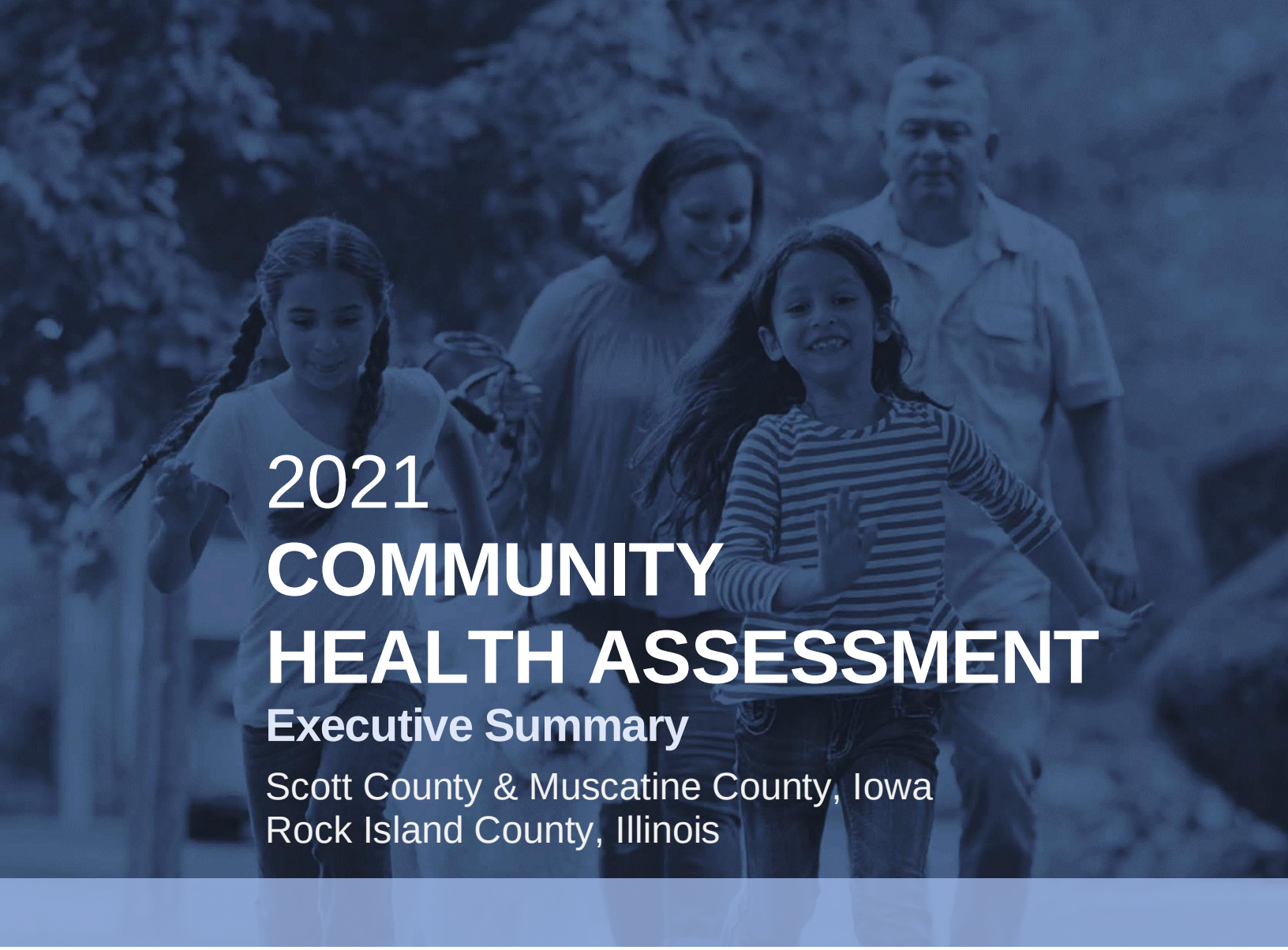

2021 COMMUNITY HEALTH ASSESSMENT

Executive Summary

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

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

Study Funded by
Genesis Health System
UnityPoint Health–Trinity

2021-0715-02

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PREFACE

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

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

PROJECT OVERVIEW

Project Goals

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

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

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

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

Acknowledgments

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

Steering Committee:

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

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

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

Rock Island and Scott Counties Stakeholder Committee:

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

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

Muscatine County Stakeholder Committee:

