FINAL

Executive Report

2015 Community Health Needs Assessment

Scott County, Iowa &
Rock Island County, Illinois

Study Sponsored By:

Community Health Care
Genesis Health System
Quad City Health Initiative
Rock Island County Health Department
Scott County Health Department
UnityPoint Health-Trinity

Funded by:

Genesis Health System
UnityPoint Health-Trinity

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Introduction

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Preface

For over a decade, the sponsors of this study have been collaborating on improving health status and quality of life in the Quad Cities region through the Quad City Health Initiative (QCHI). This work together has been rooted in periodic community health assessments conducted by the health systems and health departments. New reporting requirements and best practice trends encouraged our local health partners to redesign our approach to community health assessment and create a comprehensive assessment process that meets the information and reporting needs of all partners.

Our coordinated assessment approach included primary data collection, secondary data analysis, and qualitative input from community leaders in our bi-state area. Our partners engaged Professional Research Consultants (PRC) to collect secondary data and implement a household survey on health status. The following document provides PRC's bi-state findings in detail as well as information obtained through local data collection methods. All documents produced as part of the 2015 Quad Cities Community Health Assessment process are available for review online at www.quadcities.healthforecast.net.

Project Overview

Project Goals

This Community Health Assessment, a follow-up to similar studies conducted in 2002, 2007 and 2012, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the Quad Cities Area. 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 which have historically 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). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Assessments such as this 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; Genesis Health System; 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.

Study Steering Committee:

- **Brooke Barnes, Scott County Health Department**
- **Tom Bowman, Community Health Care**
- **Denise Bulat, Bi-State Regional Commission**
- **Andy Burman, Genesis Health System**
- **Nicole Carkner, Quad City Health Initiative (QCHI)**
- **Ken Croken, Genesis Health System**
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- **Elizabeth Plumb, Quad City Health Initiative (QCHI)**
- **Edward Rivers, Scott County Health Department**
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- **Tiffany Tjepkes, Scott County Health Department**

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered locally through Community Stakeholder meetings; a summary of this research can be found in Appendix A at the end of the report, and key quotes are placed in sidebars throughout this assessment where applicable.

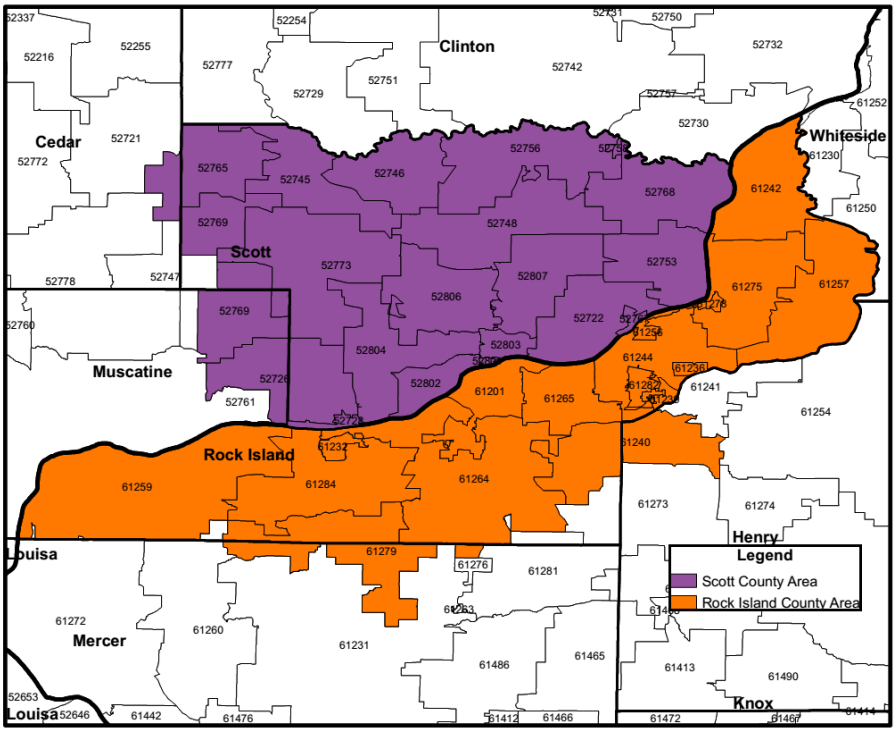
PRC Community Health Survey

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 "Quad Cities Area" in this report) is defined as each of the residential ZIP Codes comprising Scott and Rock Island counties (including 61201, 61232, 61236, 61239, 61240, 61242, 61244, 61256, 61257, 61259, 61264, 61265, 61275, 61278, 61279, 61282, and 61284 in Rock Island County, Illinois; and 52722, 52726, 52728, 52745, 52746, 52748, 52753, 52756, 52758, 52765, 52767, 52768, 52769, 52773, 52801, 52802, 52803, 52804, 52806, and 52807 in Scott County, Iowa). A geographic description is illustrated in the following map.



Sample Approach & Design

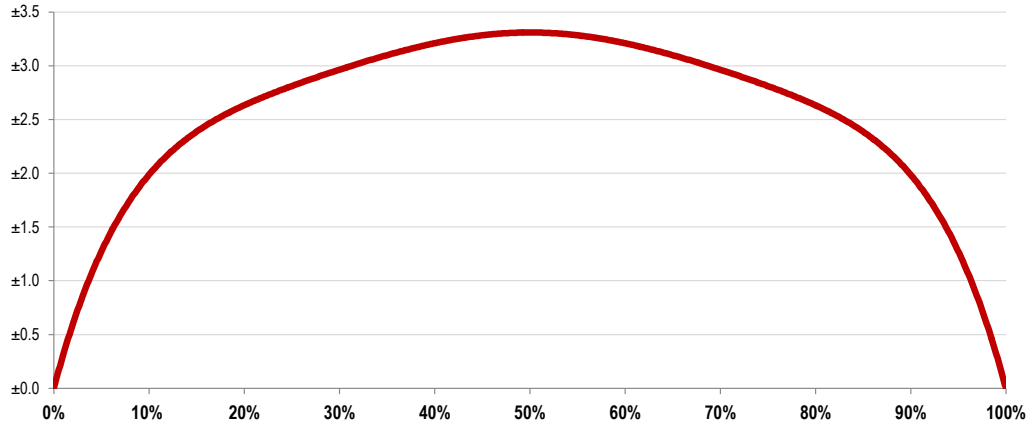
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a stratified random sample of 801 individuals age 18 and older in the Quad Cities Area, including 402 in Scott County and 399 in Rock Island County. In addition, an oversample of 122 additional 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. This yielded a total of 87 interviews among African American residents and 101 interviews among Hispanic residents (including respondents reached through both the random sample and the oversample interviews).

Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Quad Cities Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 923 respondents is ±3.3% at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 923 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 923 respondents answered a certain question with a "yes," it can be asserted that between 8.0% and 12.0% (10% ± 2.9%) 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 46.7% and 53.3% (50% ± 3.3%) of the total population would respond "yes" if asked this question.

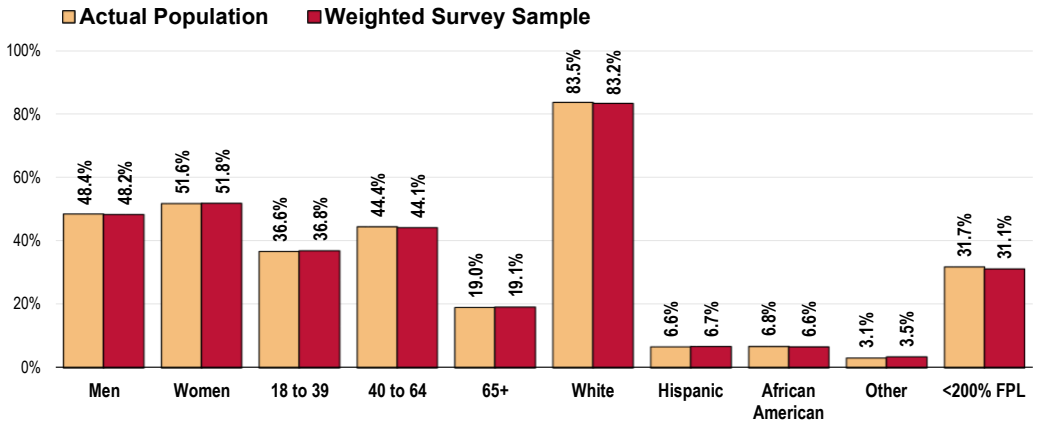
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, 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 gender, 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 Quad Cities 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 healthcare needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics

(Quad Cities Area, 2015)



Sources:
- Census 2010, Summary File 3 (SF 3). US Census Bureau.
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2014 guidelines place the poverty threshold for a family of four at $23,850 annual household income or lower)*. In sample segmentation: "**very low income**" refers to community members living in a household with defined poverty status; "**low income**" refers to households with incomes just above the poverty level, earning up to twice the poverty threshold; and "**mid/high income**" refers to those households living on incomes which are twice or more the federal poverty level.

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

- Center for Applied Research and Environmental Systems (CARES)
- 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
- Community Commons
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that secondary data reflect county-level data for Scott and Rock Island counties, as well as the combined two-county area.

Benchmark Data

Trending

Similar surveys were administered in the Quad Cities Area in 2002, 2007, and 2012 by PRC on behalf of the sponsoring organizations. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. 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 are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. 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 *2013 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 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 secondary data indicators (which do not carry sampling error, but might be subject to reporting error), "significance," for the purpose of this report, is determined by a 5% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health and quality of life 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 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 a great number of medical conditions that are not specifically addressed.

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 and the guidelines set forth in Healthy People 2020. 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; 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. These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

Areas of Opportunity Identified Through This Assessment

Health Issues	

Access to Healthcare Services	• Barriers to Access
	  ○ Inconvenient Office Hours
	  ○ Cost of Prescriptions
	  ○ Appointment Availability
	  ○ Finding a Physician
	  ○ Lack of Transportation
	  ○ Cost of Child's Physician Visit
	• Primary Care Physician Ratio
	• Specific Source of Ongoing Medical Care
	• *Access to medical providers for under-insured, uninsured, or persons with Medicaid is a priority need identified through qualitative input from local community leaders.*

Cancer	• Cancer Deaths
	  ○ Including Lung Cancer, Prostate Cancer, Female Breast Cancer, Colorectal Cancer Deaths
	• Cancer Incidence
	  ○ Including Lung Cancer, Female Breast Cancer, Colorectal Cancer Incidence
	• Cancer Prevalence (Skin and Non-Skin)
	• Female Breast Cancer Screening

Diabetes	• Diabetes Prevalence
Heart Disease & Stroke	• Heart Disease Deaths • Heart Disease Prevalence
Infant Health & Family Planning	• Teen Births
Injury & Violence	• Unintentional Injury Deaths • Violent Crime Rate • Domestic Violence Experience

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Mental Health	• "Fair/Poor" Mental Health • Symptoms of Chronic Depression • Suicide Deaths • "Fair/Poor" Ease of Obtaining Mental Health Services • *Access to mental health care for youth, adults, and veterans is a priority need identified through qualitative input from local community leaders.*
Nutrition, Physical Activity & Weight	• Fruit/Vegetable Consumption • Overweight & Obesity [Adults] • *Promoting healthy living and addressing obesity in youth and adults are priority needs identified through qualitative input from local community leaders.*
Oral Health	• "Fair/Poor" Ease of Obtaining Dental Services

Respiratory Diseases	• Chronic Lower Respiratory Disease (CLRD) Deaths
	• Flu Vaccination [65+]
	• Note also:
	  ○ Pneumonia is a leading cause of inpatient hospitalization and re-admissions.
	  ○ Upper respiratory infections are a leading cause of Emergency Department visits.

Sexually Transmitted Diseases	• Gonorrhea Incidence • Chlamydia Incidence
Substance Abuse	• Cirrhosis/Liver Disease Deaths • Drug-Induced Deaths
Quality of Life Issues	
Economy & Housing	• Personal Financial Well-Being • Housing Instability (Homelessness)

Summary Tables: Comparisons With Benchmark Data

TREND SUMMARY
(Current vs. Baseline Data)

Survey Data Indicators: Trends for survey-derived indicators represent significant changes from the earliest data for each indicator (typically 2002). Note that survey data reflect the ZIP Code-defined Quad Cities Area.

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). Note that secondary data reflect combined county-level data for the Quad Cities Area.

The following tables provide an overview of indicators in the Quad Cities Area, including comparisons between the two counties, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

In the following charts, Quad Cities Area results are shown in the larger, blue column.

The green columns [to the left of the Quad Cities Area column] provide comparisons between the two counties, identifying differences for each as "better than" (☀), "worse than" (☁), or "similar to" (⛅) the opposing county.

The columns to the right of the Quad Cities Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the Quad Cities Area compares favorably (☀), unfavorably (☁), or comparably (⛅) to these external data.

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

Health: Overall Health	Each County vs. Other: Scott County	Each County vs. Other: Rock Island County	Quad Cities Area	Quad Cities Area vs. Benchmarks: vs. IL	vs. IA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Physical Health	14.7	17.7	16.2	16.9	14.4	15.3		15.2
	Note: In the green section, each county is compared against the other. 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	

Health: Access to Health Services	Each County vs. Other: Scott County	Each County vs. Other: Rock Island County	Quad Cities Area	Quad Cities Area vs. Benchmarks: vs. IL	vs. IA	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	6.2	7.6	6.8	19.4	12.7	15.1	0.0	10.6
% Language/Culture Prevented Medical Care in Past Year	5.2	3.5	4.4					
% Outmigration for Health Services	25.7	24.4	25.1					
% Have a Particular Place for Medical Care	81.1	83.9	82.5	73.8	74.0	82.6		83.9
% [Parents] Have a Particular Place for Child's Medical Care	96.2	97.3	96.7					93.8
% [Children <18] Lack Health Insurance	0.9	0.6	0.8					5.3

Health: Access to Health Services (continued)	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County		vs. IL	vs. IA	vs. US	vs. HP2020	TREND
% Cost Prevented Child's Prescription in Past Year	1.5	6.6	3.8					5.2
% Cost Prevented Child's Physician Visit in Past Year	6.6	2.7	4.8					0.3
% Transportation Hindered Child's Dr Visit in Past Year	4.1	4.8	4.4					3.7
% Difficulty Accessing Healthcare in Past Year (Composite)	37.3	40.1	38.7			39.9		33.3
% Inconvenient Hrs Prevented Dr Visit in Past Year	14.1	18.0	16.0			15.4		11.9
% Cost Prevented Getting Prescription in Past Year	12.3	12.9	12.6			15.8		13.6
% Cost Prevented Physician Visit in Past Year	11.0	12.4	11.7			18.2		10.6
% Difficulty Getting Appointment in Past Year	16.5	16.5	16.5			17.0		10.1
% Difficulty Finding Physician in Past Year	10.4	9.9	10.2			11.0		5.5
% Transportation Hindered Dr Visit in Past Year	8.3	6.1	7.3			9.4		4.8
% Skipped Prescription Doses to Save Costs	14.5	14.1	14.3			15.3		14.0

Health: Access to Health Services (continued)	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				TREND
	Scott County	Rock Island County		vs. IL	vs. IA	vs. US	vs. HP2020	
% Ease of Obtaining Healthcare Services is "Fair/Poor"	9.2	9.2	9.2					10.6
% Ease of Obtaining Mental Health Services is "Fair/Poor"	25.2	19.2	22.2					12.6
% Ease of Obtaining Substance Abuse Services is "Fair/Poor"	13.9	16.2	15.1					13.7
% Ease of Obtaining Dental Care is "Fair/Poor"	12.8	16.5	14.6					10.4
% [Women <50] Obtaining Prenatal/Postnatal Svcs is "Fair/Poor"		0.4	1.1					7.4
% Ease of Obtaining Child Health Services is "Fair/Poor"	11.6	14.4	12.9					11.0
Primary Care Doctors per 100,000	77.6	53.6	66.4	78.9	72.7	74.5		
% [Age 18+] Have a Specific Source of Ongoing Care	77.1	77.6	77.3			76.3	95.0	81.5
% [Age 18-64] Have a Specific Source of Ongoing Care	75.1	76.5	75.8			75.6	89.4	80.9
% [Age 65+] Have a Specific Source of Ongoing Care	84.2	82.4	83.2			80.0	100.0	85.3

Health: Access to Health Services (continued)	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IL	vs. IA	vs. US	vs. HP2020	TREND
% Have Had Routine Checkup in Past Year	68.4	69.9	**69.1**	66.5	69.6	65.0		66.7
% Child Has Had Checkup in Past Year	91.7	87.2	**89.7**			84.1		81.3
% Two or More ER Visits in Past Year	9.4	11.3	**10.3**			8.9		8.6
% Rate Local Healthcare "Fair/Poor"	12.6	14.2	**13.3**			16.5		10.5

Note: In the green section, each county is compared against the other. 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.

Health: Cancer	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County		vs. IL	vs. IA	vs. US	vs. HP2020	TREND
Cancer (Age-Adjusted Death Rate)	189.5	177.8	183.1	174.2	170.0	166.2	161.4	184.1
Lung Cancer (Age-Adjusted Death Rate)			52.5	47.5	46.6	44.7	45.5	
Prostate Cancer (Age-Adjusted Death Rate)			21.8	20.5	20.0	19.8	21.8	
Female Breast Cancer (Age-Adjusted Death Rate)			22.5	22.8	19.6	21.3	20.7	
Colorectal Cancer (Age-Adjusted Death Rate)			15.8	15.9	16.3	14.9	14.5	
Prostate Cancer Incidence per 100,000			140.9	149.4	133.3	142.3		
Female Breast Cancer Incidence per 100,000			135.0	127.4	124.8	122.7		
Lung Cancer Incidence per 100,000			75.4	70.6	66.8	64.9		
Colorectal Cancer Incidence per 100,000			47.0	48.6	48.4	43.3		
% Skin Cancer	6.2	8.8	7.4	4.6	6.1	6.7		4.1
% Cancer (Other Than Skin)	8.6	9.0	8.8	6.3	7.1	6.1		8.1

Health: Cancer (continued)	Each County vs. Other: Scott County	Each County vs. Other: Rock Island County	Quad Cities Area	Quad Cities Area vs. Benchmarks: vs. IL	vs. IA	vs. US	vs. HP2020	TREND
% [Women 18+] Clinical Breast Exam in the Past 2 Years	78.8	77.5	78.2					78.0
% [Women 50-74] Mammogram in Past 2 Years	70.3	85.0	78.0	76.4	78.2	83.6	81.1	89.8
% [Women 21-65] Pap Smear in Past 3 Years	77.6	82.4	79.8	77.3	78.0	83.9	93.0	85.2
% [Parents] Would Want Teen to Have HPV Vaccination	85.3	83.3	84.5					
% [Age 50-75] Colorectal Cancer Screening	77.6	80.1	78.8			75.1	70.5	72.8
					better	similar	worse	

Note: In the green section, each county is compared against the other. 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.

Health: Chronic Kidney Disease	Each County vs. Other: Scott County	Each County vs. Other: Rock Island County	Quad Cities Area	Quad Cities Area vs. Benchmarks: vs. IL	vs. IA	vs. US	vs. HP2020	TREND
Kidney Disease (Age-Adjusted Death Rate)	6.3	13.3	10.0	17.1	8.2	13.2		13.0
% Kidney Disease	1.2	2.3	1.7	2.4	2.2	3.0		2.0
					better	similar	worse	

Note: In the green section, each county is compared against the other. 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.

Health: Dementias, Including Alzheimer's Disease	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IL	vs. IA	vs. US	vs. HP2020	TREND
Alzheimer's Disease (Age-Adjusted Death Rate)	25.1	17.3	21.1	20.0	30.3	24.0		22.1
	Note: In the green section, each county is compared against the other. 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	

Health: Diabetes	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IL	vs. IA	vs. US	vs. HP2020	TREND
Diabetes Mellitus (Age-Adjusted Death Rate)	16.1	15.1	15.6	19.4	18.8	21.3	20.5	19.2
% Diabetes/High Blood Sugar	9.0	13.8	11.3	9.9	9.3	11.7		7.0
% Borderline/Pre-Diabetes	7.7	6.1	7.0			5.1		
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	45.9	51.4	48.5			49.2		
	Note: In the green section, each county is compared against the other. 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	

Health: Family Planning	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IL	vs. IA	vs. US	vs. HP2020	TREND
Teen Births per 1,000 (Age 15-19)	41.3	48.8	44.8	35.0	29.9	36.6		
	Note: In the green section, each county is compared against the other. 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	

Health: Lead Hazards	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IL	vs. IA	vs. US	vs. HP2020	TREND
% Home Contains a Lead Hazard	2.9	3.5	3.2					5.8
% [Parents] Child Has Been Tested for Lead	66.9	60.5	64.1					60.3
	Note: In the green section, each county is compared against the other. 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	

Health: Heart Disease & Stroke	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IL	vs. IA	vs. US	vs. HP2020	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	163.5	217.7	191.0	173.9	168.4	171.3	156.9	200.8
Stroke (Age-Adjusted Death Rate)	35.3	33.6	34.4	37.7	34.3	37.0	34.8	49.1
% Heart Disease (Heart Attack, Angina, Coronary Disease)	7.4	10.8	9.1			6.1		7.1
% Stroke	2.5	3.3	2.9	2.8	2.8	3.9		2.3
% Told Have High Blood Pressure (Ever)	27.3	35.0	31.0	30.1	31.4	34.1	26.9	27.3
% [HBP] Taking Action to Control High Blood Pressure	93.9	96.0	95.1			89.2		87.3
% Told Have High Cholesterol (Ever)	27.3	34.9	30.9	36.6	41.1	29.9	13.5	28.7
% [HBC] Taking Action to Control High Blood Cholesterol	86.8	85.6	86.2			81.4		85.9
% 1+ Cardiovascular Risk Factor	81.5	85.3	83.3			82.3		92.0

Note: In the green section, each county is compared against the other. 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

Health: HIV	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IL	vs. IA	vs. US	vs. HP2020	TREND
HIV Prevalence per 100,000	126.1	177.7	150.7	300.1	68.1	340.4		
					better	similar	worse	

Note: In the green section, each county is compared against the other. 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.

Health: Immunization & Infectious Diseases	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IL	vs. IA	vs. US	vs. HP2020	TREND
% [Parents] Would Want All Vaccinations for a Newborn	93.7	93.5	93.6					
% [Age 65+] Flu Vaccine in Past Year	57.1	57.5	57.3	58.6	67.4	57.5	70.0	67.3
% [High-Risk 18-64] Flu Vaccine in Past Year	39.7	49.6	44.3			45.9	70.0	34.4
% [Age 65+] Pneumonia Vaccine Ever	73.1	68.9	70.9	64.6	72.6	68.4	90.0	59.8
% [High-Risk 18-64] Pneumonia Vaccine Ever	38.2	33.2	36.0			41.9	60.0	30.9
					better	similar	worse	

Note: In the green section, each county is compared against the other. 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.

Health: Injury & Violence Prevention	Each County vs. Other: Scott County	Each County vs. Other: Rock Island County	Quad Cities Area	Quad Cities Area vs. Benchmarks: vs. IL	vs. IA	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)	43.8	34.1	39.0	32.9	39.8	39.2	36.4	29.6
Motor Vehicle Crashes (Age-Adjusted Death Rate)	6.5	5.5	6.0	7.9	11.1	10.7	12.4	8.3
% [Adults 45+] Injured While Falling in the Past Year	8.9	9.2	9.1					
% Victim of Neglect/Abuse While Growing Up	14.2	13.9	14.0					
% Safety, Security, Crime Control in Neighborhood is "Fair/Poor"	14.7	15.9	15.3					15.4
Firearm-Related Deaths (Age-Adjusted Death Rate)	10.6	6.6	8.2	8.8	7.4	10.4	9.3	7.9
Homicide (Age-Adjusted Death Rate)	3.4	3.6	3.5	6.6	2.0	5.7	5.5	
Violent Crime per 100,000	492.6	439.8	467.8	432.7	266.0	395.5		
% Victim of Violent Crime in Past 5 Years	2.5	2.5	2.5			2.8		2.6
% Victim of Domestic Violence (Ever)	15.6	17.1	16.3			15.0		10.7

Note: In the green section, each county is compared against the other. 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

Health: Maternal, Infant & Child Health	Each County vs. Other: Scott County	Each County vs. Other: Rock Island County	Quad Cities Area	Quad Cities Area vs. Benchmarks: vs. IL	vs. IA	vs. US	vs. HP2020	TREND
No Prenatal Care in First Trimester (Percent)	23.9	25.5	24.9	25.2	23.5	38.5	22.1	
Low Birthweight Births (Percent)	6.7	6.5	6.6	8.2	6.6	8.0	7.8	7.4
Infant Death Rate	5.2	5.4	5.3	6.3	4.8	6.0	6.0	6.3
					better	similar	worse	

Note: In the green section, each county is compared against the other. 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.

Health: Mental Health & Mental Disorders	Each County vs. Other: Scott County	Each County vs. Other: Rock Island County	Quad Cities Area	Quad Cities Area vs. Benchmarks: vs. IL	vs. IA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	11.3	12.6	11.9			11.9		8.9
% Diagnosed Depression	21.4	19.6	20.5			20.4		
% Symptoms of Chronic Depression (2+ Years)	29.8	29.7	29.8			30.4		25.2
Suicide (Age-Adjusted Death Rate)	19.2	12.7	16.2	9.7	13.7	12.5	10.2	11.9
% [Children <18] Child Has “Fair/Poor” Mental Health	6.2	10.6	8.2					

Health: Mental Health & Mental Disorders (continued)	Each County vs. Other: Scott County	Each County vs. Other: Rock Island County	Quad Cities Area	Quad Cities Area vs. Benchmarks: vs. IL	vs. IA	vs. US	vs. HP2020	TREND
% [Children <18] Child Needed Mental Health Svcs/Past Yr	9.9	10.8	10.3					
% Typical Day Is "Extremely/Very" Stressful	9.3	10.0	9.6			11.9		9.5
% Child [Age 5-17] Takes Prescription for ADD/ADHD	9.8	10.3	10.0			11.3		9.5
	Note: In the green section, each county is compared against the other. 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	

Health: Nutrition, Physical Activity & Weight	Each County vs. Other: Scott County	Each County vs. Other: Rock Island County	Quad Cities Area	Quad Cities Area vs. Benchmarks: vs. IL	vs. IA	vs. US	vs. HP2020	TREND
% Eat 5+ Servings of Fruit or Vegetables per Day	37.9	33.4	35.7			39.5		41.4
% [Children <18] Eat 5+ Servings of Fruit or Vegetables per Day	57.0	67.2	61.1					
% [Children <18] Eat 3+ Fast Food Meals per Week	16.5	21.4	18.4					
% "Very/Somewhat" Difficult to Buy Fresh Produce	20.6	22.9	21.7			24.4		
Population With Low Food Access (Percent)	14.2	15.2	14.6	20.4	22.7	23.6		

Health: Nutrition, Physical Activity & Weight (continued)	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County		vs. IL	vs. IA	vs. US	vs. HP2020	TREND
% Healthy Weight (BMI 18.5-24.9)	32.3	29.0	30.7	33.0	31.6	34.4	33.9	34.3
% Overweight (BMI 25+)	67.1	69.9	68.4	64.7	67.0	63.1		64.1
% Obese (BMI 30+)	30.7	36.0	33.2	29.4	31.3	29.0	30.5	24.1
% [Children 5-17] Counseled About Child's Weight in Past Year	15.0	7.6	12.1					
% Medical Advice on Weight in Past Year	21.5	22.0	21.8			23.7		20.9
% [Overweights] Counseled About Weight in Past Year	28.1	26.0	27.0			31.8		25.5
% [Obese Adults] Counseled About Weight in Past Year	47.9	36.2	41.8			48.3		42.5
% Child [Age 5-17] Healthy Weight	66.5	43.2	57.0			56.7		60.3
% Children [Age 5-17] Overweight (85th Percentile)	24.2	37.0	29.4			31.5		30.8
% Children [Age 5-17] Obese (95th Percentile)	17.8	20.8	19.0			14.8	14.5	15.6

Health: Nutrition, Physical Activity & Weight (continued)	Each County vs. Other: Scott County	Each County vs. Other: Rock Island County	Quad Cities Area	Quad Cities Area vs. Benchmarks: vs. IL	vs. IA	vs. US	vs. HP2020	TREND
% No Leisure-Time Physical Activity	18.7	21.4	20.0	25.1	28.5	20.7	32.6	18.6
% Meeting Physical Activity Guidelines	49.8	46.0	48.0			50.3		39.2
% Moderate Physical Activity	32.1	29.0	30.6			30.6		24.8
% Vigorous Physical Activity	37.9	35.4	36.7			38.0		37.1
% [Child Age 5-17] Vigorous Activity	75.4	73.9	74.8					
% [Child Age 5-17] Moderate Activity	59.5	57.0	58.5					
Recreation/Fitness Facilities per 100,000	13.9	8.1	11.2	10.1	11.5	9.4		
% Child [Age 2-17] Physically Active 1+ Hours per Day	57.5	57.4	57.5			48.6		

Note: In the green section, each county is compared against the other. 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

Health: Oral Health	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IL	vs. IA	vs. US	vs. HP2020	TREND
% [Age 18+] Dental Visit in Past Year	72.9	71.9	72.4	66.9	71.1	65.9	49.0	68.1
% Child [Age 2-17] Dental Visit in Past Year	87.5	86.6	87.1			81.5	49.0	78.2
% Have a Particular Place for Dental Care	85.6	79.9	82.9					80.5
% [Parents] Have a Particular Place for Child's Dental Care	91.4	89.6	90.6					85.5
% Have Dental Insurance	75.8	70.7	73.4			65.6		68.3

Note: In the green section, each county is compared against the other. 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

Health: Respiratory Diseases	Each County vs. Other: Scott County	Each County vs. Other: Rock Island County	Quad Cities Area	Quad Cities Area vs. Benchmarks: vs. IL	vs. IA	vs. US	vs. HP2020	TREND
CLRD (Age-Adjusted Death Rate)	49.7	46.2	47.7	39.3	47.4	42.0		48.8
Pneumonia/Influenza (Age-Adjusted Death Rate)	14.0	17.3	15.7	16.8	16.4	15.3		20.6
% COPD (Lung Disease)	9.4	11.8	10.5	5.0	6.3	8.6		11.8
% [Adult] Currently Has Asthma	13.6	9.3	11.5	7.6	7.8	9.4		9.8
% [Child 0-17] Currently Has Asthma	7.7	6.3	7.0			7.1		7.0

Note: In the green section, each county is compared against the other. 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

Health: Sexually Transmitted Diseases	Each County vs. Other: Scott County	Each County vs. Other: Rock Island County	Quad Cities Area	Quad Cities Area vs. Benchmarks: vs. IL	vs. IA	vs. US	vs. HP2020	TREND
Gonorrhea Incidence per 100,000	163.4	119.3	142.7	141.0	65.5	107.5		
Chlamydia Incidence per 100,000	560.8	482.5	524.1	526.1	371.5	456.7		

Note: In the green section, each county is compared against the other. 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

Health: Substance Abuse	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IL	vs. IA	vs. US	vs. HP2020	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	10.4	8.7	9.4	8.5	7.8	9.9	8.2	7.5
% Current Drinker	61.8	51.4	56.8	57.2	57.2	56.5		57.9
% Excessive Drinker (Heavy or Binge Drinking)	21.0	19.5	20.3			23.2		20.1
Drug-Induced Deaths (Age-Adjusted Death Rate)	19.6	11.4	15.8	12.1	9.2	14.1	11.3	6.9

Note: In the green section, each county is compared against the other. 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

Health: Tobacco Use	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IL	vs. IA	vs. US	vs. HP2020	TREND
% Current Smoker	15.9	20.3	18.0	18.0	19.5	14.9	12.0	25.9
% Someone Smokes at Home	12.9	18.3	15.5			12.7		26.7
% [Non-Smokers] Someone Smokes in the Home	3.4	8.6	5.8			6.3		6.9
% [Household With Children] Someone Smokes in the Home	8.2	15.8	11.4			9.7		29.0
% Smoke Cigars, Pipes, or Hookahs	2.8	2.7	2.8					
% Use Electronic Cigarettes (E-Cigarettes)	6.0	7.7	6.8					
% Use Smokeless Tobacco	3.2	2.3	2.8	1.1	3.1	4.0	0.3	3.1
% Agree That Outdoor Public Spaces Should be Tobacco Free	60.5	57.5	59.1					

Note: In the green section, each county is compared against the other. 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

Quality of Life: Community & Belonging	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IL	vs. IA	vs. US	vs. HP2020	TREND
% Quality of Life in the Community Has Worsened Over Time	10.9	16.0	13.3					16.1
% Community is a "Fair/Poor" Place to Live	10.9	12.0	11.5					11.4
% Community is a "Fair/Poor" Place to Raise a Family	10.5	12.8	11.6					14.5
% Not Familiar with Local Social Services	33.9	36.5	35.1					
% Ease of Obtaining Social Services is “Fair/Poor”	27.8	29.1	28.4					27.6

Note: In the green section, each county is compared against the other. 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

Quality of Life: Economy, Housing, & Transportation	Each County vs. Other: Scott County	Each County vs. Other: Rock Island County	Quad Cities Area	Quad Cities Area vs. Benchmarks: vs. IL	vs. IA	vs. US	vs. HP2020	TREND
Population in Poverty (Percent)	13.1	13.3	13.2	14.1	12.4	15.4		
Population Below 200% FPL (Percent)	30.2	33.4	31.7	31.5	30.4	34.2		
Children Below 100% FPL (Percent)	18.9	21.5	20.1	19.9	16.1	21.6		
% Financial Situation is “Fair/Poor”	22.4	27.9	25.0					18.3
Unemployment Rate (Age 16+, Percent)			6.0	5.8	4.4	5.4		5.1
% “Worse Off” Financially Than Last Year	14.5	20.7	17.4					11.5
% Availability of Affordable Housing is "Fair/Poor"	30.5	37.9	34.1					30.4
% Had to Live with a Friend/Relative in the Past 2 Years	9.1	12.4	10.6					9.1
% Homeless in the Past 2 Years	1.2	2.1	1.6					0.4
% Could Rely on Public Transportation if Necessary	50.9	57.5	54.0					52.2

Note: In the green section, each county is compared against the other. 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

Quality of Life: Education & Learning	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IL	vs. IA	vs. US	vs. HP2020	TREND
Linguistically Isolated Population (Percent)	1.1	2.7	1.8	5.1	1.8	4.8		
No High School Diploma (Age 25+, Percent)	7.7	12.6	10.0	12.7	9.0	14.0		
% Have Access to the Internet for Personal Use	89.2	85.3	87.3					83.9
	Note: In the green section, each county is compared against the other. 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

Professional Research Consultants, Inc.

Population Characteristics

Total Population

The Quad Cities Area, the focus of this Community Health Assessment, encompasses 885.49 square miles and houses a total population of 314,557 residents, according to latest census estimates.

Total Population
(Estimated Population, 2009-2013)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Scott County, IA	167,080	457.97	364.83
Rock Island County, IL	147,477	427.52	344.96
Quad Cities Area	**314,557**	**885.49**	**355.23**
Iowa	3,062,553	55,842.35	54.84
Illinois	12,848,554	55,504.25	231.49
United States	311,536,591	3,530,997.6	88.23

Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Population Change 2000-2010

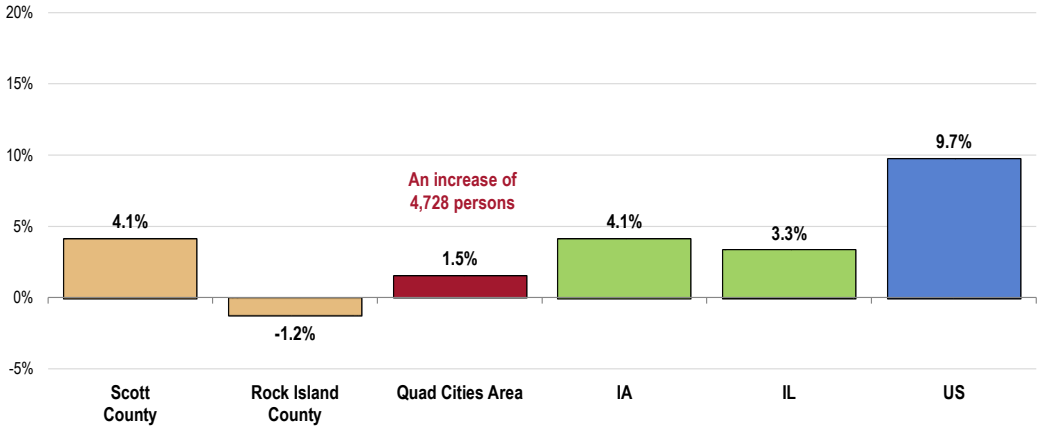
A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of the Quad Cities Area increased by 4,728 persons, or 1.5%.

- A lesser proportional increase than seen across either state.
- A lesser proportional increase than seen nationwide.
- Note the decrease in population for Rock Island County.

Change in Total Population

(Percentage Change Between 2000 and 2010)

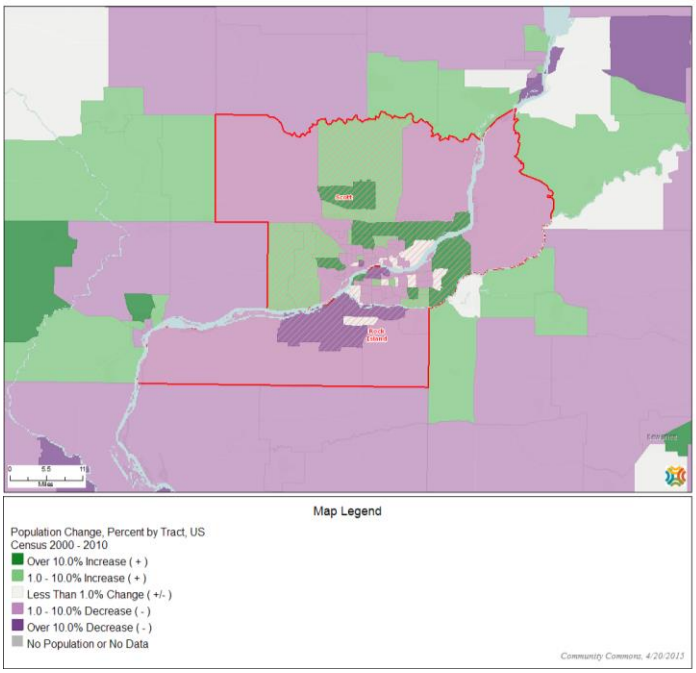


Sources:
- Retrieved April 2015 from Community Commons at http://www.chna.org.
- US Census Bureau Decennial Census (2000-2010).

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

The following map provides a visual illustration of the 2000-2010 population change in Scott and Rock Island counties.

Population Change, Percent by Tract, US Census 2000-2010



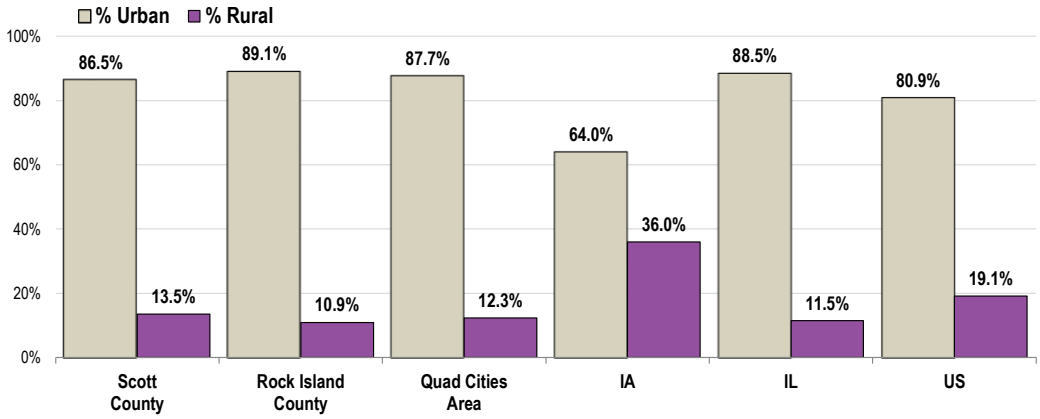
Urban/Rural Population

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 Quad Cities Area is predominantly urban, with 87.7% of the population living in areas designated as urban.

- Note that Illinois houses a much larger proportion of urban population than does Iowa overall.
- Nationally, 80.9% of Americans live in urban areas.

Urban and Rural Population
(2010)

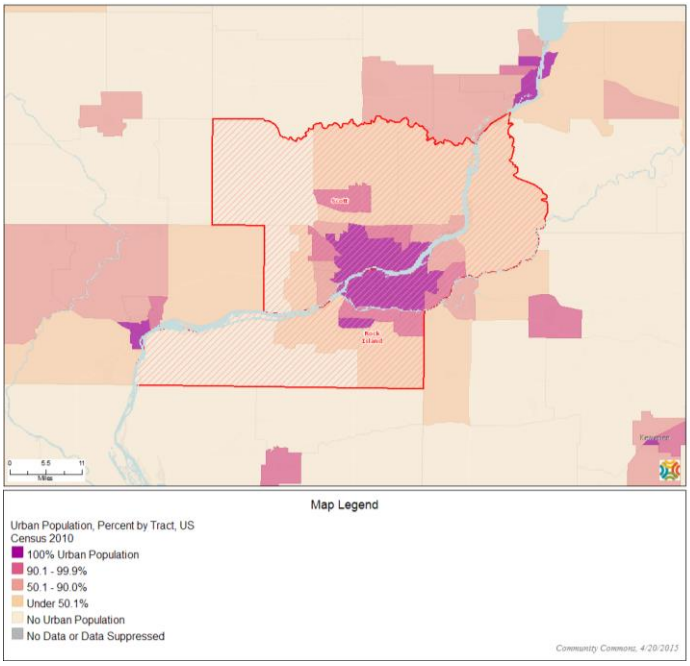


Sources:
- US Census Bureau Decennial Census (2010).
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

- Note the following map outlining the urban population in the Quad Cities Area census tracts as of 2010.

Urban Population, Percent by Tract, US Census 2010



Age

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

In the Quad Cities Area, 23.7% of the population are infants, children or adolescents (age 0-17); another 61.5% are age 18 to 64, while 14.9% are age 65 and older.

- The percentage of older adults (65+) is comparable to the Iowa percentage, but higher than the Illinois percentage.
- The Quad Cities Area percentage of older adults (65+) is higher than the US figure.

Total Population by Age Groups, Percent
(2009-2013)

Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved April 2015 from Community Commons at http://www.chna.org.

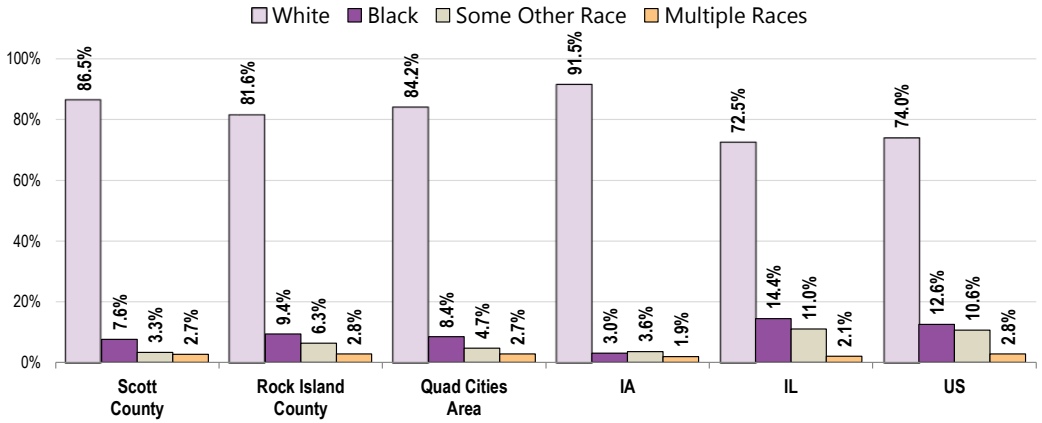
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 84.2% of residents of Quad Cities Area are White and 8.4% are Black.

- This racial distribution is less White and more Black than the Iowa distribution, but more White and less Black than that of Illinois.
- Nationally, the US population is less White, more Black, and more "other" race.

Total Population by Race Alone, Percent
(2009-2013)

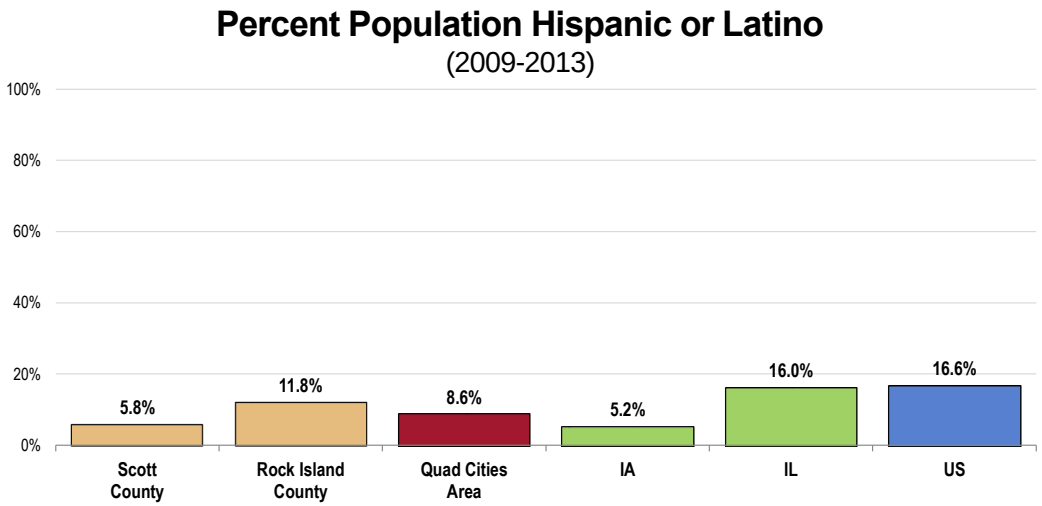


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Ethnicity

A total of 8.6% of Quad Cities Area residents are Hispanic or Latino.

- Higher than the Iowa prevalence, but lower than the Illinois prevalence.
- Lower than found nationally.
- The proportion is twice as high in Rock Island County than in Scott County.

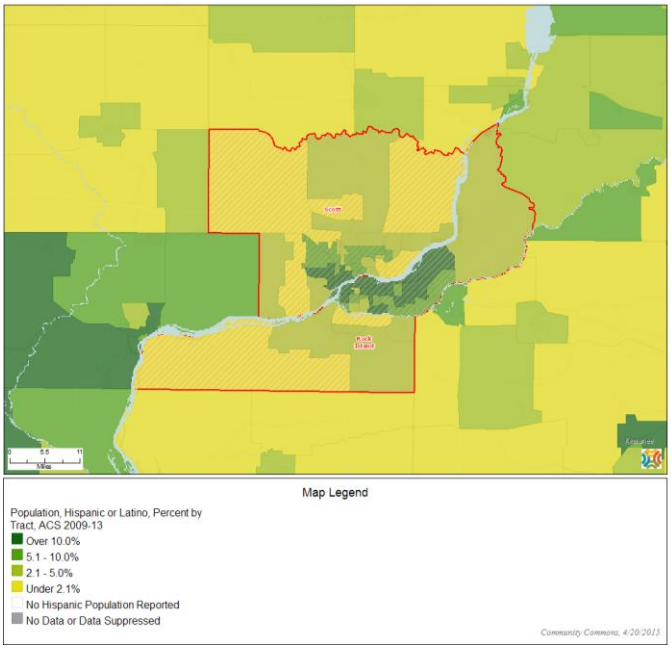


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

- The Hispanic population appears to be most concentrated in the central and southwest portion of the following map.

Population Hispanic or Latino, Percent by Tract, ACS 2009-2013

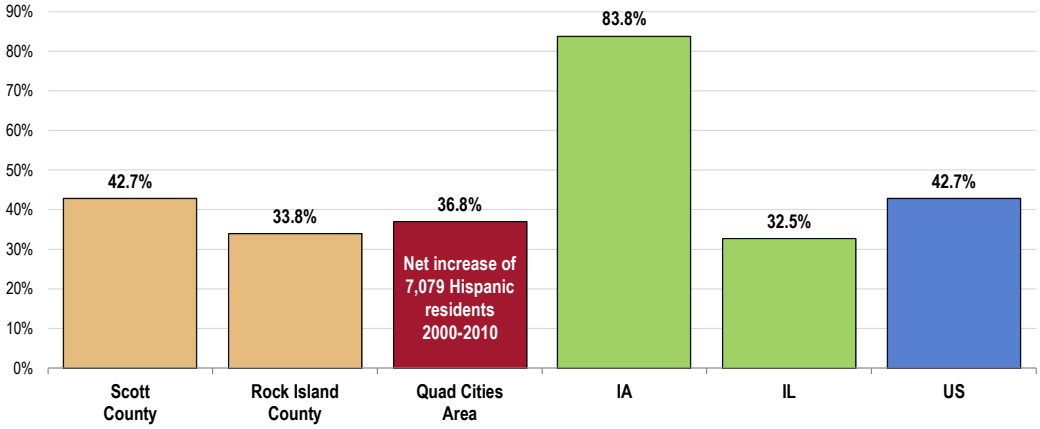


Between 2000 and 2010, the Hispanic population in the Quad Cities Area increased by 7,079 people, or 36.8%.

- Much lower (in terms of percentage growth) than found in Iowa for the same time period, but higher than the Illinois percentage.
- Lower (in terms of percentage growth) than found nationally.
- The proportion is higher in Scott County than in Rock Island County.

Hispanic Population Change

(Percentage Change in Hispanic Population Between 2000 and 2010)



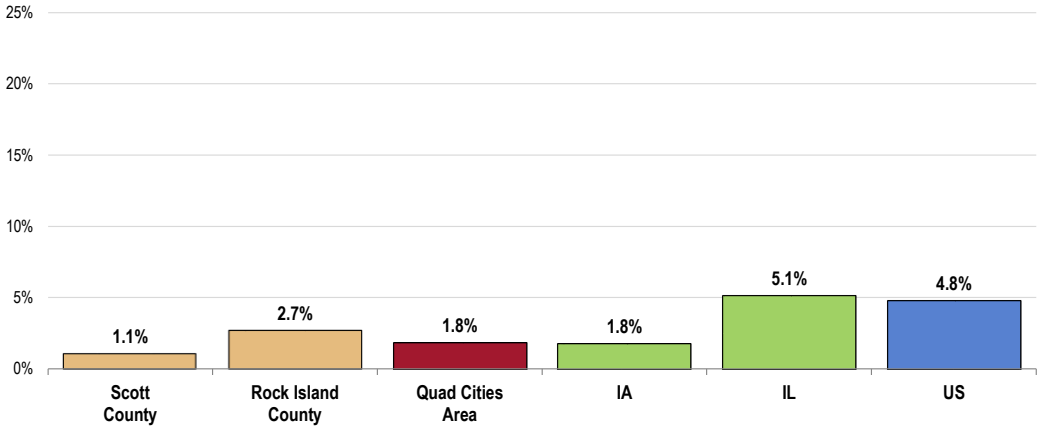
Sources:
- US Census Bureau Decennial Census (2000-2010).
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Linguistic Isolation

A total of 1.8% of the Quad Cities Area population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English, or speaking English "very well").

- Identical to the Iowa prevalence; much lower than the Illinois prevalence.
- Lower than found nationally.
- The proportion of linguistically isolated populations is higher in Rock Island County.

Linguistically Isolated Population
(2009-2013)

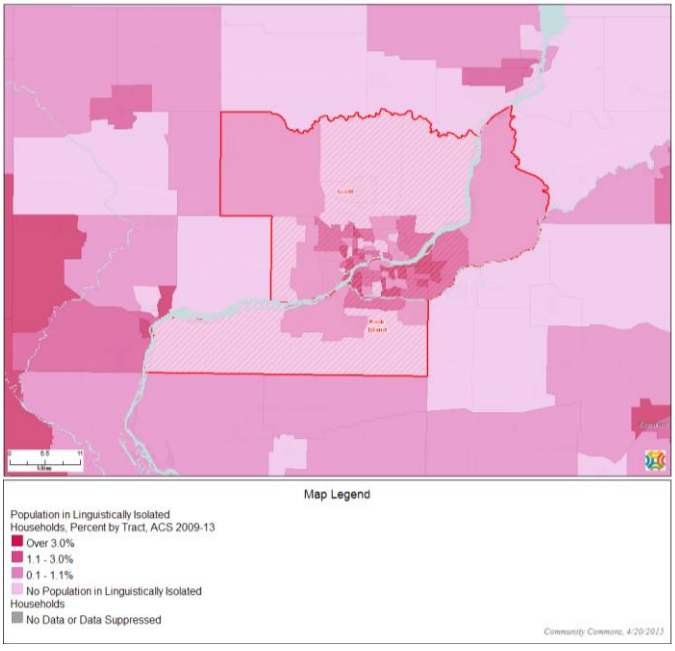


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population aged 5 and older who live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speak a non-English language and speak English "very well."

- Note the following map illustrating linguistic isolation in the Quad Cities Area.

Population in Linguistically Isolated Households, Percent by Tract, ACS 2007-2011



Health: General Health Status

Professional Research Consultants, Inc.

Overall Health Status

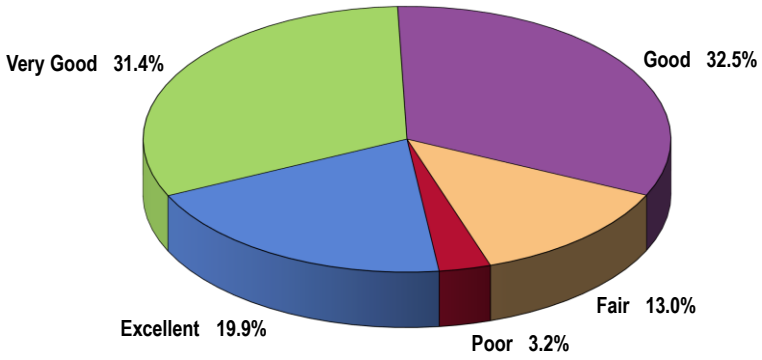
The initial inquiry of the PRC Community Health Survey asked respondents the following:

"Would you say that in general your health is: excellent, very good, good, fair or poor?"

A total of 51.3% of Quad Cities Area adults rate their overall health as "excellent" or "very good."

- Another 32.5% gave "good" ratings of their overall health.

Self-Reported Health Status
(Quad Cities Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

NOTE:

Differences noted in the text represent significant differences determined through statistical testing.

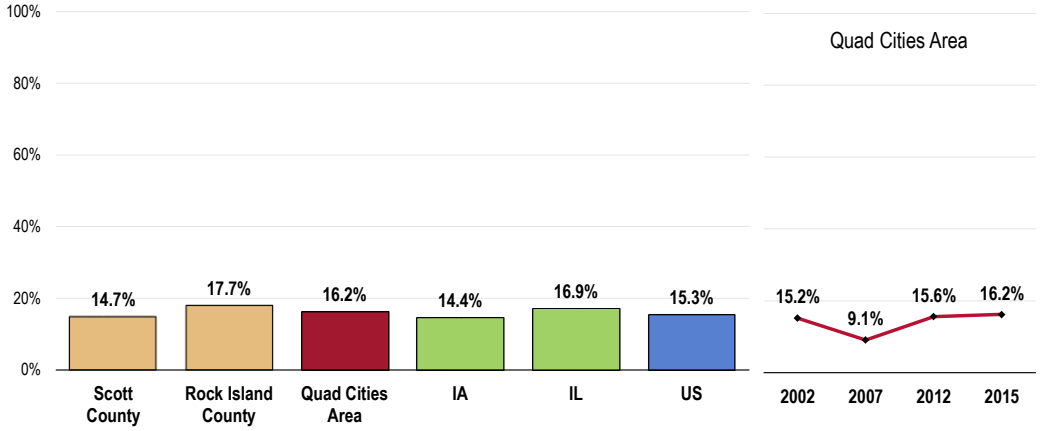
Where sample sizes permit, county-level data are provided.

Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.

However, 16.2% of Quad Cities Area adults believe that their overall health is "fair" or "poor."

- Comparable to both Iowa and Illinois statewide findings.
- Comparable to the national percentage.
- Comparable findings by county of residence.
- TREND: No statistically significant change has occurred when comparing "fair/poor" overall health reports to 2002 survey results (although a statistically significant increase has occurred since 2007).

Experience "Fair" or "Poor" Overall Health



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Iowa and Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

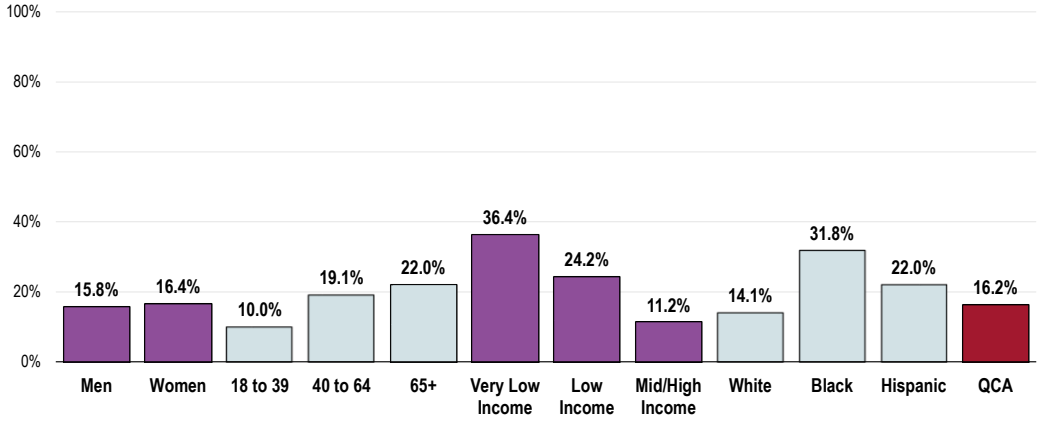
Notes:
- Asked of all respondents.

Adults more likely to report experiencing "fair" or "poor" overall health include:

- Older adults (note the positive correlation with age).
- Residents living at lower incomes (negative correlation with income).
- African Americans.

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

Experience "Fair" or "Poor" Overall Health
(Quad Cities Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Mental Health

RELATED ISSUE:

See also *Potentially Disabling Conditions* in the **Death, Disease & Chronic Conditions** section of this report.

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

- Healthy People 2020 (www.healthypeople.gov)

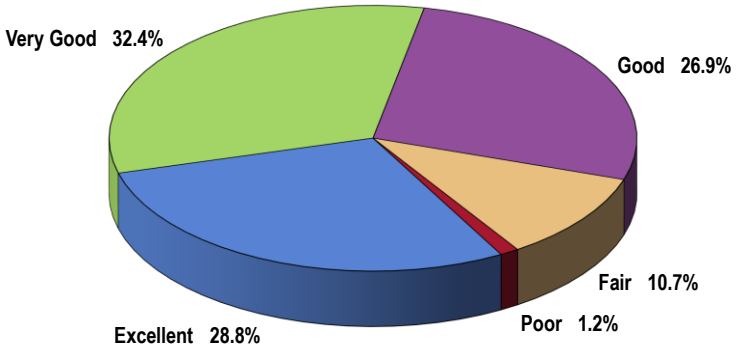
Self-Reported Mental Health Status

"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?"

A total of 61.2% of Quad Cities Area adults rate their overall mental health as "excellent" or "very good."

- Another 26.9% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status
(Quad Cities Area, 2015)

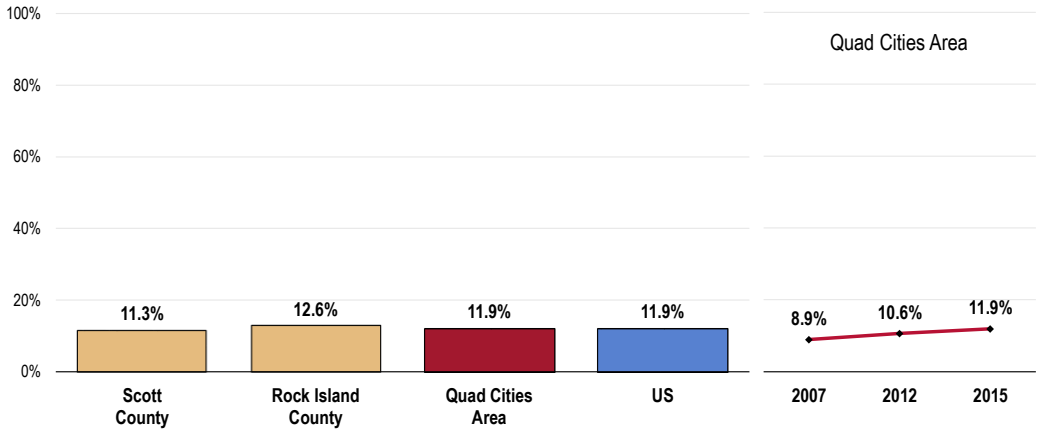


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: • Asked of all respondents.

A total of 11.9% of Quad Cities Area adults, however, believe that their overall mental health is "fair" or "poor."

- Identical to the "fair/poor" response reported nationally.
- Similar by county.
- TREND: Marks a statistically significant increase over time.

