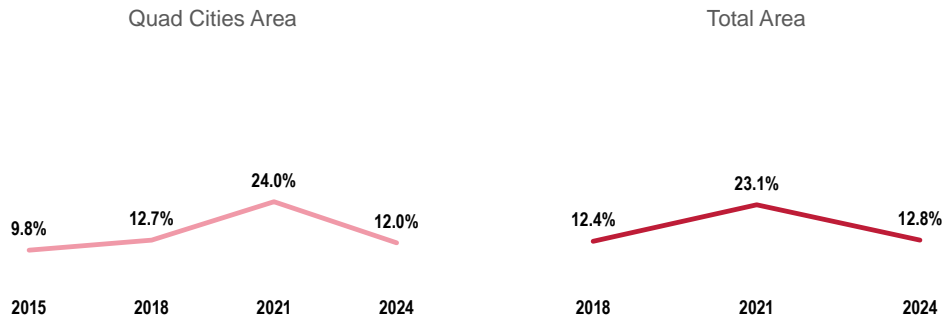
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 325]

Notes:
- Asked of all respondents with children age 5-17 at home.
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Difficulty Accessing Mental Health Services

A total of 12.3% of Total Area adults report a time in the past year when they needed mental health services but were not able to get them.

TREND ► Marks a significant increase over time in both areas.

DISPARITY ► Lower in Muscatine County. More often reported among women, adults younger than 65 (especially those age 18 to 39), residents with lower incomes, and LGBTQ+ respondents.

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

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
12.1%	6.7%	14.0%	13.0%	12.3%	13.2%
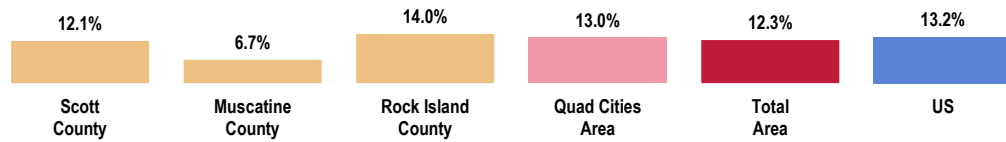
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 82]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

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

Quad Cities Area

2018	2021	2024
8.9%	9.4%	13.0%

Total Area

2018	2021	2024
9.1%	9.3%	12.3%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 82]
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
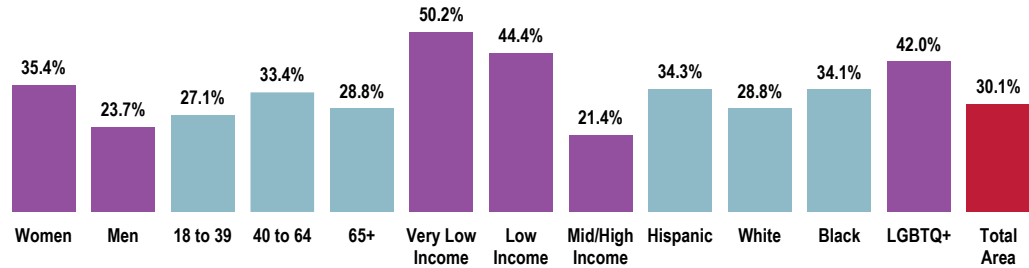
Unable to Get Mental Health Services
When Needed in the Past Year
(Total Area, 2024)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
15.3%	8.8%	22.5%	8.5%	2.6%	26.0%	20.8%	8.6%	10.9%	11.8%	14.2%	25.8%	12.3%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 82]
Notes: ● Asked of all respondents.

Ease of Obtaining Mental Health Services

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

Rating of the Ease of Obtaining Mental Health Services
(Total Area, 2024)
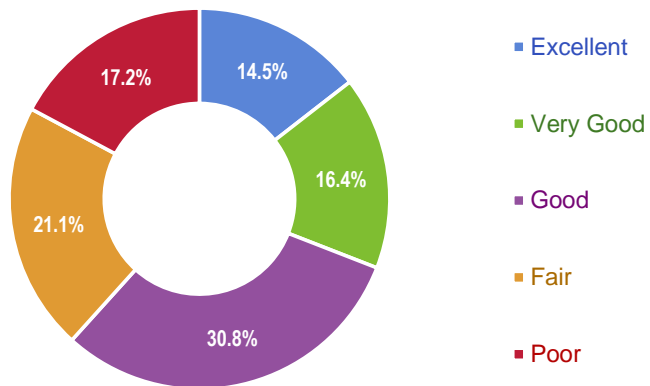
Excellent 14.5%
Very Good 16.4%
Good 30.8%
Fair 21.1%
Poor 17.2%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 311]
Notes: ● Asked of all respondents; excludes those who have not needed such services.

In contrast, 38.3% of these respondents gave "fair" or "poor" ratings of the ease of obtaining local mental health services.

TREND ► Represents a significant increase over time in the Quad Cities Area.

DISPARITY ► Women, adults younger than 65, those with lower incomes, White residents, and LGBTQ+ respondents are more likely to give low ratings.

Ease of Obtaining Mental Health Services is "Fair/Poor"

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area
36.2%	36.0%	41.2%	38.5%	38.3%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 311]
Notes: ● Asked of all respondents; excludes those who have not needed such services.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Ease of Obtaining Mental Health Services is "Fair/Poor"

Quad Cities Area

2002	2007	2012	2015	2018	2021	2024
12.6%	13.5%	15.2%	22.2%	35.1%	29.8%	38.5%

Total Area

2018	2021	2024
34.3%	30.4%	38.3%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 311]
Notes: ● Asked of all respondents; excludes those who have not needed such services.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Ease of Obtaining Mental Health Services is "Fair/Poor"
(Total Area, 2024)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
44.2%	31.4%	47.2%	33.4%	25.4%	47.5%	44.3%	33.6%	28.9%	39.9%	30.8%	51.3%	38.3%

Sources: ●   2024 PRC Community Health Survey, PRC, Inc. [Item 311]
Notes: ●   Asked of all respondents; excludes those who have not needed such services.

DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for more than one-third of all deaths in the Total Area and the Quad Cities Area in 2020.

Leading Causes of Death
(Total Area, 2020)
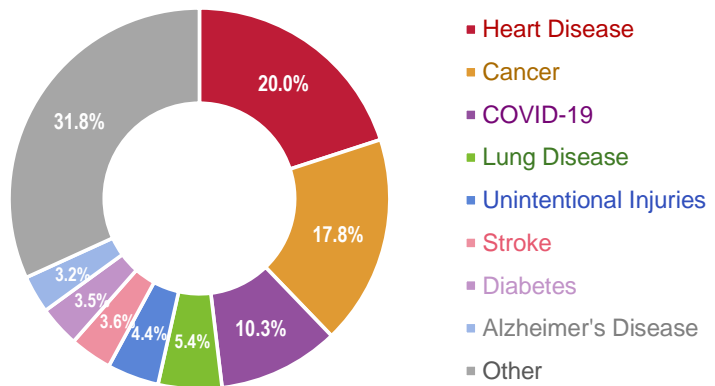
- Heart Disease — 20.0%
- Cancer — 17.8%
- COVID-19 — 10.3%
- Lung Disease — 5.4%
- Unintentional Injuries — 4.4%
- Stroke — 3.6%
- Diabetes — 3.5%
- Alzheimer's Disease — 3.2%
- Other — 31.8%

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
Notes: ● Lung disease is CLRD, or chronic lower respiratory disease.

Leading Causes of Death
(Quad Cities Area, 2020)
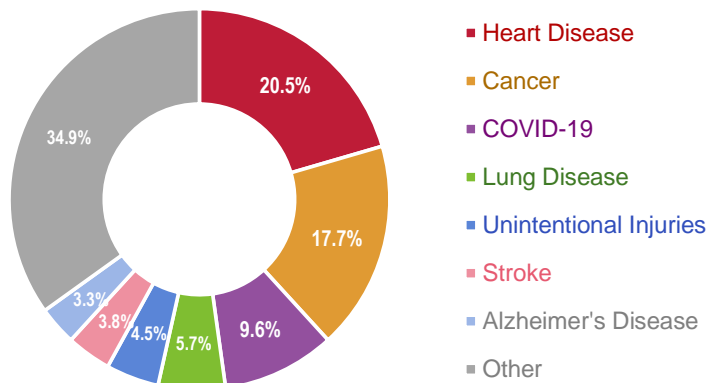
- Heart Disease — 20.5%
- Cancer — 17.7%
- COVID-19 — 9.6%
- Lung Disease — 5.7%
- Unintentional Injuries — 4.5%
- Stroke — 3.8%
- Alzheimer's Disease — 3.3%
- Other — 34.9%

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
Notes: ● Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

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

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

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

The following chart outlines 2018-2020 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Total Area as well as the Quad Cities Area.

Leading causes of death are discussed in greater detail in subsequent sections of this report.

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

	QCA	Total Area	IA	IL	US	HP2030
Heart Disease	174.1	171.8	170.3	165.8	164.4	127.4*
Cancers (Malignant Neoplasms)	157.7	157.9	151.3	152.1	146.5	122.7
Falls [Age 65+]	130.8	124.9	87.4	53.3	67.1	63.4
Lung Disease (Chronic Lower Respiratory Disease)	49.2	48.6	42.3	35.1	38.1	—
Unintentional Injuries	44.6	44.4	42.9	47.6	51.6	43.2
Stroke (Cerebrovascular Disease)	34.9	33.8	32.3	39.5	37.6	33.4
Diabetes	23.1	26.9	22.3	19.6	22.6	—
Alzheimer's Disease	24.9	25.0	30.9	26.2	30.9	—
Suicide	15.9	16.5	16.7	10.9	13.9	12.8
Kidney Disease	15.8	15.2	9.7	16.6	12.8	—
Alcohol-Induced Deaths	13.3	12.9	9.9	10.2	11.9	—
Pneumonia/Influenza	12.0	12.6	13.8	15.0	13.4	—
Cirrhosis/Liver Disease	11.0	10.9	9.7	11.9	12.5	10.9
Motor Vehicle Deaths	8.1	8.4	10.5	9.0	11.4	10.1
Unintentional Drug-Induced Deaths	8.2	7.9	9.4	22.0	21.0	—
Homicide	8.1	7.5	3.0	9.1	6.1	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople.

Note:
- *The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- 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.
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
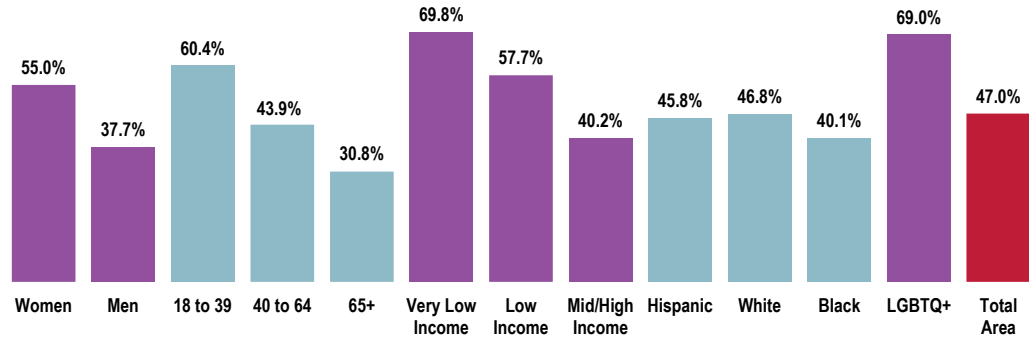
CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

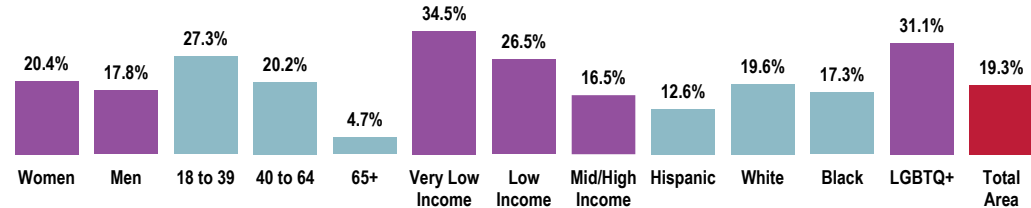Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

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 171.8 deaths per 100,000 population in the Total Area.

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)

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
168.0	154.6	180.2	174.1	171.8	170.3	165.8	164.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- 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.
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

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

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Quad Cities Area	191.0	175.3	168.8	164.9	170.4	170.0	171.1	174.1
Total Area	190.0	175.7	168.5	164.8	170.6	169.1	170.0	171.8
IA	168.4	165.5	162.3	160.3	163.7	165.1	168.5	170.3
IL	173.9	171.1	170.7	169.0	166.8	164.3	163.1	165.8
US	171.3	169.6	168.9	167.5	166.3	164.7	163.4	164.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
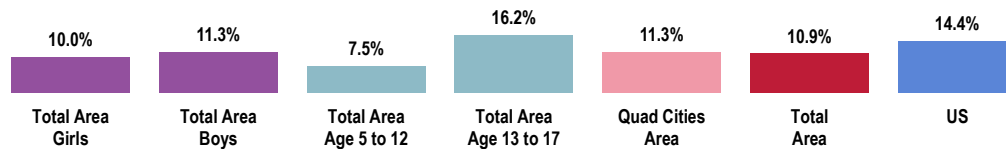- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Stroke Deaths

Between 2018 and 2020, there was an annual average age-adjusted stroke mortality rate of 33.8 deaths per 100,000 population in the Total Area.

BENCHMARK ► Lower than the Illinois rate.

DISPARITY ► Lower in Muscatine County.

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

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
36.8	25.7	33.0	34.9	33.8	32.3	39.5	37.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

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

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Quad Cities Area	34.4	34.8	35.4	34.0	33.5	34.0	35.3	34.9
Total Area	35.5	35.5	35.7	33.8	33.2	33.7	34.6	33.8
IA	34.3	34.0	33.7	33.2	32.8	32.7	32.6	32.3
IL	37.7	37.3	37.5	37.9	38.4	38.0	38.3	39.5
US	37.0	36.9	37.1	37.5	37.5	37.3	37.2	37.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- 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.

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 12.4% 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 ► Two times the Illinois percentage and almost two times than the Iowa percentage.

TREND ► Marks a significant increase over time in both areas.

DISPARITY ► Higher among adults age 40+, especially those 65+.

Prevalence of Heart Disease

18 to 39	5.0%
40 to 64	11.4%
65+	26.8%

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
11.1%	12.3%	14.1%	12.5%	12.4%	6.7%	6.2%	10.3%
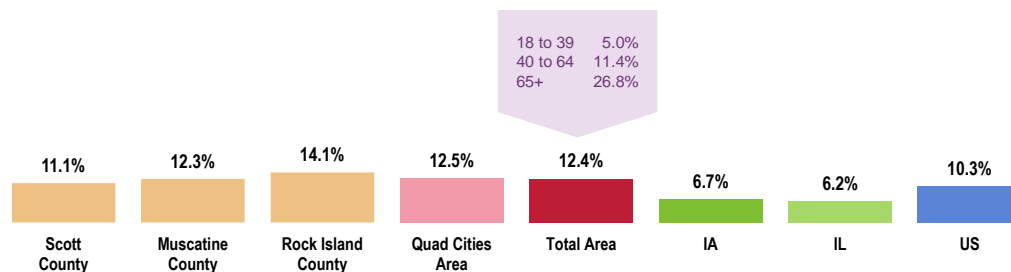
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 22]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Iowa and Illinois data.
- 2023 PRC National Health Survey, PRC, Inc.

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

Prevalence of Heart Disease

Quad Cities Area

2002	2007	2012	2015	2018	2021	2024
7.1%	8.8%	9.2%	9.1%	7.3%	8.4%	12.5%

Total Area

2018	2021	2024
7.5%	8.2%	12.4%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 22]
Notes: ● Asked of all respondents.
 ● Includes diagnoses of heart attack, angina, or coronary heart disease.
 ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Prevalence of Stroke

A total of 3.6% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

BENCHMARK ► Lower than the national finding.

DISPARITY ► Higher among adults age 65+.

Prevalence of Stroke

18 to 39	2.6%
40 to 64	3.1%
65+	6.5%

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
3.4%	4.1%	3.7%	3.5%	3.6%	3.1%	3.4%	5.4%

Sources: ● 2024 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): 2022 Iowa and Illinois data.
 ● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
 ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Prevalence of Stroke

Quad Cities Area

2002	2007	2012	2015	2018	2021	2024
2.3%	3.7%	2.5%	2.9%	2.9%	3.6%	3.5%

Total Area

2018	2021	2024
3.1%	3.3%	3.6%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 23]
Notes: ● Asked of all respondents.
　　　 ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
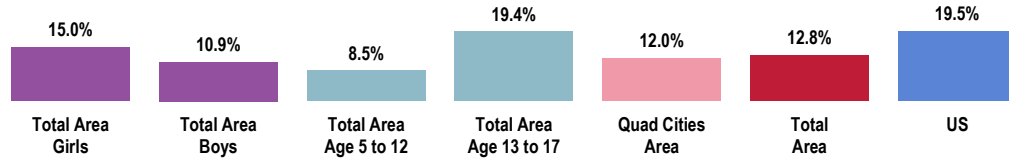
Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 43.3% of Total Area adults have been told by a health professional at some point that their blood pressure was high.

BENCHMARK ► Higher than both statewide percentages.

TREND ► Represents a significant increase over time in both areas.

DISPARITY ► Higher in Rock Island County (not shown).

A total of 35.5% of adults have been told by a health professional that their cholesterol level was high.

TREND ► Marks a significant increase from the 2002 baseline in the Quad Cities Area.

Prevalence of
High Blood Pressure
Healthy People 2030 = 42.6% or Lower

Prevalence of
High Blood Cholesterol

42.6% — Quad Cities Area
43.3% — Total Area
31.4% — IA
30.0% — IL
40.4% — US

35.1% — Quad Cities Area
35.5% — Total Area
32.4% — US
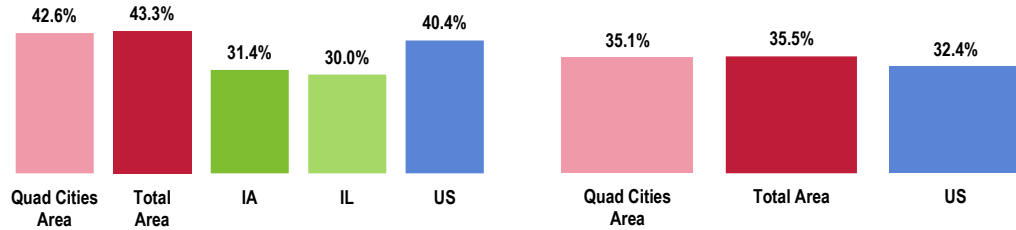
Sources:
● 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa and Illinois data.
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Prevalence of High Blood Pressure
Healthy People 2030 = 42.6% or Lower

Quad Cities Area

27.3% 2002
29.0% 2007
36.2% 2012
31.0% 2015
36.6% 2018
37.2% 2021
42.6% 2024

Total Area

36.7% 2018
37.7% 2021
43.3% 2024
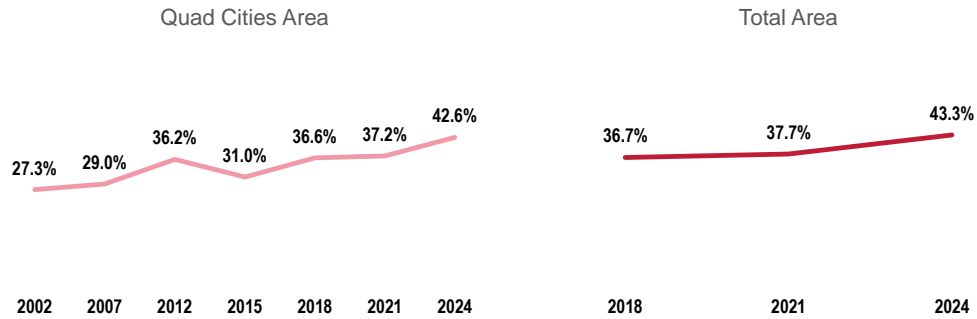
Sources:
● 2024 PRC Community Health Survey, PRC, Inc. [Item 29]
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

Prevalence of High Blood Cholesterol

Quad Cities Area

Total Area

2002	2007	2012	2015	2018	2021	2024
28.7%	31.7%	35.5%	30.9%	33.5%	34.2%	35.1%

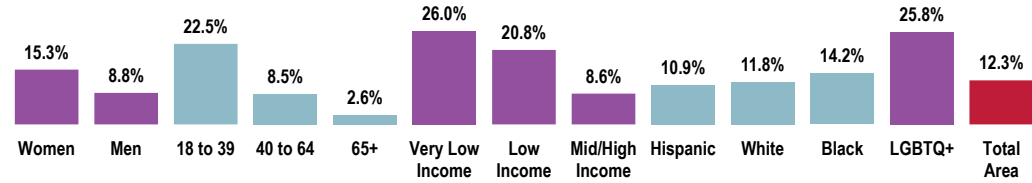| 2018	2021	2024
33.3%	34.0%	35.5%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 30]
Notes: ● Asked of all respondents.
 ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Total Cardiovascular Risk

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

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

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

A total of 89.5% of Total Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

TREND ► Denotes a significant decrease from the 2002 baseline in the Quad Cities Area.

DISPARITY ► Higher in Muscatine County. More often reported among adults age 40+.

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

Exhibit One or More Cardiovascular Risks or Behaviors

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
87.9%	93.9%	89.9%	88.9%	89.5%	87.8%
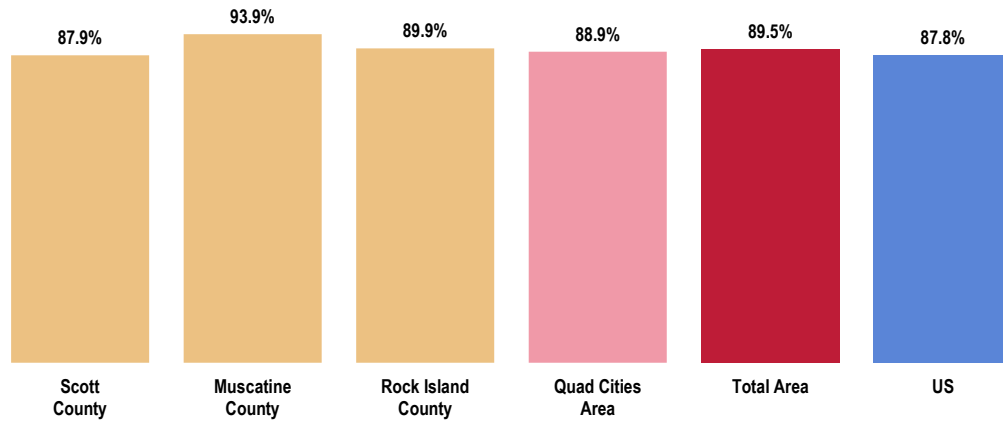
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 100]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Reflects all respondents.
● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
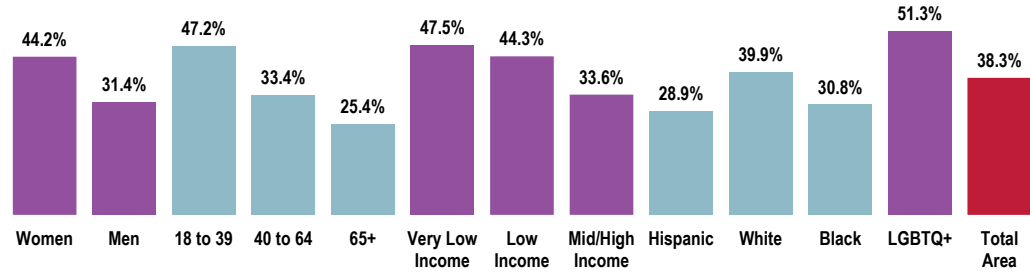
Exhibit One or More Cardiovascular Risks or Behaviors

Quad Cities Area

2002	2007	2012	2015	2018	2021	2024
92.0%	85.3%	89.2%	83.3%	86.6%	88.2%	88.9%

Total Area

2018	2021	2024
87.1%	88.5%	89.5%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 100]
Notes: ● Reflects all respondents.
● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Exhibit One or More Cardiovascular Risks or Behaviors
(Total Area, 2024)
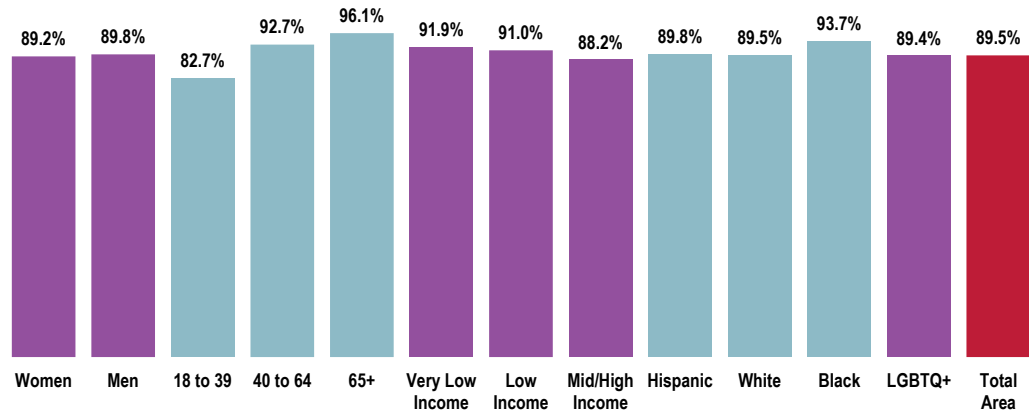
Category	Value
Women	89.2%
Men	89.8%
18 to 39	82.7%
40 to 64	92.7%
65+	96.1%
Very Low Income	91.9%
Low Income	91.0%
Mid/High Income	88.2%
Hispanic	89.8%
White	89.5%
Black	93.7%
LGBTQ+	89.4%
Total Area	89.5%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 100]
Notes: ● Reflects all respondents.
● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

CANCER

ABOUT CANCER

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 157.9 deaths per 100,000 population in the Total Area.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► Declining significantly to the lowest level recorded in nearly a decade in both areas.

Cancer: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
154.1	159.1	162.0	157.7	157.9	151.3	152.1	146.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

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

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Quad Cities Area	183.1	181.3	173.4	170.3	163.7	161.9	159.5	157.7
Total Area	183.1	181.3	173.9	172.3	165.4	162.6	158.6	157.9
IA	170.0	167.7	166.2	163.3	160.6	157.7	154.7	151.3
IL	174.2	172.1	169.5	166.7	163.0	158.3	154.4	152.1
US	166.2	162.7	160.1	157.6	155.6	152.5	149.3	146.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- 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.

Cancer Deaths by Site

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

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

BENCHMARK

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

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

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

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

	Quad Cities Area	Total Area	IA	IL	US	HP2030
ALL CANCERS	157.7	157.9	151.3	152.1	146.5	122.7
Lung Cancer	41.1	40.7	36.3	35.5	33.4	25.1
Female Breast Cancer	18.8	19.5	17.9	20.5	19.4	15.3
Prostate Cancer	20.1	19.4	20.2	18.7	18.5	16.9
Colorectal Cancer	11.7	12.3	13.9	13.9	13.1	8.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- 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.
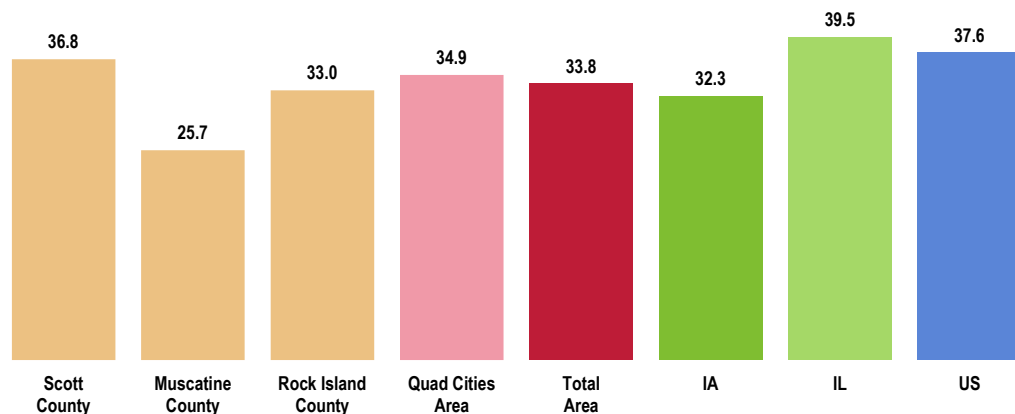
Cancer Incidence

"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

Lung Cancer ► Higher than the national rate.

Cancer Incidence Rates by Site
(2016-2020)

■ Quad Cities Area   ■ Total Area   ■ IA   ■ IL   ■ US

	Quad Cities Area	Total Area	IA	IL	US
All Sites	479.7	483.4	486.8	459.7	442.3
Female Breast Cancer	132.4	131.5	134.7	132.6	127.0
Prostate Cancer	113.6	114.8	120.4	115.1	110.5
Lung Cancer	65.5	65.2	60.7	59.3	54.0
Colon/Rectal Cancer	34.5	35.9	40.7	39.8	36.5
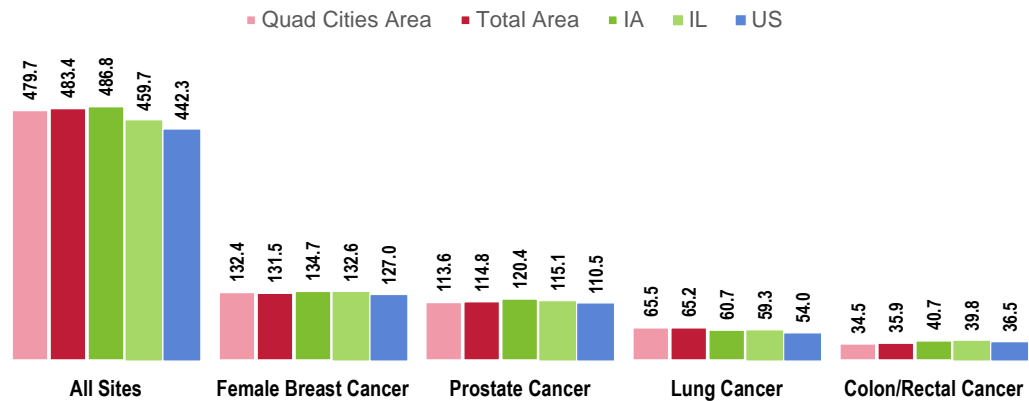
Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population.
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Cancer 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 the following cancer sites:

FEMALE BREAST CANCER

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

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 45 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 to 74, 75.8% have had a mammogram within the past 2 years.

BENCHMARK ► More favorable than the national percentage.

TREND ► Represents a significant decline over time in both areas.

Mammogram in the Past Two Years
(Women Age 50-74)
Healthy People 2030 = 80.5% or Higher

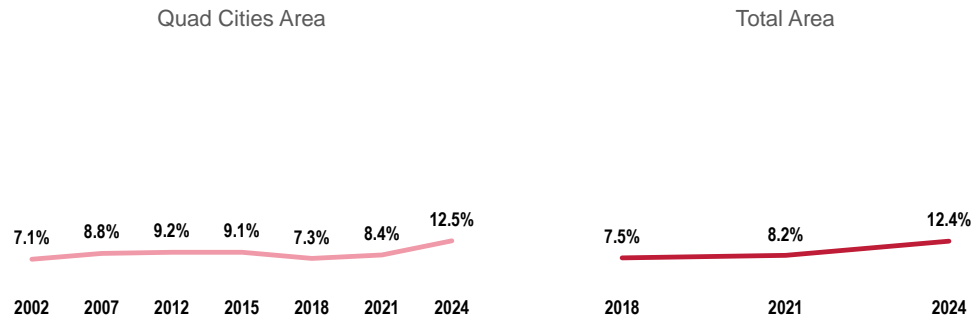| Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
75.7%	81.4%	74.3%	75.0%	75.8%	79.6%	72.8%	64.0%
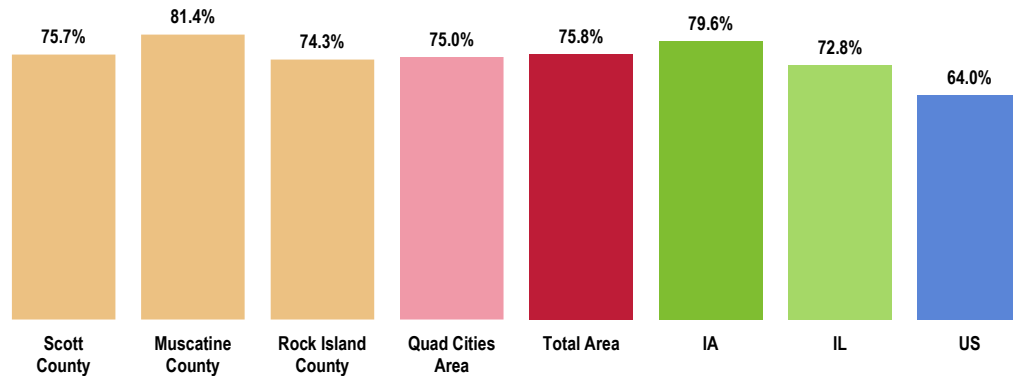
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 101]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Iowa and Illinois data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects female respondents age 50 to 74.
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Mammogram in the Past Two Years
(Women Age 50-74)
Healthy People 2030 = 80.5% or Higher

Quad Cities Area

89.8%   77.7%   78.0%   87.4%   80.0%   75.0%

Total Area

86.0%   80.4%   75.8%

| 2002 | 2012 | 2015 | 2018 | 2021 | 2024 | 2018 | 2021 | 2024 |
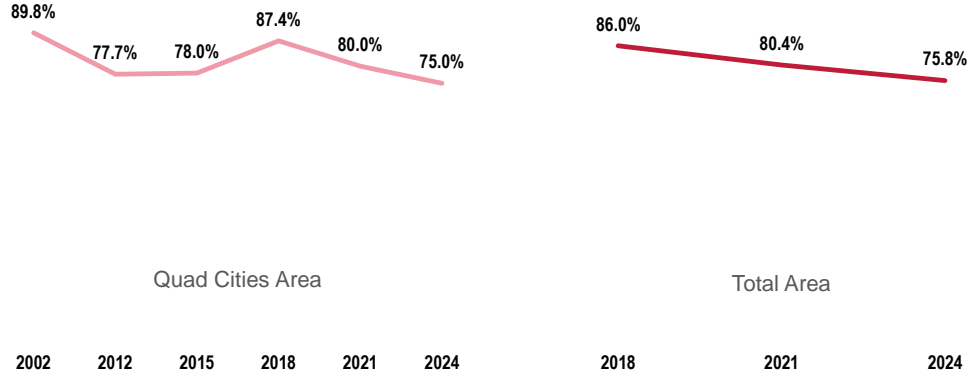
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 101]
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Reflects female respondents age 50 to 74.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
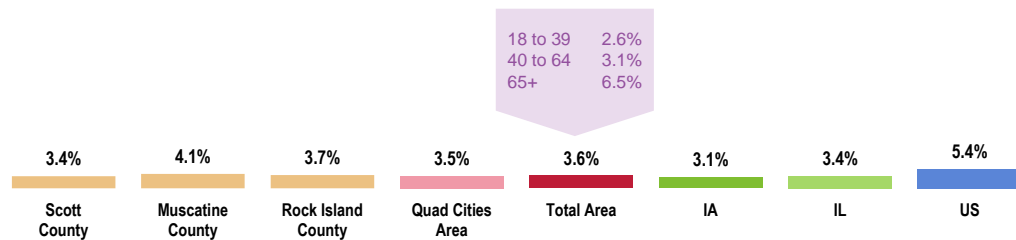
Among all adults age 45 to 75, 78.9% have had a sigmoidoscopy and/or colonoscopy within the past 10 years.

BENCHMARK ► More favorable than the national percentage. Satisfies the Healthy People 2030 objective.

TREND ► Marks a significant increase over time in the Total Area.

Sigmoidoscopy/Colonoscopy in the Past 10 Years
(Adults Age 45-75*)
Healthy People 2030 = 74.4% or Higher

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
79.8%	77.7%	78.2%	79.1%	78.9%	68.3%
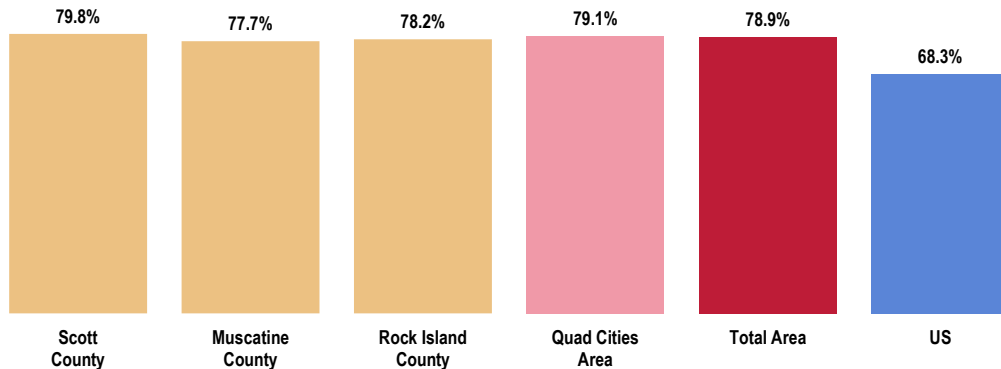
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 103]
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Reflects respondents age 50 to 75.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
* Note that national data for sigmoidoscopy/colonoscopy reflect the age group (50 to 75) of the previous recommendation.

Sigmoidoscopy/Colonoscopy in the Past 10 Years
(Adults Age 45-75*)
Healthy People 2030 = 74.4% or Higher

	Quad Cities Area			Total Area	
75.2%	76.1%	79.1%	74.4%	77.0%	78.9%

Quad Cities Area

Total Area

| 2018 | 2021 | 2024 | 2018 | 2021 | 2024 |
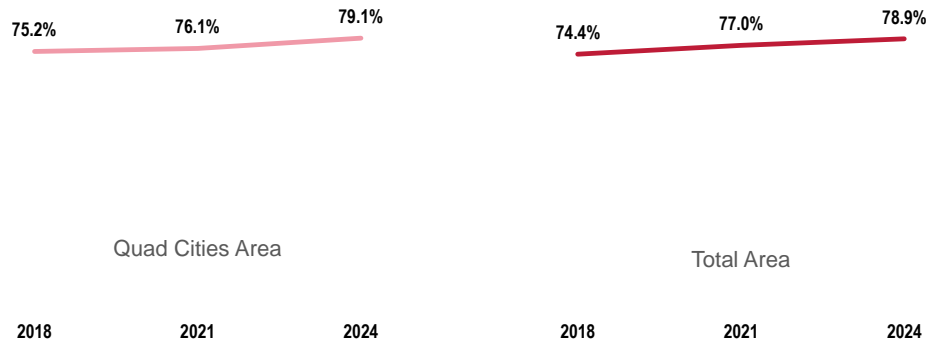
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 103]
            ● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Reflects respondents age 50 to 75.
            ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
            * Note that prior data for sigmoidoscopy/colonoscopy reflect the age group (50 to 75) of the previous recommendation.

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.

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

Note that this section also includes data relative to COVID-19 (coronavirus disease).

Age-Adjusted Respiratory Disease Deaths

Lung Disease Deaths

Between 2018 and 2020, the Total Area reported an annual average age-adjusted lung disease mortality rate of 48.6 deaths per 100,000 population.

BENCHMARK ► Higher than the Illinois and US rates.

Note: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

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

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
49.2	43.4	49.0	49.2	48.6	42.3	35.1	38.1

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes: ● Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
● 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.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
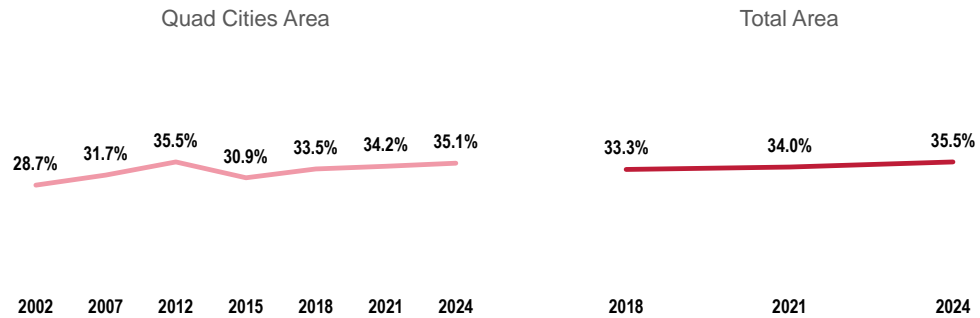
Lung Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Quad Cities Area	47.7	44.4	46.1	46.6	49.7	51.6	50.0	49.2
Total Area	49.4	45.8	46.6	47.0	49.4	51.5	49.9	48.6
IA	47.4	47.4	48.2	48.5	48.1	46.3	44.7	42.3
IL	39.3	39.0	38.9	38.5	38.0	37.3	36.3	35.1
US	42.0	41.7	41.8	41.3	41.0	40.4	39.6	38.1

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and. Informatics. Data extracted August 2024.

Notes: ● Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
● 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.

Pneumonia/Influenza Deaths

Between 2018 and 2020, the Total Area reported an annual average age-adjusted pneumonia/ influenza mortality rate of 12.6 deaths per 100,000 population.

BENCHMARK ► Lower than the Illinois rate.

TREND ► Declining significantly to the lowest levels recorded in both areas in nearly a decade.

DISPARITY ► Higher in Muscatine County.

Pneumonia/Influenza: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
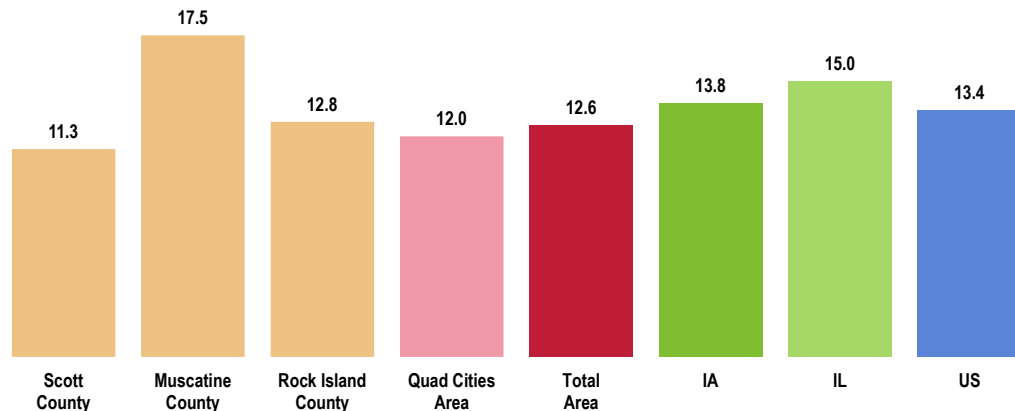
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

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

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

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Quad Cities Area	15.7	15.1	15.6	14.6	14.3	13.9	13.1	12.0
Total Area	15.5	14.9	15.4	14.4	13.8	13.8	13.3	12.6
IA	16.4	15.7	15.2	13.2	13.0	13.5	14.0	13.8
IL	16.8	16.6	16.4	15.7	15.3	15.5	15.1	15.0
US	15.3	15.2	15.4	14.6	14.3	14.2	13.8	13.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes:
- 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.