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

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

Methodology

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

PRC Community Health Survey

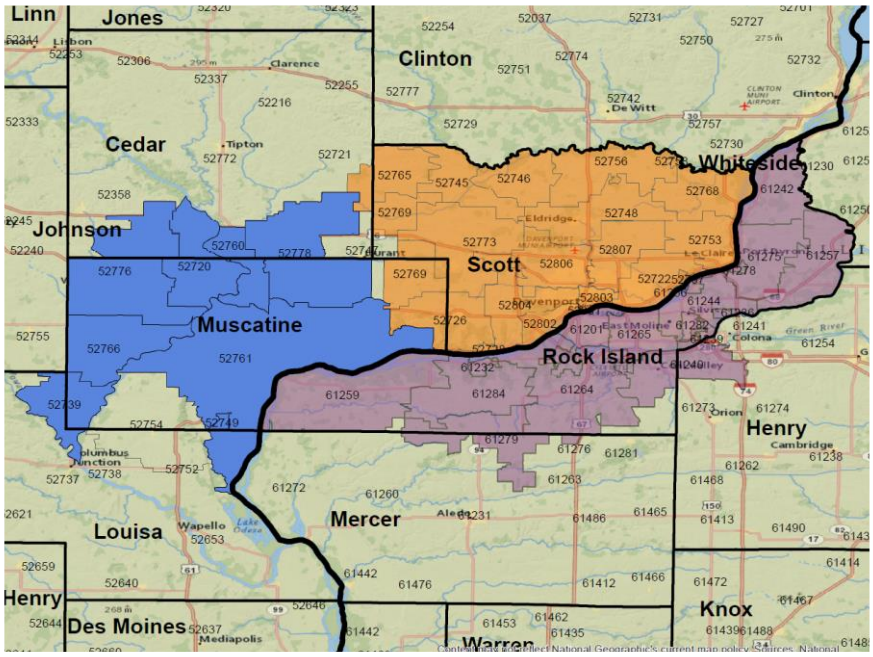
Survey Instrument

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

Community Defined for This Assessment

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

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



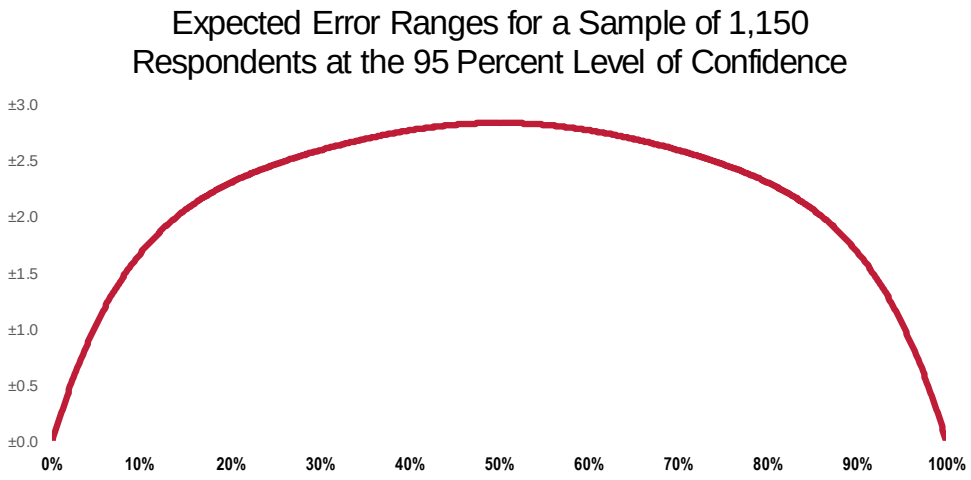
Sample Approach & Design

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

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

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

For statistical purposes, the maximum rate of error associated with a sample size of 1,150 respondents is ±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 both Scott County and Rock Island County, and ±6.9% for Muscatine County.



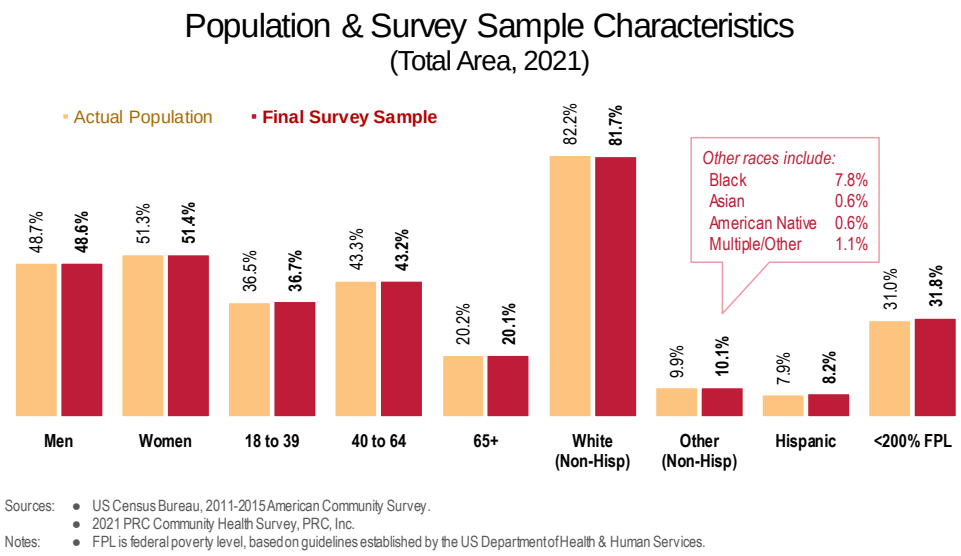
Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