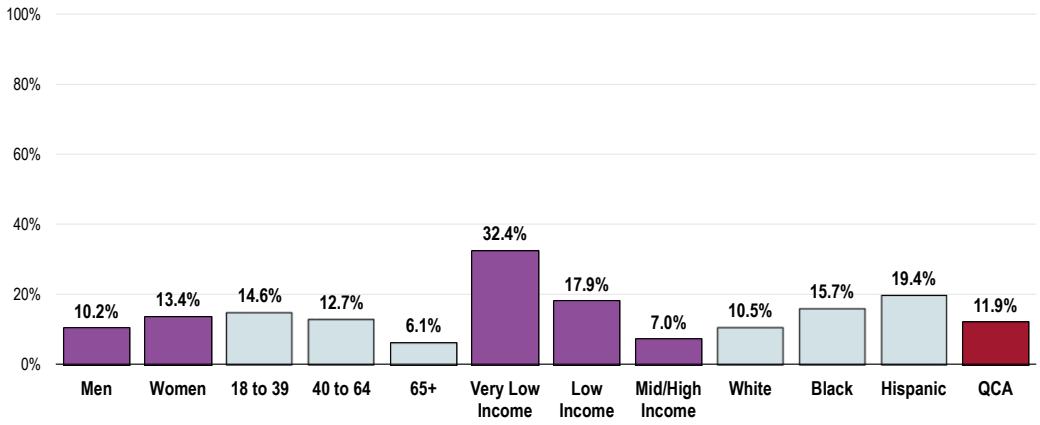
Experience "Fair" or "Poor" Mental Health



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 100]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Note the negative correlations between poor mental health and both age and income.
- African Americans and Hispanics are more likely to report experiencing "fair/poor" mental health than are Whites.

Experience "Fair" or "Poor" Mental Health
(Quad Cities Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Depression

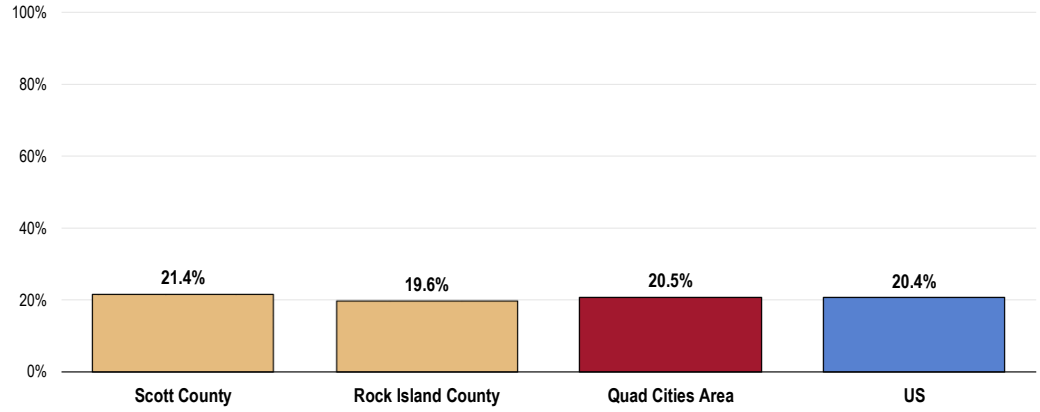
Diagnosed Depression

"When we start addressing the mental health issues, we see improvement in their chronic health conditions as well."
— Community Stakeholder Committee Member

A total of 20.5% of Quad Cities Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, minor depression, or dysthymia [a mild but long-term form of depression]).

- Nearly identical to the national finding.
- Statistically similar by county.
- TREND: *This indicator was not addressed in previous surveys*.

Have Been Diagnosed With a Depressive Disorder



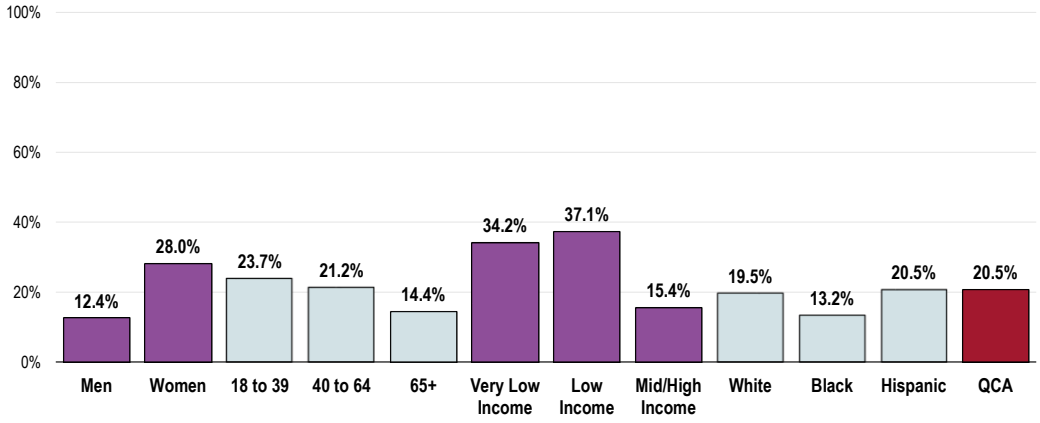
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

The prevalence of diagnosed depression is notably higher among:

- Women.
- Adults under 65 (negative correlation with age).
- Community members living at lower incomes.

Have Been Diagnosed With a Depressive Disorder
(Quad Cities Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]

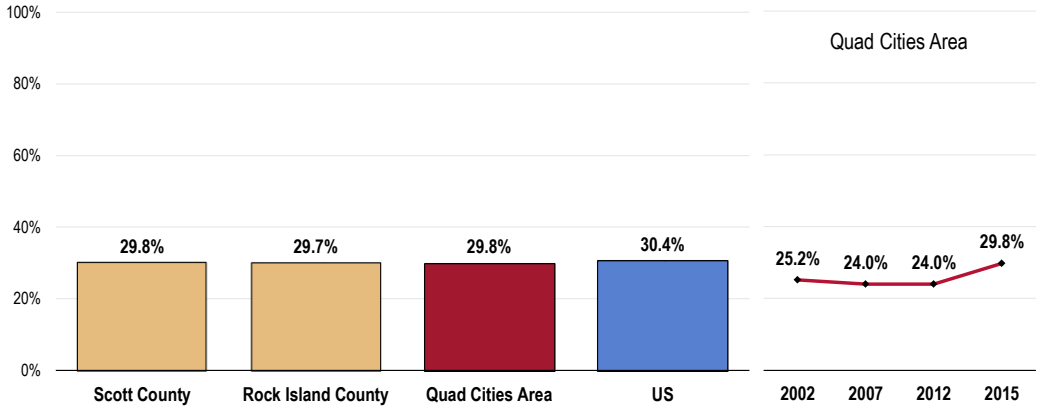
Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Symptoms of Chronic Depression

A total of 29.8% of Quad Cities 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).

- Similar to national findings.
- Similar findings by county.
- TREND: Denotes a statistically significant increase over time.

Have Experienced Symptoms of Chronic Depression



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 101]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

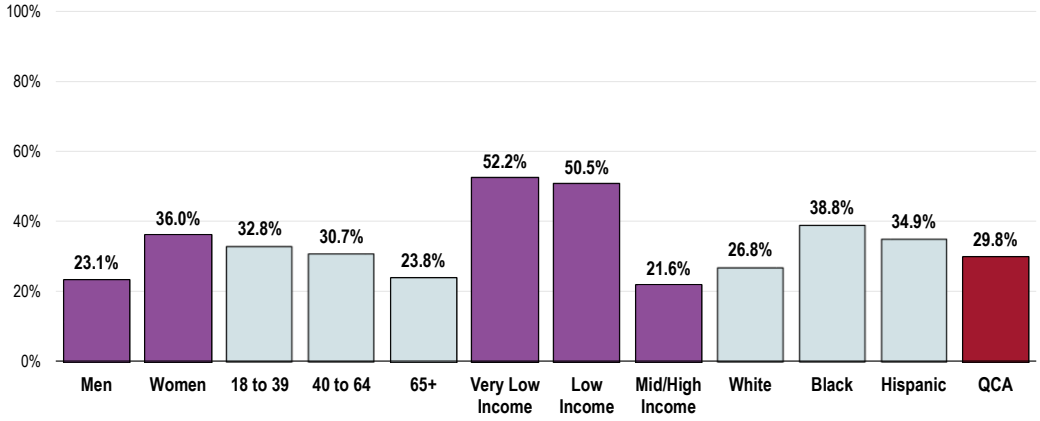
Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

The prevalence of chronic depression is notably higher among:

- Women.
- Adults under age 65 (negative correlation with age).
- Adults with lower incomes (especially).
- African Americans, when compared with Whites.

Have Experienced Symptoms of Chronic Depression

(Quad Cities Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]

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.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

More than 4 in 10 Quad Cities Area adults consider their typical day to be "not very stressful" (31.3%) or "not at all stressful" (12.4%).

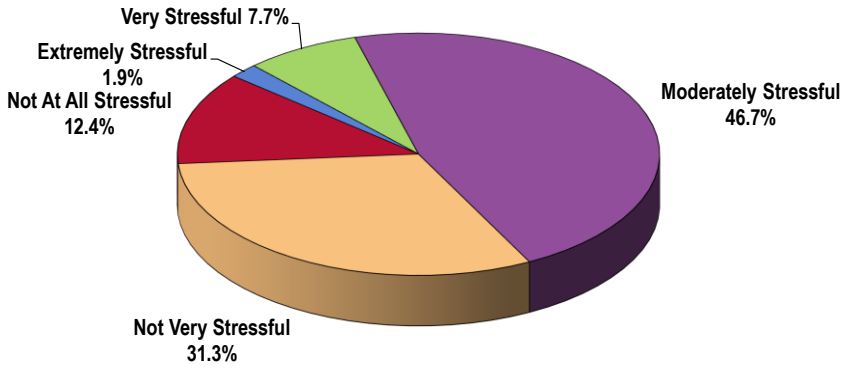
- Another 46.7% of survey respondents characterize their typical day as "moderately stressful."

RELATED ISSUE:

See also *Substance Abuse* in the **Modifiable** Health Risks section of this report.

Perceived Level of Stress On a Typical Day

(Quad Cities Area, 2015)



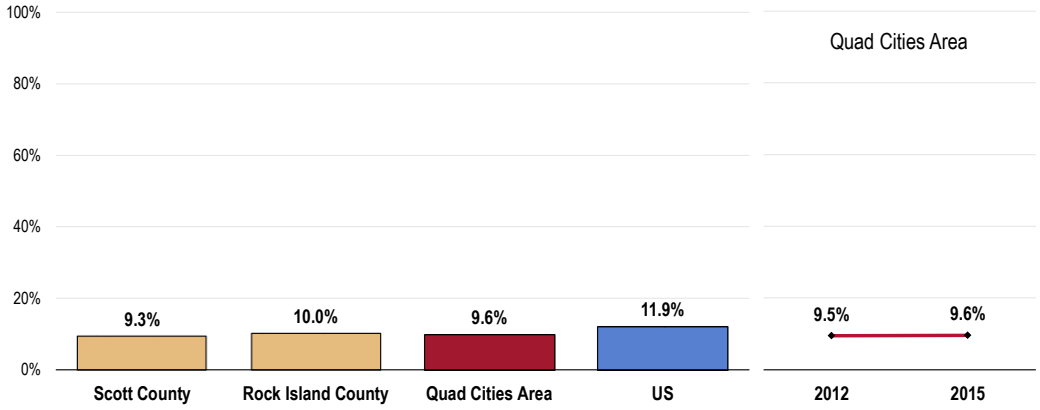
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]

Notes:
- Asked of all respondents.

In contrast, 9.6% of Quad Cities Area adults experience "very" or "extremely" stressful days on a regular basis.

- Comparable to national findings.
- Comparable findings by county.
- TREND: Statistically unchanged since 2012.

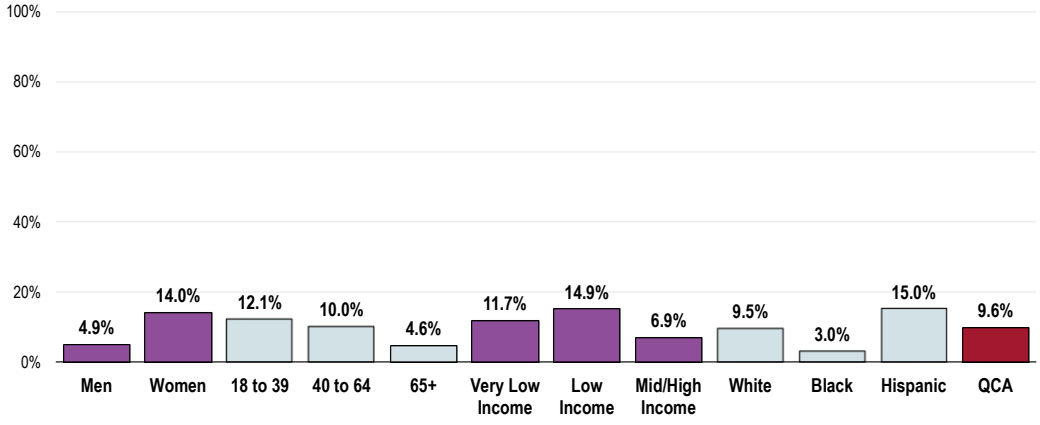
Perceive Most Days As "Extremely" or "Very" Stressful



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 102]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Note that high stress levels are more prevalent among women, adults under 65 (negative correlation with age), low-income respondents, and Hispanics.

Perceive Most Days as "Extremely" or "Very" Stressful
(Quad Cities Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Suicide

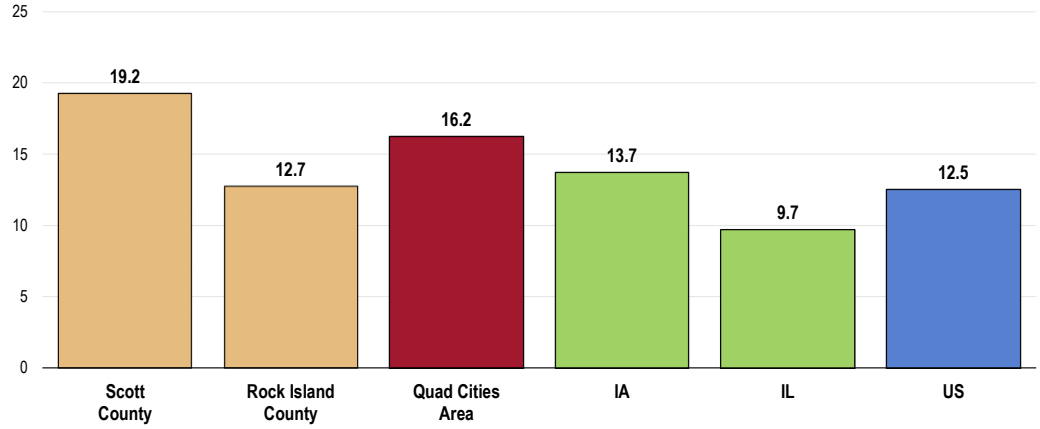
Between 2011 and 2013, there was an annual average age-adjusted suicide rate of 16.2 deaths per 100,000 population in the Quad Cities Area.

- Higher than both statewide rates.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.
- The rate is much higher in Scott County than in Rock Island County.

Suicide: Age-Adjusted Mortality

(2011–2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

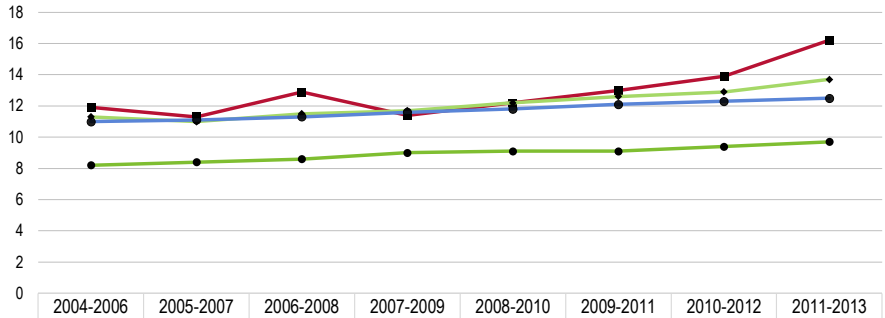
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

- TREND: Suicides have trended upward over the past decade.

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Quad Cities Area	11.9	11.3	12.9	11.4	12.2	13.0	13.9	16.2
Iowa	11.3	11.0	11.5	11.7	12.2	12.6	12.9	13.7
Illinois	8.2	8.4	8.6	9.0	9.1	9.1	9.4	9.7
United States	11.0	11.1	11.3	11.6	11.8	12.1	12.3	12.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

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.
- Local, state and national data are simple three-year averages.

Child's Mental Health

A total of 76.0% of Quad Cities Area parents rate their child's overall mental health as "excellent" or "very good."

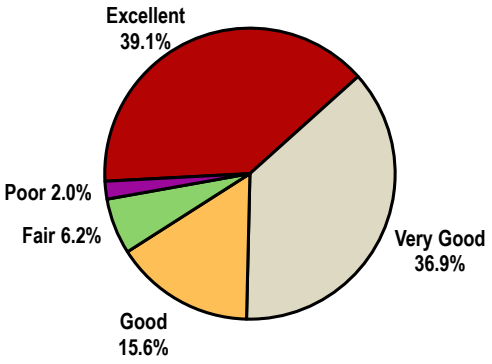
"Now thinking about this child's mental health, which includes stress, depression, and problems with emotions, would you say that this child's mental health is: excellent, very good, good, fair, or poor?"

- Another 15.6% of parents gave "good" evaluations of their child's mental health.
- In contrast, 8.2% of Quad Cities Area parents gave "fair/poor" ratings of their child's mental health.

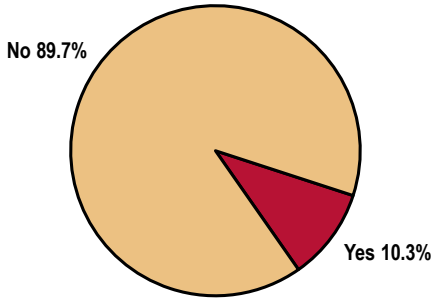
Among Quad Cities Area survey respondents with children under 18, 10.3% report that their child needed mental health services at some point in the past year.

Child's Mental Health

(Quad Cities Area Parents of Children <18, 2015)



Child's Mental Health (Including Stress, Depression, Problems w/Emotions)



Child Has Needed Mental Health Services in the Past Year

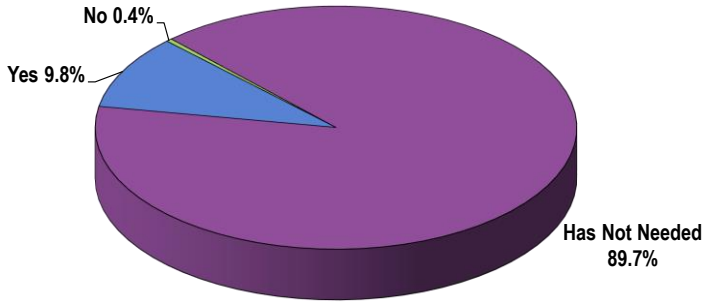
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 352-353]
Notes: ● Asked of all respondents with children under age 18.

Most of those children represented in the survey who needed mental health services did get counseling or treatment.

- *The one parent (0.4%) who did not take the child for mental health services in the past year (though services were warranted) mentioned not having enough time.*

Child Has Received Treatment or Counseling from a Mental Health Professional in the Past Year

(Quad Cities Area Parents of Children <18, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes: ● Asked of all respondents with children under the age of 18.

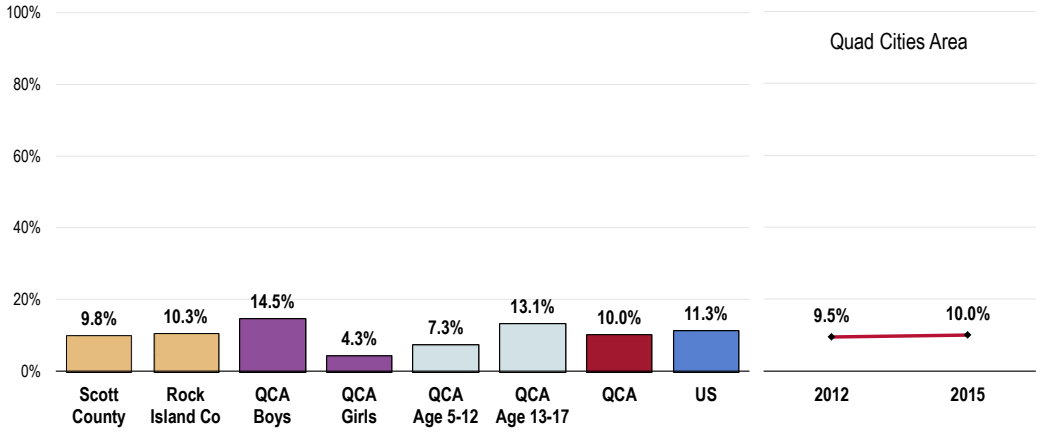
Children & ADD/ADHD

Among Quad Cities Area adults with children age 5 to 17, 10.0% report that their child takes medication for ADD/ADHD.

- Statistically similar to the national prevalence.
- Similar findings by county.
- TREND: Statistically unchanged since 2012.
- Higher among Quad Cities Area boys and teens, as shown.

Child Takes Medication for ADD/ADHD

(Among Parents of Children Age 5-17)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 348]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5 to 17.

Health: Death, Disease, & Chronic Conditions

Professional Research Consultants, Inc.

Leading Causes for Hospital Visits

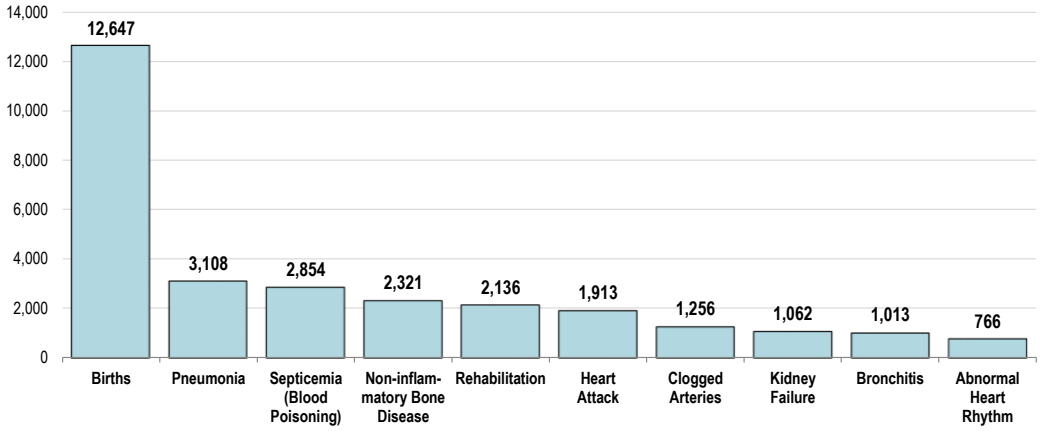
Inpatient Hospitalizations

Between 2012 and 2014, births easily led the list of reasons for inpatient hospitalizations (including all inpatient, acute, and non-acute discharges), with 12,647 cumulative hospitalizations.

- The remaining top 10 reasons for inpatient hospitalizations included **pneumonia** (3,108 hospitalizations), **septicemia/blood poisoning** (2,854), **non-inflammatory bone disease** (2,321), **rehabilitation** (2,136), **heart attacks** (1,913), **clogged arteries** (1,256), **kidney failure** (1,062), **bronchitis** (1,013), and **abnormal heart rhythm** (766).

Top 10 Reasons for Inpatient Hospitalizations

(Includes All Inpatient, Acute, and Non-Acute Discharges; Quad Cities Area 2012-2014 cumulative)



Sources: • Genesis Health System and UnityPoint Health–Trinity

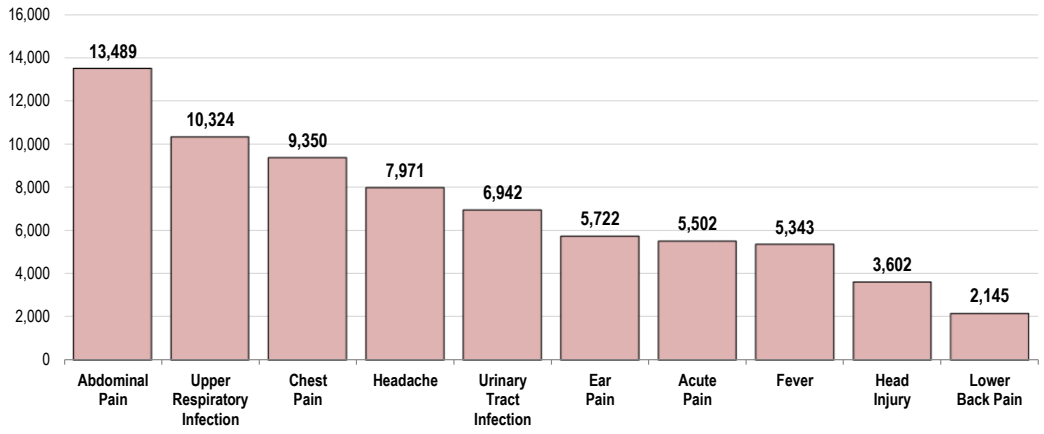
Emergency Department Visits

Between 2012 and 2014, abdominal pain led the list of reasons for emergency department visits (including all treated and released patients), with 13,489 cumulative visits.

- The remaining top 10 reasons for emergency department visits included **upper respiratory infection** (10,324 visits), **chest pain** (9,350), **headache** (7,971), **urinary tract infection** (6,942), **ear pain** (5,722), **acute pain** (5,502), **fever** (5,343), **head injury** (3,602), and **lower back pain** (2,145).

Top 10 Reasons for Emergency Department Visits

(Includes All Treated and Released; Quad Cities Area 2012-2014 cumulative)



Sources: • Genesis Health System and UnityPoint Health–Trinity

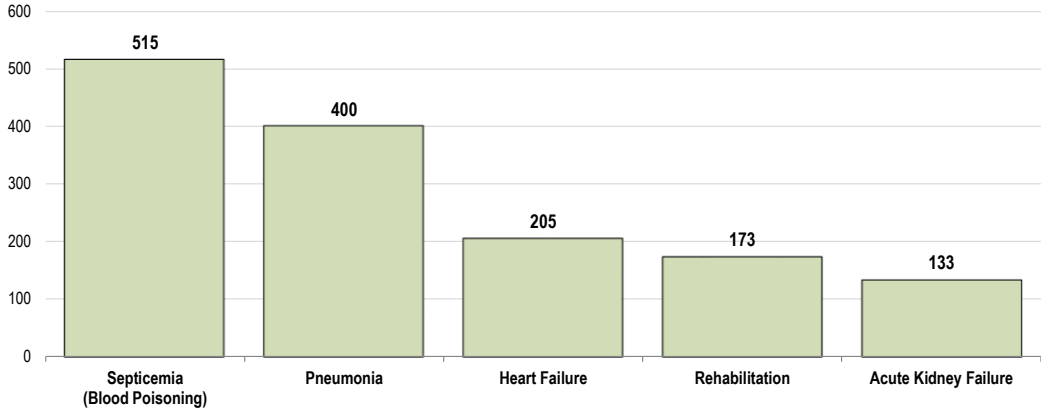
Hospital Re-admissions

Between 2012 and 2014, septicemia led the list of reasons for re-admission to hospitals (including all 30-day, inpatient-to-inpatient, within the system), with 515 cumulative re-admissions.

- The remaining top 5 reasons for hospital re-admissions included **pneumonia** (400 re-admissions), **heart failure** (205), **rehabilitation** (173), and **acute kidney failure** (133).

Top 5 Reasons for Re-admissions to the Hospital

(All 30-Day, Inpatient-to-Inpatient, Within the System; Quad Cities Area 2012-2014 cumulative)



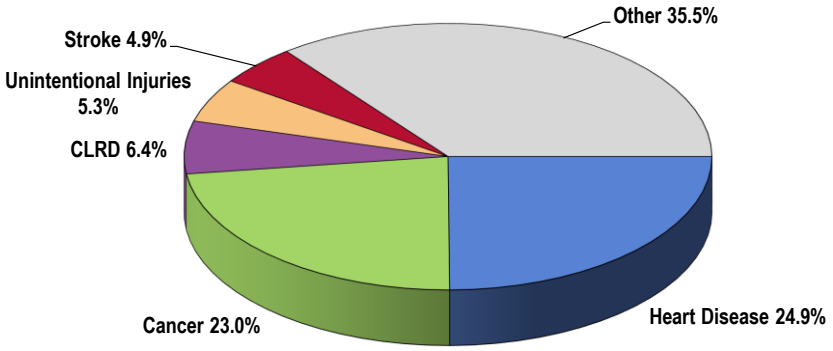
Sources: • Genesis Health System and UnityPoint Health–Trinity

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for over one-half of all deaths in the Quad Cities Area in 2011-2013.

Leading Causes of Death
(Quad Cities Area, 2011–2013)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

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 2020* targets.

The following chart outlines 2011-2013 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Quad Cities Area.

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

Note that age-adjusted mortality rates in the Quad Cities Area are worse than national rates for suicide, heart disease, cancer, chronic lower respiratory disease (CLRD), and drug-induced deaths.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, Quad Cities Area rates fail to satisfy the related goals for suicide, heart disease, cancer, unintentional injuries, cirrhosis, and drug-induced deaths.

Age-Adjusted Death Rates for Selected Causes

(2011–2013 Deaths per 100,000 Population)

	Quad Cities Area	IA	IL	US	HP2020
Diseases of the Heart	191.0	168.4	173.9	171.3	156.9*
Malignant Neoplasms (Cancers)	183.1	170.0	174.2	166.2	161.4
Chronic Lower Respiratory Disease (CLRD)	47.7	47.4	39.3	42.0	n/a
Unintentional Injuries	39.0	39.8	32.9	39.2	36.4
Cerebrovascular Disease (Stroke)	34.4	34.3	37.7	37.0	34.8
Alzheimer's Disease	21.1	30.3	20.0	24.0	n/a
Intentional Self-Harm (Suicide)	16.2	13.7	9.7	12.5	10.2
Drug-Induced	15.8	9.2	12.1	14.1	11.3
Pneumonia/Influenza	15.7	16.4	16.8	15.3	n/a
Diabetes Mellitus	15.6	18.8	19.4	21.3	20.5*
Kidney Diseases	10.0	8.2	17.1	13.2	n/a
Cirrhosis/Liver Disease	9.4	7.8	8.5	9.9	8.2
Firearm-Related	8.2	7.4	8.8	10.4	9.3
Motor Vehicle Deaths	6.0	11.1	7.9	10.7	12.4
Homicide/Legal Intervention	3.5	2.0	6.6	5.7	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 April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
- Local, state and national data are simple three-year averages.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

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

Between 2011 and 2013, there was an annual average age-adjusted heart disease mortality rate of 191.0 deaths per 100,000 population in the Quad Cities Area.

- Higher than both statewide rates.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).
- Higher in Rock Island County.

Heart Disease: Age-Adjusted Mortality

(2011–2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

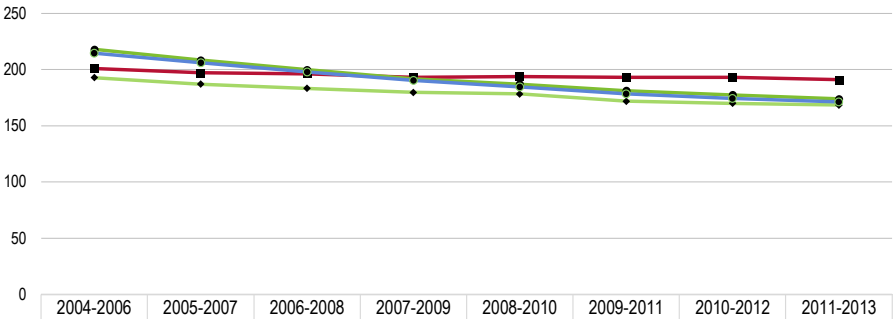
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- TREND: The heart disease mortality rate has decreased in the Quad Cities Area, echoing the decreasing trends across both states and the US overall.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Quad Cities Area	200.8	197.0	196.3	193.2	193.6	192.9	193.1	191.0
Iowa	192.9	186.9	183.2	179.6	178.3	171.8	169.9	168.4
Illinois	217.8	208.4	199.9	191.7	186.9	181.3	177.5	173.9
United States	214.6	206.1	197.9	190.3	184.7	178.5	174.4	171.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

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.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

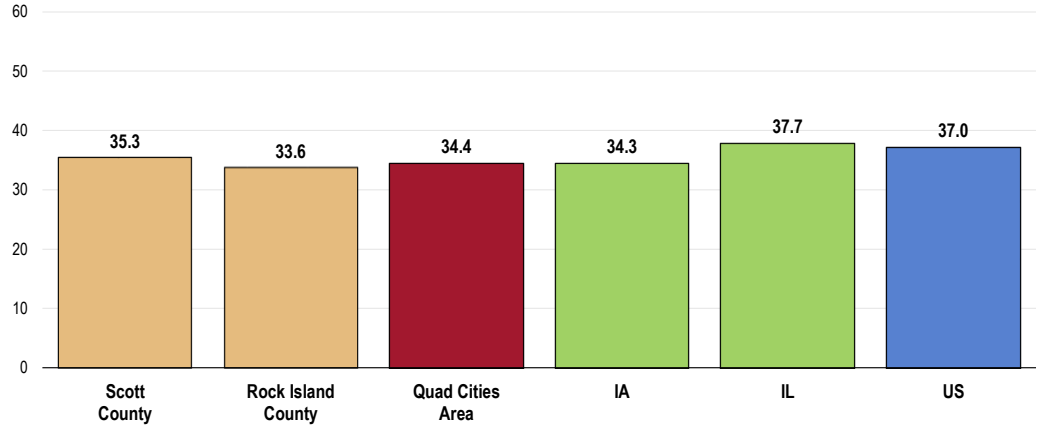
Between 2011 and 2013, there was an annual average age-adjusted stroke mortality rate of 34.4 deaths per 100,000 population in the Quad Cities Area.

- Similar to the Iowa rate; more favorable than the Illinois rate.
- More favorable than the national rate.
- Similar to the Healthy People 2020 target of 34.8 or lower.
- Similar rates by county.

Stroke: Age-Adjusted Mortality

(2011–2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

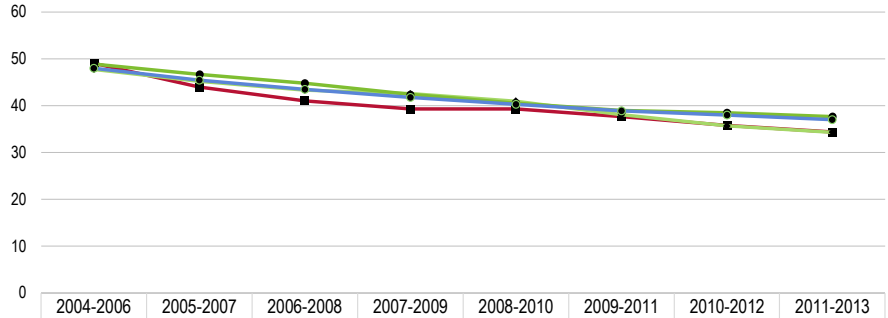
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

- TREND: The stroke rate has declined in recent years, echoing the trends reported across Iowa, Illinois, and the US overall.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Quad Cities Area	49.1	44.0	41.0	39.3	39.3	37.7	35.8	34.4
Iowa	47.8	45.2	43.3	42.5	40.9	38.0	35.7	34.3
Illinois	48.9	46.7	44.8	42.4	40.5	38.9	38.5	37.7
United States	48.0	45.4	43.5	41.7	40.3	38.9	38.0	37.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

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.
- Local, state and national data are simple three-year averages.

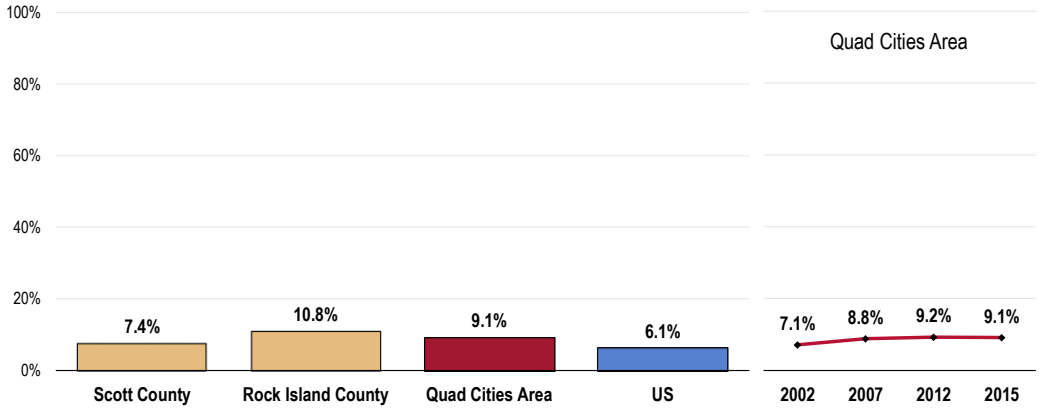
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 9.1% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Less favorable than the national prevalence.
- Statistically similar by county.
- TREND: Statistically unchanged since 2002.

Prevalence of Heart Disease

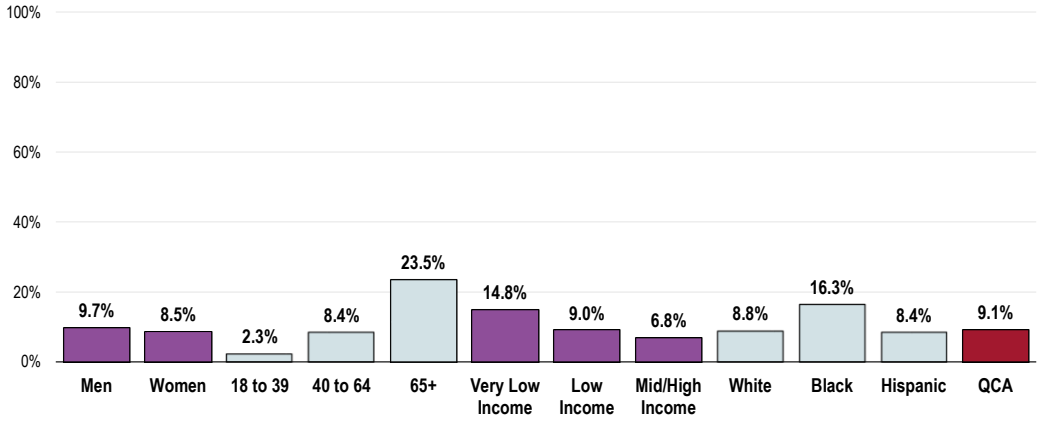


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 124]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

- Note the positive correlation between age and heart disease in the Quad Cities Area.
- Other differences noted below are not statistically significant.

Prevalence of Heart Disease
(Quad Cities Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]

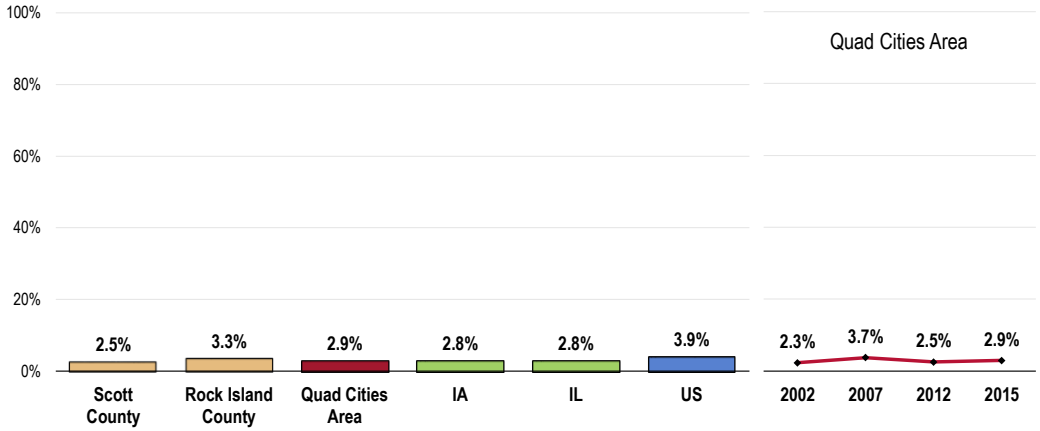
Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina or coronary heart disease.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 2.9% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide findings.
- Similar to national findings.
- Similar by county.
- TREND: Statistically unchanged over time.

Prevalence of Stroke

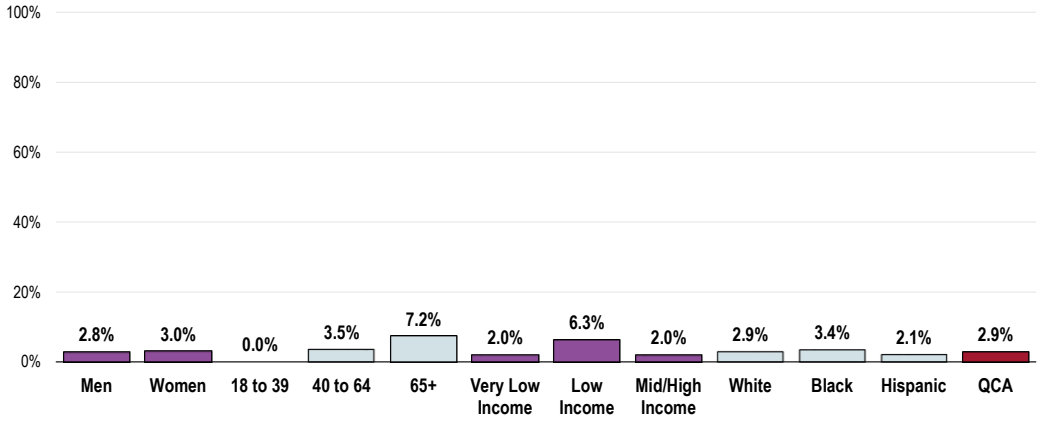


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Iowa and Illinois data.

Notes:
- Asked of all respondents.

- Note the positive correlation between age and stroke in the area.
- Other differences noted below are not statistically significant.

Prevalence of Stroke
(Quad Cities Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cardiovascular Risk Factors

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

- Healthy People 2020 (www.healthypeople.gov)

Hypertension (High Blood Pressure)

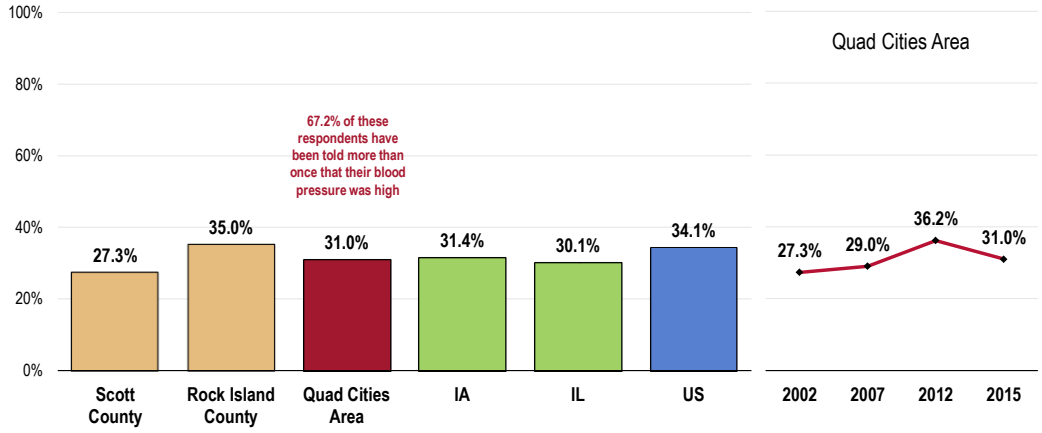
Prevalence of Hypertension

A total of 31.0% of adults have been told at some point that their blood pressure was high.

- Similar to both state proportions.
- Similar to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Unfavorably high in Rock Island County.
- TREND: Statistically unchanged since 2002 (but decreasing since 2012).
- Among hypertensive adults, 67.2% have been diagnosed with high blood pressure more than once.

Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 43, 125]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Iowa and Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.

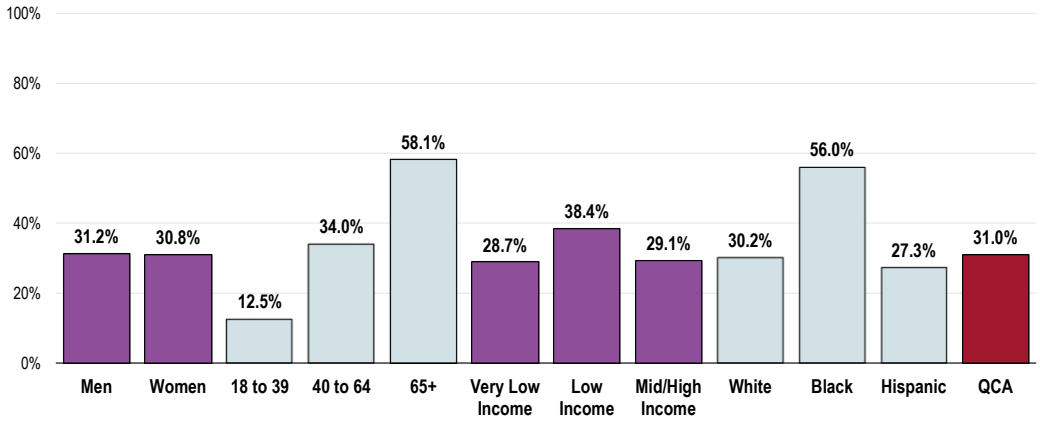
Hypertension diagnoses are higher among:

- Adults age 40 and older, and especially those age 65+ (positive correlation with age).
- African American respondents.

Prevalence of High Blood Pressure

(Quad Cities Area, 2015)

Healthy People 2020 Target = 26.9% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hypertension Management

Among respondents who have been told that their blood pressure was high, 95.1% report that they are currently taking actions to control their condition.

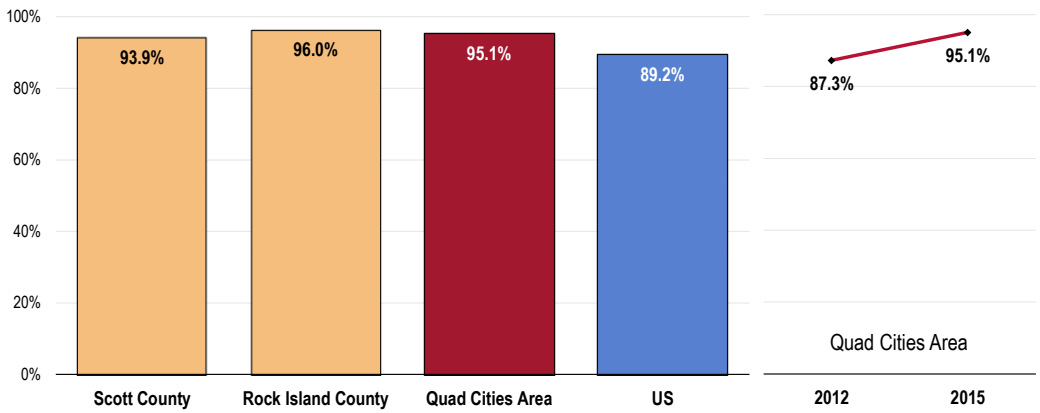
- Better than national findings.
- Similar findings by county.
- TREND: Denotes a statistically significant improvement since 2012.

Respondents reporting high blood pressure were further asked:

"Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?"

Taking Action to Control Hypertension

(Among Adults With High Blood Pressure)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 44]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents who have been diagnosed with high blood pressure.
- In this case, the term "action" refers to medication, change in diet, and/or exercise.

High Blood Cholesterol

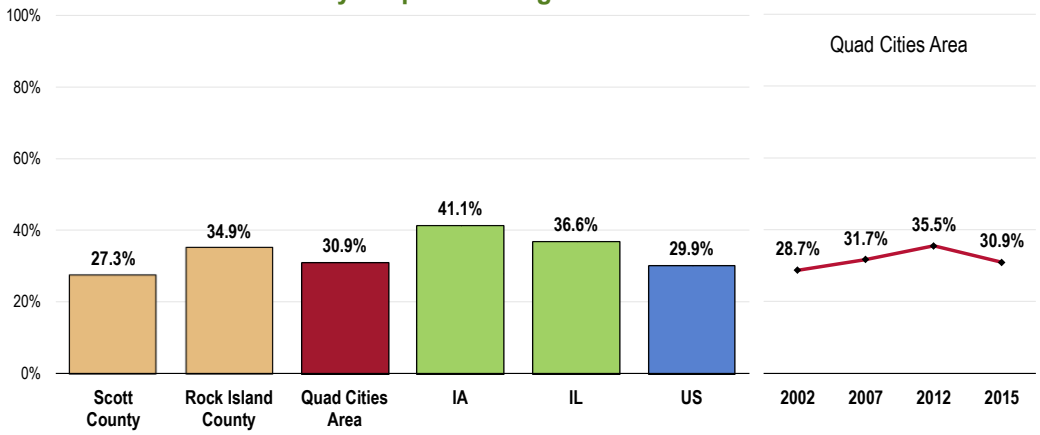
Self-Reported High Blood Cholesterol

A total of 30.9% of adults have been told by a health professional that their cholesterol level was high.

- More favorable than the Iowa and Illinois findings.
- Similar to the national prevalence.
- More than twice the Healthy People 2020 target (13.5% or lower).
- Unfavorably high in Rock Island County.
- TREND: Lower than 2012 findings, but similar to prior data.

Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 126]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Iowa and Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

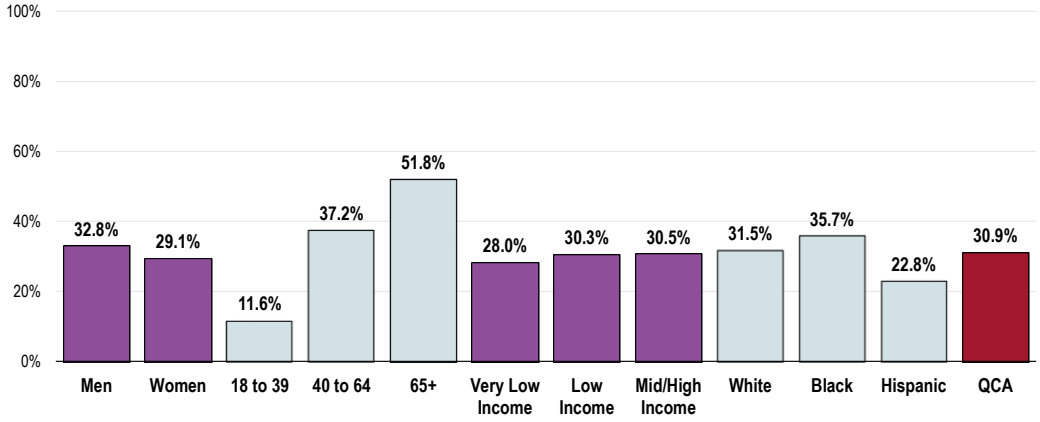
Notes:
- Asked of all respondents.
- *The IA data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

- Note the positive correlation between age and high blood cholesterol.

Prevalence of High Blood Cholesterol

(Quad Cities Area, 2015)

Healthy People 2020 Target = 13.5% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

High Cholesterol Management

Respondents reporting high cholesterol were further asked:

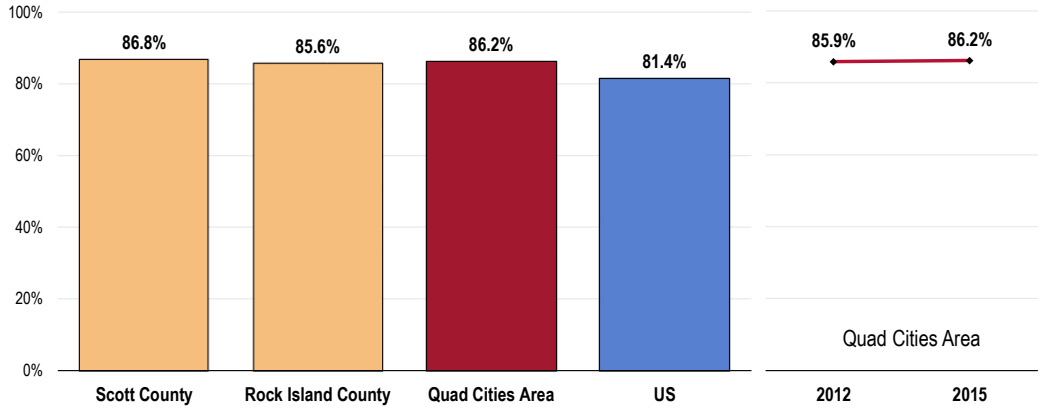
"Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?"

Among adults who have been told that their blood cholesterol was high, 86.2% report that they are currently taking actions to control their cholesterol levels.

- Comparable to that found nationwide.
- Comparable findings by county.
- TREND: Statistically unchanged from 2012 survey results.

Taking Action to Control High Blood Cholesterol Levels

(Among Adults With High Cholesterol)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents who have been diagnosed with high blood cholesterol levels.
- In this case, the term "action" refers to medication, change in diet, and/or exercise.

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US.

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

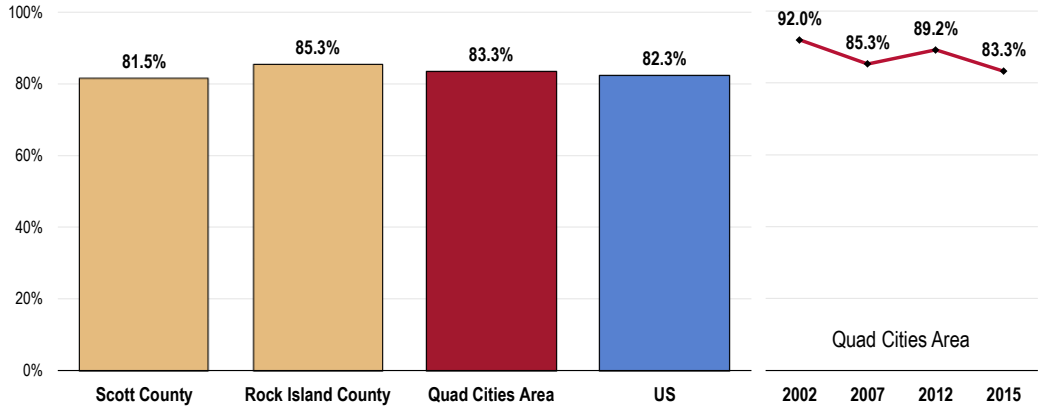
Total Cardiovascular Risk

A total of 83.3% of Quad Cities 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.

- Similar to the national proportion.
- Similar findings by county.
- TREND: Marks a statistically significant decrease from the 2002 findings.

RELATED ISSUE: See also Nutrition & Overweight, Physical Activity & Fitness and Tobacco Use in the Modifiable Health Risk section of this report.

Present One or More Cardiovascular Risks or Behaviors



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

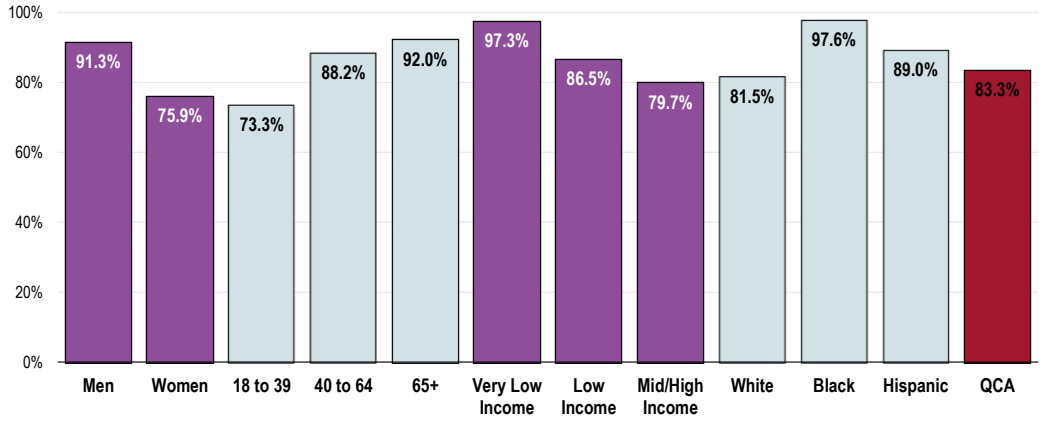
Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 40 and older, and especially seniors (positive correlation with age).
- Lower-income residents (negative correlation).
- African Americans and Hispanics.

Present One or More Cardiovascular Risks or Behaviors

(Quad Cities Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]

Notes:
- Asked of 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) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

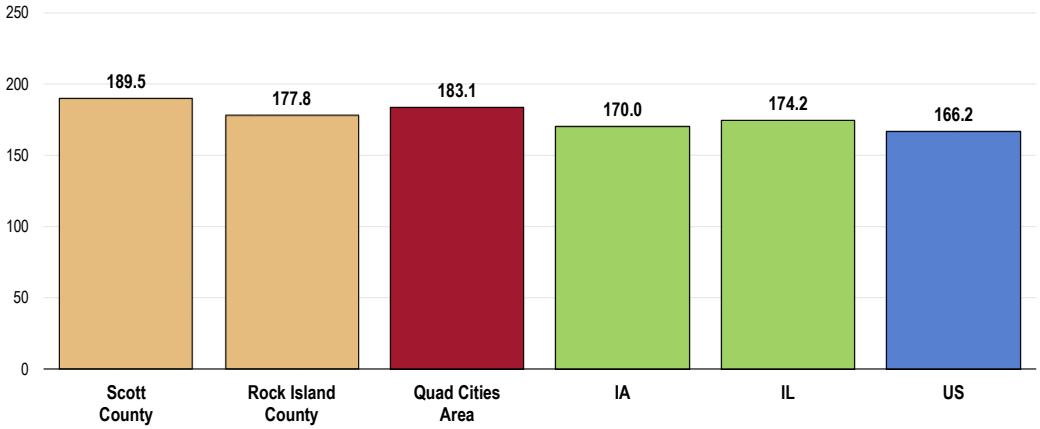
Between 2011 and 2013, there was an annual average age-adjusted cancer mortality rate of 183.1 deaths per 100,000 population in the Quad Cities Area.

- Less favorable than the Iowa rate, comparable to the Illinois rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 161.4 or lower.
- Unfavorably high in Scott County.

Cancer: Age-Adjusted Mortality

(2011–2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

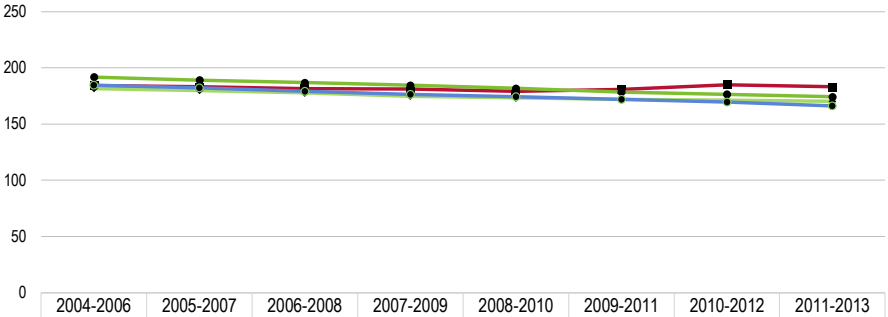
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

- TREND: Cancer mortality has been stable over the past decade in the Quad Cities Area; a decreasing trend is apparent in both states as well as nationwide.

Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Quad Cities Area	184.1	183.0	181.5	181.2	179.2	180.9	184.9	183.1
Iowa	181.6	179.8	177.6	174.8	173.1	171.8	171.2	170.0
Illinois	191.9	189.1	186.8	184.4	181.8	178.4	176.4	174.2
United States	184.6	182.1	179.2	176.4	174.2	171.8	169.4	166.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

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.
- State and national data are simple three-year averages.

Cancer Deaths by Site

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

Other leading sites include breast cancer among women, prostate cancer among men, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2011-2013 annual average age-adjusted death rates):

- The Quad Cities Area **lung** and **prostate cancer** death rates are worse than both state rates, as well as the corresponding national rates.
- The Quad Cities Area **female breast cancer** death rate is worse than the Iowa rate, similar to the Illinois rate, and worse than the US rate.
- The Quad Cities Area **colorectal cancer** death rate is comparable to both state rates, but worse than the national rate.

Note that each of the Quad Cities Area cancer death rates detailed below fails to satisfy the related Healthy People 2020 target, with the exception of prostate cancer (the Quad Cities Area rate is identical to the 2020 goal).

Age-Adjusted Cancer Death Rates by Site

(2011–2013 Annual Average Deaths per 100,000 Population)

	Quad Cities Area	IA	IL	US	HP2020
Lung Cancer	52.5	46.6	47.5	44.7	45.5
Female Breast Cancer	22.5	19.6	22.8	21.3	20.7
Prostate Cancer	21.8	20.0	20.5	19.8	21.8
Colorectal Cancer	15.8	16.3	15.9	14.9	14.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Cancer Incidence

"Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 100,000 population per year.

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. Here, these rates are also age-adjusted.

Between 2007 and 2011, the Quad Cities Area had an annual average age-adjusted incidence rate of prostate cancer of 140.9 cases per 100,000 population.

- Higher than the Iowa rate, but lower than the Illinois rate.
- Similar to the national incidence rate.

There was an annual average age-adjusted incidence rate of 135.0 female breast cancer cases per 100,000 in the Quad Cities Area.

- Worse than both statewide incidence rates.
- Worse than the national incidence rate.

The Quad Cities Area reported an annual average age-adjusted incidence rate of 75.4 lung cancer cases per 100,000.