Prevalence of Respiratory Disease

Asthma

Adults

A total of 16.5% of Total Area adults have asthma.

BENCHMARK ▸ Higher than found across Iowa and Illinois.

TREND ▸ Marks a significant increase in both areas.

DISPARITY ▸ Higher in Rock Island County. More often reported among women, adults age 18 to 39, those with lower incomes, Black residents, and LGBTQ+ respondents.

Prevalence of Asthma

14.7%	14.1%	19.4%	16.9%	16.5%	9.7%	8.7%	17.9%
Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
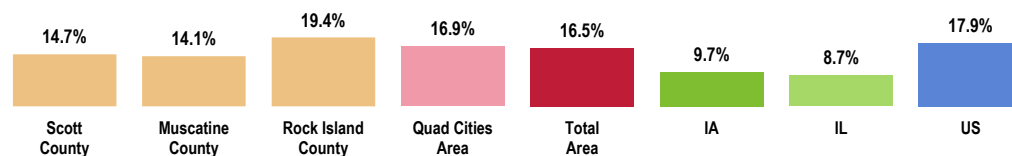
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 26]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa and Illinois data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Reflects those who currently have asthma.
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Prevalence of Asthma

Quad Cities Area

11.5%   11.3%   16.9%

2015   2018   2021   2024

Total Area

11.3%   16.5%

2018   2021   2024

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 26]
Notes: ● Asked of all respondents.
● Reflects those who currently have asthma.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Prevalence of Asthma
(Total Area, 2024)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
21.0%	11.2%	20.1%	16.2%	11.5%	32.3%	18.8%	13.0%	13.0%	16.1%	23.0%	23.9%	16.5%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 26]
Notes: ● Asked of all respondents.
● Reflects those who currently have asthma.

Children

Among Total Area children under age 18, 11.4% have been diagnosed with asthma.

BENCHMARK ► Lower than found nationally.

DISPARITY ► Higher among adolescents age 13 to 17.

Prevalence of Asthma in Children
(Children 0-17)

Girls		12.1%
Boys		11.0%
Age 0-4		5.6%
Age 5-12		11.6%
Age 13-17		16.2%

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
10.6%	5.6%	13.6%	12.1%	11.4%	16.7%
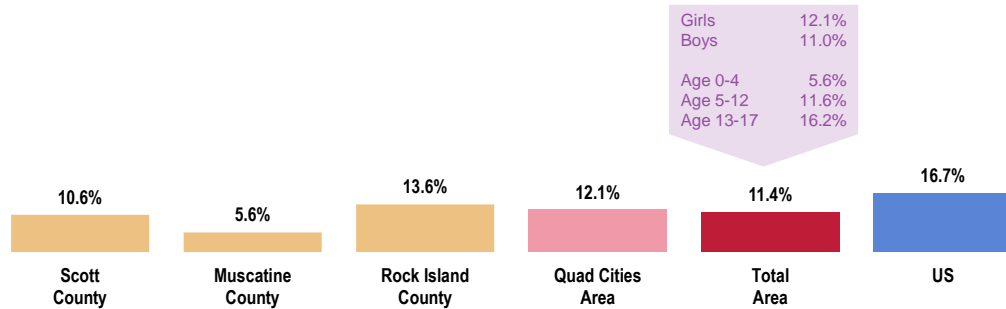
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 92]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.
● Reflects those reporting their child ever has been diagnosed with asthma.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Prevalence of Asthma in Children
(Children 0-17)

Quad Cities Area

2015	2018	2021	2024
8.9%	8.5%	16.1%	12.1%

Total Area

2018	2021	2024
8.5%	15.5%	11.4%
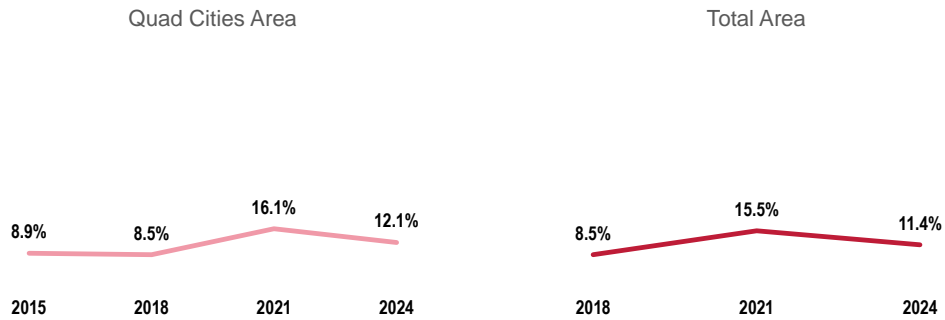
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: ● Asked of all respondents with children age 0 to 17 in the household.
● Reflects those reporting their child ever has been diagnosed with asthma.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

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 44.4 deaths per 100,000 population in the Total Area.

BENCHMARK ▶ Lower than the national rate.

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

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
43.1	42.0	45.7	44.6	44.4	42.9	47.6	51.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

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

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Quad Cities Area	39.0	38.5	41.3	39.0	41.7	42.1	43.5	44.6
Total Area	38.1	37.8	40.8	39.1	41.2	40.7	43.0	44.4
IA	39.8	40.6	41.4	43.3	43.5	43.1	41.9	42.9
IL	32.9	33.9	34.6	37.1	40.4	43.2	44.6	47.6
US	39.2	40.6	41.9	44.6	46.7	48.3	48.9	51.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- 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.

Leading Causes of Unintentional Injury Deaths

Falls, poisoning (including unintentional drug overdose), and motor vehicle crashes accounted for most unintentional injury deaths in the Total Area and the Quad Cities Area between 2018 and 2020.

Leading Causes of Unintentional Injury Deaths
(Total Area, 2018-2020)

- Falls — 46.6%
- Poisoning/Drug Overdose — 17.4%
- Motor Vehicle Crashes — 16.7%
- Suffocation — 4.1%
- Other — 15.2%

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Leading Causes of Unintentional Injury Deaths
(Quad Cities Area, 2018-2020)
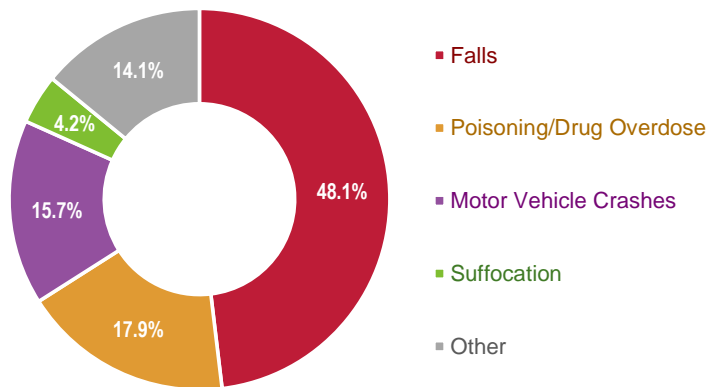
- Falls — 48.1%
- Poisoning/Drug Overdose — 17.9%
- Motor Vehicle Crashes — 15.7%
- Suffocation — 4.2%
- Other — 14.1%

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

In the Total Area, there were 7.5 homicides per 100,000 population (2018-2020 annual average age-adjusted rate).

BENCHMARK ► Higher than the Iowa and US rates but lower than the Illinois rate. Fails to satisfy the Healthy People 2030 objective.

TREND ► Rising significantly to the highest level recorded in both areas in nearly a decade.

DISPARITY ► Higher in Rock Island County.

Homicide: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
5.0	N/A	12.1	8.1	7.5	3.0	9.1	6.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Homicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower
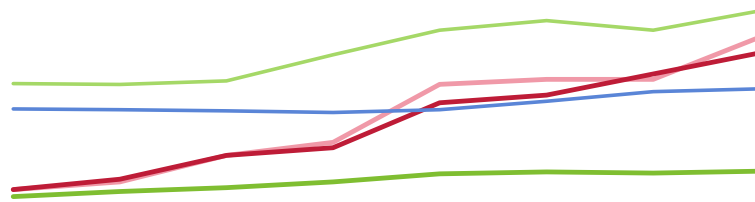
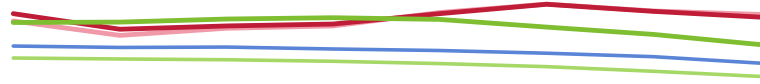|	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Quad Cities Area	2.3	2.6	3.6	4.1	6.3	6.5	6.5	8.1
Total Area	2.3	2.7	3.6	3.9	5.6	5.9	6.7	7.5
IA	2.0	2.2	2.4	2.6	2.9	3.0	2.9	3.0
IL	6.3	6.3	6.4	7.4	8.4	8.7	8.4	9.1
US	5.4	5.3	5.3	5.2	5.3	5.7	6.0	6.1

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● 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.

Violent Crime

### Violent Crime Rates

Between 2015 and 2017, the Total Area reported 447.1 violent crimes per 100,000 population.

BENCHMARK ► Higher than the Iowa rate.

DISPARITY ► Lower in Rock Island County.

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

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

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

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
517.1	461.2	362.6	445.3	447.1	283.0	420.9	416.0
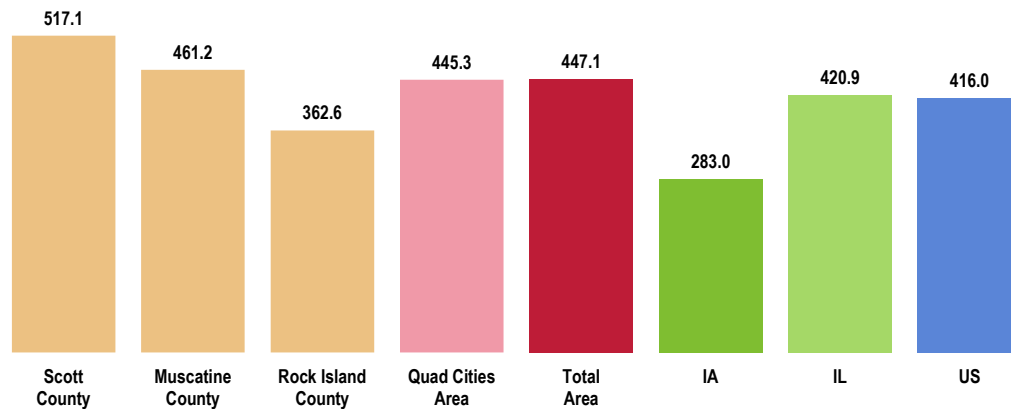
Sources: ● Federal Bureau of Investigation, FBI Uniform Crime Reports (UCR).
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).
Notes: ● This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, forcible rape, robbery, and aggravated assault.
● Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Community Violence

A total of 6.9% of surveyed adults acknowledge being the victim of a violent crime in the area in the past five years.

TREND ▶ In the Quad Cities Area, where there is available trend data, community violence has increased significantly over time.

DISPARITY ▶ In the Total Area, reports of violence are higher among adults younger than 65 (especially those age 18 to 39), those living at or below the federal poverty level, and LGBTQ+ respondents.

Victim of a Violent Crime in the Past Five Years

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
5.9%	3.6%	9.0%	7.3%	6.9%	7.0%

Sources:
● 2024 PRC Community Health Survey, PRC, Inc. [Item 32]
● 2023 PRC National Health Survey, PRC, Inc.

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

Victim of a Violent Crime in the Past Five Years

Quad Cities Area
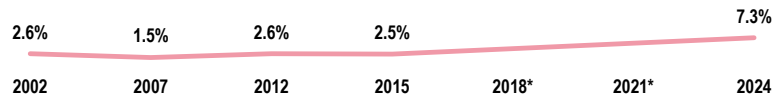
2002	2007	2012	2015	2018*	2021*	2024
2.6%	1.5%	2.6%	2.5%			7.3%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 32]
Notes: ● Asked of all respondents.
● *In the 2018 and 2021 surveys, this indicator specified a three-year time period.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
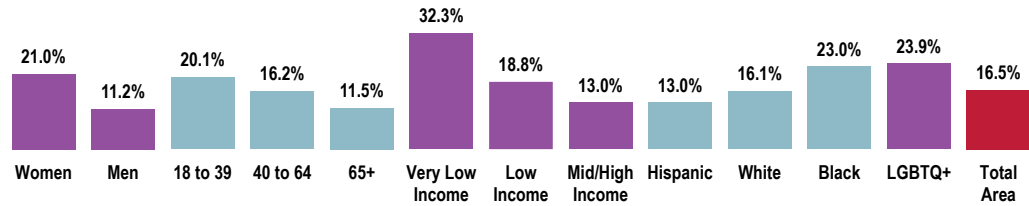
Victim of a Violent Crime in the Past Five Years
(Total Area, 2024)
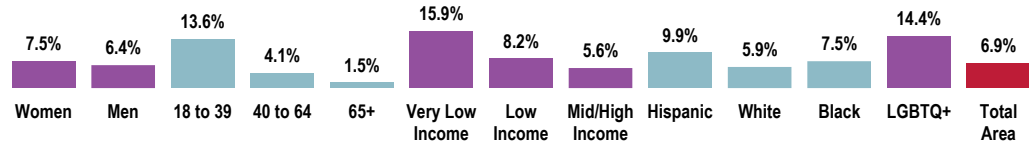
Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
7.5%	6.4%	13.6%	4.1%	1.5%	15.9%	8.2%	5.6%	9.9%	5.9%	7.5%	14.4%	6.9%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 32]
Notes: ● Asked of all respondents.

Intimate Partner Violence

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."

A total of 26.6% of Total Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

BENCHMARK ► Higher than found nationally.

TREND ► Represents a significant increase over time in the Quad Cities Area.

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

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
25.8%	26.8%	27.5%	26.6%	26.6%	20.3%
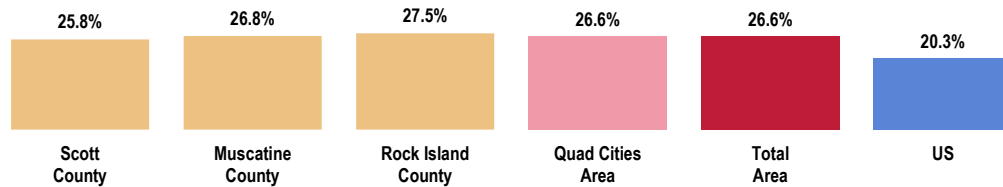
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 33]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

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

Quad Cities Area

Total Area

10.7%   16.3%   23.1%   25.1%   26.6%

2012   2015   2018   2021   2024

23.6%   25.2%   26.6%

2018   2021   2024
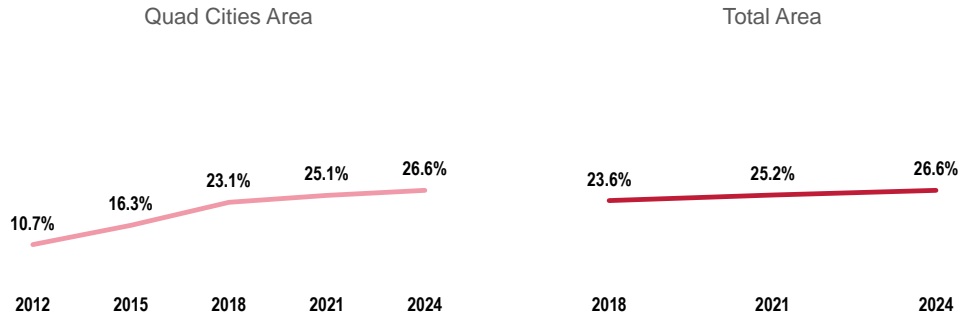
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 33]
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Childhood Abuse/Neglect

Three in 10 Total Area adults (29.9%) acknowledge being a victim of neglect or abuse at least once during their childhood.

TREND ► Marks a significant increase over time in both areas.

DISPARITY ► More often reported among women, adults younger than 65, those with lower incomes, White residents, and LGBTQ+ respondents.

> "While you were growing up, do you feel that you were ever neglected or abused, whether emotionally, sexually, or physically, even if this only happened once?"

Victim of Neglect or Abuse While Growing Up

| 29.1% | 28.8% | 31.2% | 30.1% | 29.9% |
| Scott County | Muscatine County | Rock Island County | Quad Cities Area | Total Area |

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 317]
Notes: ● Asked of all respondents.
● Defined as at least one incident of emotional, sexual, or physical abuse while growing up.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Victim of Neglect or Abuse While Growing Up

Quad Cities Area

14.0% (2015)
18.9% (2018)
25.7% (2021)
30.1% (2024)

2015   2018   2021   2024

Total Area

19.5% (2018)
25.4% (2021)
29.9% (2024)

2018   2021   2024

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 317]
Notes: ● Asked of all respondents.
 ● Defined as at least one incident of emotional, sexual, or physical abuse while growing up.
 ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Victim of Neglect or Abuse While Growing Up
(Total Area, 2024)

Category	Percent
Women	37.4%
Men	22.0%
18 to 39	39.3%
40 to 64	29.0%
65+	17.4%
Very Low Income	46.8%
Low Income	36.8%
Mid/High Income	25.7%
Hispanic	28.7%
White	30.7%
Black	22.1%
LGBTQ+	51.0%
Total Area	29.9%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 317]
Notes: ● Asked of all respondents.
 ● Defined as at least one incident of emotional, sexual, or physical abuse while growing up.

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 26.9 deaths per 100,000 population in the Total Area.

BENCHMARK ► Higher than the rates recorded across Iowa, Illinois, and the US.

TREND ► Rising significantly to the highest levels recorded in nearly a decade in both areas.

DISPARITY ► Considerably higher in Muscatine County.

Diabetes: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
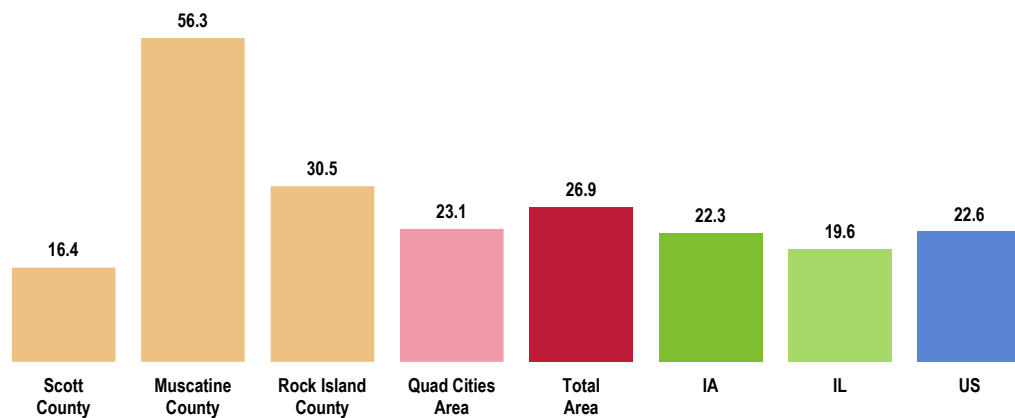
Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
16.4	56.3	30.5	23.1	26.9	22.3	19.6	22.6

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
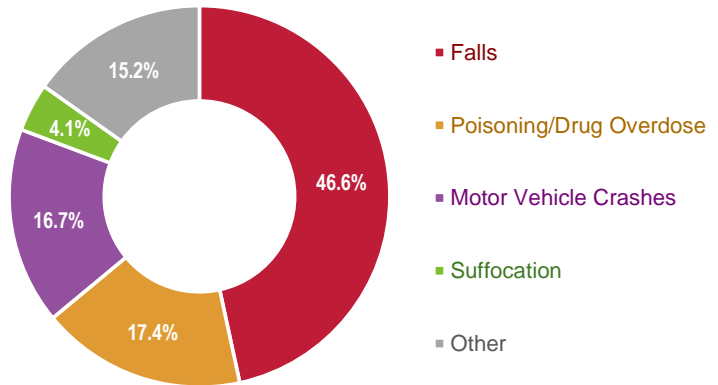● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Diabetes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
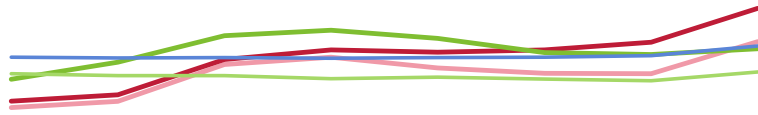
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Quad Cities Area	15.6	16.3	20.5	21.3	20.1	19.5	19.4	23.1
Total Area	16.3	17.0	21.1	22.1	21.9	22.2	23.0	26.9
IA	18.8	20.7	23.8	24.4	23.5	21.9	21.6	22.3
IL	19.4	19.2	19.2	18.9	19.0	18.8	18.6	19.6
US	21.3	21.2	21.3	21.2	21.3	21.3	21.5	22.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes:
- 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.

Prevalence of Diabetes

A total of 15.3% of Total Area adults report having been diagnosed with diabetes.

BENCHMARK ► Higher than the Iowa and Illinois percentages.

TREND ► Marks a significant increase from the 2002 baseline in the Quad Cities Area.

DISPARITY ► Lower in Scott County. Highly correlated with age.

Prevalence of Diabetes

Another 13.5% of Total Area adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
12.8%	19.6%	16.8%	14.7%	15.3%	11.6%	12.0%	12.8%
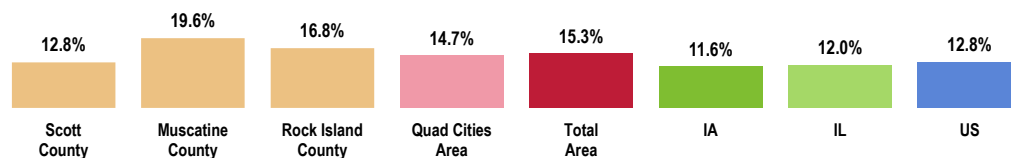
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 106]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa and Illinois data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Prevalence of Diabetes

Quad Cities Area

7.0% (2002)
7.8% (2007)
11.3% (2012)
11.3% (2015)
14.0% (2018)
13.3% (2021)
14.7% (2024)

Total Area

14.5% (2018)
13.0% (2021)
15.3% (2024)

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 106]
Notes: ● Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Prevalence of Diabetes
(Total Area, 2024)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
15.0%	15.7%	3.4%	18.2%	29.3%	17.3%	11.6%	15.0%	20.1%	14.8%	17.8%	10.7%	15.3%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 106]
Notes: ● Asked of all respondents.
● Excludes gestational diabetes (occurring only during pregnancy).

Age-Adjusted Kidney Disease Deaths

ABOUT KIDNEY DISEASE & DIABETES

Chronic kidney disease (CKD) is common in people with diabetes. Approximately one in three adults with diabetes has CKD. Both type 1 and type 2 diabetes can cause kidney disease. CKD often develops slowly and with few symptoms. Many people don't realize they have CKD until it's advanced and they need dialysis (a treatment that filters the blood) or a kidney transplant to survive.

– Centers for Disease Control and Prevention (CDC)
https://www.cdc.gov/diabetes/managing/diabetes-kidney-disease.html

Between 2018 and 2020, there was an annual average age-adjusted kidney disease mortality rate of 15.2 deaths per 100,000 population in the Total Area.

BENCHMARK ► Higher than the Iowa and US rates.

TREND ► Rising significantly over time in both areas.

DISPARITY ► Higher in Rock Island County.

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

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
11.0	N/A	21.1	15.8	15.2	9.7	16.6	12.8

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

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

Kidney Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
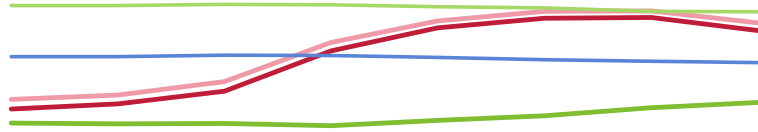
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Quad Cities Area	10.0	10.3	11.3	14.3	15.9	16.7	16.7	15.8
Total Area	9.2	9.6	10.6	13.7	15.4	16.1	16.2	15.2
IA	8.2	8.1	8.1	8.0	8.4	8.7	9.3	9.7
IL	17.1	17.1	17.2	17.2	17.0	16.9	16.7	16.6
US	13.2	13.2	13.3	13.3	13.2	13.0	12.9	12.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes:
- 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.

DISABLING CONDITIONS

Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:
- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart disease
- High blood cholesterol
- High blood pressure
- Obesity
- Stroke

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

Number of Chronic Conditions
(Total Area, 2024)
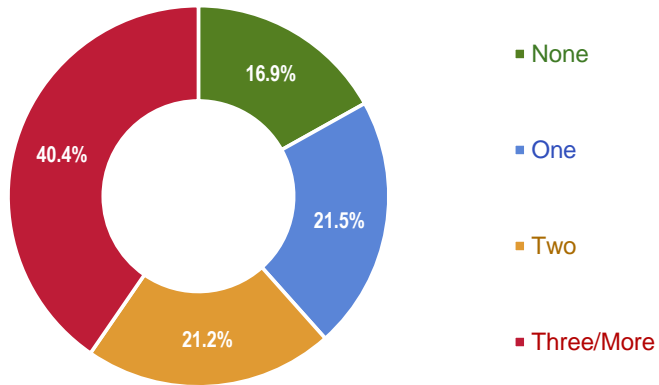
- None: 16.9%
- One: 21.5%
- Two: 21.2%
- Three/More: 40.4%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 107]

Notes:
- Asked of all respondents.
- In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, obesity, and stroke.

In fact, 40.4% of Total Area adults report having three or more chronic conditions.

TREND ► Marks a significant increase from the previous survey in each area.

DISPARITY ► Higher in Muscatine and Rock Island counties. More often reported among adults age 40+ (especially those age 65+) and those with lower incomes.

Have Three or More Chronic Conditions

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
35.4%	48.0%	43.8%	39.4%	40.4%	38.0%
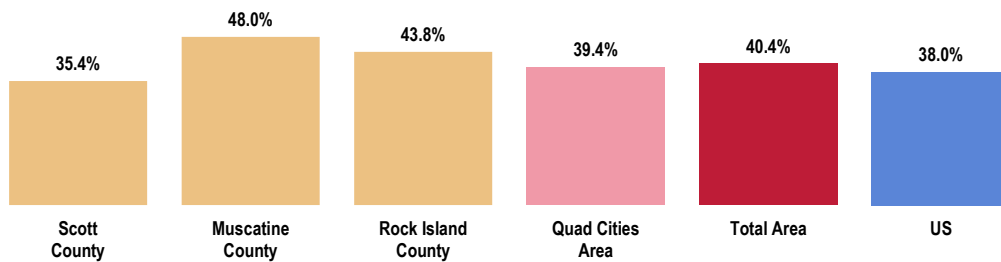
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- In this case, chronic conditions include asthma, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, obesity, and stroke.
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Have Three or More Chronic Conditions

Quad Cities Area

31.0% ——————— 39.4%

2021   2024

Total Area

31.1% ——————— 40.4%

2021   2024

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: ● Asked of all respondents.
● In this case, chronic conditions include asthma, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, obesity, and stroke.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Have Three or More Chronic Conditions
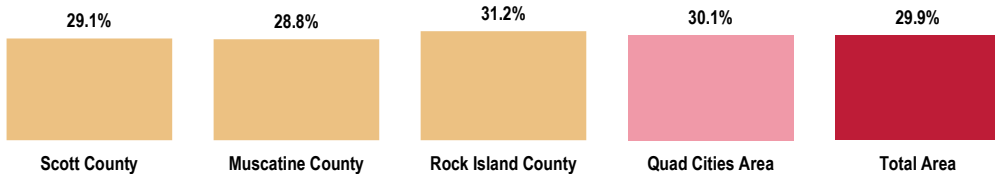## (Total Area, 2024)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
42.6%	37.7%	27.0%	43.3%	57.0%	51.5%	47.5%	37.0%	38.7%	40.8%	41.2%	41.7%	40.4%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: ● Asked of all respondents.
● In this case, chronic conditions include asthma, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, obesity, and stroke.

Chronic Pain

Nearly one-fourth of Total Area adults (24.1%) experiences 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 ► Higher than found nationally. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Higher in Rock Island County. More often reported among adults age 40+ and those with lower incomes.

Experience High-Impact Chronic Pain
Healthy People 2030 = 6.4% or Lower

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
20.7%	26.9%	27.4%	23.8%	24.1%	19.6%
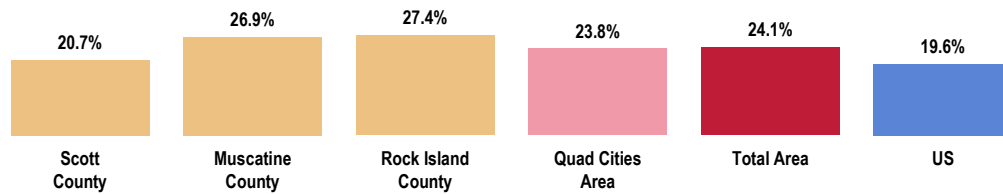
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 31]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
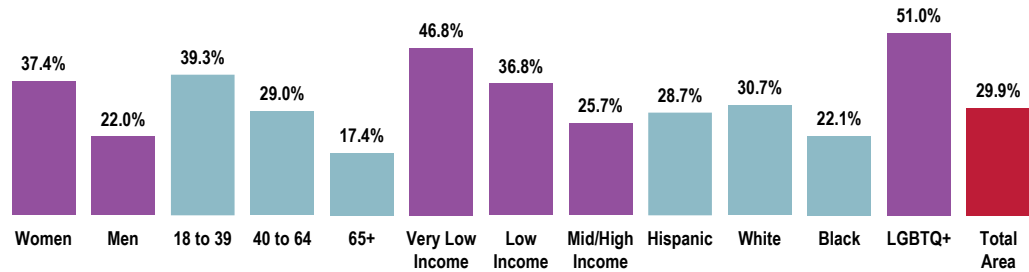
Experience High-Impact Chronic Pain
(Total Area, 2024)
Healthy People 2030 = 6.4% or Lower

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
25.9%	22.4%	17.8%	28.9%	26.2%	38.2%	38.7%	17.5%	23.9%	23.6%	27.0%	24.0%	24.1%
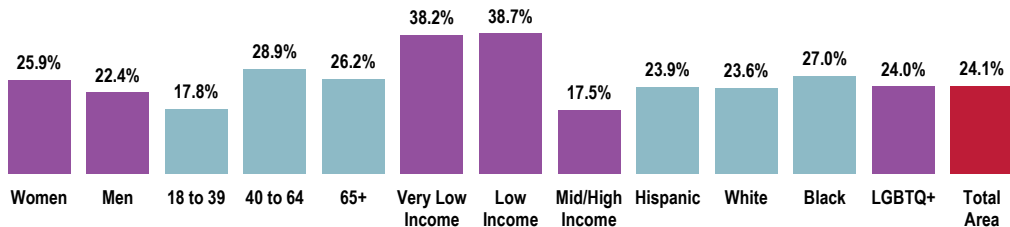
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 31]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia. 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 25.0 deaths per 100,000 population in the Total Area.

BENCHMARK ► Lower than the Iowa and US rates.

TREND ► Rising significantly over time in both areas.

DISPARITY ► Lower in Rock Island County.

Alzheimer's Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
27.7	26.0	22.1	24.9	25.0	30.9	26.2	30.9

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes: ● 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.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
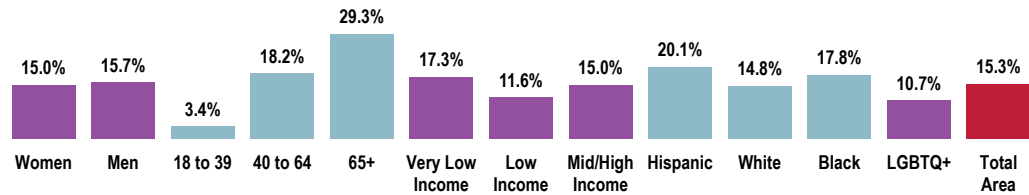
Alzheimer's Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Quad Cities Area	21.1	20.2	21.8	24.8	24.7	24.9	22.7	24.9
Total Area	20.2	20.1	22.1	25.0	24.5	24.7	22.7	25.0
IA	30.3	29.4	29.2	30.3	32.2	32.8	32.1	30.9
IL	20.0	20.5	22.0	23.9	25.1	25.4	25.1	26.2
US	23.1	24.7	27.4	29.7	30.2	30.6	30.4	30.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes:
- 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.

BIRTHS

PRENATAL CARE

ABOUT INFANT HEALTH

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

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

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

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

Between 2020 and 2022, 18.0% of all Quad Cities Area births did <u>not</u> receive prenatal care in the first trimester of pregnancy.

BENCHMARK ► Lower than the Illinois and US rates.

TREND ► Decreasing significantly to the lowest level recorded in the area in nearly a decade.

DISPARITY ► Higher in Rock Island County.

Lack of Prenatal Care in the First Trimester
(Percentage of Live Births, 2020-2022)
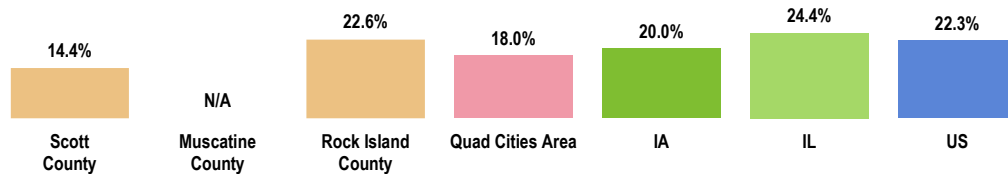
Scott County	Muscatine County	Rock Island County	Quad Cities Area	IA	IL	US
14.4%	N/A	22.6%	18.0%	20.0%	24.4%	22.3%

Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
Note: ● This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy.
● Quad Cities Area reflects a combination of Scott and Rock Island counties.

Lack of Prenatal Care in the First Trimester
(Percentage of Live Births)
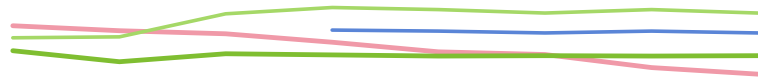
	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022
Quad Cities Area	23.0%	22.5%	22.2%	21.3%	20.4%	20.0%	18.7%	18.0%
IA	20.5%	19.3%	20.1%	20.0%	19.9%	20.0%	19.9%	20.0%
IL	21.8%	21.9%	24.3%	24.9%	24.7%	24.4%	24.7%	24.4%
US				22.6%	22.5%	22.3%	22.5%	22.3%

Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
Note: ● This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy.
● Quad Cities Area reflects a combination of Scott and Rock Island counties.

BIRTH OUTCOMES & RISKS

Low-Weight Births

A total of 8.1% of 2016-2022 Total Area births were low-weight.

BENCHMARK ► Higher than found across Iowa.

Low-Weight Births
(Percent of Live Births, 2016-2022)
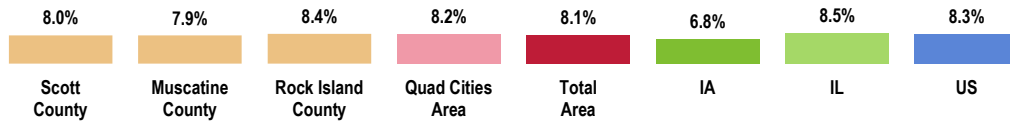
Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
8.0%	7.9%	8.4%	8.2%	8.1%	6.8%	8.5%	8.3%

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2024.
Note: ● This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Infant Mortality

Between 2018 and 2020, there was an annual average of 4.9 infant deaths per 1,000 live births.

BENCHMARK ► Lower than the Illinois rate.

DISPARITY ► Higher in Rock Island County.

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

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)
Healthy People 2030 = 5.0 or Lower
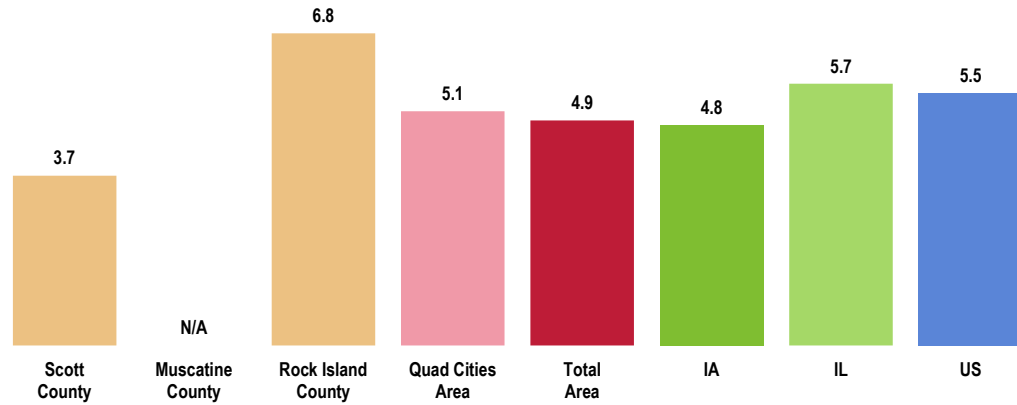
Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
3.7	N/A	6.8	5.1	4.9	4.8	5.7	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Infant deaths include deaths of children under 1 year old.
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
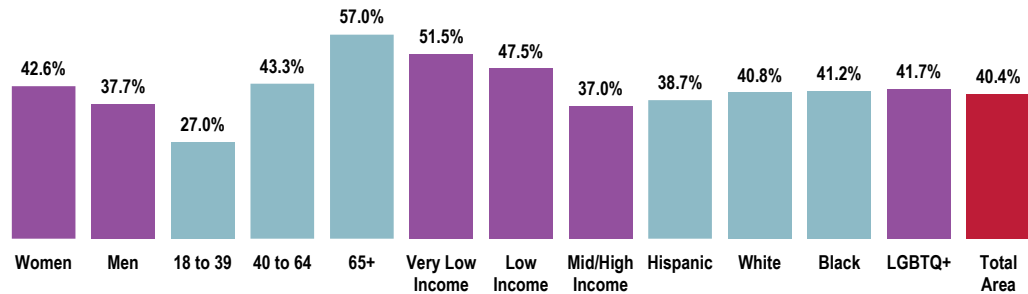
Infant Mortality Trends
(Annual Average Infant Deaths per 1,000 Live Births)
Healthy People 2030 = 5.0 or Lower
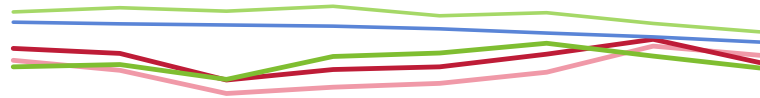
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Quad Cities Area	5.0	4.7	4.1	4.2	4.3	4.6	5.3	5.1
Total Area	5.3	5.2	4.4	4.7	4.8	5.1	5.5	4.9
IA	4.8	4.9	4.5	5.1	5.2	5.4	5.1	4.8
IL	6.3	6.4	6.3	6.4	6.2	6.2	5.9	5.7
US	6.0	5.9	5.9	5.9	5.8	5.7	5.6	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2024.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Perceptions of Childhood Vaccinations

PRC survey respondents with children younger than 18 were asked whether they would want <u>all</u> recommended childhood vaccinations if they were to have a newborn. Most (85.3%) reported that they would want these vaccines for their child.

TREND ▶ Marks a significant decrease from the 2015 baseline in the Quad Cities Area.

Would Want All Recommended Vaccinations for a Newborn
(Households with Children 0-17; 2024)
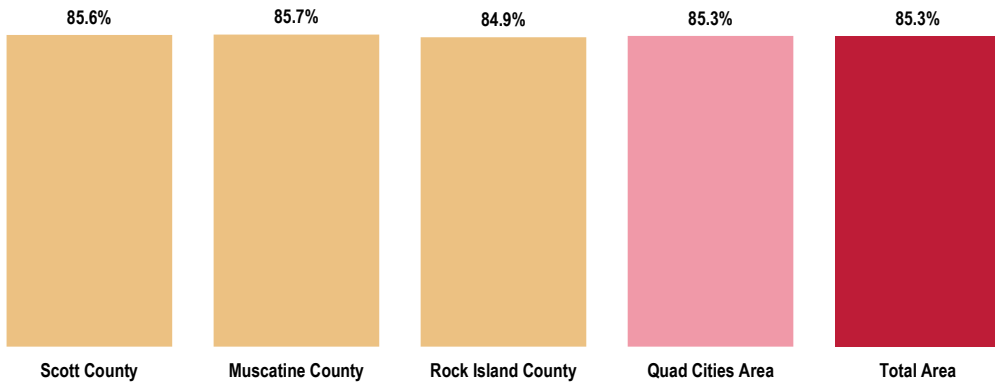
Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area
85.6%	85.7%	84.9%	85.3%	85.3%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 326]
Notes: ● Asked of all respondents with a child under age 18 at home.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Would Want All Recommended Vaccinations for a Newborn
(Households with Children 0-17)
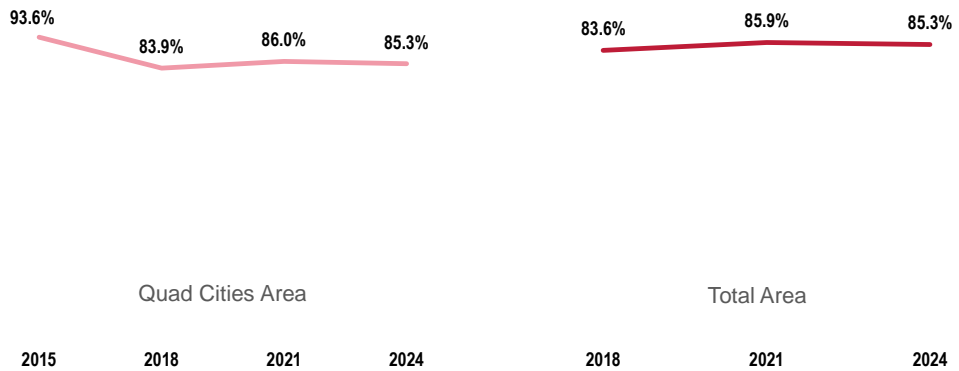
Quad Cities Area

2015	2018	2021	2024
93.6%	83.9%	86.0%	85.3%

Total Area

2018	2021	2024
83.6%	85.9%	85.3%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 326]
Notes: ● Asked of all respondents with a child under age 18 at home.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

FAMILY PLANNING

ABOUT FAMILY PLANNING

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

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

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

Births to Adolescent Mothers

Between 2016 and 2022, there were 21.2 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in the Total Area.

BENCHMARK ▶ Higher than found across Iowa, Illinois, and the US.

DISPARITY ▶ Higher in Rock Island County.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2016-2022)

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
19.6	18.0	24.4	21.7	21.2	14.4	14.7	16.6
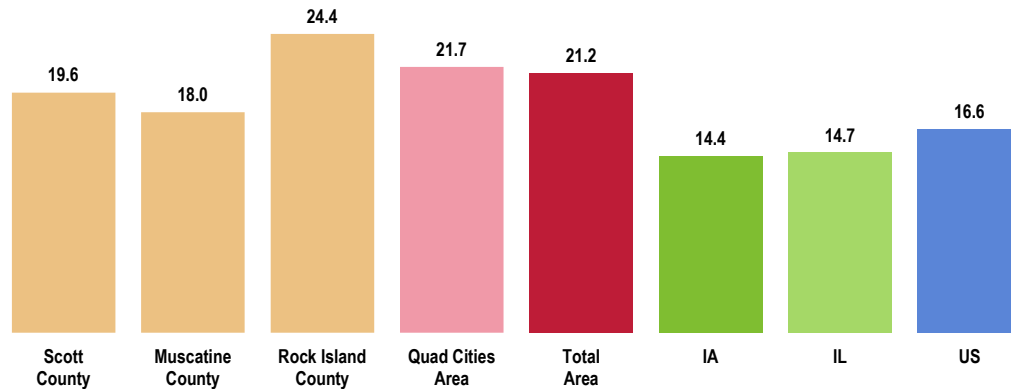
Sources:
● Centers for Disease Control and Prevention, National Vital Statistics System.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).
Notes:
● This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

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

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

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

Difficulty Accessing Fresh Produce

Most Total Area adults report little or no difficulty buying fresh produce at a price they can afford.