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 may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

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



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 Assessment. Data for the Total Area were obtained from the following sources:

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

- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- Genesis Health System
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- Quad Cities Behavioral Health Coalition
- UnityPoint Health–Trinity
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

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

Benchmark Data

Trending

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

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

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

Iowa & Illinois Risk Factor Data

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

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

Nationwide Risk Factor Data

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

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

Healthy People 2030

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

Healthy People 2030's overarching goals are to:

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

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

Determining Significance

Differences noted 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 study, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

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

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

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

Qualitative Community Health Assessment Methodology

Quad Cities: Rock Island County and Scott County

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

Muscatine County

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

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

SUMMARY OF FINDINGS

Significant Health Needs of the Community

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

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

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE	▪ Barriers to Access – Inconvenient Office Hours – Appointment Availability – Finding a Physician – Lack of Transportation ▪ Particular Place for Child's Medical Care (Children) ▪ Ease of Obtaining Child's Health Services (Parents) ▪ Use of the Emergency Room ▪ Ratings of Local Health Care
CANCER	▪ Leading Cause of Death ▪ Lung Cancer Deaths ▪ Female Breast Cancer Screening [Age 50-74]
DIABETES	▪ Diabetes Deaths ▪ Diabetes Prevalence ▪ Prevalence of Borderline/Pre-Diabetes
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ High Blood Pressure Prevalence ▪ High Blood Cholesterol Prevalence ▪ Overall Cardiovascular Risk
HOUSING	▪ Experience of Homelessness
INFANT HEALTH & FAMILY PLANNING	▪ "Fair/Poor" Ease of Obtaining Pre/Postnatal Care (Women <50) ▪ Teen Births ▪ Acceptance of Newborn Vaccinations (Parents)

—continued on the following page—

AREAS OF OPPORTUNITY (continued)	
INJURY & VIOLENCE	▪ Unintentional Injury Deaths – Including Falls [Age 65+] Deaths ▪ Injured from a Fall in the Past Year (Age 45+) ▪ Homicide Deaths ▪ Violent Crime Experience ▪ Intimate Partner Violence ▪ Abuse/Neglect in Childhood
KIDNEY DISEASE	▪ Kidney Disease Deaths
MENTAL HEALTH	▪ “Fair/Poor” Mental Health ▪ Diagnosed Depression ▪ Symptoms of Chronic Depression ▪ Stress ▪ Receiving Treatment for Mental Health ▪ “Fair/Poor” Ease of Obtaining Local Mental Health Services ▪ Child Needed Mental Health Services in the Past Year (Age 5-17) ▪ Child’s Mental Health is “Fair/Poor” (Age 5-17)
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Fruit/Vegetable Consumption (Adults) ▪ Fruit/Vegetable Consumption (Children) ▪ Leisure-Time Physical Activity ▪ Children’s Physical Activity ▪ Overweight & Obesity [Adults]
ORAL HEALTH	▪ Particular Place for Dental Care ▪ “Fair/Poor” Ease of Obtaining Dental Care
RESPIRATORY DISEASE	▪ Lung Disease Deaths ▪ Asthma Prevalence [Children]
SUBSTANCE ABUSE	▪ Excessive Drinking ▪ “Fair/Poor” Ease of Obtaining Substance Abuse Services

Summary of Qualitative Community Health Assessment Findings

Quad Cities: Rock Island County and Scott County

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

Muscatine County

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

Summary Tables:
Comparisons With Benchmark Data

Reading the Summary Tables

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

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

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

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

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

TREND SUMMARY
(Current vs. Baseline Data)

SURVEY DATA INDICATORS:

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

OTHER (SECONDARY) DATA INDICATORS:

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

SOCIAL DETERMINANTS	DISPARITY AMONG COUNTIES				Total Area	TOTAL AREA vs. BENCHMARKS				TRENDS	
	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)		vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
Linguistically Isolated Population (Percent)	1.3	1.7	2.6	1.9	**1.9**	2.1	4.1	4.3			
Population in Poverty (Percent)	12.1	9.6	14.0	12.9	**12.5**	11.5	12.5	13.4	8.0		
Children in Poverty (Percent)	16.6	13.8	22.4	19.2	**18.5**	13.8	17.1	18.5	8.0		
No High School Diploma (Age 25+, Percent)	7.2	11.0	11.4	9.1	**9.3**	7.9	10.8	12.0			
% Food Insecure	22.7	16.4	28.0	25.2	**24.1**			34.1		24.0	23.9
% Worry/Stress Over Rent/Mortgage in Past Year	29.0	24.2	33.5	31.0	**30.2**			32.2		31.3	31.6
% Unhealthy/Unsafe Housing Conditions	16.1	14.4	13.4	14.8	**14.7**			12.2		15.3	15.3
% House Contains a Lead Hazard	3.4	1.4	3.0	3.2	**3.0**					5.8	3.0
% [Child Age 0-17] Child Has Been Tested for Lead	57.4	40.0	55.3	56.5	**54.2**					60.3	56.6
% Personal/Family Financial Situation is “Fair/Poor”	30.8	24.4	34.6	32.6	**31.6**						