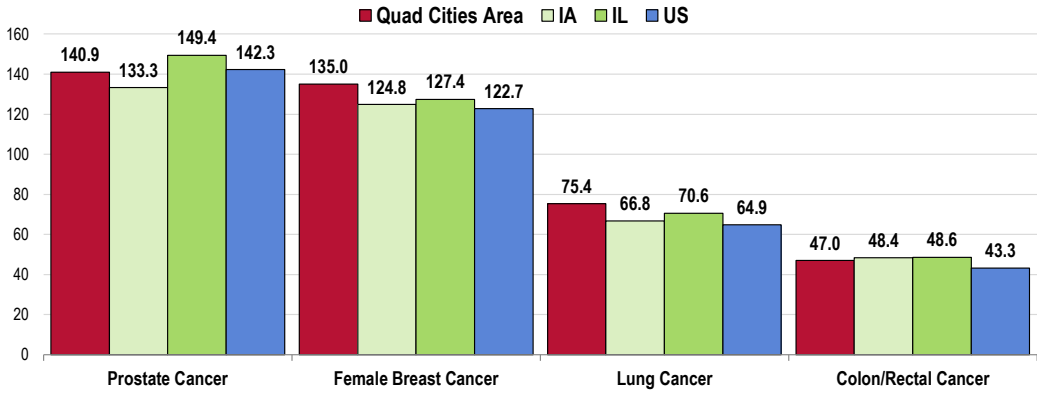
- Worse than both state rates.
- Worse than the national incidence rate.

The area reported an annual average age-adjusted incidence rate of colorectal cancer of 47.0 cases per 100,000.

- Comparable to both state rates.
- Worse than the national incidence rate.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2007-2011)



Sources:
- State Cancer Profiles: 2007-11.
- Retrieved April 2015 from Community Commons at http://www.chna.org.

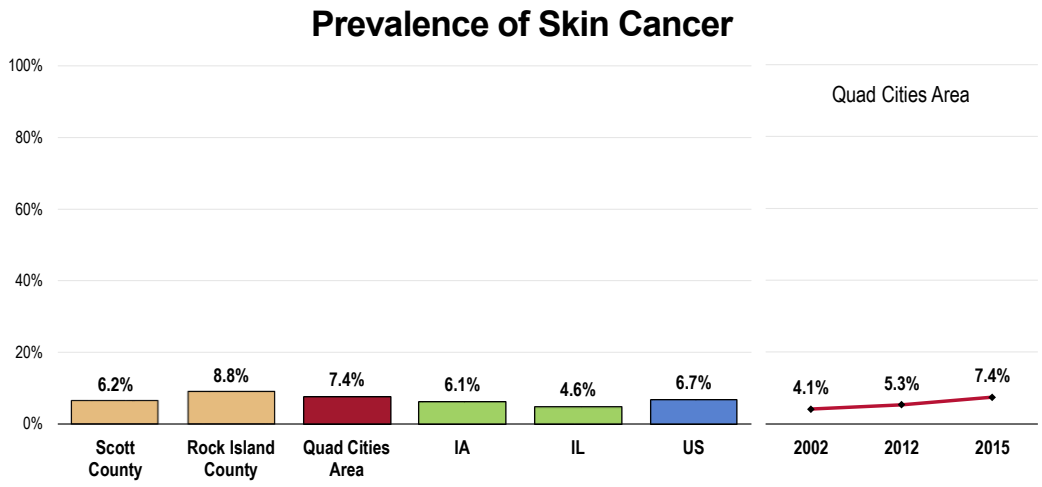
Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important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

Prevalence of Cancer

Skin Cancer

A total of 7.4% of surveyed Quad Cities Area adults report having been diagnosed with skin cancer.

- Similar to what is found in Iowa, but higher than the Illinois prevalence.
- Similar to the national average.
- Similar findings by county.
- TREND: Marks a statistically significant increase over time.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Iowa and Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

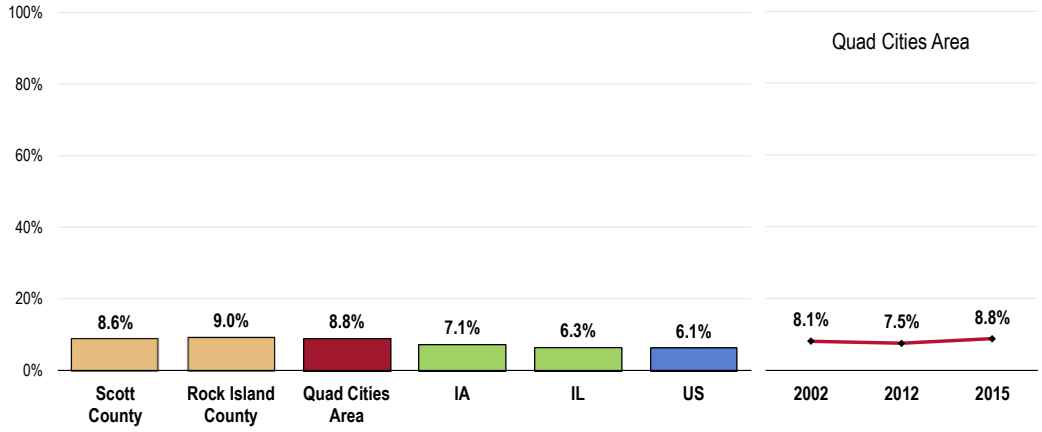
Notes:
- Asked of all respondents.

Other Cancer

A total of 8.8% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the Iowa prevalence, less favorable than the Illinois prevalence.
- Less favorable than the national prevalence.
- Similar findings by county.
- TREND: The prevalence of cancer has remained essentially unchanged over time.

Prevalence of Cancer (Other Than Skin Cancer)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 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): 2013 Iowa and Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

RELATED ISSUE: See also *Nutrition & Overweight*, *Physical Activity & Fitness* and *Tobacco Use* in the **Modifiable Health Risk** section of this report.

Cancer Risk

About Cancer Risk

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

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

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

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

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

Female Breast Cancer Screening

About Screening for Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

- 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.

Mammography

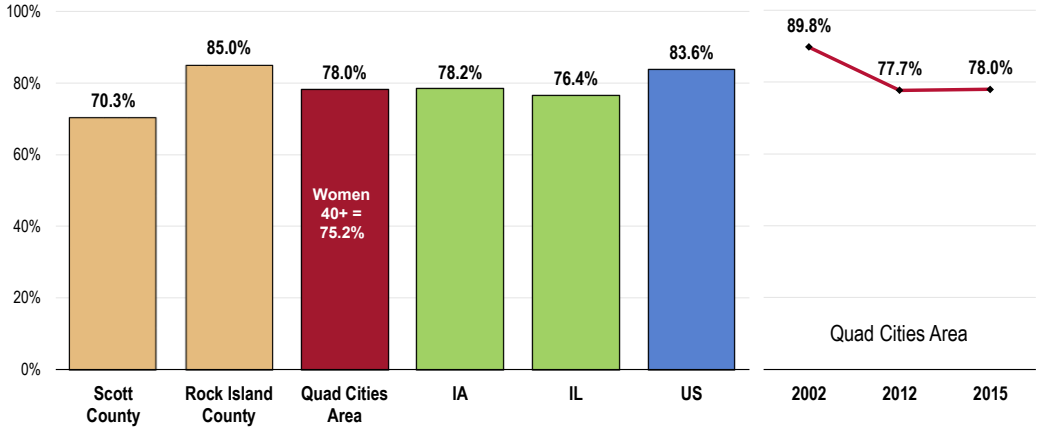
Among women age 50-74, 78.0% have had a mammogram within the past two years.

- Similar to both statewide proportions (which represent all women 50+).
- Statistically similar to national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).
- Lower among women in Scott County.
- Among women 40+, 75.2% have had a mammogram in the past two years.
- TREND: Marks a statistically significant decrease over time.

Have Had a Mammogram in the Past Two Years

(Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 128-129]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Iowa and Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes:
- Reflects female respondents 50-74.
- *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

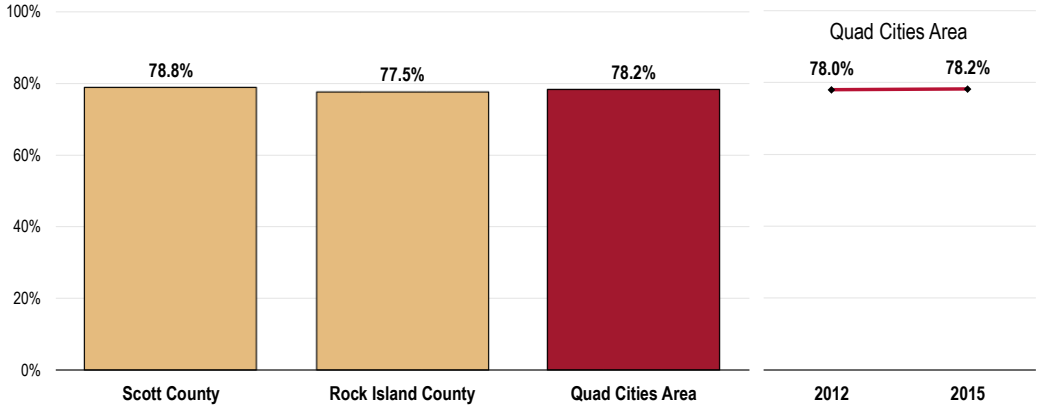
Clinical Breast Exams

Among female survey respondents, 78.2% have had a clinical breast examination within the past two years.

- Comparable proportions when viewed by county.
- TREND: Similar to 2012 findings.

Had a Clinical Breast Exam in the Past Two Years

(Quad Cities Area Women 18+)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 338]

Notes:
- Reflects all female respondents.

Cervical Cancer Screenings

About Screening for Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

- 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.

Pap Smear Testing

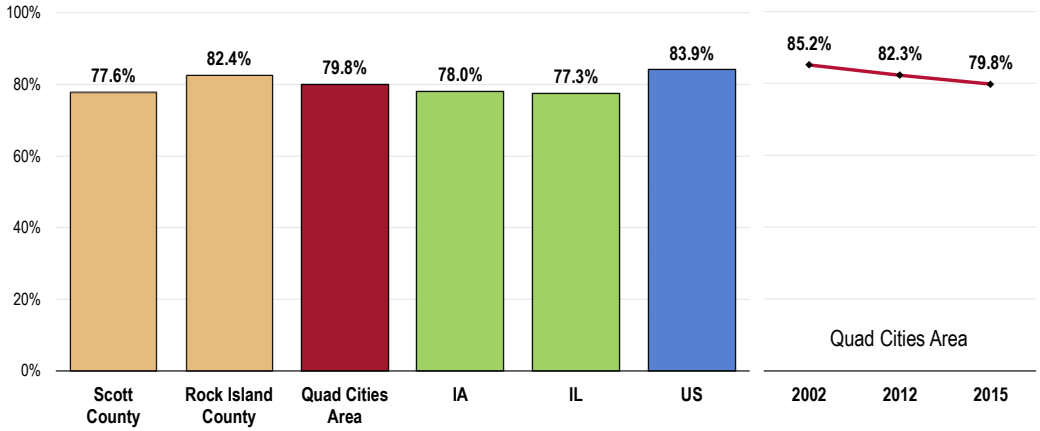
Among women age 21 to 65, 79.8% have had a Pap smear within the past three years.

- Comparable to Iowa and Illinois findings (which represents all women 18+).
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Comparable findings by county.
- TREND: The decrease over time is not statistically significant.

Have Had a Pap Smear in the Past Three Years

(Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 130]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Iowa and Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-15]

Notes:
- Reflects female respondents age 21 to 65.
- *Note that the state-level percentages represent all women age 18 and older.

HPV Vaccinations

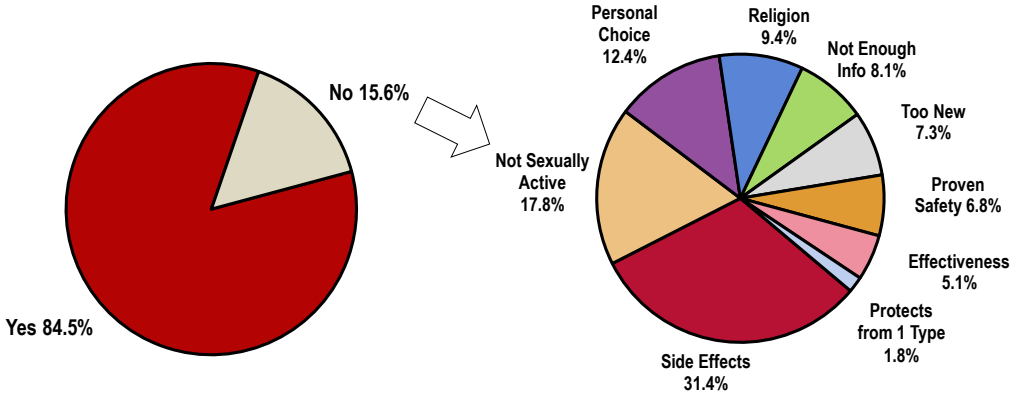
Most survey respondents with children under age 18 (84.5%) would want their [hypothetical] teen to receive the HPV vaccine.

According to the CDC, the HPV (human papillomavirus) vaccine can prevent most cervical cancers as well as some other cancers caused by the virus.

- Those parents who would not want their teen to receive the vaccine cited reasons pertaining to the vaccine's side effects, the child not being sexually active, personal choice, religion, a lack of information about the vaccine, and various statements about the newness of the vaccine and its effectiveness.

HPV Vaccinations

(Quad Cities Area Parents of Children <18, 2015)



Would Want Hypothetical Teen to Receive HPV Vaccination

Main Reason Would Not Want Teen to Receive HPV Vaccine

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 364-365]

Notes:
- Asked of all respondents with children under age 18.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

- 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.

Colorectal Cancer Screening

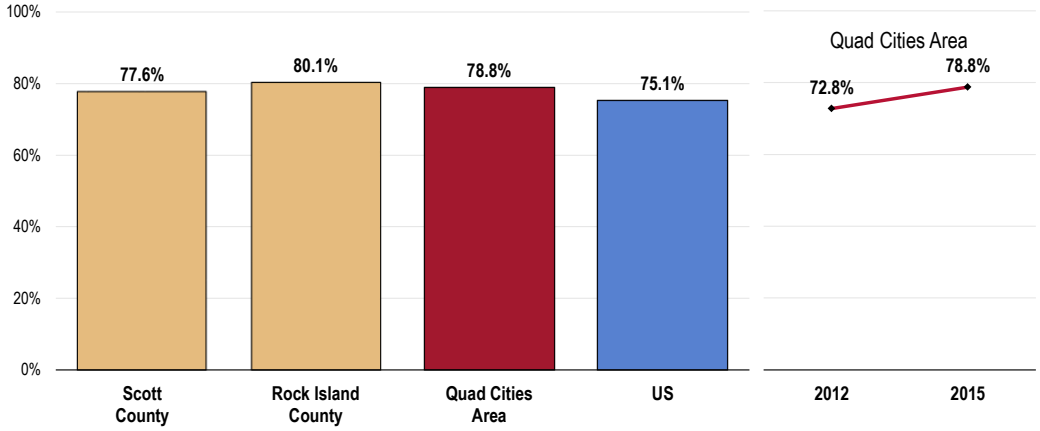
Among adults age 50–75, 78.8% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Similar to national findings.
- Satisfies the Healthy People 2020 target (70.5% or higher).
- Similar findings by county.
- TREND: Marks a statistically significant increase over time.

Have Had a Colorectal Cancer Screening

(Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 133]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]

Notes:
- Asked of all respondents age 50 through 75.
- In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Lower Endoscopy

Among adults age 50 and older, nearly 8 in 10 (79.4%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- More favorable than both state proportions.
- Similar to national findings.

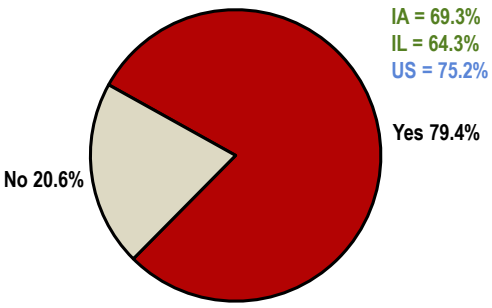
Blood Stool Testing

Among adults age 50 and older, 28.3% have had a blood stool test (aka "fecal occult blood test") within the past two years.

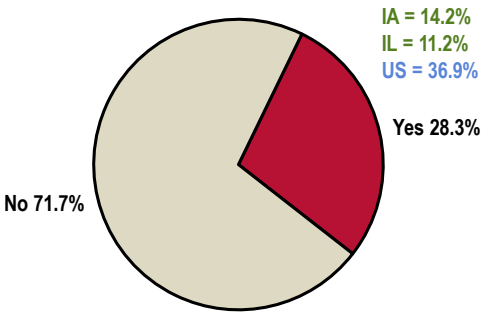
- Much higher than both state percentages.
- Lower than national findings.

Colorectal Cancer Screenings

(Among Quad Cities Area Adults Age 50 and Older, 2015)



Ever Had Lower Endoscopy



Blood Stool Test in Past 2 Years

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 131-132]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Iowa and Illinois data.

Notes:
- Asked of respondents age 50 and older.
- Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

COPD. COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

- Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

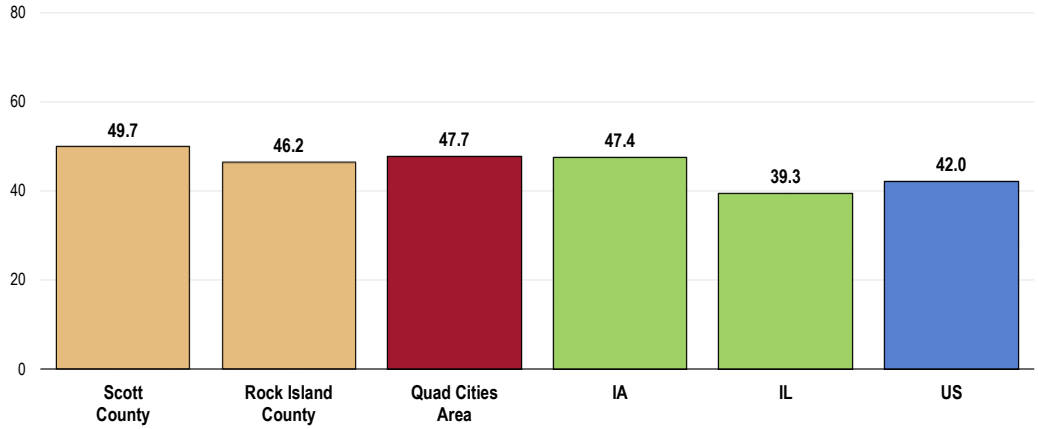
Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

Between 2011 and 2013, there was an annual average age-adjusted CLRD mortality rate of 47.7 deaths per 100,000 population in the Quad Cities Area.

- Similar to the Iowa rate, higher than the Illinois rate.
- Higher than the national rate.
- Similar rates by county.

CLRD: Age-Adjusted Mortality

(2011–2013 Annual Average Deaths per 100,000 Population)



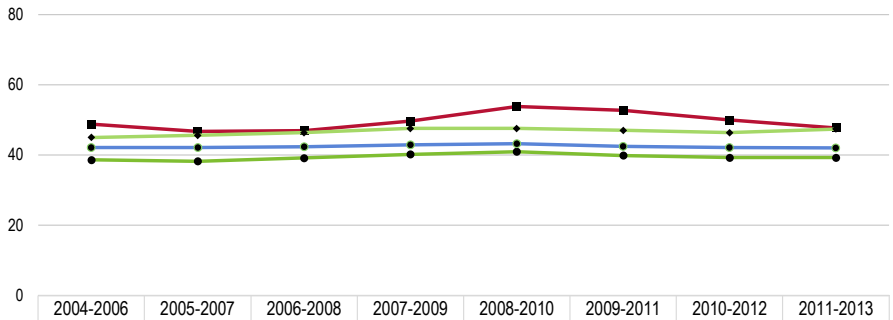
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

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.
- Local, state and national data are simple three-year averages.
- CLRD is chronic lower respiratory disease.

- TREND: The CLRD mortality rate in the Quad Cities Area has risen and fallen in the past decade.

CLRD: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Quad Cities Area	48.8	46.7	47.0	49.7	53.8	52.8	49.9	47.7
Iowa	45.0	45.6	46.4	47.5	47.6	47.0	46.4	47.4
Illinois	38.6	38.2	39.2	40.2	40.9	39.8	39.3	39.3
United States	42.2	42.1	42.4	42.9	43.2	42.5	42.1	42.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

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.
- State and national data are simple three-year averages.
- CLRD is chronic lower respiratory disease.

Pneumonia/Influenza Deaths

Between 2011 and 2013, there was an annual average age-adjusted pneumonia influenza mortality rate of 15.7 deaths per 100,000 population in the Quad Cities Area.

- Comparable to the Iowa rate, but better than the Illinois rate.
- Comparable to the national rate.
- Higher in Rock Island County.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Disease*.

Pneumonia/Influenza: Age-Adjusted Mortality

(2011–2013 Annual Average Deaths per 100,000 Population)

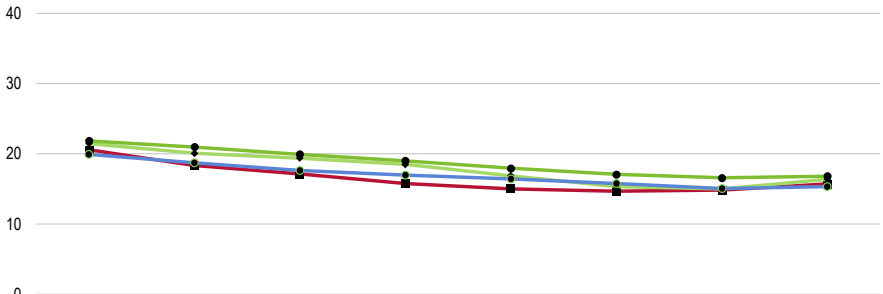
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

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.
- Local, state and national data are simple three-year averages.

- TREND: Note the decreasing trends in pneumonia/influenza mortality over time.

Pneumonia/Influenza: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Quad Cities Area	20.6	18.3	17.1	15.8	15.0	14.7	14.8	15.7
Iowa	21.5	20.1	19.4	18.5	16.9	15.3	15.0	16.4
Illinois	21.8	21.0	19.9	19.0	17.9	17.1	16.6	16.8
United States	19.9	18.7	17.6	17.0	16.4	15.8	15.1	15.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

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.
- State and national data are simple three-year averages.

Chronic Obstructive Pulmonary Disease (COPD)

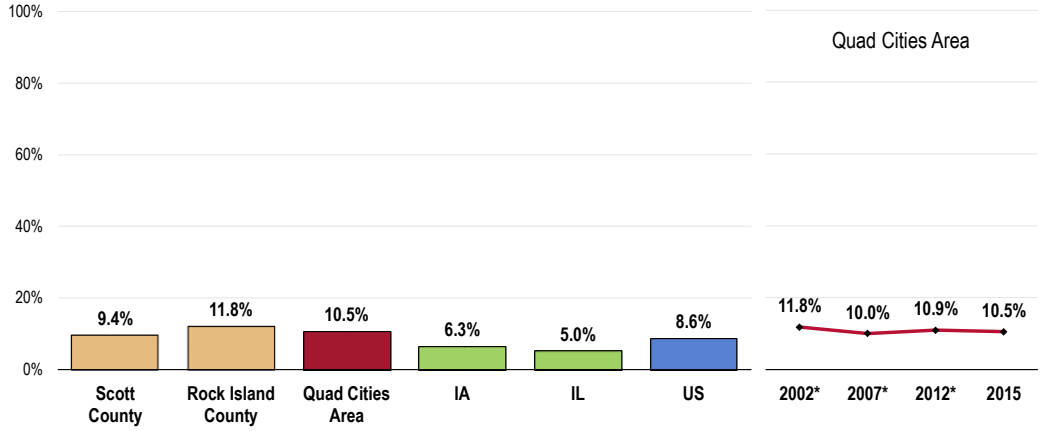
Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

A total of 10.5% of Quad Cities Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Less favorable than both state proportions.
- Similar to the national prevalence.
- Similar findings by county.
- TREND: In comparing to 2002 data, the change in prevalence is not statistically significant.

  NOTE: in prior data, this question was asked slightly differently; respondents in 2002-2012 were asked if they had ever been diagnosed with "chronic lung disease, including bronchitis or emphysema," rather than "COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema" as is asked currently.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Iowa and Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
- *In prior data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.

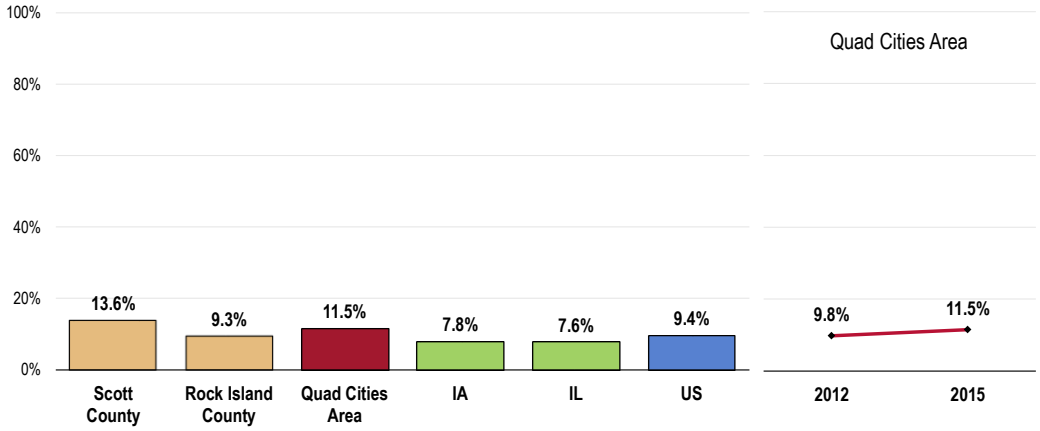
Asthma

Adults

A total of 11.5% of Quad Cities Area adults currently suffer from asthma.

- Worse than both state proportions.
- Comparable to the national prevalence.
- Unfavorably high in Scott County.
- TREND: The prevalence of adults who have asthma has not changed significantly since 2012.

Adult Asthma: Current Prevalence



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 134]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Iowa and Illinois data.

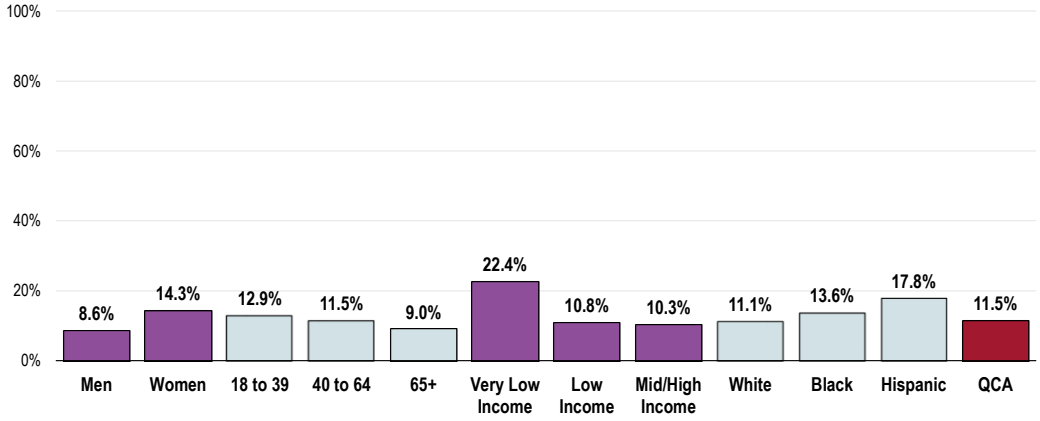
Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

The following adults are more likely to suffer from asthma:

- Women.
- Adults in households with very low incomes (especially).

Currently Have Asthma

(Quad Cities Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

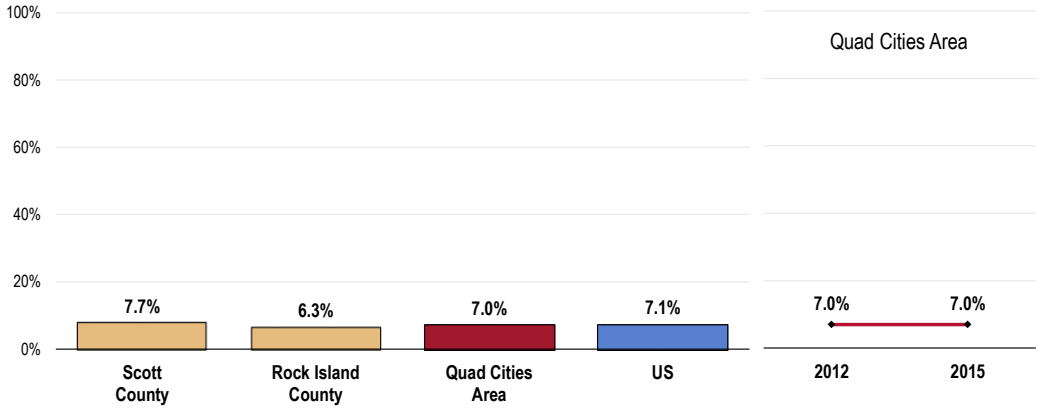
Children

Among Quad Cities Area children under age 18, 7.0% currently have asthma.

- Nearly identical to the US prevalence.
- Comparable findings by county.
- TREND: The prevalence of children with asthma has not changed significantly since 2012.

Childhood Asthma: Current Prevalence

(Among Parents of Children Age 0-17)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 135]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.
- Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

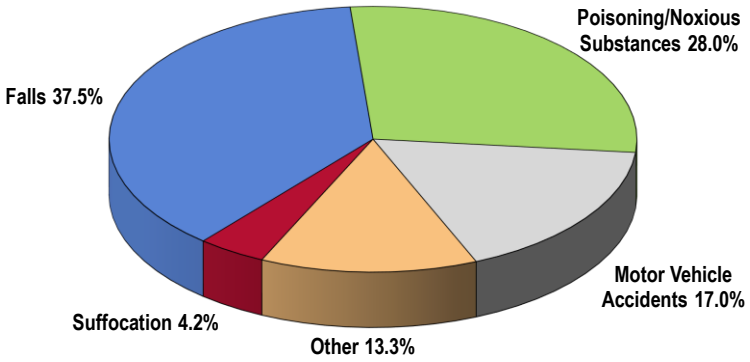
- Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Falls, poisoning (which includes accidental drug overdoses), and motor vehicle accidents accounted for the vast majority of accidental deaths in the Quad Cities Area in 2011-2013.

Leading Causes of Accidental Death

(Quad Cities Area, 2011–2013)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

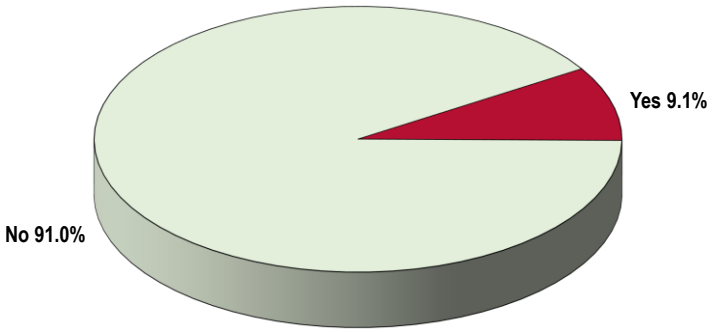
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Falls

According to survey data, 9.1% of Quad Cities Area adults age 45 and older were injured as a result of a fall in the past year.

Injured as a Result of a Fall in the Past Year

(Quad Cities Area Adults 45+, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 337]

Notes:
- Asked of all respondents age 45 or older.
- Fall included respondent to limit regular activities for at least a day or caused respondents to see a physician.

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

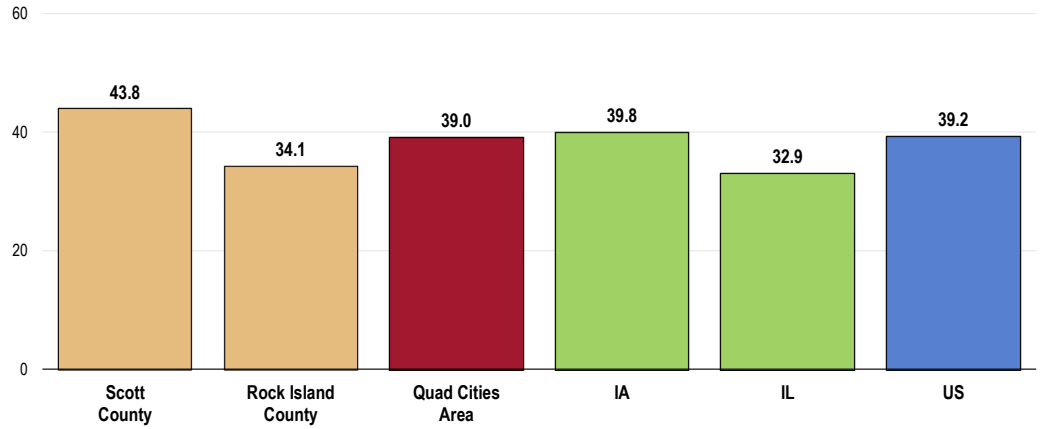
Between 2011 and 2013, there was an annual average age-adjusted unintentional injury mortality rate of 39.0 deaths per 100,000 population in the Quad Cities Area.

- Comparable to the Iowa rate, but worse than the Illinois rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target (36.4 or lower).
- Unfavorably high in Scott County.

Unintentional Injuries: Age-Adjusted Mortality

(2011–2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

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.
- Local, state and national data are simple three-year averages.

- TREND: Despite fluctuations, there is an overall upward trend in the unintentional injury mortality rate in the Quad Cities Area.

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower

	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Quad Cities Area	29.6	31.9	34.5	34.8	33.3	34.2	35.3	39.0
Iowa	35.3	36.6	37.0	37.4	37.3	37.9	38.8	39.8
Illinois	33.6	33.9	33.8	32.3	31.1	30.8	31.9	32.9
United States	39.3	40.0	39.9	39.0	38.2	38.2	38.7	39.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

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.
- Local, state and national data are simple three-year averages.

Motor Vehicle Safety

Age-Adjusted Motor-Vehicle Related Deaths

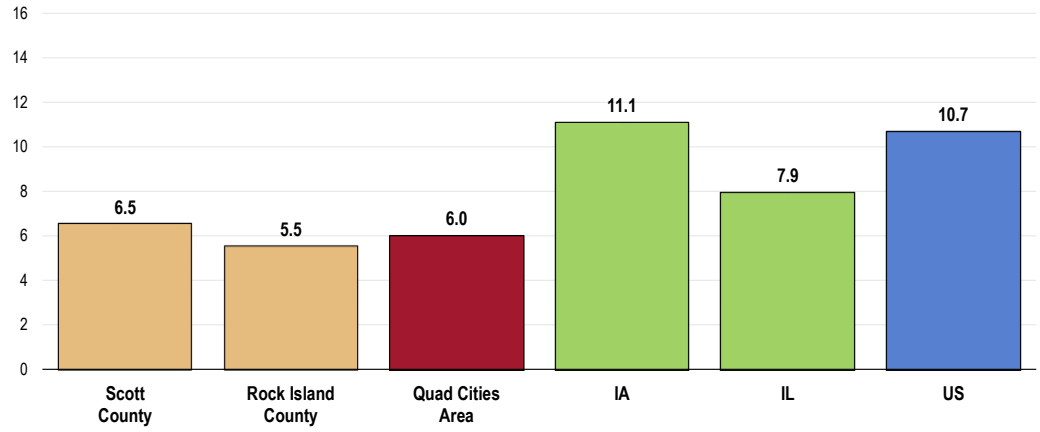
Between 2011 and 2013, there was an annual average age-adjusted motor vehicle crash mortality rate of 6.0 deaths per 100,000 population in the Quad Cities Area.

- Better than the Iowa rate, similar to the Illinois rate.
- Better than found nationally.
- Satisfies the Healthy People 2020 target (12.4 or lower).
- Higher in Scott County.

Motor Vehicle Crashes: Age-Adjusted Mortality

(2011–2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 12.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]

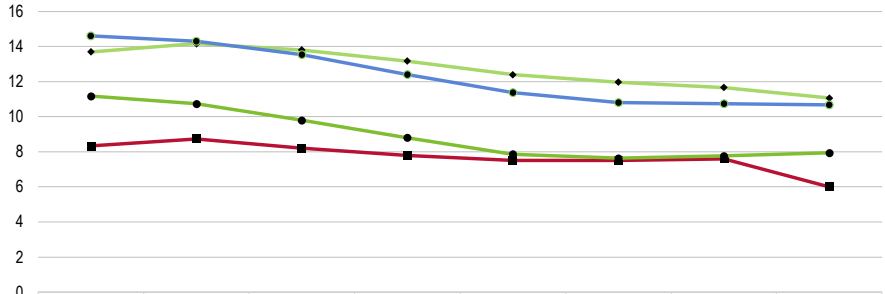
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

- TREND: The mortality rate in the Quad Cities Area has decreased over the past decade, echoing the decreasing trends apparent across Iowa, Illinois, and the US overall.

Motor Vehicle Crashes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 12.4 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Quad Cities Area	8.3	8.7	8.2	7.8	7.5	7.5	7.6	6.0
Iowa	13.7	14.2	13.8	13.2	12.4	12.0	11.7	11.1
Illinois	11.2	10.7	9.8	8.8	7.9	7.6	7.8	7.9
United States	14.6	14.3	13.5	12.4	11.4	10.8	10.7	10.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]

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.
- Local, state and national data are simple three-year averages.

Firearm Safety

Age-Adjusted Firearm-Related Deaths

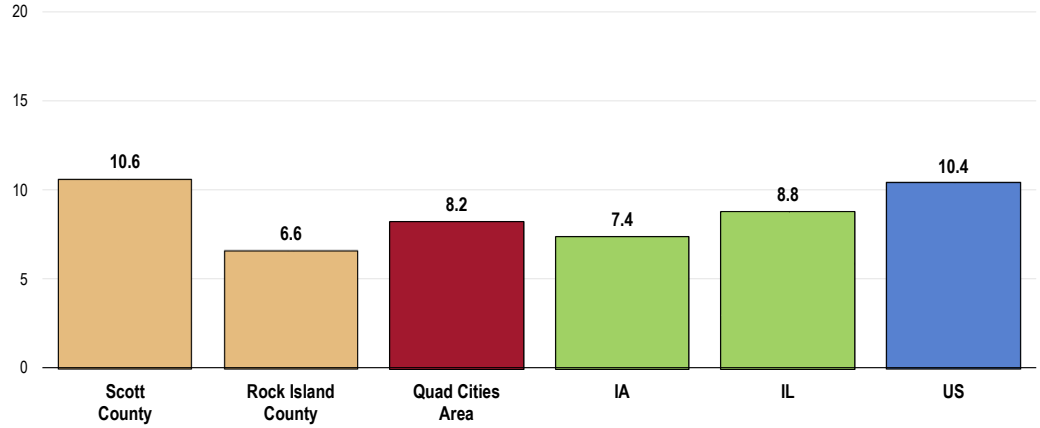
Between 2011 and 2013, there was an annual average age-adjusted rate of 8.2 deaths per 100,000 population due to firearms in the Quad Cities Area.

- Worse than the Iowa rate, better than the Illinois rate.
- Better than found nationally.
- Satisfies the Healthy People 2020 objective (9.3 or lower).
- Unfavorably high in Scott County.

Firearms-Related Deaths: Age-Adjusted Mortality

(2011–2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

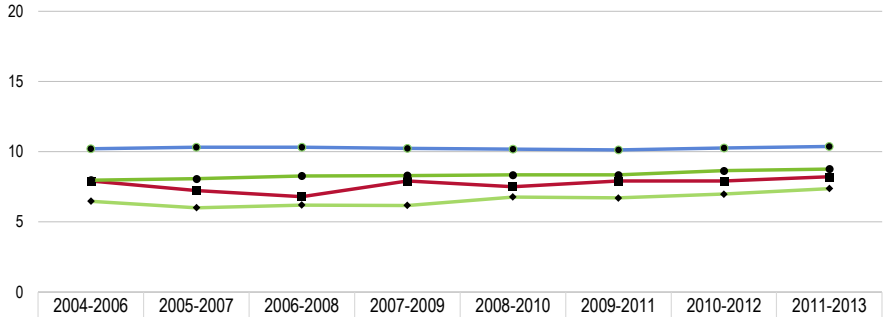
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

- TREND: The mortality rate in the Quad Cities Area did not change significantly over the past decade.

Firearms-Related Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Quad Cities Area	7.9	7.2	6.8	7.9	7.5	7.9	7.9	8.2
Iowa	6.5	6.0	6.2	6.2	6.8	6.7	7.0	7.4
Illinois	8.0	8.1	8.3	8.3	8.3	8.3	8.6	8.8
United States	10.2	10.3	10.3	10.2	10.2	10.1	10.3	10.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.
  Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

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.
- Local, state and national data are simple three-year averages.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

Between 2004 and 2013, there was an annual average age-adjusted homicide rate of 3.5 deaths per 100,000 population in the Quad Cities Area.

- Less favorable than the Iowa rate, more favorable than the Illinois rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 5.5 or lower.
- Comparable by county.

RELATED ISSUE:

See also *Suicide* in the **Mental Health** section of this report.

Homicide: Age-Adjusted Mortality

(2004–2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

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.
- Local, state and national data are simple three-year averages.

Violent Crime

Violent Crime Rates

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.

In 2012, there were a reported 467.8 violent crimes per 100,000 population in the area.

- Much worse than the Iowa rate and worse than the Illinois rate for the same period.
- Worse than the national rate.
- Higher in Scott County.

Violent Crime

(Rate per 100,000 Population, 2012)

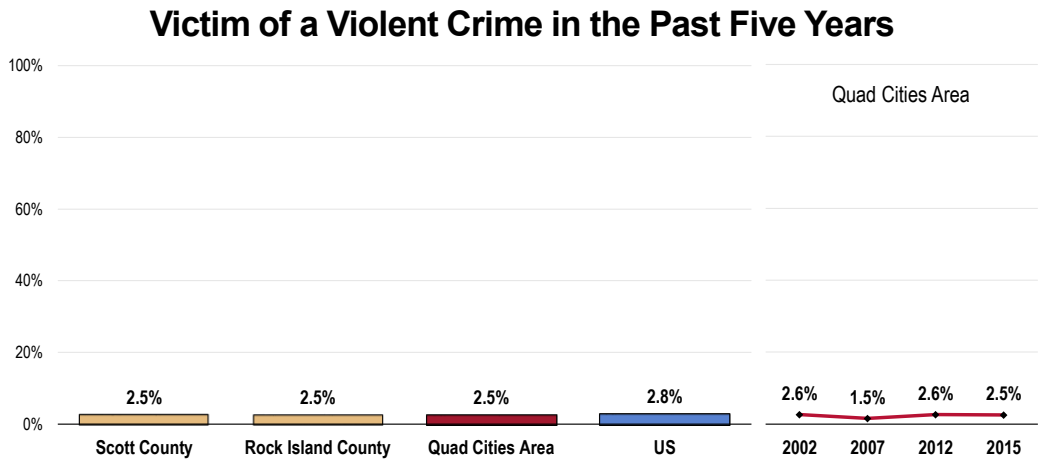
Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports: 2012.
- Retrieved April 2015 from Community Commons at http://www.chna.org.

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

Self-Reported Violence

A total of 2.5% of Quad Cities Area adults acknowledge being the victim of a violent crime in the past five years.

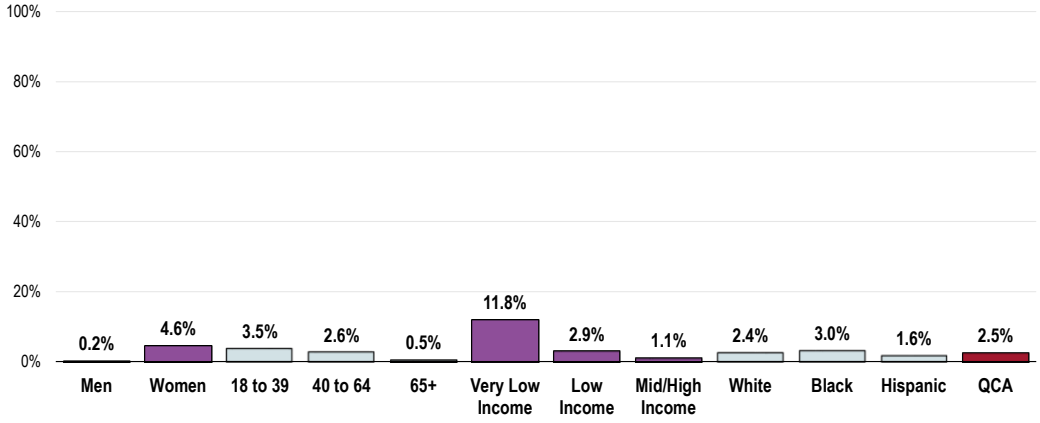
- Statistically similar to national findings.
- Similar findings by county.
- TREND: Statistically unchanged over time.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Reports of violence are notably higher among women, younger residents, and residents living in the lower income categories (especially).

Victim of a Violent Crime in the Past Five Years
(Quad Cities Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Family Violence

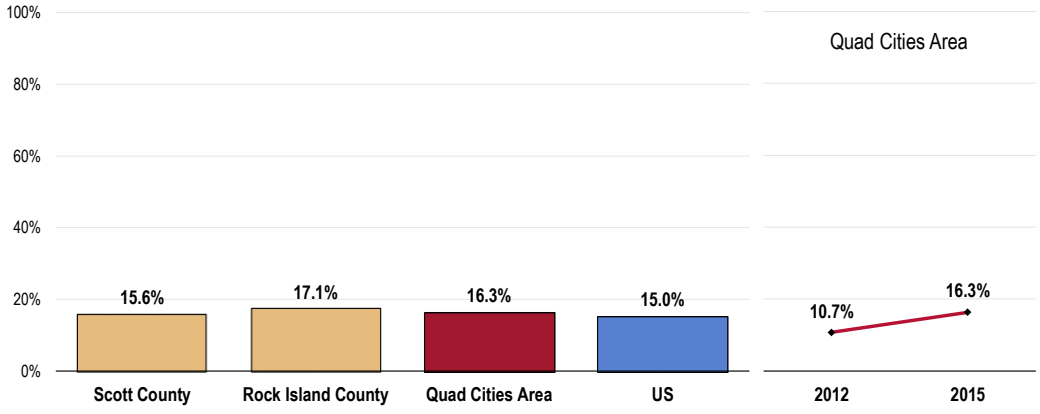
Respondents were told:

"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 16.3% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Comparable to national findings.
- Comparable findings by county.
- TREND: Marks a statistically significant increase since 2012.

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



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 51]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

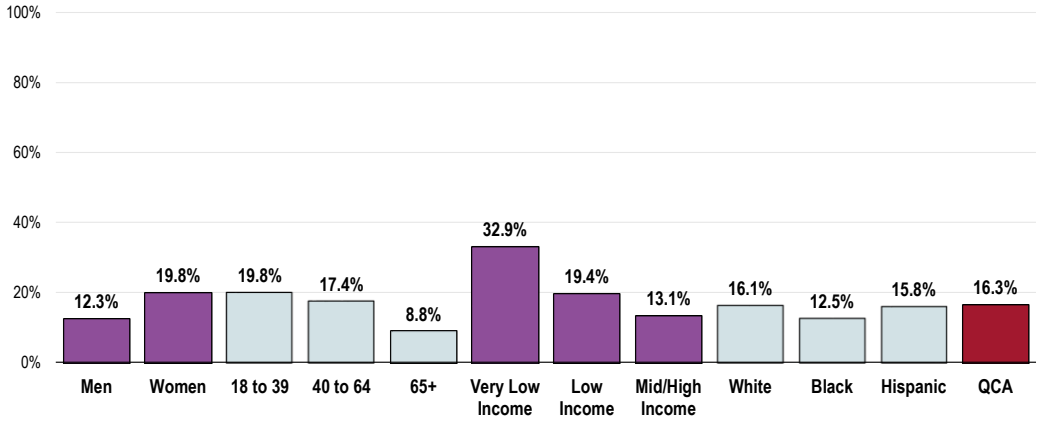
Notes:
- Asked of all respondents.

Reports of domestic violence are also notably higher among:

- Women.
- Adults under 65.
- Those with lower incomes (especially).

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

(Quad Cities Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

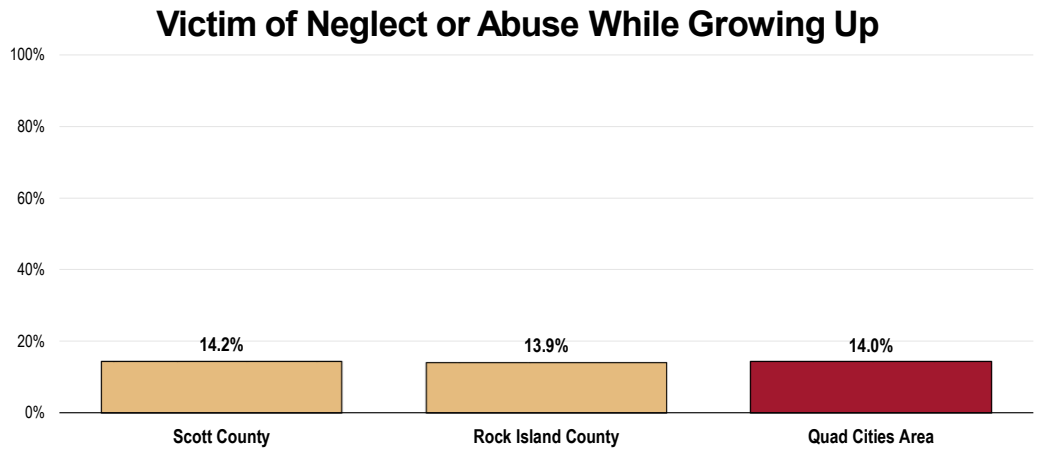
Neglect/Abuse While Growing Up

Respondents were asked:

"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?"

Among Quad Cities Area residents, 14.0% report being neglected or abused in some way while growing up.

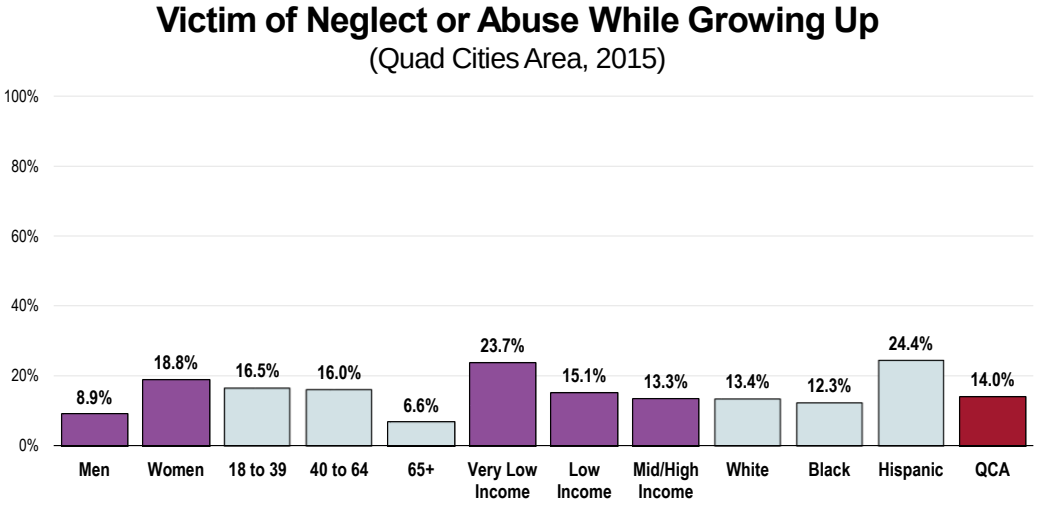
- Statistically similar findings by county.



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 331]
Notes: ● Asked of all respondents.
● Includes those respondents who were neglected or abused, whether emotionally, sexually, or physically, even if it only happened once.

Reports of childhood abuse are notably higher among these Quad Cities Area populations:

- Women.
- Adults under 65.
- Those with lower incomes (negative correlation with income).
- Hispanic respondents.



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 331]
Notes: ● Asked of all respondents.
● Includes those respondents who were neglected or abused, whether emotionally, sexually, or physically, even if it only happened once.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

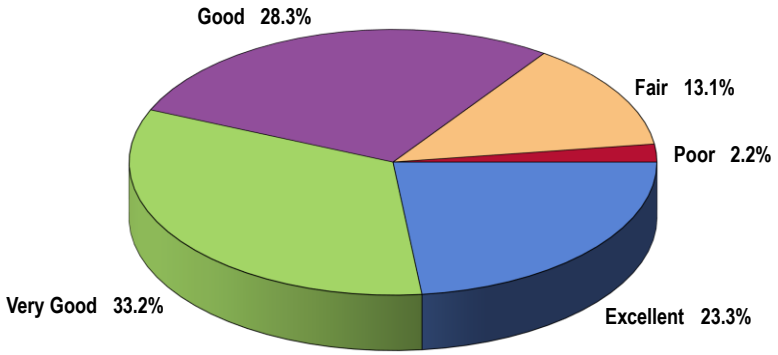
Neighborhood Safety

When asked to rate the safety, security, and crime control of their neighborhood, 56.5% of Quad Cities Area adults gave "excellent" or "very good" ratings.

- Another 28.3% gave "good" ratings of their neighborhood's safety, security, and crime control.

"I think that built environments that promote healthy lifestyles and improve the safety of our community are greatly needed to strengthen the health infrastructure."
— Community Stakeholder Committee Member

Rating of the Neighborhood's Safety, Security, and Crime Control
(Quad Cities Area, 2015)

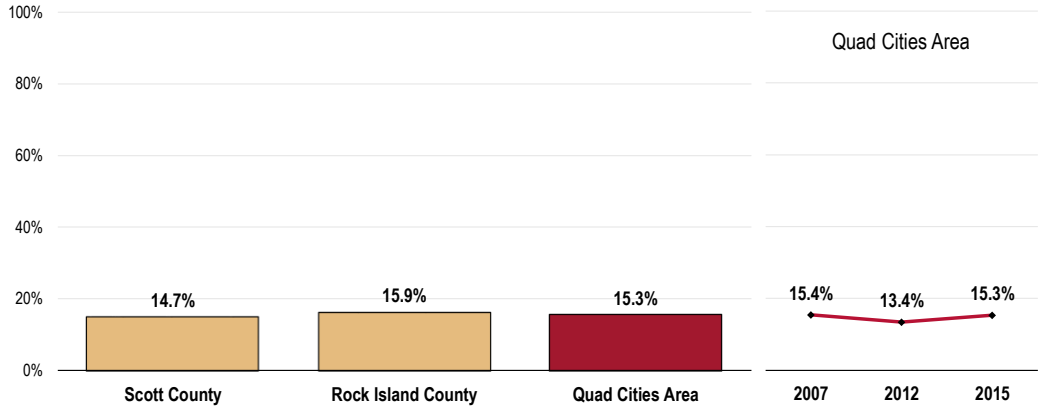


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 317]
Notes: ● Asked of all respondents.

On the other hand, 15.3% of survey respondents consider the safety, security, and crime control of their neighborhood to be "fair" or "poor."

- Comparable proportions reported by county.
- TREND: Statistically unchanged over time.

Neighborhood's Safety, Security, and Crime Control is "Fair/Poor"



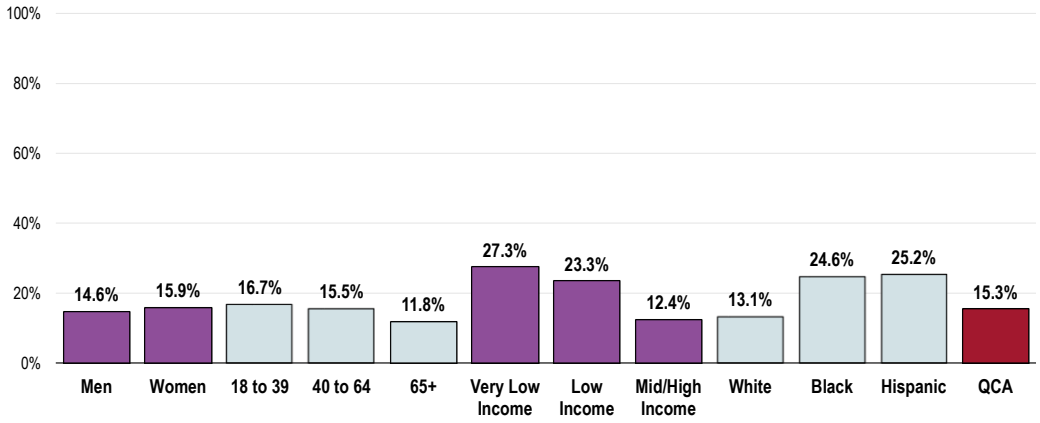
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 317]
Notes: ● Asked of all respondents.

These demographic groups are more likely to give low ratings regarding their neighborhood's safety, security, and crime control:

- Lower-income residents (note the negative correlation with income).
- African Americans and Hispanics.

Neighborhood's Safety, Security, and Crime Control is "Fair/Poor"

(Quad Cities Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 317]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

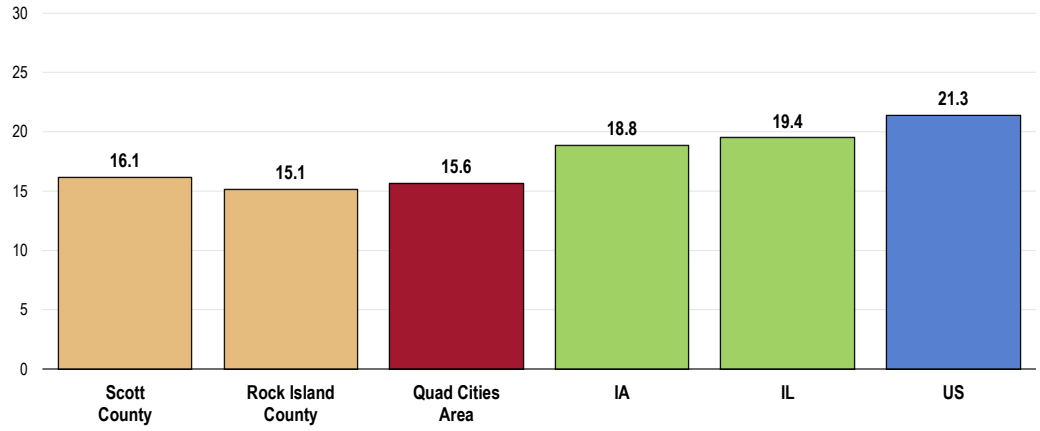
Between 2011 and 2013, there was an annual average age-adjusted diabetes mortality rate of 15.6 deaths per 100,000 population in the Quad Cities Area.

- More favorable than found throughout either state.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).
- Similar rates by county.

Diabetes: Age-Adjusted Mortality

(2011–2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

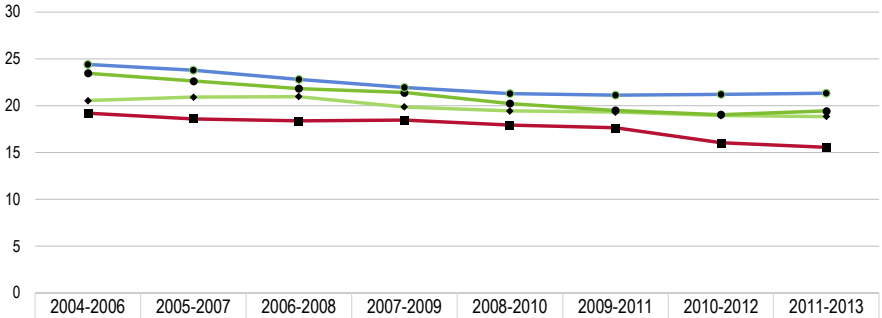
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- TREND: Note the decreasing trends in diabetes mortality rates apparent in the Quad Cities Area, as well as in Iowa, Illinois, and the US overall.

Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Quad Cities Area	19.2	18.6	18.4	18.5	17.9	17.6	16.0	15.6
Iowa	20.5	20.9	21.0	19.9	19.4	19.3	18.9	18.8
Illinois	23.5	22.6	21.8	21.4	20.2	19.5	19.0	19.4
United States	24.4	23.8	22.8	21.9	21.3	21.1	21.2	21.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

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.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

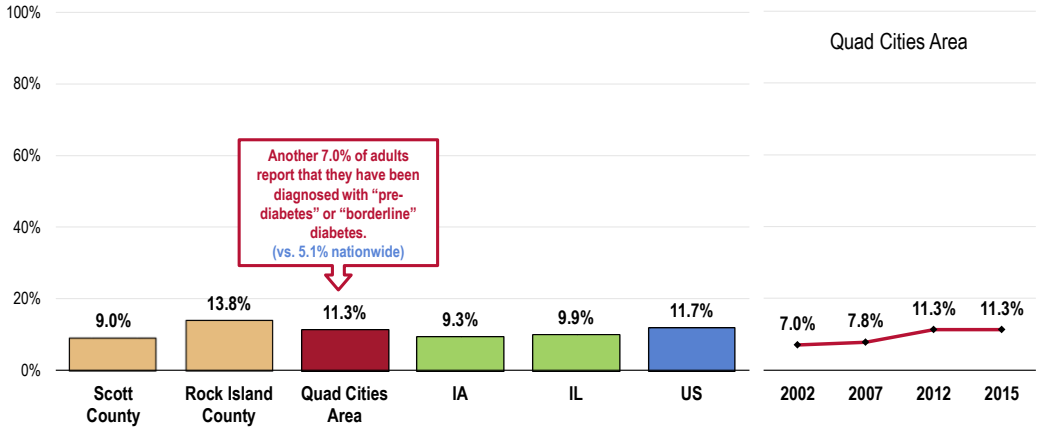
A total of 11.3% of Quad Cities Area adults report having been diagnosed with diabetes.

- Similar to the statewide proportions.
- Similar to the national proportion.
- Unfavorably high in Rock Island County.
- TREND: Marks a statistically significant increase since 2002.

In addition to the prevalence of diagnosed diabetes referenced above, another 7.0% of Quad Cities Area adults report that they have "pre-diabetes" or "borderline diabetes."

- Comparable to the US prevalence.
- Similar findings by county (not shown).