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.

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Total Area, 2024)
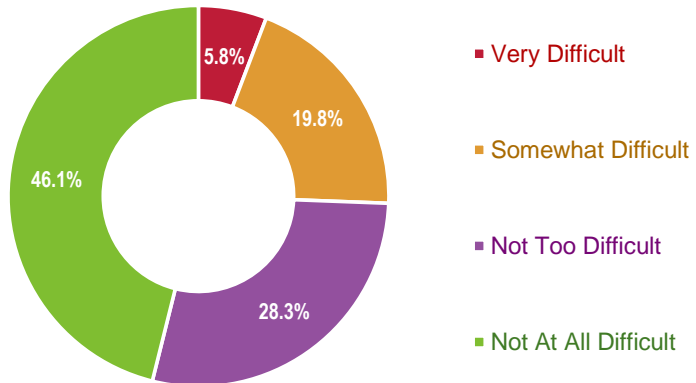
- Very Difficult — 5.8%
- Somewhat Difficult — 19.8%
- Not Too Difficult — 28.3%
- Not At All Difficult — 46.1%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

However, 25.6% of Total Area adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

BENCHMARK ► Lower than the national finding.

TREND ► Marks a significant increase from the 2015 survey in the Quad Cities Area.

DISPARITY ► More often reported among women, adults younger than 65, those with lower incomes, Hispanic residents, and LGBTQ+ respondents.

Find It "Very" or "Somewhat"
Difficult to Buy Affordable Fresh Produce

Quad Cities Area

							2015	2018	2021	2024
Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US					
23.7%	26.4%	27.4%	25.5%	25.6%	30.0%		21.7%			25.5%
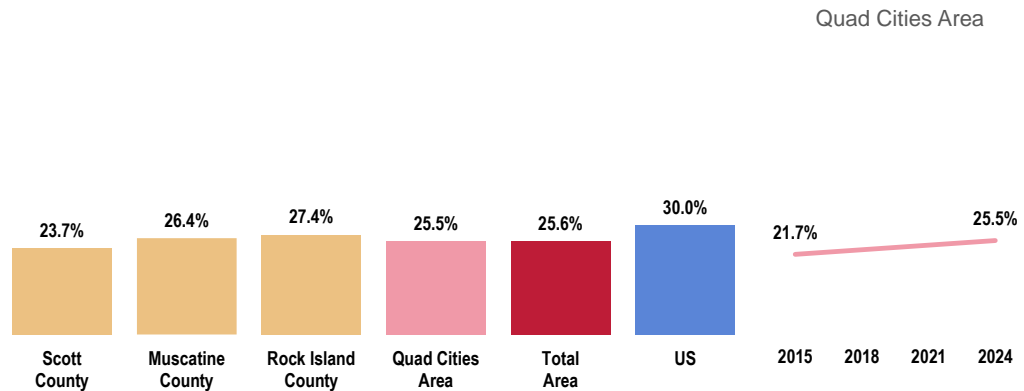
Sources: ● 2024W PRC Community Health Survey, PRC, Inc. [Item 66]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Find It "Very" or "Somewhat"
Difficult to Buy Affordable Fresh Produce
(Total Area, 2024)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
30.3%	20.3%	30.1%	27.6%	14.8%	51.1%	44.8%	15.6%	34.5%	23.8%	31.1%	37.3%	25.6%
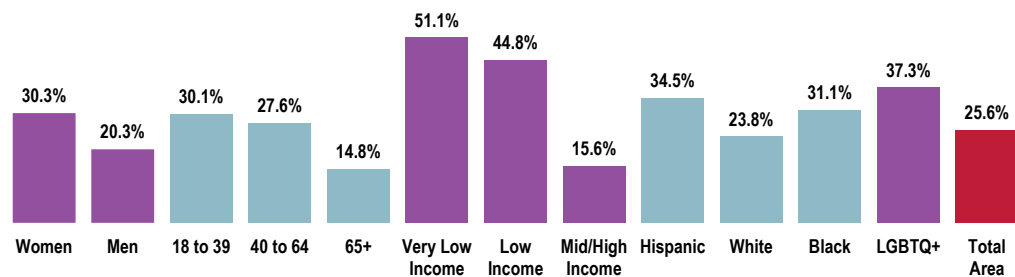
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

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

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

A total of 24.9% of Total Area adults report no leisure-time physical activity in the past month.

BENCHMARK ► Lower than the national percentage. Fails to satisfy the Healthy People 2030 objective.

TREND ► Represents a significant increase from the baseline in both areas.

No Leisure-Time Physical Activity in the Past Month
Healthy People 2030 = 21.8% or Lower

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
23.3%	24.2%	27.0%	25.0%	24.9%	25.9%	22.8%	30.2%
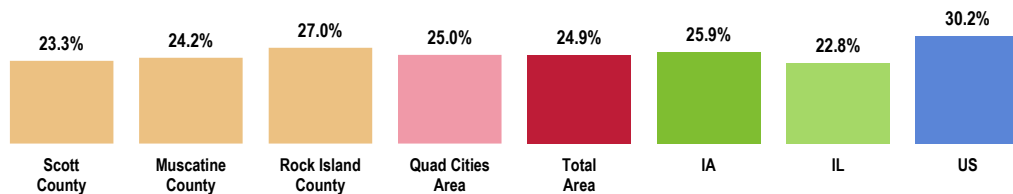
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 69]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa and Illinois data.
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

No Leisure-Time Physical Activity in the Past Month
Healthy People 2030 = 21.8% or Lower

Quad Cities Area

2002	2007	2012	2015	2018	2021	2024
18.6%	34.4%	33.3%	20.0%	20.1%	24.9%	25.0%

Total Area

2018	2021	2024
20.2%	25.4%	24.9%
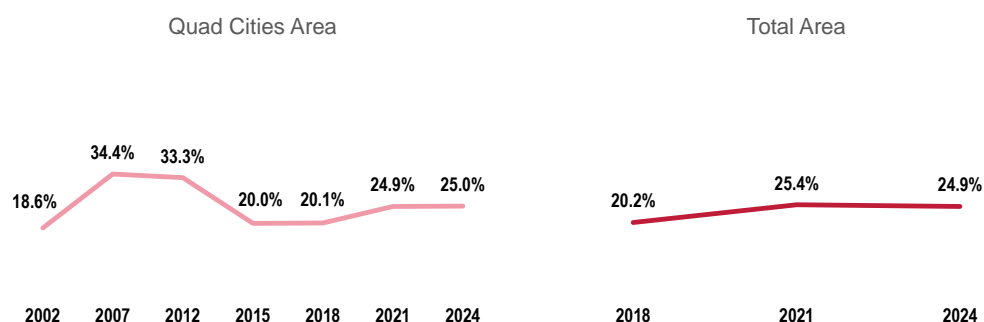
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 69]
Notes: ● Asked of all respondents.
  ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Activity Levels

Adults

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

For adults, "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 (such as walking), 75 minutes per week of vigorous activity (such as jogging), or an equivalent combination of both.
- **Strengthening activity** is at least two sessions per week of exercise designed to strengthen muscles (such as push-ups, sit-ups, or activities using resistance bands or weights).

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

A total of 24.0% of Total Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

BENCHMARK ► More favorable than the Iowa percentage but less favorable than the US percentage. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Less often reported among women and adults age 40+.

Meets Physical Activity Recommendations

Healthy People 2030 = 29.7% or Higher

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
25.7%	20.9%	23.1%	24.5%	24.0%	20.1%	23.4%	30.3%

Meets Physical Activity Recommendations

Healthy People 2030 = 29.7% or Higher

Quad Cities Area

2018	2021	2024
23.7%	23.1%	24.5%

Total Area

2018	2021	2024
22.7%	22.7%	24.0%

Meets Physical Activity Recommendations
(Total Area, 2024)
Healthy People 2030 = 29.7% or Higher

	Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
%	20.4%	28.2%	35.7%	18.9%	14.7%	25.0%	23.1%	25.0%	27.0%	23.2%	29.8%	29.5%	24.0%

Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

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

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Total Area children age 2 to 17, 44.3% are reported to have had 60 minutes of physical activity on <u>each</u> of the seven days preceding the interview (1+ hours per day).

BENCHMARK ► More favorable than the US percentage.

TREND ► Denotes a significant decrease from the 2015 baseline in the Quad Cities Area.

DISPARITY ► Lower in Muscatine County. Lower among adolescents age 13 to 17.

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

Girls	39.2%
Boys	48.6%
2-4	60.3%
5-12	48.9%
13-17	28.8%

Scott County	Muscatine County*	Rock Island County	Quad Cities Area	Total Area	US
43.7%	40.8%	45.9%	44.8%	44.3%	27.4%
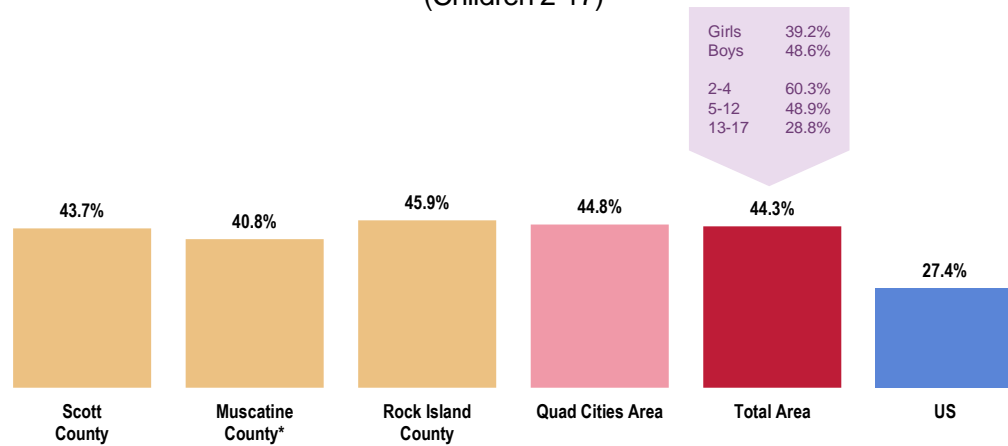
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 94]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.
- *Use caution when interpreting results as the sample size is <50.
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

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

Quad Cities Area

2015	2018	2021	2024
57.5%	45.9%	44.4%	44.8%

Total Area

2018	2021	2024
44.4%	47.5%	44.3%
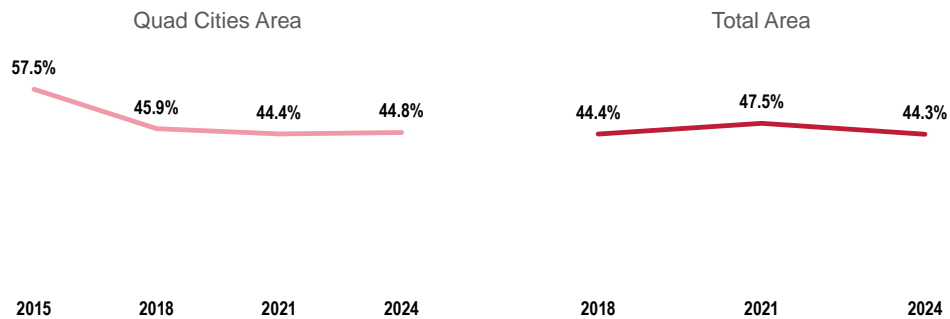
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 94]

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Access to Physical Activity Facilities

In 2022, there were 12.1 recreation/fitness facilities for every 100,000 population in the Total Area.

BENCHMARK ► Lower than found nationally.

DISPARITY ► Lower in Rock Island County.

Number of Recreation & Fitness Facilities per 100,000 Population
(2022)

	Value
Scott County	16.6
Muscatine County	11.6
Rock Island County	5.5
Quad Cities Area	11.6
Total Area	11.6
IA	12.1
IL	12.6
US	14.8
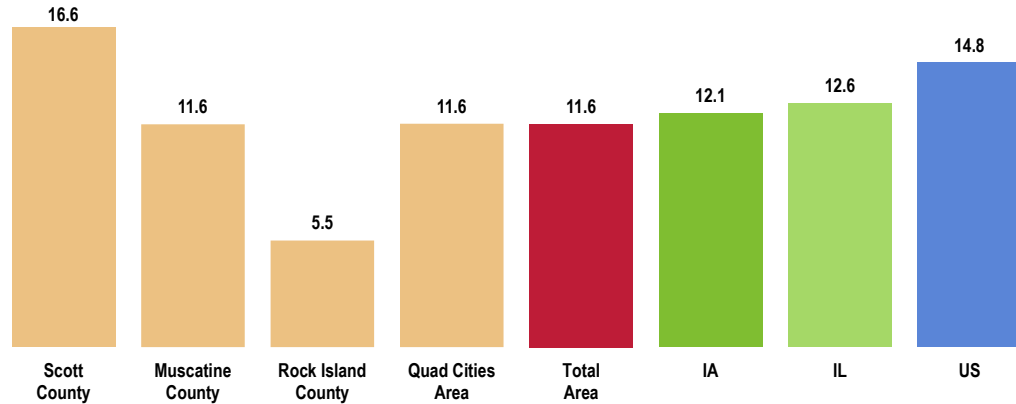
Sources:
● US Census Bureau, County Business Patterns. Additional data analysis by CARES.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

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

Use of Local Trails for Exercise

One-third of Total Area residents (33.3%) reports that they <u>never</u> use local trails for walking, hiking or biking.

Frequency of Using a Local Paved or Dirt Trail for Walking, Hiking, or Biking in Good Weather
(Total Area, 2024)
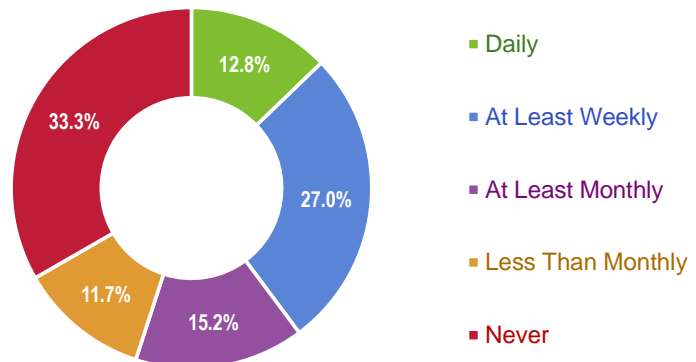
Category	Percent
Daily	12.8%
At Least Weekly	27.0%
At Least Monthly	15.2%
Less Than Monthly	11.7%
Never	33.3%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 320]
Notes: ● Asked of all respondents.

However, a higher percentage (39.8%) uses local trails for exercise at least <u>weekly</u>. This includes the 12.8% of respondents who use the trails <u>daily</u>.

DISPARITY ► Lower in Rock Island County. Adults age 65+ are <u>less</u> likely to report frequent use of trails.

Use a Local Paved or Dirt Trail
for Walking, Hiking, or Biking at Least Weekly

44.9%	34.8%	35.5%	40.5%	39.8%
Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 320]
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Use a Local Paved or Dirt Trail
for Walking, Hiking, or Biking at Least Weekly

Quad Cities Area

38.7%	40.8%	40.5%
2018	2021	2024

Total Area

38.6%	40.6%	39.8%
2018	2021	2024

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 320]
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Use a Local Paved or Dirt Trail
for Walking, Hiking, or Biking at Least Weekly
(Total Area, 2024)

Category	Percentage
Women	38.3%
Men	41.6%
18 to 39	46.5%
40 to 64	39.0%
65+	30.1%
Very Low Income	36.2%
Low Income	43.4%
Mid/High Income	41.7%
Hispanic	44.3%
White	39.9%
Black	36.4%
LGBTQ+	43.3%
Total Area	39.8%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 320]
Notes: ● Asked of all respondents.

WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

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

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

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

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches^2)] 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 ≥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 ≥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
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

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

Overweight Status

Here, "overweight" includes those respondents with a BMI value ≥25.

More than seven in 10 Total Area adults (73.9%) are overweight.

BENCHMARK ► Higher than found across Illinois and the US.

TREND ► Marks a significant increase from the 2002 baseline in the Quad Cities Area.

DISPARITY ► Higher in Muscatine County.

Prevalence of Total Overweight (Overweight and Obese)

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
69.5%	84.7%	75.9%	72.4%	73.9%	71.2%	67.2%	63.3%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa and Illinois data.
- 2023 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. The definition for obesity is a BMI greater than or equal to 30.0.
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Prevalence of Total Overweight (Overweight and Obese)

Quad Cities Area

2002	2007	2012	2015	2018	2021	2024
64.1%	66.8%	71.8%	68.4%	72.3%	74.2%	72.4%

Total Area

2018	2021	2024
72.9%	74.6%	73.9%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]

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. The definition for obesity is a BMI greater than or equal to 30.0.
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

The overweight prevalence above includes 44.2% of Total Area adults who are obese.

BENCHMARK ► Higher than found across Iowa, Illinois, and the US. Fails to satisfy the Healthy People 2030 objective.

TREND ► Represents a significant increase over time in both areas.

DISPARITY ► Higher in Muscatine County. More often reported among women and LGBTQ+ respondents.

Prevalence of Obesity
Healthy People 2030 = 36.0% or Lower

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
39.6%	55.4%	46.4%	42.7%	44.2%	37.4%	33.3%	33.9%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa and Illinois data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Prevalence of Obesity
Healthy People 2030 = 36.0% or Lower

Quad Cities Area

2002	2007	2012	2015	2018	2021	2024
24.1%	26.7%	33.5%	33.2%	37.4%	41.3%	42.7%

Total Area

2018	2021	2024
38.8%	41.1%	44.2%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
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.
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Prevalence of Obesity
(Total Area, 2024)
Healthy People 2030 = 36.0% or Lower

Category	Value
Women	48.2%
Men	39.8%
18 to 39	44.7%
40 to 64	45.1%
65+	42.1%
Very Low Income	43.7%
Low Income	46.9%
Mid/High Income	43.6%
Hispanic	46.9%
White	44.2%
Black	46.0%
LGBTQ+	53.8%
Total Area	44.2%
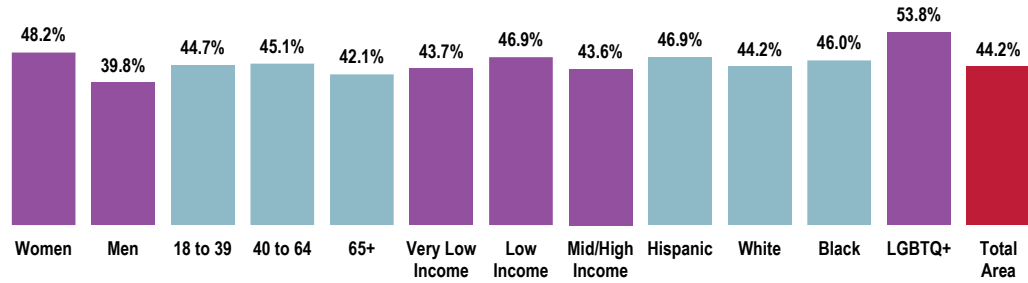
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

Relationship of Overweight With Other Health Issues

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

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

Relationship of Overweight With Other Health Issues
(Total Area, 2024)

■ Among Healthy Weight   ■ Among Overweight/Not Obese   ■ Among Obese
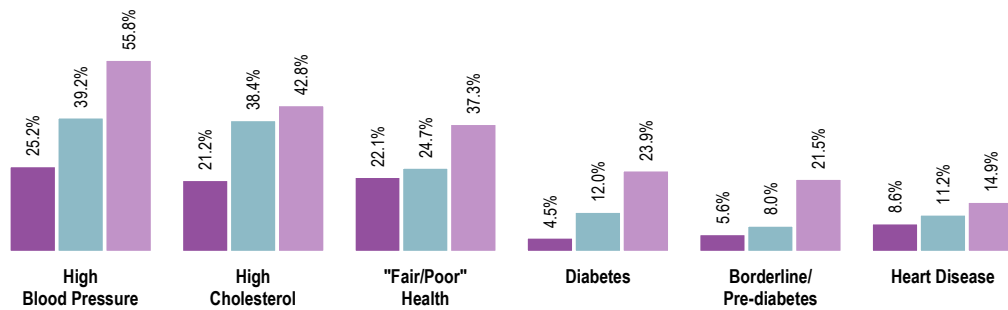
Condition	Among Healthy Weight	Among Overweight/Not Obese	Among Obese
High Blood Pressure	25.2%	39.2%	55.8%
High Cholesterol	21.2%	38.4%	42.8%
"Fair/Poor" Health	22.1%	24.7%	37.3%
Diabetes	4.5%	12.0%	23.9%
Borderline/Pre-diabetes	5.6%	8.0%	21.5%
Heart Disease	8.6%	11.2%	14.9%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.

Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

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

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

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

– Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 39.6% of Total Area children age 5 to 17 are overweight or obese (≥85th percentile).

TREND ▶ Represents a significant increase over time in both areas.

Prevalence of Overweight in Children
(Children 5-17)

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
41.9%	N/A	39.7%	40.9%	39.6%	31.8%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 113]
        ● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 5-17 at home.
        ● Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.
        ● Counts in Muscatine County are too small to be reported independently.
        ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Prevalence of Overweight in Children
(Children 5-17)

Quad Cities Area

30.8% 38.7% 29.4% 26.1% 35.7% 40.9%

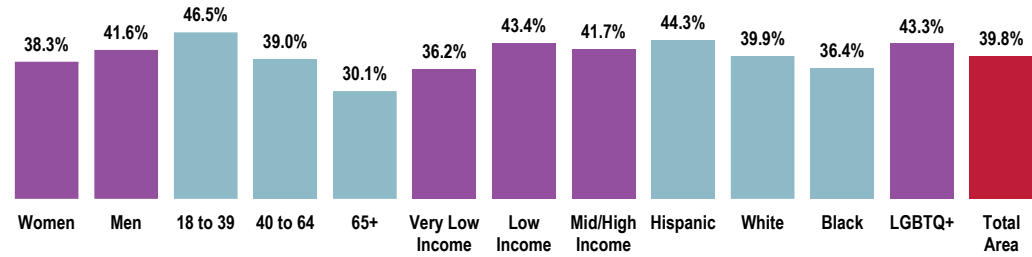2007 2012 2015 2018 2021 2024

Total Area

29.3% 37.5% 39.6%

2018 2021 2024

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 113]
Notes: ● Asked of all respondents with children age 5-17 at home.
● Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

The childhood overweight prevalence above includes 25.8% of Total Area children age 5 to 17 who are obese (≥95th percentile).

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► Denotes a significant increase over time in the Quad Cities Area.

DISPARITY ► Higher among children age 5 to 12.

Prevalence of Obesity in Children
(Children 5-17)
Healthy People 2030 = 15.5% or Lower

Girls	20.3%
Boys	30.5%
Age 5-12	30.0%
Age 13-17	19.1%

24.3% — Scott County
N/A — Muscatine County
30.6% — Rock Island County
27.4% — Quad Cities Area
25.8% — Total Area
19.5% — US

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 113]
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents with children age 5-17 at home.
● Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.
● Counts in Muscatine County are too small to be reported independently.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Prevalence of Obesity in Children
(Children 5-17)

Healthy People 2030 = 15.5% or Lower

Quad Cities Area

2007	2012	2015	2018	2021	2024
15.6%	22.4%	19.0%	22.5%	17.3%	27.4%

Total Area

2018	2021	2024
24.1%	18.8%	25.8%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 113]
Notes: ● Asked of all respondents with children age 5-17 at home.
● Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

SUBSTANCE USE

ABOUT DRUG & ALCOHOL USE

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)

Alcohol Use

Age-Adjusted Alcohol-Induced Deaths

Between 2018 and 2020, the Total Area reported an annual average age-adjusted mortality rate of 12.9 alcohol-induced deaths per 100,000 population.

BENCHMARK ▶ Higher than the Iowa and Illinois rates.

TREND ▶ Rising significantly over time in both areas.

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

14.0	N/A	12.4	13.3	12.9	9.9	10.2	11.9
Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

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

Alcohol-Induced Deaths: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
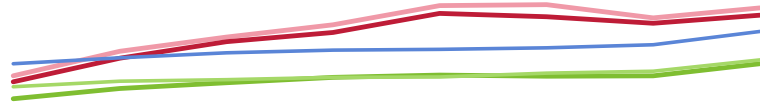
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Quad Cities Area	9.2	10.7	11.6	12.3	13.5	13.5	12.7	13.3
Total Area	8.8	10.3	11.3	11.8	13.0	12.8	12.4	12.9
IA	7.8	8.4	8.8	9.1	9.2	9.2	9.2	9.9
IL	8.5	8.9	9.0	9.1	9.1	9.4	9.5	10.2
US	9.9	10.3	10.6	10.8	10.8	10.9	11.1	11.9

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes: ● 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.

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

- HEAVY DRINKING ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.

- BINGE DRINKING ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

A total of 22.1% of Total Area adults engage in excessive drinking (heavy and/or binge drinking).

BENCHMARK ► Higher than found across Illinois but much lower than found across the US.

DISPARITY ► More often reported among adults younger than 65, especially those age 18 to 39.

Engage in Excessive Drinking

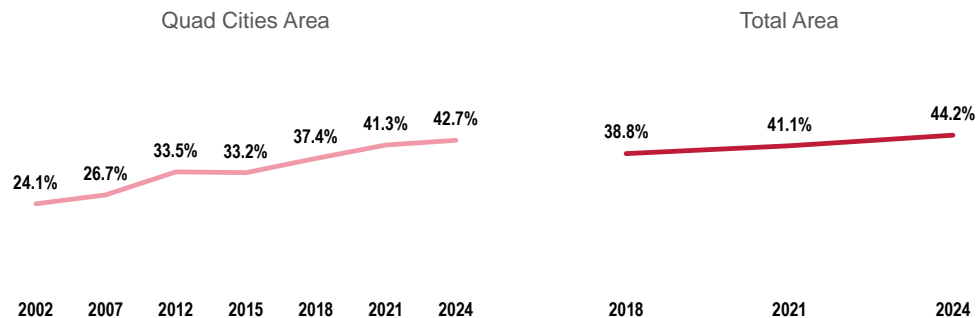| Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
23.9%	21.2%	20.2%	22.2%	22.1%	22.6%	18.0%	34.3%
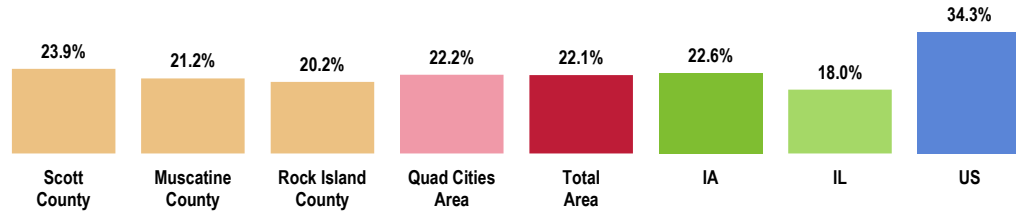
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 116]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa and Illinois data.
● 2023 PRC National Health Survey, PRC, Inc.

Notes: ● Asked of all respondents.
● Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Engage in Excessive Drinking

Quad Cities Area

2002	2007	2012	2015	2018	2021	2024
20.1%	22.4%	23.5%	20.3%	22.9%	24.2%	22.2%

Total Area

2018	2021	2024
23.4%	23.7%	22.1%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 116]

Notes: ● Asked of all respondents.
● Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Engage in Excessive Drinking
(Total Area, 2024)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
20.8%	23.4%	30.5%	22.5%	8.2%	23.3%	21.8%	23.5%	27.9%	20.9%	26.2%	25.3%	22.1%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 116]
Notes: ● Asked of all respondents.
● Excessive drinking reflects the percentage of persons age 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.

Drug Use

Age-Adjusted Unintentional Drug-Induced Deaths

Between 2018 and 2020, there was an annual average age-adjusted mortality rate of 7.9 unintentional drug-induced deaths per 100,000 population in the Total Area.

BENCHMARK ► Lower than the Iowa rate and considerably lower than the Illinois and US rates.

TREND ► Decreasing significantly over time in both areas.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)

Quad Cities Area	Total Area	IA	IL	US
8.2	7.9	9.4	22.0	21.0

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
Notes: ● 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.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

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

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Quad Cities Area	11.4	10.5	10.9	9.9	10.3	9.0	8.5	8.2
Total Area	10.3	9.6	10.1	9.5	9.7	8.3	7.9	7.9
IA	6.4	6.8	7.4	7.8	8.5	8.3	8.6	9.4
IL	10.0	10.6	11.2	13.4	16.3	18.6	19.7	22.0
US	11.0	12.1	13.0	14.9	16.7	18.1	18.8	21.0

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes: ● 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.

Illicit Drug Use

A total of 6.8% of Total Area adults acknowledge using an illicit drug in the past month.

TREND ► Marks a significant increase from previous surveys in both areas.

DISPARITY ► Lower in Muscatine County. Note the correlations with age and income.

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

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
6.4%	3.9%	8.1%	7.2%	6.8%	8.4%
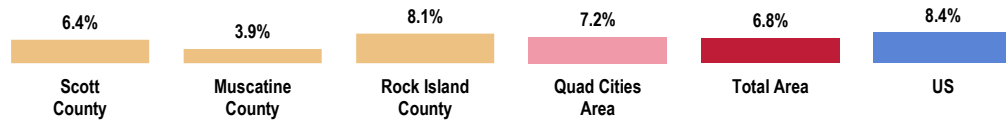
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 318]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● This indicator does not include marijuana use. The US benchmark includes marijuana use.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Illicit Drug Use in the Past Month

Quad Cities Area

3.0%	3.7%	7.2%
2018	2021	2024

Total Area

3.3%	3.6%	6.8%
2018	2021	2024
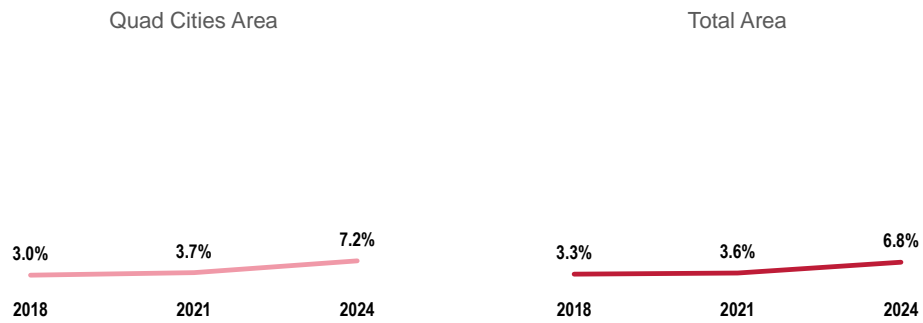
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 318]
Notes: ● Asked of all respondents.
● This indicator does not include marijuana use.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Illicit Drug Use in the Past Month
(Total Area, 2024)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
7.8%	5.9%	11.5%	6.2%	0.6%	19.3%	11.1%	4.6%	6.7%	7.0%	6.3%	8.7%	6.8%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 318]
Notes: ● Asked of all respondents.
● This indicator does not include marijuana use.

Use of Prescription Opioids

A total of 15.6% of Total Area adults report using a prescription opioid drug in the past year.

DISPARITY ► More often reported among White residents.

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

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
15.7%	14.3%	15.9%	15.8%	15.6%	15.1%
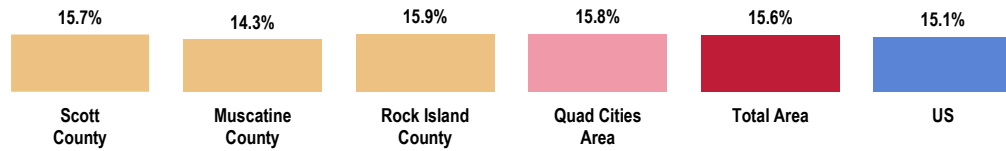
Sources:
● 2024 PRC Community Health Survey, PRC, Inc. [Item 41]
● 2023 PRC National Health Survey, PRC, Inc.

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

Used a Prescription Opioid in the Past Year
(Total Area, 2024)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
17.5%	13.7%	13.2%	16.9%	17.4%	16.6%	16.4%	15.1%	10.2%	16.8%	14.4%	18.1%	15.6%
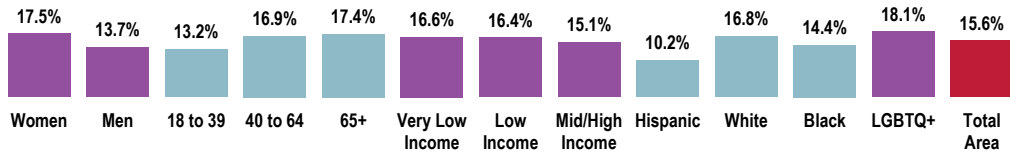
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 41]
Notes: ● Asked of all respondents.

Alcohol & Drug Treatment

A total of 10.0% of Total Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

BENCHMARK ► Higher than found nationally.

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

8.2%	11.0%	11.8%	9.9%	10.0%	6.8%
Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 42]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Personal Impact From Substance Use

Most Total Area residents' lives have <u>not</u> been negatively affected by substance use (either their own or someone else's).

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

Degree to Which Life Has Been Negatively Affected by Substance Use (Self or Other's)
(Total Area, 2024)

- Great Deal — 15.9%
- Somewhat — 13.3%
- Little — 15.4%
- Not At All — 55.4%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: ● Asked of all respondents.

However, 44.6% have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

TREND ► Marks a significant increase from the 2018 survey in both areas.

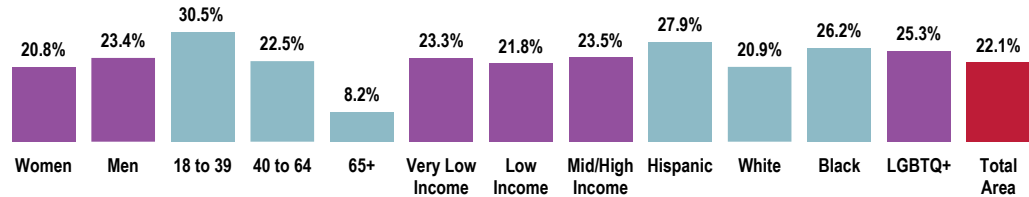DISPARITY ► More often reported among adults younger than 65 (especially those age 18 to 39), those living at or below the federal poverty level, and LGBTQ+ respondents.

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

44.1%	**41.0%**	**46.2%**	**45.1%**	**44.6%**	**45.4%**
Scott County	**Muscatine County**	**Rock Island County**	**Quad Cities Area**	**Total Area**	**US**
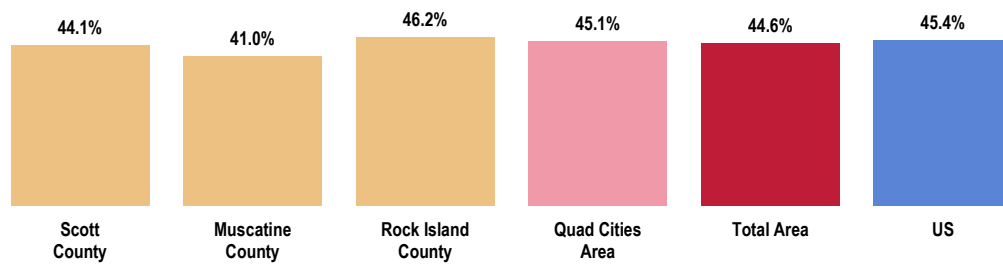
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes those responding "a great deal," "somewhat," or "a little."
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

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

Quad Cities Area

2018	2021	2024
36.1%		45.1%

Total Area

2018	2021	2024
37.2%		44.6%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: ● Asked of all respondents.
● Includes those responding "a great deal," "somewhat," or "a little."
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Life Has Been Negatively Affected
by Substance Use (by Self or Someone Else)
(Total Area, 2024)

Category	Value
Women	46.5%
Men	42.5%
18 to 39	55.9%
40 to 64	44.1%
65+	28.6%
Very Low Income	57.7%
Low Income	46.2%
Mid/High Income	44.5%
Hispanic	41.1%
White	45.6%
Black	41.2%
LGBTQ+	53.5%
Total Area	44.6%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: ● Asked of all respondents.
● Includes those responding "a great deal," "somewhat," or "a little."

Ease of Obtaining Substance Use Services

Among area adults who have needed services for substance use issues, most gave positive ratings of the ease with which they can obtain those services locally.

Rating of the Ease of Obtaining Substance Use Services
(Total Area, 2024)
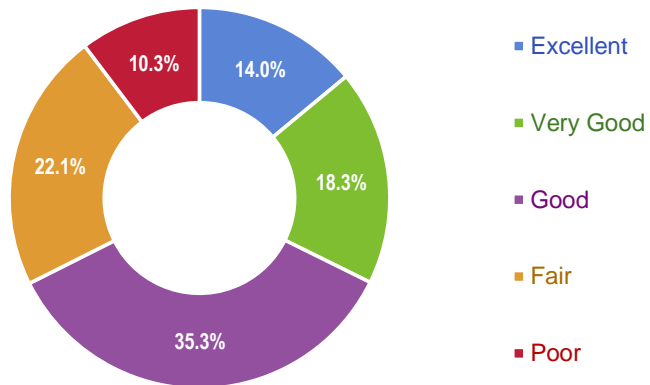
Rating	Value
Excellent	14.0%
Very Good	18.3%
Good	35.3%
Fair	22.1%
Poor	10.3%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 312]
Notes: ● Asked of all respondents; excludes those who have not needed such services.

In contrast, 32.4% of the respondents gave "fair" or "poor" ratings of the ease of obtaining local services for substance use issues.

TREND ► Denotes a significant increase over time in both areas.

DISPARITY ► Lower ratings are higher in Rock Island County. Women, adults younger than 65, White residents, Black residents, and LGBTQ+ respondents are more likely to give low ratings.

Ease of Obtaining Substance Use Services is "Fair/Poor"

31.6%	23.8%	35.6%	33.6%	32.4%
Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 312]
Notes: ● Asked of all respondents; excludes those who have not needed such services.
 ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Ease of Obtaining Substance Use Services is "Fair/Poor"

Quad Cities Area

2002	2007	2012	2015	2018	2021	2024
13.7%	13.7%	11.6%	15.1%	27.3%	20.8%	33.6%

Total Area

2018	2021	2024
26.1%	21.0%	32.4%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 312]
Notes: ● Asked of all respondents; excludes those who have not needed such services.
 ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
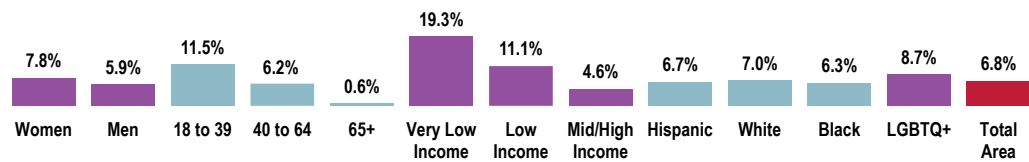
Ease of Obtaining Substance Use Services is "Fair/Poor"
(Total Area, 2024)

Category	Percentage
Women	37.1%
Men	27.9%
18 to 39	29.8%
40 to 64	29.3%
65+	20.0%
Very Low Income	36.8%
Low Income	35.9%
Mid/High Income	31.8%
Hispanic	18.7%
White	35.7%
Black	23.3%
LGBTQ+	43.8%
Total Area	32.4%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 312]
Notes: ● Asked of all respondents; excludes those who have not needed such services.

TOBACCO USE

ABOUT TOBACCO USE

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

Prevalence of Cigarette Smoking

A total of 19.5% of Total Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Prevalence of Cigarette Smoking
(Total Area, 2024)

- 14.6% Every Day
- 4.9% Some Days
- 80.5% Not At All
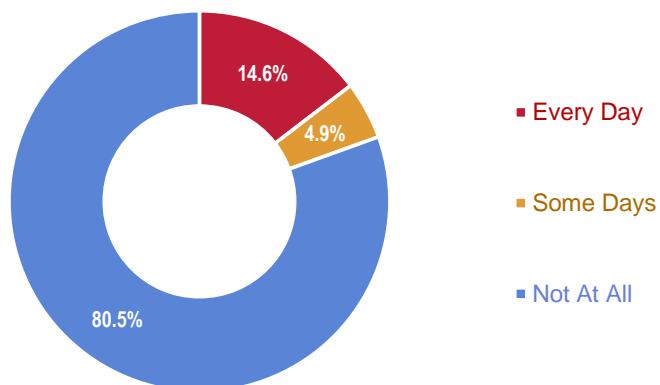
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: ● Asked of all respondents.

Note the following findings related to cigarette smoking prevalence in the Total Area.

BENCHMARK ► Higher than found across Iowa and Illinois but lower than found across the US. Far from satisfying the Healthy People 2030 objective.

TREND ► Marks a significant decline over time in the Quad Cities Area.

DISPARITY ► Adults younger than 65, those with lower incomes, and Black residents are more likely to report that they smoke cigarettes.

Currently Smoke Cigarettes
Healthy People 2030 = 6.1% or Lower

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
18.3%	22.3%	20.2%	19.1%	19.5%	14.7%	12.4%	23.9%
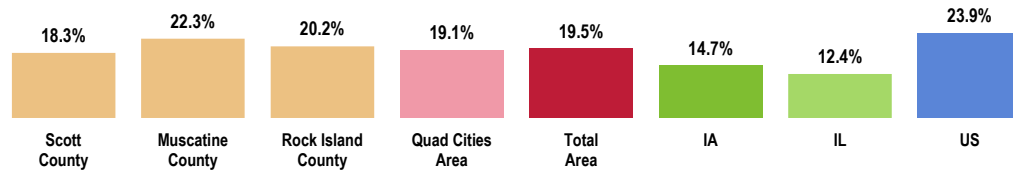
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa and Illinois data.
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents.
● Includes those who smoke cigarettes every day or on some days.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Currently Smoke Cigarettes
Healthy People 2030 = 6.1% or Lower

Quad Cities Area

2002	2007	2012	2015	2018	2021	2024
25.9%	21.4%	19.4%	18.0%	19.2%	20.5%	19.1%

Total Area

2018	2021	2024
19.8%	20.5%	19.5%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents.
● Includes those who smoke cigarettes every day or on some days.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
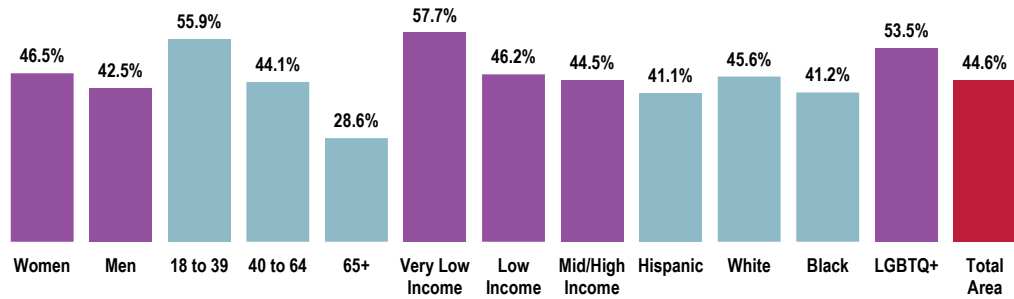
Currently Smoke Cigarettes
(Total Area, 2024)
Healthy People 2030 = 6.1% or Lower

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
20.4%	18.7%	19.8%	24.8%	9.7%	33.3%	25.8%	16.9%	16.7%	18.6%	26.9%	19.0%	19.5%

Environmental Tobacco Smoke

Among all surveyed households in the Total Area, 19.6% report that someone has smoked cigarettes, cigars, or pipes anywhere in their home an average of four or more times per week over the past month.