SOCIAL DETERMINANTS (continued)	DISPARITY AMONG COUNTIES				TOTAL AREA vs. BENCHMARKS					TRENDS	
	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)	Total Area	vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
% Homeless in the Past 2 Years	3.7	6.1	3.7	3.7	4.0					0.4	3.2
% Ease of Obtaining Local Social Services Is "Fair/Poor"	24.2	25.1	25.1	24.7	24.8					27.6	22.1
% Socioeconomically At Risk	67.7	70.7	69.8	68.7	68.9					63.5	64.0

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.

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OVERALL HEALTH	DISPARITY AMONG COUNTIES				TOTAL AREA vs. BENCHMARKS					TRENDS	
	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)	Total Area	vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
% "Fair/Poor" Overall Health	23.0	22.5	27.3	25.0	24.8	14.4	17.7	12.6		15.2	19.3
% 1+ Unhealthy Behaviors/3-4-50 Framework	80.1	70.3	81.0	80.5	79.3					79.3	78.9

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.

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ACCESS TO HEALTH CARE	DISPARITY AMONG COUNTIES				Total Area	TOTAL AREA vs. BENCHMARKS				TRENDS	
	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)		vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
% [Age 18-64] Lack Health Insurance	5.7	7.3	8.7	7.1	7.1	9.6	15.6	8.7	7.9	10.6	6.5
% Difficulty Accessing Health Care in Past Year (Composite)	40.7	48.6	43.4	42.0	42.8			35.0		33.3	43.6
% Cost Prevented Physician Visit in Past Year	10.5	12.5	14.2	12.3	12.3	8.5	13.3	12.9		10.6	15.3
% Cost Prevented Getting Prescription in Past Year	13.4	7.0	14.9	14.1	13.2			12.8		13.6	14.5
% Difficulty Getting Appointment in Past Year	20.4	29.0	26.8	23.4	24.1			14.5		10.1	22.5
% Inconvenient Hrs Prevented Doctor Visit in Past Year	16.5	17.5	16.6	16.5	16.7			12.5		11.9	15.8
% Difficulty Finding Physician in Past Year	10.3	15.8	17.1	13.5	13.8			9.4		5.5	12.6
% Transportation Hindered Doctor Visit in Past Year	9.5	12.6	7.6	8.6	9.1			8.9		4.8	8.2
% Language/Culture Prevented Care in Past Year	1.6	0.0	0.9	1.3	1.1			2.8		2.1	2.3
% Skipped Prescription Doses to Save Costs	14.6	8.6	15.3	14.9	14.1			12.7		14.0	16.1
% Difficulty Getting Child's Health Care in Past Year	4.6	1.7	9.9	7.0	6.2			8.0		5.5	5.1

ACCESS TO HEALTH CARE (continued)	DISPARITY AMONG COUNTIES				Total Area	TOTAL AREA vs. BENCHMARKS				TRENDS	
	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)		vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
% Cost Prevented Child's Prescription in the Past Year	3.0	1.7	7.0	4.8	4.3					5.2	6.2
Primary Care Doctors per 100,000	90.6	46.6	51.6	72.9	69.8	73.7	80.6	75.8			
% Have a Specific Source of Ongoing Care	82.1	84.1	80.2	81.2	81.6			74.2	84.0	81.5	75.8
% Ease of Obtaining Local Health Care is "Fair/Poor"	11.5	13.4	15.3	13.3	13.2					10.6	14.1
% [Parents] Have a Particular Place for Child's Medical Care	88.7	86.2	86.1	87.5	87.3					93.8	82.4
% [Parents] Ease of Obtaining Child Health Services Is "Fair/Poor"	16.0	9.3	19.9	17.8	16.7					11.0	17.1
% Outmigration for Health Services	24.8	46.5	28.7	26.7	29.1					25.1	28.1
% Have Had Routine Checkup in Past Year	75.8	66.8	74.5	75.2	74.1	77.2	76.9	70.5		66.7	71.5
% Child Has Had Checkup in Past Year	86.5	84.9	80.7	83.9	84.0			77.4		81.3	80.9
% "Extremely/Very Likely" to Use Telemedicine	34.4	33.3	36.7	35.5	35.1						
% Two or More ER Visits in Past Year	10.8	12.7	15.0	12.8	12.8			10.1		8.6	11.1