Prevalence of Diabetes



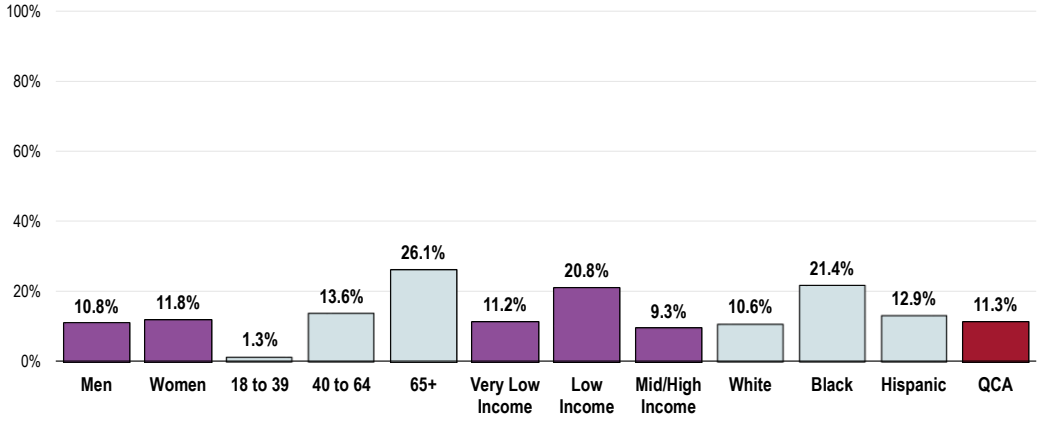
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 136]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Iowa and Illinois data.

Notes:
- Asked of all respondents.
- Local and national data exclude gestation diabetes (occurring only during pregnancy).

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Older adults (note the strong positive correlation between diabetes and age, with 26.1% of seniors with diabetes).
- Residents living just above the federal poverty level (aka the "working poor").
- African Americans.

Prevalence of Diabetes
(Quad Cities Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]

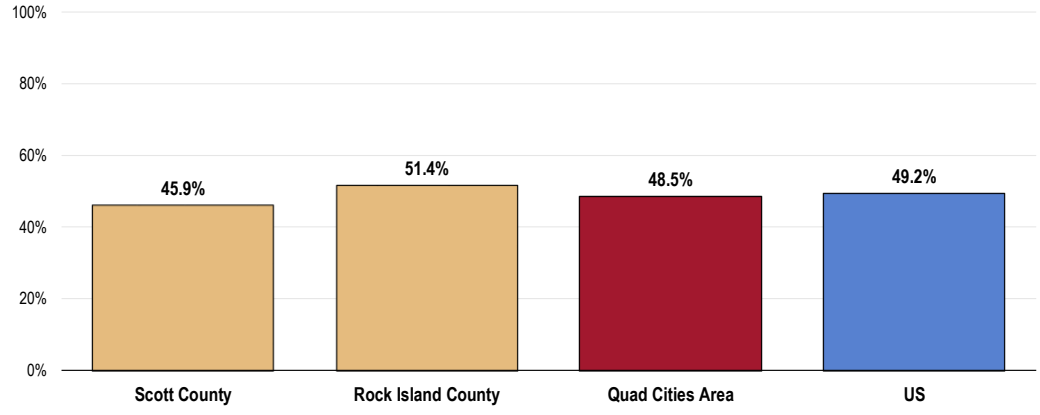
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestation diabetes (occurring only during pregnancy).

Diabetes Testing

Of Quad Cities Area adults who have <u>not</u> been diagnosed with diabetes, 48.5% report having had their blood sugar level tested within the past three years.

- Similar to the national proportion.
- Statistically similar by county.

Have Had Blood Sugar Tested in the Past Three Years
(Among Non-Diabetics)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents who have not been diagnosed with diabetes.

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted Alzheimer's disease mortality rate of 21.1 deaths per 100,000 population in the Quad Cities Area.

- More favorable than the Iowa rate, but less favorable than the Illinois rate.
- More favorable than the national rate.
- Higher in Scott County than in Rock Island County.

Alzheimer's Disease: Age-Adjusted Mortality

(2011–2013 Annual Average Deaths per 100,000 Population)

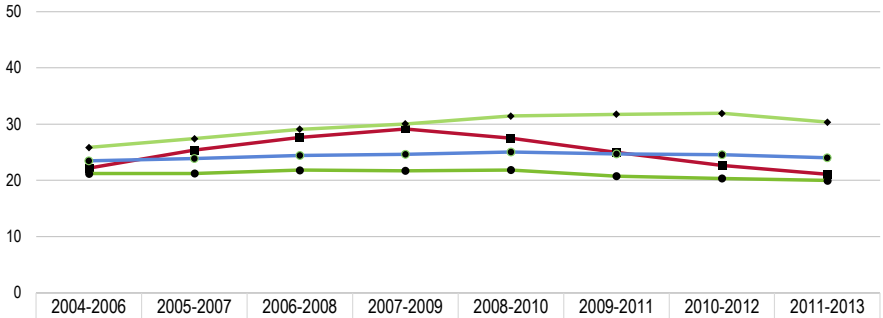
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

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.
- Local, state and national data are simple three-year averages.

- TREND: The Quad Cities Area rate increased in the mid- to late-2000s, but has since declined. Rates have increased in Iowa and across the US overall, but Illinois rates were more stable.

Alzheimer's Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Quad Cities Area	22.1	25.4	27.6	29.1	27.5	25.0	22.6	21.1
Iowa	25.8	27.4	29.1	30.0	31.4	31.7	31.9	30.3
Illinois	21.2	21.2	21.8	21.7	21.8	20.7	20.3	20.0
United States	23.4	23.8	24.4	24.6	25.0	24.7	24.5	24.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

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.

Kidney Disease

About Chronic Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

- Healthy People 2020 (www.healthypeople.gov)

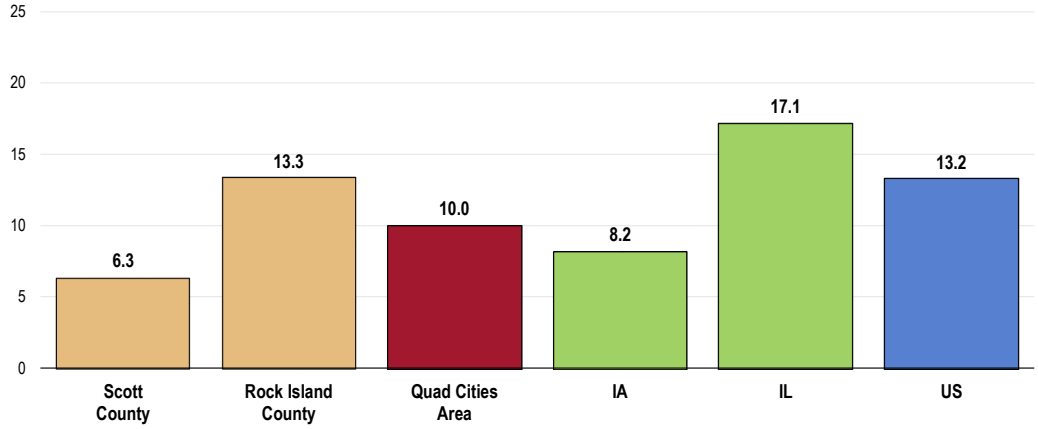
Age-Adjusted Kidney Disease Deaths

Between 2011 and 2013 there was an annual average age-adjusted kidney disease mortality rate of 10.0 deaths per 100,000 population in the Quad Cities Area.

- Higher than the Iowa rate, lower than the Illinois rate.
- Lower than the national rate.
- Higher in Rock Island County.

Kidney Disease: Age-Adjusted Mortality

(2011–2013 Annual Average Deaths per 100,000 Population)



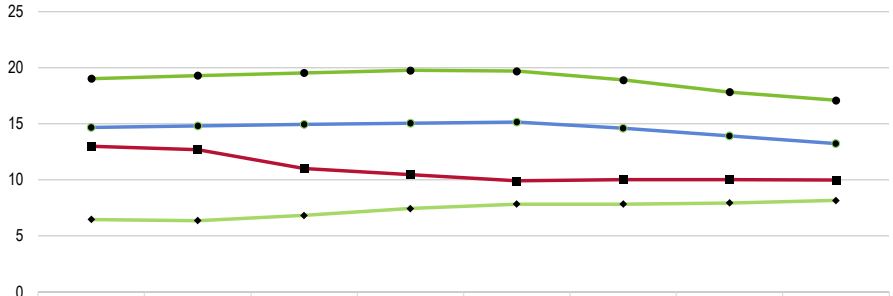
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

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.
- Local, state and national data are simple three-year averages.

- TREND: The death rate decreased, then leveled off, in the past decade in the Quad Cities Area.

Kidney Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Quad Cities Area	13.0	12.7	11.0	10.5	9.9	10.0	10.0	10.0
Iowa	6.5	6.4	6.8	7.4	7.8	7.8	7.9	8.2
Illinois	19.0	19.3	19.5	19.8	19.7	18.9	17.8	17.1
United States	14.7	14.8	14.9	15.0	15.2	14.6	13.9	13.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

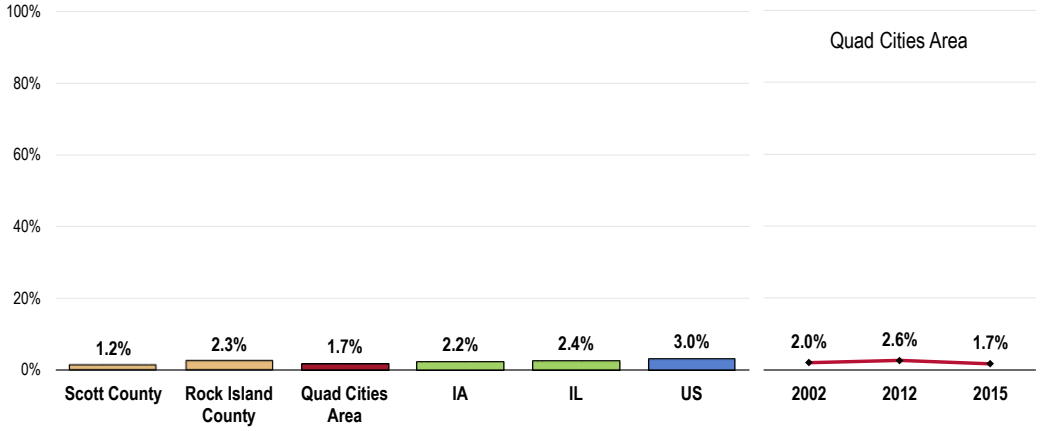
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- State and national data are simple three-year averages.

Prevalence of Kidney Disease

A total of 1.7% of Quad Cities Area adults report having been diagnosed with kidney disease.

- Similar to both state proportions.
- More favorable than the national proportion.
- Statistically similar by county.
- TREND: Statistically unchanged since 2002.

Prevalence of Kidney Disease

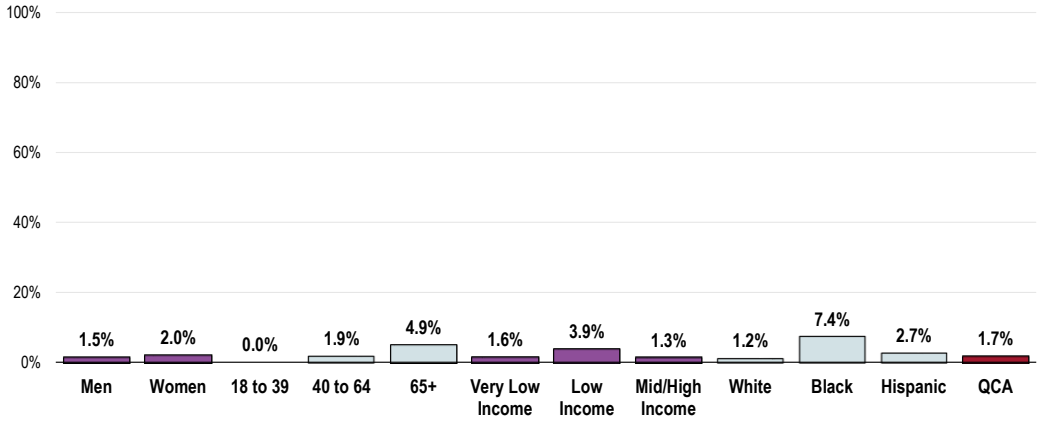


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 33]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- A higher prevalence of kidney disease is reported among African American respondents in the Quad Cities Area.
- Note also the positive correlation between age and kidney disease.

Prevalence of Kidney Disease
(Quad Cities Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Health: Infectious Disease

Professional Research Consultants, Inc.

Childhood Vaccinations

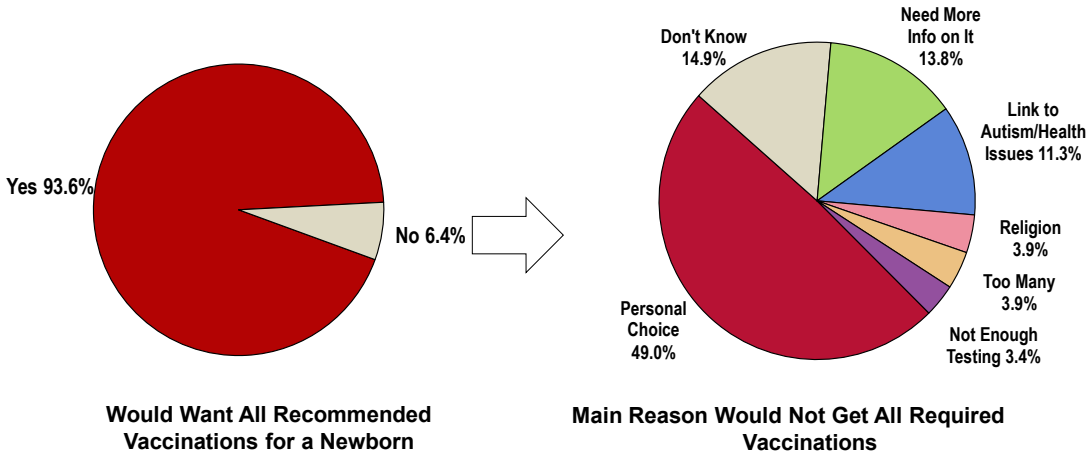
"If you had a new baby, would you want him or her to get ALL of the recommended vaccines??

Among Quad Cities Area parents with children under 18 at home, the vast majority (93.6%) would want a newborn child to have all recommended vaccinations.

- Among those parents who would not want their child to receive all recommended vaccinations, nearly half (49.0%) cited **personal choice**, followed by opinions about needing more information, possible links to autism, religious issues, the number of vaccinations given, and lack of sufficient testing.
- Note that 14.9% could not specify why they would not want all recommended vaccinations for a newborn.

Would Want All Recommended Vaccinations for a Newborn

(Quad Cities Area Respondents with Children <18)



Would Want All Recommended Vaccinations for a Newborn

Main Reason Would Not Get All Required Vaccinations

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 362-363]
Notes: ● Asked of all parents with children under 18 at home.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

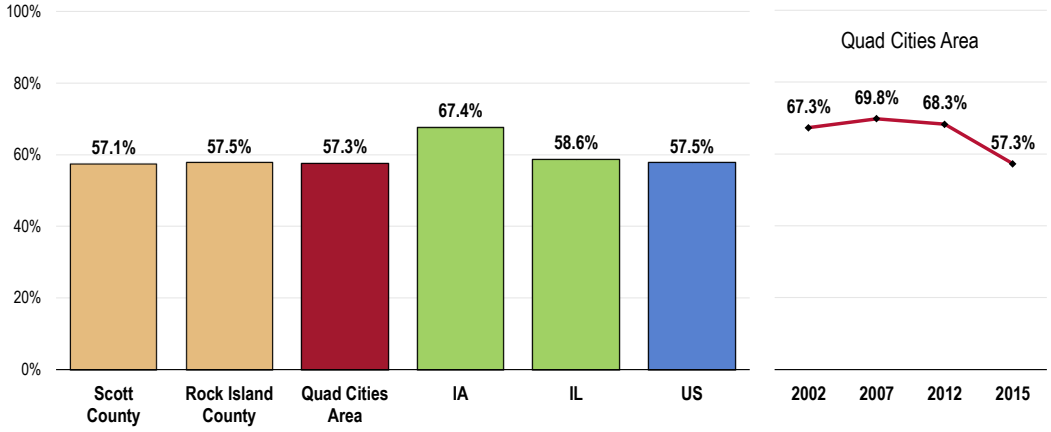
Among Quad Cities Area seniors, 57.3% received a flu shot (or FluMist®) within the past year.

- Lower than the Iowa prevalence, but similar to the Illinois prevalence.
- Similar to the national finding.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- Statistically comparable by county.
- TREND: Denotes a statistically significant decrease from 2012 and earlier findings.

Older Adults: Have Had a Flu Vaccination in the Past Year

(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 141]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Iowa and Illinois data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

Notes:
- Reflects respondents 65 and older.
- Includes FluMist as a form of vaccination.

High-Risk Adults

"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

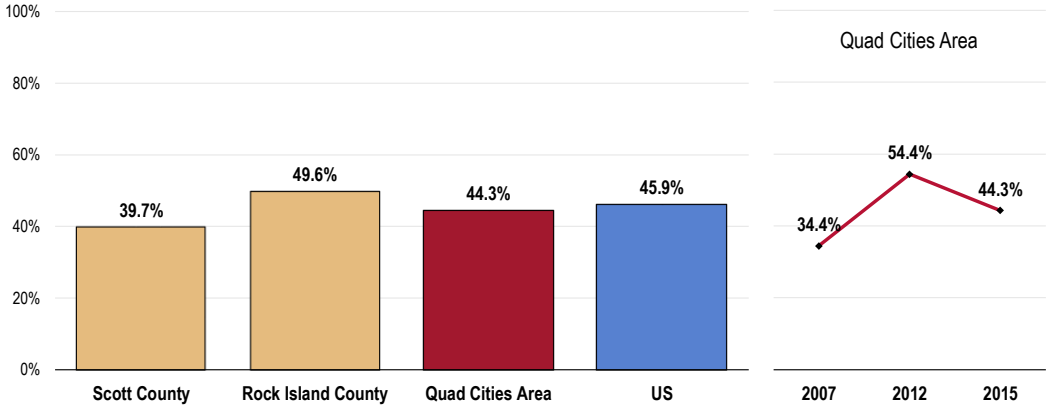
A total of 44.3% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- Statistically comparable by county.
- TREND: Statistically similar to previous findings.

High-Risk Adults: Have Had a Flu Vaccination in the Past Year

(Among High-Risk Adults Age 18-64)

Healthy People 2020 Target = 70.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 142]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

Notes:
- Reflects high-risk respondents age 18-64.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
- Includes FluMist as a form of vaccination.

Pneumonia Vaccination

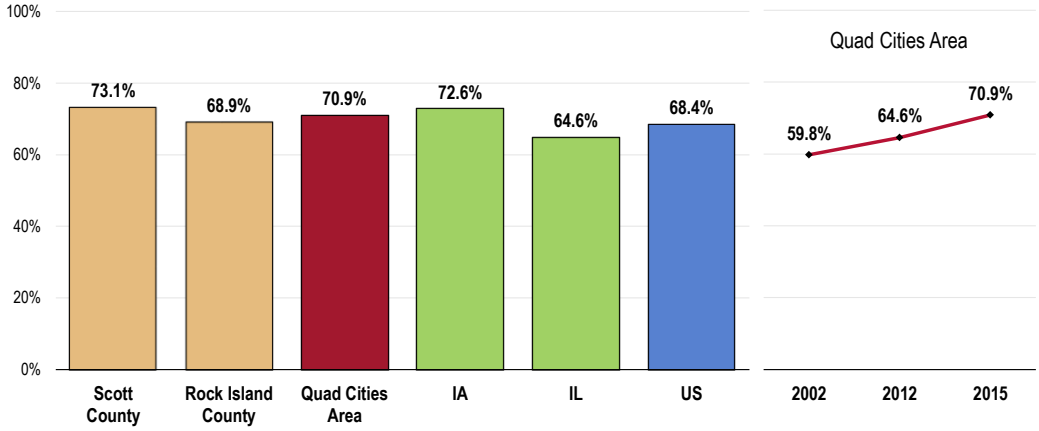
Among adults age 65 and older, 70.9% have received a pneumonia vaccination at some point in their lives.

- Similar to the Iowa finding, higher than the Illinois finding.
- Similar to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Statistically similar by county.
- TREND: Marks a statistically significant increase since 2002.

Older Adults: Have Ever Had a Pneumonia Vaccine

(Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 143]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Iowa and Illinois data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.1]

Notes:
- Reflects respondents 65 and older.

High-Risk Adults

"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

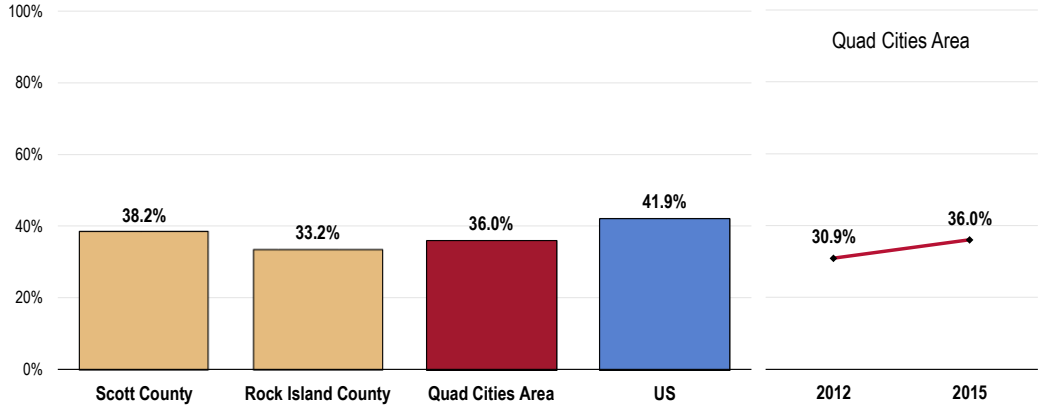
A total of 36.0% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).
- Statistically comparable by county.
- TREND: Statistically unchanged since 2012.

High-Risk Adults: Have Ever Had a Pneumonia Vaccine

(Among High-Risk Adults Age 18-64)

Healthy People 2020 Target = 60.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 144]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.2]

Notes:
- Asked of all high-risk respondents under 65.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

HIV

About HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV, but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

- Healthy People 2020 (www.healthypeople.gov)

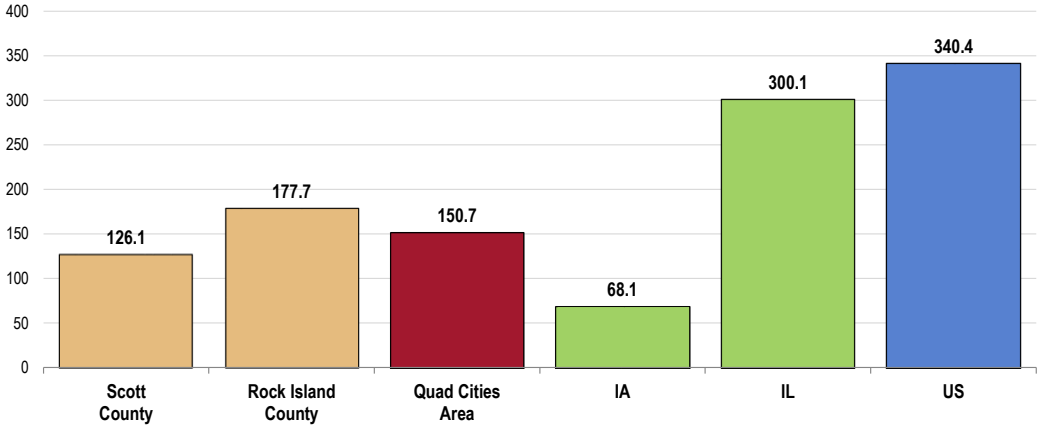
HIV Prevalence

In 2010, there was a prevalence of 150.7 HIV cases per 100,000 population in the Quad Cities Area.

- Much higher than the Iowa prevalence; much lower than the Illinois prevalence.
- Much lower than the national prevalence.
- Higher in Rock Island County than in Scott County.

HIV Prevalence

(Prevalence Rate of HIV per 100,000 Population, 2010)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs**. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities**. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities**. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications**. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons "linked" by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

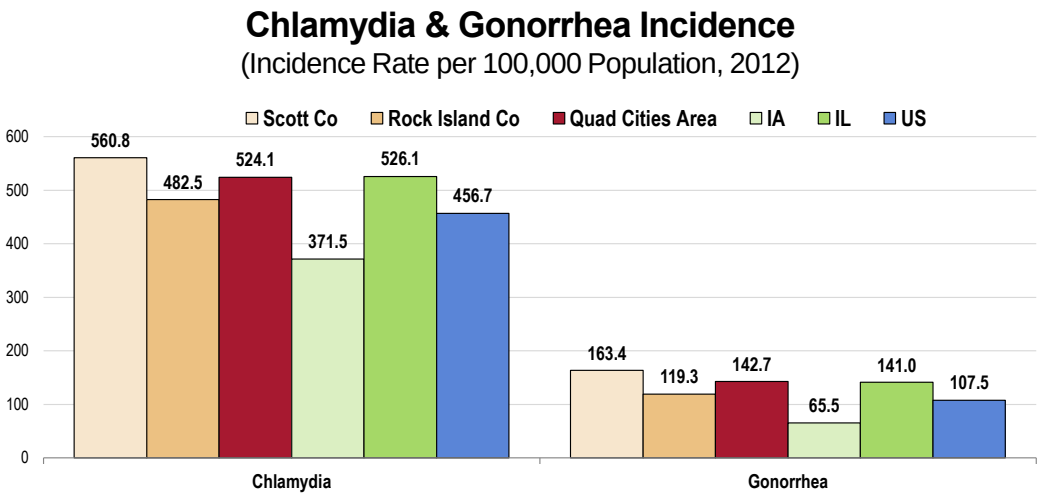
In 2012, the chlamydia incidence rate in the Quad Cities Area was 524.1 cases per 100,000 population.

- Notably higher than the Iowa incidence rate, but comparable to the Illinois rate.
- Higher than the national incidence rate.
- Unfavorably high in Scott County.

The gonorrhea incidence rate in the Quad Cities Area was 142.7 cases per 100,000 population in 2012.

- Much higher than the Iowa rate, but similar to the Illinois rate.

- Higher than the national incidence rate.
- Unfavorably high in Scott County.



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2011.
- Retrieved April 2015 from Community Commons at http://www.chna.org.

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

Health: Births

Professional Research Consultants, Inc.

Prenatal Care

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

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

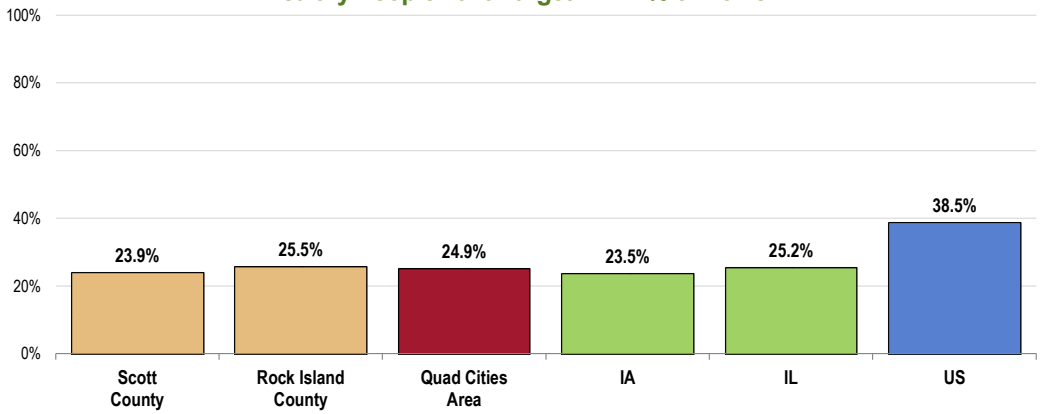
Between 2011 and 2013, 24.9% of all Quad Cities Area births did <u>not</u> receive prenatal care in the first trimester of pregnancy.

- Just above the Iowa proportion, but similar to the Illinois proportion.
- More favorable than the national proportion.
- Fails to satisfy the Healthy People 2020 target (22.1% or lower).
- Similar findings by county.

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2011-2013)

Healthy People 2020 Target = 22.1% or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics Systems: 2007-10. Accessed via CDC Wonder.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Birth Outcomes & Risks

Low-Weight Births

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

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

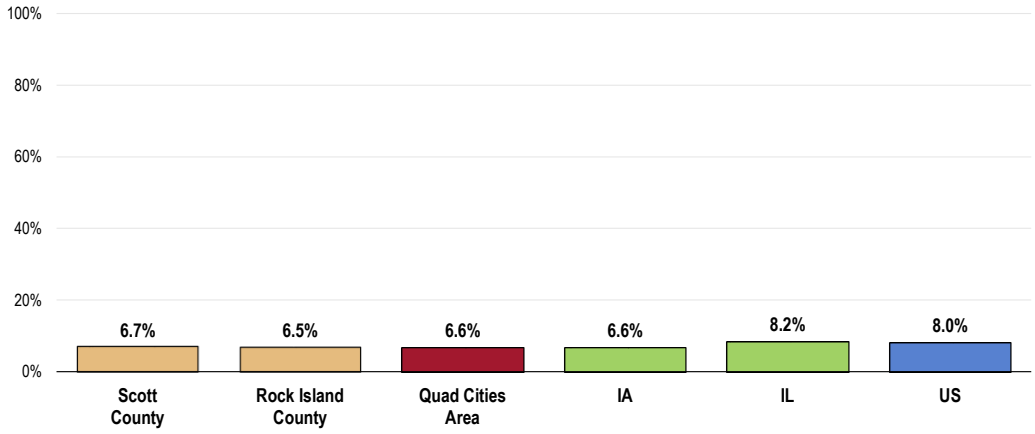
A total of 6.6% of 2011-2013 Quad Cities Area births were low-weight.

- Identical to the Iowa proportion; better than the Illinois proportion.
- Better than the national proportion.
- Satisfies the Healthy People 2020 target (7.8% or lower).
- Similar findings by county.

Low-Weight Births

(Percent of Live Births, 2011-2013)

Healthy People 2020 Target = 7.8% or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2003-09. Accessed using CDC WONDER.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

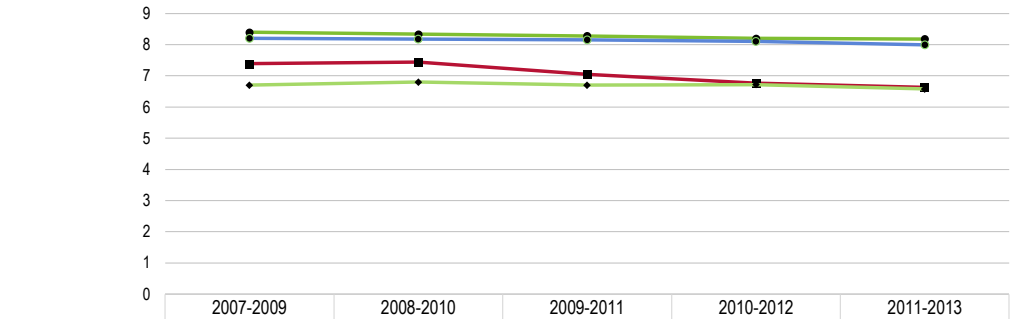
Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

- TREND: The proportion of low-weight births has decreased over time in the Quad Cities Area.

Low-Weight Births

(Percent of Live Births)

Healthy People 2020 Target = 7.8% or Lower



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Quad Cities Area	7.4	7.4	7.1	6.8	6.6
Iowa	6.7	6.8	6.7	6.7	6.6
Illinois	8.4	8.3	8.3	8.2	8.2
United States	8.2	8.2	8.2	8.1	8.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Notes:
- Rates are percentages of live births.

Infant Mortality

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

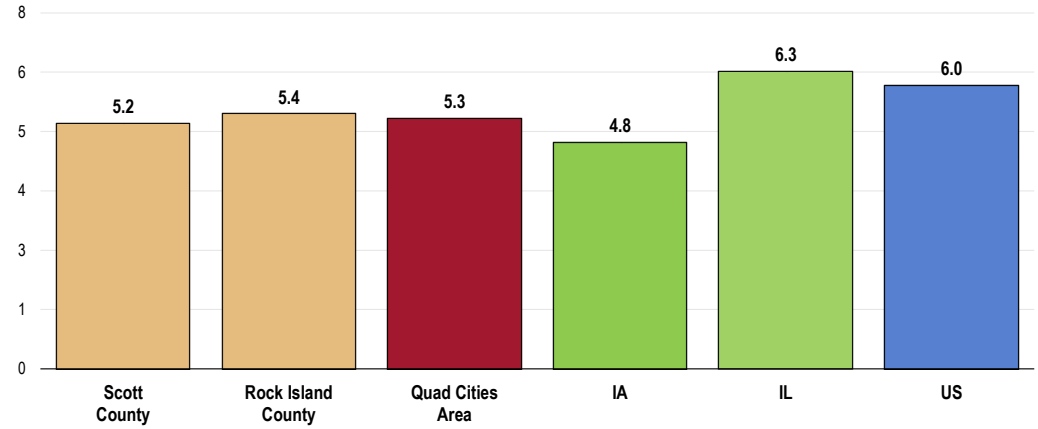
Between 2011 and 2013, there was an annual average of 5.3 infant deaths per 1,000 live births.

- Less favorable than the Iowa rate, better than the Illinois rate.
- Better than the national rate.
- Below the Healthy People 2020 target of 6.0 per 1,000 live births.
- Similar between the two counties.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2011-2013)

Healthy People 2020 Target = 6.0 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

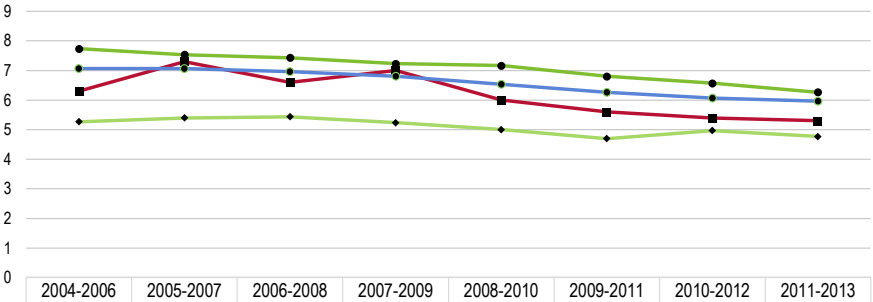
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- TREND: The infant mortality rate in the Quad Cities Area has generally declined over the past decade, similar to statewide and national trends.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2020 Target = 6.0 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Quad Cities Area	6.3	7.3	6.6	7.0	6.0	5.6	5.4	5.3
Iowa	5.3	5.4	5.4	5.2	5.0	4.7	5.0	4.8
Illinois	7.7	7.5	7.4	7.2	7.2	6.8	6.6	6.3
United States	7.1	7.1	7.0	6.8	6.5	6.3	6.1	6.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

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

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

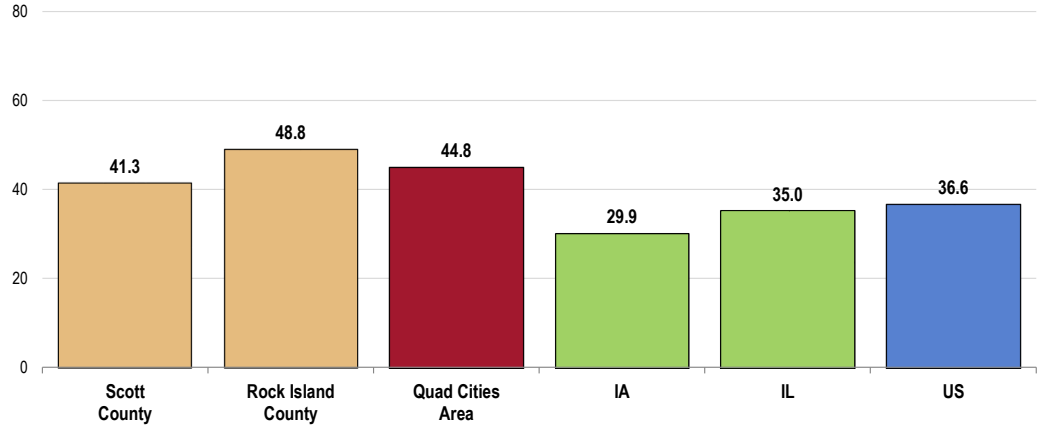
- Healthy People 2020 (www.healthypeople.gov)

Between 2006 and 2012, there was an annual average of 44.8 births to women age 15-19 per 1,000 population in that age group.

- Higher than the Iowa and Illinois rates.
- Higher than the national rate.
- Higher in Rock Island County.

Teen Birth Rate

(Births to Women Age 15-19 Per 1,000 Female Population Age 15–19, 2006-2012)



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2006-2012. Accessed using CDC WONDER.
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Health: Modifiable Health Risks

Professional Research Consultants, Inc.

Actual Causes Of Death

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

About Contributors to Mortality

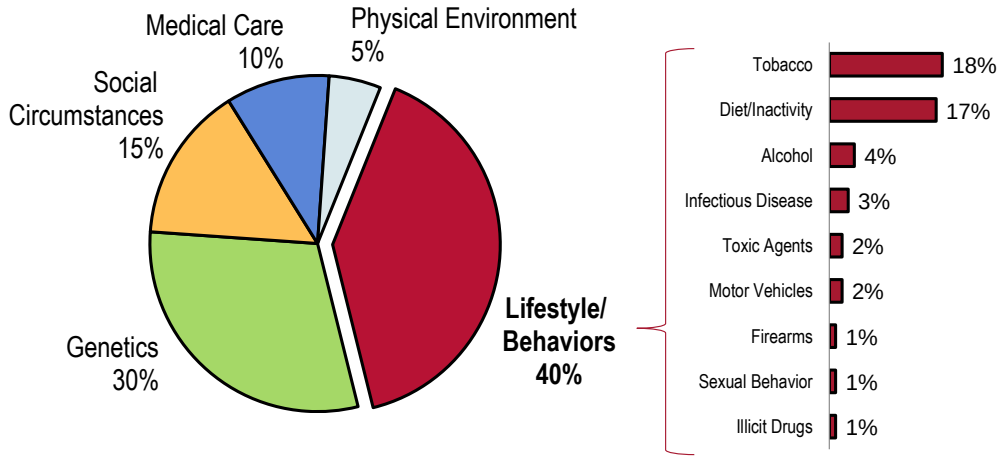
A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), and **illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

- Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

Factors Contributing to Premature Deaths in the United States



Sources: ● "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. March/April 2002.
"Actual Causes of Death in the United States": (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)
Cardiovascular Disease	Tobacco use Elevated serum cholesterol High blood pressure Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet Alcohol Occupational/environmental exposures
Cerebrovascular Disease	High blood pressure Tobacco use Elevated serum cholesterol
Accidental Injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving Occupational hazards Stress/fatigue
Chronic Lung Disease	Tobacco use Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88–1232.

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

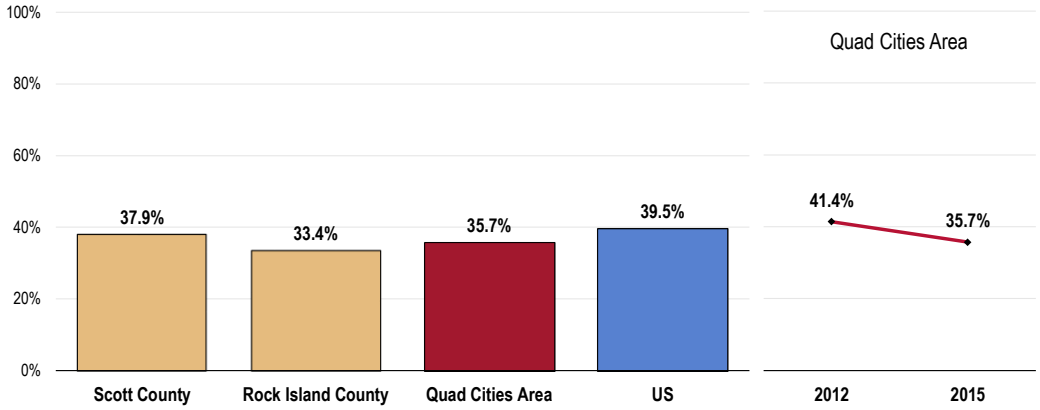
Daily Recommendation of Fruits/Vegetables

A total of 35.7% of Quad Cities Area adults report eating five or more servings of fruits and/or vegetables per day.

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

- Similar to national findings.
- Similar findings by county.
- TREND: Marks a statistically significant decrease in fruit/vegetable consumption since 2012.

Consume 5+ Servings of Fruits/Vegetables Per Day



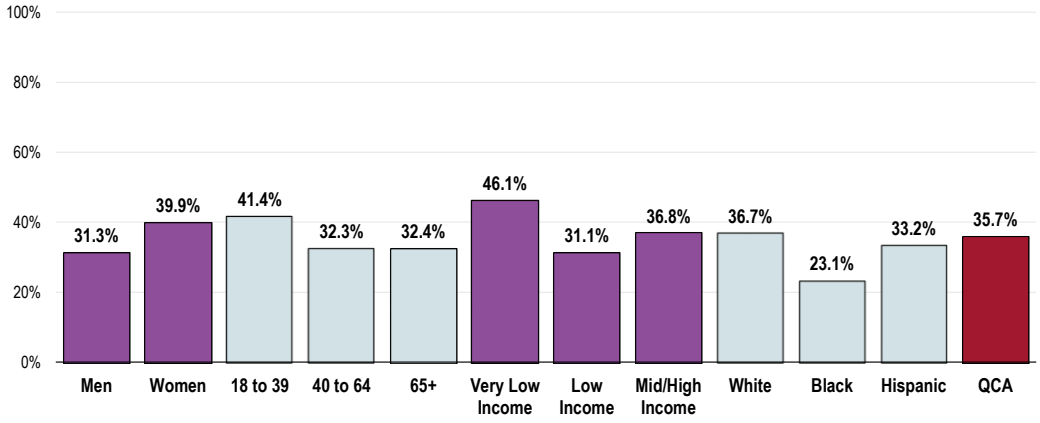
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

- Area women are more likely to get the recommended servings of daily fruits/ vegetables, as are younger adults, those in very low-income households, and Whites.

Consume 5+ Servings of Fruits/Vegetables Per Day

(Quad Cities Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● For this issue, respondents were asked to recall their food intake on the previous day.

Children's Nutrition

"Make the healthy choice the easy choice."
— Community Stakeholder Committee Member

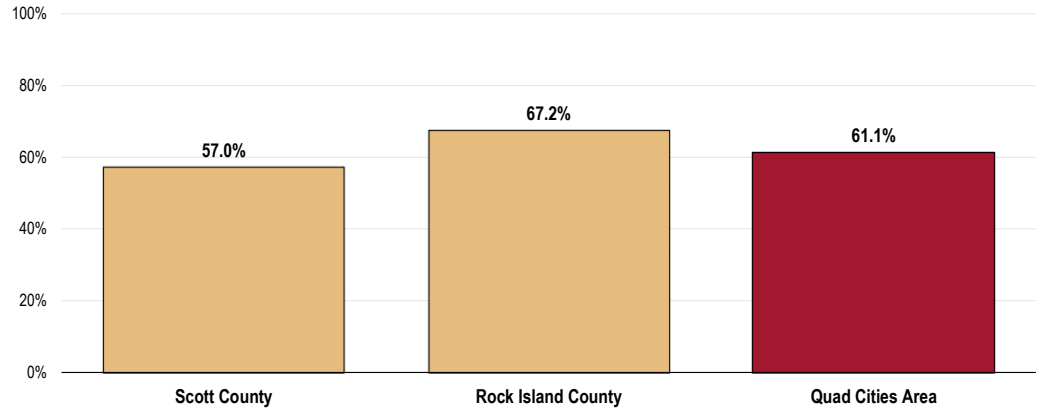
Fruits/Vegetables

A total of 61.1% of Quad Cities Area parents report that their child (under age 18) eats five or more servings of fruits and/or vegetables per day.

- Statistically comparable percentages when viewed by county.

Child Consumes 5+ Servings of Fruits/Vegetables per Day

(Quad Cities Area Parents of Children <18; 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 179]
Notes: ● Asked of all respondents with children <18 at home.
● For this issue, respondents were asked to recall their child's food intake on the previous day.

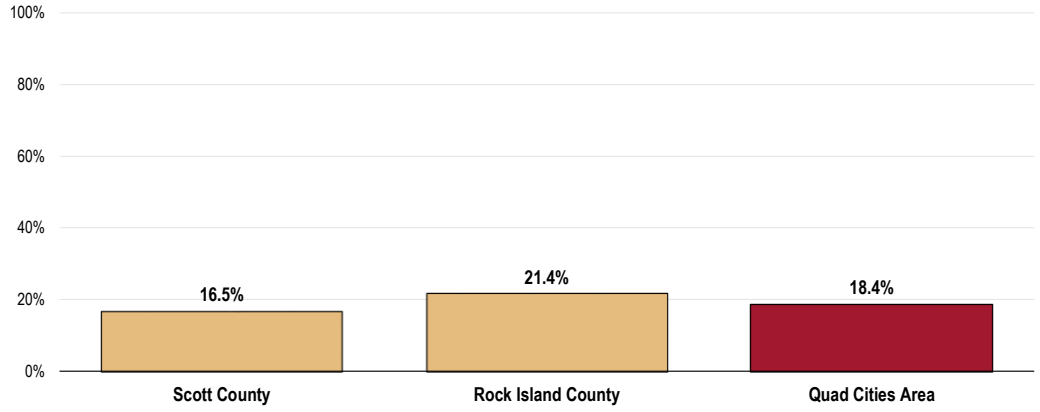
Fast Food

Another 18.4% of area parents indicate that their child averages 3+ fast food meals per week.

- Statistically similar by county.

Child Consumes 3+ Fast Food Meals per Week

(Quad Cities Area Parents of Children <18; 2015)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 180]
Notes: ● Asked of all respondents with children <18 at home.
● Meals include breakfasts, lunches, and dinners.

Difficulty Accessing Fresh Produce

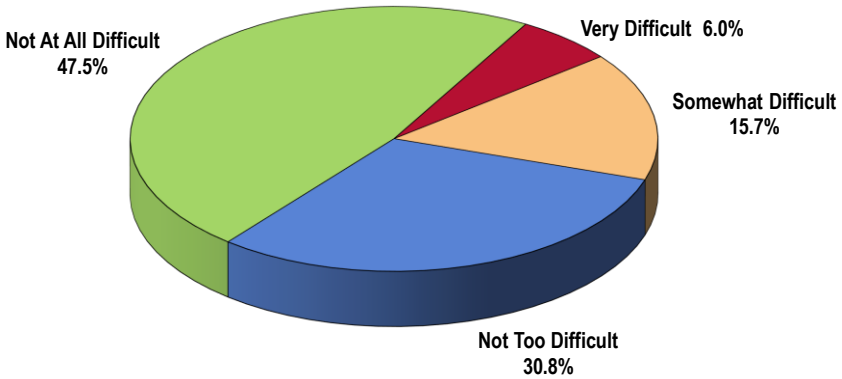
While most report little or no difficulty, 21.7% of Quad Cities Area adults report that it is "very" or "somewhat" difficult for them to access affordable, fresh fruits and vegetables.

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?"

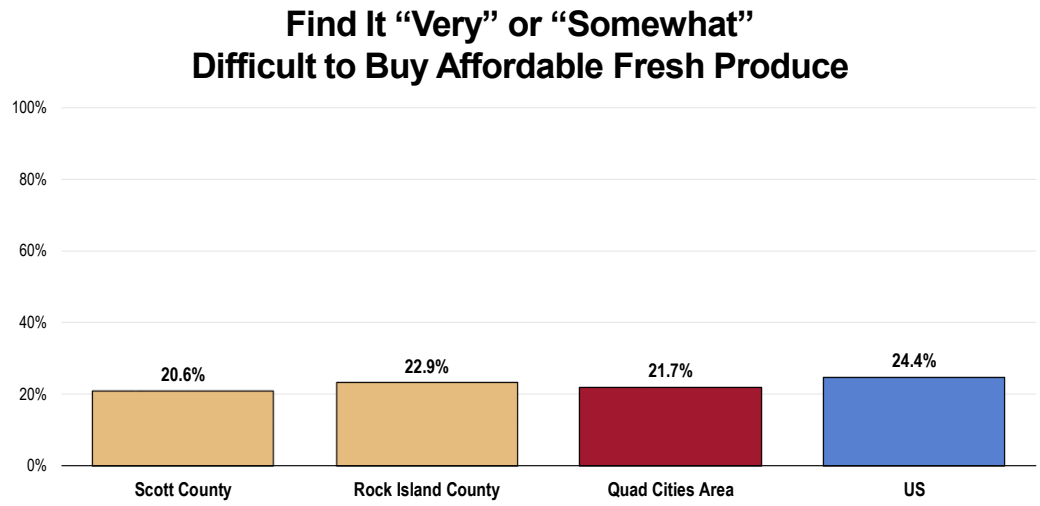
Level of Difficulty Finding Fresh Produce at an Affordable Price

(Quad Cities Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
Notes: ● Asked of all respondents.

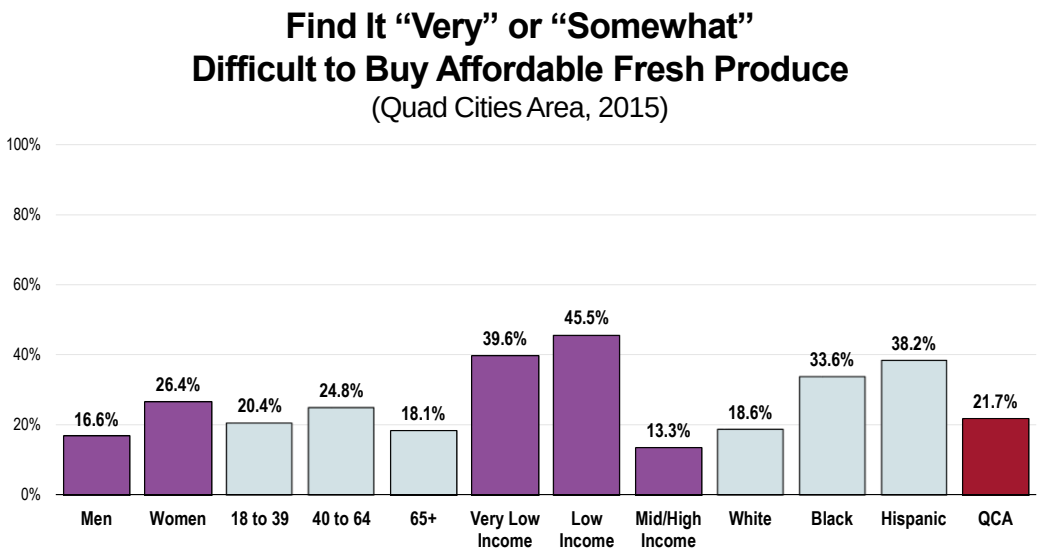
- The prevalence is more favorable than national findings.
- Comparable findings by county.



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Adults more likely to report difficulty getting fresh fruits and vegetables include women, adults age 40 to 64, lower-income residents, African Americans, and Hispanics.



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Low Food Access (Food Deserts)

A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

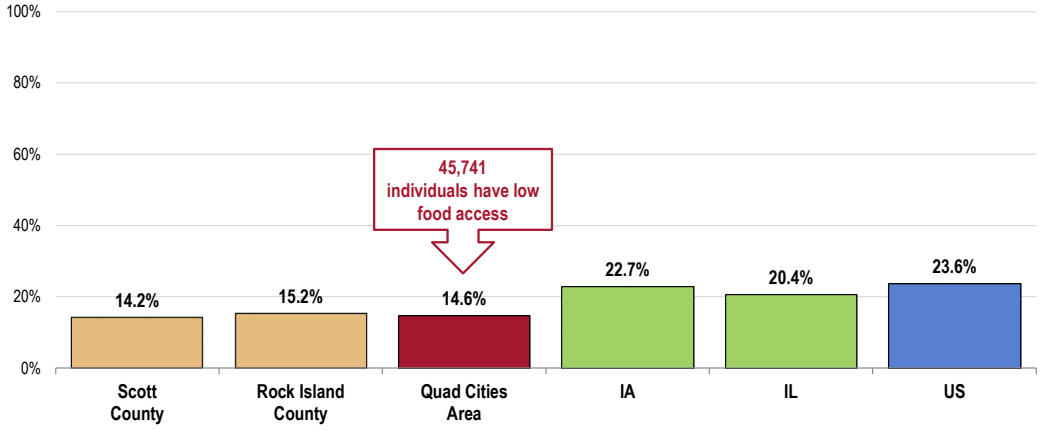
US Department of Agriculture data show that 14.6% of the Quad Cities Area population (representing over 45,000 residents) have low food access or live in a "food desert," meaning that they do not live near a supermarket or large grocery store.

- More favorable than statewide findings.
- More favorable than national findings.
- Low food access is comparable by county.

"I would really love to see a huge focus on quality, affordable exercise programs and a push for healthier eating. It is so frustrating to pay more for sliced apples than a bag of chips."
— Community Stakeholder Committee Member

Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)

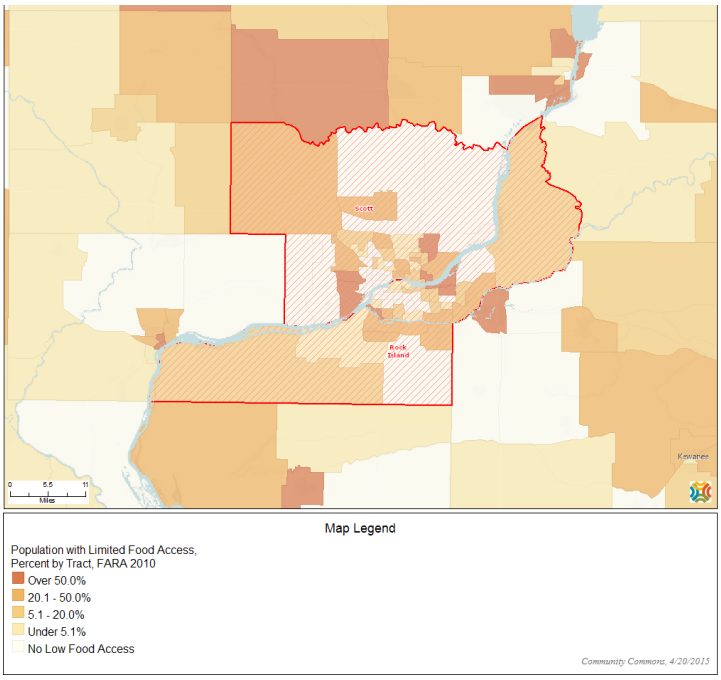


Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA): 2010.
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

- The following map provides an illustration of food deserts by census tract. Note the various pockets of residents with limited food access in the central portion of the Quad Cities Area.

Population With Limited Food Access, Percent by Tract, FARA 2010



Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

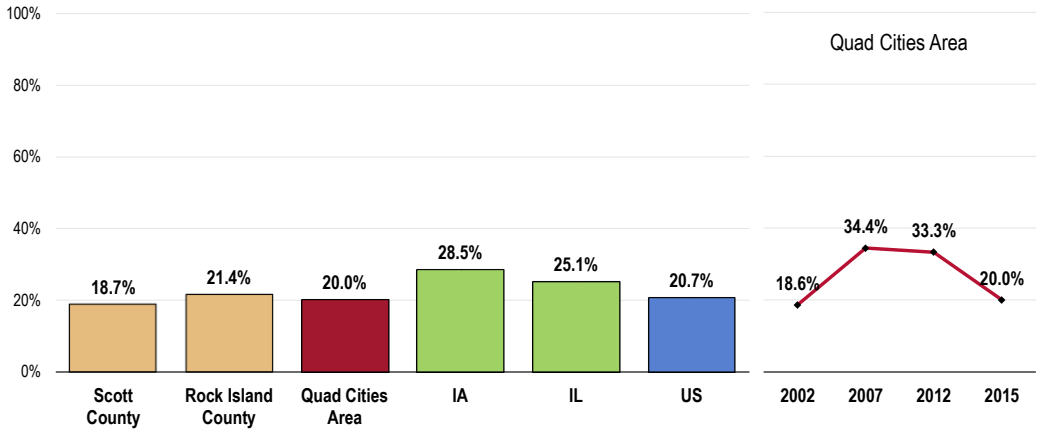
A total of 20.0% of Quad Cities Area adults report no leisure-time physical activity in the past month.

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.

- More favorable than both statewide percentages.
- Nearly identical to the national proportion.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- Similar findings by county.
- TREND: Although fluctuating considerably since 2002, the 2015 percentage is lower than 2007 and 2012 findings, but similar to 2002 baseline data. *[It is important to note, however, that the 2007 and 2012 Quad Cities Area surveys were conducted during winter months, whereas the 2002 and 2015 surveys (and the national survey) were conducted during spring/summer months (statewide data represent interviews throughout the year). This difference in timing can impact these findings in that respondents may be less physically active during winter months.]*

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 92]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Iowa and Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

"There are not many good places to work out in the community. The health clubs are not affordable for many people in the community. Also, as a runner in college, there are not many safe running paths in our community. While we have the bike path, this is not enough. The sidewalks are often unsafe to run on due to crack and potholes in them. Also, the roads are unsafe as well.

The community needs to be educated on the rules of the road when it comes to pedestrians and runners/walkers."
— Community Stakeholder Committee Member

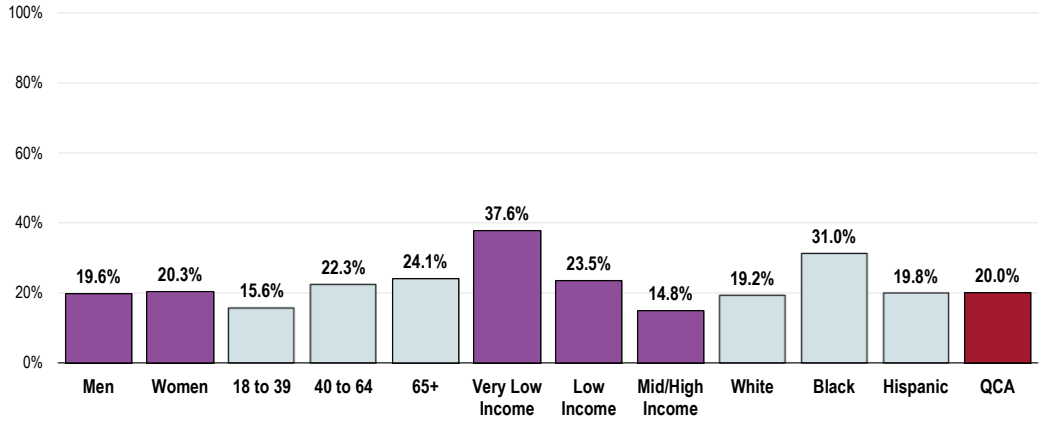
Lack of leisure-time physical activity in the area is higher among:

- Adults age 40+ (positive correlation with age).
- Lower-income residents (negative correlation with income).
- African American residents.

No Leisure-Time Physical Activity in the Past Month

(Quad Cities Area, 2015)

Healthy People 2020 Target = 32.6% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Recommended Levels of Physical Activity

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

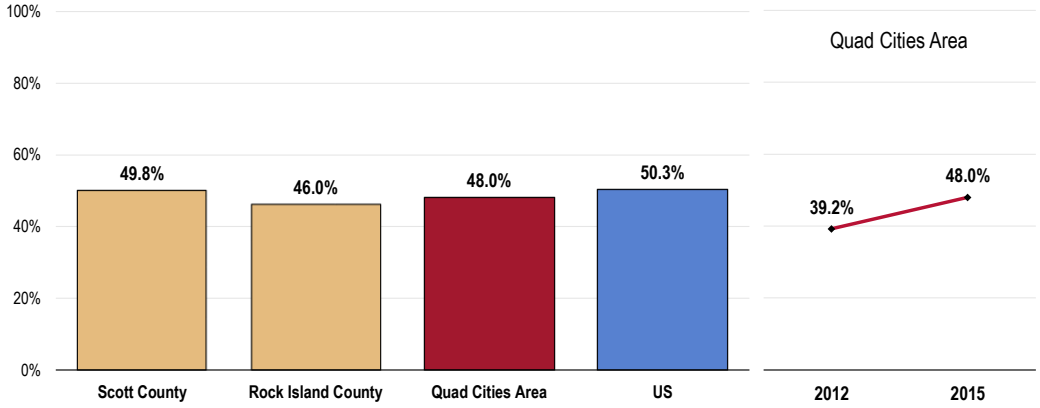
- 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

A total of 48.0% of Quad Cities Area adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Comparable to national findings.
- Comparable by county.
- TREND: Denotes a statistically significant increase since 2012.

Meets Physical Activity Recommendations

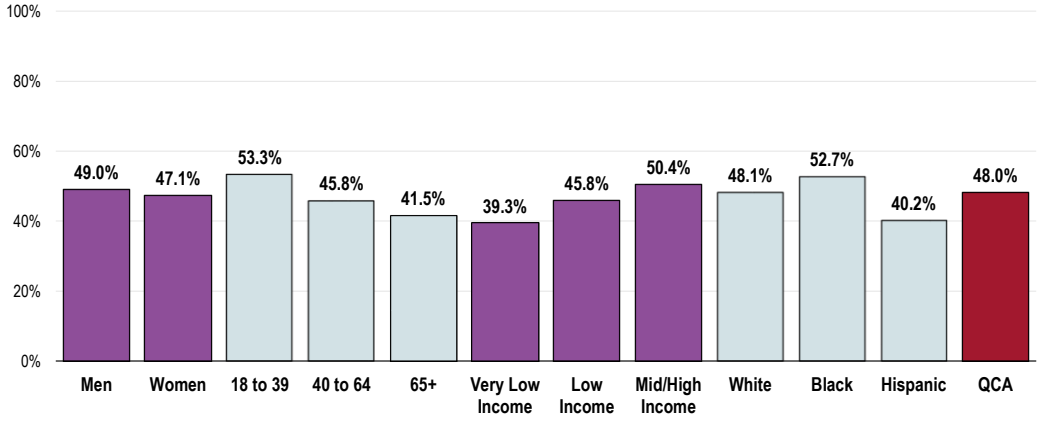


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 147]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

- Note the negative correlation between age and meeting physical activity recommendations among Quad Cities Area adults.
- Other differences within demographic segments are not statistically significant.