TREND ► Represents a significant decrease from the 2002 baseline in the Quad Cities Area.

DISPARITY ► Higher in Rock Island County.

Member of Household Smokes at Home
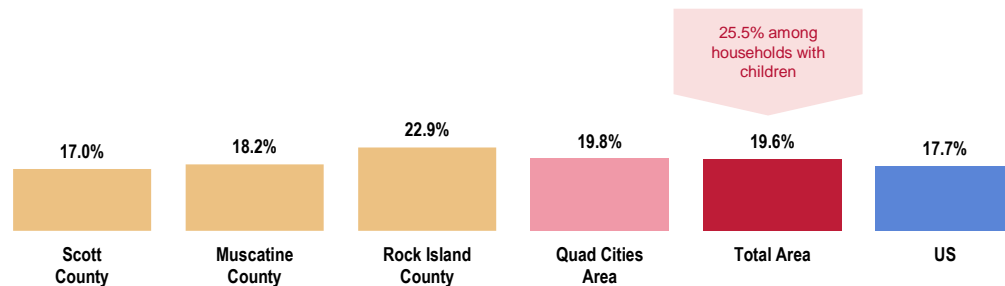
25.5% among households with children

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
17.0%	18.2%	22.9%	19.8%	19.6%	17.7%

Member of Household Smokes at Home

Quad Cities Area

26.7% (2002)
17.3% (2007)
16.6% (2012)
15.5% (2015)
15.8% (2018)
13.8% (2021)
19.8% (2024)

2002 2007 2012 2015 2018 2021 2024

Total Area

16.4% (2018)
14.0% (2021)
19.6% (2024)

2018 2021 2024

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 35]
Notes: ● Asked of all respondents.
     ● "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.
     ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Use of Vaping Products

Most Total Area adults do not use electronic vaping products.

Use of Vaping Products
(Total Area, 2024)
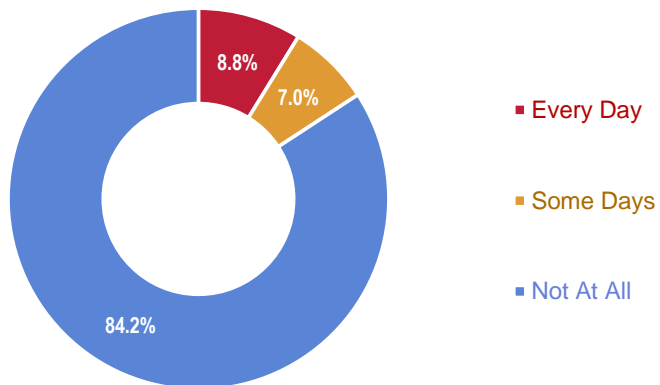
- Every Day: 8.8%
- Some Days: 7.0%
- Not At All: 84.2%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 36]
Notes: ● Asked of all respondents.

However, 15.8% currently use electronic vaping products either regularly (every day) or occasionally (on some days).

BENCHMARK ► Considerably higher than the Iowa and Illinois percentages.

TREND ► Denotes a significant increase from previous surveys in both areas.

DISPARITY ► More often reported among adults younger than 65 (especially those age 18 to 39), those living at or below the federal poverty level, and LGBTQ+ respondents.

Currently Use Vaping Products
(Every Day or on Some Days)

14.8%	13.8%	17.3%	16.0%	15.8%	6.7%	5.2%	18.5%
Scott County	Montgomery County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
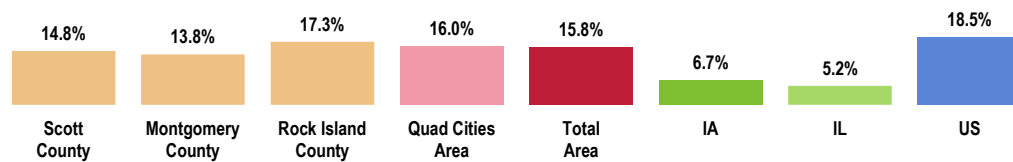
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 36]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa and Illinois data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes those who use vaping products every day or on some days.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
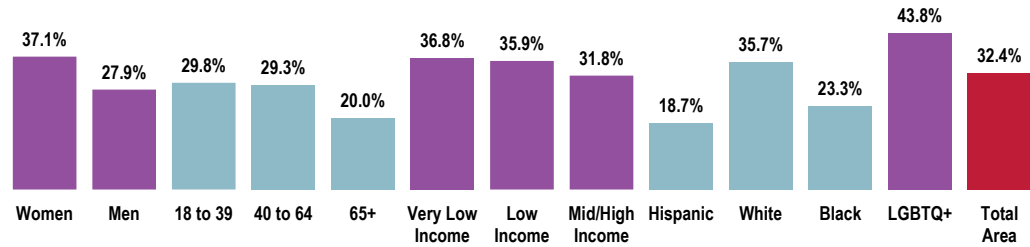
Currently Use Vaping Products
(Every Day or on Some Days)

Quad Cities Area

6.8%	7.2%	8.7%	16.0%
2015	2018	2021	2024

Total Area

7.0%	8.3%	15.8%
2018	2021	2024

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 36]
Notes: ● Asked of all respondents.
● Includes those who use vaping products every day or on some days.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Currently Use Vaping Products
(Total Area, 2024)

Category	Percentage
Women	15.8%
Men	15.9%
18 to 39	31.9%
40 to 64	9.7%
65+	1.3%
Very Low Income	27.4%
Low Income	18.7%
Mid/High Income	14.0%
Hispanic	18.6%
White	15.5%
Black	16.3%
LGBTQ+	26.3%
Total Area	15.8%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 36]
Notes: ● Asked of all respondents.
● Includes those who use vaping products every day or on some days.

SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

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

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

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

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

HIV

In 2022, there was a prevalence of 164.9 HIV cases per 100,000 population in the Total Area.

BENCHMARK ► Higher than the Iowa rate but considerably lower than the Illinois and US rates.

DISPARITY ► Lower in Muscatine County.

HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2022)
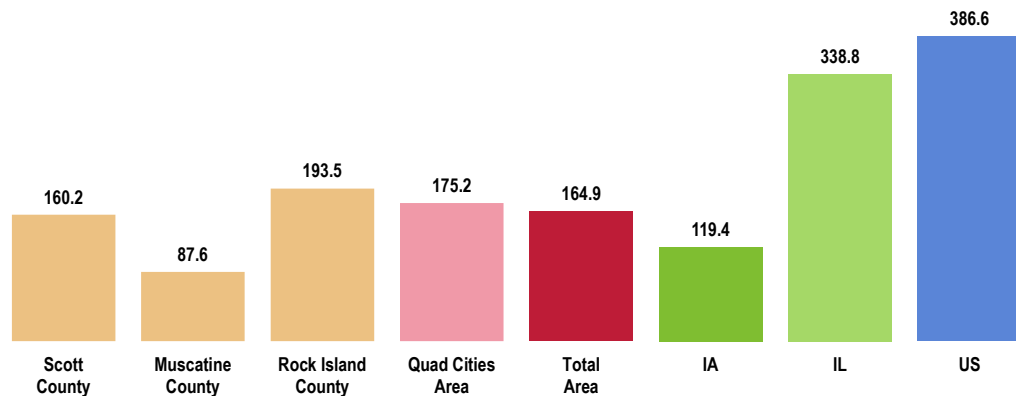
Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
160.2	87.6	193.5	175.2	164.9	119.4	338.8	386.6

Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).
Notes: ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

In 2022, the chlamydia incidence rate in the Total Area was 554.7 cases per 100,000 population.

BENCHMARK ► Higher than the Iowa rate.

DISPARITY ► Lower in Muscatine County.

The Total Area gonorrhea incidence rate in 2022 was 233.1 cases per 100,000 population.

BENCHMARK ► Higher than the Iowa and US rates.

DISPARITY ► Higher in Scott County.
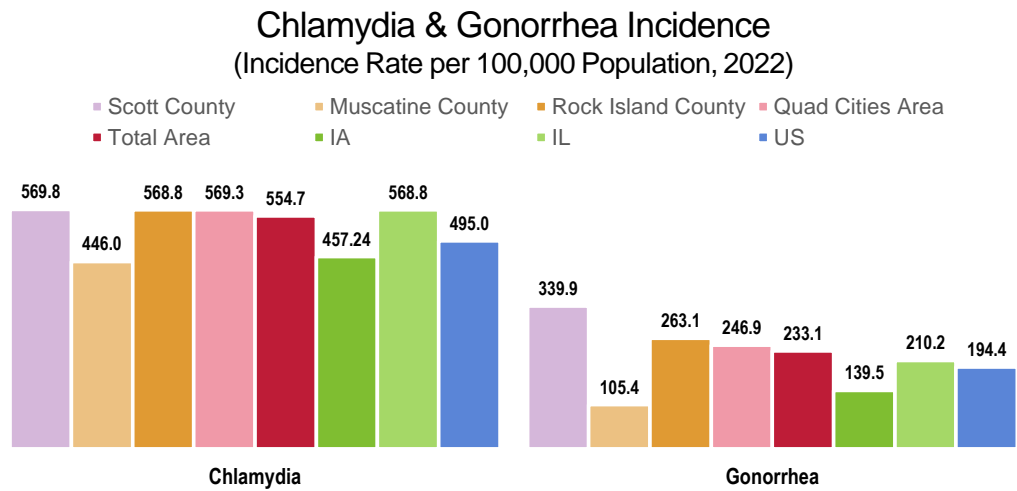
Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2022)

Legend:
- Scott County
- Muscatine County
- Rock Island County
- Quad Cities Area
- Total Area
- IA
- IL
- US

Chlamydia
- Scott County: 569.8
- Muscatine County: 446.0
- Rock Island County: 568.8
- Quad Cities Area: 569.3
- Total Area: 554.7
- IA: 457.24
- IL: 568.8
- US: 495.0

Gonorrhea
- Scott County: 339.9
- Muscatine County: 105.4
- Rock Island County: 263.1
- Quad Cities Area: 246.9
- Total Area: 233.1
- IA: 139.5
- IL: 210.2
- US: 194.4

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

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

ACCESS TO
HEALTH CARE

HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

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

A total of 54.1% of Total Area adults age 18 to 64 report having health care coverage through private insurance. Another 37.8% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage
(Adults 18-64; Total Area, 2024)

- Private Insurance: 54.1%
- VA/Military: 6.2%
- Medicaid/Medicare/Other Gov't: 31.6%
- No Insurance/Self-Pay: 8.1%
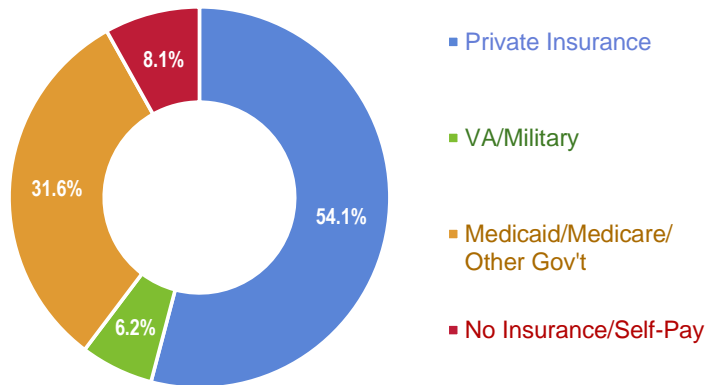
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
Notes: • Reflects respondents age 18 to 64.

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, 8.1% report having no insurance coverage for health care expenses.

BENCHMARK ► Lower than the Illinois finding.

DISPARITY ► Lower-income households and Hispanic residents are more likely to report being without health insurance.

Lack of Health Care Insurance Coverage
(Adults 18-64)
Healthy People 2030 = 7.6% or Lower

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
8.0%	8.3%	8.2%	8.1%	8.1%	6.7%	12.3%	8.1%
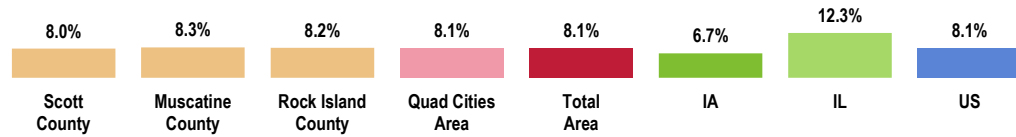
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa and Illinois data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
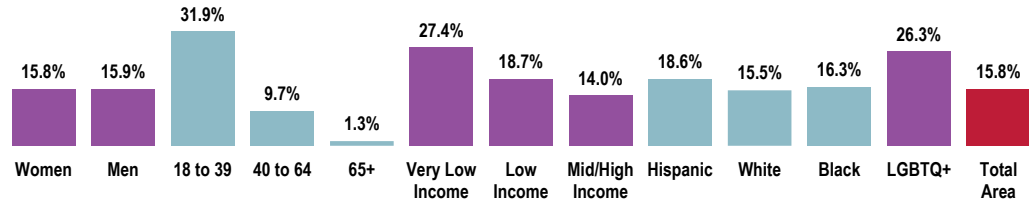
Lack of Health Care Insurance Coverage
(Adults 18-64)
Healthy People 2030 = 7.6% or Lower

Quad Cities Area

2002	2007	2012	2015	2018	2021	2024
10.6%	12.9%	10.4%	6.8%	7.0%	7.1%	8.1%

Total Area

2018	2021	2024
6.5%	7.1%	8.1%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Lack of Health Care Insurance Coverage
(Adults 18-64; Total Area, 2024)
Healthy People 2030 = 7.6% or Lower

Women	Men	18 to 39	40 to 64	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
7.6%	8.4%	8.5%	7.8%	12.2%	13.8%	5.3%	13.4%	7.2%	8.5%	9.5%	8.1%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …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 52.9% of Total Area adults report some type of difficulty or delay in obtaining health care services in the past year.

TREND ► Marks a significant increase from previous surveys in both areas.

DISPARITY ► More often reported among women, adults younger than 65 (especially those age 18 to 39), those with lower incomes, and LGBTQ+ respondents.

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

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
52.5%	49.0%	54.4%	53.4%	52.9%	52.5%
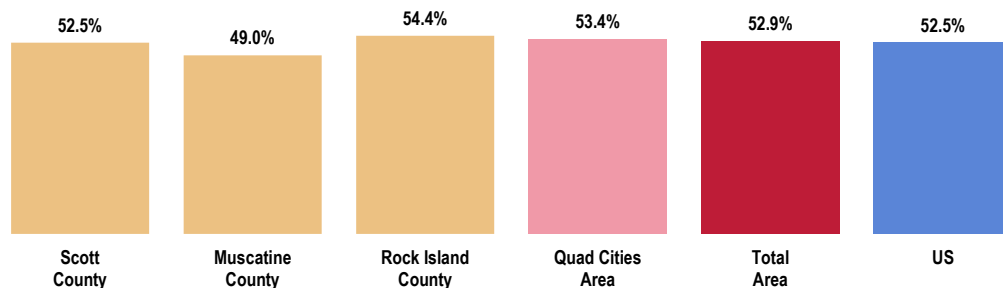
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 119]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

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

Quad Cities Area

33.3% 38.7% 43.8% 42.0% 53.4%

2012 2015 2018 2021 2024

Total Area

43.6% 42.8% 52.9%

2018 2021 2024

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 119]
Notes: ● Asked of all respondents.
● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Experienced Difficulties or Delays of Some Kind
in Receiving Needed Health Care in the Past Year
(Total Area, 2024)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
56.9%	48.1%	68.9%	49.7%	33.1%	63.8%	60.2%	49.7%	48.9%	53.4%	47.5%	66.6%	52.9%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 119]
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

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.

Of the tested barriers, appointment availability impacted the greatest share of Total Area adults.

BENCHMARK ► The **cost of prescriptions** affects Total Area adults significantly more than it does adults across the US.

TREND ► Within the Total Area and the Quad Cities Area, difficulty with six barriers has increased significantly over time: **appointment availability**, **cost of prescriptions**, **inconvenient office hours**, **finding a physician**, **cost of a physician visit**, and lack of **transportation**.

DISPARITY ► Lack of **transportation** is more of a barrier in Rock Island County (not shown).

Barriers to Access Have Prevented Medical Care in the Past Year

■ Quad Cities Area   ■ Total Area   ■ US

	Quad Cities Area	Total Area	US
Getting a Dr Appointment	29.0%	29.3%	33.4%
Cost (Prescriptions)	24.2%	23.9%	20.2%
Inconvenient Office Hours	22.2%	21.5%	22.9%
Finding a Doctor	21.3%	20.9%	22.0%
Cost (Doctor Visit)	20.9%	20.1%	21.6%
Lack of Transportation	14.8%	14.2%	18.3%
Language/ Culture	2.6%	2.7%	5.0%
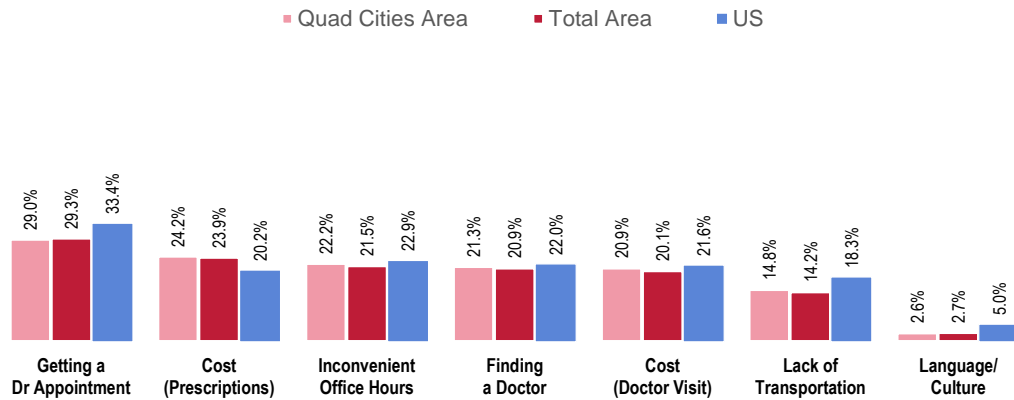
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Items 6-12]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Trend in Barriers to Access
(Quad Cities Area)
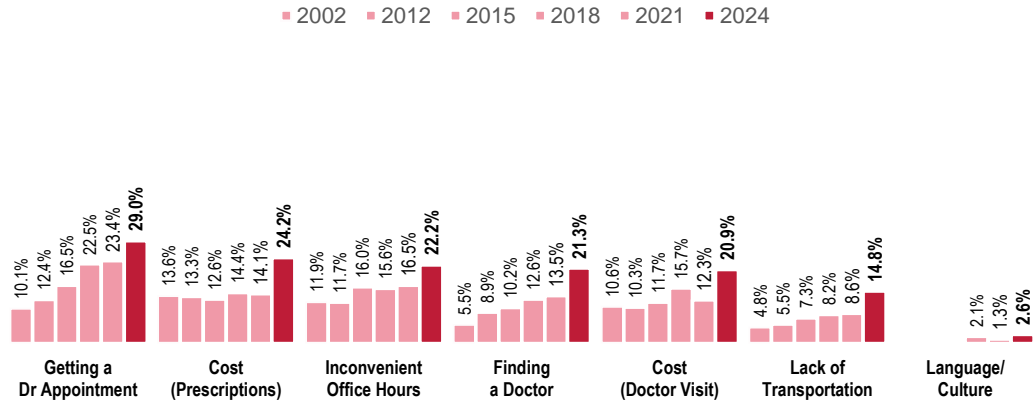
■ 2002   ■ 2012   ■ 2015   ■ 2018   ■ 2021   ■ 2024

	2002	2012	2015	2018	2021	2024
Getting a Dr Appointment	10.1%	12.4%	16.5%	22.5%	23.4%	29.0%
Cost (Prescriptions)	13.6%	13.3%	12.6%	14.4%	14.1%	24.2%
Inconvenient Office Hours	11.9%	11.7%	16.0%	15.6%	16.5%	22.2%
Finding a Doctor	5.5%	8.9%	10.2%	12.6%	13.5%	21.3%
Cost (Doctor Visit)	10.6%	10.3%	11.7%	15.7%	12.3%	20.9%
Lack of Transportation	4.8%	5.5%	7.3%	8.2%	8.6%	14.8%
Language/ Culture				2.1%	1.3%	2.6%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Items 6-12]
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties.

Trend in Barriers to Access
(Total Area)

■ 2018 ■ 2021 ■ 2024
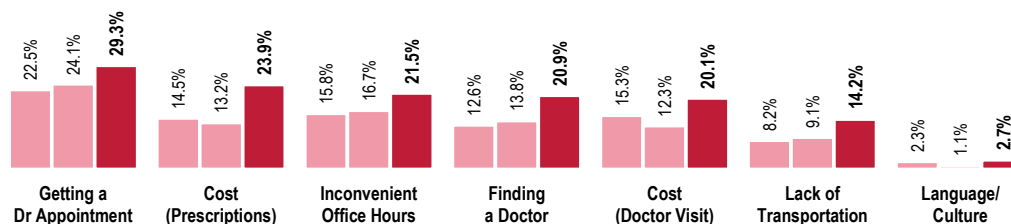
	2018	2021	2024
Getting a Dr Appointment	22.5%	24.1%	29.3%
Cost (Prescriptions)	14.5%	13.2%	23.9%
Inconvenient Office Hours	15.8%	16.7%	21.5%
Finding a Doctor	12.6%	13.8%	20.9%
Cost (Doctor Visit)	15.3%	12.3%	20.1%
Lack of Transportation	8.2%	9.1%	14.2%
Language/ Culture	2.3%	1.1%	2.7%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Items 6-12]
Notes: ● Asked of all respondents.

Prescriptions

Among all Total Area adults, 22.7% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

TREND ► Represents a significant increase from previous surveys in both areas.

DISPARITY ► More often reported among adults younger than 65, those with lower incomes, and LGBTQ+ respondents.

Skipped or Reduced Prescription Doses
in Order to Stretch Prescriptions and Save Money

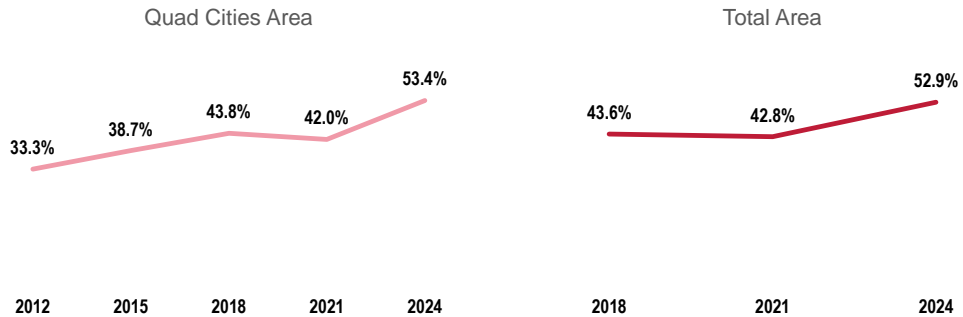| Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
21.5%	21.4%	24.4%	22.8%	22.7%	19.4%
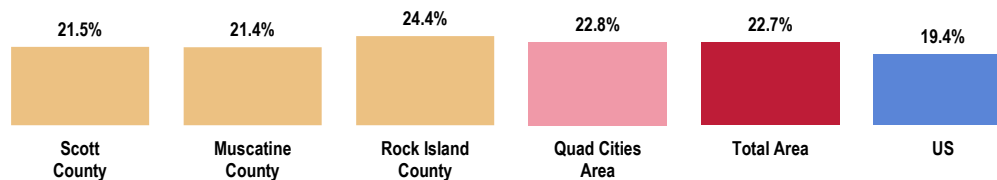
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 13]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
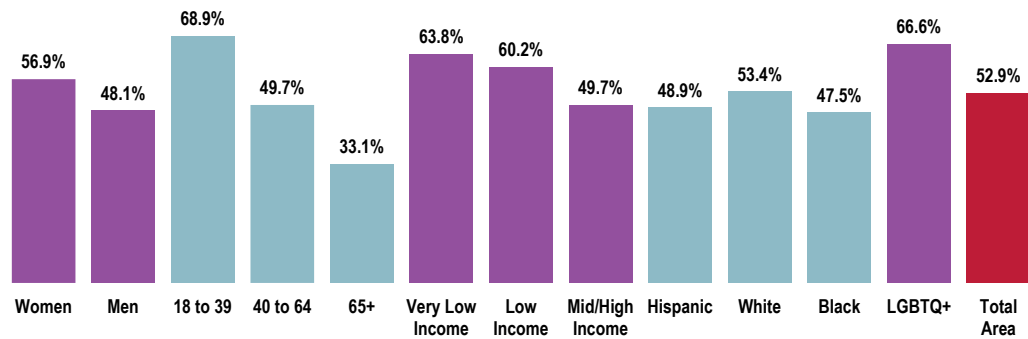
Skipped or Reduced Prescription Doses
in Order to Stretch Prescriptions and Save Money

Quad Cities Area

Total Area

14.0%   14.3%   16.1%   14.9%   22.8%

16.1%   14.1%   22.7%

2012   2015   2018   2021   2024

2018   2021   2024
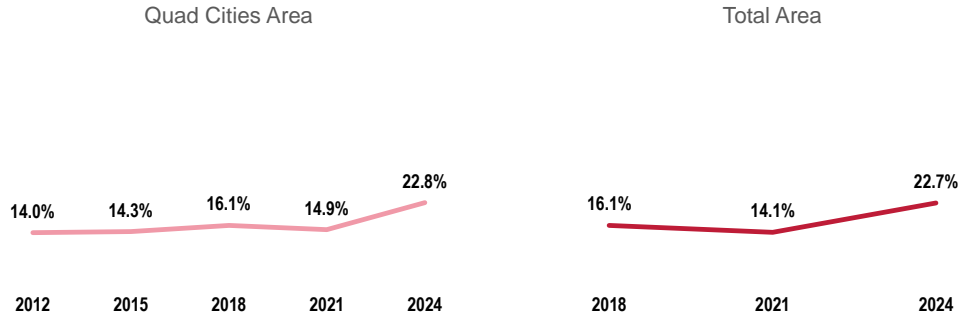
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 13]
Notes: ● Asked of all respondents.
              ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Skipped or Reduced Prescription Doses
in Order to Stretch Prescriptions and Save Money
(Total Area, 2024)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
22.5%	22.6%	30.8%	21.8%	11.4%	30.3%	34.8%	18.6%	24.7%	22.8%	20.2%	30.2%	22.7%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 13]
Notes: ● Asked of all respondents.

Ease of Accessing Local Health Care Services

When considering the ratings given among survey respondents regarding the ease of obtaining each of four health-related services in the community, the highest percentage of "fair" or "poor" responses was for mental health services (mentioned by 38.3%).

Rating of the Ease of Obtaining Various Health Care Services
(Total Area)

■ Excellent/Very Good   ■ Good   ■ Fair/Poor

	Mental Health	Substance Use	Dental Care	General Health Care
Excellent/Very Good	30.9%	32.3%	46.5%	45.3%
Good	30.9%	35.2%	27.6%	33.3%
Fair/Poor	38.3%	32.4%	25.9%	21.4%
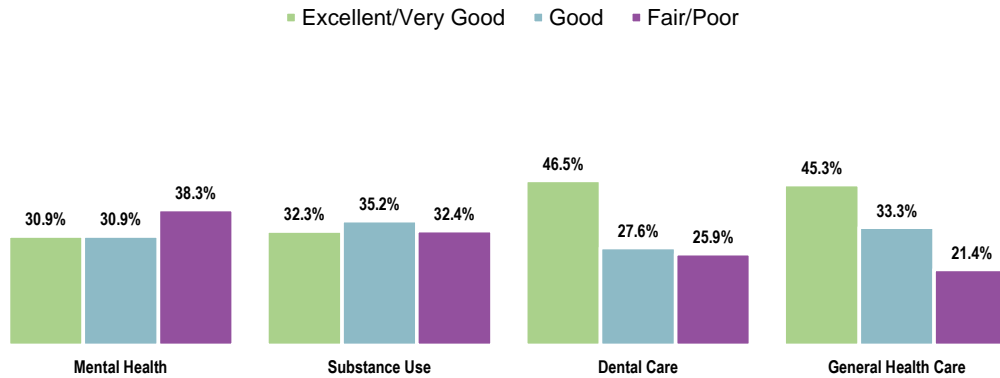
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Items 310-313]
Notes: ● Asked of all respondents; excludes those who have not needed such services.

Health Care Services for Adults

Among all Total Area adults, most gave positive ratings of the ease with which they can obtain local health care services.

Rating of the Ease of Obtaining Health Care Services
(Total Area, 2024)

- ■ Excellent — 16.9%
- ■ Very Good — 28.4%
- ■ Good — 33.3%
- ■ Fair — 15.6%
- ■ Poor — 5.8%
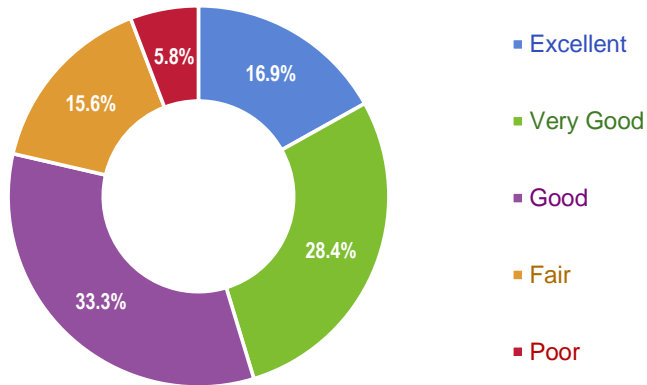
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 310]
Notes: ● Asked of all respondents.

On the other hand, 21.4% of Total Area respondents consider the ease of obtaining local health care services to be "fair" or "poor."

TREND ► Denotes a significant increase from previous surveys in both areas.

DISPARITY ► Women, adults younger than 65 (especially those age 18 to 39), those with lower incomes, and LGBTQ+ respondents are more likely to give low ratings.

Ease of Obtaining Health Care Services is "Fair/Poor"

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area
21.4%	24.4%	20.6%	21.0%	21.4%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 310]
Notes: ● Asked of all respondents; excludes those who have not needed such services.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Ease of Obtaining Health Care Services is "Fair/Poor"

Quad Cities Area

2002	2007	2012	2015	2018	2021	2024
10.6%	10.1%	9.5%	9.2%	14.6%	13.3%	21.0%

Total Area

2018	2021	2024
14.1%	13.2%	21.4%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 310]
Notes: ● Asked of all respondents; excludes those who have not needed such services.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
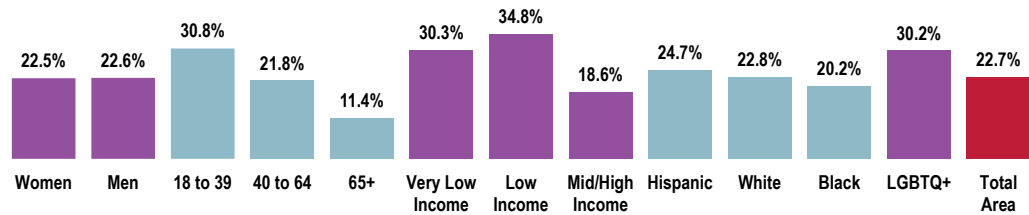
Ease of Obtaining Health Care Services is "Fair/Poor"
(Total Area, 2024)

| Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
25.5%	17.1%	30.1%	19.0%	10.7%	33.3%	27.7%	17.1%	23.1%	20.2%	25.7%	28.7%	21.4%

Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 310]
Notes: • Asked of all respondents; excludes those who have not needed such services.

Accessing Health Care for Children

A total of 9.7% of Total Area parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

TREND ► Marks a significant increase over time in both areas.

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.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Children 0-17)

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
7.1%	7.0%	13.1%	10.0%	9.7%	11.1%
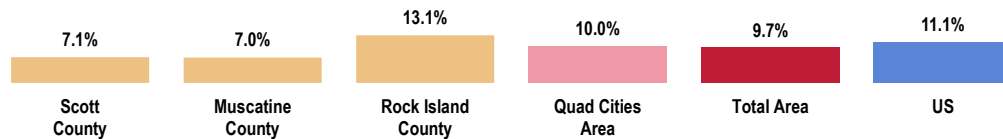
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 90]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.
• Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Children 0-17)

Quad Cities Area

2018	2021	2024
5.5%	7.0%	10.0%

Total Area

2018	2021	2024
5.1%	6.2%	9.7%
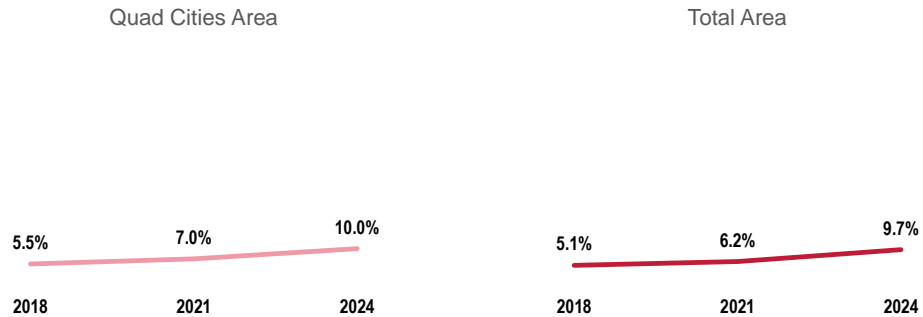
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 90]
Notes: ● Asked of all respondents with children 0 to 17 in the household.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Outmigration for Care

Among survey respondents, 32.9% report that they leave the area for at least some of their health care needs.

TREND ► Marks a significant increase over time in both areas.

DISPARITY ► Higher in Muscatine County.

Outmigration for Health Services
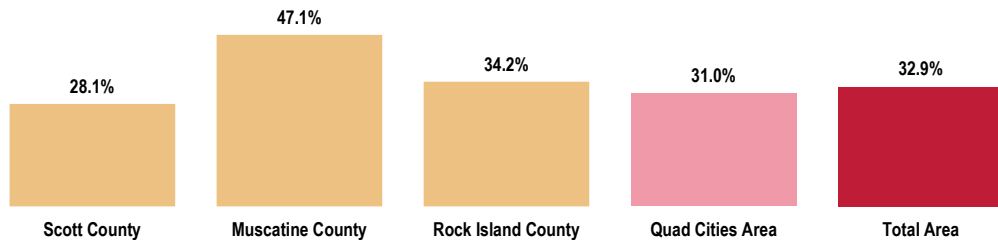
Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area
28.1%	47.1%	34.2%	31.0%	32.9%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 314]
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Outmigration for Health Services

Quad Cities Area

25.1% (2015)   25.8% (2018)   26.7% (2021)   31.0% (2024)

Total Area

28.1% (2018)   29.1% (2021)   32.9% (2024)
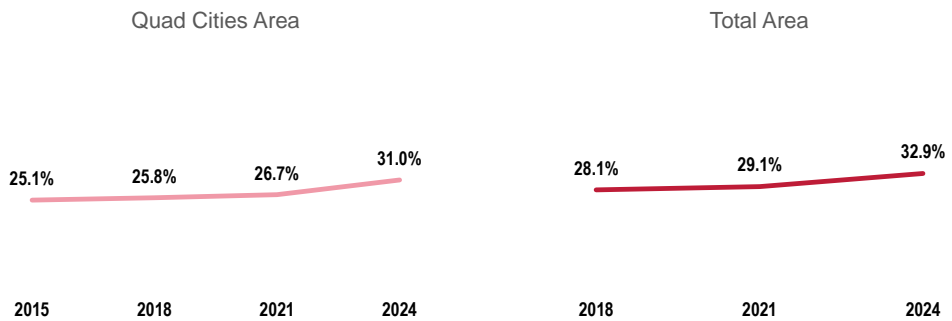
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 314]
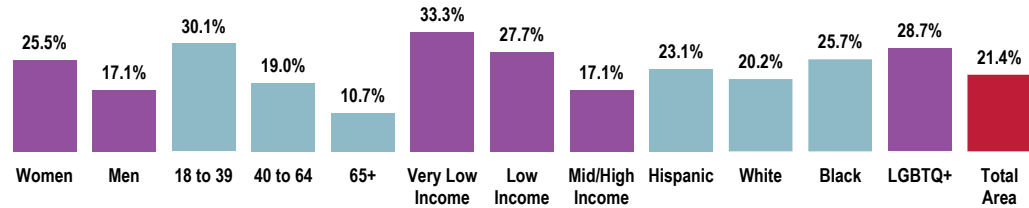Notes: ● Asked of all respondents.
      ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Reasons for leaving the area for care primarily included the perception of services being <u>unavailable locally</u> (mentioned by 41.5%) and the perception of <u>better care</u> elsewhere (36.5%).

Main Reason Respondent Leaves the Area for Health Services
(Among Total Area Respondents Who Leave for Care, 2024)

- ■ Services Unavailable Locally — 41.5%
- ■ Better Care Elsewhere — 36.5%
- ■ Dr's Recommendation — 8.2%
- ■ Long Waits for Appts — 4.4%
- ■ Convenience — 2.6%
- ■ Insurance Issues — 2.1%
- ■ Other (Each <2%) — 4.7%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 315]
Notes: ● Asked of all respondents who leave the area for health care services.

PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

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

Access to Primary Care

In 2021, there were 255 primary care physicians in the Total Area, translating to a rate of 71.5 primary care physicians per 100,000 population.

DISPARITY ► Considerably lower in Muscatine and Rock Island counties.

Note that this indicator takes into account *only* primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

Number of Primary Care Physicians per 100,000 Population
(2021)
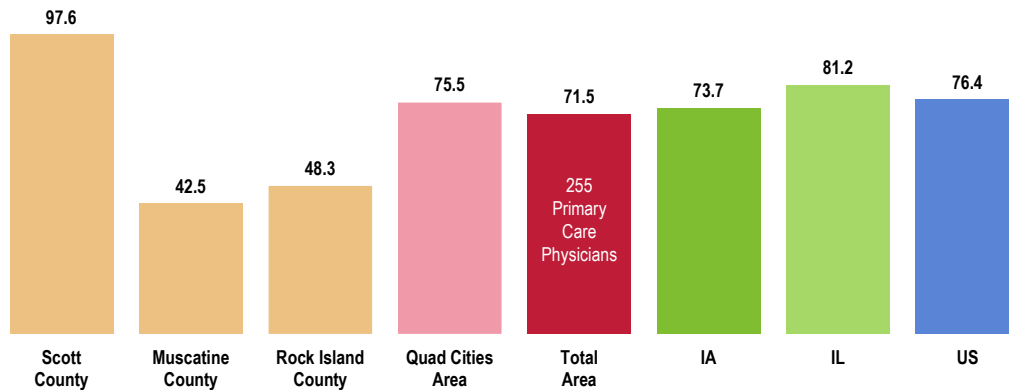
Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
97.6	42.5	48.3	75.5	71.5 (255 Primary Care Physicians)	73.7	81.2	76.4

Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
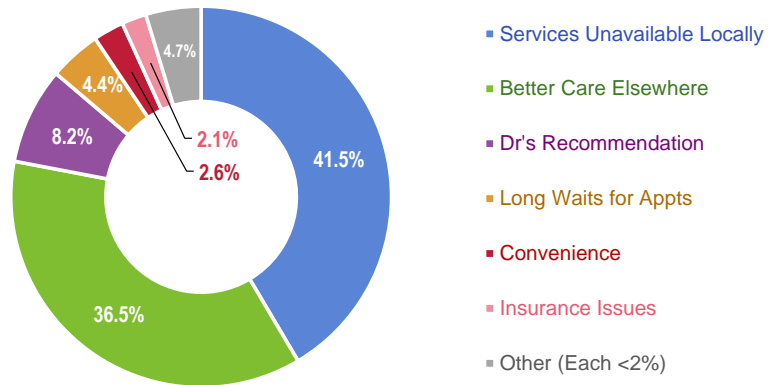
Specific Source of Ongoing Care

Adults

A total of 72.1% of Total Area adults were determined to have a specific source of ongoing medical care.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► Represents a significant decrease over time in both areas.

Having a specific source of ongoing care includes having a doctor's office, public health clinic, community health center, urgent care or walk-in clinic, military/VA facility, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

Have a Specific Source of Ongoing Medical Care
Healthy People 2030 = 84.0% or Higher

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
72.0%	69.0%	73.1%	72.6%	72.1%	69.9%
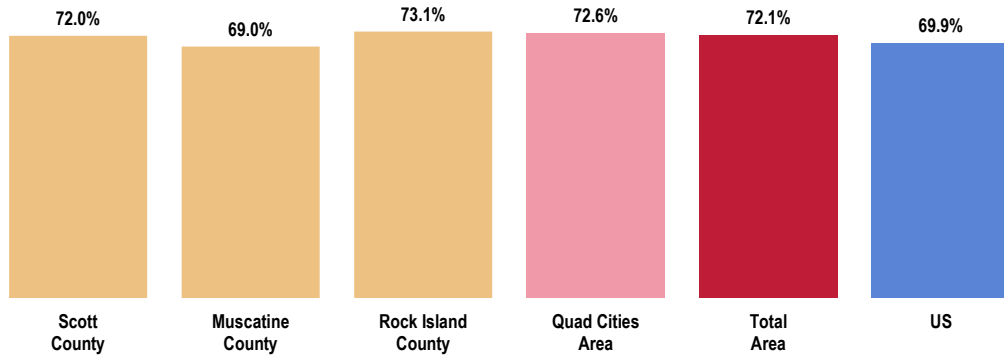
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 118]
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Have a Specific Source of Ongoing Medical Care
Healthy People 2030 = 84.0% or Higher

Quad Cities Area

2012	2015	2018	2021	2024
81.5%	77.3%	75.2%	81.2%	72.6%

Total Area

2018	2021	2024
75.8%	81.6%	72.1%
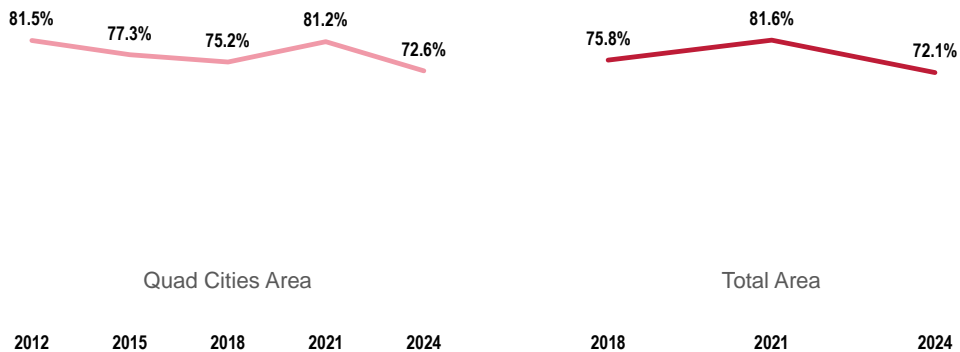
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 118]
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Children

Most parents in the Total Area (83.3%) report having a particular place for their child's medical care.