ACCESS TO HEALTH CARE (continued)	DISPARITY AMONG COUNTIES				TOTAL AREA vs. BENCHMARKS					TRENDS	
	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)	Total Area	vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
% Low Health Literacy	16.3	21.3	20.4	18.2	18.6			27.7		21.8	22.0
% Rate Local Health Care "Fair/Poor"	12.6	14.8	17.7	15.0	15.0			8.0		10.5	13.6

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CANCER	DISPARITY AMONG COUNTIES				TOTAL AREA vs. BENCHMARKS					TRENDS	
	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)	Total Area	vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
Cancer (Age-Adjusted Death Rate)	158.9	151.3	160.6	159.5	158.6	154.7	154.4	149.3	122.7	184.9	183.7
Lung Cancer (Age-Adjusted Death Rate)	42.7	37.9	42.6	42.6	42.1	37.8	37.1	34.9	25.1		
Prostate Cancer (Age-Adjusted Death Rate)	19.3		20.3	19.8	19.1	20.5	19.2	20.5	16.9		
Female Breast Cancer (Age-Adjusted Death Rate)	17.3		20.9	19.0	18.7	18.1	20.6	19.7	15.3		
Colorectal Cancer (Age-Adjusted Death Rate)	14.8	17.3	11.1	13.0	13.4	14.0	14.3	13.4	8.9		
Cancer Incidence Rate (All Sites)	483.9	510.3	459.6	472.1	476.5	479.0	465.5	448.7			

CANCER (continued)	DISPARITY AMONG COUNTIES				Total Area	TOTAL AREA vs. BENCHMARKS				TRENDS	
	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)		vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
Female Breast Cancer Incidence Rate	130.3	132.9	123.8	127.2	127.9	128.9	133.1	125.9			
Prostate Cancer Incidence Rate	118.5	106.6	100.1	109.4	109.1	107.7	109.1	104.5			
Lung Cancer Incidence Rate	60.0	62.0	66.4	63.2	63.0	63.3	63.7	58.3			
Colorectal Cancer Incidence Rate	41.4	53.4	36.3	38.9	40.6	43.7	42.5	38.4			
% [Women 50-74] Mammogram in Past 2 Years	79.2	83.1	80.9	80.0	80.4	80.7	78.7	76.1	77.1	89.8	86.0
% [Adults 50-75] Sigmoidoscopy/Colonoscopy in Past 10 Years	75.6	82.9	76.5	76.1	77.0			73.4	74.4	75.2	74.4

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COVID-19	DISPARITY AMONG COUNTIES				Total Area	TOTAL AREA vs. BENCHMARKS				TRENDS	
	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)		vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
% Fully/Partially Vaccinated for COVID-19	74.0	72.0	75.4	74.7	74.4						
% Mental Health Has Gotten Worse Since Pandemic Began	24.6	23.4	27.4	25.9	25.6						
% Likely to Accept Mental Health Help Due to the Pandemic	42.9	44.4	43.5	43.3	43.4						
% Using Alcohol More Often Since Pandemic Began	9.7	10.7	10.4	10.0	10.1						
% Smoking/Vaping More Often Since Pandemic Began	7.8	5.5	8.8	8.3	7.9						
% Exercising Less Often Since Pandemic Began	23.0	17.9	23.5	23.2	22.5						
% Eating Unhealthy/Overeating More Often Since Pandemic Began	21.7	20.7	22.8	22.2	22.0						
% Arguing With HH Members More Often Since Pandemic Began	12.7	16.1	11.5	12.1	12.6						
% Getting Good Sleep Less Often Since Pandemic Began	29.5	31.3	29.9	29.7	29.9						

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DIABETES	DISPARITY AMONG COUNTIES				TOTAL AREA vs. BENCHMARKS					TRENDS	
	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)	Total Area	vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
Diabetes (Age-Adjusted Death Rate)	18.1	51.2	20.9	19.4	23.0	21.6	18.6	21.5		16.0	17.0
% Diabetes/High Blood Sugar	11.6	11.2	15.1	13.3	13.0	10.3	11.3	13.8		7.0	14.5
% Borderline/Pre-Diabetes	11.8	5.2	10.2	11.0	10.3			9.7		8.1	8.1
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	46.8	46.8	52.6	49.5	49.1			43.3		48.5	50.5

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HEART DISEASE & STROKE	DISPARITY AMONG COUNTIES				TOTAL AREA vs. BENCHMARKS					TRENDS	
	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)	Total Area	vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
Diseases of the Heart (Age-Adjusted Death Rate)	160.7	161.4	182.1	171.1	170.0	168.5	163.1	163.4	127.4	193.1	192.8
% Heart Disease (Heart Attack, Angina, Coronary Disease)	8.2	6.6	8.7	8.4	8.2	6.3	5.7	6.1		7.1	7.5
Stroke (Age-Adjusted Death Rate)	37.7	29.3	33.1	35.3	34.6	32.6	38.3	37.2	33.4	35.8	36.8
% Stroke	4.6	1.3	2.5	3.6	3.3	3.1	3.0	4.3		2.3	3.1