Meets Physical Activity Recommendations
(Quad Cities Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Moderate & Vigorous Physical Activity

In the past month:

The individual indicators of moderate and vigorous physical activity are shown here.

A total of 30.6% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

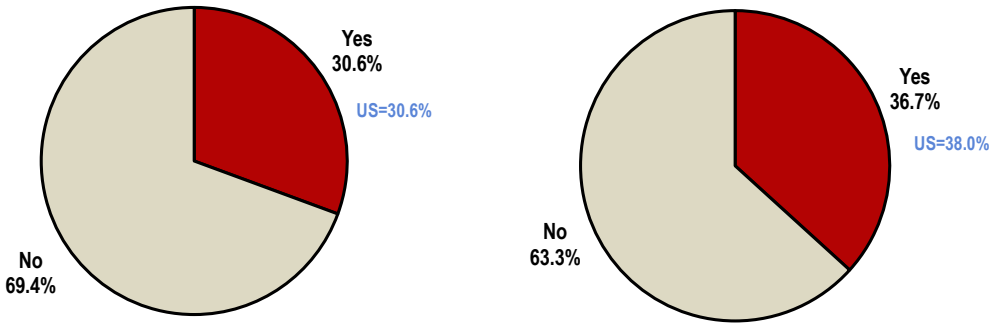
- Identical to the national level.
- Comparable by county (not shown)
- TREND: Denotes a statistically significant increase over time (not shown).

A total of 36.7% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Comparable to the nationwide figure.
- Statistically similar by county (not shown).
- TREND: Statistically unchanged over time (not shown).

Moderate & Vigorous Physical Activity

(Quad Cities Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 148-149]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
- Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

"People do not see it as their personal responsibility to be healthy, but as medicine's issue to fix their problems. We need to make healthy "cool" for all ages. There needs to be a lot of education and choices with both nutrition and movement."
— Community Stakeholder Committee Member

Access to Physical Activity

Access to Recreation & Fitness Facilities

In 2012, there were 11.2 recreation/fitness facilities for every 100,000 population in the Quad Cities Area.

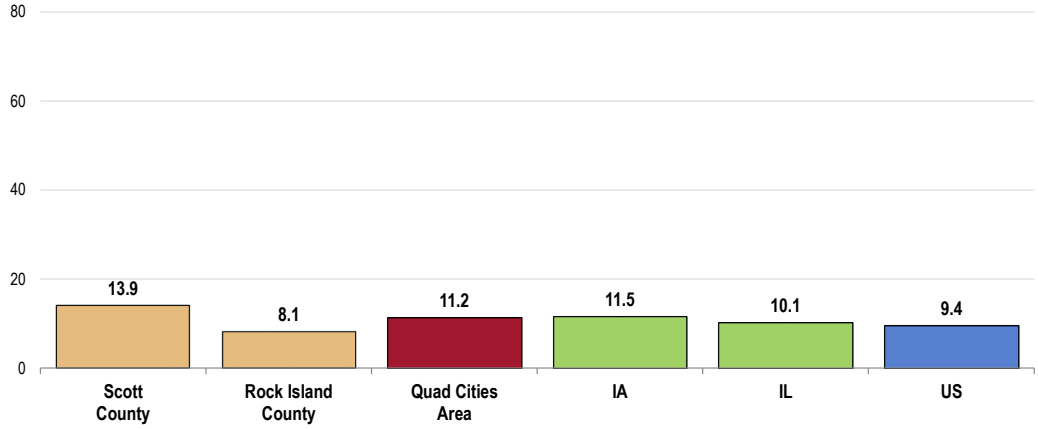
- Comparable to the Iowa rate, but better than the Illinois rate.
- Above what is found nationally.
- Higher in Scott County.

Population With Recreation & Fitness Facility Access

(Number of Recreation & Fitness Facilities per 100,000 Population, 2012)

Here, recreation/fitness facilities 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.



Sources:
- US Census Bureau, County Business Patterns: 2011. Additional data analysis by IARES.
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

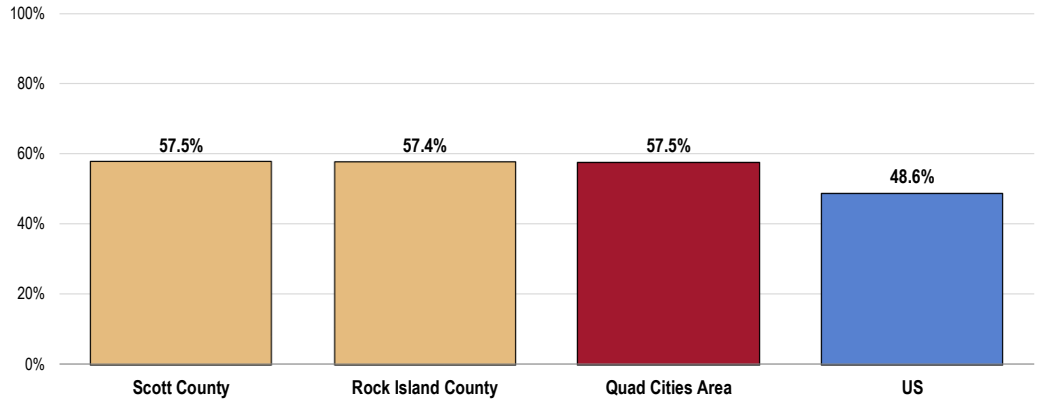
Children's Physical Activity

Among Quad Cities Area children age 2 to 17, 57.5% 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).

- More favorable than found nationally.
- Nearly identical when viewed by county.

Child Is Physically Active for One or More Hours per Day

(Among Children Age 2-17)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

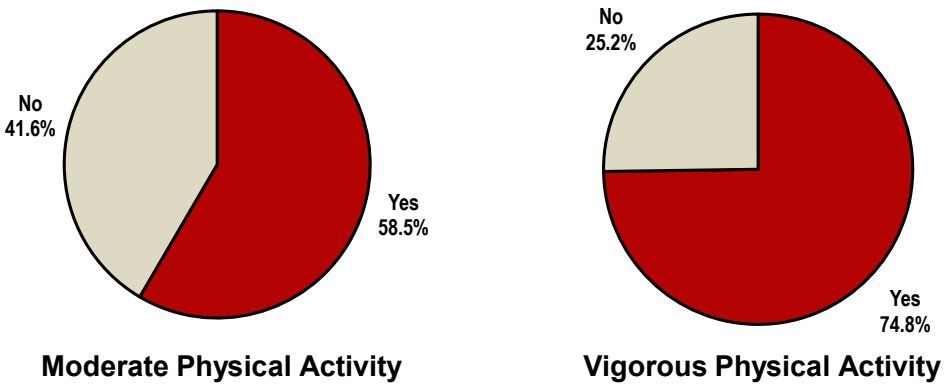
Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

In the past month, 58.5% of children age 5-17 participated in moderate physical activity (5 times a week, 30 minutes at a time). **Another 74.8% participated in vigorous physical activity** (3 times a week, 20 minutes at a time).

- Similar findings by county for both indicators (not shown).
- Both indicators are much lower among teens than among children age 5-12 (not shown).

Children's Physical Activity

(Among Parents of Children Age 5-17; Quad Cities Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 182-183]
Notes: ● Asked of respondents with a child aged 5 to 17 in the household.
● Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
● Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

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.

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥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.

Adult Weight Status

"Healthy weight "means neither underweight, nor overweight (BMI = 18.5-24.9).

Healthy Weight

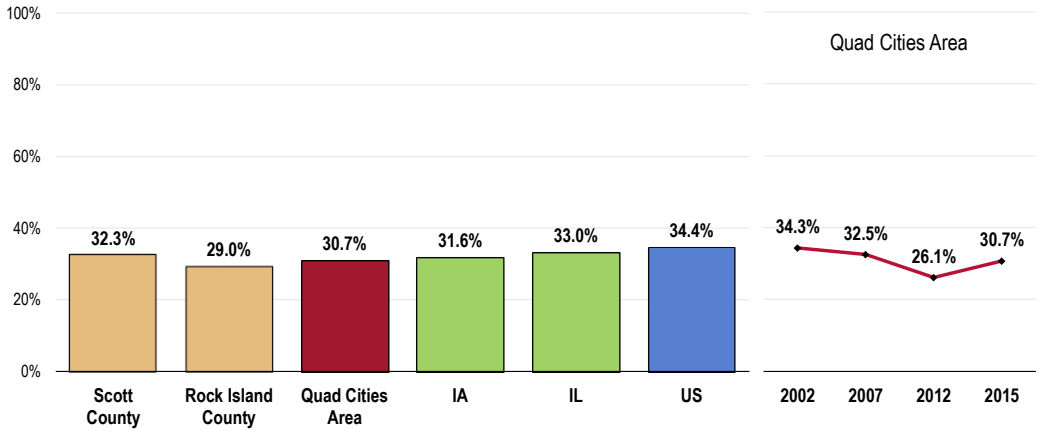
Based on self-reported heights and weights, 30.7% of Quad Cities Area adults are at a healthy weight.

- Comparable to both state percentages.
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (33.9% or higher).
- Comparable findings by county.
- TREND: Although fluctuating, the 2015 prevalence is statistically unchanged from baseline 2002 data.

Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)

Healthy People 2020 Target = 33.9% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Iowa and Illinois data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-8]

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight & Obesity

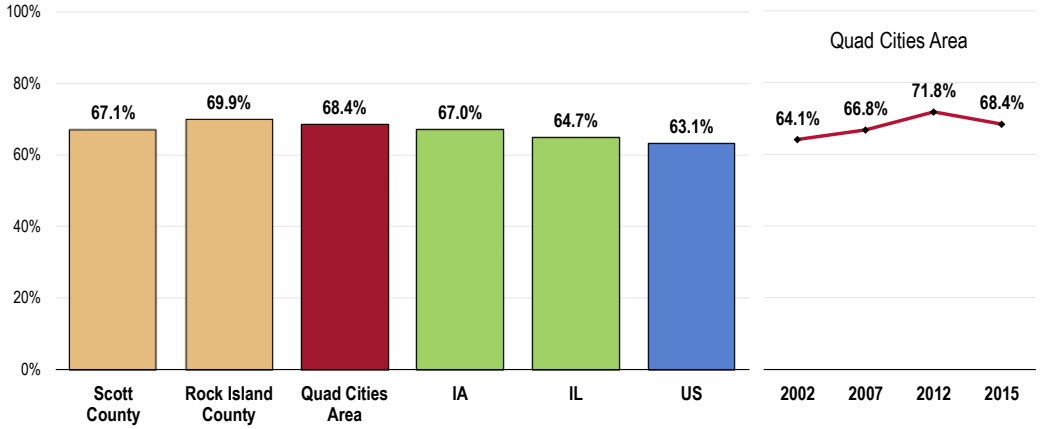
A total of 68.4% of Quad Cities Area adults are overweight.

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

- Comparable to the Iowa prevalence, but less favorable than the Illinois prevalence.
- Less favorable than the US overweight prevalence.
- Comparable findings by county.
- TREND: Statistically similar to previous findings.

Prevalence of Total Overweight

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Iowa and Illinois data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Further, one in three Quad Cities Area adults (33.2%) is obese.

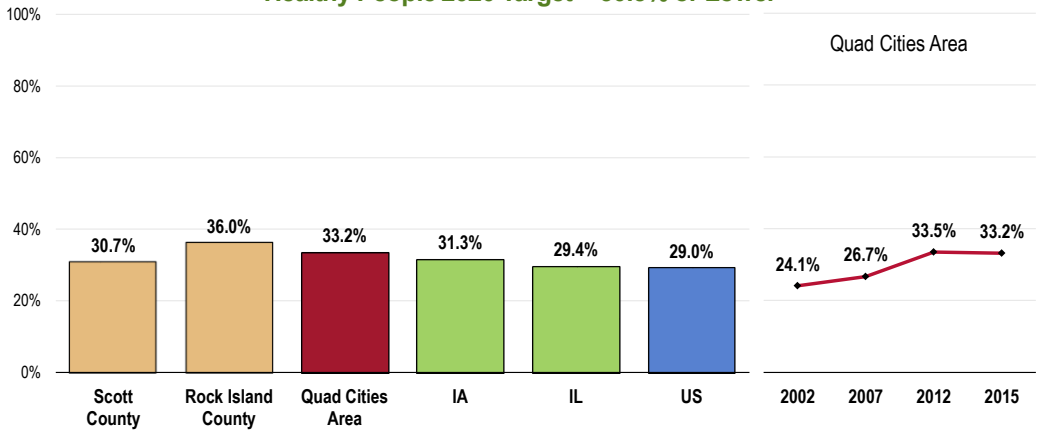
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- Similar to the Iowa percentage, but less favorable than the Illinois percentage.
- Less favorable than US findings.
- Similar to the Healthy People 2020 target (30.5% or lower).
- Similar findings by county.
- TREND: Denotes a statistically significant increase in obesity since 2002 (although similar to 2012 findings).

Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Iowa and Illinois data.

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

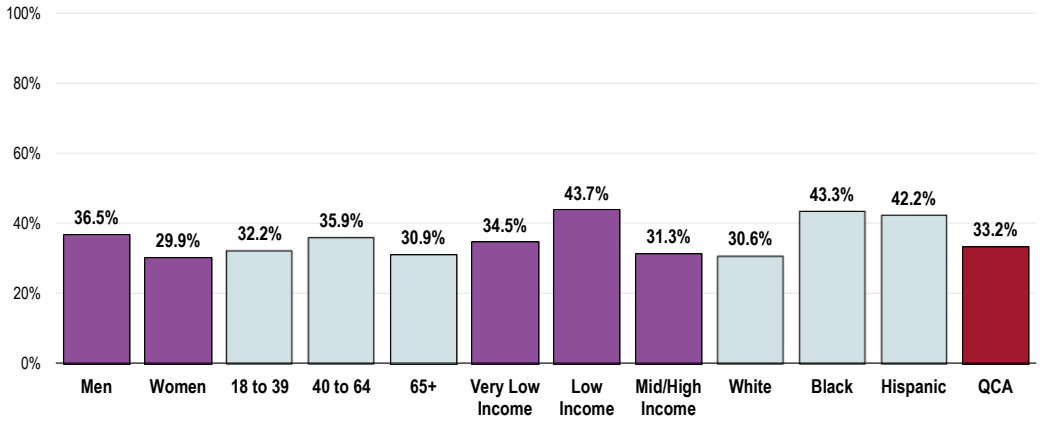
Obesity is notably more prevalent among:

- Men.
- Respondents living just above the federal poverty level.
- African Americans and Hispanics.

Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; Quad Cities Area, 2015)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions.

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

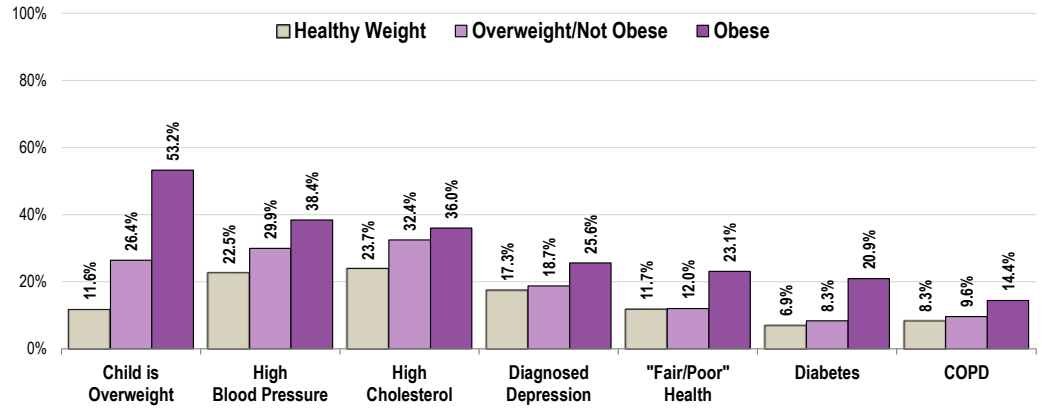
Among these are:

- Hypertension (high blood pressure).
- High cholesterol.
- Diagnosed depression.
- "Fair" or "poor" physical health.
- Diabetes.
- COPD (chronic obstructive pulmonary disease).

Overweight/obese residents are also more likely to have overweight children.

Relationship of Overweight With Other Health Issues

(By Weight Classification; Quad Cities Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 25, 39, 42, 46, 103, 155]
Notes: ● Based on reported heights and weights, asked of all respondents.

Weight Management

Health Advice

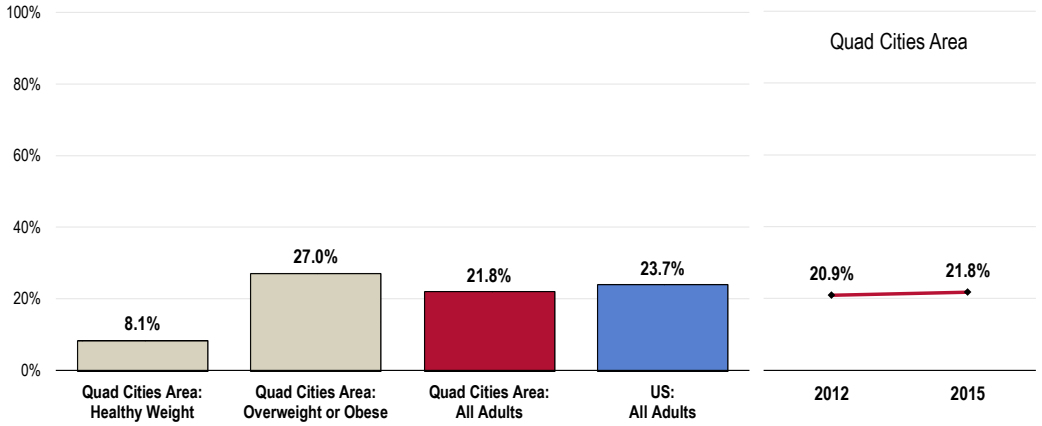
"[We need to increase] awareness of obesity and how preventing this can prevent many other health issues down the road."
— Community Stakeholder Committee Member

A total of 21.8% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.
- TREND: Statistically unchanged from that reported in 2012.
- Note that 27.0% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while over 7 in 10 have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 98]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Childhood Overweight & Obesity

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

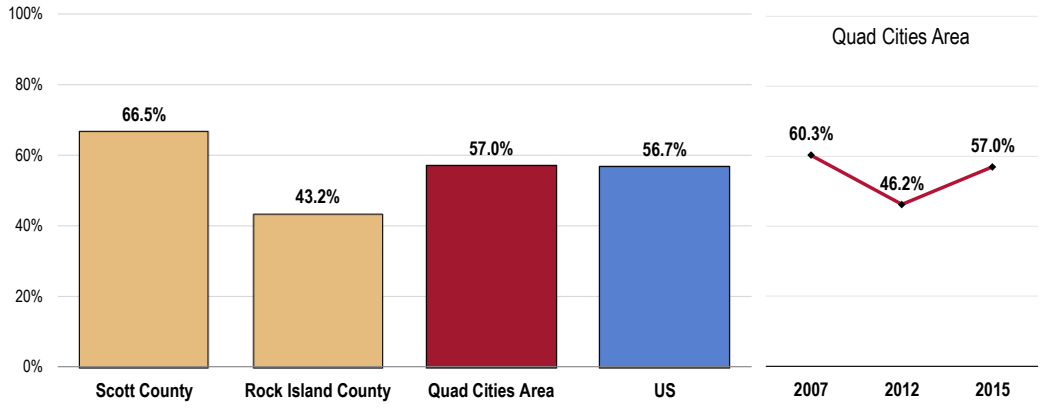
Healthy Weight in Children

A total of 57.0% of Quad Cities Area children age 5 to 17 are considered to be at a healthy weight (between the 5th and 85th percentiles).

- Similar to national findings.
- Higher in Scott County.
- TREND: The current Quad Cities Area finding is statistically similar to findings in 2007 and 2012.

Children at a Healthy Weight

(Children Age 5-17 with BMI Between the 5th and 85th Percentiles)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Healthy weight among children is determined by children's Body Mass Index status at or above the 5th percentile, but below the 85th percentile of US growth charts by gender and age.

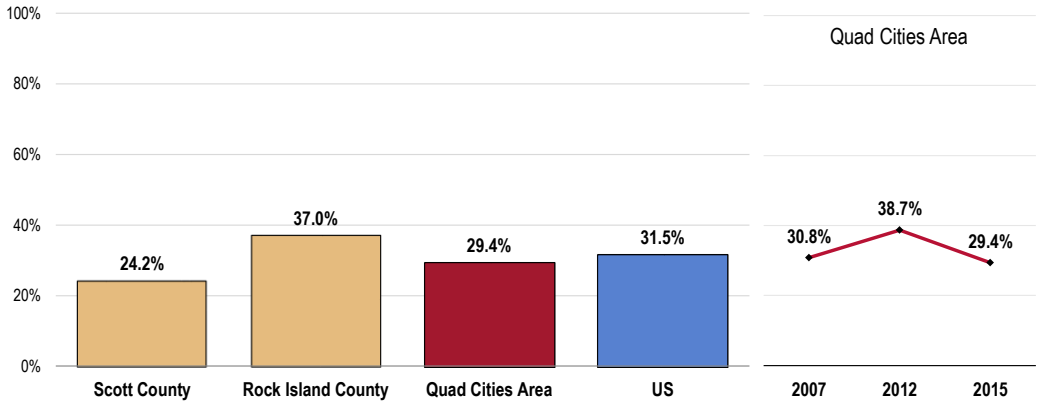
Overweight & Obesity in Children

Based on the heights/weights reported by surveyed parents, 29.4% of Quad Cities Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Comparable to that found nationally.
- Statistically comparable findings by county.
- TREND: Statistically unchanged since 2007.

Child Total Overweight Prevalence

(Children Age 5-17 with BMI in the 85th Percentile or Higher)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
- 2013 PRC National Health Survey, Professional Research Consultants, 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.

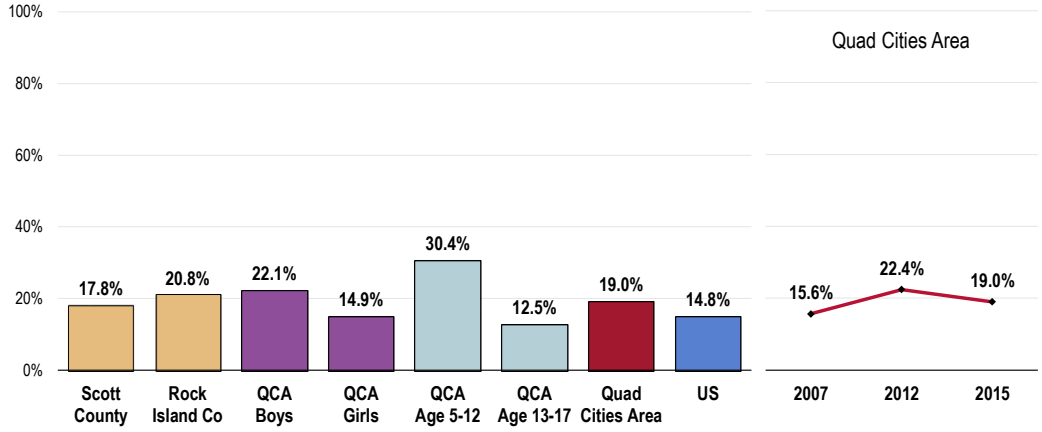
Further, 19.0% of Quad Cities Area children age 5 to 17 are obese (≥95th percentile).

- Statistically similar to the national percentage.
- Statistically similar to the Healthy People 2020 target (14.5% or lower for children age 2-19).
- Similar findings by county.
- TREND: Statistically unchanged since 2007.
- Higher in boys (age 5-17) and children age 5-12 in the Quad Cities Area.

Child Obesity Prevalence

(Children Age 5-17 with BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

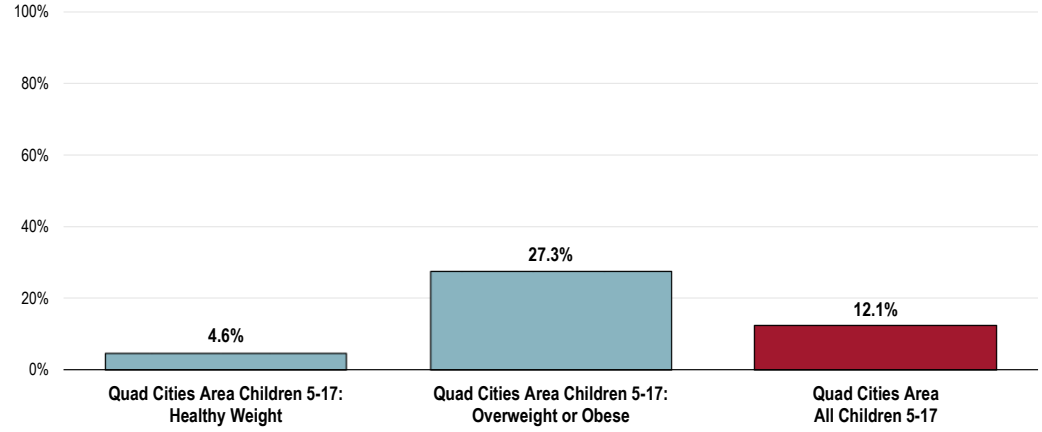
Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Professional Advice on Child's Weight

Among parents of overweight children age 5-17, 27.3% have received professional advice about their child's weight in the past year.

Have Received Advice About Child's Weight in the Past Year From a Physician, Nurse, or Other Health Professional

(By Child's Weight Classification)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 361]

Notes:
- Asked of all respondents about a child age 5-17.
- 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.
- 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.

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

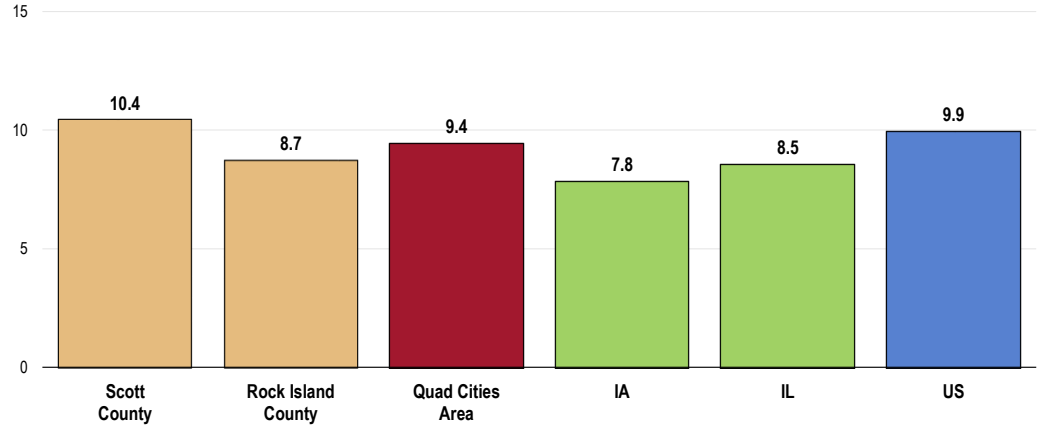
Between 2011 and 2013, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 9.4 deaths per 100,000 population in the Quad Cities Area.

- Higher than the Iowa and Illinois rates.
- Lower than the national rate.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).
- Unfavorably high in Scott County.

Cirrhosis/Liver Disease: Age-Adjusted Mortality

(2011–2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

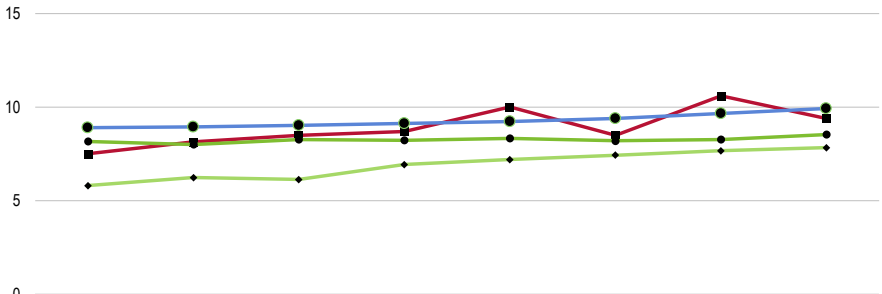
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

- TREND: Note the increasing trends in cirrhosis/liver disease mortality over the past decade.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Quad Cities Area	7.5	8.1	8.5	8.7	10.0	8.5	10.6	9.4
Iowa	5.8	6.2	6.1	6.9	7.2	7.4	7.7	7.8
Illinois	8.2	8.0	8.3	8.2	8.3	8.2	8.3	8.5
United States	8.9	8.9	9.0	9.1	9.2	9.4	9.7	9.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

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.
- State and national data are simple three-year averages.

High-Risk Alcohol Use

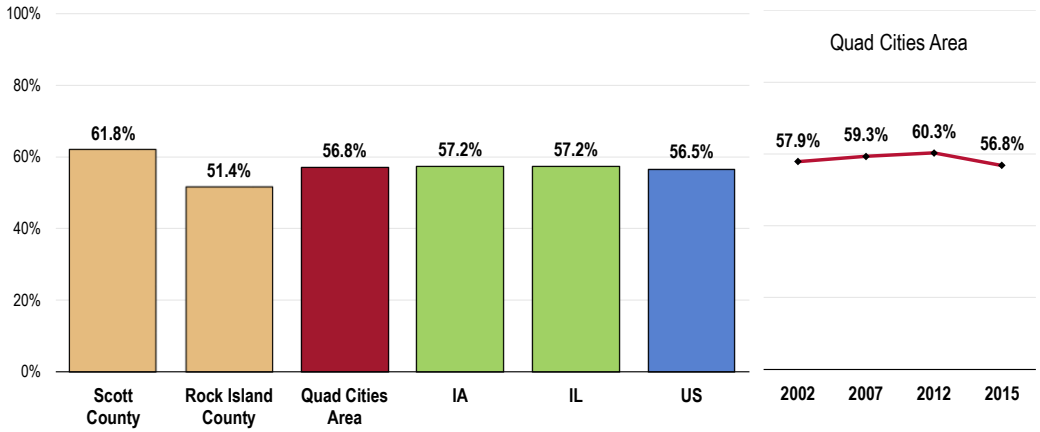
"Current drinkers" include survey respondents who had at least one drink of alcohol in the month preceding the interview. For the purposes of this study, a "drink" is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

Current Drinking

A total of 56.8% of area adults had at least one drink of alcohol in the past month (current drinkers).

- Similar to both statewide proportions.
- Similar to the national proportion.
- Higher in Scott County.
- TREND: Statistically unchanged over time.

Current Drinkers

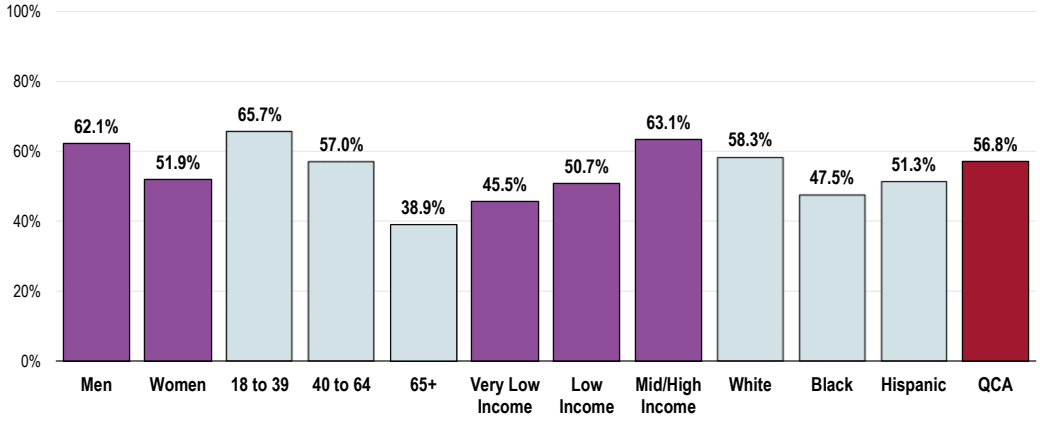


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Iowa and Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Current drinkers had at least one alcoholic drink in the past month.

- Current drinking is more prevalent among men, younger residents (negative correlation with age), and upper-income adults (positive correlation with income).

Current Drinkers
(Quad Cities Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Current drinkers had at least one alcoholic drink in the past month.

Excessive Drinking

"Excessive drinking" includes heavy and/or binge drinkers:

Heavy drinkers include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview; and

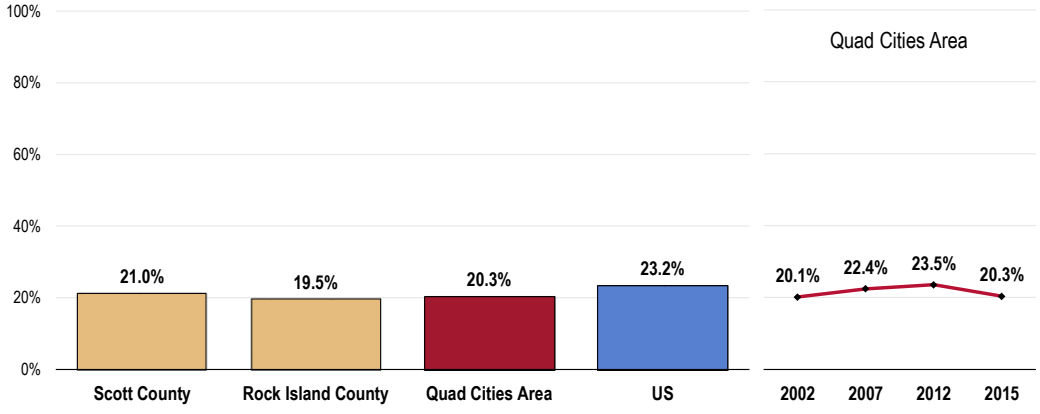
Binge drinkers include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

RELATED ISSUE: See also Stress in the Mental Health & Mental Disorders section of this report.

A total of 20.3% of area adults are excessive drinkers (heavy and/or binge drinkers).

- Comparable to the national proportion.
- Comparable findings by county.
- Comparable to the Healthy People 2020 target (25.4% or lower).
- TREND: Statistically unchanged since 2002.

Excessive Drinkers
Healthy People 2020 Target = 25.4% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 164]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

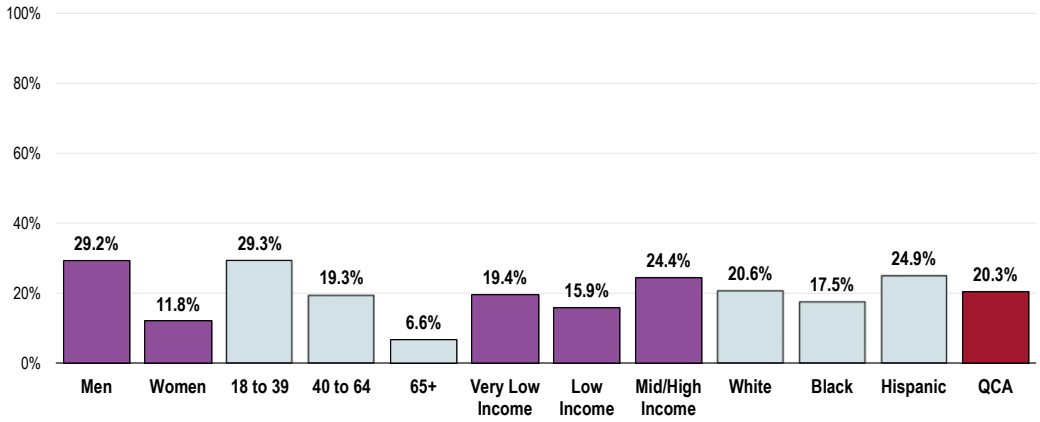
Notes:
- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more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

- Excessive drinking is more prevalent among men, younger adults (negative correlation with age), and upper-income residents.

Excessive Drinkers

(Total Area, 2014)

Healthy People 2020 Target = 25.4% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "NH White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- 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.

Age-Adjusted Drug-Induced Deaths

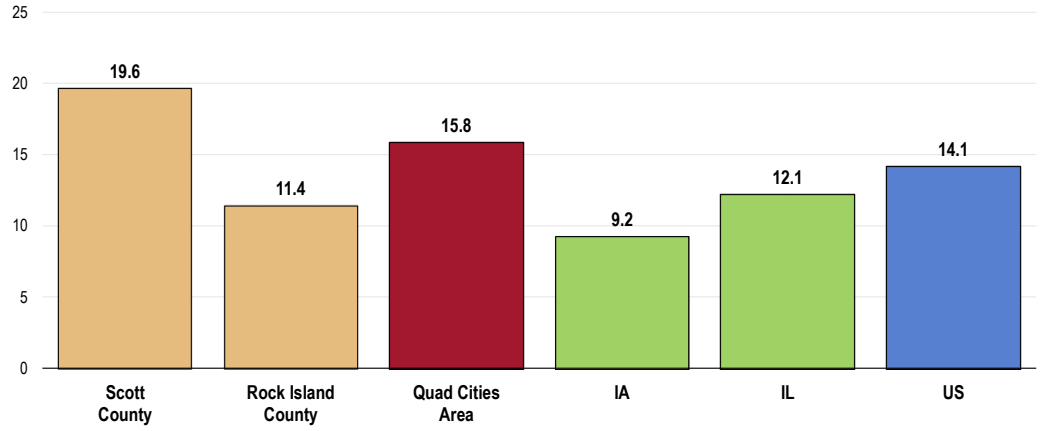
Between 2011 and 2013, there was an annual average age-adjusted drug-induced mortality rate of 15.8 deaths per 100,000 population in the Quad Cities Area.

- Worse than both state rates.
- Worse than the national rate.
- Fails to satisfy the Healthy People 2020 target (11.3 or lower).
- Unfavorably high in Scott County.

Drug-Induced Deaths: Age-Adjusted Mortality

(2011–2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

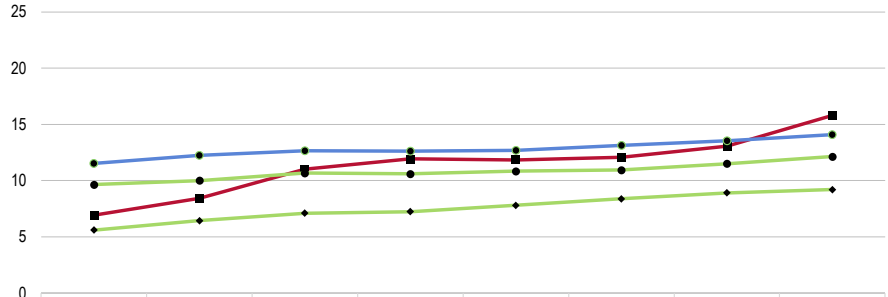
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

- TREND: Drug-induced mortality has increased sharply over the past decade, as shown in the following chart.

Drug-Induced Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Quad Cities Area	6.9	8.4	11.0	11.9	11.8	12.1	13.1	15.8
Iowa	5.6	6.4	7.1	7.2	7.8	8.4	8.9	9.2
Illinois	9.6	10.0	10.7	10.6	10.8	10.9	11.5	12.1
United States	11.5	12.2	12.7	12.6	12.7	13.1	13.5	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 April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

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.
- County, state and national data are simple three-year averages.

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

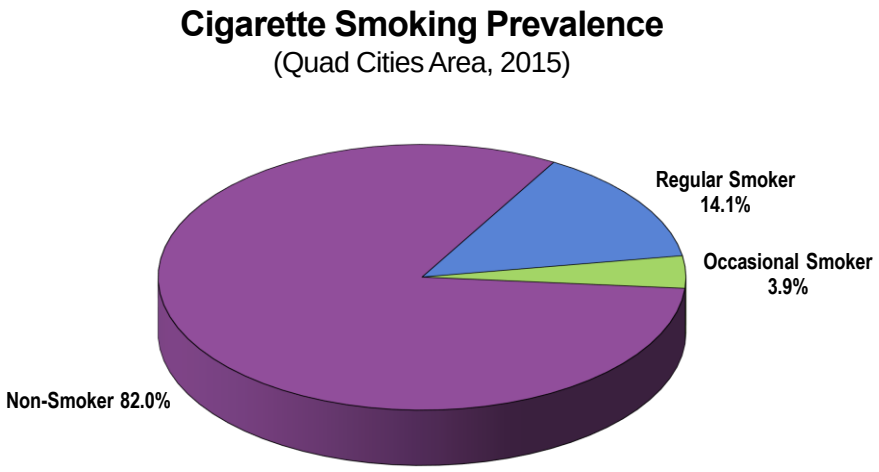
Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 18.0% of Quad Cities Area adults currently smoke cigarettes, either regularly (14.1% every day) or occasionally (3.9% on some days).

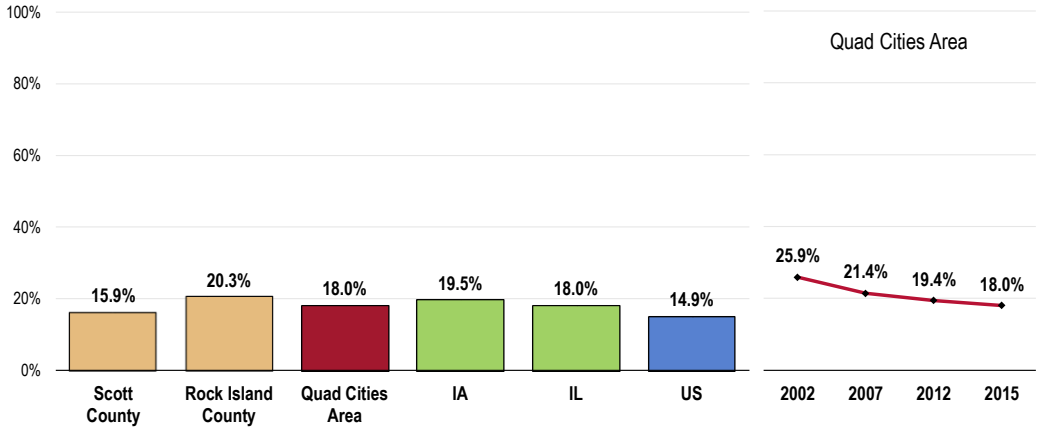


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 56]
Notes: • Asked of all respondents.

- Similar to statewide findings.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).
- Similar findings by county.
- TREND: The current smoking percentage has decreased significantly since 2002.

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 56]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Iowa and Illinois data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

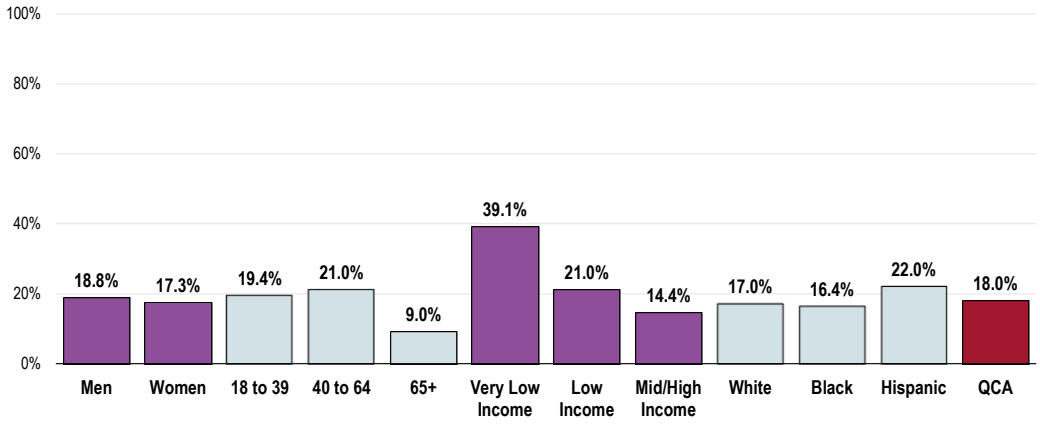
Cigarette smoking is more prevalent among:

- Adults under age 65.
- Lower-income residents (especially).

Current Smokers

(Quad Cities Area, 2015)

Healthy People 2020 Target = 12.0% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 56]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

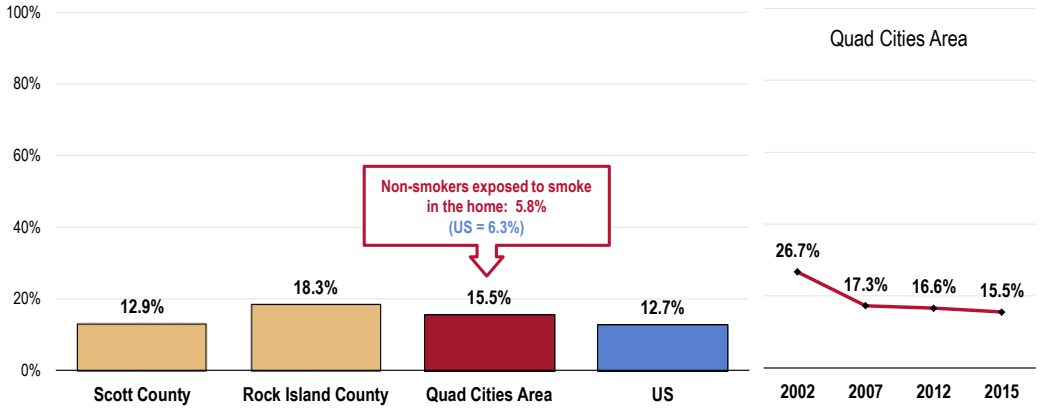
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (everyday and some days).

Environmental Tobacco Smoke

A total of 15.5% of Quad Cities Area adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Similar to national findings.
- Higher in Rock Island County.
- TREND: Marks a statistically significant decrease over time.
- Note that 5.8% of Quad Cities Area non-smokers are exposed to cigarette smoke at home, similar to what is found nationally.

Member of Household Smokes at Home



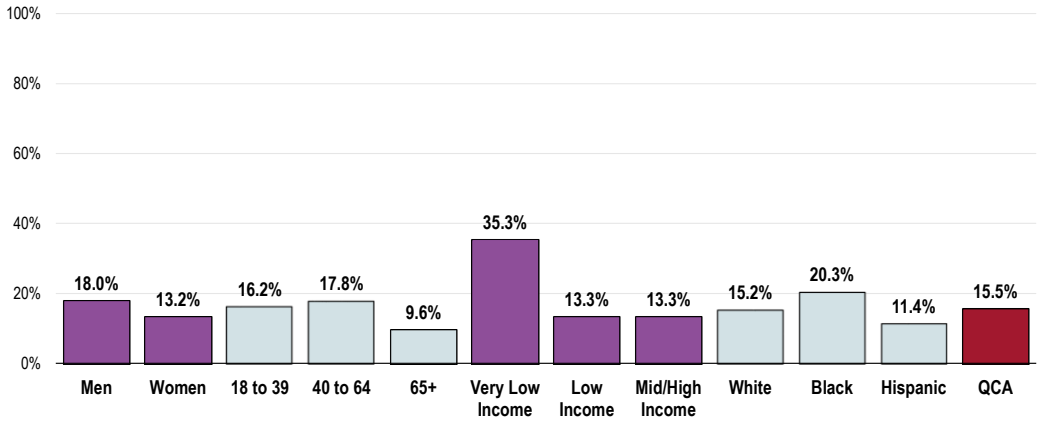
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 59, 158]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Notably higher among residents under 65 and especially those living below the federal poverty level.

Member of Household Smokes At Home

(Quad Cities Area, 2015)



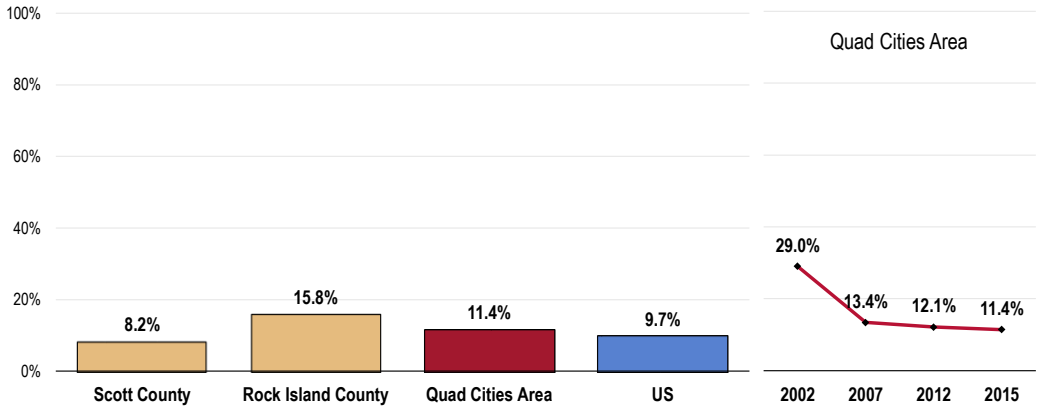
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- "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.

Among households with children, 11.4% have someone who smokes cigarettes in the home.

- Similar to national findings.
- Statistically similar by county.
- TREND: Marks a statistically significant decrease from baseline survey findings.

Percentage of Households With Children In Which Someone Smokes in the Home
(Among Households With Children)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 159]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents with children 0 to 17 in the household.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Other Tobacco Use

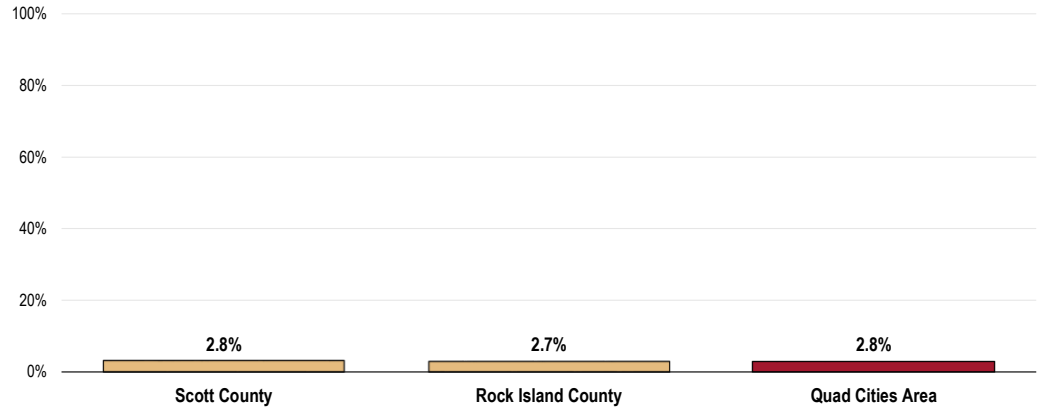
Cigars, Pipes, & Hookahs

A hookah is an oriental tobacco pipe with a long, flexible tube that draws the smoke through water contained in a bowl.

A total of 2.8% of Quad Cities Area adults use cigars, pipes, and/or hookahs every day or on some days.

- Comparable findings by county.

Use of Cigars, Pipes, or Hookahs



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 332]
Notes: ● Asked of all respondents.

Smokeless Tobacco

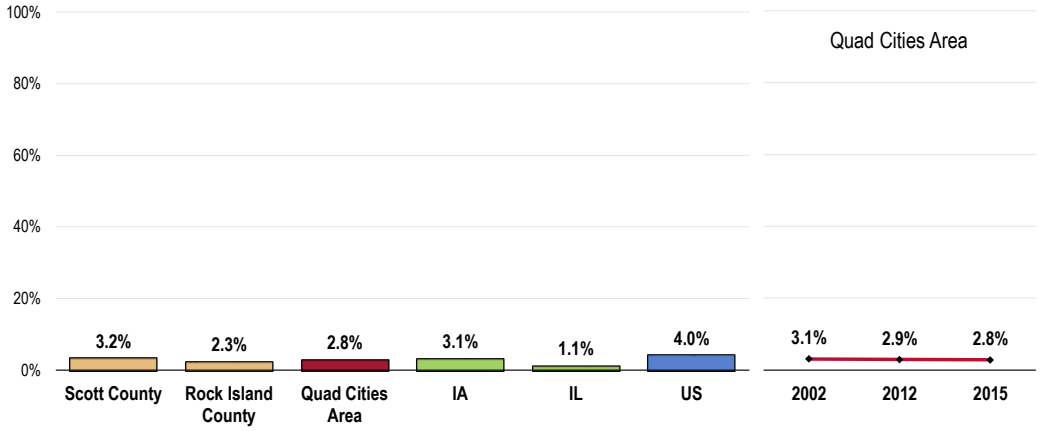
Another 2.8% of Quad Cities Area adults use some type of smokeless tobacco every day or on some days.

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

- Similar to the Iowa percentage, but higher than the Illinois percentage.
- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- Comparable findings by county.
- TREND: Similar to 2002 findings.

Use of Smokeless Tobacco

Healthy People 2020 Target = 0.3% or Lower



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 60]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.2]
Notes: ● Asked of all respondents.
● Smokeless tobacco includes chewing tobacco or snuff.

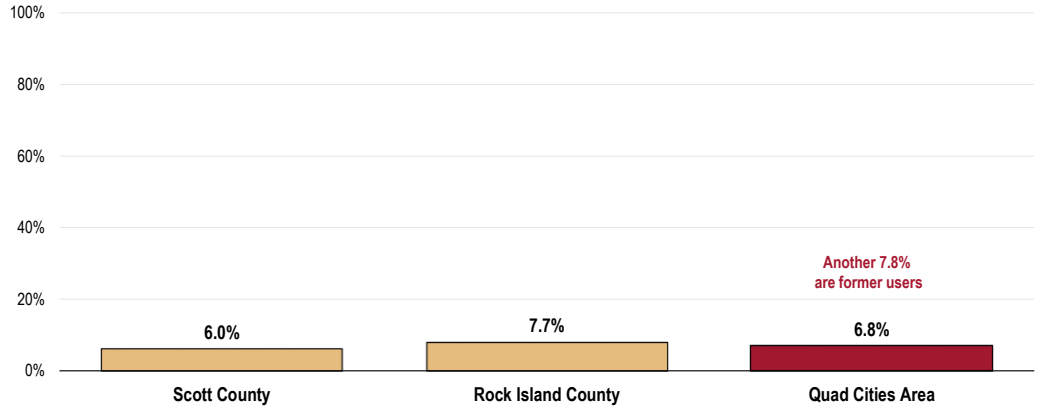
Electronic Cigarettes (E-Cigarettes)

Electronic cigarettes are battery-operated devices that simulate traditional cigarette smoking but do not involve the burning of tobacco.

A total of 6.8% of survey respondents report using electronic cigarettes every day or on some days.

- Similar by county.
- *Note that another 7.8% of survey respondents are former e-cigarette users.*

Use of Electronic Cigarettes (E-Cigarettes)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 178]

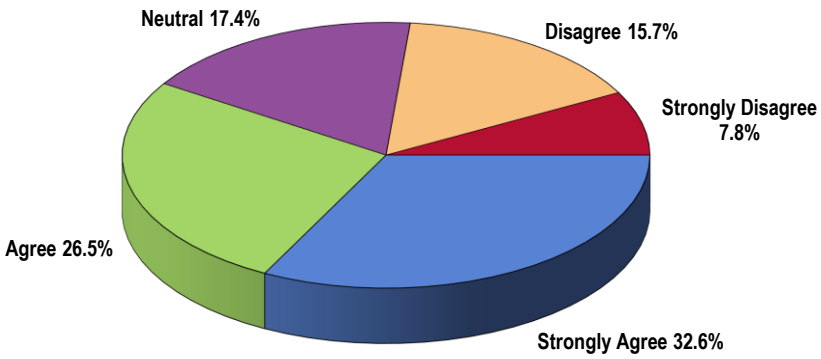
Notes:
- Asked of all respondents.
- Electronic cigarettes ("e-cigarettes") are battery-operated devices that simulate traditional cigarette smoking but do not involve the burning of tobacco. The cartridge or liquid "e-juice" used in these devices produces vapor and comes in a variety of flavors.

Perceptions of Tobacco-Free Public Places

Nearly 6 in 10 survey respondents (59.1%) agree or strongly agree that outdoor public spaces (like parks) should be 100% tobacco free.

- Note that 17.4% of respondents had no opinion on the subject.

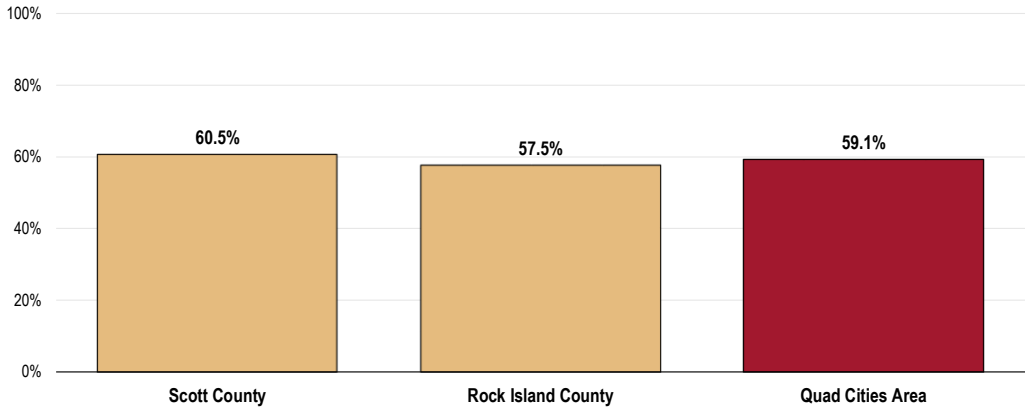
"I believe it is important for outdoor public places, such as parks, to be 100% tobacco free."
(Quad Cities Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 317]
Notes: ● Asked of all respondents.

- Agreement is similar between the two counties.

"Agree/Strongly Agree" That Outdoor Public Spaces Should Be Tobacco Free

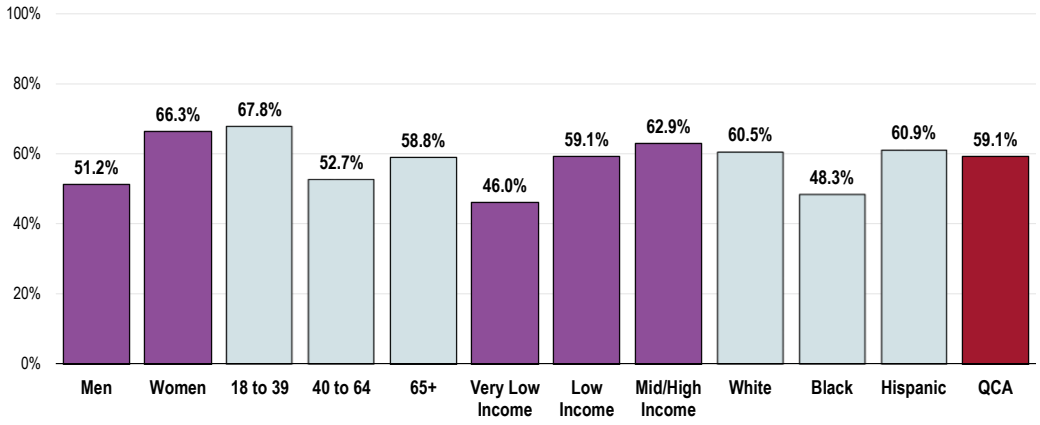


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 335]
Notes: ● Asked of all respondents.

Population segments more likely to agree that public spaces should be tobacco free include:

- Women.
- Adults under 40.
- Upper-income residents (positive correlation with income).
- Whites and Hispanics.

"Agree/Strongly Agree" That Outdoor Public Spaces Should Be Tobacco Free
(Quad Cities Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 335]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Lead Hazards

Presence of Lead in the Home

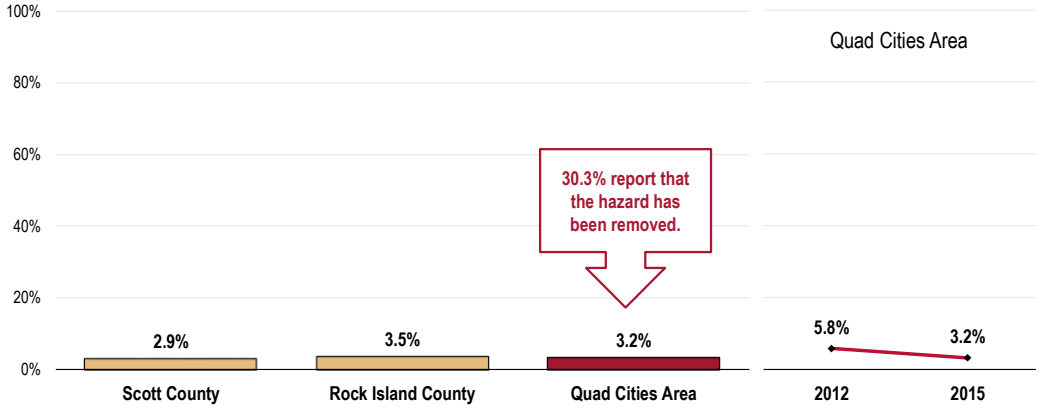
A total of 3.2% of survey respondents have been informed that their home contains a lead hazard.

The most common source of lead poisoning is lead-contaminated dust (LCD), found in paint, soil, and many household items.

- Similar findings by county.
- TREND: Marks a statistically significant decrease since 2012.

Among those adults with a lead hazard reported in the home, 30.3% indicate that the hazard has been removed.