TREND ► Represents a significant decrease over time in the Quad Cities Area.

DISPARITY ► Higher in Muscatine County.

Have a Particular Place for Child's Medical Care
(Children 0-17)
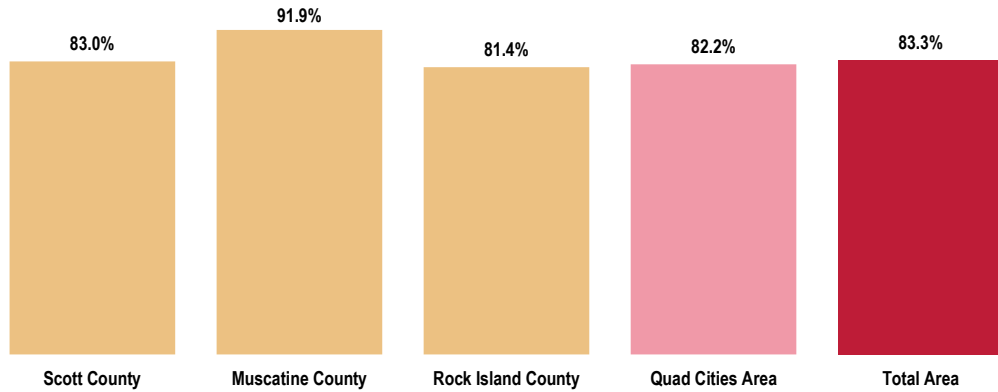
Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area
83.0%	91.9%	81.4%	82.2%	83.3%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 321]
Notes: ● Asked of all respondents with children age 0 to 17 in the household.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Have a Particular Place for Child's Medical Care
(Children 0-17)
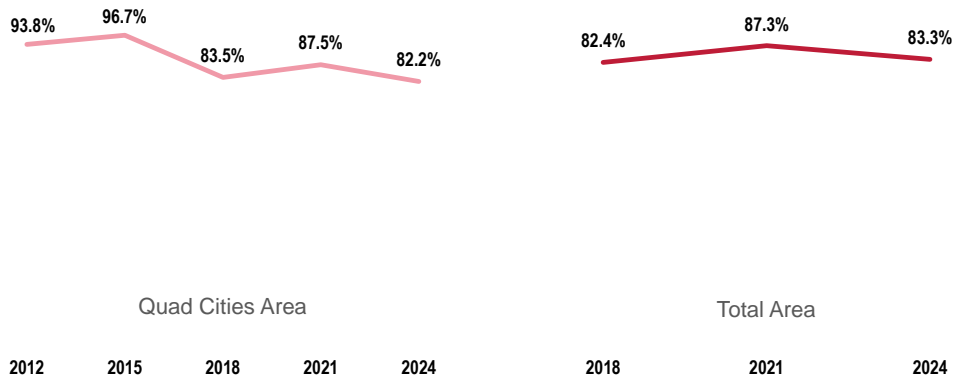
Quad Cities Area

2012	2015	2018	2021	2024
93.8%	96.7%	83.5%	87.5%	82.2%

Total Area

2018	2021	2024
82.4%	87.3%	83.3%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 321]
Notes: ● Asked of all respondents with children age 0 to 17 in the household.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Utilization of Primary Care Services

Adults

Nearly three-fourths of Total Area adults (73.7%) visited a physician for a routine checkup in the past year.

BENCHMARK ► Less favorable than the statewide percentages but more favorable than the US percentage.

TREND ► Marks a significant increase from the 2002 baseline in the Quad Cities Area.

DISPARITY ► Less often reported among adults younger than 65 (especially those age 18 to 39), those living at or below the federal poverty level, and Hispanic residents.

Have Visited a Physician for a Checkup in the Past Year

74.2%	73.8%	73.0%	73.6%	73.7%	78.3%	76.7%	65.3%
Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 16]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa and Illinois data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
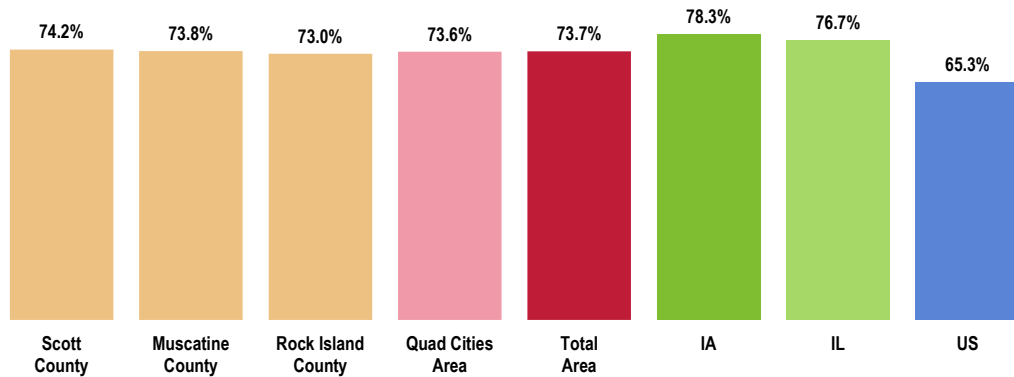
Have Visited a Physician for a Checkup in the Past Year

66.7%	71.8%	68.6%	69.1%	71.9%	75.2%	73.6%

Quad Cities Area

2002	2007	2012	2015	2018	2021	2024

71.5%	74.1%	73.7%

Total Area

2018	2021	2024

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 16]
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Have Visited a Physician for a Checkup in the Past Year
(Total Area, 2024)

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
73.7%	73.6%	58.7%	75.0%	95.2%	57.8%	70.6%	75.4%	63.0%	74.7%	74.9%	68.6%	73.7%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 16]
Notes: ● Asked of all respondents.

Children

Among surveyed parents in the Total Area, 86.3% report that their child has had a routine checkup in the past year.

BENCHMARK ► More favorable than found nationally.

DISPARITY ► Lower in Rock Island County.

Child Has Visited a Physician
for a Routine Checkup in the Past Year
(Children 0-17)

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
90.4%	88.0%	81.6%	86.1%	86.3%	77.5%

Total Area:
Age 0-4　86.8%
Age 5-12　87.0%
Age 13-17　84.9%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 91]
　　　　　 ● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.
　　　　 ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
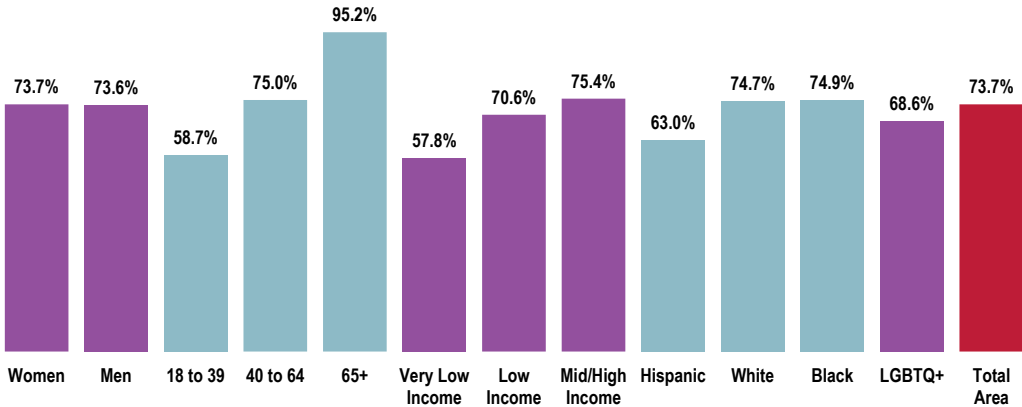
Child Has Visited a Physician
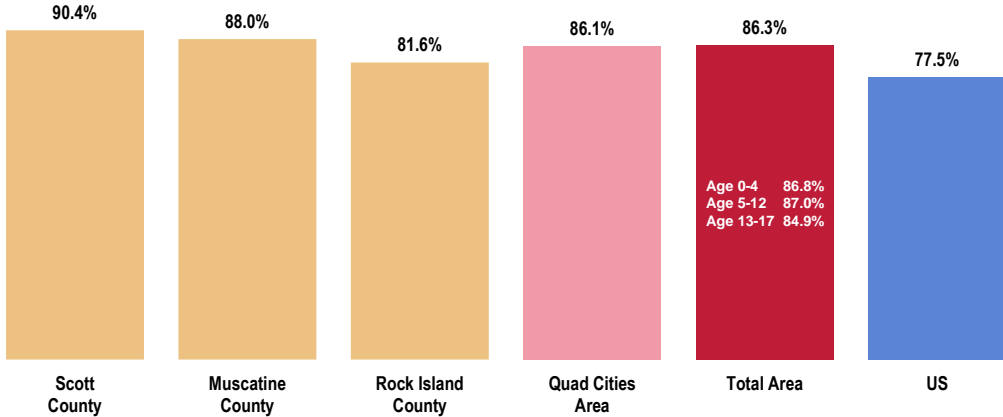## for a Routine Checkup in the Past Year
(Children 0-17)

81.3%	86.6%	91.4%	89.7%	81.9%	83.9%	86.1%		80.9%	84.0%	86.3%

Quad Cities Area   Total Area

2002	2007	2012	2015	2018	2021	2024		2018	2021	2024
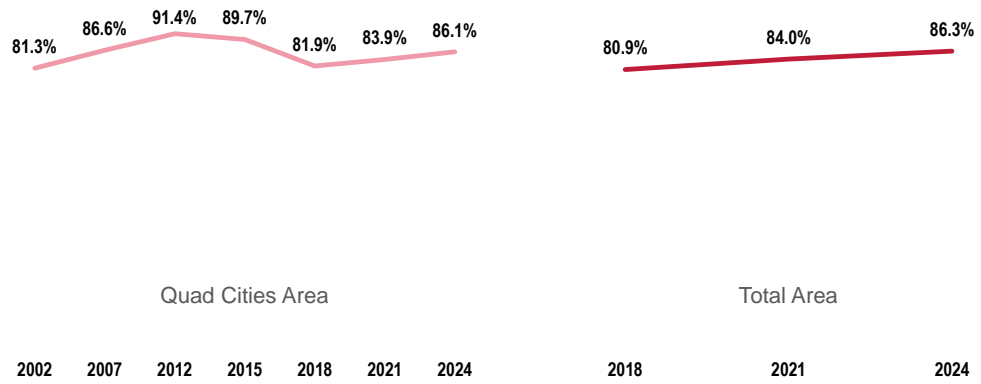
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 91]
Notes: ● Asked of all respondents with children age 0 to 17 in the household.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

EMERGENCY ROOM UTILIZATION

A total of 17.1% of Total Area adults have gone to a hospital emergency room more than once in the past year about their own health.

TREND ► Marks a significant increase over time in both areas.

DISPARITY ► Lower in Muscatine County. More often reported among adults age 18 to 39, those with lower incomes, and Black residents.

Have Used a Hospital
Emergency Room More Than Once in the Past Year

Used the ER because:
- Emergency Situation   54.6%
- Weekend/After Hours   27.3%
- Access Problems   10.3%

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
17.2%	10.9%	18.8%	18.0%	17.1%	15.6%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Items 19, 316]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
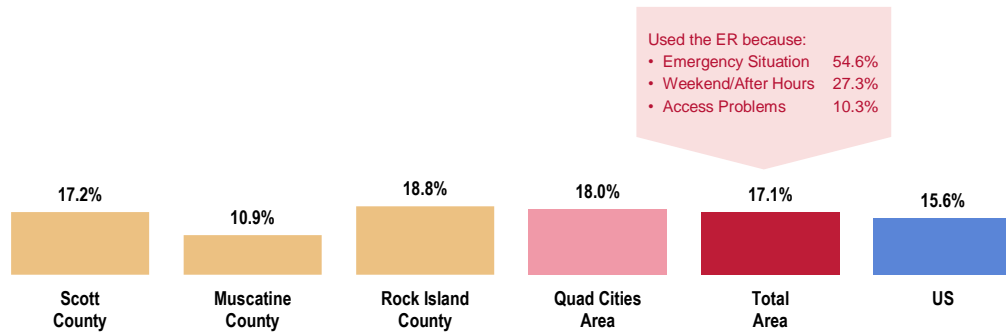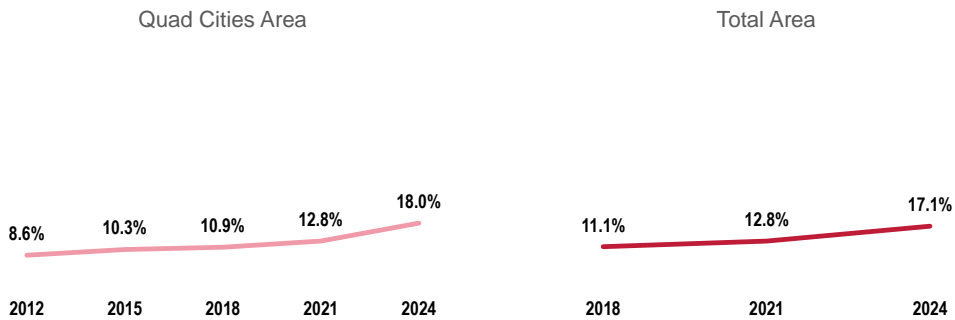
Have Used a Hospital
Emergency Room More Than Once in the Past Year

Quad Cities Area

2012	2015	2018	2021	2024
8.6%	10.3%	10.9%	12.8%	18.0%

Total Area

2018	2021	2024
11.1%	12.8%	17.1%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 19]
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
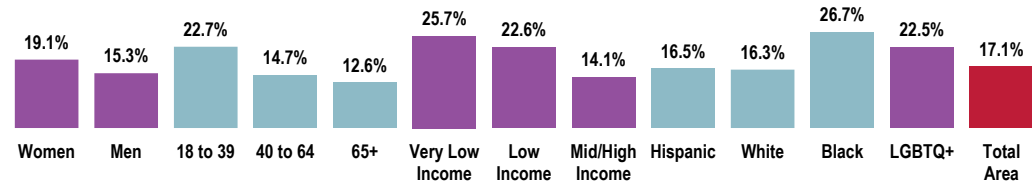
Have Used a Hospital
Emergency Room More Than Once in the Past Year
(Total Area, 2024)

19.1%	15.3%	22.7%	14.7%	12.6%	25.7%	22.6%	14.1%	16.5%	16.3%	26.7%	22.5%	17.1%
Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area

Sources: ●   2024 PRC Community Health Survey, PRC, Inc. [Item 19]
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.

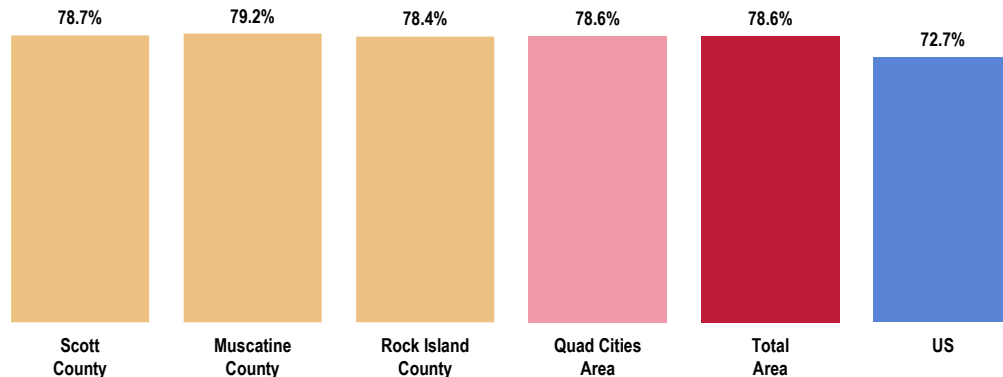– Healthy People 2030 (https://health.gov/healthypeople)

Dental Insurance

Over three-fourths (78.6%) of Total Area adults have dental insurance that covers all or part of their dental care costs.

BENCHMARK ► Higher than the national finding. Satisfies the Healthy People 2030 objective.

TREND ► Represents a significant increase over time in both areas.

Have Insurance Coverage
That Pays All or Part of Dental Care Costs
Healthy People 2030 = 75.0% or Higher

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
78.7%	79.2%	78.4%	78.6%	78.6%	72.7%

Sources:
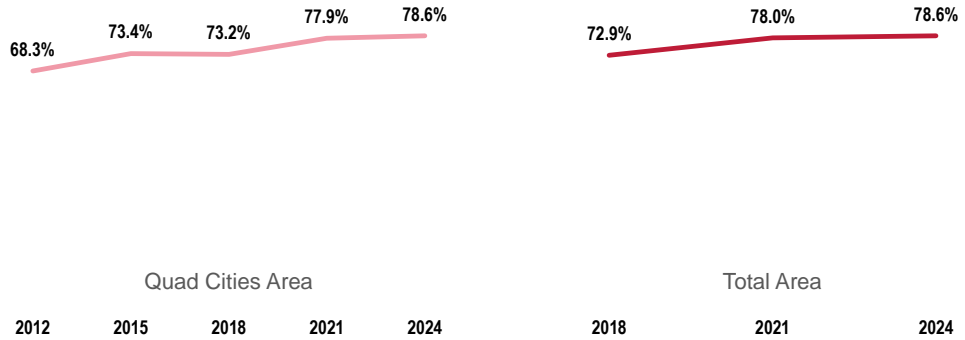● 2024 PRC Community Health Survey, PRC, Inc. [Item 18]
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Have Insurance Coverage
That Pays All or Part of Dental Care Costs
Healthy People 2030 = 75.0% or Higher

68.3%   73.4%   73.2%   77.9%   78.6%   72.9%   78.0%   78.6%

Quad Cities Area   Total Area

2012   2015   2018   2021   2024   2018   2021   2024

Dental Care

Adults

A total of 59.9% of Total Area adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ► Lower than found across Iowa and Illinois but satisfies the Healthy People 2030 objective.

TREND ► Denotes a significant decrease over time in both areas.

DISPARITY ► Less often reported among adults younger than 65 (especially those age 18 to 39), those with lower incomes, LGBTQ+ respondents, and those without dental insurance.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	IA	IL	US
62.2%	62.0%	56.7%	59.6%	59.9%	68.3%	65.9%	56.5%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
- 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 and Illinois data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
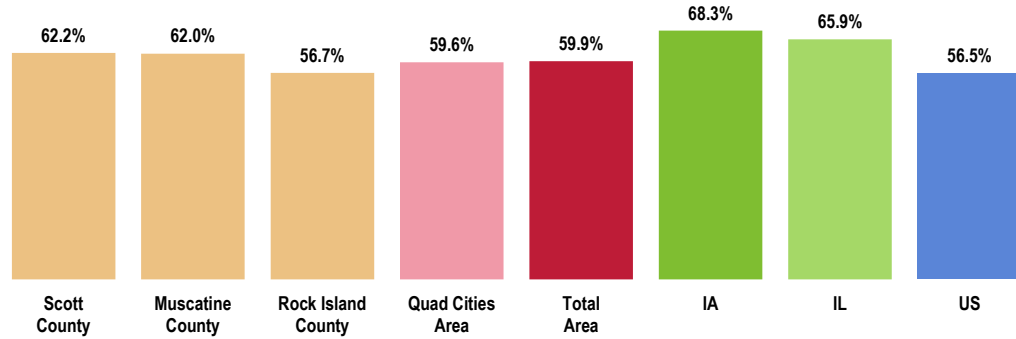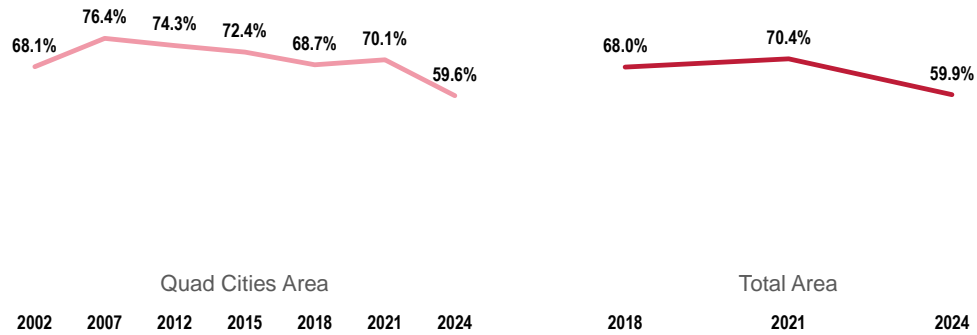
Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher

Quad Cities Area

2002	2007	2012	2015	2018	2021	2024
68.1%	76.4%	74.3%	72.4%	68.7%	70.1%	59.6%

Total Area

2018	2021	2024
68.0%	70.4%	59.9%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Have Visited a Dentist or Dental Clinic Within the Past Year
(Total Area, 2024)
Healthy People 2030 = 45.0% or Higher

| With Dental Insurance | 66.4% |
| No Dental Insurance | 37.3% |

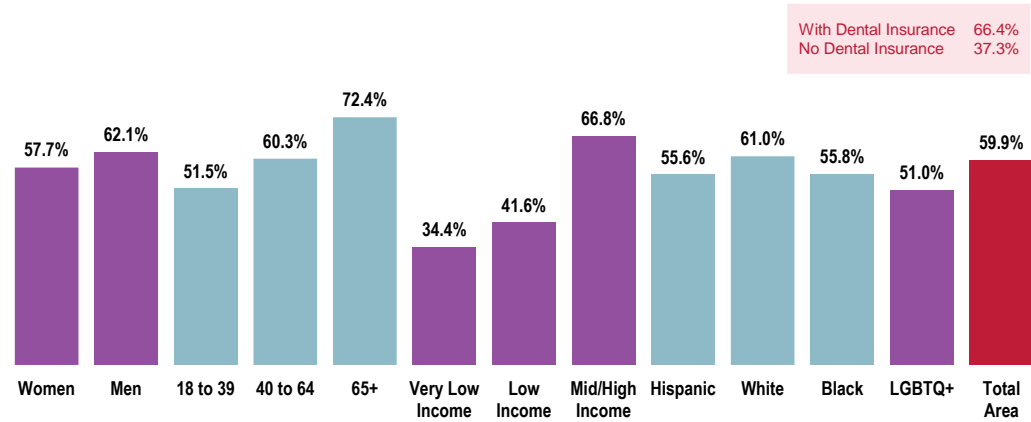| Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
57.7%	62.1%	51.5%	60.3%	72.4%	34.4%	41.6%	66.8%	55.6%	61.0%	55.8%	51.0%	59.9%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents.

Children

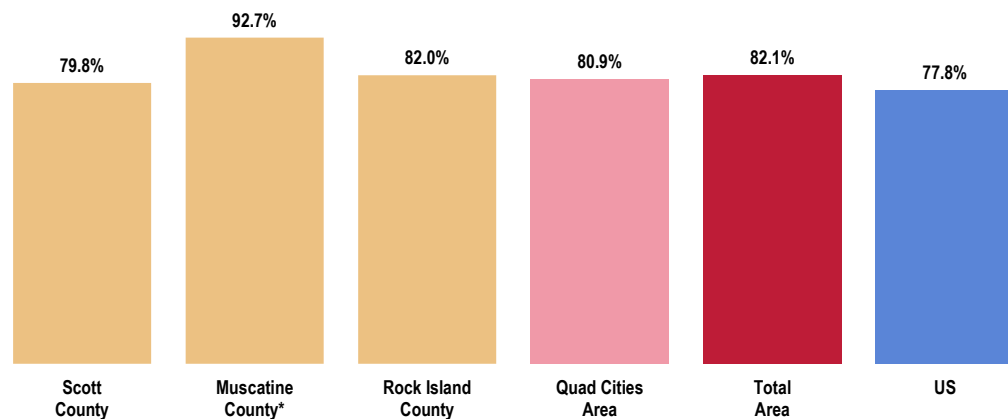**A total of 82.1% of parents in the Total Area report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.**

BENCHMARK ► Satisfies the Healthy People 2030 objective.

DISPARITY ► Higher in Muscatine County.

Child Has Visited a Dentist or Dental Clinic Within the Past Year
(Children 2-17)
Healthy People 2030 = 45.0% or Higher

| Scott County	Muscatine County*	Rock Island County	Quad Cities Area	Total Area	US
79.8%	92.7%	82.0%	80.9%	82.1%	77.8%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 93]
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents with children age 2 through 17.
● *Use caution when interpreting results as the sample size is <50.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Child Has Visited a Dentist or Dental Clinic Within the Past Year
(Children 2-17)
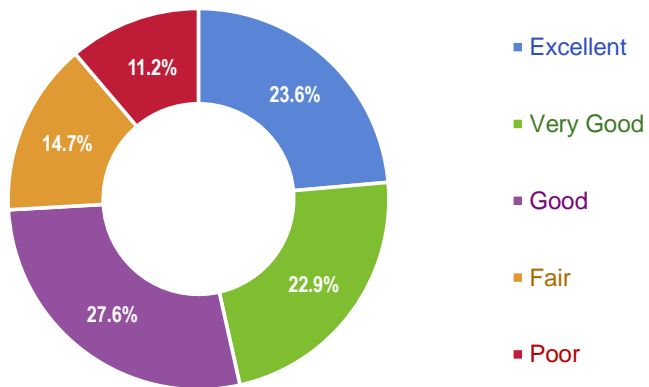Healthy People 2030 = 45.0% or Higher
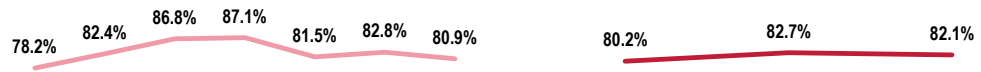
Quad Cities Area							Total Area		
78.2%	82.4%	86.8%	87.1%	81.5%	82.8%	80.9%	80.2%	82.7%	82.1%
2002	2007	2012	2015	2018	2021	2024	2018	2021	2024

Ease of Obtaining Dental Care

Among all Total Area adults, most gave positive ratings of the ease with which they can obtain local dental care.

Rating of the Ease of Obtaining Dental Care
(Total Area, 2024)

- Excellent 23.6%
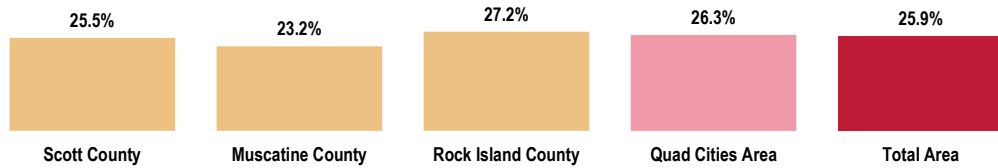- Very Good 22.9%
- Good 27.6%
- Fair 14.7%
- Poor 11.2%

On the other hand, 25.9% of Total Area respondents consider the ease of obtaining local dental services to be "fair" or "poor."

TREND ► Represents a significant increase over time in both areas.

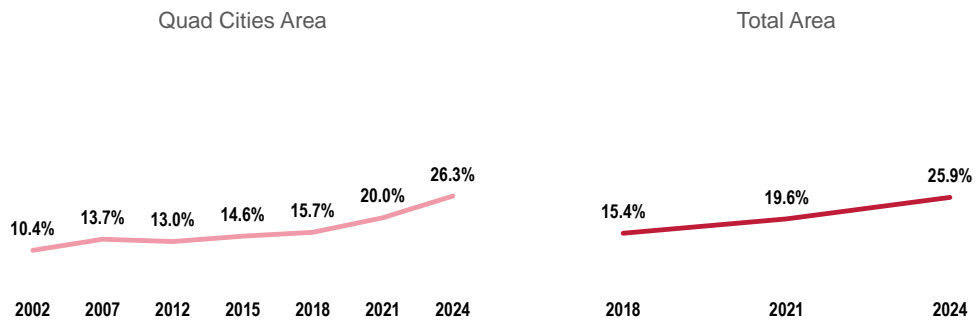DISPARITY ► Women, adults younger than 65, those with lower incomes, and Hispanic residents are more likely to give low ratings.

Ease of Obtaining Dental Care is "Fair/Poor"

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area
25.5%	23.2%	27.2%	26.3%	25.9%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 313]
Notes: ● Asked of all respondents; excludes those who have not needed such services.
　　　 ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Ease of Obtaining Dental Care is "Fair/Poor"

Quad Cities Area

2002	2007	2012	2015	2018	2021	2024
10.4%	13.7%	13.0%	14.6%	15.7%	20.0%	26.3%

Total Area

2018	2021	2024
15.4%	19.6%	25.9%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 313]
Notes: ● Asked of all respondents; excludes those who have not needed such services.
　　　 ● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
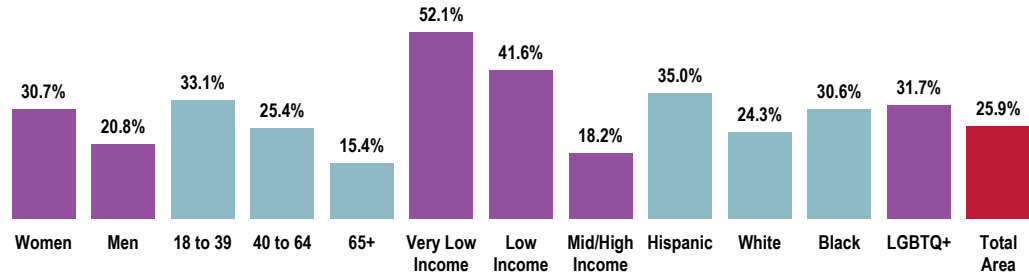
Ease of Obtaining Dental Care is "Fair/Poor"
(Total Area, 2024)

Category	Percentage
Women	30.7%
Men	20.8%
18 to 39	33.1%
40 to 64	25.4%
65+	15.4%
Very Low Income	52.1%
Low Income	41.6%
Mid/High Income	18.2%
Hispanic	35.0%
White	24.3%
Black	30.6%
LGBTQ+	31.7%
Total Area	25.9%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 313]
Notes: ● Asked of all respondents; excludes those who have not needed such services.

LOCAL RESOURCES
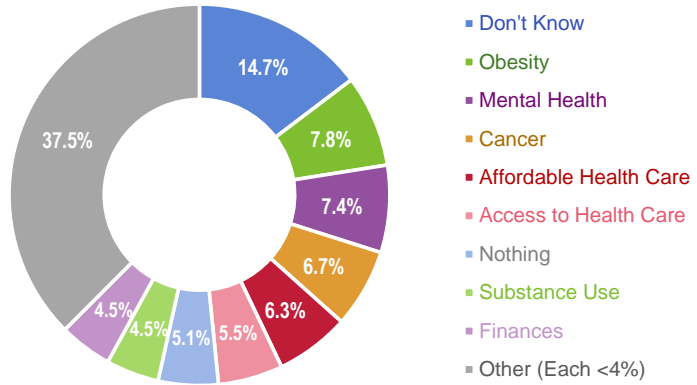
NUMBER-ONE LOCAL HEALTH CONCERN

When asked to state the number one health concern in the community today, survey respondents most often mentioned obesity (7.8%), mental health (7.4%), and cancer (6.7%). Note that the highest percentage of respondents (14.7%) expressed uncertainty.

► Concerns mentioned less frequently include affordable health care, access to health care, substance use, and finances.

Number One Health Concern Facing the Community Today
(Total Area, 2024)

- Don't Know
- Obesity
- Mental Health
- Cancer
- Affordable Health Care
- Access to Health Care
- Nothing
- Substance Use
- Finances
- Other (Each <4%)
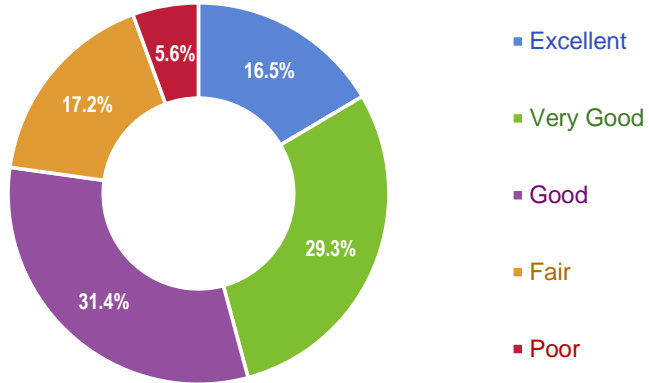
14.7%
7.8%
7.4%
6.7%
6.3%
5.5%
5.1%
4.5%
4.5%
37.5%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 303]
Notes: ● Asked of all respondents.

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Almost one-half of Total Area 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
(Total Area, 2024)

- Excellent — 16.5%
- Very Good — 29.3%
- Good — 31.4%
- Fair — 17.2%
- Poor — 5.6%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ● Asked of all respondents.

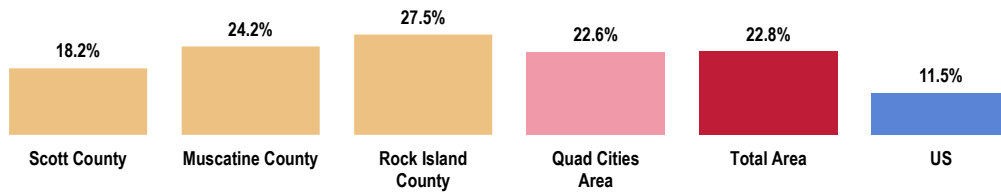**However, 22.8% of residents characterize local health care services as "fair" or "poor."**

BENCHMARK ► Almost two times the national percentage.

TREND ► Marks a significant increase from previous surveys in both areas.

DISPARITY ► Higher in Rock Island County. Correlated with age and income and more often reported among LGBTQ+ respondents and those who have difficulty accessing services.

Perceive Local Health Care Services as "Fair/Poor"

Scott County	Muscatine County	Rock Island County	Quad Cities Area	Total Area	US
18.2%	24.2%	27.5%	22.6%	22.8%	11.5%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.

Perceive Local Health Care Services as "Fair/Poor"

Quad Cities Area

2002	2012	2015	2018	2021	2024
10.5%	12.1%	13.3%	14.0%	15.0%	22.6%

Total Area

2018	2021	2024
13.6%	15.0%	22.8%
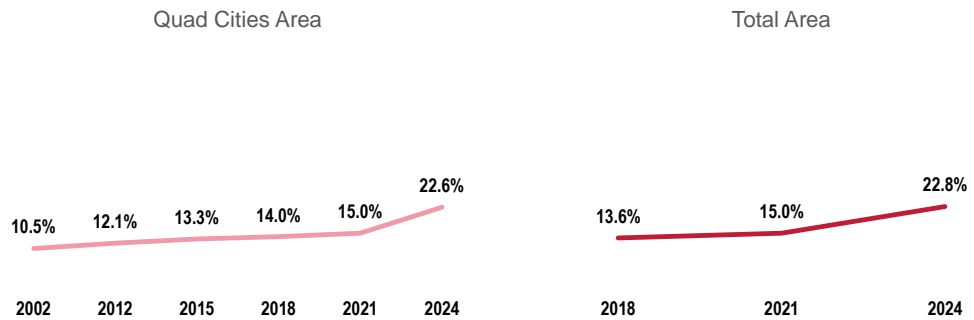
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ● Asked of all respondents.
● Quad Cities Area reflects a combination of Scott and Rock Island counties. Total Area is a combination of the three counties of Scott, Muscatine, and Rock Island.
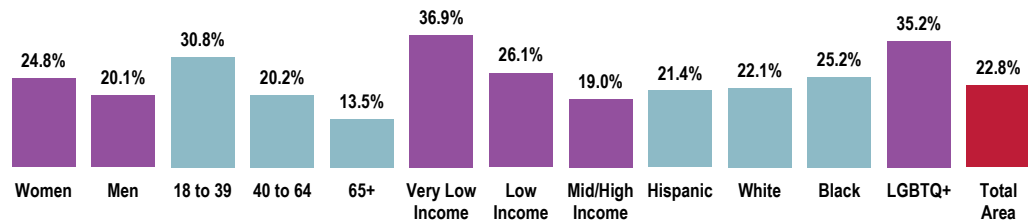
Perceive Local Health Care Services as "Fair/Poor"
(Total Area, 2024)

With Access Difficulty	34.4%
No Access Difficulty	9.7%

Women	Men	18 to 39	40 to 64	65+	Very Low Income	Low Income	Mid/High Income	Hispanic	White	Black	LGBTQ+	Total Area
24.8%	20.1%	30.8%	20.2%	13.5%	36.9%	26.1%	19.0%	21.4%	22.1%	25.2%	35.2%	22.8%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
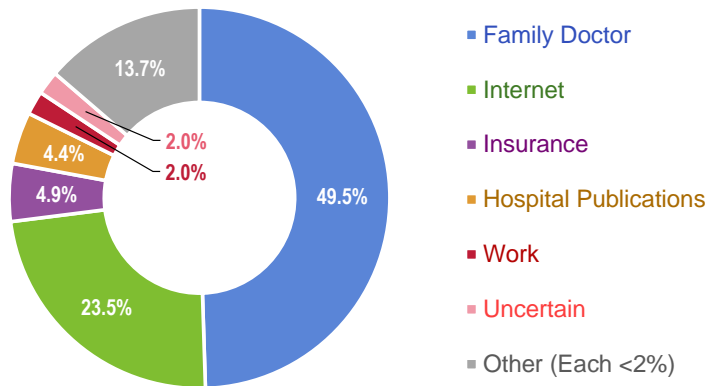Notes: ● Asked of all respondents.

Main Source of Health Care Information

When asked where they get most of their health care information, Total Area respondents most often mentioned their family physician (49.5%) or the internet (23.5%).

► Sources cited much less frequently include **insurance**, **hospital publications**, and **work**.

Primary Source of Health Care Information
(Total Area, 2024)

| Source	%
Family Doctor	49.5%
Internet	23.5%
Insurance	4.9%
Hospital Publications	4.4%
Work	2.0%
Uncertain	2.0%
Other (Each <2%)	13.7%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 319]
Notes: ● Asked of all respondents.

HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within the Total Area as of December 2023.
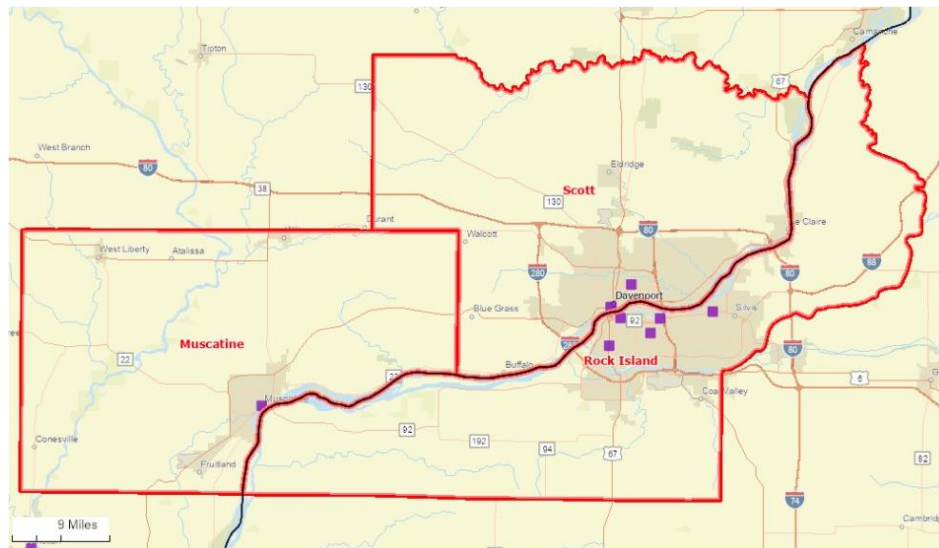
Map Legend

Report Location, County

Federally Qualified Health Centers, POS
December 2023

SparkMap

APPENDICES

APPENDIX A: QUAD CITIES QUALITATIVE COMMUNITY HEALTH ASSESSMENT

Part 1: Quad Cities Summary of Focus Group Findings

Introduction

The 2024 Quad Cities Qualitative Community Health Assessment was conducted by six community partners: Community Health Care, Inc., MercyOne Genesis, Quad City Health Initiative, UnityPoint Health-Trinity, Rock Island County Health Department, and Scott County Health Department. Information gathered from the Qualitative Health Assessment will be interpreted, in addition to the data gathered in the broader Community Health Assessment, to further understand the health status and wellbeing of Quad Cities residents, as well as informing future Community Health Improvement Plans.

The 2024 Quad Cities Qualitative Health Assessment was conducted to support the 2024 Community Health Assessment. The Qualitative Health Assessment is helpful for understanding the health status of the Quad Cities outside of quantitative data, allowing for a deeper understanding of the community's lived experiences, and perceptions and contexts that shape the community's health behaviors and outcomes. The Qualitative Assessment also captures the voices of the community to better understand and interpret the quantitative data captured in the broader Community Health Assessment and to provide an understanding of the influence of social determinants of health on wellbeing within the Quad Cities.

The Qualitative Health Assessment does this by utilizing focus groups conducted with subpopulations of the Quad Cities community, prioritizing the perspectives of diverse populations. The insights gathered here will provide a heightened understanding of the Quad Cities strengths and potential areas of improvement, as well as assist in identifying key health concerns and barriers to wellbeing. This data will be used to inform future interventions by ensuring the specific needs of subpopulations within the Quad Cities are recorded. This assessment will foster a community-wide dialogue, build trust, and empower Quad Cities residents to actively participate in shaping their health and wellbeing.

Methods

The Quad Cities Community Health Assessment Steering Committee, consisting of representatives from each of the six partnering organizations, provided oversight for the design and implementation of the Qualitative Health Assessment. Additionally, the Stakeholder Committee formed during the 2021 Community Health Assessment was reestablished to further guide and execute the assessment. Membership was comprised

of new and returning local community leaders. The Steering Committee actively identified new organizations and individuals to invite for the 2024 cycle to increase the diversity of perspectives represented. Eighteen sectors were represented by 18 stakeholders on the 2024 Stakeholder Committee. The sectors included representatives from local schools and academic institutions, human service agencies, the immigrant and refugee community, elected officials, emergency management, senior services, local health care providers, community not-for-profit organizations, business / industry, local boards of health, planning organizations, civic groups, transportation, faith-based organizations, EMS, mental health, law enforcement, and foundations and philanthropists.

The Stakeholder Committee convened for the first time in May 2024. At that meeting, the Stakeholder Committee was asked to reflect on the vision statement created during the 2018 assessment cycle and revised during the 2021 assessment cycle. Based on feedback, the vision statement was not revised with the intention that it remain stable over time, representing a vision of the Quad Cities that should be continually worked towards. The vision statement was maintained as:

"The Quad Cities region is united as one vibrant, diverse, collaborative community with engaged citizens, safe, thriving neighborhoods, and equitable and inclusive access and opportunities for overall health and social wellbeing."

The 2024 Qualitative Health Assessment centered on conducting a series of focus groups among subpopulations within the community. Members of the Stakeholder Committee provided input on relevant subpopulations to invite to participate in the focus groups and utilized existing relationships around the community to facilitate focus group meetings. The following subpopulation groups were identified as potential groups to conduct focus groups.

- African American community;
- Hispanic community;
- Immigrant and refugee community;
- LGBTQ+ community;
- Senior (65+) community;
- Public health/healthcare community;
- Faith community;
- Social services/nonprofit sector;
- Individuals experiencing food insecurity/food distribution organizations;
- Individuals experiencing homelessness/housing insecurity;
- Individuals with experience managing a mental health condition;
- Schools/childcare;
- Military/veterans;
- Homebound/individuals with disabilities;
- Individuals in prison/jail;
- Employers/business;
- Youth;
- and policymakers/elected officials.