HEART DISEASE & STROKE (continued)	DISPARITY AMONG COUNTIES				Total Area	TOTAL AREA vs. BENCHMARKS				TRENDS	
	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)		vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
% Told Have High Blood Pressure	33.7	41.5	41.0	37.2	37.7	31.8	32.2	36.9	27.7	27.3	36.7
% Told Have High Cholesterol	32.5	32.9	36.1	34.2	34.0			32.7		28.7	33.3
% 1+ Cardiovascular Risk Factor	87.2	90.5	89.4	88.2	88.5			84.6		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.

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INFANT HEALTH & FAMILY PLANNING	DISPARITY AMONG COUNTIES				Total Area	TOTAL AREA vs. BENCHMARKS				TRENDS	
	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)		vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
No Prenatal Care in First Trimester (Percent)	17.3		24.2	20.4	20.4	18.7	22.5	22.5		25.0	
% [Women <50] Ease of Obtaining Pre/Postnatal Care Is "Fair/Poor"	11.7	29.8	12.3	11.9	14.4					7.4	10.1
Low Birthweight Births (Percent)	7.6	7.1	7.5	7.6	7.5	6.7	8.4	8.2			
Infant Death Rate	4.4		6.9	5.3	5.5	5.1	5.9	5.6	5.0	5.1	5.4
Births to Adolescents Age 15 to 19 (Rate per 1,000)	24.0	25.7	29.9	26.6	26.5	17.6	19.4	20.9	31.4		
% [Parents] Would Want All Newborn Vaccinations	85.4	85.1	86.8	86.0	85.9					93.6	83.6

INJURY & VIOLENCE	DISPARITY AMONG COUNTIES: Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)	Total Area	TOTAL AREA vs. BENCHMARKS: vs. IA	vs. IL	vs. US	vs. HP2030	TRENDS: QCA TREND	TOTAL AREA TREND
Unintentional Injury (Age-Adjusted Death Rate)	43.5	38.9	43.5	43.5	**43.0**	41.9	44.6	48.9	43.2	35.3	34.8
Motor Vehicle Crashes (Age-Adjusted Death Rate)	6.6		7.9	7.1	**7.1**	10.7	8.7	11.3	10.1		
[65+] Falls (Age-Adjusted Death Rate)	105.8		133.4	119.6	**114.8**	83.1	49.9	65.1	63.4		
% [Age 45+] Injured from a Fall in the Past Year	12.5	9.5	14.0	13.2	**12.7**			6.3		9.1	14.9
Firearm-Related Deaths (Age-Adjusted Death Rate)	10.6		7.3	9.1	**9.4**	8.9	11.3	11.9	10.7		
Homicide (Age-Adjusted Death Rate)	4.3		11.1	6.5	**6.7**	2.9	8.4	6.1	5.5	2.2	2.2
Violent Crime Rate	517.1	461.2	362.6	445.3	**447.1**	283.0	420.9	416.0			
% Victim of Violent Local Crime in Past 3 Years	4.2	1.9	4.8	4.5	**4.2**					2.7	3.0
% Victim of Intimate Partner Violence	23.3	25.5	27.2	25.1	**25.2**			13.7		10.7	23.6
% Victim of Childhood Neglect or Abuse	26.5	23.1	24.8	25.7	**25.4**					14.0	19.5

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KIDNEY DISEASE	DISPARITY AMONG COUNTIES: Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)	Total Area	TOTAL AREA vs. BENCHMARKS: vs. IA	vs. IL	vs. US	vs. HP2030	TRENDS: QCA TREND	TOTAL AREA TREND
Kidney Disease (Age-Adjusted Death Rate)	12.2	12.4	21.4	16.7	16.2	9.3	16.7	12.9		10.0	9.6

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.

MENTAL HEALTH	DISPARITY AMONG COUNTIES: Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)	Total Area	TOTAL AREA vs. BENCHMARKS: vs. IA	vs. IL	vs. US	vs. HP2030	TRENDS: QCA TREND	TOTAL AREA TREND
% "Fair/Poor" Mental Health	22.2	20.6	24.0	23.1	22.7			13.4		8.9	17.3
% Diagnosed Depression	30.5	33.3	29.9	30.2	30.6	16.2	18.3	20.6		20.5	23.6
% Symptoms of Chronic Depression (2+ Years)	42.0	46.2	43.5	42.7	43.2			30.3		25.2	34.7
% Typical Day Is "Extremely/Very" Stressful	13.9	15.3	14.3	14.2	14.3			16.1		9.5	16.0
Suicide (Age-Adjusted Death Rate)	16.3	17.2	15.7	16.0	16.1	15.7	11.1	14.0	12.8	13.9	13.8
Mental Health Providers per 100,000	88.1	32.7	94.6	91.1	84.1	47.9	43.8	57.2			
% Have Ever Sought Help for Mental Health	43.8	45.0	42.2	43.0	43.3			30.0		34.7	34.3