Have Been Informed That My Home Contains a Lead Hazard

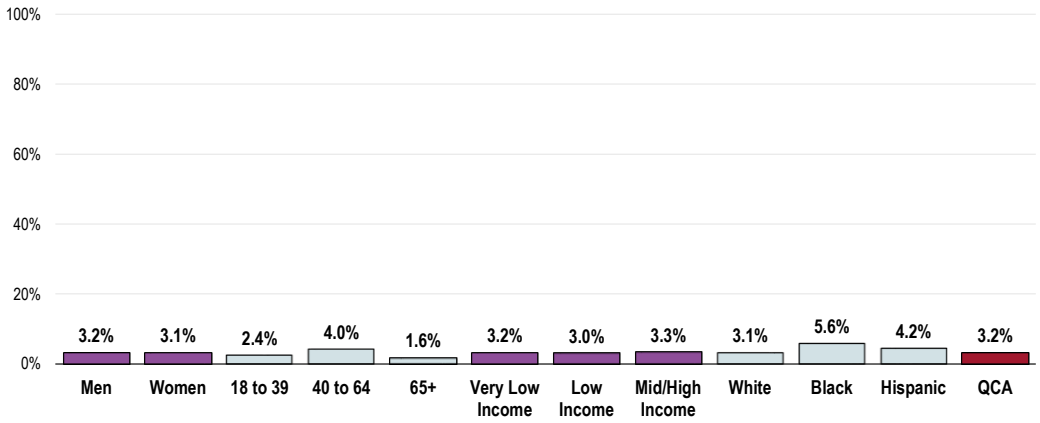


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 318]
Notes: ● Asked of all respondents.

- Adults between the ages of 40 and 64 are more likely to indicate that the presence of lead has been detected in their homes.

Have Been Informed That My Home Contains a Lead Hazard

(Quad Cities Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 318]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

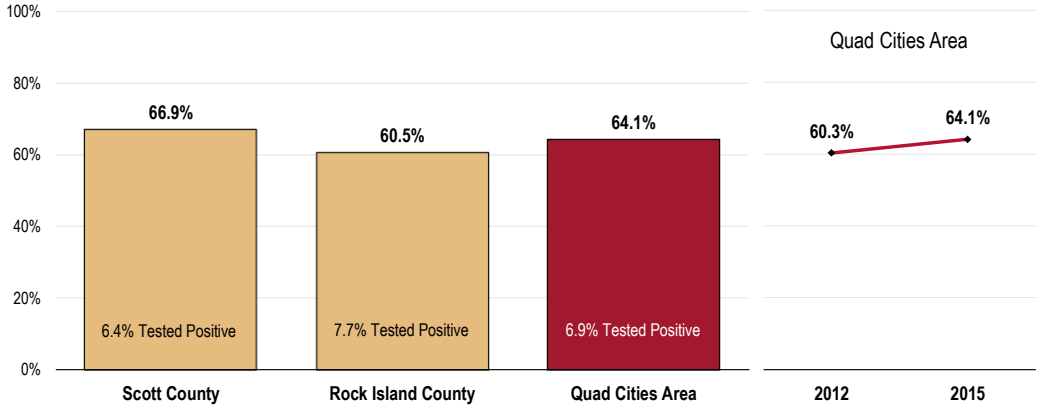
Testing

In the Quad Cities Area, 64.1% of parents indicate that their child has been tested for lead.

- Statistically comparable by county.
- TREND: Statistically unchanged since 2012.
- Among the tested children in the service area, 6.9% tested positive for lead.

Child Has Been Tested for Lead

(Quad Cities Area Parents of Children <18)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 346-347]
Notes: ● Asked of all respondents with children under 18 at home.

Health: Access to Health Services

Professional Research Consultants, Inc.

Health Insurance Coverage

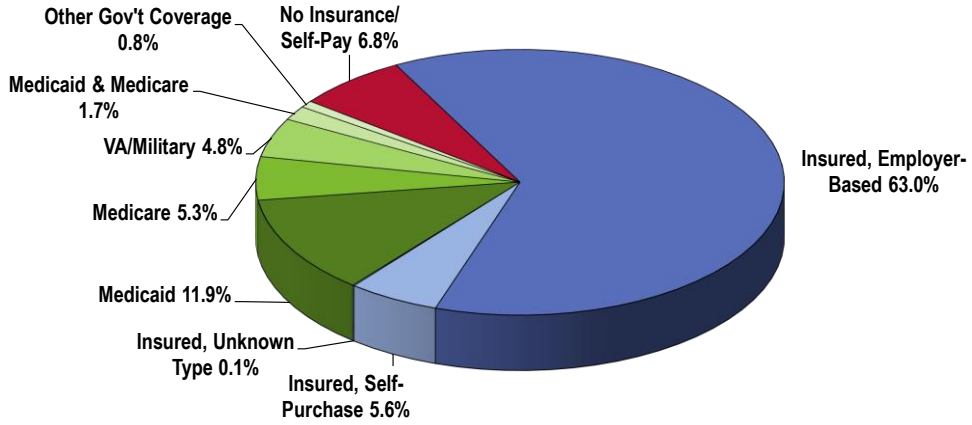
Type of Healthcare Coverage

A total of 68.7% of Quad Cities Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 24.5% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

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

Healthcare Insurance Coverage

(Among Adults Age 18-64; Quad Cities Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
Notes: ● Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Adults

Among adults age 18 to 64, 6.8% report having no insurance coverage for healthcare expenses.

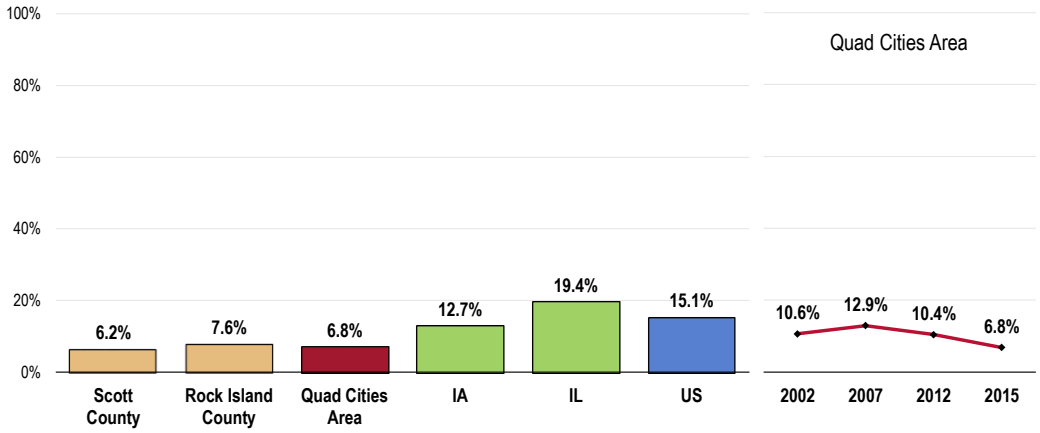
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- Well below both state percentages.
- Well below the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Similar findings by county.
- TREND: Marks a statistically significant decrease from previous findings.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 165]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Iowa and Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.

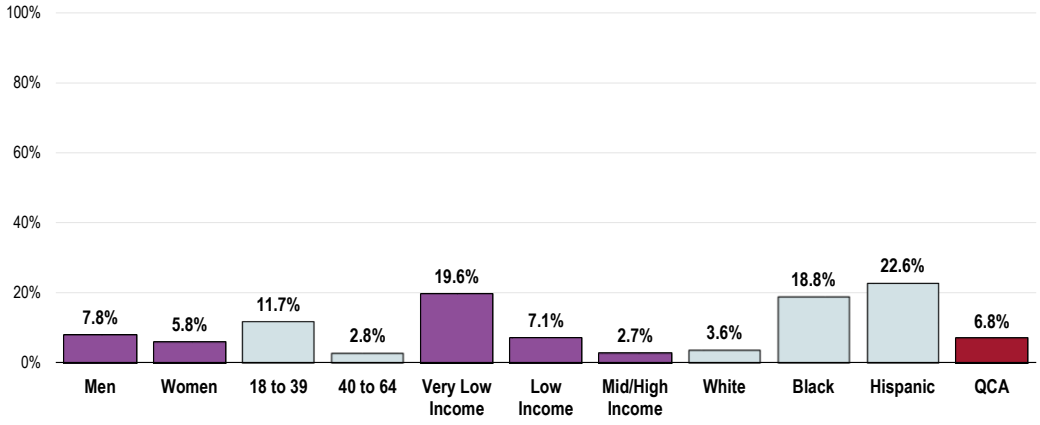
The following population segments (under age 65) are more likely to be without healthcare insurance coverage:

- Younger adults.
- Residents living at lower incomes (negative correlation with income).
- African Americans and Hispanics.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; Quad Cities Area, 2015)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

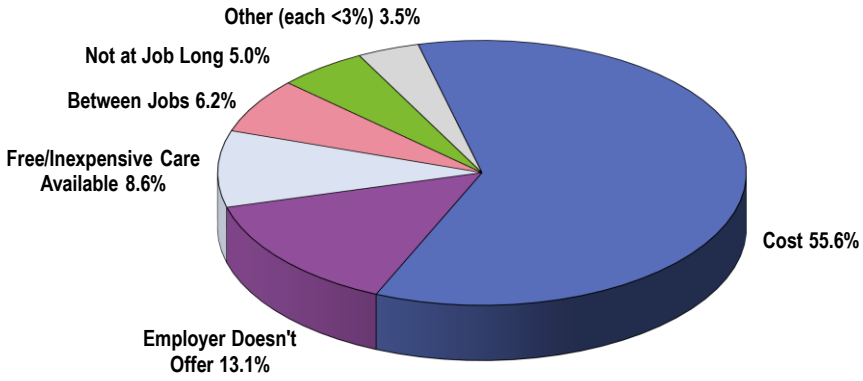
Notes:
- Asked of all respondents under the age of 65.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Asked why they are without coverage, respondents age 18-64 without healthcare insurance generally gave reasons pertaining to cost (mentioned by 55.6%).

- Other reasons mentioned include "*employer doesn't offer*," "*free/inexpensive care is available to me*," "*I'm between jobs*," and "*haven't been at my job long*."

Reason for Lack of Coverage

(Among Uninsured Adults Age 18-64; Quad Cities Area, 2015)



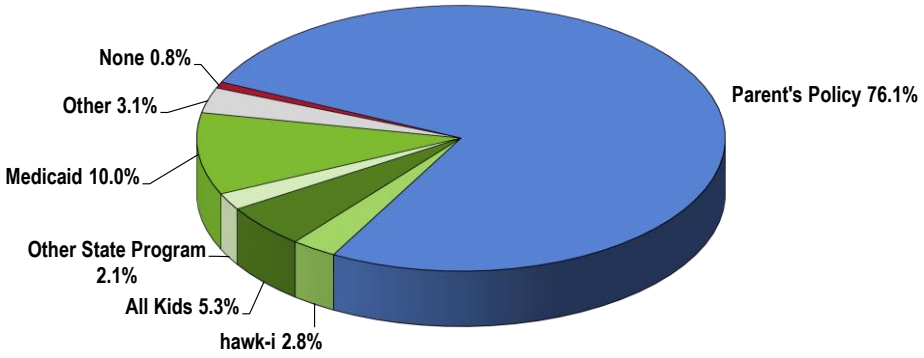
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 336]
Notes: ● Reflects respondents age 18 to 64 without healthcare coverage.

Children

Among Quad Cities Area residents with children under age 18 at home, the vast majority has healthcare insurance coverage for their child, whether from a private policy or a government program.

Child's Healthcare Insurance Coverage

(Among Parents of Children <18; Quad Cities Area, 2015)



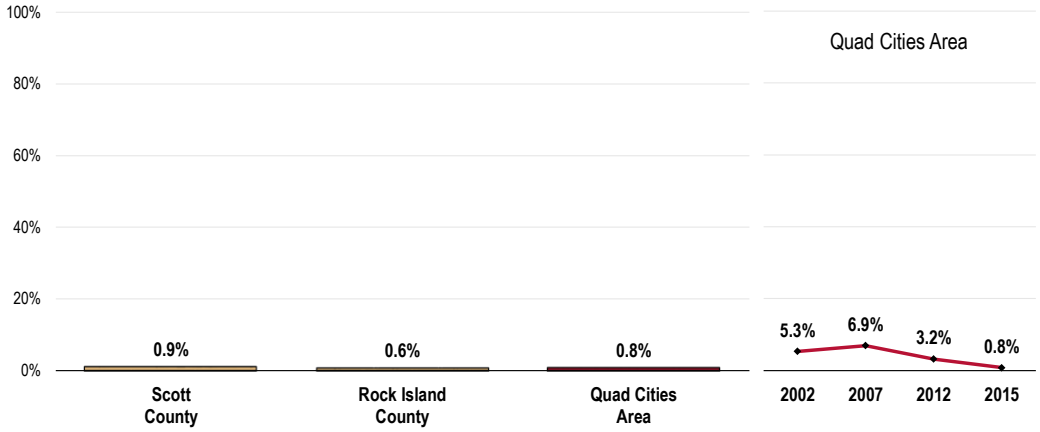
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
Notes: ● Asked of respondents with a child under age 18 in the home.

- The prevalence of children without coverage does not vary by county.
- TREND: Marks a statistically significant decrease over time.

Lack of Healthcare Insurance Coverage for Child

(Among Parents of Children <18)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 181]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]
Notes: ● Asked of all respondents with children under 18 at home.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

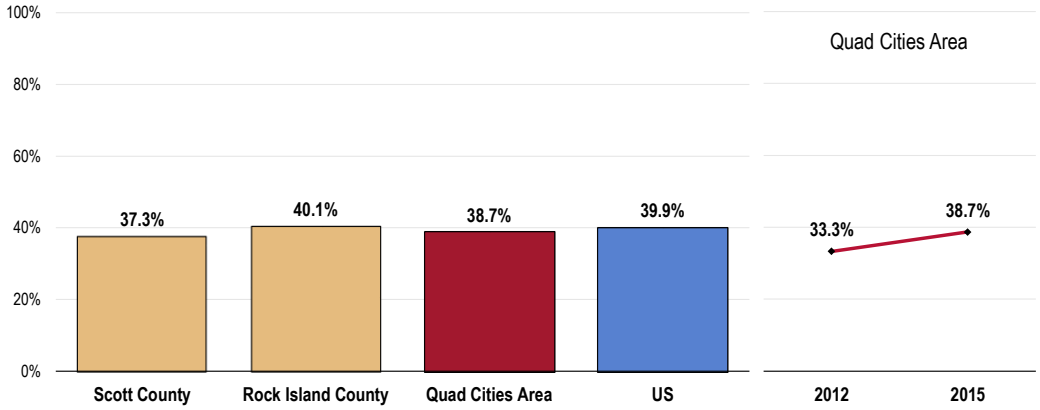
Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

A total of 38.7% of Quad Cities Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Comparable to national findings.
- Statistically similar by county.
- TREND: Marks a statistically significant increase since 2012.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

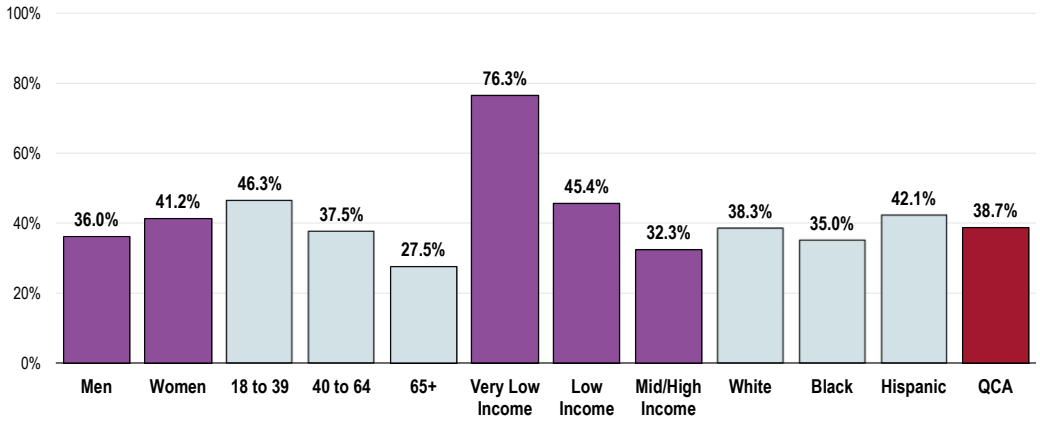
Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

"[We need] providers who will actually see Medicare and Medicaid patients."
— Community Stakeholder Committee Member

- Adults under the age of 65 (negative correlation with age).
- Lower-income residents (especially, negative correlation with income).

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
(Quad Cities Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

Adults

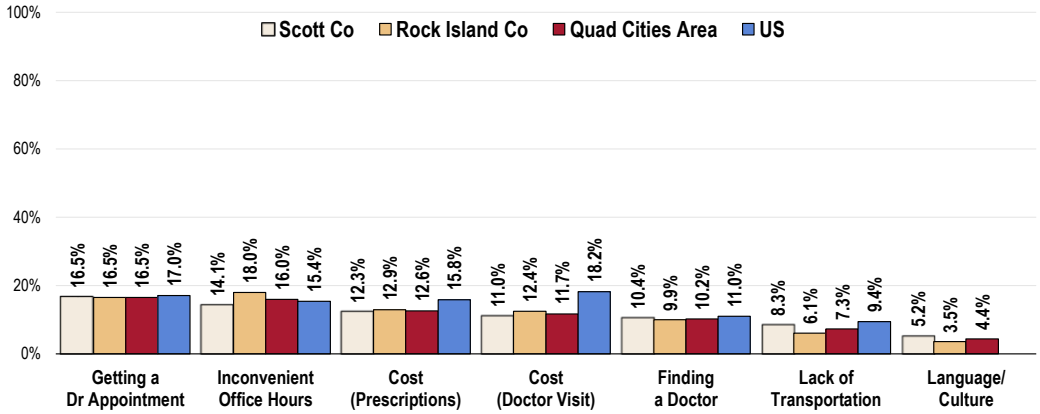
Of the tested barriers, difficulty obtaining a doctor's appointment impacted the greatest share of Quad Cities Area adults (16.5% say that they had difficulty obtaining an appointment with a doctor at some point in the past year).

To better understand healthcare access barriers, survey participants were asked whether any of six 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.

- The proportion of Quad Cities Area adults impacted was statistically comparable to or better than that found nationwide for **each** of the tested barriers.
- Findings are statistically similar by county for each barrier illustrated.

Barriers to Access Have Prevented Medical Care in the Past Year



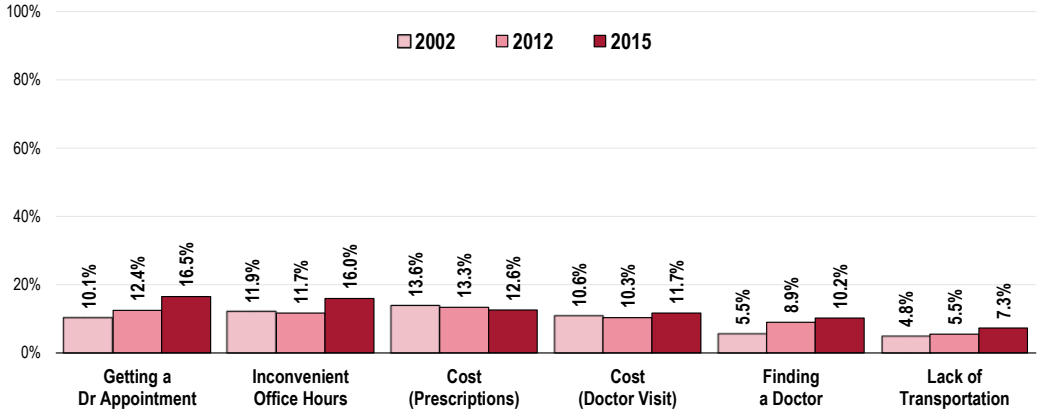
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12, 320]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- TREND: Compared to baseline 2002 data, the Quad Cities Area has seen significant increases with regard to the barriers of **finding a physician**, **difficulty getting an appointment**, **lack of transportation**, and **inconvenient office hours**.

Barriers to Access Have Prevented Medical Care in the Past Year

(Quad Cities Area)



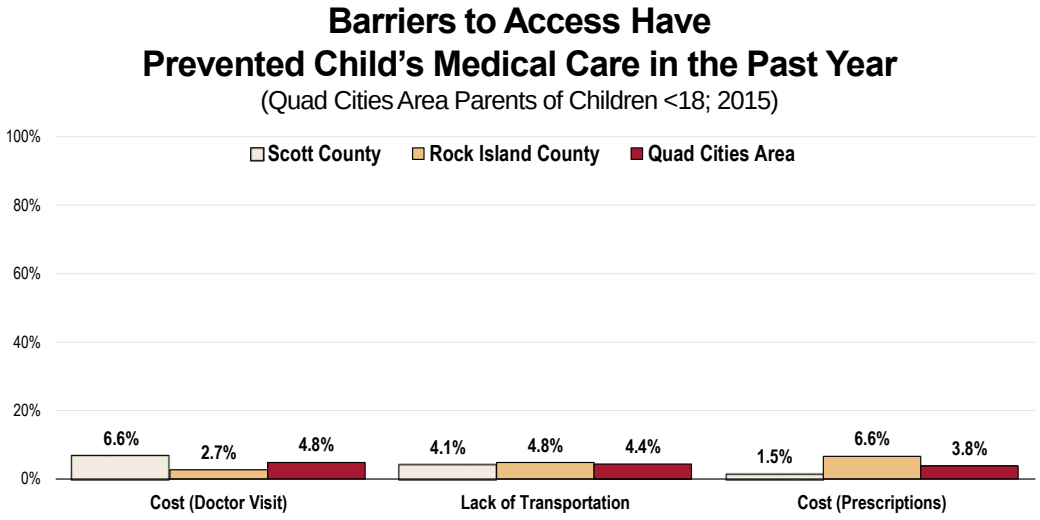
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-12]

Notes:
- Asked of all respondents.

Children

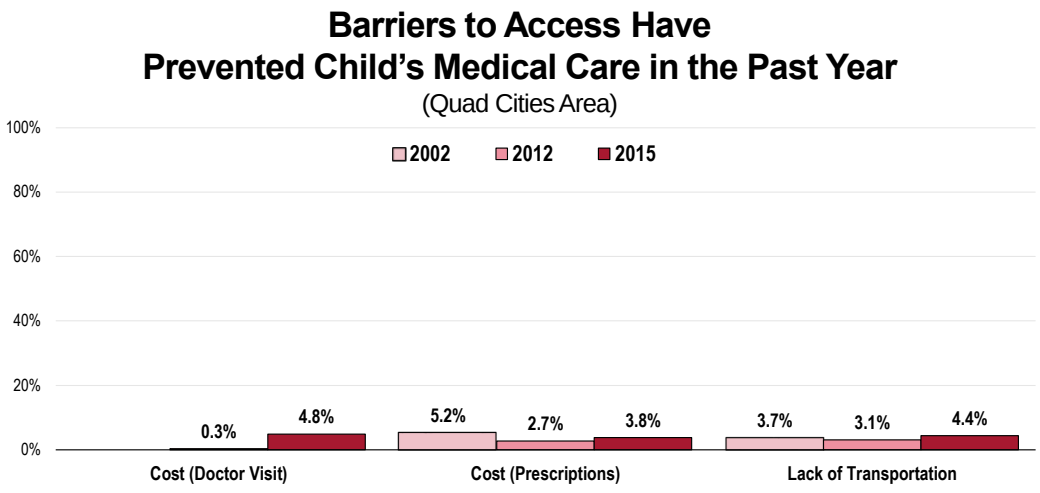
With regard to barriers in children's healthcare, cost of a doctor's visit received the highest share of responses among Quad Cities Area parents (4.8% report that cost prevented a doctor visit in the past year), followed by lack of transportation (4.4%) and cost of prescriptions (3.8%).

- Cost of a child's prescription as a barrier was notably higher among parents in Rock Island County; the other indicators were similar when viewed by county.



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 339-341]
Notes: • Asked of all respondents with children under age 18.

- TREND: Over time, cost of a child's doctor visit as a barrier to medical care has increased significantly (the other indicators were statistically stable over time).



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 339-341]
Notes: • Asked of all respondents with children under age 18.

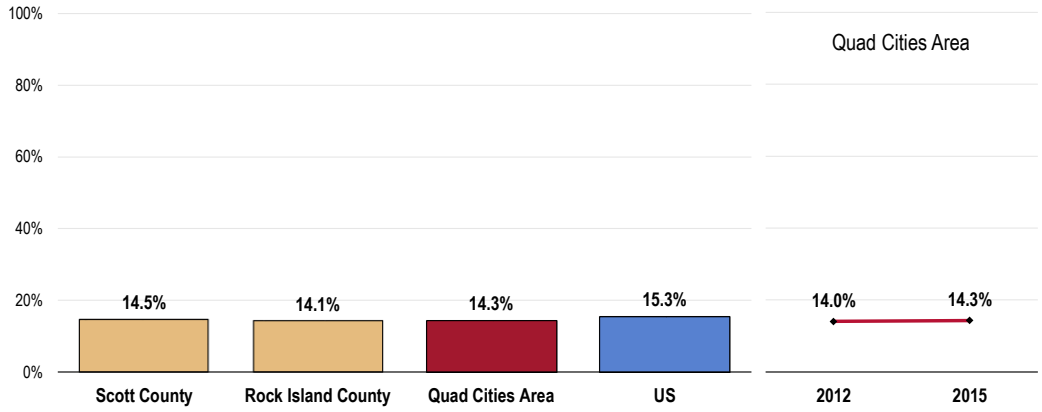
Asked to discuss their reasons for experiencing a difficulty or delay in receiving medical care for their child in the past year, most parents (78.0%) indicated that they **did not have time** or that the care **took too long** to receive. Far fewer parents mentioned *affordability of the medical care, inability to obtain child care,* and *not knowing where to go* for the medical care needed.

Prescriptions

Among all Quad Cities Area adults, 14.3% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Comparable to national findings.
- Comparable findings by county.
- TREND: Statistically similar to 2012 findings.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



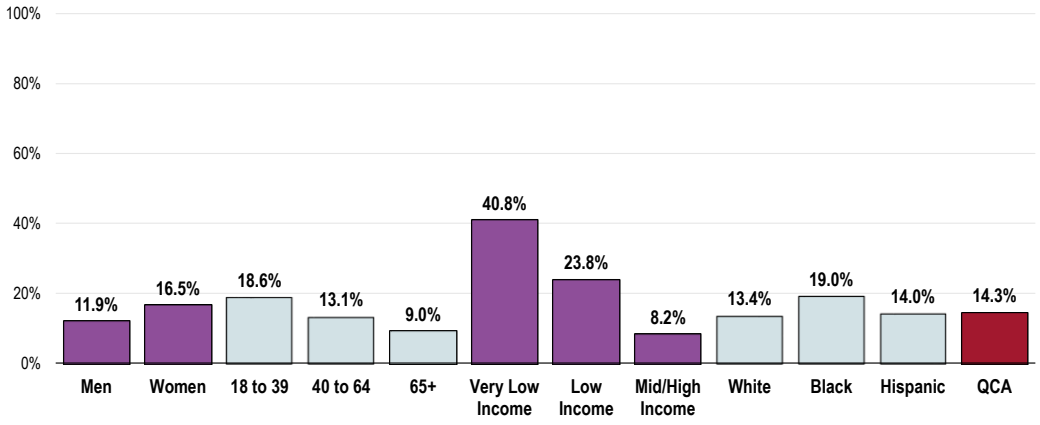
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 13]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Women.
- Younger adults.
- Respondents with lower incomes (especially).

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

(Quad Cities Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Perceived Ease of Obtaining Various Services

Healthcare Services Overall

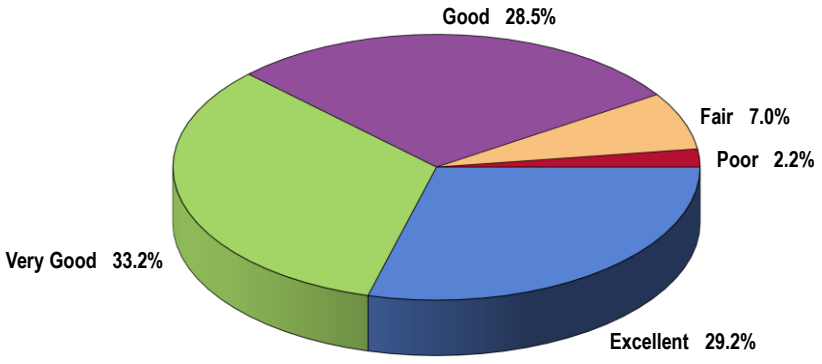
This section of the report assesses respondents' perceived ease of obtaining various healthcare services in the community, including: general healthcare; services for mental health and substance abuse; dental care; prenatal and postnatal care; and children's healthcare services.

When asked to rate the ease with which they are able to obtain the local healthcare services that they need overall, 62.4% of survey respondents in the Quad Cities Area gave "excellent" or "very good" ratings.

- Another 28.5% of area adults consider the ease with which they are able to obtain the healthcare services that they need to be "good."

Rating of the Ease With Which Local Healthcare Services Are Obtained

(Quad Cities Area Adults Who Have Needed Healthcare Services, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 322]

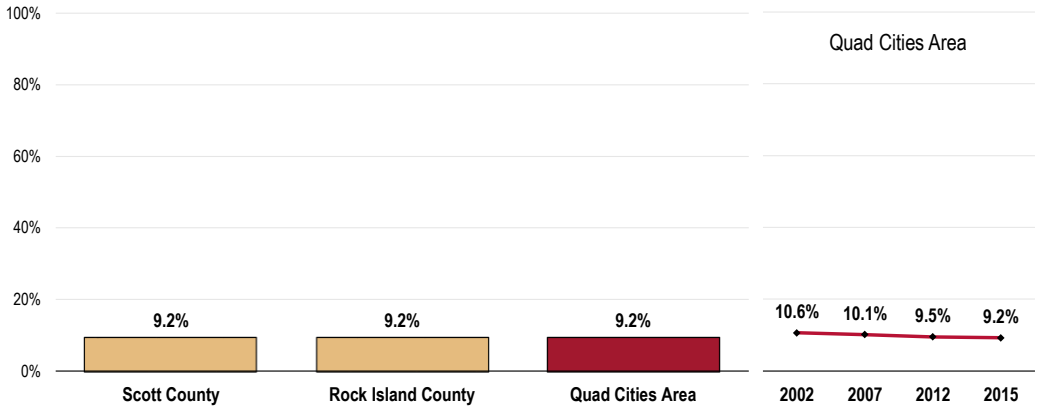
Notes:
- Reflects respondents who have needed healthcare services.

However, 9.2% of Quad Cities Area adults consider the ease with which they can obtain local healthcare services to be "fair" or "poor."

- Comparable by county.
- TREND: Similar to the percentages reported in prior area surveys.

Ease of Obtaining Healthcare Services Is "Fair/Poor"

(Among Those Who Have Needed Healthcare Services)



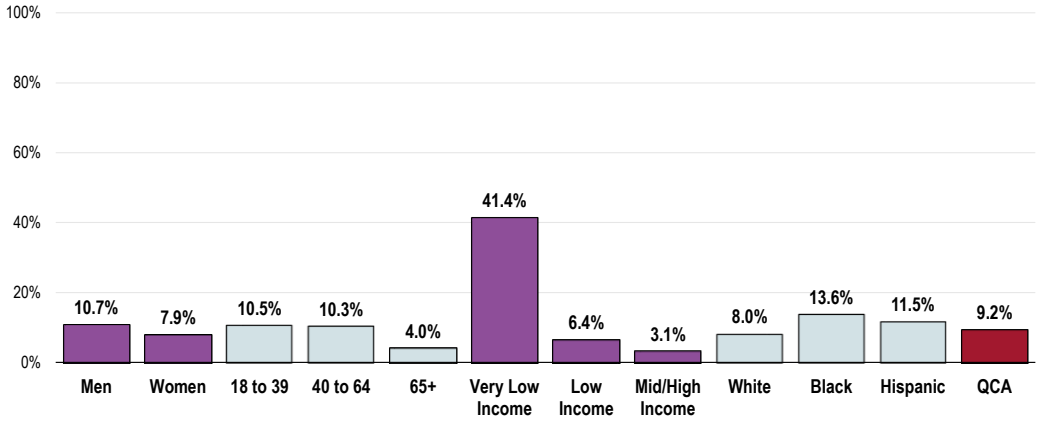
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 322]
Notes: ● Reflects respondents who have needed healthcare services.

Those more often giving low ratings:

- Men.
- Adults under 65.
- Residents living below the federal poverty level (note the 41.4% percentage).

Ease of Obtaining Healthcare Services Is "Fair/Poor"

(Quad Cities Area Adults Who Have Needed Healthcare Services, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 322]
Notes: ● Reflects respondents who have needed healthcare services.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Mental Health Services

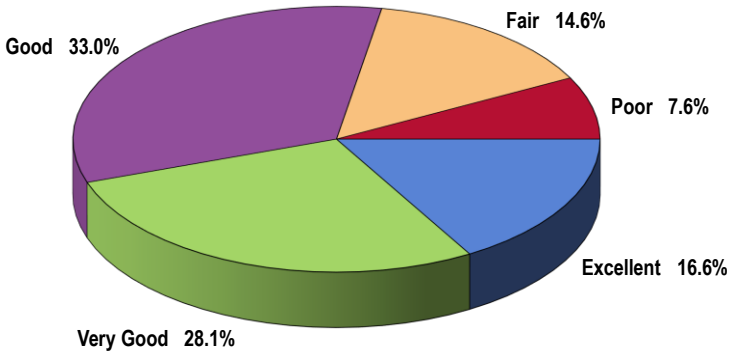
When asked to rate the ease with which they are able to obtain local services for mental health, 44.7% of survey respondents in the Quad Cities Area gave "excellent" or "very good" ratings.

- Another 33.0% of area adults consider the ease with which they are able to obtain mental health services to be "good."

"Access to mental health services is vital and needs improvement, for those brave enough to seek help waiting months for appointments is unacceptable."
— Community Stakeholder Committee Member

Rating of the Ease With Which Mental Health Services Are Obtained

(Quad Cities Area Adults Who Have Needed Mental Health Services, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 323]
Notes: • Reflects respondents who have needed mental health services.

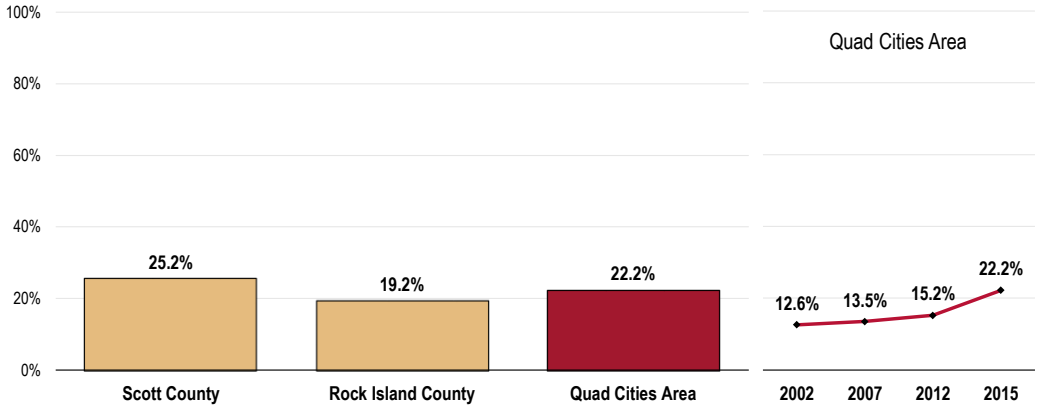
On the other hand, 22.2% of survey respondents gave "fair" or "poor" evaluations of the ease with which they can obtain local mental health services.

- Statistically similar by county.
- TREND: Marks a statistically significant increase over time.

"Mental health...not just meds but true help to transition people into self-sufficiency [is needed]."
— Community Stakeholder Committee Member

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

(Among Those Who Have Needed Mental Health Services)



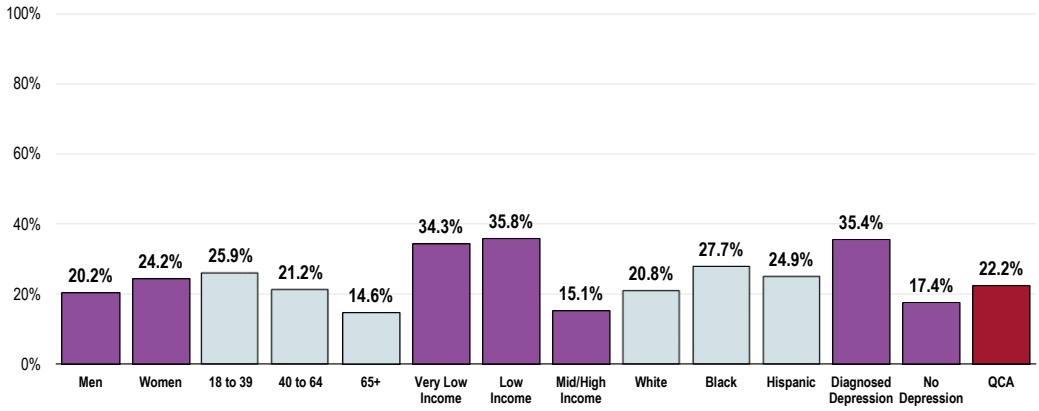
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 323]
Notes: ● Reflects respondents who have needed mental health services.

These demographic groups more often gave low ratings of the ease with which they can obtain local mental health services:

- Younger adults (negative correlation with age)
- Residents living at lower incomes.
- Survey respondents with diagnosed depression.

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

(Quad Cities Area Adults Who Have Needed Mental Health Services, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 323]
Notes: ● Reflects respondents who have needed mental health services.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

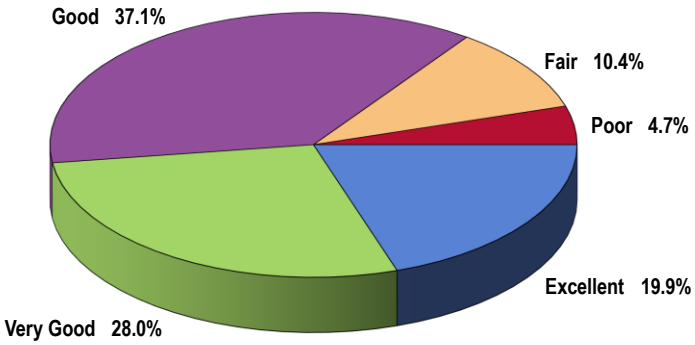
Substance Abuse Services

With regard to the ease of access to services for substance abuse, 47.9% of residents in the Quad Cities Area gave "excellent" or "very good" ratings.

- Another 37.1% of area adults consider the ease with which they are able to obtain substance abuse services to be "good."

Rating of the Ease With Which Substance Abuse Services Are Obtained

(Quad Cities Area Adults Who Have Needed Substance Abuse Services, 2015)



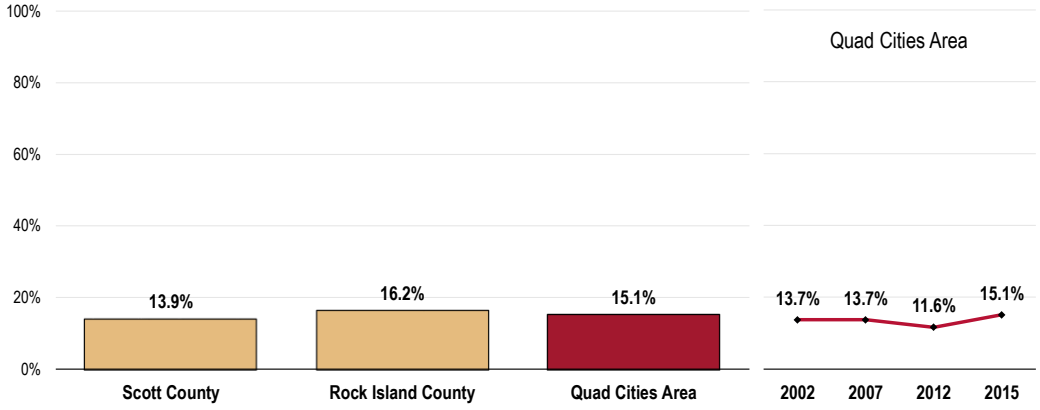
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 324]
Notes: • Reflects respondents who have needed substance abuse services.

In contrast, 15.1% of survey respondents gave "fair" or "poor" evaluations of the ease with which they can obtain local services for substance abuse.

- Similar by county.
- TREND: Statistically unchanged over time.

Ease of Obtaining Substance Abuse Services Is "Fair/Poor"

(Among Those Who Have Needed Substance Abuse Services, 2015)



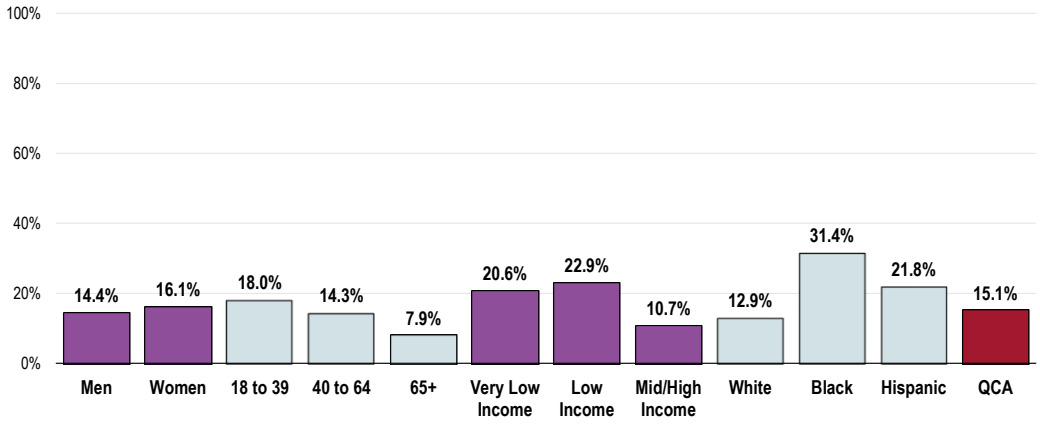
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 324]
Notes: ● Reflects respondents who have needed substance abuse services.

These demographic groups more often gave low ratings of the ease with which they can obtain local substance abuse services:

- Younger adults (negative correlation with age).
- Residents living at lower incomes.
- African Americans and Hispanics.

Ease of Obtaining Substance Abuse Services Is "Fair/Poor"

(Quad Cities Area Adults Who Have Needed Substance Abuse Services, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 324]
Notes: ● Reflects respondents who have needed substance abuse services.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

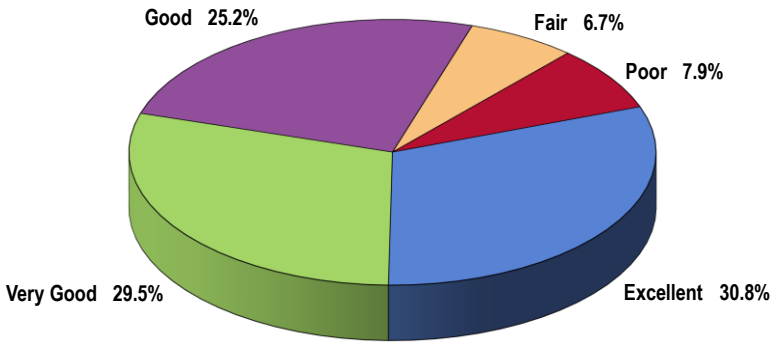
Dental Services

A total of 6 in 10 area adults (60.3%) gave "excellent" or "very good" ratings about their ease of obtaining services for dental health.

- Another 25.2% of area adults consider the ease with which they are able to obtain dental care to be "good."

Rating of the Ease with which Dental Care Is Obtained

(Quad Cities Area Adults Who Have Needed Dental Care, 2015)



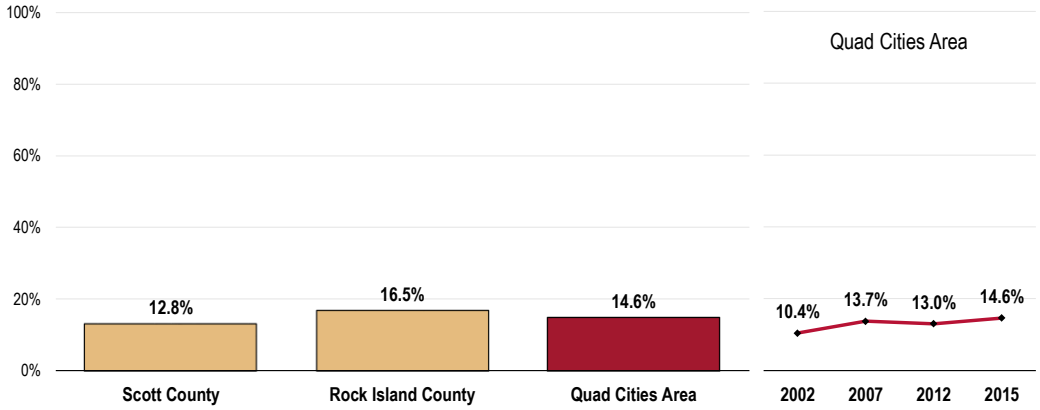
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 326]
Notes: ● Reflects respondents who have needed dental care.

On the other hand, 14.6% of survey respondents gave "fair" or "poor" evaluations of the ease with which they can obtain local dental care.

- Similar by county.
- TREND: Marks a statistically significant increase in low ratings over time.

Ease of Obtaining Dental Care Is "Fair/Poor"

(Among Those Who Have Needed Dental Care)



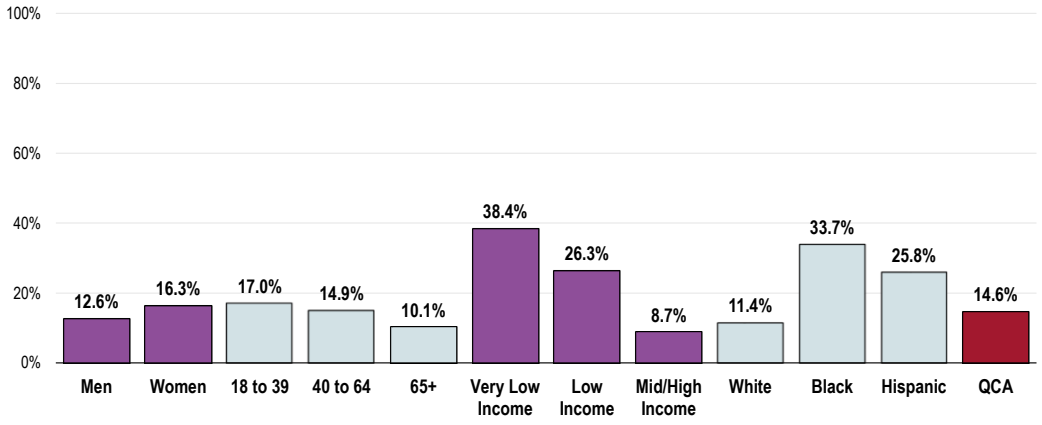
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 326]
Notes: ● Reflects respondents who have needed dental care.

These demographic groups more often gave low ratings of the ease with which they can obtain local dental care:

- Younger adults (negative correlation with age).
- Residents living at lower incomes (negative correlation with income).
- African Americans and Hispanics.

Ease of Obtaining Dental Care Is "Fair/Poor"

(Quad Cities Area Adults Who Have Needed Dental Care, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 326]

Notes:
- Reflects respondents who have needed dental care.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

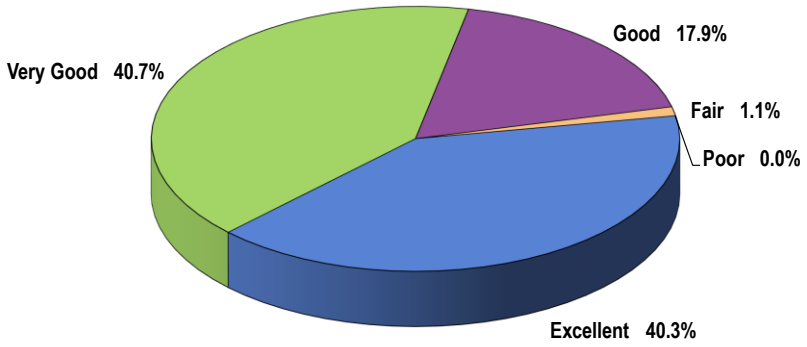
Prenatal/Postnatal Care

Quad Cities Area women under age 50 generally gave high ratings (81.0% "excellent" or "very good") about their ease in obtaining local prenatal/postnatal services.

- Another 17.9% of area women age 18-49 consider the ease with which they are able to obtain prenatal/postnatal services to be "good."

Rating of the Ease With Which Prenatal/Postnatal Care Services Are Obtained

(Quad Cities Area Women <50 Who Have Needed Prenatal/Postnatal Services, 2015)



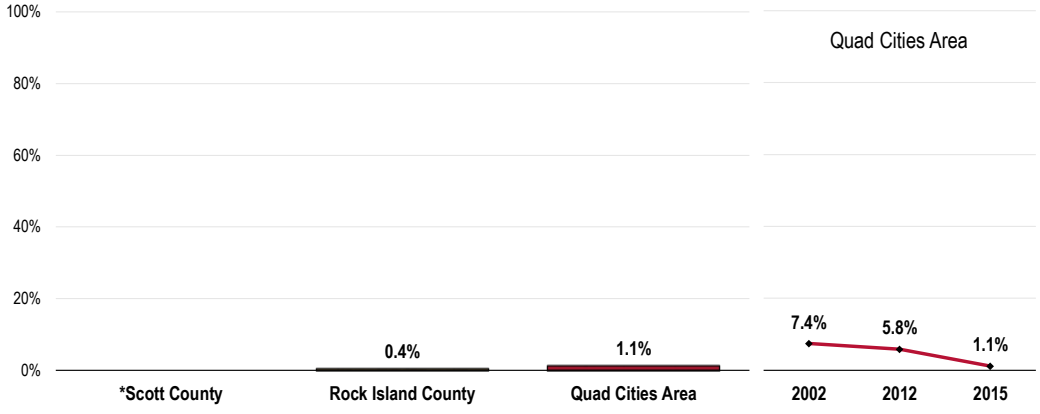
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 327]
Notes: ● Reflects women under age 50 who have needed prenatal/postnatal care.

Just 1.1% of Quad Cities Area women under 50 gave "fair" or "poor" evaluations of the ease with which they can obtain local prenatal/postnatal health services.

- *Data not available in Scott County due to the small sample size of women in this age group.*
- TREND: Marks a statistically significant decrease in low ratings over time.

Ease of Obtaining Prenatal/Postnatal Services Is "Fair/Poor"

(Quad Cities Area Women <50 Who Have Needed Prenatal/Postnatal Services)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 327]
Notes: ● Reflects women under age 50 who have needed prenatal/postnatal care.
● *Sample size for Scott County is too small to be reliable.

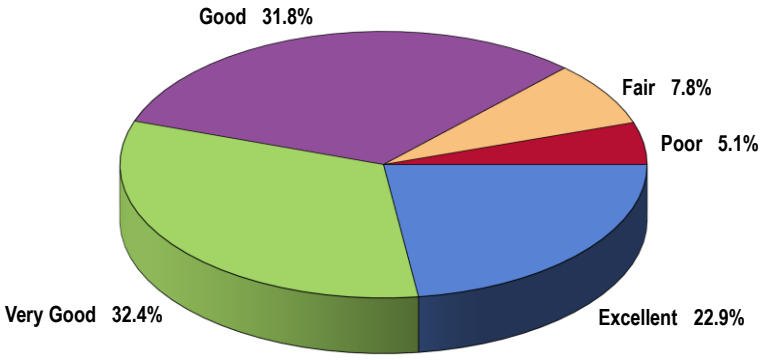
Children's Health Services

Among Quad Cities Area residents who have needed to obtain children's health services, 55.3% gave "excellent" or "very good" ratings regarding the ease with which they were able to obtain that healthcare (many respondents did not answer, as they have not needed these types of services).

- Another 31.8% of area adults consider the ease with which they are able to obtain children's health services to be "good."

Rating of the Ease With Which Child Health Services Are Obtained

(Quad Cities Area Adults Who Have Needed to Obtain Child Health Services; 2015)



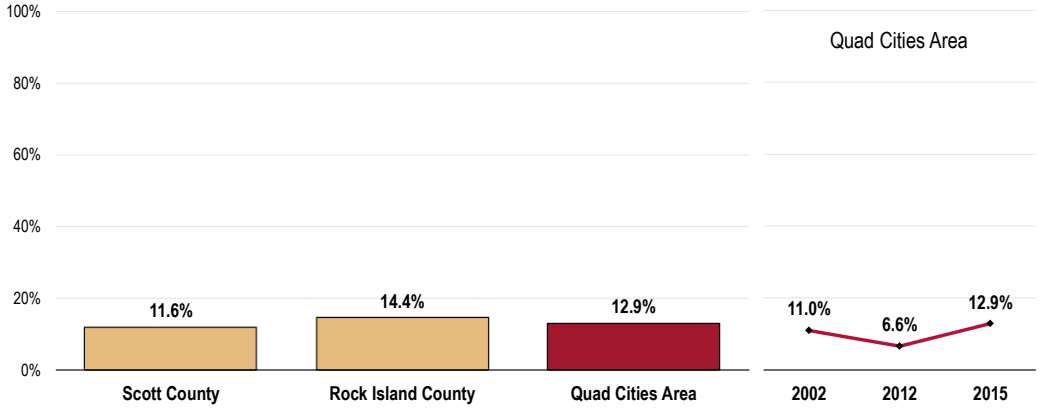
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 325]
Notes: • Reflects respondents who have needed to obtain child health services.

On the other hand, 12.9% of survey respondents gave "fair" or "poor" evaluations of the ease with which they can obtain local children's healthcare.

- Comparable findings by county.
- TREND: Statistically unchanged over time.

Ease of Obtaining Child Health Services Is "Fair/Poor"

(Quad Cities Area Adults Who Have Needed to Obtain Child Health Services)



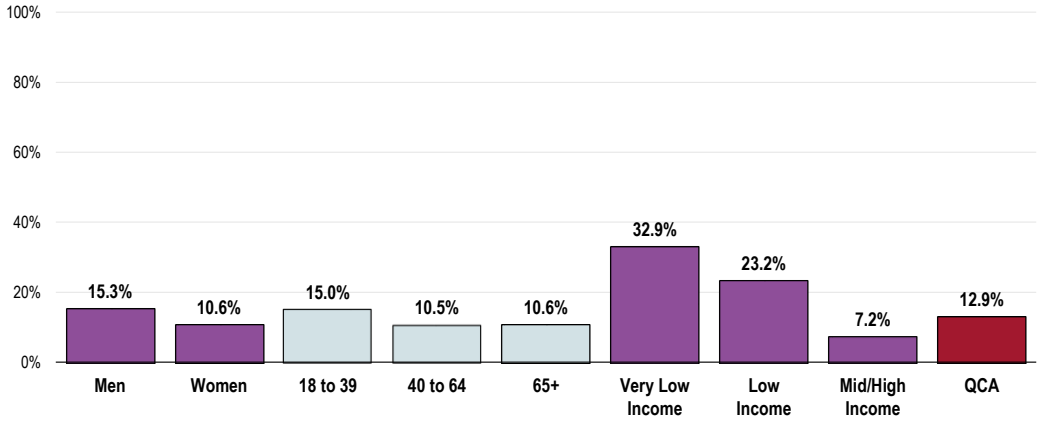
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 325]
Notes: ● Reflects respondents who have needed to obtain child health services.

These demographic groups more often gave low ratings of the ease with which they can obtain local children's healthcare:

- Men.
- Residents living at lower incomes (especially).

Ease of Obtaining Child Health Services Is "Fair/Poor"

(Quad Cities Area Adults Who Have Needed to Obtain Child Health Services; 2015)

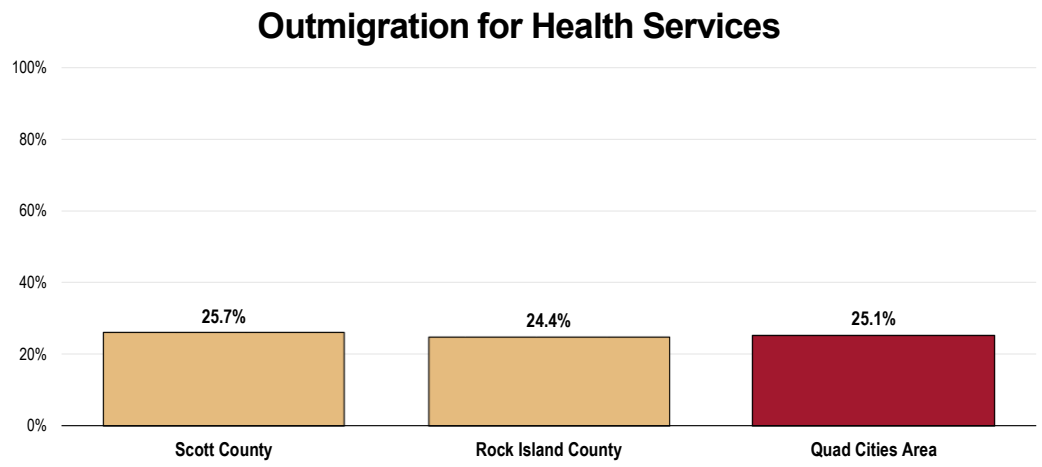


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 325]
Notes: ● Reflects respondents who have needed to obtain child health services.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Outmigration for Care

Among Quad Cities Area survey respondents, 25.1% report that there are medical services for which they feel they need to leave the area.

- This prevalence does not vary significantly by county.



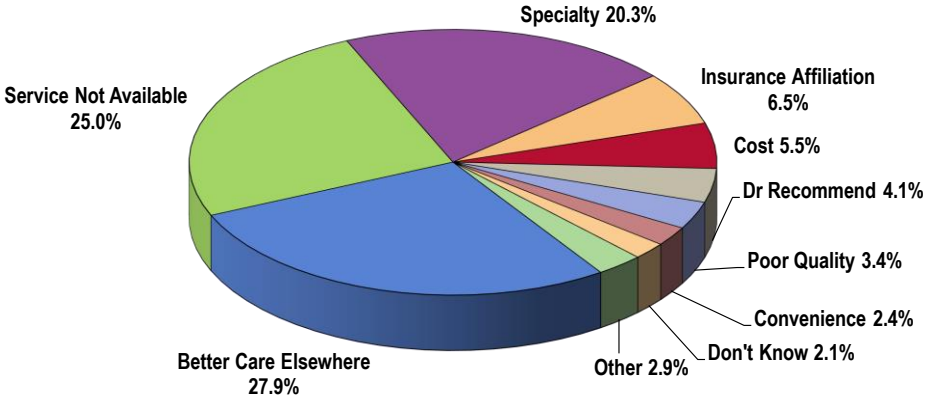
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 328]
Notes: ● Asked of all respondents.

Services perceived as missing locally were frequently various types of **medical specialties** (mentioned by 20.3%), although 27.9% of area residents who feel the need to leave the area for medical care do so because of **better care** perceived to be available elsewhere, and 25.0% indicate that the services they need are **not available** locally.

- Fewer adults mentioned cost or insurance affiliations, a physician's recommendation, poor quality of care locally, and convenience.

Specific Health Services for Which Respondent Leaves the Area

(Quad Cities Area Respondents Who Leave the Area for Health Services; 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 329]
Notes: ● Asked of those respondents who feel they need to leave the area for health services.

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

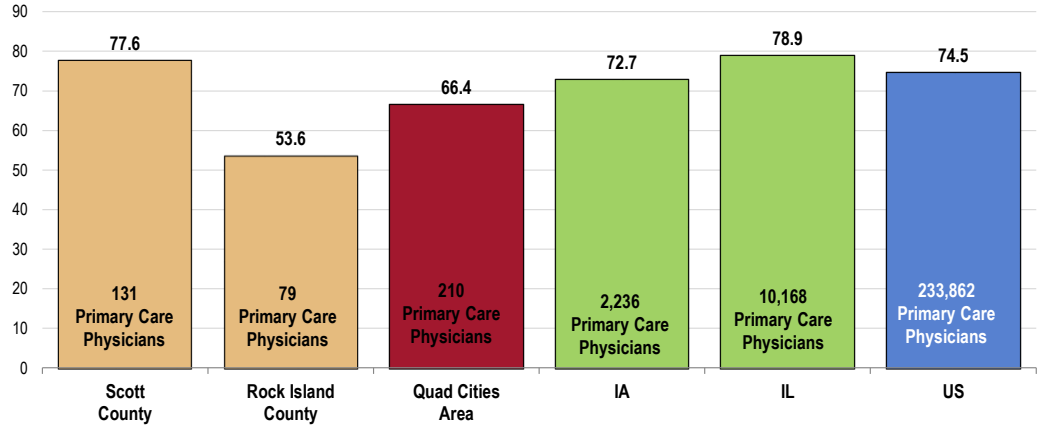
""[We need to increase] access to primary care physicians [and provide] education on what illness is appropriate for what resource (i.e. going to convenient care vs. primary care physician)."
— Community Stakeholder Committee Member

In the Quad Cities Area in 2011, there were 210 primary care physicians, translating to a rate of 66.4 primary care physicians per 100,000 population.

- Below the primary care physician-to-population ratios found statewide.
- Below the ratio found nationally.
- The ratio is considerably higher in Scott County than in Rock Island County.