Existing groups within the subpopulations were identified, as well as assignment of a Stakeholder Committee contact and Steering Committee lead. Members of the Access to Care Workgroup, a group established as a result of access to care being identified as a primary need during the 2021 Community Health Assessment, also provided support in facilitating focus groups. The Access to Care Workgroup was engaged in conducting an assessment of access to care issues in Scott and Rock Island Counties. The need for qualitative data in the form of focus groups was identified and the determination made to add specific access to care questions to the 2024 Qualitative Health Assessment focus groups.

Focus groups were conducted with both community members and local providers, and themes were identified, compared, and contrasted across both groups to inform the Qualitative Health Assessment.

Focus groups were organized to take place from June through August 2024. A Focus Group Facilitator's Guide and Focus Group Documentation Form were created by the Steering Committee to guide this effort, with 11 foundational questions designed to capture overall opinions on the health and wellbeing of the Quad Cities area, as well as potential areas of improvement. The themes of these questions centered around local quality of health and wellbeing, access to care, safety, and community engagement. The complete list of questions can be viewed in **Exhibit 1**.

In addition to the Facilitator's Guide and Focus Group Documentation Form, an optional Demographic Survey was distributed at the conclusion of each focus group. The Focus Group Documentation Form was used as a note-taking tool for a prescribed session notetaker, and the meetings were not otherwise recorded to ensure maintenance of privacy and encourage open sharing. A member of the Steering Committee, Access to Care Workgroup, or Stakeholder Committee acted as session facilitator. Focus group meetings took place either virtually, via a platform such as Zoom, or in-person, generally at a time and place to overlap with existing subpopulation gatherings. Some responses were collected individually from community members, instead of in an organized focus group, to accommodate that subpopulation and are denoted as "individual responses".

As focus group responses were received, they were grouped into one of two categories: Community Responses and Provider Responses. Responses were then compiled for each group, with most common responses for each question put into two master documents. Common responses and notable themes were identified and interpreted. These themes were compared between the Community Responses and Provider Responses to inform the thematic analysis of the Qualitative Assessment.

Questions relating to Access to Care (Provider Questions 5, 6, 7 and Community Questions 7, 8, 9, 10) were included as a part of the Facilitator's Guide and Focus Group Documentation Form to assist in informing the work of the local Access to Care Workgroup. These questions were excluded from the original thematic analysis of responses to examine whether the topic of access to care arose naturally. Although

these responses were considered and included separately, they were included in the comprehensive thematic analysis.

Analysis

Sixteen focus groups were conducted with a total of 141 participants (**Exhibit 2**). These focus groups surveyed the following subpopulations:
- African American Community;
- Elected Officials/Policymakers;
- Employers/Business;
- Faith Community;
- Healthcare Providers;
- Homebound/Individuals with Disabilities;
- Homeless Service Providers;
- Immigrant and Refugee Community;
- Individuals Experiencing Homelessness;
- Individuals with Experience Managing a Mental Health Condition;
- Military/Veterans;
- Nonprofit Sector;
- Parents;
- Public Health Providers;
- Youth.

The Stakeholder Committee recognized the potential for differing opinions on local health and wellness from the general population in comparison to local providers and grouped and analyzed these opinions separately to compare, contrast, and better understand the opinions of both groups regarding local health and wellness. Responses from all subpopulations can be viewed in **Exhibit 3**. The demographic survey results are shown in **Appendix A: Part 2** and the demographic survey tool can be found in **Exhibit 5**.

Additionally, data from a separately compiled community health assessment of the Quad Cities LGBTQ+ community, conducted by The Project of the Quad Cities, was reviewed to help inform the qualitative assessment. The assessment gathered data on health issues, experiences with the social determinants of health (transportation, food availability, safety, community support, etc.), access to health care, and top issues impacting respondents. See **Exhibit 4**.

Themes

Introduction

Overall, the focus groups conducted as a part of the 2024 Quad Cities Qualitative Health Assessment revealed several common themes relevant to the health status of the Quad Cities. Though responses were divided into Community Responses and Provider Responses, themes commonly overlapped. The most common themes pulled from the Qualitative Assessment were on the topics of access and availability of care, specifically

cost and affordability. It was noted through exclusion of direct Access to Care Questions that, when probed broadly, community members commonly cited topics on access to care as integral to community health. Commonly cited across all focus groups were issues related to a shortage of physicians, especially specialists, mental health providers, and dentists. This shortage was said to exacerbate issues, such as frequent long wait times, common referrals out of the area, and disparities related to a lack of means and/or transportation. Additional themes highlighted upstream drivers of health, including community safety, community involvement, and happiness.

Local Care and Transportation

Community

Many Community Respondents reported frequent out-of-town referrals as major barriers to accessing healthcare, mainly due to a lack of means of transportation to and from these cities. In addition to an increase of healthcare facilities in general, Community Respondents cited that an expansion of hours at health centers and pharmacies, as well as an increase in access, timeliness, and availability of public transit options could help improve access to local care. Additionally, a lack of childcare and long working hours was frequently cited as barriers to accessing both local and nonlocal care, but these barriers were exceptionally worsened by the length of time needed to access care outside of the Quad Cities. Beyond a desired increase in physicians and facilities in the area, Community Respondents desire an increase in childcare accessibility, reliable low-cost local transportation, and previously mentioned expanded hours at local sites.

Providers

While many providers appreciate the proximity of the Quad Cities to larger health centers in Iowa City, Peoria, Chicago, and Rochester, providers also noted disparities created by the lack of local care. Suggested options included increasing walk-in clinic access (hours, locations, sites) and telehealth services. Repeatedly brought up was the idea of garnering a Certificate of Need to address the physician shortage, lack of Level 3 Trauma Center, and the need to attract and keep specialists and facilities in the area. Respondents reported interest in partnering with local academic centers to develop more locally trained healthcare providers.

Increasing Costs of Necessities

Community

The cost and affordability of healthcare, housing, nutritious food, childcare, and transportation were frequently cited as being of the utmost concern in the community. Respondents of the focus groups from the wider community were most concerned with high costs associated with daily life, frequently citing the cost of childcare and transportation as barriers to accessing healthcare and community involvement. The high cost of direct health services and prescriptions reportedly discourages preventative,

routine, and emergency care, while the necessity to work long hours acts as a major barrier to community involvement and connection. The cost of nutritious food was also frequently cited as inaccessible, even as respondents recognized the importance of quality nutrition, especially for children. Community respondents also frequently mentioned high housing costs as an outcome of a local housing shortage and presented a desire to see an investment in affordable housing throughout the Quad Cities.

Providers

Similarly, providers frequently cited the relationship of poverty and the lack of affordable, transitional, and subsidized housing in the Quad Cities. The prevalence of homelessness was a major concern, with many providers questioning the safety, adequacy, and capacity of local shelters. Providers reported that they would like to see *safe, dignified, affordable housing without barriers.* Providers also cited the desire for increased funding and municipal planning to strengthen the local safety net, increased investment in transportation services, and create and implement childcare support to make daily life more affordable for the wider community. The theme of inequity arose repeatedly – providers noted inequal access to opportunities and identified significant disparities in health and wellness due to wealth. It was reported that *many providers are happy, but many patients do not have access to safe, affordable housing due to financial instability.*

Safe Community

Community

Overall, respondents from both Community and Provider Groups generally reported feeling safe in the Quad Cities. Community Group respondents frequently mentioned that, despite feeling generally safe themselves, they recognized that *safety depends on the neighborhood* for many. A prevalence of gun violence was frequently cited as a concern, in addition to a recurring pattern of vehicular theft. Despite these concerns, many Community Group respondents felt that the Quad Cities was ultimately a safe place to live and raise a family and cited a strong sense of community and a deep relationship with the local military as protective factors. Community members would like to see an increase in outreach programs for teens and young adults to address gun violence and partner abuse, safer streets for children in all neighborhoods, and cultural sensitivity training for law enforcement to increase and strengthen community safety further.

Providers

Providers generally shared the idea of the Quad Cities being a safe place to live and raise a family, reporting a good quality of life, diversity as a strength, and a strong sense of community. It was said that *all needs can be met here*. While most providers reported feeling safe, some respondents shared safety concerns, especially regarding those experiencing homelessness or utilizing the shelter system. *Friction between downtown*

businesses and homeless populations was reported, as well as a prevalence of substance use. Specifically mentioned concerns regarding substance use included concerns over stimulant and methamphetamine use, as well as the presence of "dirty drugs" or drugs altered for a more profound affect. Providers also cited the need for an increase in trauma-informed care and a tackling of stigma associated with very low income, homelessness, and those experiencing a mental health concern. An overarching desire for an increase in safe, affordable housing was cited as of the most significance in addressing safety concerns in the Quad Cities.

Happiness and Community Involvement

Community

Respondents of the focus groups from the wider community generally reported the Quad Cities as a happy place to live, with a strong sense of community and meaningful community involvement. A plethora of community resources and support services combined with good outreach was described as a strong protective factor, coupled with varied options for entertainment, a strong veteran community, and proficient school systems. Community group respondents said that the Quad Cities *is a good place to raise a family.* Respondents reported interacting with the wider community through volunteering, school unions and athletics, groups and councils, and via faith communities. A lack of childcare and limited time available outside of work were reported as barriers to community engagement, and respondents expressed a desire for increased youth outreach programs and investment in community programming and activities during the winter months.

Providers

Respondents of the focus groups with providers also reported the Quad Cities as a generally happy place to live, citing protective factors such as a strong sense of community, good entertainment options, access to physical wellness opportunities, and a plethora of proficient schools and higher academic centers. Community diversity was referred to as a powerful strength for the Quad Cities area, and the presence of *a variety of good quality, well-paying jobs* and a strong economy work to increase happiness locally. The issue of loneliness was discussed as often overlooked but prevalent and providers recognized the value of a strong sense of community. Loneliness was the biggest concern for the aging population, as well as those residing in more rural areas of the community who might not have access to community involvement opportunities.

Concerns for Mental Health and Related Services

Community

The topic of mental health arose frequently across all focus groups, with community respondents citing mental health as both a most important factor regarding health and

of the biggest concern in the community. Particularly noted was the prevalence of poor mental health coupled with a lack of mental health services, poor self-esteem, and stigma. Poor mental health among Veterans and a reported high number of veteran suicides is an on-going concern, highlighting the providers-mentioned necessity of training local healthcare providers in trauma-informed care. A lack of mental health focused facilities, especially long-term facilities, was frequently mentioned, and it was said that *there could never be enough places for people to get help.* The affordability of mental health services was also noted, with respondents reporting mental health services as *too expensive* and *lacking coverage.* Community strengths surrounding mental health include local associations and groups, as well as the presence of a strong veteran community.

Providers

Provider responses also indicated the importance of mental health in the local community: it was said there is a *feeling of people striving to survive versus thrive.* The lack of long-term mental health facilities was described as a detriment, and the importance of changing the cultural conversation around mental health was described as essential. Providers pushed for an increase in trauma-informed care and a tackling of stigma related to mental health. Additionally, providers would like to see 'mental health partnerships' between public safety officers and local emergency rooms.

Education and Resources

Community

On the topic of community education and resources, respondents of the Community Group described a desire for an increase in educational resources surrounding various points in healthcare. Respondents reported a lack of such resources and education as contributing to difficulties navigating the complex system of healthcare and insurance, and as contributing to an overuse of emergency rooms for non-emergent health needs. Resources to help navigate Medicaid, Medicare, Tricare, and VA benefits were requested directly, and it was shared that a lack of mental health resources contributes to poor mental health outcomes locally. Beyond a general desire for more educational information on local health resources, respondents also presented a desire for more health advocacy and community outreach programming. Information and resource availability was described as a concern of the utmost importance for the local community. Concern was also expressed for rural areas within the Quad Cities that lack access to resources based in the more urban areas. Generally, respondents described finding local health resources at community centers, local providers, through the Department of Health and Human Services, and via the internet.

Providers

Respondents of the Provider Group also recognized the need to expand community and health resources, with a major emphasis on improving the connection between the

wider community and resources that already exist in the Quad Cities. It was said that *patients are not aware of available resources,* and that *services are there but people do not know when to use which ones.* This disconnect between resources and the community was said to exacerbate overuse of emergency rooms and complexities navigating care. Additional resources regarding navigating insurance, advocacy, and physical access to healthcare was discussed, as well as a desire for a wider recognition of the challenges facing subpopulations within the community, particularly experiencing homelessness. Providers shared that many in the community access health resources via local community centers, hospitals and emergency rooms, or through the Veterans Administration. Additionally, providers described a desire for hospitals and health systems to share information across platforms to improve simplicity and overcome barriers created by excessive complexity navigating the healthcare system.

Access to Care

Community

The separated Access to Care questions were used to supplement and further understand the responses to the broader general questions of the Qualitative Assessment on the topic of access to care. Regarding Community Responses on access and availability of care, the shortage of physicians was said to not only exacerbate wait times and out of town referrals, but also to affect trust, satisfaction, and overall relationships with providers. Trust in providers was also cited as being negatively affected by confusion navigating the complex arena of referrals, coverage, and copayments. Lastly, trust in providers was reported as being hurt by frequent cancellations, rescheduling, and rushing during appointments. It was said that Quad Cities residents would prefer a focus on *genuine* or *sincere* care. Respondents felt that an increase in diversity amongst healthcare providers, particularly in relation to black and indigenous people of color (BIPOC) providers, as well as an increase in health care facilities and points of access would increase trust. Frequent mentions were made of points of access including telehealth, mobile health clinics, and home health services.

Providers

Providers also cited multiple topics on access to care that affect the broader Quad Cities population, particularly centered on access to care for individuals experiencing homelessness, very low income, and the local aging population. Respondents cited wanting to build on existing social service collaborations, to increase awareness of the challenges facing the local community, and to develop the workforce in the healthcare sector. Providers also frequently cited the idea of preventative care as essential and would like to see developments in early intervention and an increase in investment in school health programs, school nurses, and resources for community education. On-site screenings at local YMCAs were considered a community strength, but respondents would like to see a connection between initial assessment and ongoing care.

Synopsis

Respondents of both the Community and Provider Groups described the Quad Cities as a diverse, safe, and happy place to live. Both provider and community respondents would like to see an expansion of the local healthcare workforce and facilities and described a desire for an increased presence of local specialists, and accessible health resources. Respondents would also like to see issues of poverty and inequity addressed, including an expansion of affordable housing and transportation, to further increase local wellbeing. The Quad Cities strengths include a high level of diversity, a strong sense of community, and an array of engaging community involvement opportunities.

Acknowledgements

EXHIBITS

Exhibit 1: Focus Group Script Questions

Exploration Questions	
1	What's most important to you about your health?
2	What do you think is the biggest health concern in our community (Rock Island and Scott Counties)?
3	Thinking of your answer to Question 2) What is the one thing you would most like to see happen to address this health concern in our community?
Environment Questions	
4	In what ways are you involved or engaged with your community outside of your household? What prevents you from doing so?
5	Is the Quad Cities a happy place to live? A safe place to live? Why or why not?
6	Does the Quad Cities area meet your needs? Why or why not?
Access to Care Questions	
7	What's most important to you when it comes to accessing healthcare?
8	Where would you go to access healthcare and/or health resources?
9	Are you comfortable with your provider? Do you trust your provider?
10	How would you make care accessible to you?
Exit Question	
11	Is there anything else you would like to say about what could make your community a better place to live?

Provider Questions

Exploration Questions	
1	What do you think is the biggest health concern in our community (Rock Island and Scott Counties)?
2	Thinking of your answer to Question 1) What is the one thing you would most like to see happen to address this health concern in our community?
Environment Questions	
3	Is the Quad Cities a happy place to live? A safe place to live? Why or why not?
4	Does the Quad Cities area meet your clients'/constituents'/citizens' needs? Why or why not?
Access to Care Questions	
5	What do you believe is most important to your clients/constituents/citizens when it comes to accessing healthcare? What are their priorities?
6	Where do your clients/constituents/citizens go to access healthcare and/or health resources?
7	How would you make care accessible to your clients/constituents/citizens?
Exit Question	
8	Is there anything else you would like to say about what could make your community a better place to live?

Exhibit 2: Focus Groups Conducted

Sub-population	Group Details	Total # of Participants
African American Community	1 group held	8
Elected Officials / Policymakers*	1 group held	14
Employers / Business	1 group held	5
Faith Community	1 group held	9
Healthcare Providers*	1 group held	11
Homebound/Individuals with Disabilities	Individual responses collected	7
Homeless Service Providers*	1 group held	10
Immigrant and Refugee Community	Individual responses collected	12
Individuals Experiencing Homelessness	Individual responses collected	10
Individuals with Experience Managing a Mental Health Condition	2 groups held	16
Military / Veterans	1 group held	13
Nonprofit Sector*	1 group held	8
Parents	Individual responses collected	5
Public Health Providers*	1 group held	8
Youth	1 group held	5
TOTAL	**16 groups**	**141**

*These focus groups also included professional staff who work with individuals in these areas.

Exhibit 3: Summary of Focus Group Responses
Members of the Public
Exploration Questions

Question 1: What's most important to you about your health?	
African American Community	• To be taken seriously / not ignored • Must be your own advocate for your health • Access to quality care ○ "Being able to be seen. If I make an appointment, I don't want to wait a month or two to get in." • Staying active, getting exercise, and drinking a lot of water as you get older
Business / Employees	• Keep living, be healthy
Homebound & Individuals with Disabilities	• Physical mobility • Diabetes • Staying in good health
Immigrant & Refugee Community	• Physical well-being • Maintaining a healthy body and mind • Maintaining a balanced healthy lifestyle that includes proper nutrition, regular exercise to improve overall health and prevent chronic diseases • Sufficient sleep • Managing stress • Communicating with doctor • Nutrition • Affordable health coverage • Protection from high medical costs • Eating healthy
Individuals with Experience Managing a Mental Health Condition	• My sanity • Physical health • Good quality healthcare (x multiple)
Individuals Experiencing Homelessness	• Staying healthy (x multiple) • Insurance • A good doctor • Feeling good • Not getting cancer • Not going to the hospital • Affording my medication

Military / Veterans	• Confusion about coverage
	    ○ Differences between coverage (VA, Medicare, Part, A, B, D, etc.)
	    ○ How to pay for it
	    ○ Fees are complex
	    ○ Who they can see for outpatient providers

	o What is covered if they don't go to a VA facility
	• Seeing the same provider: consistent, responsiveness, high quality, competent; newer physicians may not be as high quality or have as much experience
	• Access to and communication between primary care and specialists
	• Access to local specialists to avoid traveling out of town
	• Preventative care due to family history
Parents	• Staying healthy • Cost of care and food • Quality of care
Youth	• Access to healthcare • Mental health (x multiple) • Every aspect of it: mental, physical, emotional health

Question 2: What do you think is the biggest health concern in our community (Rock Island and Scott Counties)?	
African American Community	• Obesity • Lack of BIPOC (Black, indigenous, people of color) physicians • High blood pressure • Dismissiveness of providers: what might be normal for one person might not be for another • Diabetes • Healthy eating: being able to get fresh fruit and products; some people live in food deserts (not near a store, you're near a gas station) • HyVee that closed down on Rockingham: a lot of people used to be able to walk to that store, now they have to take a bus to Locust; not sure how long they will do shuttles • Need to start putting more stores in our neighborhoods
Business / Employees	• Access to healthcare • Poor coverage even with insurance • Affordability/price • Employer insurance has good coverage. "Generally, most people don't have that kind of access or coverage to get the healthcare they need."
Homebound & Individuals with Disabilities	• Stroke • Diabetes • Cancer • Heart disease in the senior community
Immigrant & Refugee Community	• Nutrition • Access to healthy and appropriate/cultural foods • Drinking and smoking • Access to affordable healthcare • Heart disease and diabetes • Mental health

	• Lack of knowledge about diagnoses, resources, insurance • Housing prices • Lack of education about health coverage options for individuals new to the American systems of health • Expensive medical bills • Weight • Not enough resources for healthy food, water, and lifestyle

Individuals with Experience Managing a Mental Health Condition	• Drugs
	• People are abandoned and misunderstood
	• Availability
	   o Rescheduling appointments that get cancelled (x multiple)
	   o "Doctors are always cancelling and rescheduling. It's hectic for me to bend over backwards to get a ride to get places."
	   o "They cancel on you and then it takes a while to reschedule. It can take over a month. For Iowa City, I had to cancel one of my appointments and now I have to wait another two months."
	   o CHC has always worked for me
	• Transportation
	   o "Some of us don't drive. I don't want my family members having to drive all the way to Iowa City."
	• Dental Services
	   o Referrals to Iowa City (x multiple)
	   o "We need something local where we can get good quality dental care here in the QC. Just because we're poor doesn't mean we should not have the same as everybody else."

Individuals Experiencing Homelessness	• Diabetes • Affordable healthcare (x multiple) • Mental health (x multiple) • COVID-19 • People getting cancer • People without health benefits

Military / Veterans	• Heart disease
	• Hypertension
	• Mental health (x multiple)
	   o Stigma: community perceptions that vets have PTSD
	   o Not enough resources to address mental health concerns
	   o Don't know where to go
	   o Afraid of stigma of seeking help
	   o Eligibility concerns and long wait times
	   o High number of suicides

	○ Concerns that weapons will be taken away if they have a mental health issue
	  ○ Vets are not the only ones with PTSD from traumatic events
	  ○ Perceptions that vets with PTSD will hurt others or don't know how to handle it
	  ○ Many want to see someone who has military service/experience
	• Alcohol and drug abuse
	  ○ Failure to admit that it can be a problem
	  ○ Culture of activities with alcohol present
	  ○ Challenges with access substance abuse services
	• Prostate cancer
	• Health insurance claims concerns for those who have been out of service
	  ○ Community providers aren't familiar with the forms/letters needed to document a condition that started during the time of service
	• Lack of care (can't afford it, don't know where to go, or don't know how to file VA claims/benefits)

Parents	• Available healthcare (especially specialty doctors) • Oral surgeons and dentists that take Medicaid • Providing healthy meals for children on a SNAP income • Mental health resources in the community • Long waitlists for specialty doctors • Lack of education surrounding healthcare
Youth	• Mental health: a lot of kids are going through a lot • Obesity: everybody needs to be more active • Teen pregnancy: some people have no knowledge on it • STIs/HIV • Self-esteem
Question 3: Thinking of your answer to Question 2) What is the one thing you would most like to see happen to address this health concern in our community?	
African American Community	• Education and having a conversation • "A lot of the times people have all these ailments, but no one sits down and talks to them about it. And it has to be easy to understand and not in medical terms. People leave not truly understanding their health. We need people willing to sit and educate on health." • Getting more of the community involved • More people on the same page taking action
Business / Employees	• "Universal healthcare for all would be good for everybody."

Homebound & Individuals with Disabilities	• Get more fresh produce to people to help with health concerns • More health information distributed in the community • Access to clinics
Immigrant & Refugee Community	• Reduce prices on organic products • More food/grocery stores • Accessibility/transportation • More community information sessions on importance of taking care of yourself • Affordable or free services, such as clinics and screenings to help ensure more people are receiving care without financial barriers • Have doctors be clear and communicative • More providers • Education on health benefits and options for people who are ineligible for healthcare provided through the state • Making health costs lower • Raising awareness to eat healthy • Affordable healthcare

Individuals with Experience Managing a Mental Health Condition	• More involvement from community organizations and community members
	• More dental care options
	  o Locally instead of getting sent to Iowa City (x multiple)
	  o "Ones that will do root canals and do it all, instead of having us all sent up to Iowa City."
	  o "It's hard to get in because they have so many people who need an appointment. Takes months to get into appointments in Iowa City."
	• Good quality healthcare
	  o "I've had two providers tell me I'm a waste of time pretty much. It makes me feel bad because it makes me feel like I'm not getting the care I deserve."
	  o "One time I went into the hospital; I had a dislocated jaw and couldn't speak. Well, the lady put a bracelet on me, and I sat there for 3.5 hours waiting to be seen by a physician and to make long story short, my husband was reading the chart, and it was somebody else's chart. They put someone else's name around my wrist. We need better quality of care. That can be really traumatic."
	  o Not getting results of tests done locally (e.g., EEG, sleep study, etc.)

Individuals Experiencing Homelessness	• Affordable health services and medications (x multiple) • Accessible healthcare

	• Free healthcare (x multiple)
Military / Veterans	• Education: classes or seminars to explain services, not just a resource fair • Participation by network providers to understand services available to veterans • Reduce stigma related to mental health so more vets (and families) will go to learn about mental health resources • Hard to reach people that don't sign up for services – hard to make connections • Veterans often only listen to other veterans
Parents	• More healthcare facilities in the area (dental and other specialties) • Having higher quality healthcare facilities • Mental health to be viewed in a more positive light • Healthcare in patients' home instead of only in office
Youth	• Teenagers not worrying about what other people think. "If you stop caring about what people think, you can actually express yourself. I still struggle with it. Now since I talked to [a mentor] I feel better. • Obesity: more healthier options and awareness of those options. Lots of fast-food ads on our phones. • More access to healthcare • Affordable healthy food options

Environment Questions

Question 4: In what ways are you involved or engaged with your community outside of your household? What prevents you from doing so?	
African American Community	• Time, money, and transportation are barriers • School athletics – fundraisers tied to health initiatives • NAACP Environmental Group teaching people how to garden and grow healthy foods • Clean River Advisory Council: community gardens and keeping the river clean • Black Student Union at Scott Community College • Church
Business / Employees	• Volunteering and donating • Helping coach baseball teams and sponsor little leagues and other sporting teams • The Gray Matters Collective • Long work hours make it hard to connect to community
Homebound & Individuals with Disabilities	• Costs and health issues prevent from being involved

Immigrant & Refugee Community	• Church • Volunteering • Interpreting • Community outreach through non-profits

Individuals with Experience Managing a Mental Health Condition	• Volunteer: "I relate to people; I've been through it."
	• Transportation prevents (x multiple)
	• No support system
	   ○ "There's a lot of people who need a lot of help. They need a place to live. They need to take a shower. They don't know where to go."
	   ○ "That's another thing that upsets me, I see all these homeless people sitting out there with signs. I sat and talked with one guy who was a retired vet. He should be in a house, be able to shower, be able to get a walker. Why aren't you getting benefits? I just don't understand. It makes me mad every time I see it. They shut down that building across from the police station. All they could've done is fix that building and let people live there again. Now it's just sitting there with a fence around it. Do something with it. Fix it. They didn't clean out the rooms or anything."

Individuals Experiencing Homelessness	• Help out serving meals • Homelessness prevents • Attend free activities and events
Military / Veterans	• Read blogs and other social media • Budget constraints with events • Attending local festivals • Avoiding events with a lot of alcohol
Parents	• Early Head Start Parent Groups (x multiple) • Limited time to participate in the community due to lack of childcare of being too busy with children in the evenings/weekends
Youth	• Love Girls (x multiple) • Step team • Jobs (x multiple) • Softball • Color guard • Transportation prevents from being more involved (getting rides to/from practice) (x multiple)
Question 5: Is the Quad Cities a happy place to live? A safe place to live? Why or why not?	
African American Community	• Affordable • Used to be more youth centers and more to do as a kid • Lot of places don't exist due to lack of funding

	• Car and bike thefts • Depends on what area you live in • Great transition in the QC: construction of TBK, options at the mall
Business / Employees	• Yes • Mixed bag • Winter is rough when being outside is good for mental health • Safety depends on the neighborhood; some have streetlights, some don't • Perspectives skewed from stories they've heard, but in experience have never had a problem
Homebound & Individuals with Disabilities	• Yes
Immigrant & Refugee Community	• Quiet, safe place to live because it's a small town, unlike other bigger cities that have a lot going on • Yes/yes. There will always be areas of improvement, but overall, a great place to live and raise children. • Good people and safety are good • Yes, QC offers mix of urban and suburban living with parks and cultural events • Yes, it's affordable, but heavy police presence in certain areas makes it less safe • Not safe • Friendly neighbors and people always willing to help make the QC a great place to live • Safety is improving in the QC • Yes, because of the different people who live here • It's ok • Yes, safe • Not a lot of conflicts • QC is a good place to live
Individuals with Experience Managing a Mental Health Condition	• Yes, happy – depends on what you make of it • Safe, yes – also depends on who you're around and who you trust • Depends on where you're at • "Gun violence is getting out of control. They do not need to have those guns, military guns, on our streets. You can't even go to school, your kids go to school, you can't guarantee they're coming home. The gun violence is really terrible."
Individuals Experiencing Homelessness	• Yes (x multiple) o Safer than Chicago • No (x multiple)

	○ Lots of violence ○ Drugs everywhere ○ Getting worse ○ Rude people - It's ok, must know surroundings
Military / Veterans	- Depends on where you live and the time of year - It's home – a great place to live - This community supports military/veterans. They could use more education on how to help veterans. - Community thanks me for my service
Parents	- Yes, mostly safe, but there is some crime due to lack of police in the area - Yes, safe for families (x multiple)
Youth	- Yes and no. Not as much violence as bigger cities, but still some issues. - Sometimes safe. Depends what area. Poor areas not as safe. 50/50 - Neighborhoods need better housing
Question 6: Does the Quad Cities area meet your needs? Why or why not?	
African American Community	- Yes – good school system, diverse - Don't feel like it's meeting the youth's needs – used to be more to do - Basic necessities are met - Don't feel like there's a lot to do - Transportation is hard – need better transit options - Churches have changed – used to do more for youth and be more connected to the community - Churches could have a big impact on health: food pantries, food drives, get blood pressure and sugar checked by church nurse, bring experts into church to talk about blood pressure, diabetes, etc.
Business / Employees	- Yes, because of good coverage from employer - Specialty care in the area is lacking – have to go to Peoria, Iowa City, or Chicago - Some crime in the Quad Cities
Homebound & Individuals with Disabilities	Yes
Immigrant & Refugee Community	- It does to some extent. As a Muslim person there are fewer and very limited halal options around and there are 0 mediterranean food around. - Yes ○ Everything I need is within the QC radius. Affordable housing, access to recreational activities, jobs and employment, social services.

	○ Everything I need is available ○ Cost of living is low compared to larger cities ○ Job opportunity, health facility, school ○ It's affordable ○ Because of the nature of the place and it's a quiet place and peaceful - No - The QC area does meet some of my needs, however, there is a lack of variety in employment opportunities for young people and also does not have attractions.
Individuals with Experience Managing a Mental Health Condition	- No ○ Need more outreach to patients/community members from doctors, lawyers, and other providers ○ Crime needs to be addressed ○ Healthcare needs to be addressed - Yes (x multiple) ○ Outreach and things to do at the Carol Center ○ I'm good with the QC ○ I'm generally pleased with the QC ○ "I like the QC. I'm pleased with the providers; it's just getting into them that's the tough part." ○ Make bike trails better. "We can make the bike trail bigger. It stops right at the end of Credit Island. Make it go further so we can ride into Muscatine instead of riding in the middle of the street where semis are."
Individuals Experiencing Homelessness	- Yes (x multiple) ○ Family lives here ○ I can do more here ○ Good education ○ Lots of resources ○ I'm a senior ○ Would like family to move here - Not for my mental health
Military / Veterans	- Yes (x multiple) ○ Everything I need ○ Great area for veterans: access to Arsenal, VA clinic is nearby ○ Entertainment, golf courses, QC Veterans Outreach Center ○ Community businesses support veterans ○ News media does a lot of coverage of veterans, military, and programs
Parents	Yes, there are some good resources and support services (food pantries, etc.)

	• QC does not meet needs health wise. If specialty care is needed, must drive to larger cities.
Youth	• Schools could help more. "They don't try to communicate with parents. If the teachers stepped up our schools would be much better than they are." • Look to adults for information on what's happening in the community • More health advocacy • More youth outreach programs, especially for boys • More involvement for everybody, not just one specific group (e.g., race/ethnicity)

Access to Care Questions

Question 7: What's most important to you when it comes to accessing healthcare? What are your priorities?	
African American Community	• Affordable healthcare • Not enough BIPOC providers – would be great if medical centers did a better job recruiting and finding people who would want to relocate to the QC • Jobs that provide good health insurance • Places that take state insurance might not provide the most quality care • Places that don't take state insurance limits your options • Making sure you get the right diagnosis the first time • Genuine healthcare: "When I go to a doctor's office, I'm like a number and I'm also seen as a dollar sign."
Business / Employees	• Getting seen in a timely fashion. "It should not take a month or more to see a doctor." • Convenient care doesn't cover what is needed • "Being seen is hard enough even with good coverage." • Unable to be seen anywhere in the QC for a specific issue, but was able to be seen in Iowa City after a few months • Not enough doctors here to keep up with the growing population • Oral surgery is hard to find
Homebound & Individuals with Disabilities	• Availability of services • Doctors that listen • Reliable transportation • Improve health concerns
Immigrant & Refugee Community	• Access to services (x multiple) • Affordability (x multiple) o Hospital needs to be less expensive • Timely care (x multiple) • Coverage for medical expenses

Individuals with Experience Managing a Mental Health Condition	• Staying healthy is a priority
	• Being able to access healthcare/medications
	• Timely access to care – not cancelling and rescheduling
	• Quality healthcare
	• Good number of resources in the QC, especially for mental health
	    o Vera French is a great resource (x multiple)
	    o "Vera French is one of the best places in the QC."

Individuals Experiencing Homelessness	• Good doctor who listens to my needs (x multiple) • Free • Good care • Cost for medications • Good medical services for my children • Affordable (x multiple)
Military / Veterans	• Timeliness for getting an appointment • Understanding care in the community and access to get in to see providers • Access to mental health, primary care, and other specialists in the community • Sometimes there are issues with VA communication or delays • Distance to travel and access to transportation
Parents	• Not having to pay too much out of pocket • Making correct diagnoses • Available healthcare • Having a good relationship with providers • Quality of service • Transportation to health appointments • Specialty providers closer to QC
Youth	• Myself • Mental health: support from family and friends • "Some kids can't go to their parents, so they go to friends. Some kids are scared to tell parents what's going on." • Lot of parents don't want to have awkward conversations to inform their kids, so they're stuck figuring it out on their own (e.g., sex) • Affordability • Knowledge on how to access things that are there
Question 8: Where would you go to access healthcare and/or health resources?	
African American Community	• Google • My doctor • Doctor's website • "Off-hours I typically go to clinics in Bettendorf. If you go to certain hospitals or emergency rooms, you wait hours. If you need to be seen, I drive the extra miles."

	• Iowa City
Business / Employees	• Insurance provider has a specific app for union workers with a list of providers that is easily accessible • Easy access to health resources
Homebound & Individuals with Disabilities	• Local provider • Doctor or clinic that accepts insurance • UnityPoint • Community Health Care
Immigrant & Refugee Community	• No idea • There are plenty of options on both sides of the river • Healthcare providers (x multiple) • Online • Hospitals (x multiple) • I go to places that I think it would be the cheapest.
Individuals with Experience Managing a Mental Health Condition	• Community Health Care • Iowa City: they don't turn anybody away • Osteopathic hospital at Kimberly and Marquette • Carol Center (x multiple) • DHS • County health • Rural areas don't have as many resources (x multiple)
Individuals Experiencing Homelessness	• CHC (x multiple) • Vera French (x multiple) • MercyOne Genesis (x multiple) • Oaktree Health • Library

Military / Veterans	• VA (x multiple)
	   ○ Mostly good experiences
	   ○ They take walk-ins
	   ○ Our local VA clinic is better than other communities
	   ○ One reported negative experiences
	• Access to care is an issue for all in the community, not just veterans

Parents	• Local healthcare providers • Urgent care • ER
Youth	• Mom • Trusted adults (x multiple) • Google (x multiple) • TikTok (x multiple). "People use TikTok if they're not comfortable talking to their parents."
Question 9: Are you comfortable with your provider? Do you trust your provider?	
African American Community	• "I see my provider once a year for my physical. Whenever I try to schedule an appointment, it takes forever, so then

	"never mind". I just wait for the once-a-year thing and then I tell her everything." • "I don't fully trust my provider. I feel like my primary care one rushes too much. With other providers it just feels like a money grab. Sometimes I just don't know if I'm getting adequate care as a Black woman. They think we're stronger than we really are. We are still human. It stems back to them thinking we can take more pain and that's not true. You have to advocate for yourself multiple times." • "I been going to the same doctor for several years so I feel like I can trust her. She does a great job." • "The only provider I trust is my OBGYN. She advocated for me after delivery." • "She [primary care provider] just takes forever. So, I just go to the clinic. Even if I want to be seen now it's a month."
Business / Employees	• Do not trust doctors because don't see them often and doctors revolve • Word-of-mouth of doctors to avoid in the area due to malpractice lawsuits
Homebound & Individuals with Disabilities	• Yes • Sometimes
Immigrant & Refugee Community	• Yes (x multiple) • Don't have a provider now (x multiple) o "I don't have a provider anymore since I don't have any Medicaid or health insurance. I don't go to doctor for almost 3 years now." • I don't know (x multiple)

Individuals with Experience Managing a Mental Health Condition	• No
	   o "I get bounced around to different ones and hear different things from them. Decisions don't make sense to me on what services you can or can't get."
	   o "For a while I didn't. Bad dental provider. Several fillings that have fallen out and cavities that have come back."
	 • Yes
	   o "I am comfortable with my doctor. But I've had some other trust issues with different providers."
	   o "I like the QC. If you can't get a provider in IA, then you can get one in IL. I was looking for a new provider and I'm so pleased with her. She's wonderful. She answers my needs. I like how she takes her time with the patients and wants to help her patients."
	   o "If I want to know something I go to my doctor and ask him."

Individuals Experiencing Homelessness	• Yes (x multiple)
	   o Listens to my concerns
	   o I can talk to her
	   o Very nice
	   o Sometimes I have to wait
	• No answer
	• Sometimes

Military / Veterans	• Yes (x multiple)
Parents	• Yes (x multiple)
Youth	• No (x multiple) • Yes • Don't go often
Question 10: How would you make care accessible to you?	
African American Community	• Evening hours at least once a week • "Going to the ER is a mess. I couldn't go to primary care because it was after hours. It took so long I ended up leaving. I ended up taking some over the counter pills. I could not wait. It was hours. I know it's not their fault, but that's just the health system that needs to change." • BIPOC physicians. "There is a mistrust within our community with doctors." • Seeing wait times before you go to the clinic is helpful • Health systems should have more pop-up clinics • Used to be able to go to stores/pharmacies to get your BP checked, but they're closed or have limited hours
Business / Employees	• Meet with employer to bring up concerns
Homebound & Individuals with Disabilities	• No problem accessing care • More resources to provide transportation • More community clinics
Immigrant & Refugee Community	• By having medical/Medicaid insurance • More resources and reaching out to people • Utilize community health programs • Have more interpreters for non-English speaking patients • Affordability

Individuals with Experience Managing a Mental Health Condition	• Have to care about yourself
	• Go to the Carol Center
	• Improve transportation
	   o Confusion with RBT busses and eligibility
	   o Issues with insurance for transportation services
	   o Being left at places not close to the office – makes some miss or be late to appointments
	   o Busses not running at night or to certain locations anymore

Individuals Experiencing Homelessness	• Transportation outside of the bus • Free care • After hours • Weekends (x multiple)
Military / Veterans	• Texting/secure messaging that is responsive • Electronic Health Record communication with providers • Older generations struggle with technology: not always the answer for everyone (e.g., telehealth, secure messaging) • Need flexibility based on the patient or their caregivers
Parents	• Specialty doctors closer to the QC • Having mobile doctors/dentists for children under 3 • More dentists that see children under 5 for Medicaid
Youth	• Transportation (e.g., car) • Parents being at work is a barrier • Lack of confidentiality; some of your information goes to the whole family • More likely to lie if a parent is present (x multiple) • "Some things should be private. I'm going to be an adult in about a year. I'd rather be at the doctor by myself to learn what to say and how to say it. If I could be there by myself, I could just tell them what's wrong with me instead of being nervous about it."

Exit Question

Question 11: Is there anything else you would like to say about what could make your community a better place to live?	
African American Community	• Involvement from the community • Healthcare providers need to build trust within the Black community – come to events and neighborhoods to build relationships
Business / Employees	• "Health should be accessible for everyone everywhere." • Grocery stores with locally grown food will help the community. What people eat has a long-term effect down the road. • Education: teach parents to raise their kids on good nutrition and healthy habits • Too expensive to eat healthy, cheaper to eat poor options • Concerns of potential for workplace violence due to tumultuous layoff situation • Lack of sympathy and compassion in the workplace – workers need help dealing with the stress
Homebound & Individuals with Disabilities	• Peace and happiness for everyone

Immigrant & Refugee Community	• Keep making improvements • It's important to take action whenever a patient has a concern • Too much shooting

Individuals with Experience Managing a Mental Health Condition	• Outreach by organizations
	• Going into homes to provide care
	• Sincere care
	• Landlords need to take care of their properties (x multiple)
	    ○ "They need to fix what's going on."
	    ○ "There are people out there that have bed bugs in their room. Bad pipes…People need to take care of their places, and this stuff wouldn't happen. People wouldn't be out on the street."
	• Relationships with police officers
	    ○ A lot of them don't understand people with disabilities
	• More community services to help people living out on the streets. Put them in a place of their own so they're in a safe environment.
	• Address homelessness
	• Drugs/alcohol are a problem

Individuals Experiencing Homelessness	• Buses run later or all night • Nicer/better police (x multiple) • Parks open later • More mental health services • More free services • Services for seniors
Military / Veterans	• Reduce crime • Get kids off the street in the summer and stay out of trouble (e.g., waterparks) • More activities to connect with veterans during the winter – people become isolated • All veterans should be enrolled in the QC Vets Outreach Center
Parents	• More community groups to discuss health • More info on food banks in the area • Safer streets for older children to walk to school
Youth	• Food/making groceries affordable • Juvenile crime is an issue • More youth programs and awareness of ones we have • Guns are a problem • Violence in young relationships – toxic relationships • Lack of mentoring for young girls and boys

Providers

Exploration Questions

Question 1: What do you think is the biggest health concern in our community (Rock Island and Scott Counties)?	
Faith Community	- Mental health - Upcoming election causing lots of stress and division - Drug and alcohol use - Hard to find rooms for mental health patients – have to go out of area sometimes - Lack of affordable housing - Food insecurity – especially for children - Obesity and related health problems (e.g., diabetes and heart disease) - Knowing how to access the correct level of care - Overuse of the Emergency Room with non-emergencies – not using clinics - Confusion on where to go for care - Not listening to doctors and providers - Aging population and health literacy - Transportation - Lack of hospital beds for pediatric in-patients in Illinois: hard for low-income Illinois families to get to hospital in IA to see kids when hospitalized
Healthcare Providers	- Increase in psychiatric patient care volumes - Need for providers (e.g., psychiatry) - Access to care for Medicaid patients in terms of seeing specialists (patients get referred to Peoria or other places, especially for neurology and psych) - Access to dental care
Homeless Service Providers	- Mental health (PTSD) - Housing affordability - Homeless shelters - Adequacy/capacity - Safety: sometimes causes more people to live on the streets - Safety of personal items, including medications (theft) - Substance use - Stimulants (meth) "Dirty" drugs/altered drugs with bigger impacts - Transportation issues
Non-profit Leaders	- Mental health/behavioral health - Especially for younger populations who don't have the coping mechanisms - Overall layer of stress complicates everything

	- We all have less bandwidth (attentiveness, energy, resilience) - Lack of life skills - Loneliness/disconnection – even the Surgeon General has declared an epidemic of loneliness - Loneliness has gotten worse since COVID-19. Social connection and wellness need to be a part of holistic wellness. • Access to care (x multiple) - Especially for specialty care and the aging population - Shortage of caregivers "Everyone struggles with navigating the system." - Physical access is just one component - People don't know enough about their health - Lots of anxiety on a day-to-day basis - If people face a barrier, they don't have the time or capacity to keep trying so they give up - Poverty means lack of access to transportation; even if they finally get an appointment, but are late because of the bus, then they aren't going to try again - Lack of diversity in providers (race/ethnicity, sexual orientation/sexual identity, etc.). "We have to be inclusive of our other participants in our populations." - Not easy for trans community to find or switch providers, depending on who is affirming or not; educating providers on these topics puts the burden on the patient - Providers are stressed too, which means you have to be your own advocate for your own care (providers don't have the time, doesn't mean they don't care) - Payment for care can be difficult and an extra stressor • Nutrition, physical activity, and weight
Policymakers/ Elected Officials	- Mental health (x multiple) - Access to care (x multiple) - For all income levels - Availability of medical professionals (x multiple) - Access to specialty care providers (x multiple) - Having to travel to Peoria or Iowa City (x multiple) - Waiting weeks for appointments - Increasing rate of cancer diagnoses in IA (Scott County is fastest growing county in IA) - Access for military community (working through insurance and referral systems is difficult) - Difficult to find a primary care provider - Lack of level three trauma center • Poverty

	o Lack of access to adequate food, nutrition, healthcare, and medical facilities

Public Health Providers	• Mental health
	  o Lack of services
	  o Delay in getting services when needed
	  o Reimbursement for providers is low, which prohibits them from getting into the field
	• Substance use
	• Food deserts
	• Lack of providers
	  o Especially for OB and specialty care
	  o Travel out of the area
	• Transportation
	• Language and communication barriers
	• Insurance issues

Question 2: Thinking of your answer to Question 1) What is the one thing you would most like to see happen to address this health concern in our community?	