MENTAL HEALTH (continued)	DISPARITY AMONG COUNTIES				Total Area	TOTAL AREA vs. BENCHMARKS				TRENDS	
	Scott County	Muscatine County	Rock Island	QCA (Scott+R)		vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
% Taking Rx/Receiving Mental Health Treatment	24.1	25.6	25.9	25.0	25.0			16.8		17.6	18.1
% Unable to Get Mental Health Services in Past Year	7.9	8.1	11.1	9.4	9.3			7.8		8.9	9.1
% Ease of Obtaining Local Mental Health Services Is "Fair/Poor"	28.6	35.2	31.0	29.8	30.4					12.6	34.3
% [Age 5-17] Child's Mental Health is "Fair/Poor"	14.2		19.1	16.5	15.8			9.7		8.2	10.1
% [Age 5-17] Child Needed Mental Health Services in the Past Year	26.5		29.2	27.8	26.6			17.1		10.3	16.6
% [Age 5-17] Mental Treatment/Counseling in the Past Year				25.3	24.3			14.3		9.8	12.4

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NUTRITION, PHYSICAL ACTIVITY & WEIGHT	DISPARITY AMONG COUNTIES				Total Area	TOTAL AREA vs. BENCHMARKS				TRENDS	
	Scott County	Muscatine County	Rock Island	QCA (Scott+RI)		vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
Population With Low Food Access (Percent)	13.9	17.0	16.8	15.2	15.5	20.0	20.2	22.2			
% 5+ Servings of Fruits/Vegetables per Day	26.9	36.3	26.6	26.7	27.9			32.7		41.4	28.2
% [Child Age 2-17] 5+ Servings of Fruits/Vegetables per Day	42.1		34.1	38.1	39.2					61.1	50.0
% No Leisure-Time Physical Activity	25.5	28.7	24.1	24.9	25.4	26.5	25.6	31.3	21.2	18.6	20.2

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	DISPARITY AMONG COUNTIES				Total Area	TOTAL AREA vs. BENCHMARKS				TRENDS	
	Scott County	Muscatine County	Rock Island	QCA (Scott+RI)		vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
% Meeting Physical Activity Guidelines	26.1	19.5	19.8	23.1	22.7	20.1	23.4	21.4	28.4	23.7	22.7
% Use a Local Paved or Dirt Trail for Exercise at Least Weekly	40.7	39.1	41.0	40.8	40.6					38.7	38.6
% Child [Age 2-17] Physically Active 1+ Hours per Day	43.7	64.1	45.1	44.4	47.5			33.0		57.5	44.4
% Healthy Weight (BMI 18.5-24.9)	24.2	19.5	21.4	22.9	22.5	30.1	32.6	34.5		25.8	30.7
% Overweight (BMI 25+)	72.3	77.1	76.6	74.2	74.6	68.3	65.7	61.0		64.1	72.9
% Obese (BMI 30+)	42.1	39.8	40.5	41.3	41.1	33.9	31.6	31.3	36.0	24.1	38.8
% [Overweights] Counseled About Weight in Past Year	33.8	28.4	32.2	33.0	32.5			24.7		30.0	30.2
% Children [Age 5-17] Healthy Weight	60.0		45.4	53.8	52.0			47.6		61.5	57.0
% Children [Age 5-17] Overweight (85th Percentile)	31.0		42.1	35.7	37.5			32.3		30.8	29.3
% Children [Age 5-17] Obese (95th Percentile)	16.5		18.4	17.3	18.8			16.0	15.5	15.6	24.1
% [Child Age 0-17] Advice About Child's Weight/Past Year	13.6	10.0	11.8	12.8	12.3					12.1	7.2

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ORAL HEALTH	DISPARITY AMONG COUNTIES: Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)	TOTAL AREA vs. BENCHMARKS: Total Area	vs. IA	vs. IL	vs. US	vs. HP2030	TRENDS: QCA TREND	TOTAL AREA TREND
% Have a Particular Place for Dental Care	77.5	83.6	74.8	76.3	77.2					80.5	75.1
% [Child Age 2-17] Have a Particular Place for Child's Dental Care	91.1	89.4	85.4	88.3	88.5					85.5	81.2
% Have Dental Insurance	77.6	78.3	78.3	77.9	78.0			68.7	59.8	68.3	72.9
% [Age 18+] Dental Visit in Past Year	72.8	72.6	67.1	70.1	70.4	70.8	68.1	62.0	45.0	68.1	68.0
% Child [Age 2-17] Dental Visit in Past Year	89.1	81.9	76.0	82.8	82.7			72.1	45.0	78.2	80.2
% Ease of Obtaining Dental Care Is "Fair/Poor"	18.7	15.8	21.6	20.0	19.6					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