Access to Primary Care

(Number of Primary Care Physicians per 100,000 Population, 2011)

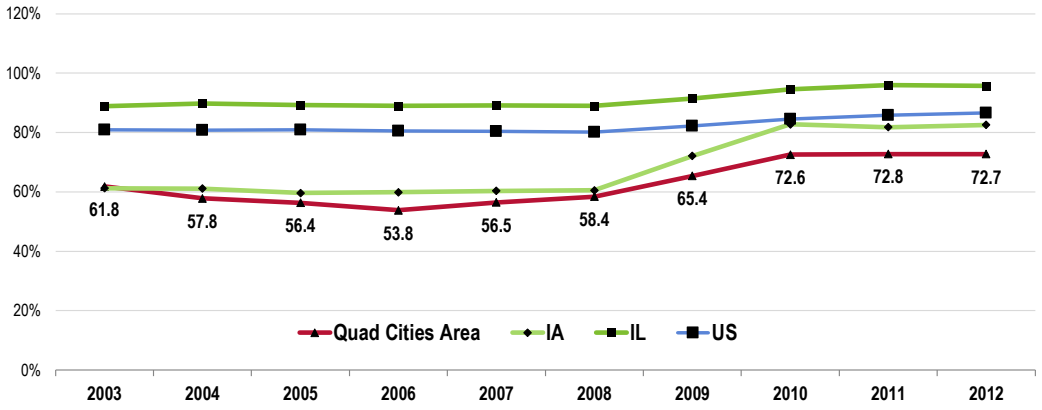


Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2011.
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

- TREND: Access to primary care (in terms of the ratio of primary care physicians to population) has increased over the past decade in the Quad Cities Area.

Trends in Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population)



Sources:
- US Department of Labor, Bureau of Labor Statistics: 2013.
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.
- These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

Specific Source of Ongoing Care

A total of 77.3% of Quad Cities Area adults were determined to have a specific source of ongoing medical care.

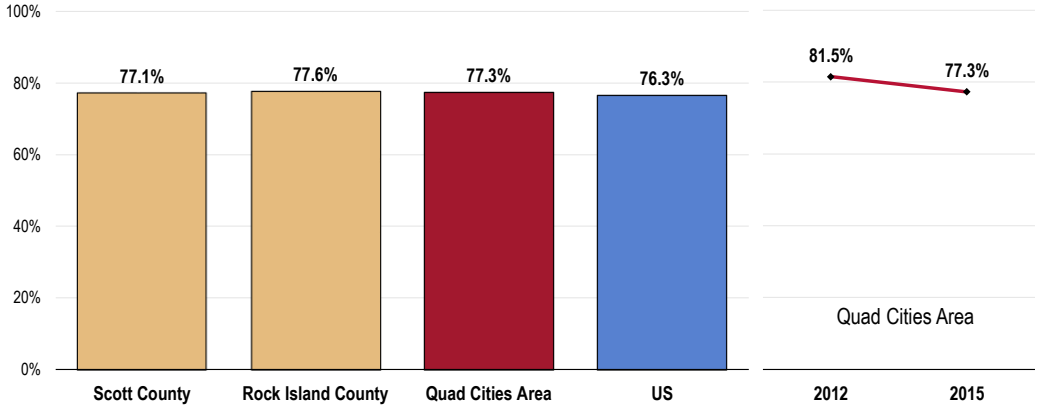
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- Similar findings by county.
- TREND: Marks a statistically significant decrease since 2012.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher [All Ages]



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 166]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

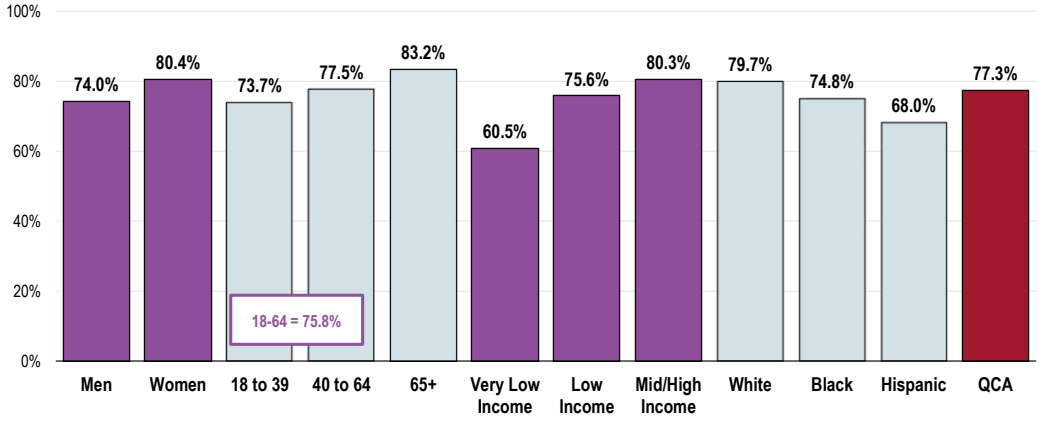
When viewed by demographic characteristics, the following population segments are <u>less likely</u> to have a specific source of care:

- Men.
- Adults under age 65.
- Lower-income adults (especially).
- Among adults age 18-64, 75.8% have a specific source for ongoing medical care, similar to national findings.
  - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 83.2% have a specific source for care, similar to the percentage reported among seniors nationally.
  - Fails to satisfy the Healthy People 2020 target of 100% for seniors.

Have a Specific Source of Ongoing Medical Care

(Quad Cities Area, 2015)

Healthy People 2020 Target = 95.0% or Higher [All Ages]; ≥89.4% [18-64]; 100% [65+]



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 166-168]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.1, 5.3, 5.4]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

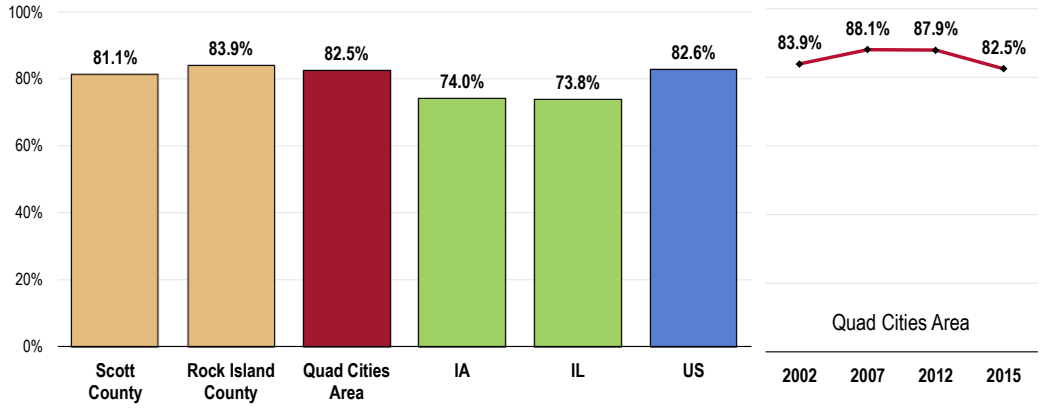
Particular Place Used for Medical Care

Adults

Overall, 82.5% of Quad Cities Area survey respondents have one place they generally go if they are sick or need advice about their health.

- More favorable than the statewide proportions.
- Nearly identical to the US prevalence.
- Comparable by county.
- TREND: Statistically similar to 2002 findings.

Have a Particular Place for Medical Care



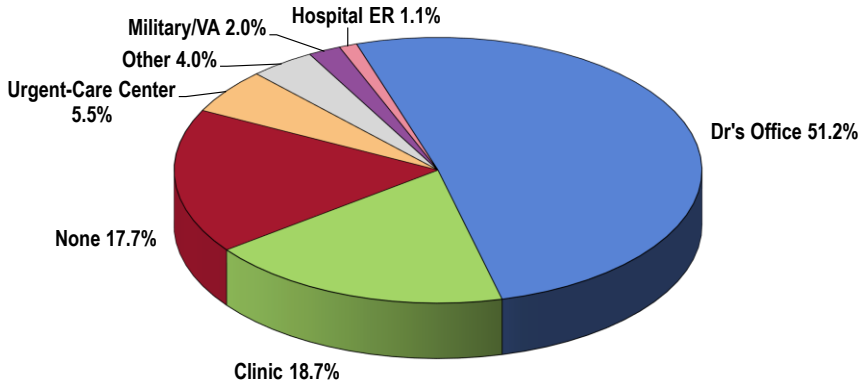
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 15]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

When asked to describe where they usually go if they are sick or need advice about their health, the greatest share of respondents (51.2%) identified a particular doctor's office, followed by references to some type of healthcare clinic (mentioned by 18.7%).

- Another 5.5% mentioned urgent-care centers, while 2.0% use some type of military/VA facility, and 1.1% of respondents rely on a hospital emergency room for their care.

Particular Place Utilized for Medical Care

(Quad Cities Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]
Notes: ● Among those respondents with a particular place for care.

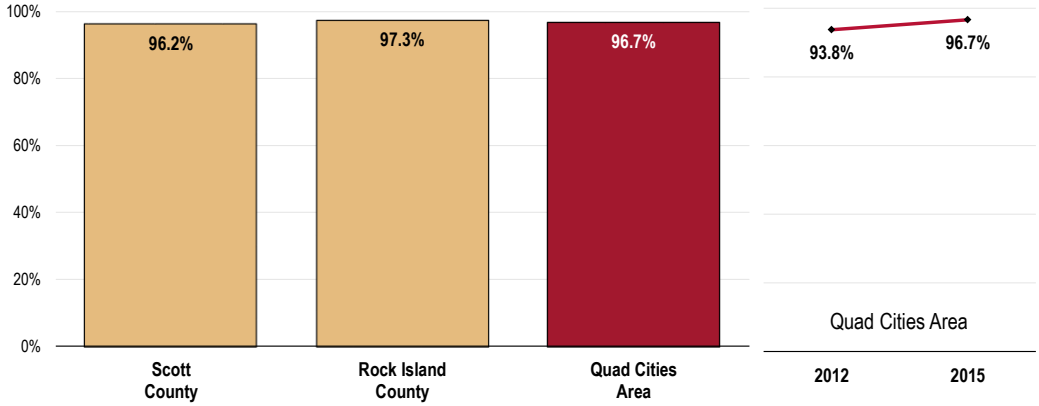
Children

Of Quad Cities Area parents with children under 18 at home, 96.7% have one place where they take their child if they are sick or need advice about their health.

- Comparable by county.
- TREND: Statistically similar to 2012 findings.

Have a Particular Place for Child's Medical Care

(Quad Cities Area Parents of Children <18)

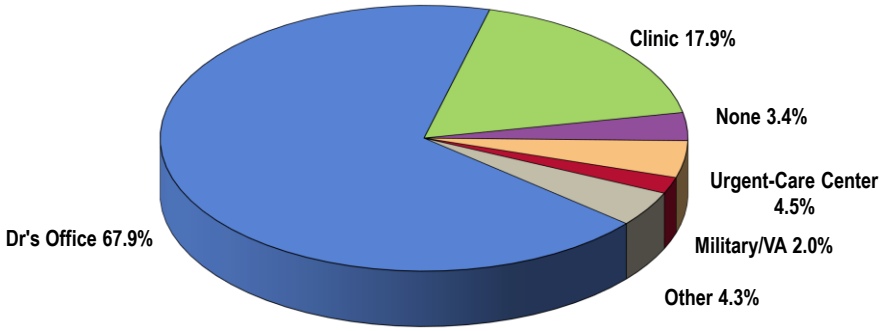


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 344]
Notes: ● Asked of all respondents with children under 18 at home.

When asked where they usually take their child if they are sick or need advice about their health, the greatest share of respondents (67.9%) identified a particular **doctor's office**, followed by references to various **healthcare clinics** (mentioned by 17.9%) and urgent-care centers (4.5%). Note that 2.0% use some type of military/VA facility.

Particular Place Utilized for Child's Medical Care

(Parents of Children <18; Quad Cities Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 344-345]
Notes: ● Among parents with a particular place for their child's medical care.

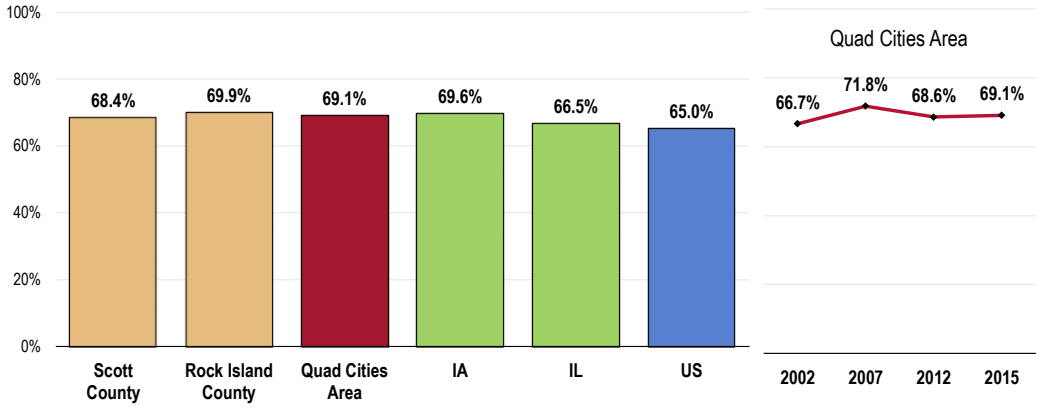
Utilization of Primary Care Services

Adults

Most adults (69.1%) visited a physician for a routine checkup in the past year.

- Comparable to state findings.
- Better than national findings.
- Comparable by county.
- TREND: Statistically similar to previous findings.

Have Visited a Physician for a Checkup in the Past Year



Sources:
- PRC Community Health Surveys, Professional Research Consultants, 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): 2013 Iowa and Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

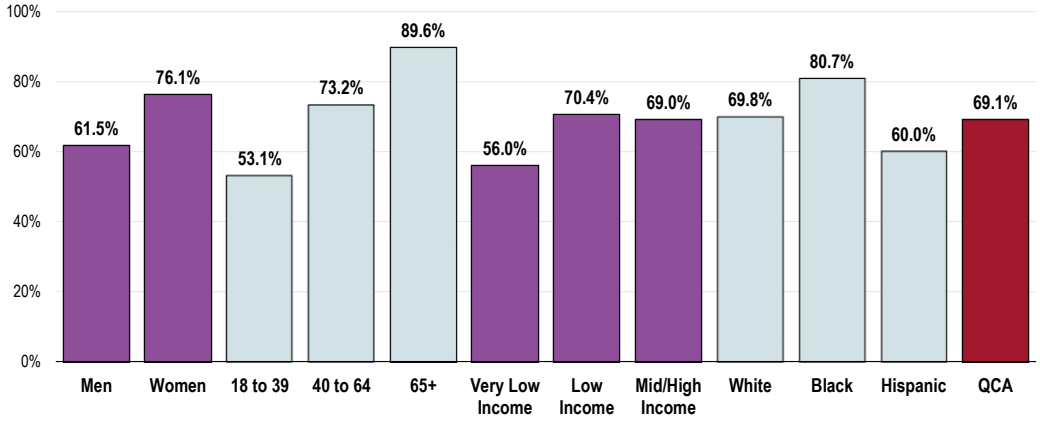
Notes:
- Asked of all respondents.

These Quad Cities Area residents are <u>less</u> likely to have received routine care in the past year:

- Men.
- Younger adults.
- Residents living below the federal poverty level.
- Hispanics.

Have Visited a Physician for a Checkup in the Past Year

(Quad Cities Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

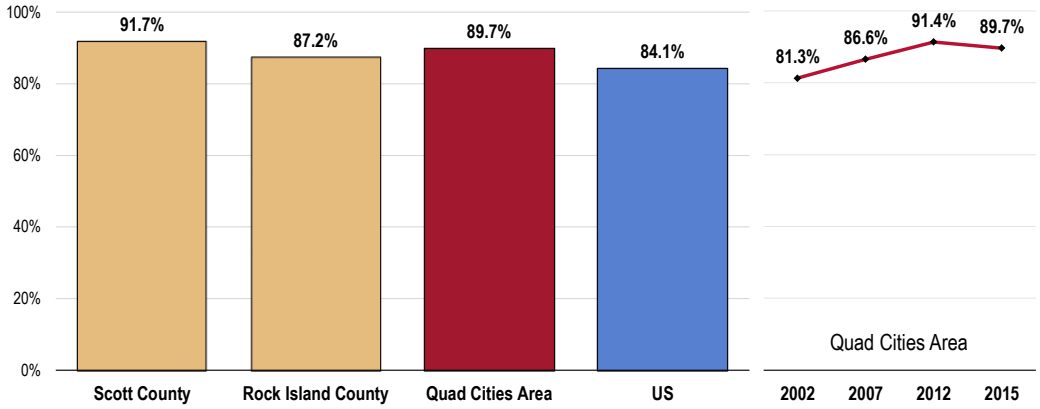
Children

Among surveyed parents, 89.7% report that their child has had a routine checkup in the past year.

- More favorable than national findings.
- Statistically similar by county.
- TREND: Denotes a significant increase over time (although similar to 2012).

Child Has Visited a Physician for a Routine Checkup in the Past Year

(Among Parents of Children 0-17)



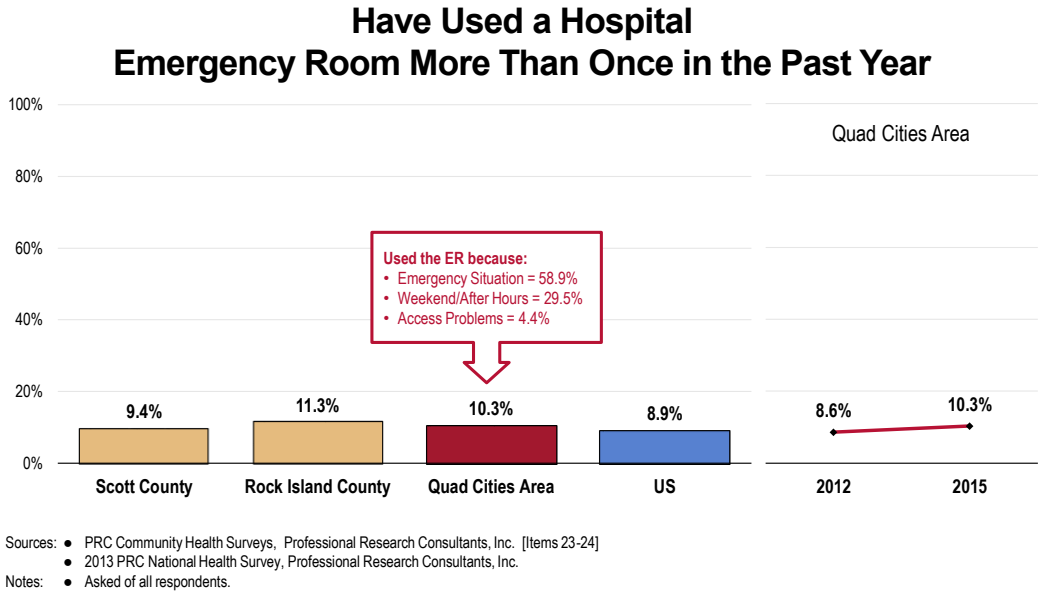
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 10.3% of Quad Cities Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Similar to national findings.
- Similar findings by county.
- TREND: Statistically unchanged over time.



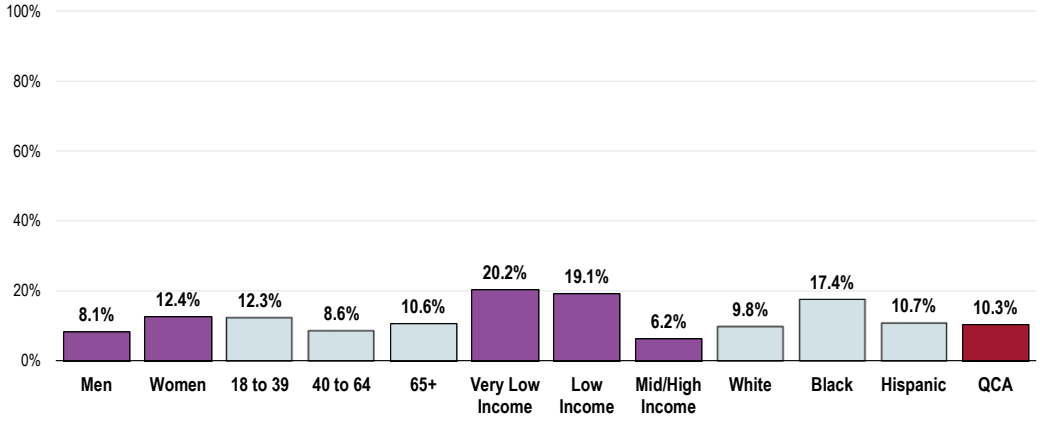
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 23-24]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Of those using a hospital ER, 58.9% say this was due to an **emergency or life-threatening situation**, while 29.5% indicated that the visit was during **after-hours or on the weekend**. A total of 4.4% cited **difficulties accessing primary care** for various reasons.

- ER use is highest among Quad Cities Area women and especially adults living in households with lower incomes.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(Quad Cities Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use;** and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

- Healthy People 2020 (www.healthypeople.gov)

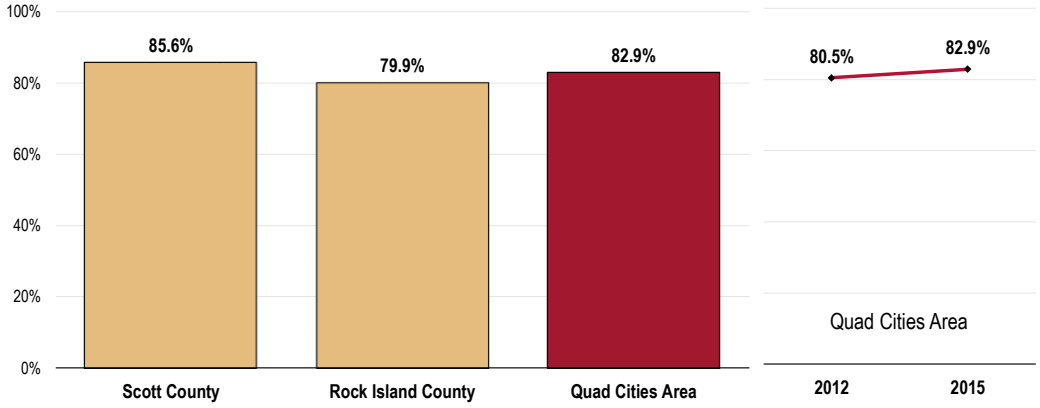
Particular Place Used for Dental Care

Adults

Overall, 82.9% of Quad Cities Area survey respondents have one place they generally go when they are in need of dental care.

- Comparable by county.
- TREND: Statistically unchanged over time.

Have a Particular Place for Dental Care

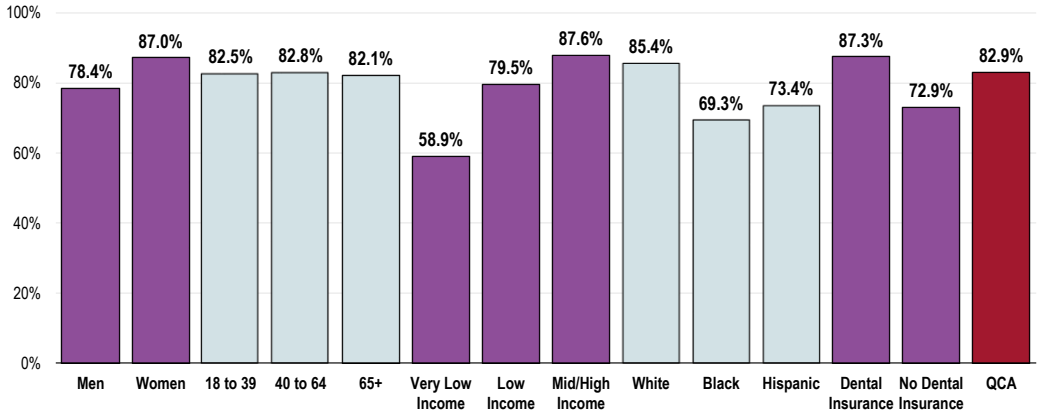


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 330]
Notes: ● Asked of all respondents.

Residents less likely to have a particular place for their dental care include:

- Men.
- Lower-income residents (especially).
- African Americans and Hispanics.
- Residents without dental coverage.

Have a Particular Place for Dental Care
(Quad Cities Area, 2015)

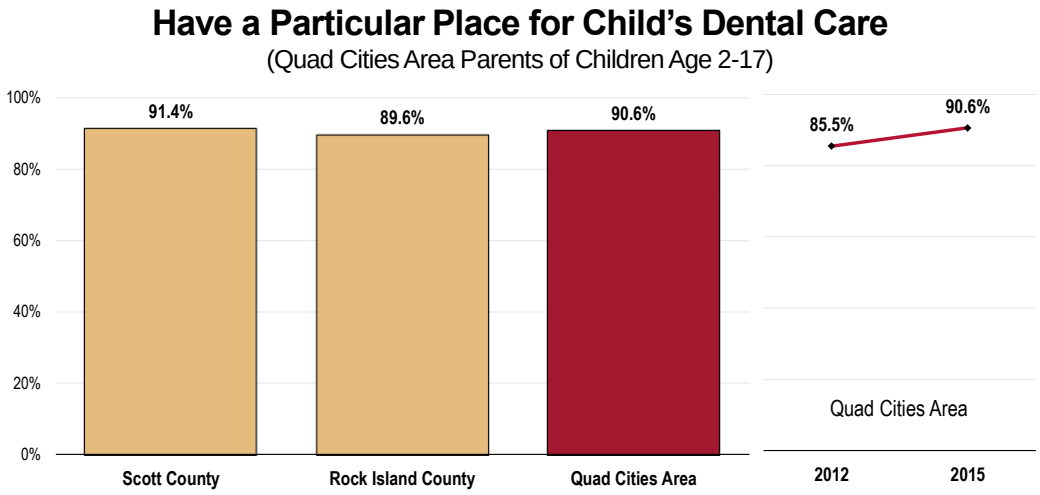


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 330]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among Quad Cities Area parents with children age 2-17, 90.6% have a particular place for their child's dental care.

- Comparable by county.
- TREND: Statistically similar to 2012 findings.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 351]
Notes: ● Asked of all respondents with children age 2-17 at home.

Dental Care

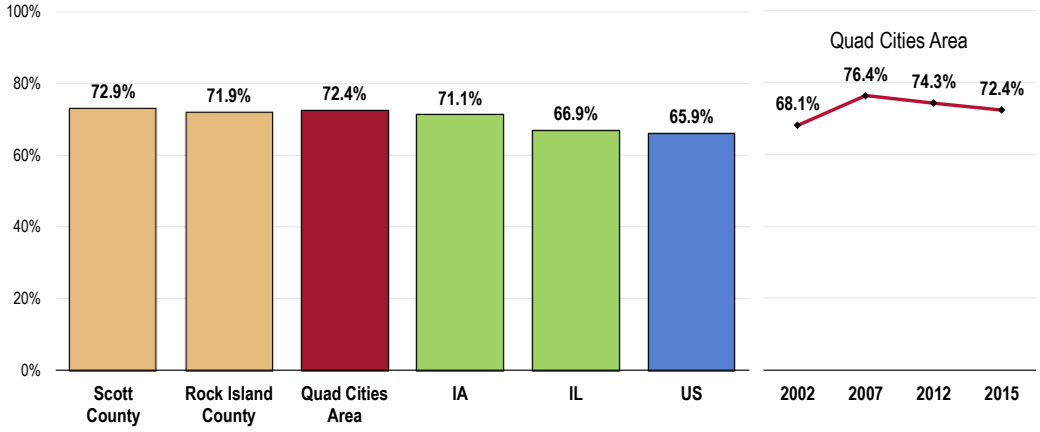
Adults

A total of 72.4% of Quad Cities Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to Iowa findings, more favorable than Illinois findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Similar percentages by county.
- TREND: Statistically similar to previous survey results.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Iowa and Illinois data.

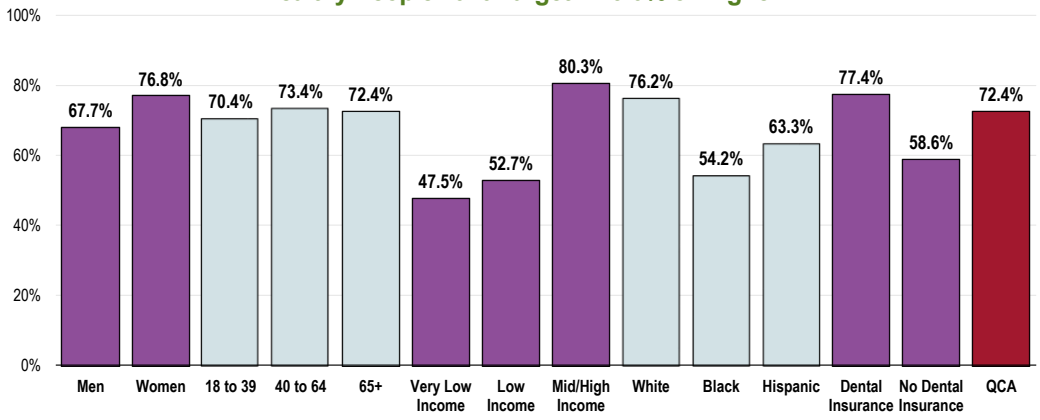
Notes:
- Asked of all respondents.

- These population segments are <u>less likely</u> to report recent dental care: men, residents in lower-income households (especially), African Americans, and Hispanics.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Quad Cities Area, 2015)

Healthy People 2020 Target = 49.0% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

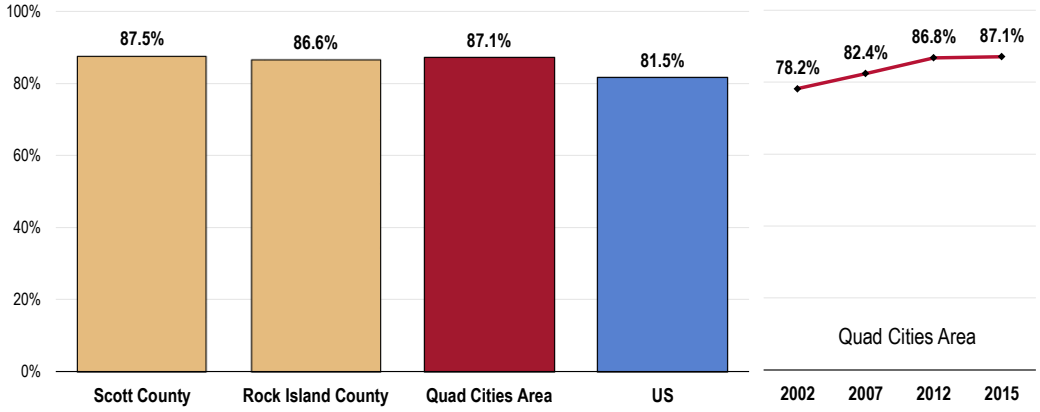
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

A total of 87.1% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Comparable to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Comparable by county.
- TREND: Marks a statistically significant increase in children's dental care since 2002.

Child Has Visited a Dentist or Dental Clinic Within the Past Year
(Among Parents of Children Age 2-17)
Healthy People 2020 Target = 49.0% or Higher



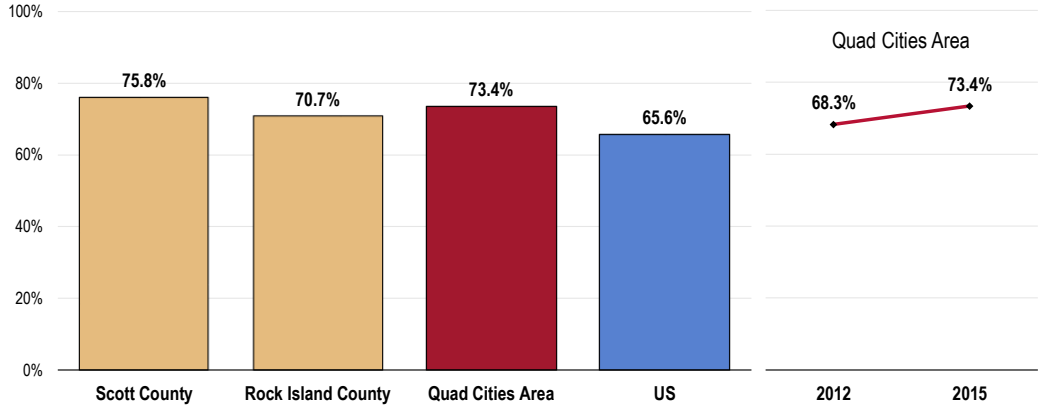
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 116]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
Notes: ● Asked of all respondents with children age 2 through 17.
● The 2002 trend represents children age 1-17.

Dental Insurance

Nearly 3 in 4 Quad Cities Area adults (73.4%) have dental insurance that covers all or part of their dental care costs.

- More favorable than the national proportion.
- Statistically similar by county.
- TREND: Marks a statistically significant increase since 2012.

Have Insurance Coverage That Pays All or Part of Dental Care Costs



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 22]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Health: Perceptions of Health & Healthcare

Professional Research Consultants, Inc.

Number-One Problem Facing the Community

"What do you feel is the number-one problem facing the community today?"

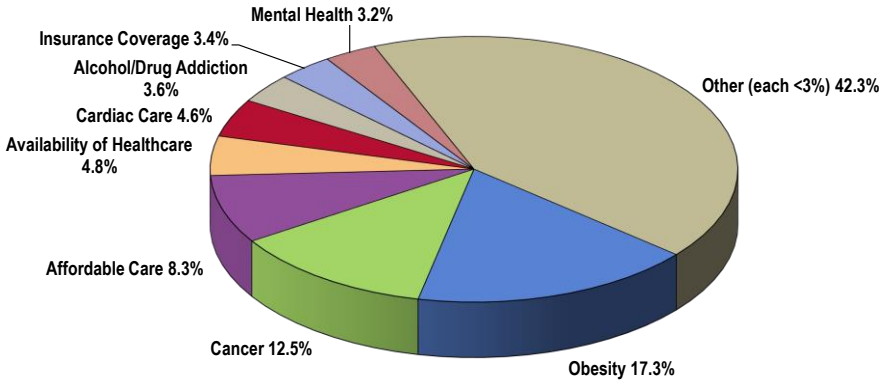
This question was asked in an "open-ended" format, meaning that respondents were free to answer with whatever came to mind (unprompted). Their responses were then categorized and grouped according to emerging themes.

When asked to describe the #1 problem facing their community, the largest share of survey respondents (17.3%) mentioned obesity, followed by cancer (mentioned by 12.5%) and affordable care (8.3%).

- Fewer community members mentioned access barriers such as availability of healthcare and insurance coverage, while specific concerns like cardiac care, alcohol/drug addiction, and mental health were also mentioned.

#1 Health Concern Facing the Community Today

(Quad Cities Area, 2015)



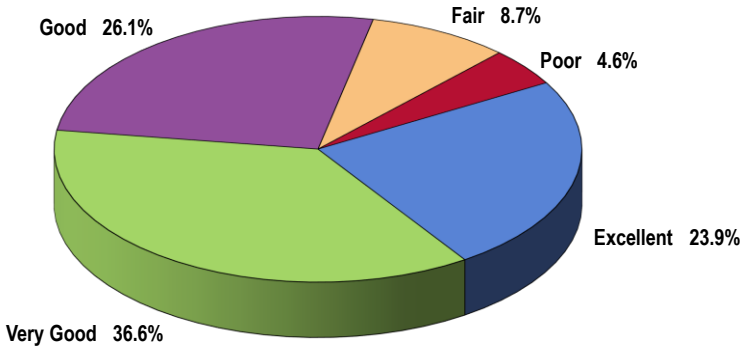
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 305]
Notes: ● Asked of all respondents.

Ratings of Local Healthcare Services

A total of 6 in 10 Quad Cities Area adults (60.5%) rate the overall healthcare services available in their community as "excellent" or "very good."

- Another 26.1% gave "good" ratings.

Rating of Overall Healthcare Services Available in the Community
(Quad Cities Area, 2015)

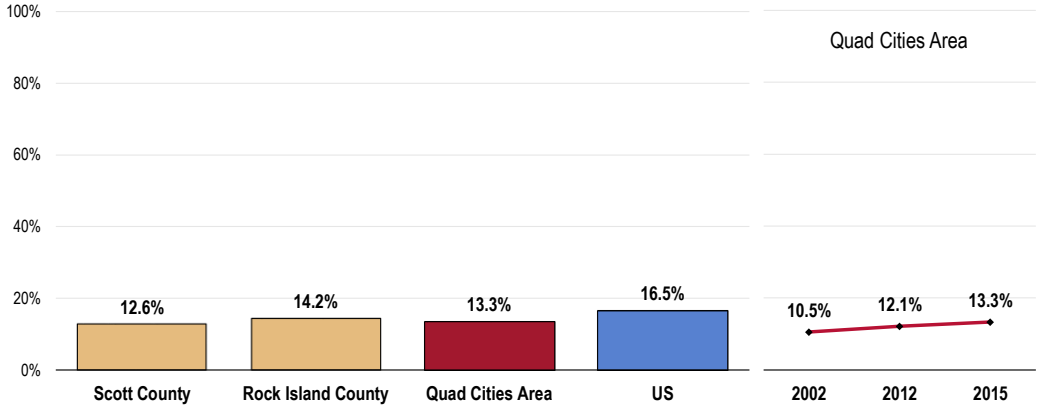


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 13.3% of residents characterize local healthcare services as "fair" or "poor."

- More favorable than reported nationally.
- Comparable findings by county.
- TREND: The increase over time is not statistically significant.

Perceive Local Healthcare Services as "Fair/Poor"



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

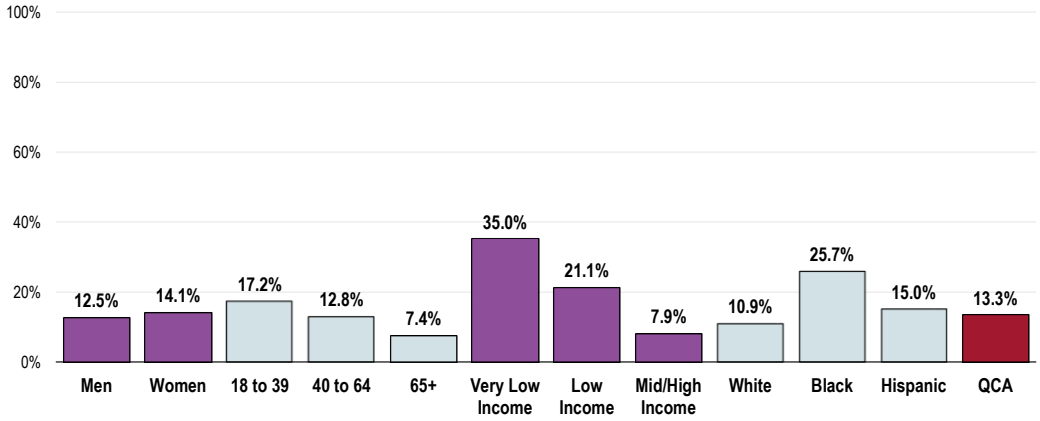
Notes:
- Asked of all respondents.

The following residents are more critical of local healthcare services:

- Adults under age 65.
- Residents with lower incomes (especially).
- African Americans.

Perceive Local Healthcare Services as "Fair/Poor"

(Quad Cities Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

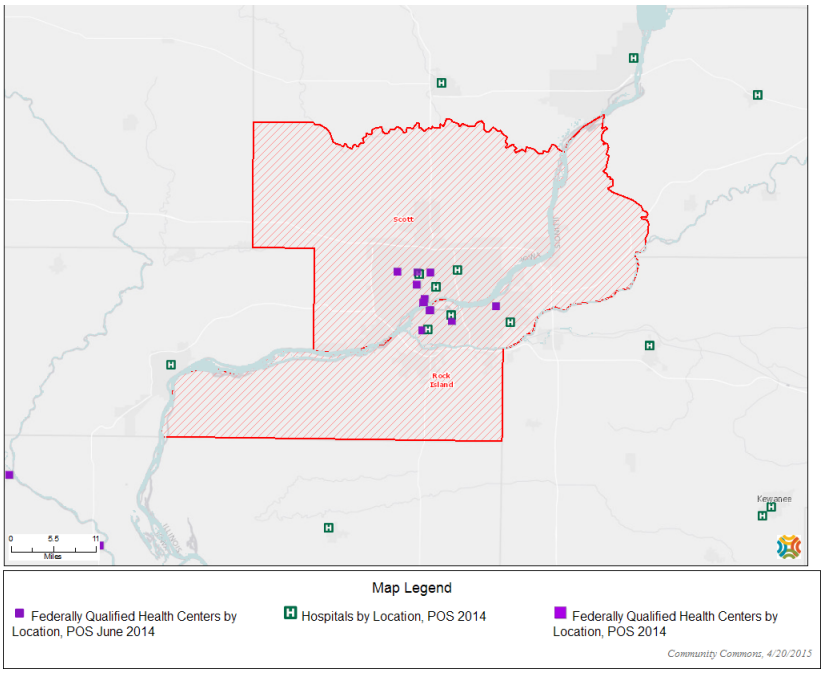
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

The following map provides an illustration of the hospitals and Federally Qualified Health Centers (FQHCs) within the Quad Cities Area as of late 2012.

Hospitals & Federally Qualified Health Centers, POS 2012-Q4



Quality of Life:
Community & Belonging

Professional Research Consultants, Inc.

Community as a Place to Live

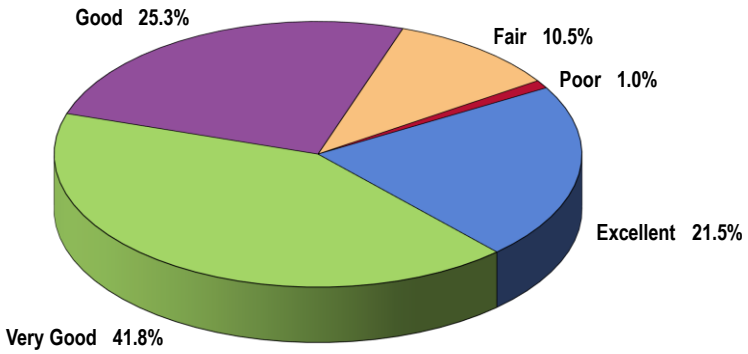
"Overall, how would you describe your community as a place to live? Would you say it is: excellent, very good, good, fair, or poor?"

A total of 63.3% of Quad Cities Area adults rate their community as an "excellent" or "very good" place in which to live.

- Another 25.3% gave "good" ratings of their community as a place to live.

Rating of the Community as a Place to Live

(Quad Cities Area, 2015)

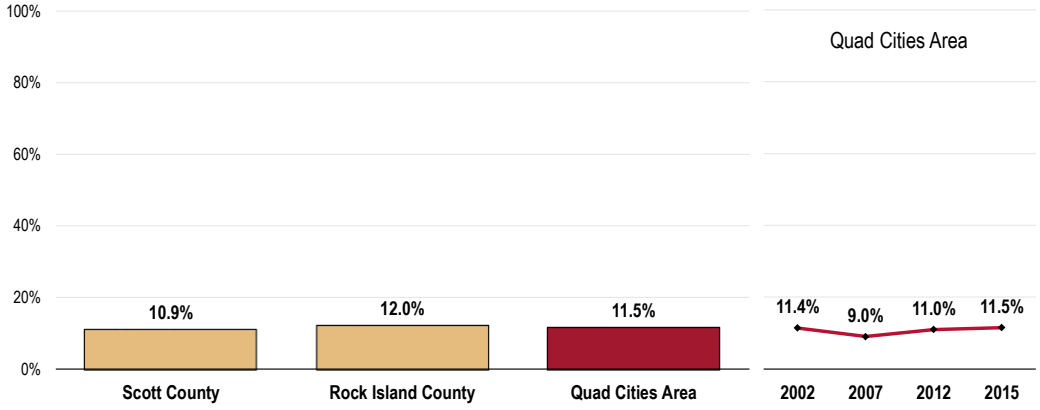


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 303]
Notes: • Asked of all respondents.

However, 11.5% of residents characterize their community as a "fair" or "poor" place to live.

- Similar findings by county.
- TREND: Statistically unchanged over time.

Perceive the Community to be a "Fair/Poor" Place to Live



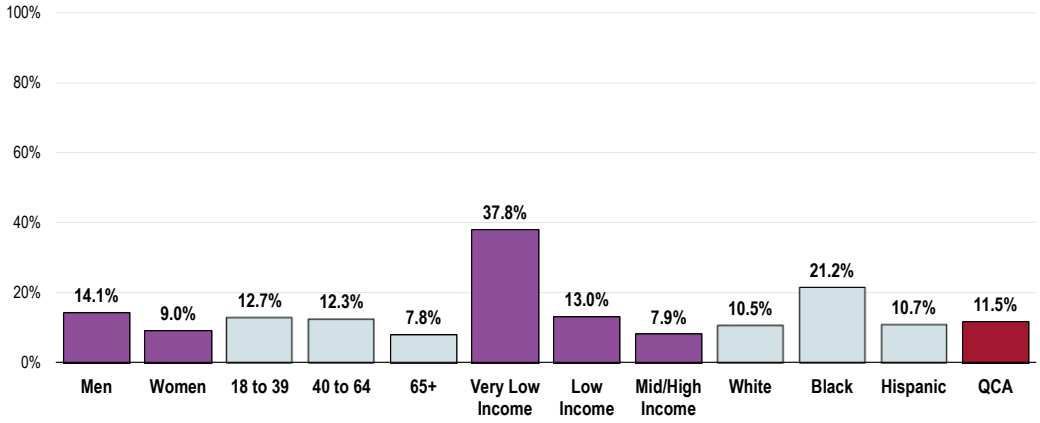
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 303]
Notes: • Asked of all respondents.

The following residents are more critical of their community as a place in which to live:

- Men.
- Adults under age 65.
- Residents with lower incomes (especially).
- African Americans.

Perceive the Community to be a "Fair/Poor" Place to Live

(Quad Cities Area, 2015)



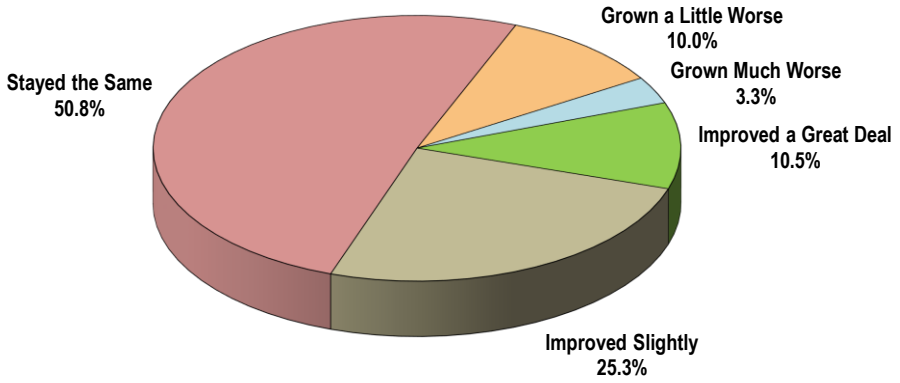
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 303]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Changes in Quality of Life Over Time

While the largest share of respondents (50.8%) feels that quality of life in their community has "stayed the same" during their time living there, 35.8% feel that it has improved (including "improved a great deal" and "improved slightly" responses).

Quality of Life in the Community Over Time
(Quad Cities Area, 2015)

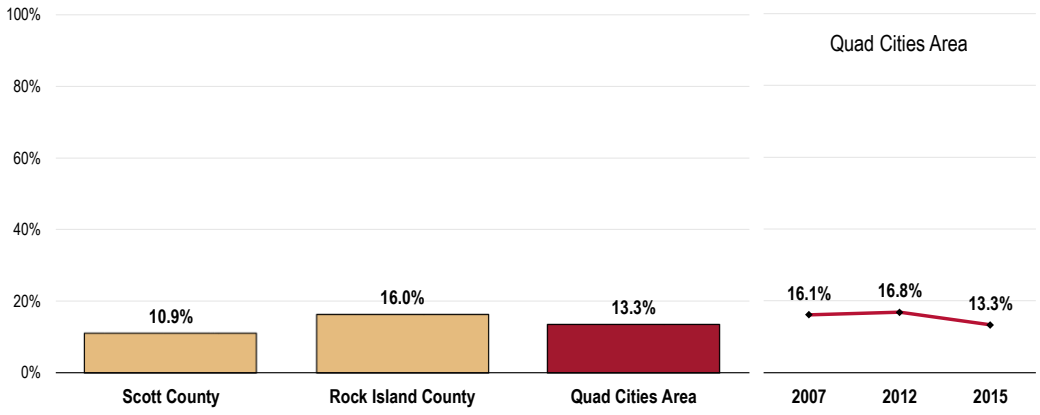


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]
Notes: ● Asked of all respondents.

However, 13.3% of residents believe that the quality of life in their community has declined over time.

- Similar by county.
- TREND: Statistically unchanged over time.

Quality of Life in the Community Has Worsened Over Time



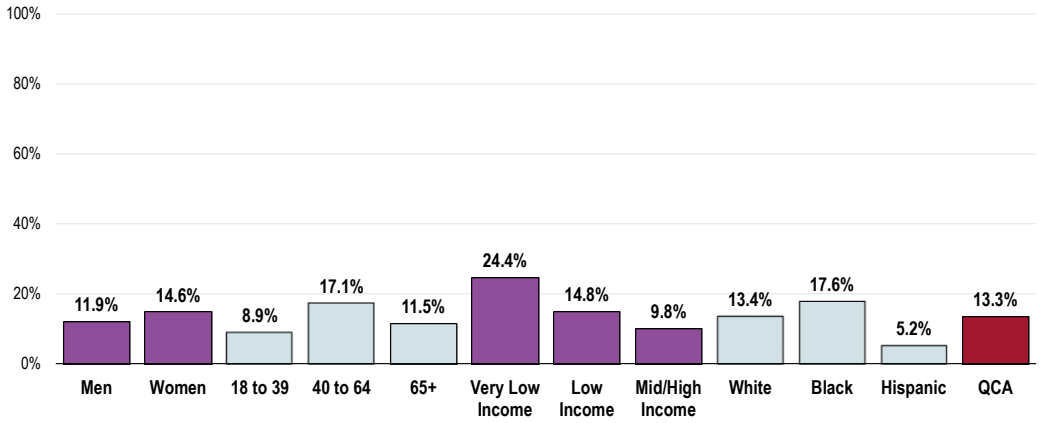
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 304]
Notes: ● Asked of all respondents.
● Percentages include "grown a little worse" and "grown much worse" responses combined.

Adults more likely to feel that quality of life in the community has declined over time include:

- Adults age 40 to 64.
- Residents with lower incomes (negative correlation with income).
- Whites and African Americans.

Quality of Life Has Worsened Over Time

(Quad Cities Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]

Notes:
- Asked of all respondents.
- Percentages include "grown a little worse" and "grown much worse" responses combined.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Community as a Place to Raise a Family

Family Concerns

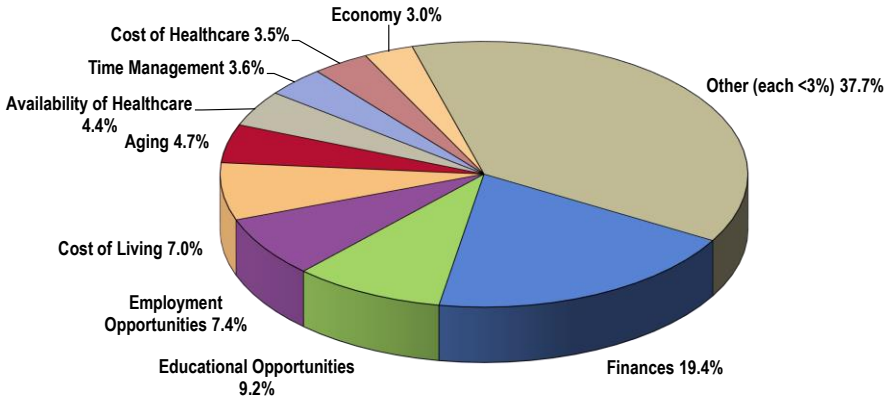
"What do you feel is the number-one problem facing your family today?"

This question was asked in an "open-ended" format, meaning that respondents were free to answer with whatever came to mind (unprompted). Their responses were then categorized and grouped according to emerging themes.

When asked to report on the number-one problem facing their families today, a majority of responses related to economic concerns:

- 19.4% of survey respondents mentioned **finances**, 7.0% referenced **cost of living**, 7.4% mentioned **employment** opportunities, and 3.0% mentioned the **economy**.
- Other issues considered to be the primary problem facing families today included educational opportunities (9.2%), availability/cost of healthcare (7.9%) aging (4.7%), and time management (3.6%).

Number-One Problem Facing My Family Today
(Quad Cities Area, 2015)



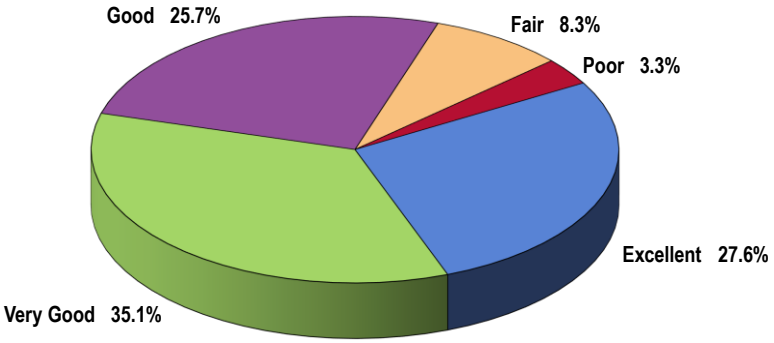
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 307]
Notes: ● Asked of all respondents.

Rating of the Community as a Place to Raise a Family

When asked to rate their community as a place in which to raise a family, 62.7% of survey respondents gave "excellent" or "very good" ratings.

- Another 25.7% gave "good" ratings of their community as a place to raise a family.

Rating of the Community as a Place to Raise a Family
(Quad Cities Area, 2015)

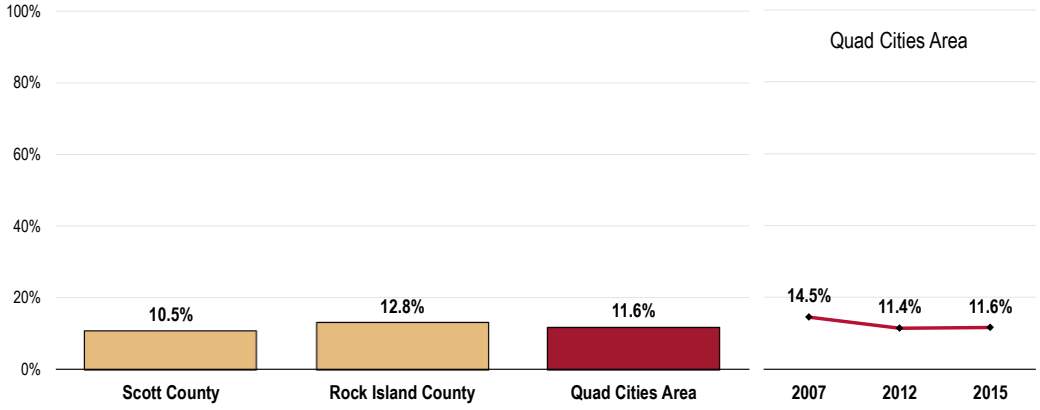


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]
Notes: ● Asked of all respondents.

However, 11.6% of Quad Cities Area adults believe that their community is a "fair" or "poor" place in which to raise a family.

- Similar findings by county.
- TREND: Statistically unchanged over time.

Feel the Community Is a "Fair/Poor" Place to Raise a Family



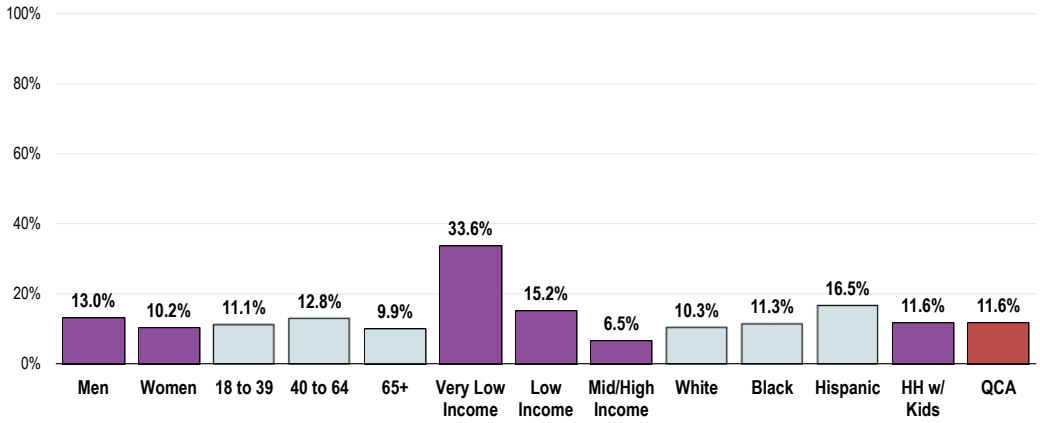
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 306]
Notes: ● Asked of all respondents.

Adults more likely to give low ratings of the community as a place to raise a family include:

- Residents with lower incomes (negative correlation with income).
- Note that the overall "fair/poor" prevalence does not change among respondents in households with children.

Feel the Community Is a "Fair/Poor" Place to Raise a Family

(Quad Cities Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Social Services

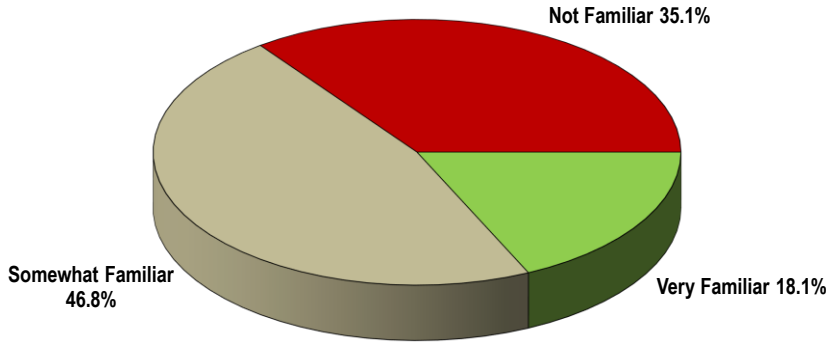
Familiarity With Local Social Services

Respondents were told that "social services" are those services designed to help people experiencing difficulties obtaining adequate food, housing, employment, counseling, healthcare, transportation, etc.

When asked to gauge their familiarity with the social services available in the Quad Cities Area, the largest share of respondents (46.8%) gave "somewhat familiar" reports.

- Another 18.1% of residents are "very familiar" with local social services.

Familiarity With the Social Services Available Locally
(Quad Cities Area, 2015)

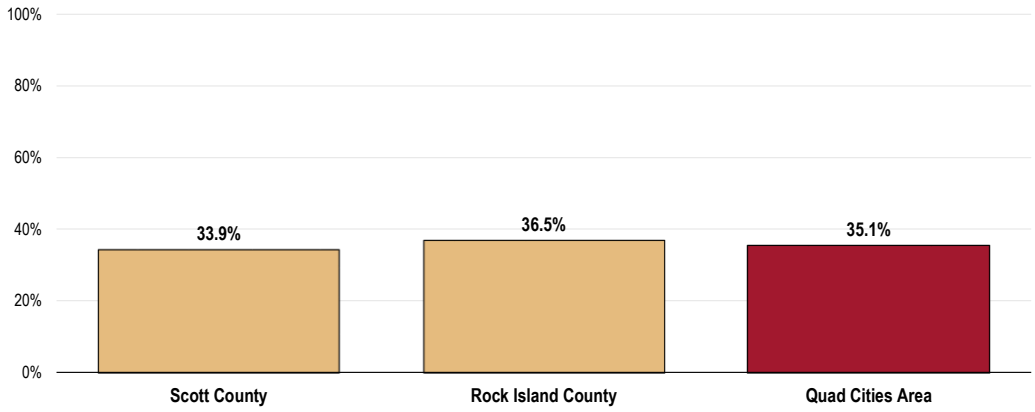


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 314]
Notes: • Asked of all respondents.
• Social services are designed to help people experiencing difficulties obtaining adequate food, housing, employment, counseling, healthcare, transportation, etc.

However, 35.1% of Quad Cities Area adults are unfamiliar with the area's social services.

- Statistically comparable findings by county.

"Not Familiar" With Local Social Services

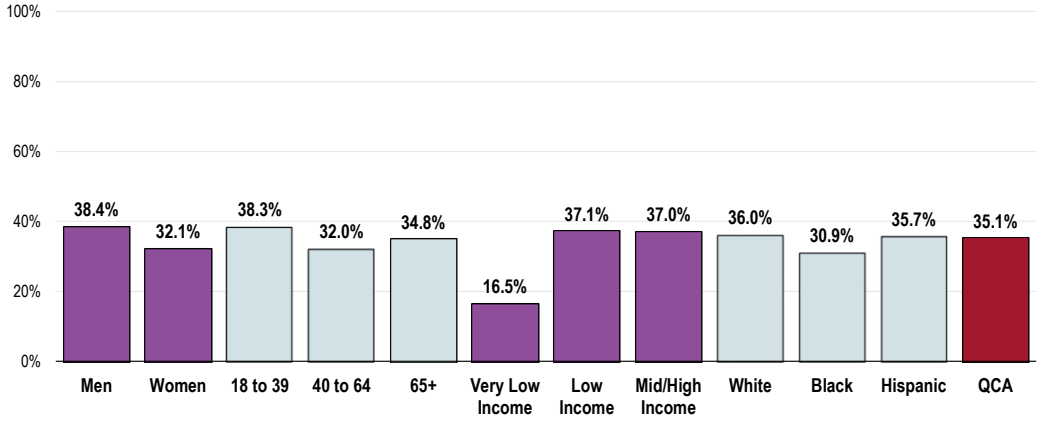


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 314]
Notes: • Asked of all respondents.
• Social services are designed to help people experiencing difficulties obtaining adequate food, housing, employment, counseling, healthcare, transportation, etc.

- Adults living in households with annual incomes below the federal poverty level are much less likely to be unfamiliar with the community's social services.