Faith Community	• More mental health services
	  o For those using alcohol/drugs
	  o More psychiatrists for adults and kids
	• More education about what services is available locally (e.g., The Abbey for substance use)
	• More education about insurance and other resources

Healthcare Providers	• Access to care: make it easier for people to get established with a provider • Better communication related to referrals: providers are not notified if appointments have been scheduled, cancelled, rescheduled, etc.

Homeless Service Providers	• Housing
	  o Safe, dignified, and affordable without barriers
	  o Housing everyone is the first step
	• Increased collaboration between social services
	• Awareness of challenges facing our homeless population

Non-profit Leaders	• Invest in prevention
	  o "The easy answer is funding directed towards prevention. Teach kids the basic skills – school, coping, mental health. It would help solve problems for generations."
	• Address stigma
	  o "'Why are you helping these people?'" Because there's one parent working two jobs with three kids who needs the help. There's a lack of willingness to understand these situations from others."

	o "You can't be the parent you want to be if you're stressing about where your next meal is going to come from." o "If your basic needs aren't met, you're in survival mode." o We "sort" people – opportunity to be more inclusive

Policymakers/ Elected Officials	• More providers (x multiple)
	    o All kinds: psychologists, specialty care, primary care
	    o Make the area more attractive to medical professionals
	    o More school nurses (x multiple): some schools don't even have one; could help with providing resources/community education to prevent serious illness/disease
	    o Might require policy change at state level
	    o Work with local universities to build medical programs and keep workforce here
	 • In-patient long-term options for mental health services
	 • Screenings on-site at alternative locations (e.g., YMCA)
	    o Need to connect assessment with actual care
	 • Level three trauma center
	 • Prevent before reacting: establish systems and processes first

Public Health Providers	• Education
	    o To families about early childhood healthcare and mental health
	    o On services that are or aren't available
	    o Be upfront about possibility of having to travel out of the area to prevent frustration, anger, and anxiety
	 • Transportation
	    o Volunteer drivers to get people to appointments

Environment Questions

Question 3: Is the Quad Cities a happy place to live? A safe place to live? Why or why not?	

Faith Community	• No (x multiple)
	    o My daughter doesn't feel safe at the mall due to shootings.
	    o We can't allow children to be as mobile as we used to.
	    o Younger folks find it unsafe
	    o "We live in a time where churches have to lock their doors, and schools have to have police."
	    o "I live alone and don't go to the grocery store after dark anymore."
	    o COVID-19 and social distancing impacted young people
	    o Drug trade and human trafficking exist
	 • Yes (x multiple)
	    o There is a comfort factor – people are drawn here
	    o Midwest nice – safer here than other places

	o Centrally located between Chicago and St. Louis with lots to do o Small town sense of safety • Depends on where you live and shop • Seasonal cycles: more to do in the warm summer months than winter
Healthcare Providers	• Depends on who you ask. While most providers on the call are happy where they live, most patients don't have access to safe, affordable housing. • Depends on where you live
Homeless Service Providers	• Yes, it can be a happy place • Safety is a concern • Definitely not equitable – significant disparities exist due to wealth/race o "People want to have the same opportunities at their core, but don't have the same access to opportunities." • Friction between downtown businesses and the homeless population

Non-profit Leaders	• Yes (x multiple)
	   o It's what you put into it that you get out of it
	   o Lots of opportunities here
	   o For certain populations, yes, it is safe (White, Cis)
	   o Friendliness in general is better here than other places, but there are lots of populations who might not feel the same
	   o This end of Iowa is more welcoming than the other end of Iowa, but maybe not as much as across the river (IL)
	• No (x multiple)
	   o Political environment
	      ▪ For some there is a fear of being a target based on the political environment
	      ▪ Young adults, teenagers, and kids who have any idea that they might identify differently are terrified in this political climate
	      ▪ Allies are incredibly important
	   o Racism
	   o Economic disparities

Policymakers/ Elected Officials	• Yes, both (x multiple)
	   o Many people who come here end up staying here because they like it
	   o Diversity is a strength: each city in the QC is unique
	   o Students come here from Chicago and decide to stay
	   o Sense of community here is strong
	   o Iowa City and Peoria are within reasonable drive
	   o All needs can be met here, but it doesn't feel like a big city

	o Each city has its own character

Public Health Providers	• Yes (x multiple)
	   o I feel safe
	   o We work together in this community
	   o I feel safe most places in the daytime
	   o There are so many community events and diversity and ways to learn about other cultures
	• Homelessness is an issue
	   o Might be associated with mental health issues
	   o Homeless shelters are full
	• Need more safe and affordable housing
	   o Wait lists for affordable housing
	• Need a consortium on mental health
	• I am more guarded in the city, especially at Walmart and the mall
	• Cars often broken into
	• I am more guarded at night

Question 4: Does the Quad Cities area meet your clients'/constituents'/citizens' needs? Why or why not?	
Faith Community	• Referrals out of town to Peoria or Chicago due to insurance or lack of insurance o No transportation to get there • Services are available, but people don't know about it • Hard to find Illinois physicians accepting new patients • Hard to find insurance – can't afford tests • Community Health Care has a good presence in QC • Breast cancer services for minorities don't exist anymore • Hospitals and health care industry more focused on money rather than care for patients • "You feel like a number when accessing care – in and out." • Lack of dental care
Healthcare Providers	• Not enough providers (primary care and specialists), especially for Medicaid patients • Patients leaving town to get care elsewhere • Staffing levels are a concern • Psychiatric mental health nurse practitioners are helping • Inpatient pediatrics is an area of weakness, especially in IL

Homeless Service Providers	• No (x multiple)
	   o Inadequate funding
	   o Inadequate municipal planning (e.g., appropriate cooling centers)
	   o Deteriorating safety net
	   o More transitional housing is needed
	   o Services are provided, but not to the level the population expects or wants

	o Services are spread out and difficult to access

Non-profit Leaders	• Yes (x multiple)
	  o Always room for improvement
	  o Depends on your perspective (if you have or have not lived other places)
	  o Diverse, but not as diverse as some
	  o Welcoming atmosphere
	  o Things happening here that only happen in the best communities
	• Transportation issues – affects ability to access healthcare services (especially if out of town)

Policymakers/ Elected Officials	• Yes (x multiple)
	  o Several entertainment options
	  o Several physical wellness options (trails, YMCA, etc.)
	  o Access to great schools and programs (athletics, drama, music, etc.)
	  o Multiple venues for plays and music
	  o Employment opportunities: quality jobs and a variety of jobs that pay well
	• No (x multiple)
	  o Medical care is the one biggest issue
	  o Shortage of affordable/subsidized housing
	  o Shortage of housing at all income levels
	  o Transportation is good in IL, but not in IA (laws make it difficult because each city has to have their own transportation system)
	  o Not enough large businesses here/lack of career advancement opportunities for the younger population

Public Health Providers	• No (x multiple)
	  o Not enough providers
	    ▪ Lack of specialty care doctors for children
	    ▪ Lack of providers who take Medicare and Medicaid
	  o Transportation issues
	  o Insurance issues
	  o Traveling out of the area to Peoria or Chicago
	  o Translation and interpretation services are difficult to work with
	  o Not enough funding

Access to Care Questions

Question 5: What do you believe is most important to your clients/constituents/citizens when it comes to accessing healthcare? What are their priorities?	
Faith Community	• Providers who take time to listen to their concerns • Providers who look at them and understand their language and culture • "If you don't have an advocate, you fall through the cracks." • No relationship with provider when they are different each time • More clinics and urgent care available • Mobile healthcare bus • Patients don't want to go to the ER due to long wait times • Patients do go to the ER because they don't have to pay (at clinics you have to pay)
Healthcare Providers	• Ease of access: scheduling for appointments can be a month or two away; if patients don't get access they go to the ER and incur extra costs • Transportation: living farther out of the city; using public transportation takes longer
Homeless Service Providers	• Mental health services o Psychiatric services o Psychologic services o Medication management o Trauma informed care is needed to increase understanding of the stigmas associated with low-income populations o Lack of long-term mental health facilities (nothing in Eastern IA) • Transportation o To help people get to care
Non-profit Leaders	• Awareness, skills, and abilities to understand the healthcare system • Rural access to care, including dental and specialty care • Quality, gender-affirming care • Mental health providers, especially ones who take state aid • Access to basics impacts everything o Safe water, stable housing, childcare first o Low-income families feel extra stress o "If we could solve one thing (e.g., childcare) then it would be something people don't have to worry about anymore and take care of their other needs. Stress levels would come down and we start growing healthy people." o "If we could solve housing, or one other thing, it would have benefits beyond that."

	○ Barriers to accessing school/education – requires community to come together and focus on a population that needs help - PTO for parents to take kids to appointments. "They don't have time to be sick." - Cost ○ "Healthcare costs are a runaway train." ○ "Are you getting high quality care if you pick the cheaper option?"
Policymakers/ Elected Officials	- Time ○ Waiting weeks to months for major issues is not acceptable ○ Can't get kids into therapy appointments for 6-8 weeks - Distance ○ How far do I have to go to be able to get to a provider?
Public Health Providers	- Affordable care - No gaps in care - Same doctor every time - Wellness and preventative medicine - Funding for supplemental services for families - Gaps in funding ○ No funds for bus tickets - Transportation to appointments in Iowa City, Peoria, or Chicago
Question 6: Where do your clients/constituents/citizens go to access healthcare and/or health resources?	
Faith Community	- Emergency Room ○ Sometimes not the most appropriate care setting ○ Lack of primary care provider - Primary Care Provider ○ If you have one ○ Younger people don't get the concept of having a PCP - Systems don't talk to each other (healthcare records) - Specialties get sent to Iowa City – transportation can be an issue ○ Iowa City and Peoria don't always have enough beds ○ Even if there are beds, there aren't enough nurses
Healthcare Providers	- Patients get their information from urgent care, which is not ideal (could be because there is a lack of primary care) - Providers in the community don't use the same Electronic Medical Records system - Navigation is difficult when having to call several different places to schedule an appointment
Homeless Service Providers	- Emergency Department - Community Health Care, Inc. - Robert Young/Center for Alcohol and Drug Services (CADS) - Vera French

	• Oak Street Health • Eagle View Behavioral Health • MercyOne Genesis/UnityPoint Health – Trinity

Non-profit Leaders	• Primary care provider
	    o Rely on word of mouth on different providers and services that are gender-affirming or not
	    o Not all are accepting new patients
	    o Hard to figure out what doctors are available here if you're new to the area
	• Hard to get into specialists (wait times) (x multiple)
	• Non-profit organizations
	• Google
	• QCON The Hub
	• Used to have 211, but that doesn't exist anymore

Policymakers/ Elected Officials	• Outside the area for any specialty care (Rochester, Chicago, Peoria, Iowa City)
Public Health Providers	• Walk-in clinics • Emergency Room • Public health departments • Community Health Care, Inc. • The Project for STI testing and treatment • World Relief provides transportation for refugee community to appointments
Question 7: How would you make care accessible to your clients/constituents/citizens?	

Faith Community	• Improve transportation
	    o Get a bus that drives doctors to the patients
	    o Parish nurses often take patients to appointments or make arrangements with others
	• Build relationships with patients
	• Need more nurses
	    o Hard to get people interested in bedside nursing – lot of turnover
	    o Hard to keep our nurses here and to care about patients (no continuity of care)

Healthcare Providers	• Access Coordinator at UnityPoint helps refer patients to primary care providers who have open availability and schedules appointments. Some are unaware of this resource. • Need better communication and education of the patients and community on what we have available • UnityPoint takes round robin approach for taking new patients
Homeless Service Providers	• Walk-in access for all needs, not just acute illness • Transportation to care that is reliable and consistent

	• Care that understands the complexities of serving homeless individuals
Non-profit Leaders	• Improve transportation and ramps/ADA access • Be accessible as providers (can't be too clinical all the time) • Hire people with lived experience so individuals feel like they have someone who can understand them (x multiple) • "We have to work to understand and listen and treat individuals like they are the expert on their own experience." • Hire people who look like our community • People need to feel like they belong

Policymakers/ Elected Officials	• Telehealth
	   o Preventative nature
	   o Better than no access at all
	   o Helps bridge access to more care
	   o Still has some limitations
	• Patient portals are useful, but the health systems don't share information with each other because they're not the same platform
	• Access to doctors on regular basis
	• Urgent cares need to list out what they can and cannot handle to help patients make the right choice

Public Health Providers	• Transportation • Make it affordable • Education on steps to take and what is needed • Adequate reimbursement for providers

Exit Question

Question 8: Is there anything else you would like to say about what could make your community a better place to live?	
Faith Community	• Get to know your neighbors • More coming together of all peoples, cultures, genders – no silos in own demographics • Feel part of larger community • Chaplain program training – we need training here at local hospitals
Healthcare Providers	• More affordable housing that doesn't require people to work 2 or 3 jobs • Educate community about homeless shelters: some people come into the hospital because they have no place to go
Homeless Service Providers	• "Please just listen to the challenges faced by our homeless population and open the eyes of what can be done."
Non-profit Leaders	• Recognize and address disparities o "Everything we've talked about is experienced differently by different people."

	- Don't overlook impact of loneliness on bigger things (e.g., access to care) - Important to have a sense of community - More volunteer opportunities to get people engaged - Get people to participate in things so they can thrive (immigrants, refugees, etc.) - Diversity "Get people invested in diversity, instead of what just benefits them." - Surprise at how much you can have in common with someone who looks a lot different from you - Connecting people to each other who would normally not cross paths could help with some of the political discord if people are exposed to more people who are different from them
Policymakers/ Elected Officials	- Address social determinants - More transportation options for low-income residents to help with access to care, jobs, etc. - Support for daycare for women who can't access the workforce or need to access care (x multiple) - Access to care - Education to community members on how to triage health concerns - Cost of prescriptions are outrageous - Ambulance services are declining - Need to advocate for your own healthcare - Timely access to providers to reduce burden on emergency rooms - More collaboration between health systems instead of competing for services - Mental health - Improve partnerships between public safety (law enforcement) and the emergency room - Set healthy habits from an early age with kids
Public Health Providers	- Address social determinants of health - Hold landlords accountable for fixing issues (e.g., bed bugs, mold) (x multiple) - Standards for safe housing - Develop apartments in vacant structures - Affordable housing for ages 18-55 - Built environment - Increase multi-use trails on both sides of the river and link them to each other - Safe routes to school - Collaboration between non-profits

	• More resources for people experiencing homelessness and those with mental illness • Awareness on who to call for resources • Behavioral health specialist at police departments • Address barriers to students having a safe place to learn and grow (e.g. inclusivity for LGBTQ+, immigrants, and people of color)

2024 LGBTQ+ Community Health Needs Assessment
The Project of the Quad Cities

The Project of the Quad Cities conducted an LGBTQ+ Community Health Needs Assessment that included responses from 130 individuals in the Iowa and Illinois Quad Cities. The full assessment results are available via request from The Project of the Quad Cities. A compilation of questions and results that parallel the 2024 Qualitative Health Assessment focus group questions are highlighted below.

Top Issues

What would you prioritize as the top three health issues impacting LGBTQ+ communities in the Quad Cities? (Choose 3 please)	
Access to welcoming care	48%
Alcohol or other drug addiction	29%
Bullying	19%
Depression	66%
Diabetes	5%
Eating Disorders	9%
HIV/AIDS	20%
Loneliness/Isolation	53%
Suicide	28%
Tobacco	8%
Violence/Homicide	14%

What, if any, other area would you identify as a top issue impacting LGBTQ+ communities?
Themes were identified for use in the 2024 Qualitative Health Assessment. Total number of respondents is 130

Access to care	**Total: 12**
▪ access to knowledgeable care	1
▪ access to healthcare and pharmacy	2
▪ healthcare	2
▪ access to quality care	1
▪ uneducated, biased healthcare staff; medical trauma	1
▪ access to LGBTQ+ health services	2
▪ access to affordable care	2
▪ access to welcoming care	1
Community	**Total: 24**
▪ ignorance and acceptance	9
▪ lack of community	3
▪ community safety	2
▪ infectivity of community	3
▪ access to welcoming spaces (outside of healthcare)	3
▪ safe spaces for trans community	2

▪ social spaces to meet other LGBTQ+ people (not involving alcohol)	2
	Total: 12
Mental Health	2
▪ loneliness	3
▪ suicide	3
▪ bullying	1
▪ depression	3
▪ psychological needs	
	Total: 5
Political Environment	1
▪ anti LGBTQ+ laws being passed	1
▪ laws discriminating against transgender community	1
▪ the government	2
▪ changing political environment	

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.

Did you ever eat less than you felt you should or skip meals because there wasn't enough money for food?	
Yes	30%
No	70%

"I worried whether my food would run out before I got money to buy more."	
Never True	55%
Sometimes True	36%
Often True	9%

"The food that I bought just did not last, and I did not have money to get more."	
Never True	63%
Sometimes True	29%
Often True	8%

Do you have access to a grocery store in the neighborhood you live in that sells healthy, affordable foods?	
Yes	77%
No	23%

How safe do you feel in your home?	
Somewhat Safe	28%
Safe	66%
Somewhat Unsafe	6%

How safe do you feel in your neighborhood?	
Somewhat Safe	39%
Safe	46%

Somewhat Unsafe	12%
Unsafe	3%

At any point in your life have you experienced discrimination based on your LGBTQ+ status?	
Yes	77%
No	23%

At any point in your life have you experienced physical and/or sexual violence based on your LGBTQ+ status?	
Yes	29%
No	71%

At any point in your life have you experienced homelessness, including couch-surfing, or staying in a temporary living situation because of no alternatives?	
Yes	35%
No	65%

At any point in your life have you experienced violence from a family member, partner, or spouse?	
Yes	49%
No	51%

Access to Health Care

Do you have one person you think of as your personal doctor or health care provider?	
Yes	83%
No	17%

Have you visited a doctor for a routine checkup within the last 12 months?	
Yes	77%
No	23%

Have you visited a dentist or dental clinic for any reason in the last 12 months?	
Yes	62%
No	38%

Have you ever experienced a negative reaction from a healthcare provider when they learned you are LGBTQ+?	
Yes	35%
No	65%

Do you fear seeking healthcare services because of past or potential negative reactions from healthcare providers?	
Yes	41%
No	59%

Sometimes LGBTQ+ people do not access health services (including mental health services) because of barriers to care. Do any of the following potential barriers prevent you from seeking the care you need?	
▪ N/A - No current barriers to care	62
▪ I fear a negative reaction to the fact that I am LGBTQ+ from my healthcare provider	20
▪ LGBTQ+-affirming healthcare providers are not covered by my health insurance	19

- LGBTQ+-affirming healthcare providers are too far away from me   24
- I cannot find LGBTQ+-affirming healthcare providers for the care I need   15
- I occasionally fear a neg. reaction from a "new" person   20

Have you avoided seeking healthcare services because of affordability?

Yes	57%
No	43%

Would you say that in general, your mental health is:

Poor	19%
Fair	31%
Good	34%
Very good	12%
Excellent	4%

Now, think about mental health, which includes stress, depression, and problems with emotions. For how many days in the past 30 days was your mental health poor?

0-7 days	48%
8-14 days	28%
15-21 days	12%
22-30 days	12%

In the past 12 months, have you received counseling or any other mental health treatment?

Yes	63%
No	37%

Have you ever been diagnosed with a mental illness in your life?

Yes	60%
No	40%

Part 2: Demographic Summary of Focus Groups, Quad Cities

BACKGROUND

Focus group participants were asked to take a demographic survey **(Exhibit 5)** following the completion of their session. Completion of the survey was voluntary. Overall, 101 (71.63%) of the 141 focus group participants completed the demographics survey. The focus groups were held with the following populations: 1) African American Community; 2) Elected Officials/Policymakers; 3) Employers/Business; 4) Faith Community; 5) Healthcare Providers; 6) Homebound/Individuals with Disabilities; 7) Homeless Service Providers; 8) Immigrant and Refugee Community; 9) Individuals Experiencing Homelessness; 10) Individuals with Experience Managing a Mental Health Condition; 11) Military/Veterans; 12) Nonprofit Sector; 13) Parents; 14) Public Health Providers; and 15) Youth.

Below is a summary of the demographic information collected from participants. The survey is included at the end of this profile.

FOCUS GROUP POPULATION

The participants were asked to select which focus group population they represented. Some participants felt they represented multiple population groups, so the figures below are duplicated in some instances.

Focus Group Population

Category	Value
Other	4
Youth	8
Senior (65+) Community	6
Schools / Childcare	3
Public Health / Healthcare Community	23
Military / Veterans	14
LGBTQ+ Community	1
Individuals Managing a Mental Health Condition	7
Individuals Experiencing Homelessness	16
Individuals Experiencing Food Insecurity	5
Immigrant and Refugee Community	2
Homebound / Individuals with Disabilities	3
Hispanic Community	4
Faith Sector	10
Employers / Business	10
Community / Non-profit Sector	20
African American Community	17

COUNTY PARTICIPANTS LIVE IN

The participants were asked to self-report which county they lived in. Ninety-four (94) participants completed the question, and seven (7) individuals did not respond. The percentages are based on those who responded. The number of participants were nearly even between Rock Island County (51.06%, N=48) and Scott County (48.94%, N=46).

What county do you live in?

- Rock Island: 48
- Scott: 46
- Did not respond: 7

AGE IN YEARS OF PARTICIPANTS

The participants were asked to share their age in years. Ninety-four (94) participants completed the question, and seven (7) participants did not respond. The percentages are based on who responded. The majority of participants were between the ages of 50-69 years (43.62%, N=41), followed by those ages 30-49 (37.23%, N=35), those ages 10-29 (12.77%, N=12), and those ages 70+ (6.38%, N=6).

What is your age in years?

Age	Count
10-29	12
30-49	35
50-69	41
70+	6
Did not respond	7
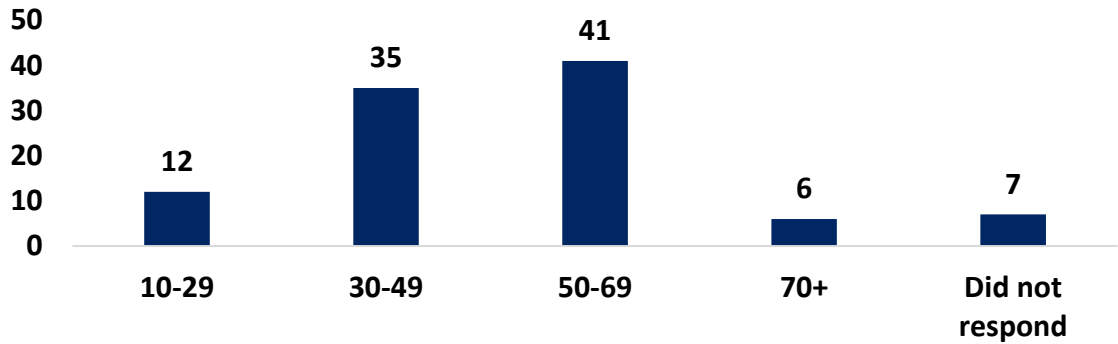
ZIP CODE PARTICIPANTS LIVE IN

The participants were asked to provide the zip code they live in. Ninety-one (91) participants completed the question, and ten (10) participants did not respond. The percentages are based on those who responded.

What zip code do you live in?

Zip Code	Count
52722	10
52748	2
52753	1
52756	1
52801	2
52802	2
52803	8
52804	7
52806	9
52807	7
61201	9
61231	1
61238	1
61240	1
61244	5
61250	2
61264	5
61265	11
61273	1
61275	2
61282	3
61413	1
Did not respond	10
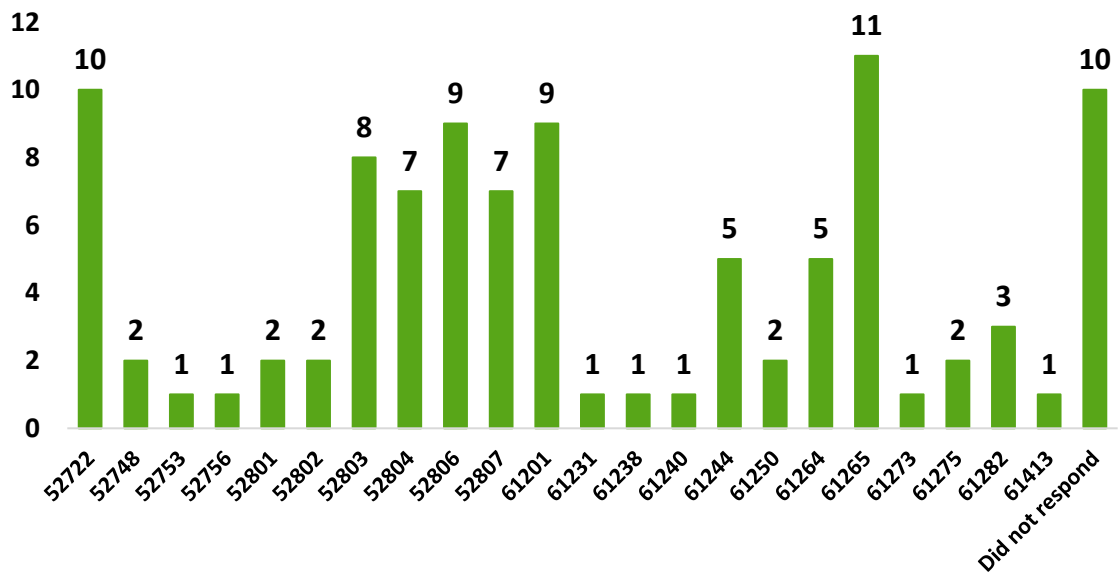
*Please note that participants may reside outside the study area.

GENDER OF PARTICIPANTS

The participants were asked to self-identify their gender. Ninety-eight (98) participants responded to the question and three (3) participants preferred to not respond or did not respond. The majority of participants were female (57.14%, N=56) followed by male (42.86%, N=42). No participants identified as non-binary or other.

What is your gender?

0 0
3
42
56
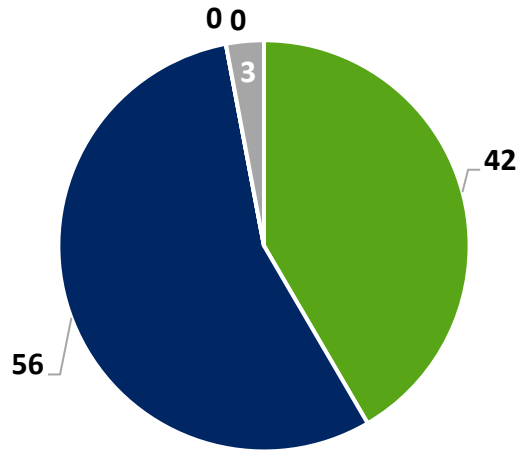
■ **Male** ■ **Female** ■ **Non-binary** ■ **Other** ■ **Prefer not to respond or did not respond**

ETHNIC GROUPS PARTICIPANTS IDENTIFY WITH

The participants were asked to self-report their ethnic group. Ninety-eight (98) participants responded to the question and three (3) participants did not respond. The percentages are based on those who responded. The majority of participants were non-Hispanic (91.84%, N=90), followed by Hispanic (8.16%, N=8).

Which ethnic group do you identify with?

8
90
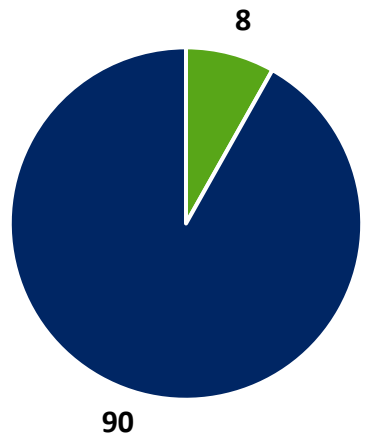
■ **Hispanic** ■ **Non-Hispanic**

RACIAL GROUP PARTICIPANTS AFFILIATE WITH MOST

The participants were asked to self-identify which racial group they affiliated with most. Some participants selected multiple population groups, so the figures below are duplicated in some instances. Ninety-nine (99) participants 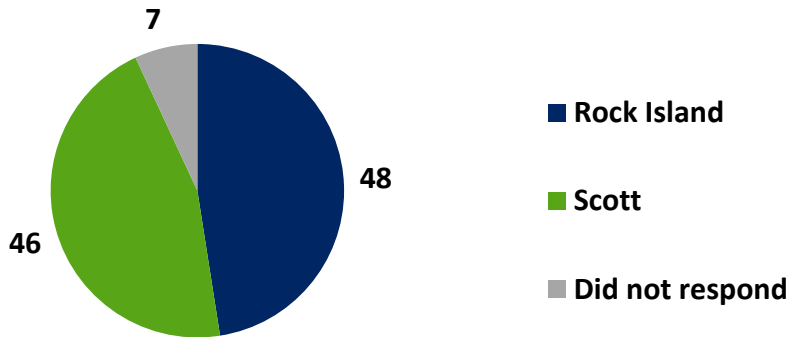completed the question, and two (2) participants did not respond or preferred not to respond. The percentages are based on those who responded. The majority identified as White (68.69%, N=68), followed by Black/African American (22.22%, N=22), Other (5.05%, N=5), and Asian (2.02%, N=2). No participants identified as American Indian/Alaskan Native or Native Hawaiian/Pacific Islander.

Which racial group do you affiliate with most?
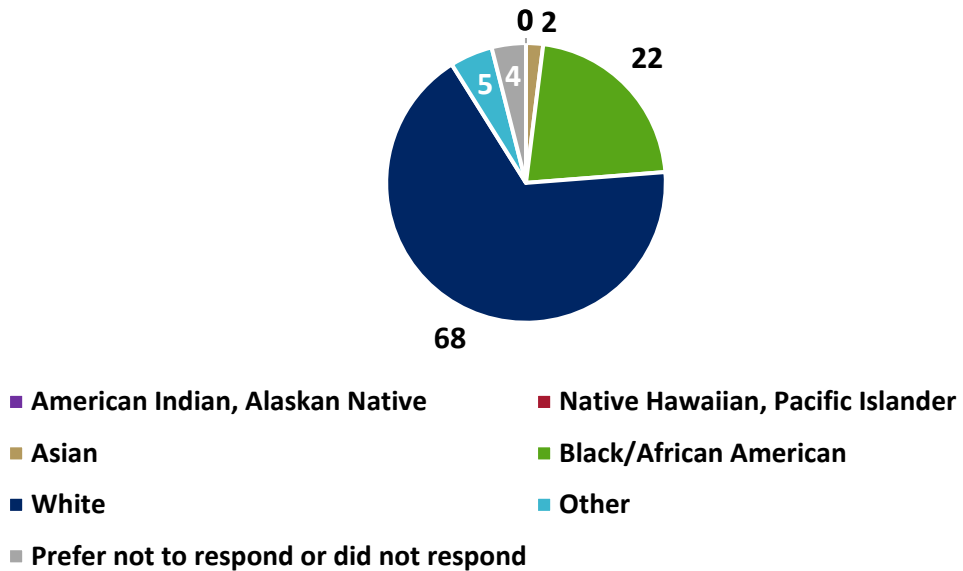
- American Indian, Alaskan Native
- Native Hawaiian, Pacific Islander
- Asian
- Black/African American
- White
- Other
- Prefer not to respond or did not respond

HIGHEST GRADE OR YEAR OF SCHOOL COMPLETED

The participants self-selected the highest grade or year of school completed. Ninety-seven (97) participants responded to the question and four (4) participants preferred to not respond or did not respond. The percentages are based on those who responded. A majority of participants held a postgraduate degree (34.02%, N=33), followed by those who had completed some college or technical school (23.71%, N=23), completed a bachelor's degree (21.65%, N=21), completed a high school diploma or GED (12.37%, N=12), and completed some high school (8.25%, N=8).

What is the highest grade or year of school you have completed?
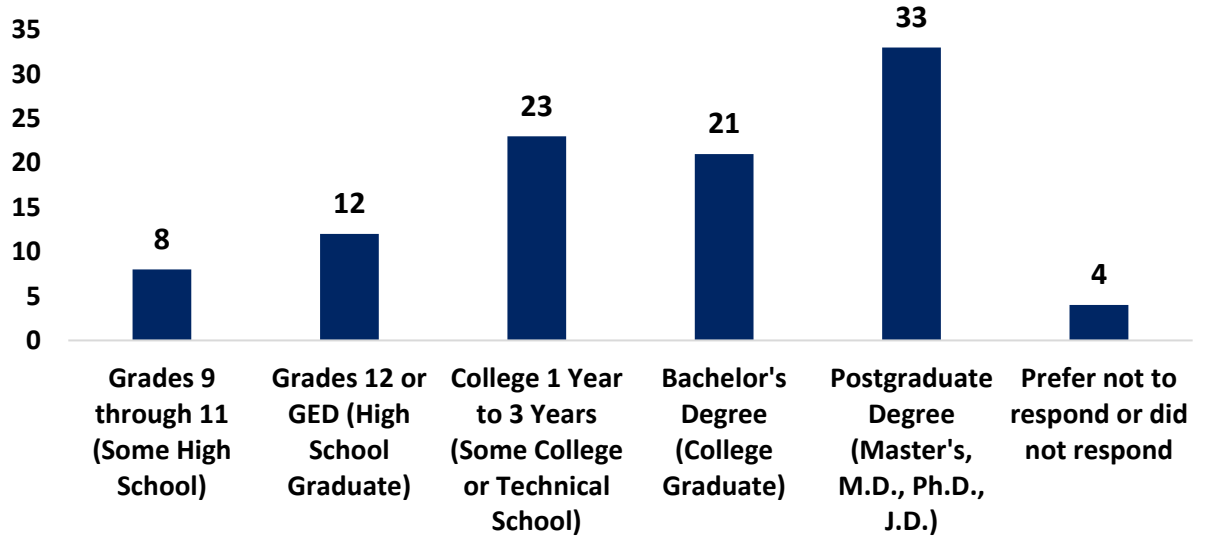
Grades 9 through 11 (Some High School)	8
Grades 12 or GED (High School Graduate)	12
College 1 Year to 3 Years (Some College or Technical School)	23
Bachelor's Degree (College Graduate)	21
Postgraduate Degree (Master's, M.D., Ph.D., J.D.)	33
Prefer not to respond or did not respond	4

TOTAL NUMBER OF HOUSEHOLD MEMBERS

The participants responded with the total number of household members, including themselves. Eighty-nine (89) participants completed the question, and twelve (12) participants did not respond. The percentages are based on those who responded. The majority responded with two household members (35.96%, N=32), followed by one (22.47%, N=20), three (19.10%, N=17), four (12.36%, N=11), five (8.99%, N=8), and seven (1.12%, N=1).

Total number of household members
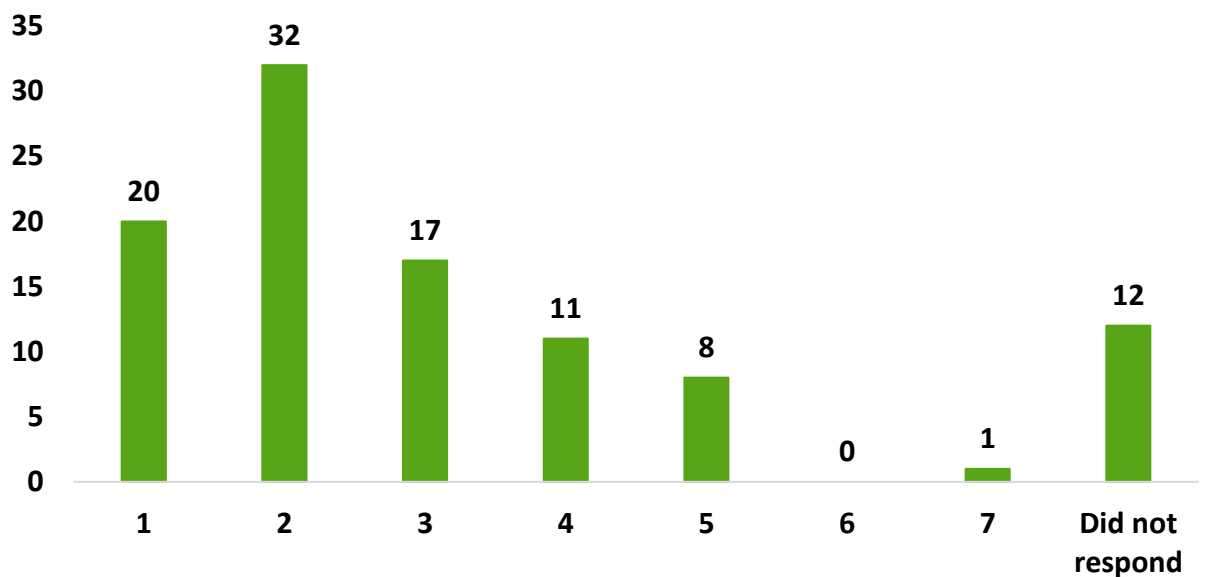
1	2	3	4	5	6	7	Did not respond
20	32	17	11	8	0	1	12

TOTAL ESTIMATED HOUSEHOLD INCOME

Participants were asked to self-identify their estimated household income. Eighty-one (81) participants completed the question, and twenty (20) participants preferred not to respond or did not respond. The percentages are based on those who responded. The majority of participants (40.74%, N=33) indicated they had a household income of $122,200 and over, followed next by those with a household income of $51,900 to $69,199 (13.58%, N=11).

What is your total estimated household income?

Under $12,500	$12,500 to $21,299	$21,300 to $38,999	$39,000 to $51,899	$51,900 to $69,199	$69,200 to $86,899	$86,900 to $104,499	$104,500 to $122,199	$122,200 and over	Prefer not to respond or did not respond
7	4	4	6	11	6	2	8	33	20
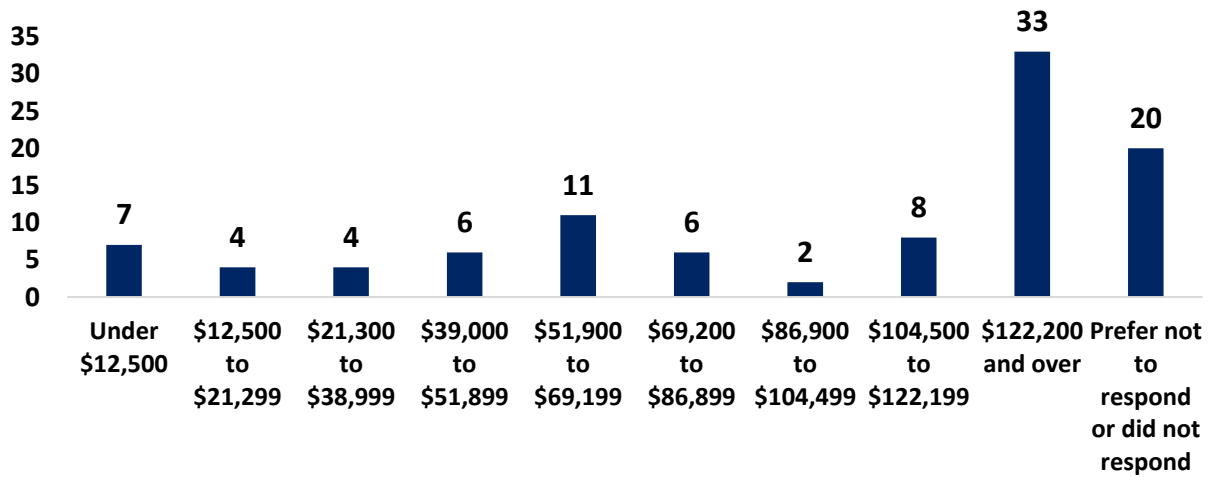
EMPLOYMENT STATUS

Participants were asked to self-select their employment status. Ninety-one (91) participants completed the question, and ten (10) participants preferred not to respond or did not respond. The percentages are based on those who responded. Most (74.73%, N=68) were employed for wages, followed by retired (10.99%, N=10), unable to work (7.69%, N=7), out of work for more than 1 year (3.30%, N=3), self-employed (2.20%, N=2), and student (1.10%, N=1).

What best describes your employment status?