POTENTIALLY DISABLING CONDITIONS	DISPARITY AMONG COUNTIES: Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)	TOTAL AREA vs. BENCHMARKS: Total Area	vs. IA	vs. IL	vs. US	vs. HP2030	TRENDS: QCA TREND	TOTAL AREA TREND
% 3+ Chronic Conditions	29.6	32.1	32.5	31.0	31.1			32.5			
Alzheimer's Disease (Age-Adjusted Death Rate)	25.4	23.2	20.0	22.7	22.7	32.1	25.1	30.4		22.6	21.5

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.

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RESPIRATORY DISEASE	DISPARITY AMONG COUNTIES: Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)	Total Area	TOTAL AREA vs. BENCHMARKS: vs. IA	vs. IL	vs. US	vs. HP2030	TRENDS: QCA TREND	TOTAL AREA TREND
Chronic Lower Respiratory Disease (Age-Adjusted Death Rate)				50.0	49.9						
	49.4	49.2	50.6			44.7	36.3	39.6		49.9	51.1
Pneumonia/Influenza (Age-Adjusted Death Rate)				13.1	13.3						
	10.6	14.0	15.9			14.0	15.1	13.8		14.8	14.7
% [Age 65+] Flu Vaccine in Past Year				77.6	78.7						
	77.1	85.8	78.1			65.0	61.1	71.0		67.3	78.3
% [Adult] Ever Diagnosed With Asthma				18.1	18.4						
	17.4	21.1	18.8			12.2	12.4	17.3		16.8	18.6
% [Child 0-17] Ever Diagnosed With Asthma				16.1	15.5						
	18.8	11.5	13.0					14.6		8.9	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.

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SEXUAL HEALTH	DISPARITY AMONG COUNTIES				Total Area	TOTAL AREA vs. BENCHMARKS				TRENDS	
	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)		vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
HIV/AIDS (Age-Adjusted Death Rate)				1.0	0.9	0.6	1.4	1.9			
HIV Prevalence Rate	147.5	62.3	202.8	172.7	159.7	106.0	334.5	372.8			
Chlamydia Incidence Rate	583.2	429.1	479.9	536.1	523.3	466.7	604.0	539.9			
Gonorrhea Incidence Rate	185.5	51.3	131.2	160.7	147.7	153.8	198.6	179.1			

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.

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SUBSTANCE ABUSE	DISPARITY AMONG COUNTIES				Total Area	TOTAL AREA vs. BENCHMARKS				TRENDS	
	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)		vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	10.1		11.4	10.8	10.4	9.2	9.5	11.1	10.9	10.7	10.1
% Excessive Drinker	25.2	20.8	23.0	24.2	23.7	22.5	21.6	27.2		20.1	23.4
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)	11.5			8.5	7.9	8.6	19.7	18.8		9.4	8.7
% Illicit Drug Use in Past Month	3.0	2.4	4.6	3.7	3.6			2.0	12.0	3.0	3.3
% Ease of Obtaining Substance Abuse Services Is "Fair/Poor"	23.1	22.3	18.1	20.8	21.0					13.7	26.1

TOBACCO USE	DISPARITY AMONG COUNTIES				TOTAL AREA vs. BENCHMARKS					TRENDS	
	Scott County	Muscatine County	Rock Island County	QCA (Scott+RI Cos.)	Total Area	vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
% Current Smoker	22.2	20.5	18.7	20.5	20.5	16.4	14.5	17.4	5.0	25.9	19.8
% Someone Smokes at Home	13.7	15.5	13.9	13.8	14.0			14.6		26.7	16.4
% [Household With Children] Someone Smokes in the Home	12.3	18.9	13.7	12.9	13.8			17.4		11.4	18.8
% Currently Use Vaping Products	7.6	5.2	10.0	8.7	8.3	4.0	4.4	8.9		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.

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Summary of Stakeholder Committee Input

Quad Cities: Rock Island County and Scott County

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

Summary of Public Comment & Feedback

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

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

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

In response to a question asking if anything seemed to be missing from the report, respondents mentioned topics including: wanting more information on how race affects healthcare and health conditions, the

percentage of people with access to healthcare versus rates of healthcare use, how age impacts primary care access, anger management programs, support groups for tobacco cessation, and rehabilitation services.

Asked to describe how they might use the report, respondents mentioned reading the report out of personal interest and to reflect on their own practices. Others mentioned using the report to better understand their community, its needs, and to see how things were progressing in addressing those needs. The report was said to have value for individuals, their families, and for organizations such as churches or Rotary clubs, which could use information on community needs to help plan programs and service projects.

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