Employed for wages	Self-employed	Out of work for more than 1...	Out of work for less than 1 year	Homemaker	Student	Retired	Unable to work	Prefer not to respond or did...
68	2	3	0	0	1	10	7	10
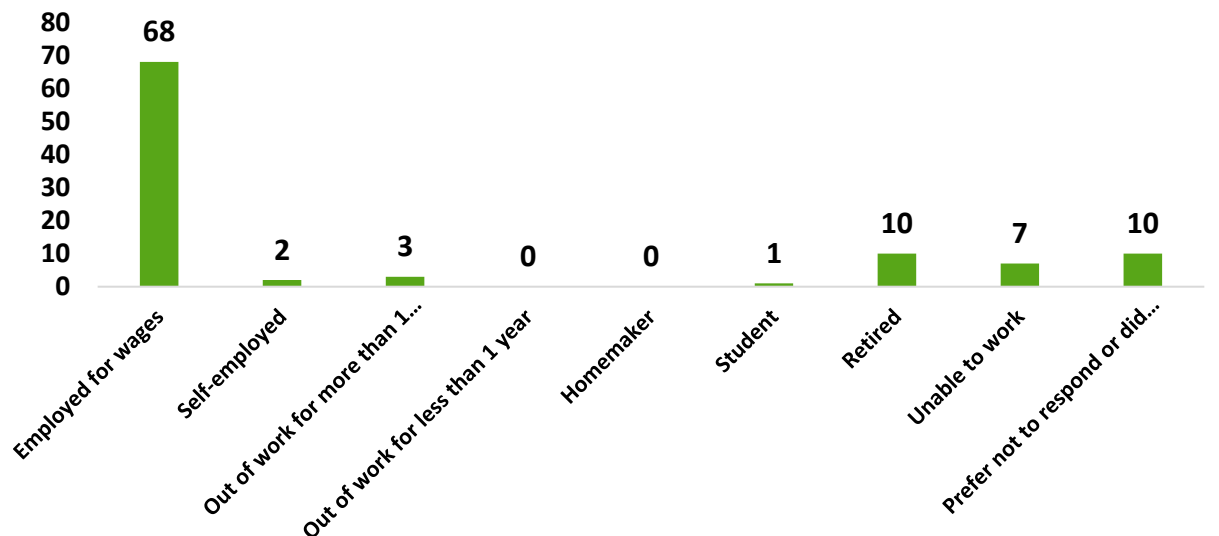
Exhibit 5: Focus Group Demographic Survey
Focus Group Demographic Survey

Please answer the following questions below. Completion of this survey is **voluntary** and will be kept **anonymous.**

1. Date of Focus Group: Click or tap to enter a date.

2. Focus Group Population:
    - ☐ African American Community
    - ☐ Community/Non-profit Sector
    - ☐ Employers/Business
    - ☐ Faith Sector
    - ☐ Hispanic Community
    - ☐ Homebound/Individuals with Disabilities
    - ☐ Immigrant and Refugee Community
    - ☐ Individuals Experiencing Food Insecurity
    - ☐ Individuals Experiencing Homelessness/Housing Insecurity
    - ☐ Individuals with Lived Experience Managing a Mental Health Condition
    - ☐ LGBTQ+ Community
    - ☐ Local Law Enforcement
    - ☐ Military/Veteran
    - ☐ Policymakers/Elected Officials
    - ☐ Prison/Jail
    - ☐ Public Health/Healthcare Community
    - ☐ Schools/Childcare
    - ☐ Senior (65+) Community
    - ☐ Youth
    - ☐ Other: Click or tap here to enter text.

3. What county do you live in?
    - ☐ Muscatine County   ☐ Rock Island County   ☐ Scott County

4. What is your age in years? Click or tap here to enter text.

5. What zip code do you live in? Click or tap here to enter text.

6. What is your gender?

    - ☐ Male   ☐ Non-Binary
    - ☐ Female

☐ Other (please specify): Click or tap here to enter text.

☐ Prefer not to respond

7. Which ethnic group do you identify with?
☐ Hispanic
☐ Non-Hispanic

8. Which racial group do you affiliate with most?
☐ Asian
☐ American Indian/Alaska Native
☐ Black/African American
☐ Native Hawaiian/Pacific Islander
☐ White
☐ Other (Specify): Click or tap here to enter text.
☐ Prefer not to respond

9. Which is the highest grade or year of school you have completed?
☐ Never attended school or kindergarten only
☐ Grades 1 through 8 (Elementary)
☐ Grades 9 through 11 (Some High School)
☐ Grade 12 or GED (High School Graduate)
☐ College 1 Year to 3 Years (Some College or Technical School)
☐ Bachelor's Degree (College Graduate)
☐ Postgraduate Degree (Master's, M.D., Ph.D., J.D.)
☐ Prefer not to respond

10. Total number of household members (adults + children, including self): Click or tap here to enter text.

11. What is your total estimated household income?
☐ Under $12,500
☐ $12,500 to $16,899
☐ $16,900 to $21,299
☐ $21,300 to $25,399
☐ $25,400 to $30,199
☐ $30,200 to $34,199
☐ $34,200 to $38,999
☐ $39,000 to $43,099
☐ $43,100 to $47,899
☐ $47,900 to $51,899
☐ $51,900 to $56,699
☐ $56,700 to $60,699
☐ $60,700 to $69,199
☐ $69,200 to $77,999
☐ $78,000 to $86,899
☐ $86,900 to $95,699
☐ $95,700 to $104,499
☐ $104,500 to $113,399
☐ $113,400 to $122,199
☐ $122,200 and over
☐ Prefer not to respond

12. What best describes your employment status?
- ☐ Employed for wages
- ☐ Self-employed
- ☐ Out of work for more than 1 year
- ☐ Out of work for less than 1 year
- ☐ Student
- ☐ Retired
- ☐ Homemaker
- ☐ Unable to work
- ☐ Prefer not to respond

APPENDIX B: MUSCATINE QUALITATIVE COMMUNITY HEALTH ASSESSMENT

Part 1: Muscatine Summary of Focus Group Findings

UnityPoint Health-Trinity Muscatine & Public Health

Introduction

The 2024 Community Health Assessment was conducted by UnityPoint Health-Trinity Muscatine's hospital and Public Health department in collaboration with the Quad Cities regional partners: MercyOne Genesis, UnityPoint-Trinity, Community Health Care, Inc., Rock Island County Health Department, Scott County Health Department and Quad City Health Initiative. Information obtained through these assessments help guide each organization to collectively develop health improvement plans that meet the needs of the community and counties they serve.

The process for the Muscatine County Community Health Assessment was guided by the Mobilizing for Action through Planning and Partnerships (MAPP) framework. MAPP is a community strategic planning process that helps communities achieve health equity and understand the most pressing population health issues.

The first phase of the MAPP process is "build the community health improvement foundation." This was done by six partners throughout the Muscatine, Rock Island, and Scott County areas coming together to form a Steering Committee. The Steering Committee met consistently throughout the year to ensure representation from each health care system and county approached the health needs assessment in a collaborative structure. Along with the Steering Committee from the region, a local steering committee comprised of Public Health Leadership team guided efforts in the Muscatine County area.

In addition to the region Steering Committee and the local Steering Committee, the Muscatine County Stakeholder group was formed and invited to participate in health needs assessment, lead focus groups, and drive the health improvement plan. The Muscatine County Stakeholders are representatives of the following sectors in the county; industry, small business, community non-profit, health care, pharmacy, school districts and academic institutes, transportation, health and human services, emergency management, law enforcement, faith-based organizations, diversity and equity, foundations and philanthropy, civic departments, and elected officials.

The second part of phase one reviewed the community's vision, a process of the MAPP framework. In alignment with our region and reviewed by the Muscatine County Stakeholders, the vision for the 2024 community health assessment is: "The Quad Cities region is united as one vibrant, collaborative community with engaged citizens, safe, thriving neighborhoods, and equitable access and opportunities for overall health and social well-being."

Phase two of MAPP consisted of conducting assessments to gather both quantitative and qualitative data to create a comprehensive view of health in our community, or "tell the community story." The "Community Health Status Assessment" was conducted by Professional Research Consultants (PRC) through a telephone survey of residents from Muscatine, Rock Island, and Scott Counties. The region Steering Committee worked extensively with PRC to ensure consistent and appropriate survey questions, with comparative national data, were deployed to best meet the comprehensive health assessments for all counties and communities involved.

The final phase of MAPP will be completed by the end of 2024 following analysis of results from the assessments mentioned in phase three. These include identifying strategic issues in order to "Continuously Improve the Community." Common themes that need to be addressed will be identified throughout phase 3. From there, goals will be defined, as well as strategies on how to achieve those goals. The final phase, "Action Cycle," is where the community will implement these strategies to achieve the defined community vision.

Community Themes and Strengths Assessment

Introduction and Purpose
Trinity Muscatine's Hospital and Public Health Department utilized the Community Themes and Strengths Assessment. Conducting the Community Themes and Strengths Assessments seeks to understand three priorities from populations within the county. The first identifies what is important to the community (concerns and assets). The second assesses how quality of life is perceived in the community. The third assesses what assets does the community have that can be used to improve community health. The Community Themes and Strengths Assessments were distributed and completed during the months of June, July, and August of 2024 in Muscatine County. Utilizing the MAPP framework as a guide, the Public Health Department, and the Muscatine County Stakeholder Committee, held Focus groups to assist in gathering results and analyzing common themes.

Method
In following the recommendation of the MAPP process, the Public Health Department and Muscatine County Stakeholder Committee, distributed the Community Themes and Strengths Assessment to sub-populations within the community to ensure representation from diverse perspectives were captured. The phone surveys being completed by PRC capture feedback from a larger population of residents in the county. The Community Themes and Strengths Assessment request was provided to the following sub-population groups within Muscatine County through leaders from their respective communities as identified by the Muscatine County Stakeholders. Fifteen (15) sub-populations were invited to participate and eight that were invited, voluntarily participated. The sub-populations that participated in the Focus Groups included: Families of School Aged Children, Hispanic/Latino, LGBTQIA+, Persons working with Seniors (65+), Persons impacted by Mental Health Condition(s), Public Health/Healthcare, Unsheltered/Housing Insecurity and Young Professionals. These sub-

populations were asked to complete the assessments in small groups through in person discussion. The groups that participated also submitted copies of their group discussion summaries and demographic surveys.

Analysis

Overall, 8 Focus Groups including 77 individuals from the 8 sub-populations were held, with the first taking place on June 21, 2024 and the last on August 8, 2024. Results were gathered by the Trinity Muscatine Public Health Department and analyzed through a prioritizing process that tagged common themes of community concerns and assets. The following results outline the themes across all sub-groups from Muscatine County.

Primary Health Concerns Themes:
- Increased education on preventative care
- Access to specialty providers
- Affordable healthy food and exercise
- Mental Health and Substance Use Disorder

Primary Health Concern Solutions:
- Transportation supports
- Access and education on how to use healthy foods and fresh produce
- Increase resources related to Social Determinants of Health
- Increased walkability for Muscatine County

Mental Health Impact Concerns and Challenges:
- Suicide and substance use in adolescents
- Incarceration
- Not enough prevention and education

Mental Health Resources to Consider:
- Multi-lingual resources
- Better coverage by insurance
- Help with social determinants of health
- Preventive care for mental health

Mental Health Concern Solutions:
- Holistic care/chiropractic care
- Engage substance use providers
- Preventative care education for mental health

Physical Activity, Nutrition, and Weight Impact Concerns and Challenges:
- Expense of healthy foods
- High obesity rating in Muscatine County
  - Increased rate of diabetes, heart conditions etc.
- Minimal access to free and safe physical activity options

Physical Activity, Nutrition, and Weight Resources to Consider:
- Affordability for gym memberships and healthy foods
- Education on how to cook healthy food that are inexpensive
- Education on how to break unhealthy habits

Physical Activity, Nutrition and Weight Solutions:
- Teach kids about healthy lifestyle in school
- Partner with local farmers and food markets
- Community gardens and free exercise classes

Access to Healthcare Impact Concerns and Challenges:
- Expensive and not local which causes more expense
- No specialty providers
- No education and focus on social determinants of health and prevention

Access to Healthcare Resources to Consider:
- More diversity
- More holistic approaches
- Transportation is a challenge
- Be more proactive

Access to Healthcare Solutions:
- Invest in the healthcare professionals
- Preventative care coordination
- Support in addressing social determinants of health

Additional Themes to Improve Muscatine County Health:
- Education, being proactive and prevention were all themes in all areas
- Need for services for the LGBTQIA+ Community
- Dental care
- Insurance and transportation

Acknowledgements

- ▶ Muscatine Diabetes Project
- ▶ Muscatine Power & Water
- ▶ National Alliance on Mental Illness (NAMI)
- ▶ Non-Emergency Transport
- ▶ Trinity Muscatine Foundation
- ▶ UnityPoint Health Trinity Muscatine, Occupational Medicine
- ▶ United Way of Muscatine
- ▶ Wester Drug
- ▶ YMCA

Exhibits

Exhibit A

Exploration Questions
1. What do you think is the biggest health concern in our community (Muscatine County)
2. (Thinking of your answer to Question 1) What is the one thing you would most like to see happen to address this health concern in our community?
3. What is your community doing well to support your health and health care?

Mental Health Questions
4. How does mental health impact our community?
5. What are the challenges we should consider as we think about mental health in our community?
6. What are the resources we should consider as we think about mental health in our community?
7. What is the one thing you would most like to see happen to address mental health in our community?

Physical Activity, Nutrition, and Weight Questions
8. How does physical activity, nutrition, and weight impact our community?
9. What are the challenges we should consider as we think about physical activity, nutrition, and weight in our community?
10. What are the resources we should consider as we think about physical activity, nutrition, and weight in our community?
11. What is the one thing you would most like to see happen to address physical activity, nutrition, and weight in our community?

Access to Healthcare Questions
12. How does access to healthcare impact our community?
13. What are the challenges we should consider as we think about access to healthcare in our community?
14. What are the resources we should consider as we think about access to healthcare in our community?
15. What is the one thing you would most like to see happen to address access to healthcare in our community?
16. Did you see preventative care in the last year? Why or why not?

Exit Question

17. How do you hear about services available? How do you prefer to get information about resources/services?
18. What exists in the community that would be beneficial to you, but you are NOT accessing? Why are you not accessing it?
19. Is there anything else you would like to say about what could make your community a better place to live?

Part 2: Demographic Summary of Focus Groups, Muscatine

BACKGROUND

Participants of the 2024 Community Health Assessment Focus Groups were asked to voluntarily take a demographic survey following the completion of their focus group session. The focus groups took place between June 7 and August 7, 2024. There were 77 participants in the focus groups in Muscatine County of which 77 (100%) completed the demographic survey. The focus groups who were invited to participate included individuals in the county that diversely represent our community populations: 1) African American Community; 2) Community/Faith/Social Services/Non-Profit Sector; 3) Families with School Age Children/Children in Childcare; 4) Hispanic Community; 5) Immigrant and Refugee Community; 6) Individuals Experiencing Food Insecurity/Food Distribution Organizations; 7) Individuals Experiencing Homelessness/Housing Insecurity; 8) Individuals with Lived Experience Managing a Mental Health Condition; 9) LGBTQ+ Community; 10) Local Law Enforcement; 11) Public Health/Healthcare Community; and 12) Senior (65+) Community; 13) For profit employers; 14) Young Professionals; 15) People living with Disabilities. Following, is information collected from participants who completed the demographic survey. (See survey at the end of this profile). It is noted that in the conduct of the focus groups, the groups were inclusive of content and context experts.

FOCUS GROUP POPULATION

All identified sub- populations were invited to participate within Muscatine County. Eight (8) groups of the 15 (53%) that were invited, voluntarily participated in the Community Health Assessment Focus Groups. The following demonstrates the number of participants per group.

Number of Participants
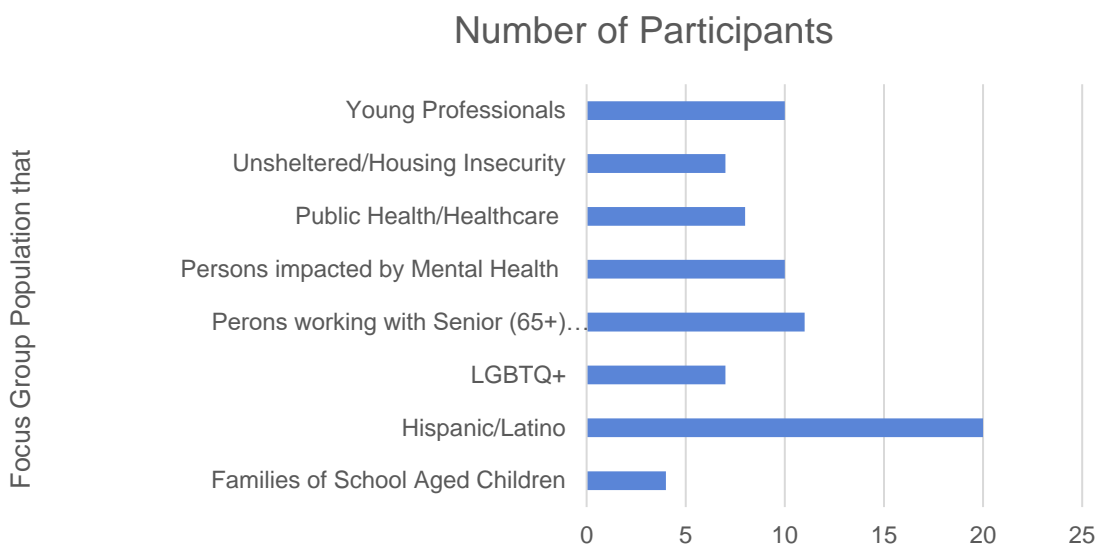
ADDITIONAL PARTICIPANT DEMOGRAPHICS

All participants report either working or living in Muscatine County. The participants were asked to share their age in years. Seventy-six (76) participants completed the question, and 1 participant did not respond. The percentages are based on who responded. The majority of participants (68%, N=52) were between the ages 36-65 years, followed by those ages 18-35 years (32%, N=24).

GENDER OF PARTICIPANTS

The participants were asked to self-identify their gender. All participants (N=77) responded to the question. Majority of the participants were female (86%, N=66), followed by male (14%, N=11).

ETHNIC AND RACIAL GROUPS PARTICIPANTS IDENTIFY WITH

The participants were asked to self-report their ethnic group. All participants (N=77) responded to the question. The majority (66.23%, N=51) of participants were non-Hispanic, followed by Hispanic (33.77%, N=26). In addition, 50 individuals identified as white, 2 American Indian/Alaska Native, 2 Black/African American, 1 Native Hawaiian/Pacific Islander, 21 Latino and 1 no response.
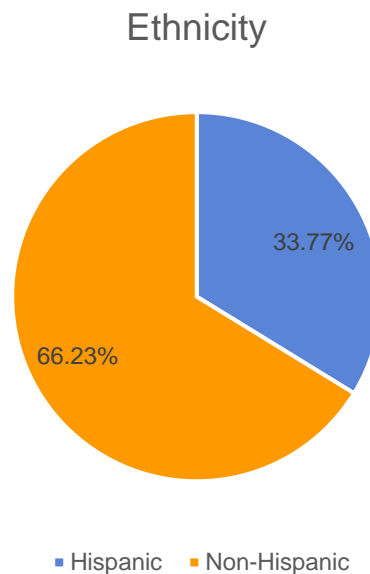
Ethnicity

33.77%

66.23%

■ Hispanic ■ Non-Hispanic

HIGHEST GRADE OR YEAR OF SCHOOL COMPLETED

The participants self-selected the highest grade or year of school completed. All participants responded (N=77). The majority (28.57%, N=22) of the participants reported a bachelor's degree, followed by 1-3 years of college (25.97%, N=20). In addition, 16.88% (N=13) reported High School Diploma or GED, 14.29% (N=11) reported some high school, 9.09% (N=7) reported a Post Graduate Degree and 5.19% (N=4) reported completing elementary school (K-8).
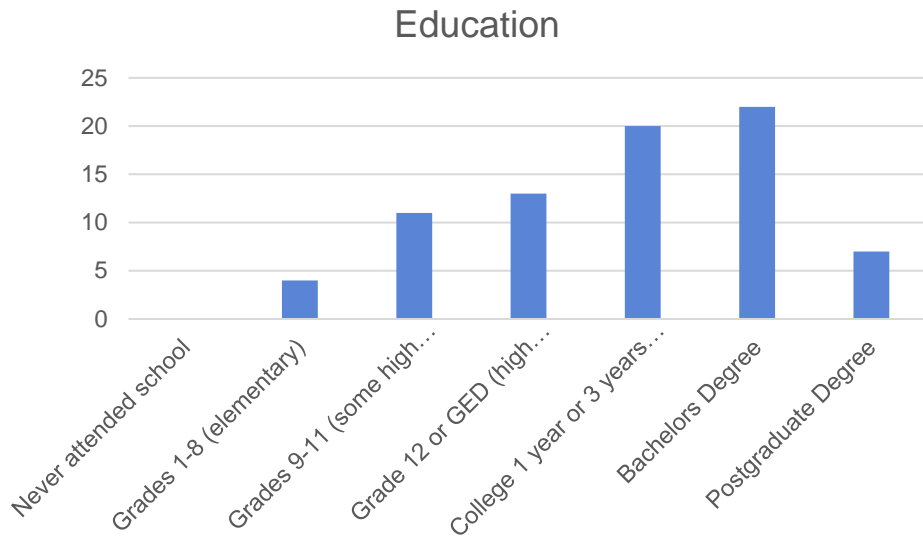
Education

TOTAL NUMBER OF HOUSEHOLD MEMBERS

The participants responded with the total number of household members, including themselves. Seventy-one (71) participants completed the question, and 6 participants did not respond. The percentages are based on those who responded. The majority responded with two household members (24%, N=17), followed by one household member (23%, N=16), three household members (21%, N=15), four household member (20%, N=14), five members (11%, N=8), and six (1%, N=1).
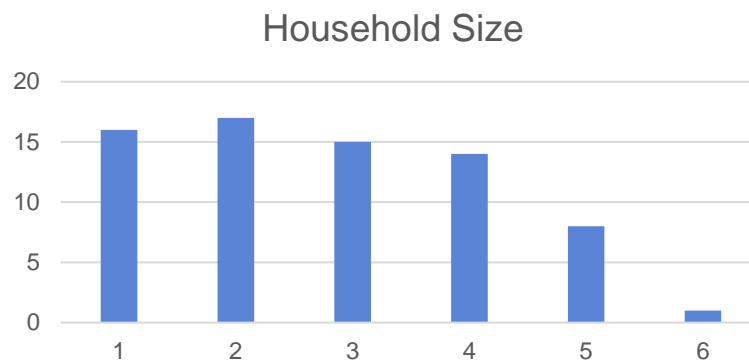
Household Size

TOTAL ESTIMATED HOUSEHOLD INCOME

Participants were asked to self-identify their estimated household income. Seventy-six (76) participants completed the question and 1 participant preferred to not respond.

Household Income

Income Range	Count
122,200 and over	14
104,500-122,199	3
78,000-104,499	9
56,700-77,999	10
43,100-56,699	7
34,200-43,099	5
Under 34,199	28
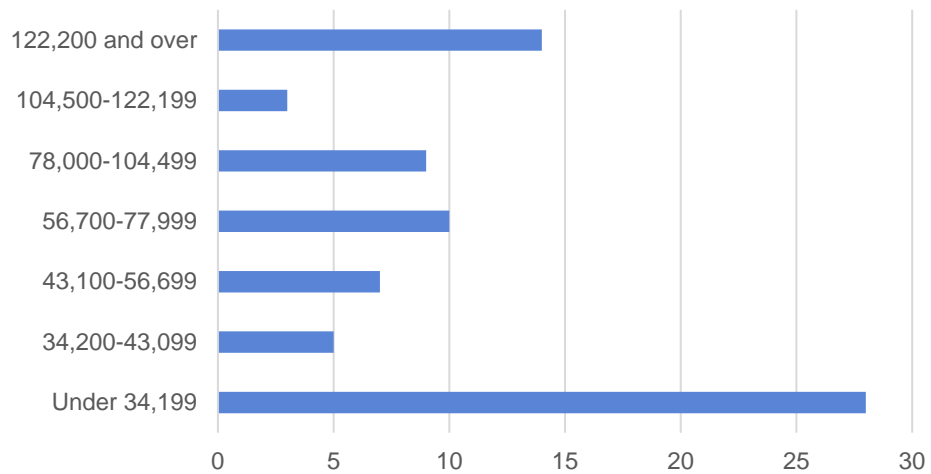
EMPLOYMENT STATUS

Participants were asked to self-select their employment status. Seventy-seven (77) participants completed the question. Most (73%, N=56) were employed for wages, followed by unemployed (10%, N=8), retired (7%, N=5), disabled (5%, N=4), homemaker (4%, N=3), and student (1%, N=1).

Chart Title

- 73% Employed for wages
- 10% Unemployed
- 5% Disabled
- 1% Student
- 7% Retired
- 4% Homemaker
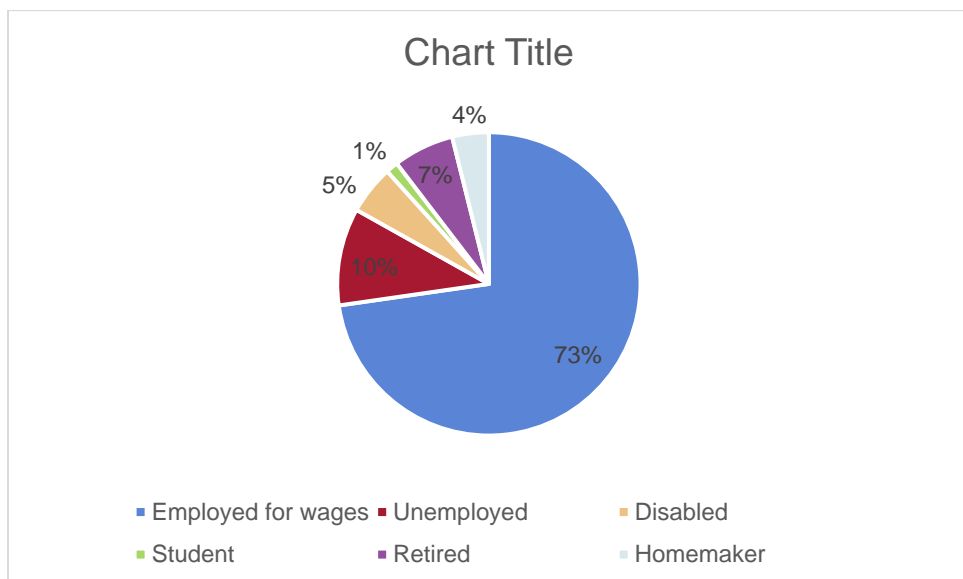
Focus Group Demographic Survey

Please answer the following questions in the spaces provided or select the most appropriate option. Completion of this survey is **voluntary** and will be kept **anonymous.**

1. Age (years): Click or tap here to enter text.

2. Zip Code area you live in: Click or tap here to enter text.

3. What is your gender?
   - ☐ Male
   - ☐ Female
   - ☐ Non-Binary
   - ☐ Other (please specify): Click or tap here to enter text.
   - ☐ Prefer not to respond

4. Which racial group do you affiliate with most?
   - ☐ Asian
   - ☐ American Indian/Alaska Native
   - ☐ Black/African American
   - ☐ Latino/Hispanic
   - ☐ Native Hawaiian/Pacific Islander
   - ☐ White
   - ☐ Mixed
   - ☐ Don't Know

5. Which ethnic group do you identify with?
   - ☐ Hispanic
   - ☐ Non-Hispanic

6. Which is the highest grade or year of school you have completed?
   - ☐ Grades 1 through 8 (Elementary)
   - ☐ Grades 9 through 11 (Some High School)
   - ☐ Grade 12 or GED (High School Graduate)
   - ☐ College 1 Year or 3 Years (Some College or Technical School)
   - ☐ Bachelor's Degree (College Graduate)
   - ☐ Postgraduate Degree (Master's, M.D., Ph.D., J.D, etc.)

7. Total number of household members (adults + children, including self): Click or tap here to enter text.

8. What is your total estimated household income?
   - ☐ Under $12,500

☐ $12,500 to $16,899
☐ $16,900 to $21,299
☐ $21,300 to $25,399
☐ $25,400 to $30,199
☐ $30,200 to $34,199
☐ $34,200 to $38,999
☐ $39,000 to $43,099
☐ $43,100 to $47,899
☐ $47,900 to $51,899
☐ $51,900 to $56,699
☐ $56,700 to $60,699
☐ $60,700 to $69,199
☐ $69,200 to $77,999
☐ $78,000 to $86,899
☐ $86,900 to $95,699
☐ $95,700 to $104,499
☐ $104,500 to $113,399
☐ $113,400 to $122,199
☐ $122,200 and over

9. What best describes your employment status?
☐ Employed part-time/temporary
☐ Employed full-time
☐ Unemployed
☐ Disabled
☐ Retired
☐ Student
☐ Military
☐ Other (please specify): Click or tap here to enter text.

APPENDIX C: SOCIAL VULNERABILITY MAPS

Among other factors, community health status is impacted by place – where people live, including housing, neighborhood, and environment. Understanding how place is a positive or negative force impacting health outcomes helps provide contextual information to understand why health varies among populations and geographic areas.

The following maps utilize census tracts to compare populations. Census tracts are not the same as neighborhoods – they get redrawn from time to time and may split neighborhoods. General characterizations can be made about individuals living in a census tract while recognizing that differences will still exist among those individuals and the neighborhoods in which they reside.

QCA County Maps of CDC's Social Vulnerability Index (SVI)

Social Vulnerability refers to the resilience of communities (the ability to survive and thrive) when confronted by external stresses on human health, stresses such as natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss. Socially Vulnerable Populations include those who have special needs, such as, but not limited to, people without vehicles, people with disabilities, older adults, and people with limited English proficiency.

The CDC/ATSDR (Agency for Toxic Substances and Disease Registry) Social Vulnerability Index (SVI) ranks each U.S. census tract on 15 social factors, including poverty, lack of vehicle access, and crowded housing, and groups them into four related themes. Each tract receives a separate ranking for each of the four themes, as well as an overall ranking. The themes and social factors include:
- Socioeconomic status (below poverty, unemployed, income, no high school diploma)
- Household composition & disability (aged 65 or older, aged 17 or younger, older than age 5 with a disability, single-parent households)
- Minority status & language (minority, speak English "less than well")
- Housing type & transportation (multi-unit structures, mobile homes, crowding, no vehicle, group quarters)

The SVI Interactive Map can be found at: https://svi.cdc.gov/map.html. For more information on the SVI, visit: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.

Social Vulnerability Index

Rock Island County, IL

Level of Vulnerability
- 0. - 0.2500 Lowest Vulnerability
- 0.2501 - 0.5000
- 0.5001 - 0.7500
- 0.7501 - 1.0000 Highest Vulnerability

CDC/ATSDR Social Vulnerability Index
American Community Survey (ACS), 2018-2022 (5-year) data

8-2024

Social Vulnerability Index

Scott County, IA

Level of Vulnerability
- 0. - 0.2500 Lowest Vulnerability
- 0.2501 - 0.5000
- 0.5001 - 0.7500
- 0.7501 - 1.0000 Highest Vulnerability

CDC/ATSDR Social Vulnerability Index
American Community Survey (ACS), 2018-2022 (5-year) data

8-2024

Social Vulnerability Index

Muscatine County, IA

Level of Vulnerability
- 0. - 0.2500 Lowest Vulnerability
- 0.2501 - 0.5000
- 0.5001 - 0.7500
- 0.7501 - 1.0000 Highest Vulnerability

CDC/ATSDR Social Vulnerability Index
American Community Survey (ACS), 2018-2022 (5-year) data

8-2024

APPENDIX D: EVALUATION OF PAST ACTIVITIES

Part 1: MercyOne Genesis

Community Benefit

Over the past three years, MercyOne Genesis Medical Center Davenport and Silvis have invested in improving the health of our community's most vulnerable populations. Our commitment to this goal is reflected in our collaboration and work with community partners as well as internal initiatives. Our work reflects a focus on community health improvement, as described below.

Addressing Significant Health Needs

MercyOne Genesis Medical Center Davenport and Silvis conducted its last joint CHNA with community partners in 2021 and reviewed the health priorities identified through that assessment. Taking into account 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 MercyOne Genesis Medical Center Davenport and Silvis would focus on developing and/or supporting strategies and initiatives to improve:

- Infant Health

- Mental Health

- Nutrition, Physical Activity, and Weight/ Diabetes Care

- Access to Health Care Services

Strategies for addressing these needs were outlined in MercyOne Genesis Medical Center Davenport and Silvis' Implementation Strategy. Pursuant to IRS requirements, the following sections provide a summary of the actions taken by MercyOne Genesis Medical Center Davenport and Silvis to address these significant health needs in our community.

Summary of 2021 Implementation Strategy

Priority Area: Infant Health	
Community Health Need	Reducing the number of low birth weight babies
Goal(s)	- Eliminating the low birth weight disparities gap for women of color - Understanding the risk factors contributing to low birth weight - Increasing access to prenatal care

Strategy 1: Creation of a Quad City Health Initiative Task Force to study this issue and implement interventions	
Strategy Was Implemented?	Yes
Target Population(s)	Residents at risk of low birth weight births
Partnering Organization(s)	Internal: External: Quad City Health Initiative (QCHI), Community Health Care (CHC), UnityPoint Health-Trinity, Scott and Rock Island County Health Departments, Augustana College
Results/Impact	- Increased understanding of risk factors contributing to low birth weight - Understood best practices for maternal care and infant health - Supported efforts of the Healthy Pregnancy Coalition (convened by the Scott County Health Department)

Strategy 2: Identify and remediate lead hazards in low-income homes	
Strategy Was Implemented?	Yes
Target Population(s)	Low-income residents with children and pregnant individuals
Partnering Organization(s)	Internal: External: QC Live Lead Free Coalition
Results/Impact	MercyOne Genesis representation on the Coalition Board

Priority Area: Mental Health

Community Health Need	Reducing the incidence of suicide
Goal(s)	• Zero suicides in the Quad Cities over a 6-month period

Strategy 1: Supporting the Quad Cities Behavioral Health Coalition Zero Suicide Initiative

Strategy Was Implemented?	Yes
Target Population(s)	Scott and Rock Island County residents
Partnering Organization(s)	Internal: MercyOne Genesis Medical Center Davenport Behavioral Health Unit External: Quad Cities Behavioral Health Coalition
Results/Impact	• Mental health ad campaign • Recruiting organizations to join the initiative • Free online suicide prevention and awareness training

Strategy 2: Support key programs with Vera French Community Mental Health Center

Strategy Was Implemented?	Yes
Target Population(s)	Scott and Rock Island County children and teens with mental health needs
Partnering Organization(s)	Internal: External: Vera French Mental Health Center
Results/Impact	• Funding from MercyOne Genesis Philanthropy (Better Health Foundation)

Strategy 3: Provide emergency/crisis care in the Emergency Department

Strategy Was Implemented?	Yes
Target Population(s)	Low-income residents and frequent emergency department users
Partnering Organization(s)	Internal: MercyOne Genesis ED External:
Results/Impact	• Providing access to social workers, conducting assessments, and implementing transitions of care in the ED • New freestanding ED opened in Bettendorf, IA

Priority Area: Nutrition, Physical Activity, and Weight/ Diabetes Care

Community Health Need	Improve health eating habits, healthy behaviors, and the management of diabetes
Goal(s)	- Reduce the average A1C among diabetic patients - Increase enrollment in diabetic management programs - Reduce high blood pressure among diabetic patients

Strategy 1: Provide free healthy foods to diabetic patients through the MercyOne Genesis FoodPlex

Strategy Was Implemented?	Yes
Target Population(s)	MercyOne Genesis diabetic patients with food insecurity
Partnering Organization(s)	Internal: MercyOne Genesis Foundation, MercyOne Genesis FoodPlex External:
Results/Impact	- Peak of 50 enrollees and 127 family members - Peak average A1C decrease of 1.66 mg/dL

Strategy 2: Diabetes Care Management Program

Strategy Was Implemented?	Yes
Target Population(s)	MercyOne Genesis patients with uncontrolled diabetes
Partnering Organization(s)	Internal: MercyOne Genesis primary care External:
Results/Impact	- Peak enrollment of 158 13.11% of patients with uncontrolled diabetes (goal of <13% of patients with uncontrolled diabetes)

Priority Area: Access to Health Care Services

Community Health Need	Improve access to primary and specialty care
Goal(s)	• Ease access to primary care services at MercyOne Genesis • Expand current services within the Quad Cities

Strategy 1: Promotion of 421-DOCS physician finder phone line

Strategy Was Implemented?	Yes
Target Population(s)	Quad Cities residents without a primary care provider
Partnering Organization(s)	Internal: MercyOne Genesis Health Group External:
Results/Impact	• Individuals connected with primary care providers: 2903 in 2022, 3537 in 2023, and 1518 in 6 months of 2024

Strategy 2: Provider recruitment, expanded clinic hours, and new clinic sites

Strategy Was Implemented?	Yes
Target Population(s)	Quad Cities residents without access to primary/specialty care services
Partnering Organization(s)	Internal: MercyOne Genesis Health Group External:
Results/Impact	• Providers recruited: 56 in 2022, 58 in 2023, and 29 in 6 months of 2024

Part 2: UnityPoint Health – Trinity

Community Benefit

Over the past three years, UnityPoint Health – Trinity and its hospitals in Rock Island and Moline, Illinois; and Bettendorf and Muscatine, Iowa has invested in improving the health of our community's most vulnerable populations. Our commitment to this goal is reflected in our community benefit programs, charity care and other financial assistance programs. In support of our mission to improve the health of the people and communities we serve, our community health improvement plan is described below.

Addressing Significant Health Needs

UnityPoint Health – Trinity and its hospitals conducted its last joint CHNA with community partners in 2021 and reviewed the health priorities identified through that assessment. Taking into account 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 UnityPoint Health - Trinity would focus on developing and/or supporting strategies and initiatives to improve:

- Healthy Lifestyles (Heart Disease & Stroke; Diabetes; Nutrition, Physical Activity & Weight)

- Mental/Behavioral Health and Substance Use

- Cancer

- Access to Healthcare Services

Strategies for addressing these needs were outlined in UnityPoint Health – Trinity's Community Health Improvement Plan. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by UnityPoint Health – Trinity to address these significant health needs in our community.

Evaluation of Impact

Priority Area: Healthy Lifestyles (Heart Disease & Stroke; Diabetes; Nutrition, Physical Activity & Weight).	
Community Health Need	Heart disease is the leading cause of death in the region, accounting for 24% of all deaths. 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 prevention and treatment.
Goal(s)	• Improve cardiovascular health, wellness, and quality of life • Utilize prevention and early detection strategies through identification and treatment of heart attacks and strokes to improve health and reduce deaths from cardiovascular disease.

Strategy: Expand prevention programs and education on early detection and treatment of risk factors for heart attack and stroke	
Strategy Was Implemented?	Yes
Target Population(s)	Adults over the age of 18, minority populations, people experiencing homelessness, diabetes and heart disease
Partnering Organization(s)	Internal: UnityPoint Health patient populations External: Martin Luther King Center, Quad Cities Empowerment Network and other non-profit organizations in the communities we serve
Results/Impact	• Participated in the Quad Cities Black Business Expo and Health Fair. Provided screenings and education on blood pressure, cooking with heart, and diabetes. 650 community members attended the event. • Hosted (9) 4-week classes of Cooking with Heart for Diabetes with 330 participants and (12) 4-week classes of Cooking with Heart Foundational with 346 participants. • Hosted the Annual V.R. Alla Symposium in 2022-2023, which provides screenings and education on blood pressure, cardiac, diabetes, and kidney health. More than 200 people participated. • Provided Heart-to-Heart Educational presentations focused on a variety of health concerns with more than 500 people served. • A Life skills workshop was held quarterly that focuses on eating for heart health targeting a local shelter housing men who are experiencing homelessness. More than 100 participants attended. • A Winter Wellness fair targeting people who are experiencing homelessness where blood pressures were taken and colon screening kits were offered. • Heart Health education at the Martin Luther King Center where UnityPoint Health employees engaged with community members and educated 110 people on heart health. • 5 Life Skills Workshops were held serving 18 to 25 people each. Workshops focused on heart health, plant-based diet, and breathing techniques for stress management. • 7,000 meals were distributed for Thanksgiving 2022-2023 at the Martin Luther King Center, sponsored by UnityPoint Health - Trinity

Priority Area: Mental/Behavioral Health and Substance Use

Community Health Need	• Improve mental health, reduce suicide and substance use disorders
Goal(s)	• Reduce the annual average rate of suicide • Improve access to community mental health and substance use services through education and awareness building

Strategies:
- Improve mental health through expanding behavioral health services continuum to address community needs in the region
- Reduce substance abuse to safeguard the wellbeing of children and adults

Strategy Was Implemented?	Yes
Target Population(s)	Children and adolescents, Veterans, adults over the age of 65, minority populations
Partnering Organization(s)	Internal: UnityPoint Health patient populations External: Community Veterans Engagement Board, Faith-based communities/parish nurses, Medicine in the Barbershop, EveryChild, educational and aging adult organizations
Results/Impact	• Primary care and mental health integration with UnityPoint Clinics. • Provided crisis clinic and outpatient referrals, provided prevention services, peer support and other information at the Veterans Experience Action Center in September 2023 • Military Culture training provided to 55 faith-based community members and 80 health care and mental health providers. • The parish nurses held 383 support groups sessions • Support groups for families affected by a perinatal loss with 160 families served • A System Within a System's Youth Summit, in which more than 100 youth were reached in substance use prevention efforts. • Participation in the Children Exposed to Violence Conference held by EveryChild with 193 attendees. • Our Center for Alcohol & Drug Services (CADS) team implemented a multitude of prevention activities, education and curriculum at various community events, health fairs. These included but are not limited to NARCAN and drug overdose training, prescription drugs marijuana and narcotics, gambling, underage drinking and much more.

Priority Area: Cancer

Community Health Need	Reduce cancer deaths, prevalence of breast and prostate cancer and increase mammograms
Goal(s)	• Decrease the number of poor lifestyle behaviors that lead to cancer and cancer deaths • Increase prevention and early detection activities

Strategies:
- Partner with minority communities to spread awareness of high-risk cancers specific to their population
- Continue to encourage mammograms, especially for minority, underserved and underinsured populations

Strategy Was Implemented?	Yes
Target Population(s)	Minority populations as well as underserved and underinsured people
Partnering Organization(s)	Internal: UnityPoint Clinics External: Gilda's Club, Martin Luther King Center, QC Pride, Colorectal Cancer Consortium, QC Empowerment Center, Muscatine Community & Connections, Community Health Care and more
Results/Impact	• Provided education and screenings on cancer to over 135 individuals of the Black community at the Quad City Black Business & Health Fair • Muscatine Community & Connections Block Party and Muscatine Discovery Park Environmental Learning Center, where UnityPoint Health employees provided colon cancer kits and cancer education to 190 individuals • Education with local FQCHC Supervisor on colon kits for distribution to people experiencing homelessness • Cancer screening education event at Martin Luther King Center with distribution of colorectal cancer kits • Participated in several Colorectal Cancer Consortium Workgroup and Workshops • Hosted Cooking with Heart for Cancer workshops with more than 176 participants • Participated in Pride Fest providing cancer education to 55 individuals who identify as LGBTQIA+ and other community members • Community engagement event held for Black women about the importance of mammograms. 39 women participated in event. • Conducted Life Skills Workshops focused on cancer education, prevention, and screenings • Presentation on Foods to Fight Cancer to cancer survivors • Education of UnityPoint Clinic patients at annual wellness visits on the importance of cancer prevention screenings, i.e., mammograms, colonoscopies etc.

Priority Area: Access to Healthcare Services	
Community Health Need	Improve primary and specialty care access
Goal(s)	• Improve access to comprehensive, quality health care services. • Decrease the number of uninsured adults to 0 • Reduce the amount of non-urgent hospital emergency department visits

Strategies:
- Decrease the number of uninsured adults
- Remove barriers to access to care
- Recruit and retain high quality primary care providers

Strategy Was Implemented?	Yes
Target Population(s)	Unsured and underinsured populations, Veterans/military and families LGBTQ+ populations, Medicaid populations
Partnering Organization(s)	Internal: UnityPoint Clinic, UnityPoint Health Emergency Department personnel, UnityPoint Health Financial Assistance Team External: Veterans Administration/VEAC, Medicine in the Barbershop
Results/Impact	• 44 primary care providers recruited in 2022 through August 2024 • Hosted Veterans Experience Action Center event connecting military, Veterans and family members with health care resources • Provided $136,648.75 in free transportation for patients, such as cab fare, bus tickets, and wheelchair van transports • 12,472 community members enrolled in Medicaid and Marketplace insurance products • Expanded Virtual Care offerings in the community • Provided referrals to primary care for patients presenting to the emergency department without a doctor • Implemented "Where to Go for Care" campaign