"Not Familiar" With Local Social Services

(Quad Cities Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 314]

Notes:
- Asked of all respondents.
- Social services are designed to help people experiencing difficulties obtaining adequate food, housing, employment, counseling, healthcare, transportation, etc.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

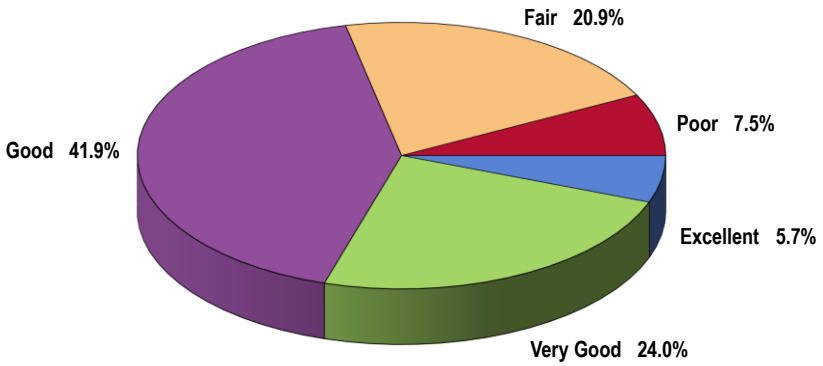
Rating of the Ease of Obtaining Local Social Services

Among area survey respondents needing such services, 29.7% gave "excellent" or "very good" ratings for the ease with which they can obtain local social services.

- Another 41.9% gave "good" ratings.

Rating of the Ease With Which Local Social Services Are Obtained

(Quad Cities Area Adults Who Have Needed Social Services, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 315]

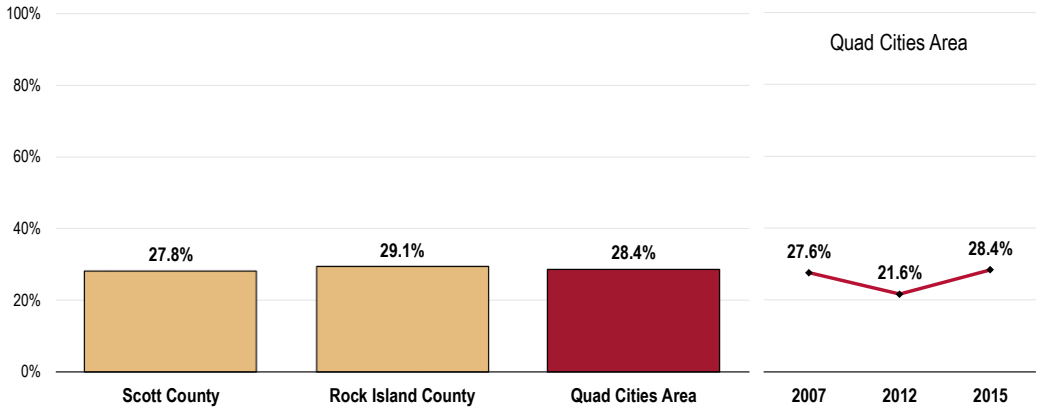
Notes:
- Reflects respondents who have needed social services.

However, 28.4% of Quad Cities Area adults (who have needed social services) gave "fair" or "poor" ratings regarding their ease of obtaining these.

- Comparable percentages reported by county.
- TREND: Worse than 2012 findings, but similar to 2007 findings.

Ease of Obtaining Social Services Is "Fair/Poor"

(Among Those Who Have Needed Social Services)



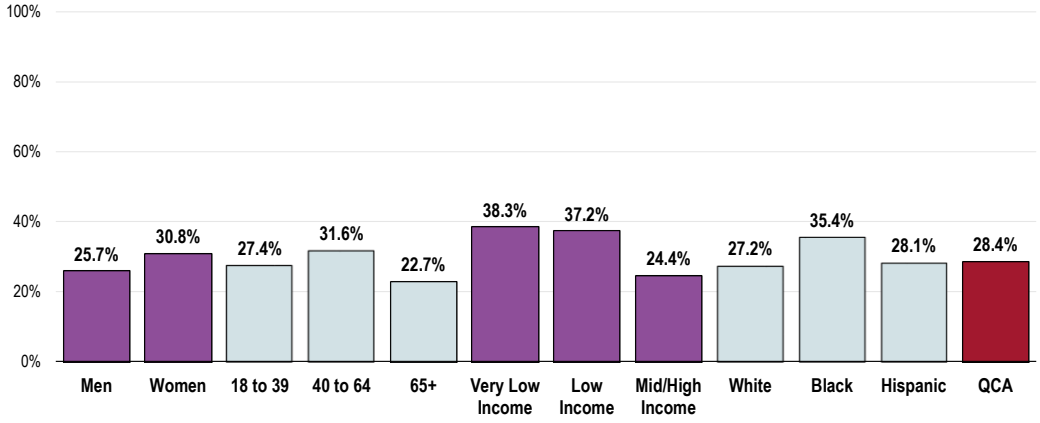
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 315]
Notes: ● Reflects respondents who have needed social services.

Adults more likely to give low ratings about obtaining social services in the area include:

- Residents age 40 to 64.
- Residents with lower incomes (negative correlation with income).

Ease of Obtaining Social Services Is "Fair/Poor"

(Quad Cities Area Adults Who Have Needed Social Services, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 315]
Notes: ● Reflects respondents who have needed social services.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Quality of Life:
Economy & Housing

Professional Research Consultants, Inc.

Income & Personal Finances

Poverty

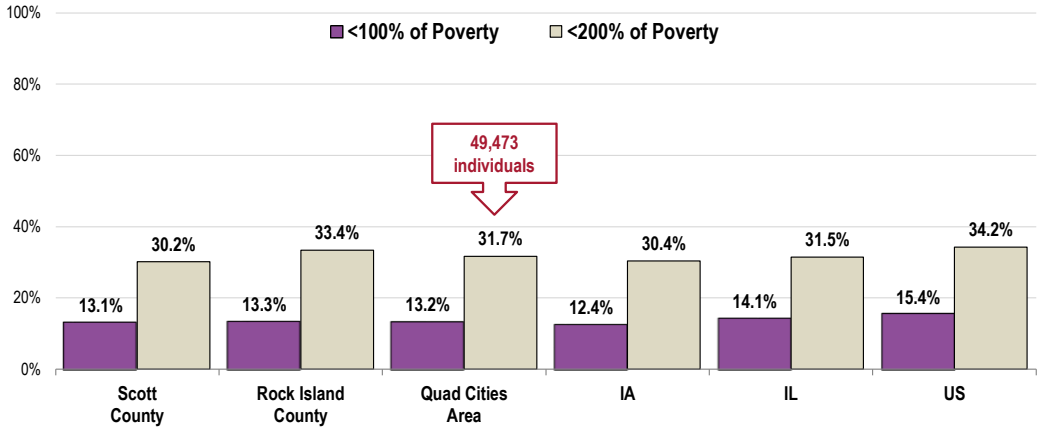
The latest census estimate shows 13.2% of Quad Cities Area population living below the federal poverty level.

In all, 31.7% of Quad Cities Area residents (an estimated 49,473 individuals) live below 200% of the federal poverty level.

- Comparable to the statewide percentages.
- More favorable than found nationally.

Population in Poverty

(Populations Living Below 100% and Below 200% of the Poverty Level; 2009-2013)

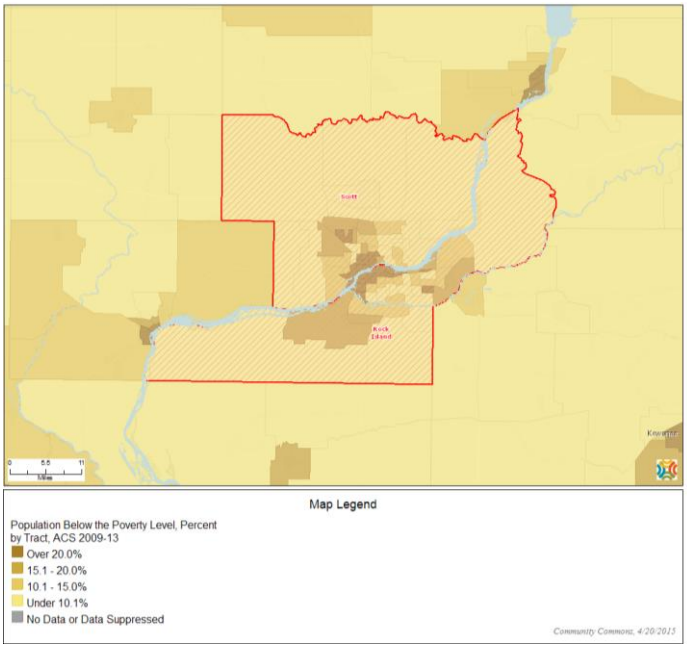


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved April 2015 from Community Commons at http://www.chna.org.

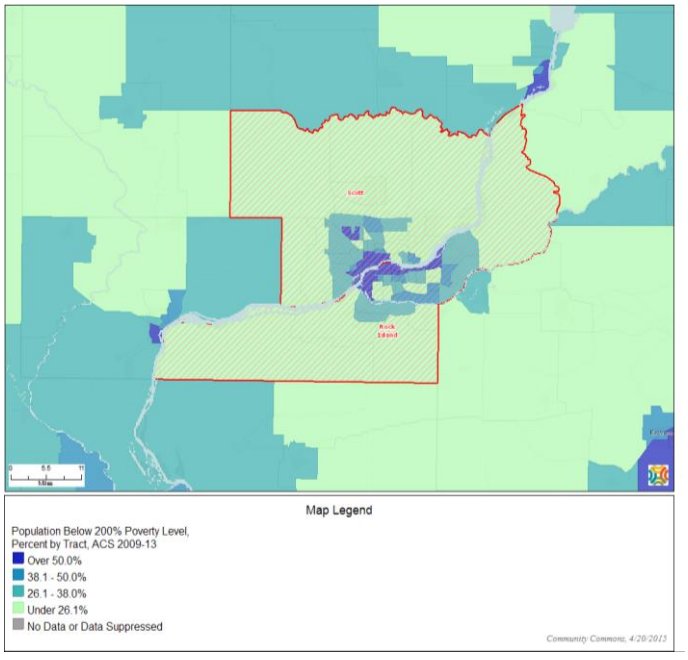
Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- A higher concentration of persons living in poverty is found in the central portion of the Quad Cities Area, as evidenced in the following maps.

Population Below the Poverty Level, Percent by Tract, ACS 2009-2013



Population Below 200% of Poverty, Percent by Tract, ACS 2009-2013



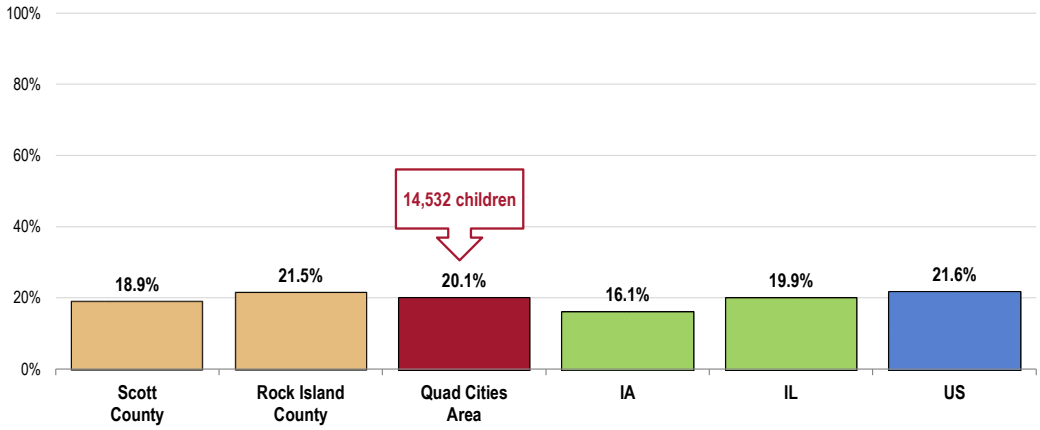
Children in Low-Income Households

Additionally, 20.1% of Quad Cities Area children age 0-17 (representing an estimated 14,532 children) live below the 200% poverty threshold.

- Above the Iowa proportion, but comparable to the Illinois proportion.
- Below the proportion found nationally.
- Higher in Rock Island County.

Percent of Children in Poverty

(Children 0-17 Living Below 100% of the Poverty Level, 2009-2013)

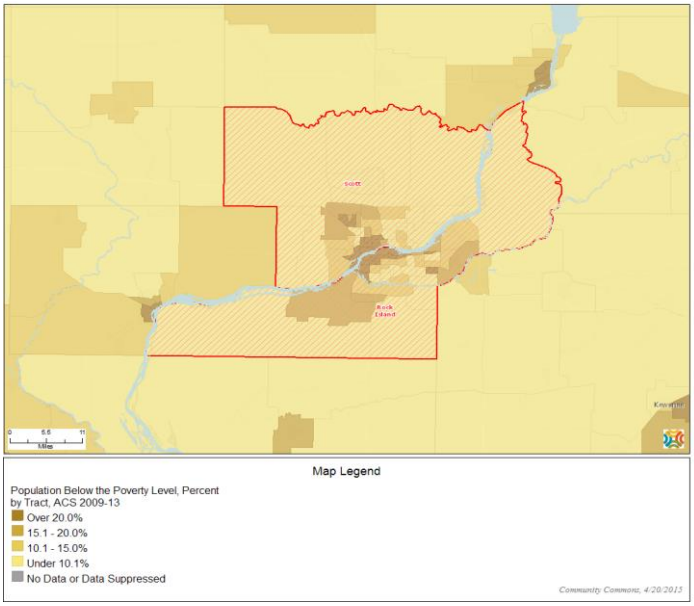


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of children aged 0-17 living in households with income below 100% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- Geographically, a notably higher concentration of children in lower-income households is found in the central portion of the service area.

Children (0-17) Living in Poverty, Percent by Tract, ACS 2009-2013

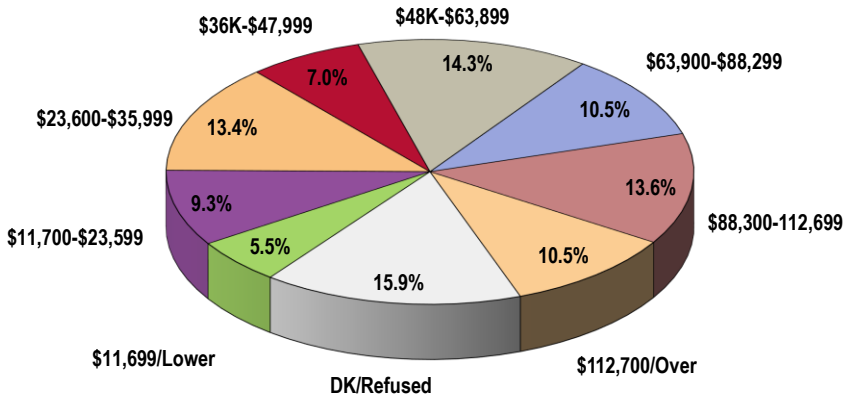


Household Income Among Survey Respondents

In the 2015 Community Health Survey sample, 48.9% of respondents report annual household earnings of $48,000 or higher.

- On the other hand, 35.2% of survey respondents live on annual household incomes under $48,000.
- Note that a large share (15.9%) of survey respondents declined to answer the inquiry about household income.

Household Income
(Quad Cities Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]
Notes: ● Asked of all respondents.

Personal Financial Situation

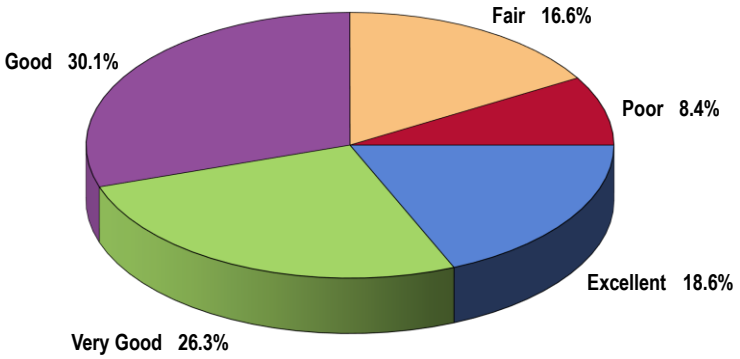
When rating their personal financial situation, respondents were asked to think in terms of being able to afford adequate food, housing, and pay current bills.

When asked, a total of 44.9% of survey respondents gave "excellent" or "very good" ratings of their personal household financial situation.

- Another 30.1% gave "good" ratings of their personal financial situation.

Rating of Personal Financial Situation

(Quad Cities Area, 2015)

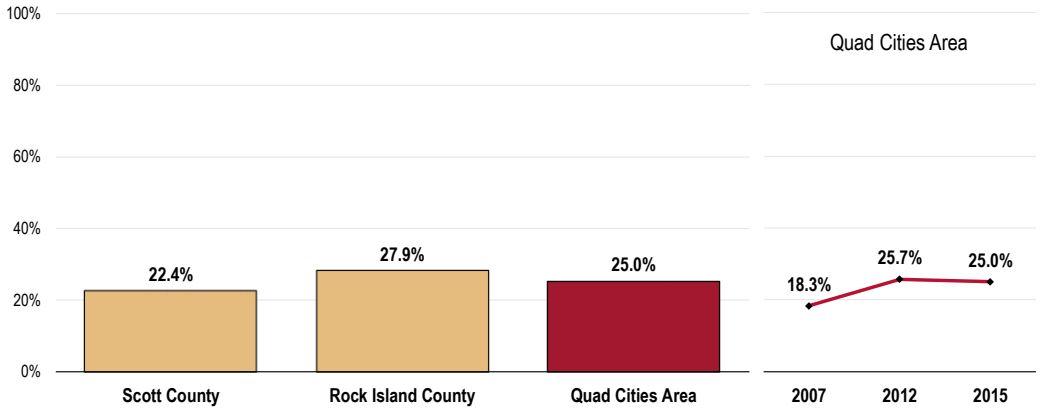


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]
Notes: ● Asked of all respondents.
● Includes affording adequate food, housing, and paying current bills.

However, 25.0% of Quad Cities Area adults consider their personal financial situation to be "fair" or "poor."

- Similar findings by county.
- TREND: Marks a statistically significant increase in low ratings since 2007 (similar to 2012).

Financial Situation Is "Fair/Poor"

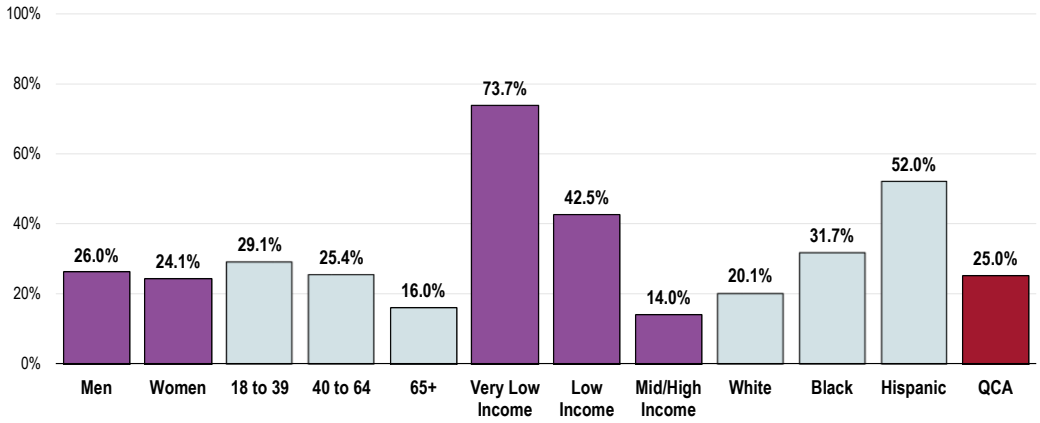


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 309]
Notes: ● Asked of all respondents.
● Includes affording adequate food, housing, and paying current bills.

Adults more likely to report "fair" or "poor" financial situations include:

- Adults under age 65.
- Residents with lower incomes (especially).
- African Americans and Hispanics.

Financial Situation Is "Fair/Poor"
(Quad Cities Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]
Notes: ● Asked of all respondents.
● Includes affording adequate food, housing, and paying current bills.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

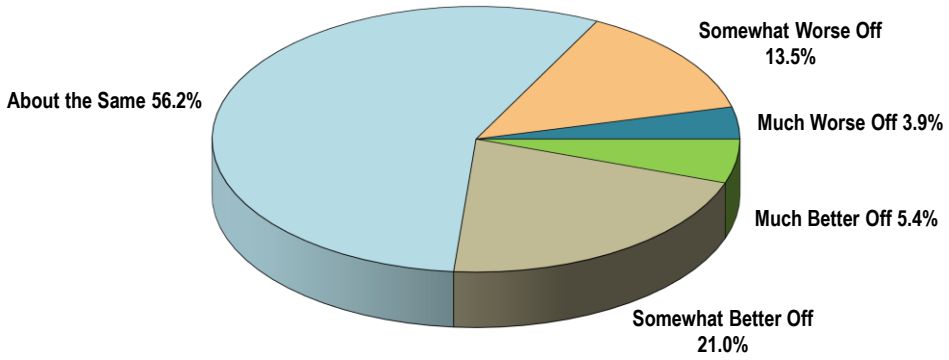
Personal Finances Over Time (change style)

More than one-half (56.2%) of survey respondents report that their financial situation has not changed in the past year.

- 26.4% of respondents consider their financial situation to have **improved** (including "much better off" and "somewhat better off" responses).

Family's Financial Situation Compared With Last Year

(Quad Cities Area, 2015)

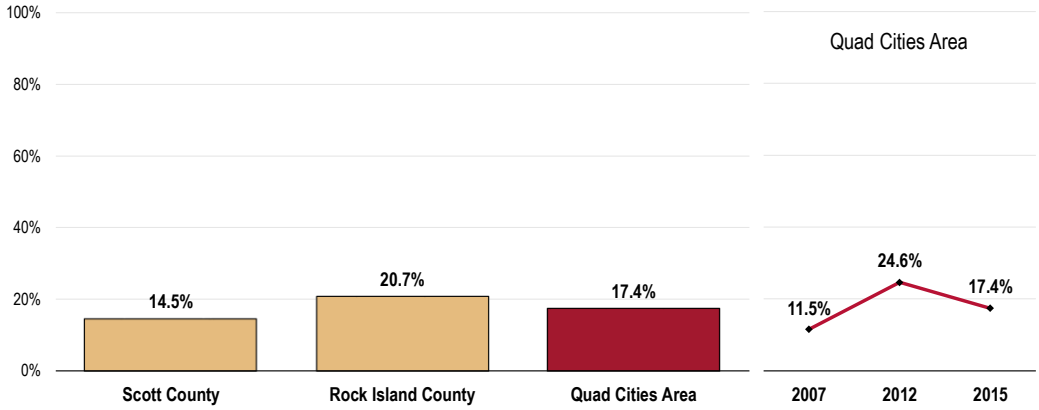


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]
Notes: ● Asked of all respondents.

However, 17.4% of Quad Cities Area adults consider their personal financial situation to have grown worse (including "grown a little worse" and "grown much worse" responses).

- Comparable by county.
- TREND: Up from 2007 findings, but down from 2012 findings.

"Worse Off" Financially Than Last Year

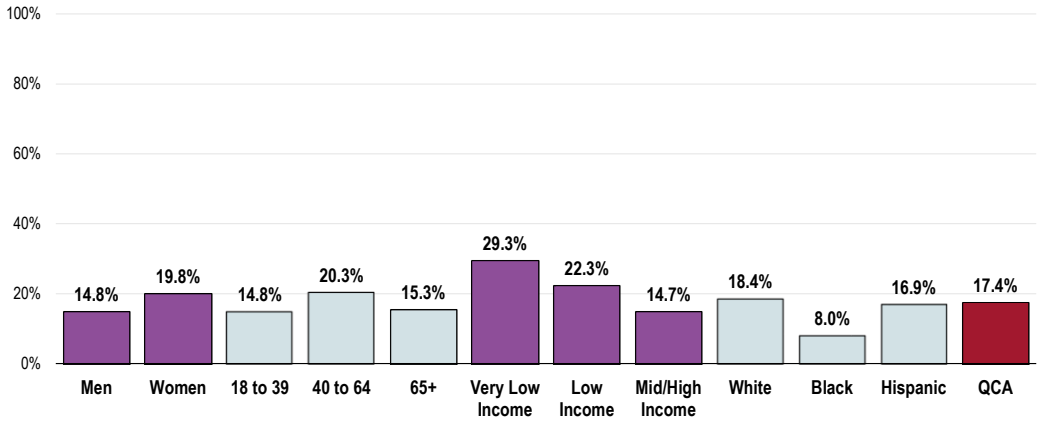


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 310]
Notes: ● Asked of all respondents.

Adults more likely to report that their financial situation has grown worse over time include:

- Women.
- Residents with lower incomes (especially).
- Whites.

"Worse Off" Financially Than Last Year
(Quad Cities Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

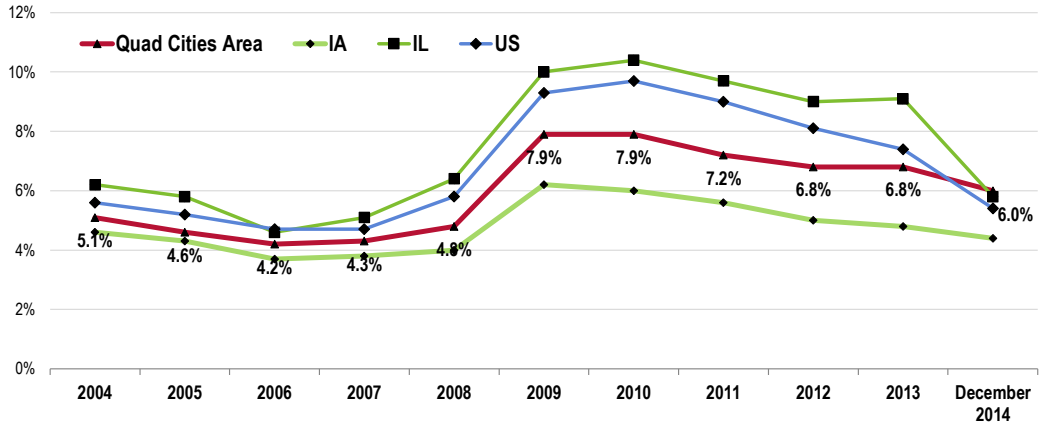
Employment

According to data derived from the US Department of Labor, the unemployment rate in the Quad Cities Area in December 2014 was 6.0%.

- Less favorable than the Iowa unemployment rate (4.4%), but comparable to that in Illinois (5.8%).
- Less favorable than the national unemployment rate (5.4%).
- TREND: Following recent highs in 2009 and 2010, the Quad Cities Area unemployment rate has since declined.

Unemployment Rate

(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)



Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Retrieved April 2015 from Community Commons at http://www.chna.org.

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

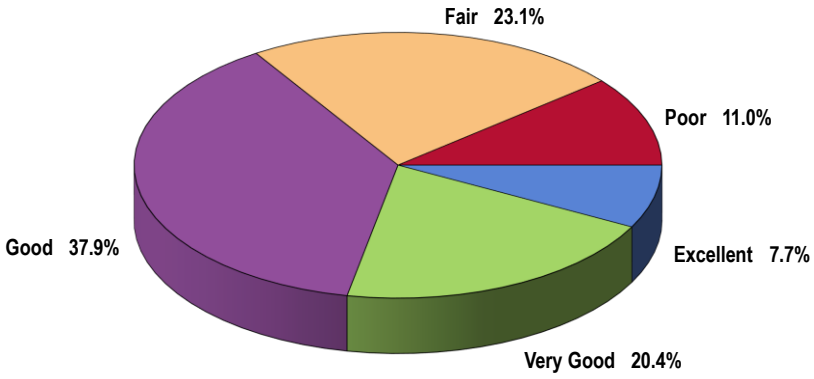
Housing

When asked to rate the availability of local affordable housing, 28.1% of Quad Cities Area adults gave "excellent" or "very good" ratings.

- Another 37.9% gave "good" ratings on the availability of affordable local housing.

Rating of the Availability of Affordable Housing in the Community

(Quad Cities Area, 2015)

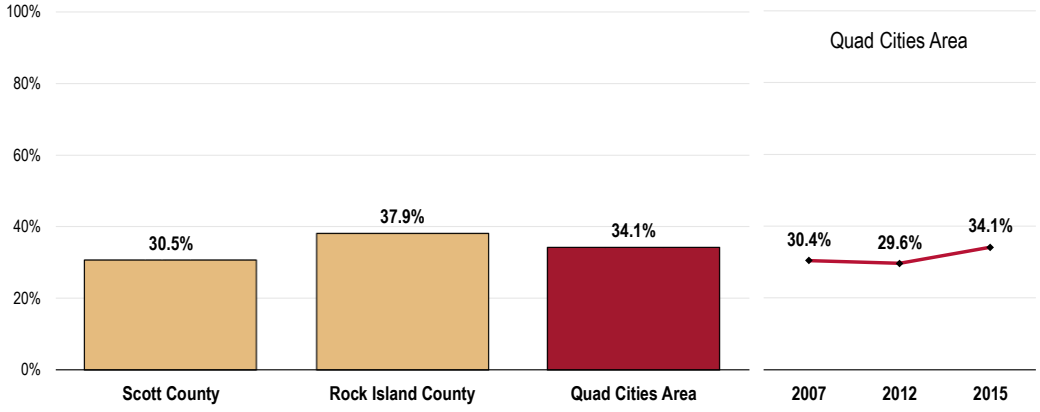


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]
Notes: ● Asked of all respondents.

On the other hand, 34.1% of survey respondents consider the availability of affordable local housing to be "fair" or "poor."

- Similar percentages by county.
- TREND: Statistically unchanged over time.

Availability of Affordable Housing Is "Fair/Poor"



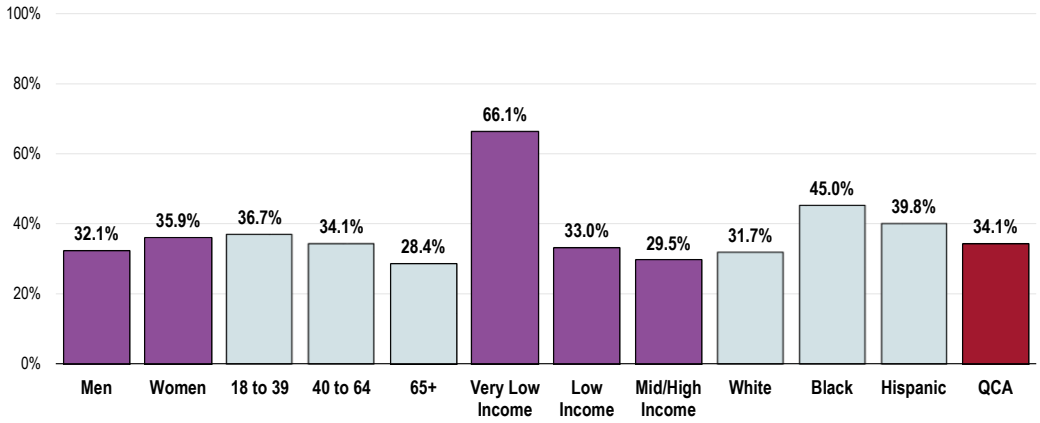
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 311]
Notes: ● Asked of all respondents.

The following population segments are more likely to give low ratings regarding the availability of affordable local housing:

- Residents living below the federal poverty level (especially).
- African Americans and Hispanics.

Availability of Affordable Housing Is "Fair/Poor"

(Quad Cities Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]

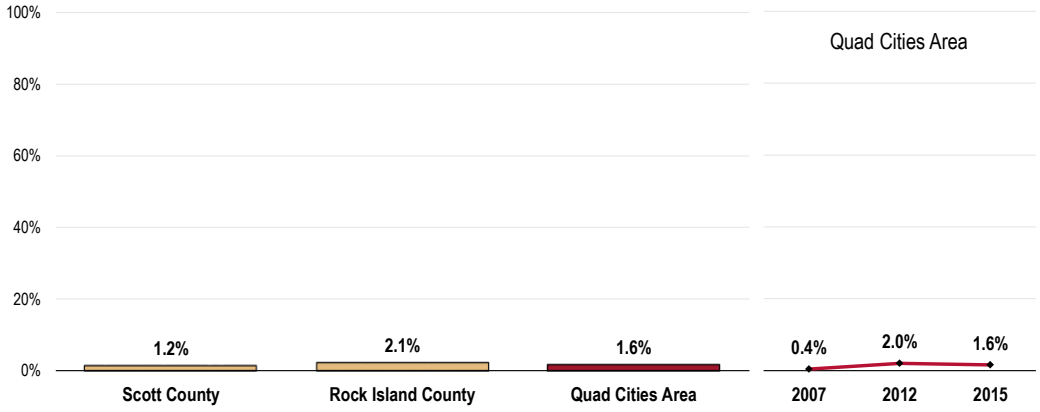
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Homelessness

Among Quad Cities Area adults, 1.6% report that there was a time in the past two years when they were living on the street, in a car, or in a temporary shelter.

- Similar findings by county.
- TREND: Similar to 2012 findings, but above what was initially measured in 2007.

Was Homeless at Some Point in the Past 2 Years

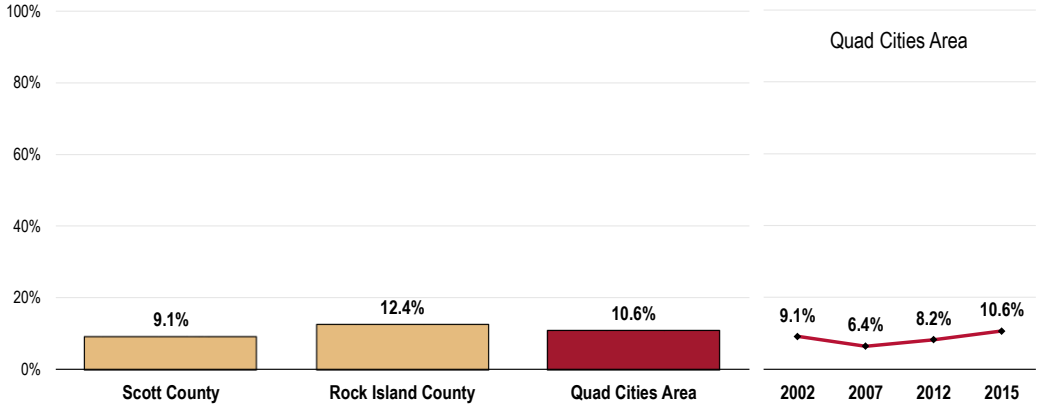


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 313]
Notes: ● Asked of all respondents.

Because of an emergency, 10.6% of survey respondents report that they have had to go live with a friend or relative in the past two years (even if it was only temporary).

- Similar findings by county.
- TREND: Similar to baseline 2002 findings.

Lived With a Friend or Relative Due to a Housing Emergency in the Past 2 Years



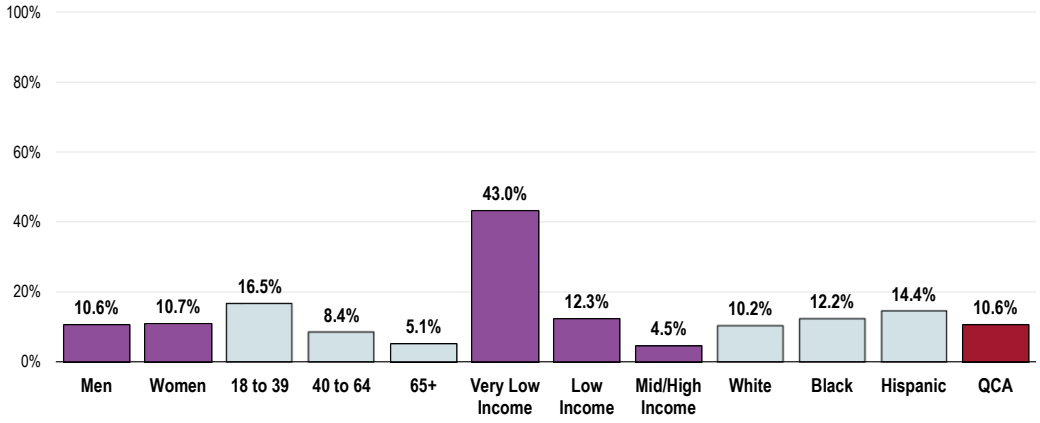
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 312]
Notes: ● Asked of all respondents.

The following population segments are more likely to have lived with a friend or relative in the past two years because of a housing emergency:

- Adults under age 65 (negative correlation with age).
- Residents with lower incomes (negative correlation with income; note the very high 43.0% among residents living below the federal poverty level).

Lived With a Friend or Relative Due to a Housing Emergency in the Past 2 Years

(Quad Cities Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Quality of Life:
Transportation

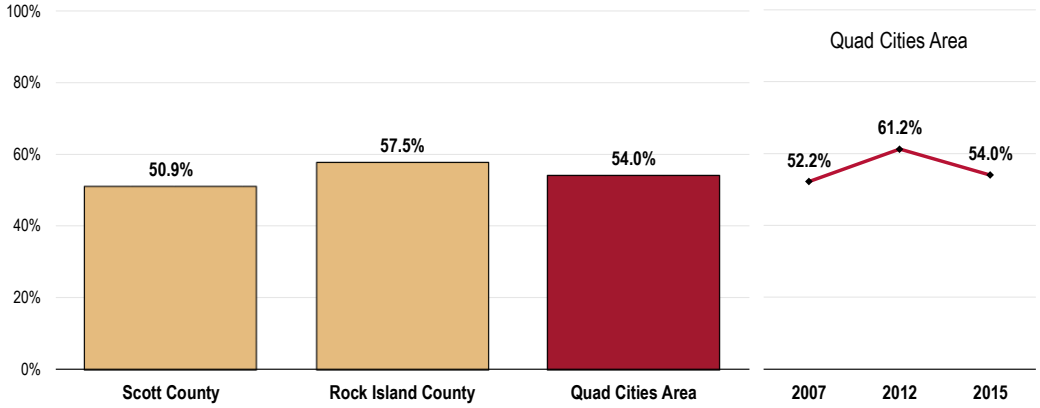
Professional Research Consultants, Inc.

Public Transportation

A total of 54.0% of Quad Cities Area adults feel that they could rely on public transportation if they needed it to get to work, appointments, and shopping.

- Lower in Scott County.
- TREND: Although fluctuating, the 2015 percentage is similar to baseline 2007 results.

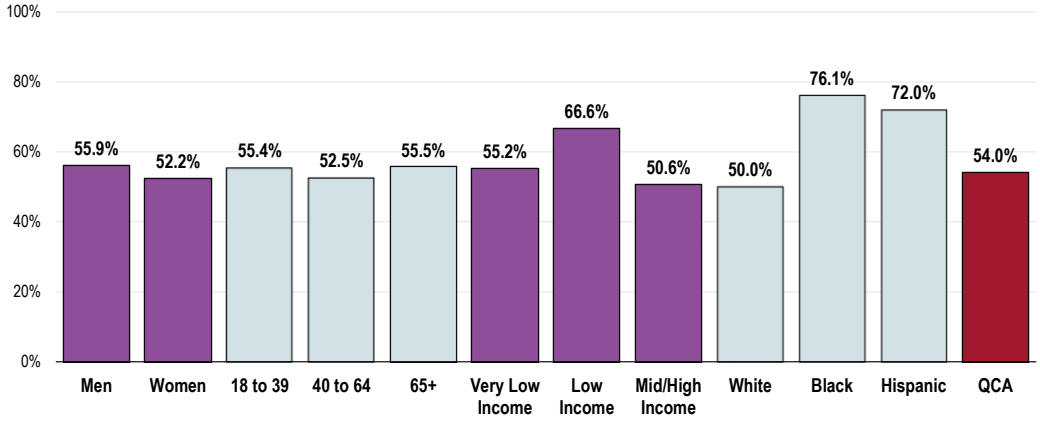
Could Rely on Public Transportation if Necessary



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 316]
Notes: ● Asked of all respondents.

- Adults less likely to feel they can depend on public transportation include Whites and residents at either end of the income spectrum.

Could Rely on Public Transportation if Necessary
(Quad Cities Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Quality of Life:
Education & Learning

Professional Research Consultants, Inc.

Educational Attainment

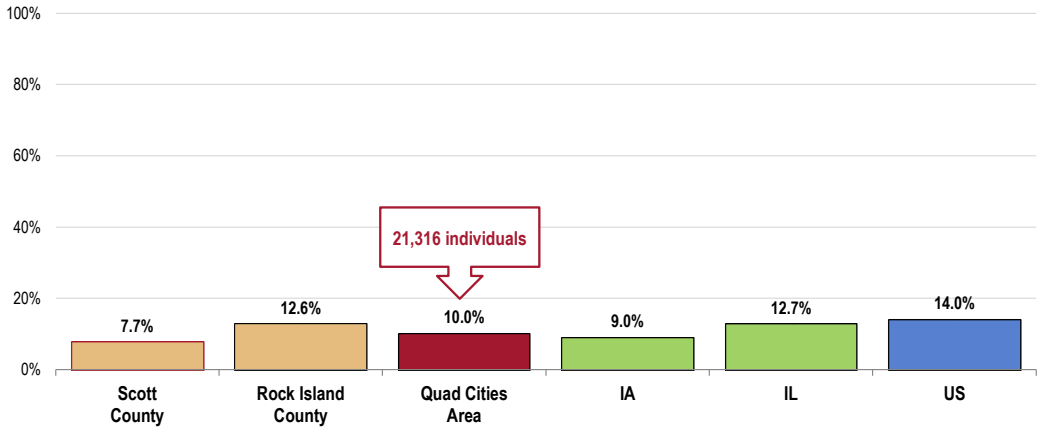
Education

Among the Quad Cities Area population age 25 and older, an estimated 10.0% (over 21,000 people) do not have a high school education.

- Less favorable than found in Iowa; more favorable than found in Illinois.
- More favorable than found nationally.
- Notably higher in Rock Island County.

Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2009-2013)

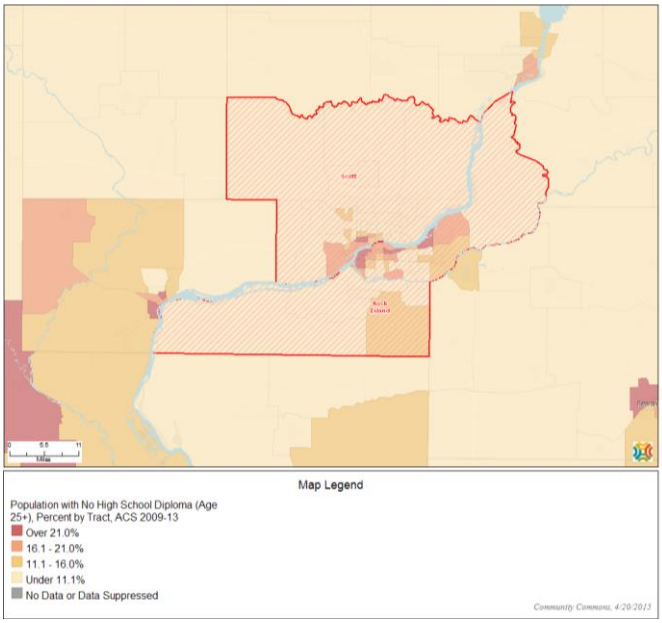


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved April 2015 from Community Commons at http://www.chna.org.

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

- Geographically, this indicator is more concentrated in the central portion of the Quad Cities Area.

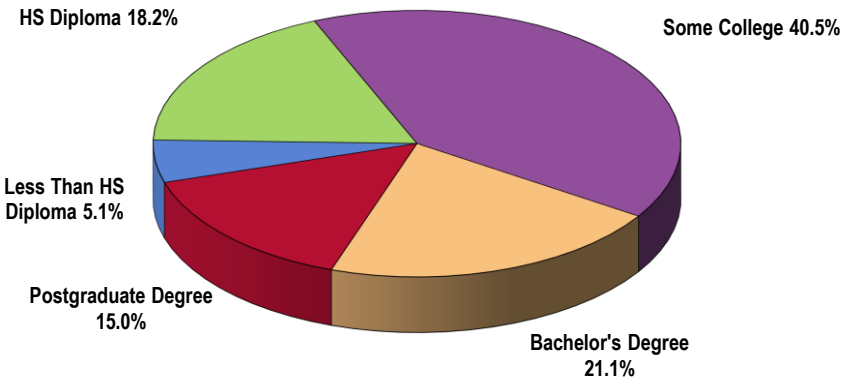
Population With No High School Diploma, Percent by Tract, ACS 2009-2013



Educational Attainment of Survey Respondents

The majority of Quad Cities Area adults (76.6%) has some college education — either some college coursework, a bachelor's degree, or an advanced degree.

Educational Attainment
(Quad Cities Area, 2015)

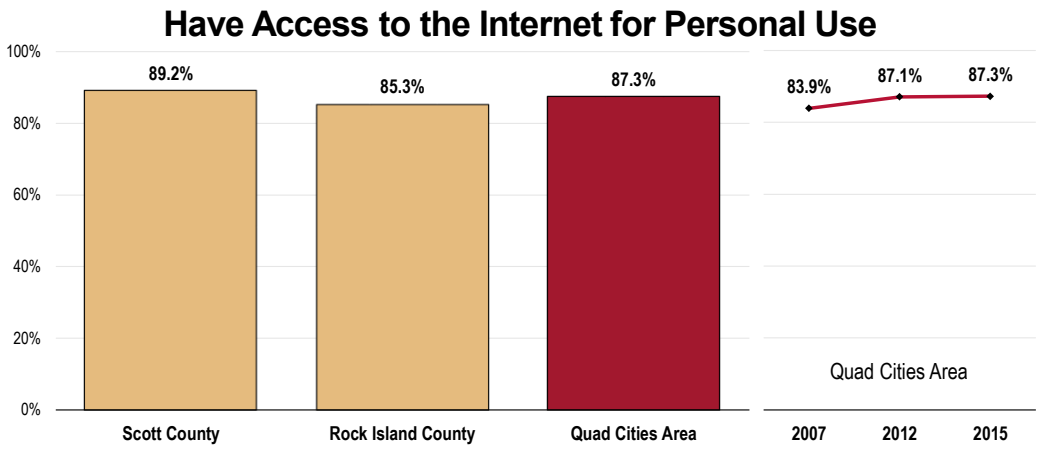


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 75]
Notes: ● Asked of all respondents.

Internet Access

Most Quad Cities Area adults (87.3%) have access to the Internet for personal use — either at home, work, or school.

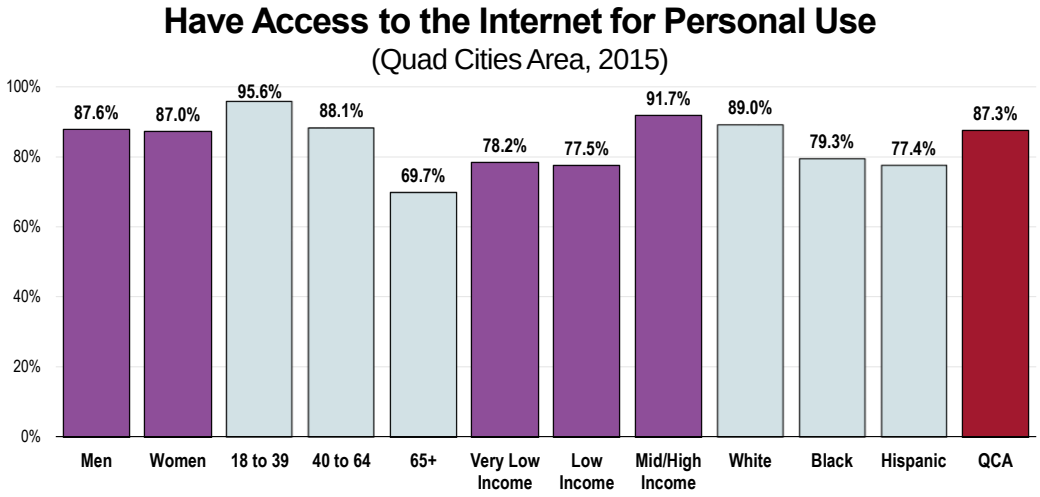
- Access to the Internet does not differ significantly between counties.
- TREND: Marks a statistically significant increase over time.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 308]
Notes: ● Asked of all respondents.

These residents are less likely to have access to the Internet for personal use:

- Seniors (negative correlation with age).
- Low-income residents.
- African Americans and Hispanics.



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Appendix A: Summary of Community Stakeholder Input

Professional Research Consultants, Inc.

Summary of Local Community Health Assessment Processes & Data Collection Methods

Report Provided by Rock Island County Health Department and Scott County Health Department

Background

The Quad Cities community has a long history of collaborating on community health assessments and the Quad City Health Initiative has facilitated regular, periodic assessments since 2002. Currently, all Iowa and Illinois health departments are required to undertake a Community Health Needs Assessment every five years. As a requirement of the Affordable Care Act, non-profit hospitals are required to complete a Community Health Assessment every three years and our local federally qualified health center routinely conducts assessments as part of federal requirements. These six partners — Quad City Health Initiative, Genesis Health System, UnityPoint Health-Trinity, Rock Island County Health Department, Scott County Health Department and Community Health Care, Inc. — have thus aligned their assessment processes to produce a coordinated assessment report for our bi-state area. Most recently, our local healthcare providers and local health departments partnered on the study released in 2012.

Beginning in late 2014, these partners began meeting again as a Community Health Assessment Steering Committee to plan the next assessment. As part of this current assessment effort, the Rock Island County and Scott County Health Departments hosted a set of community meetings and conducted surveys to identify and rank health needs in Rock Island and Scott Counties. The role of the Rock Island and Scott County Health Departments is to gather information from stakeholders in the community about health issues. The findings from these processes are summarized below and will be integrated into the final assessment report.

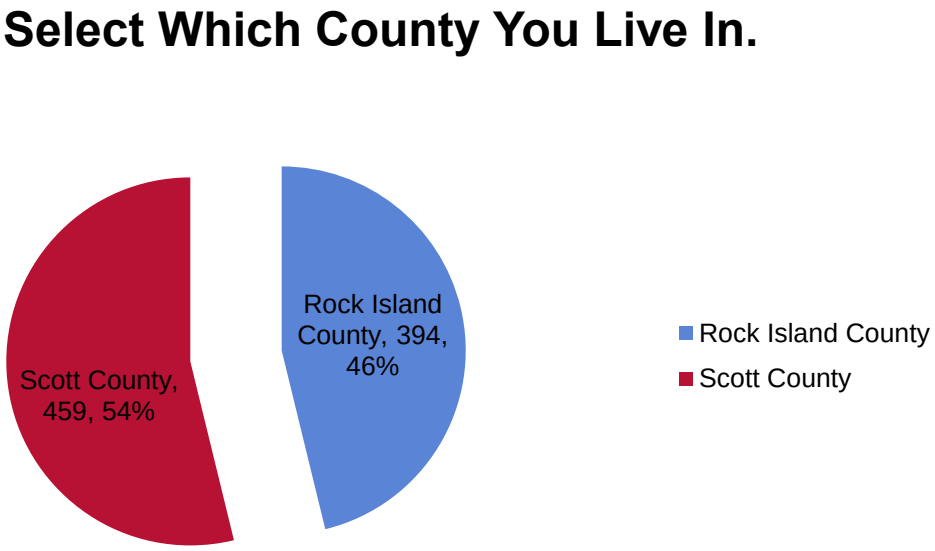
Community Health Assessment Process

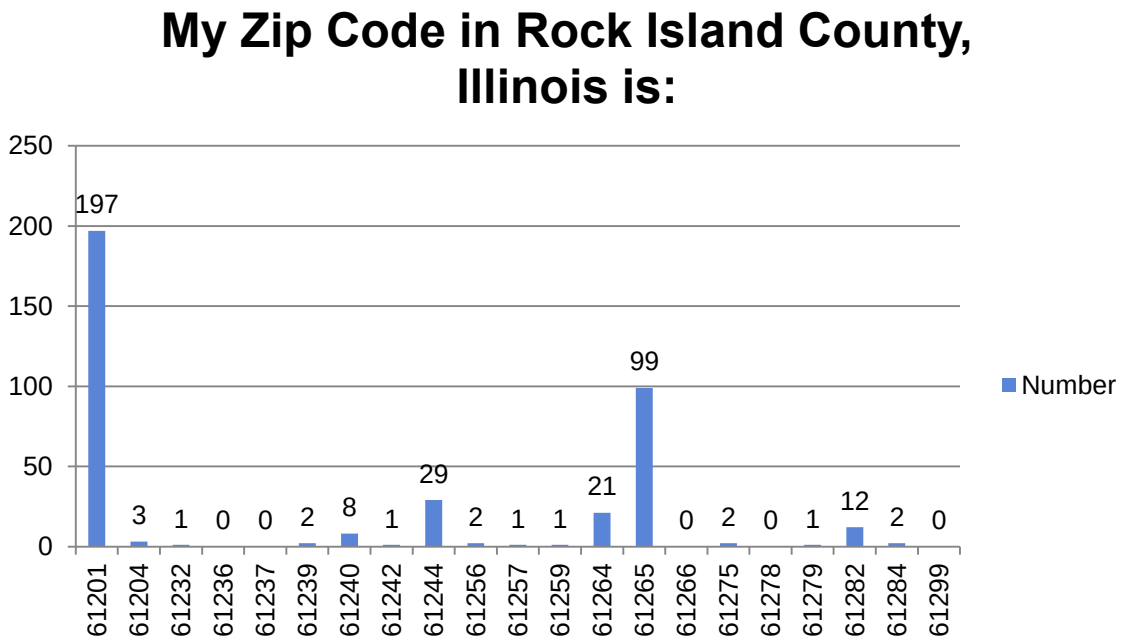
Community Survey

In April 2015, a community survey was promoted to community members via our community partners, email, newsletters, social media, health fairs, press releases, newspaper article, and clinics. The survey was available through SurveyMonkey® and in print. Community input was requested to help determine what health related needs impact their family and neighbors the most. The survey was anonymous and could be completed in less than ten minutes. We received 846 responses to the survey. Through this survey, community members indicated which needs in our community should be addressed in the next three to five years. They also provided demographic information including their zip code, race, ethnicity, gender, and

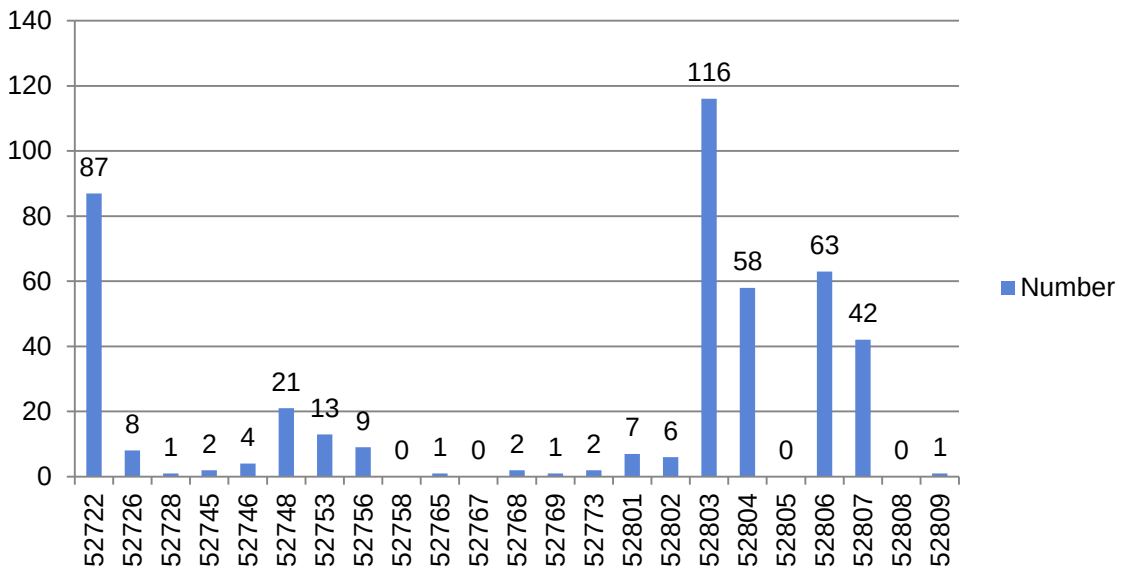
income to ensure that all sectors of the community were reached. At the end of the survey, participants had the option to indicate their interest in attending an in-person stakeholder meeting to discuss the needs in further detail. The results of this survey were tallied and used to help narrow down the list of needs that should be addressed in the next three to five years.

Below is the demographic information of the 853 respondents to the community survey.

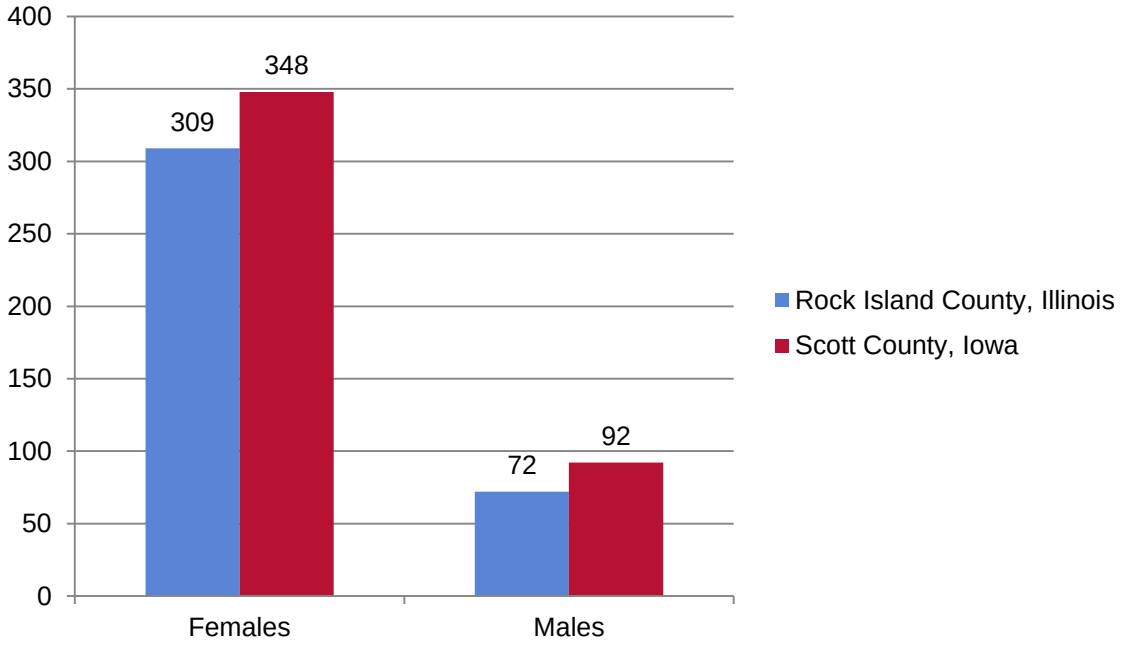


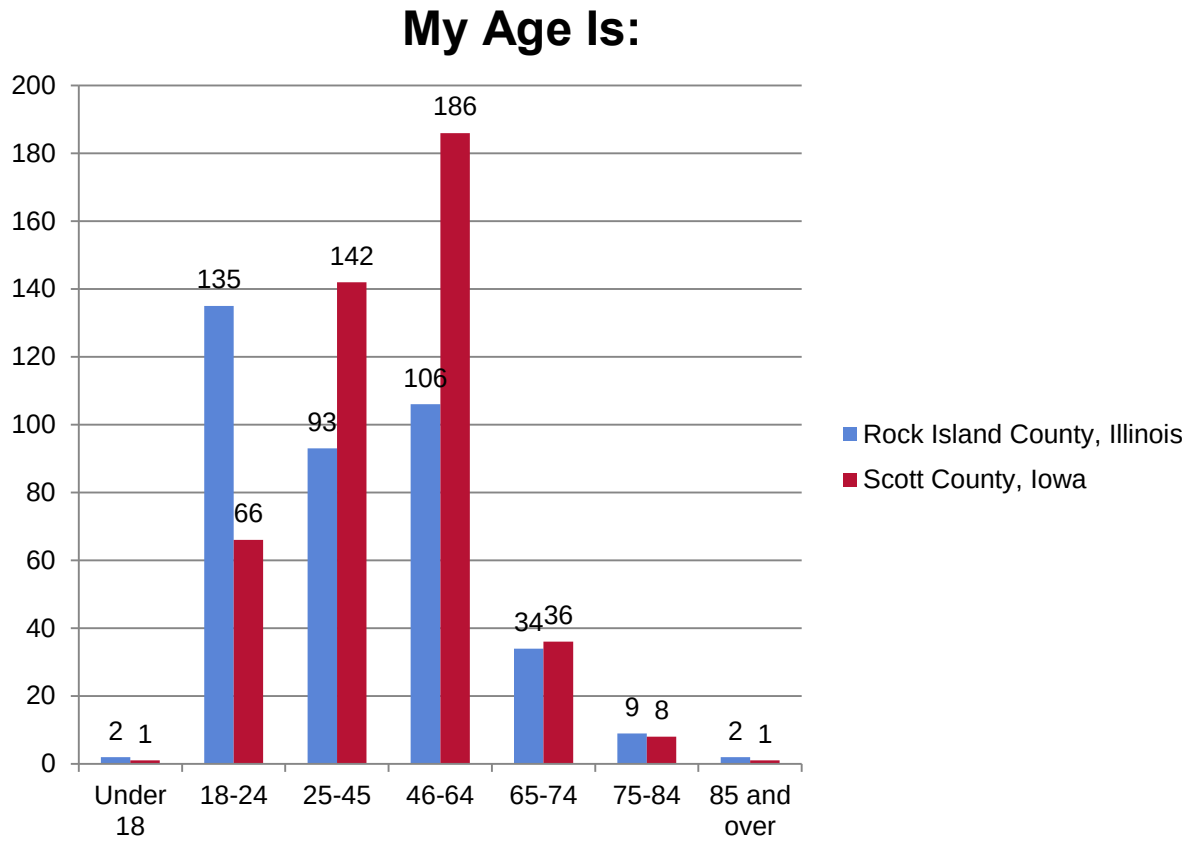


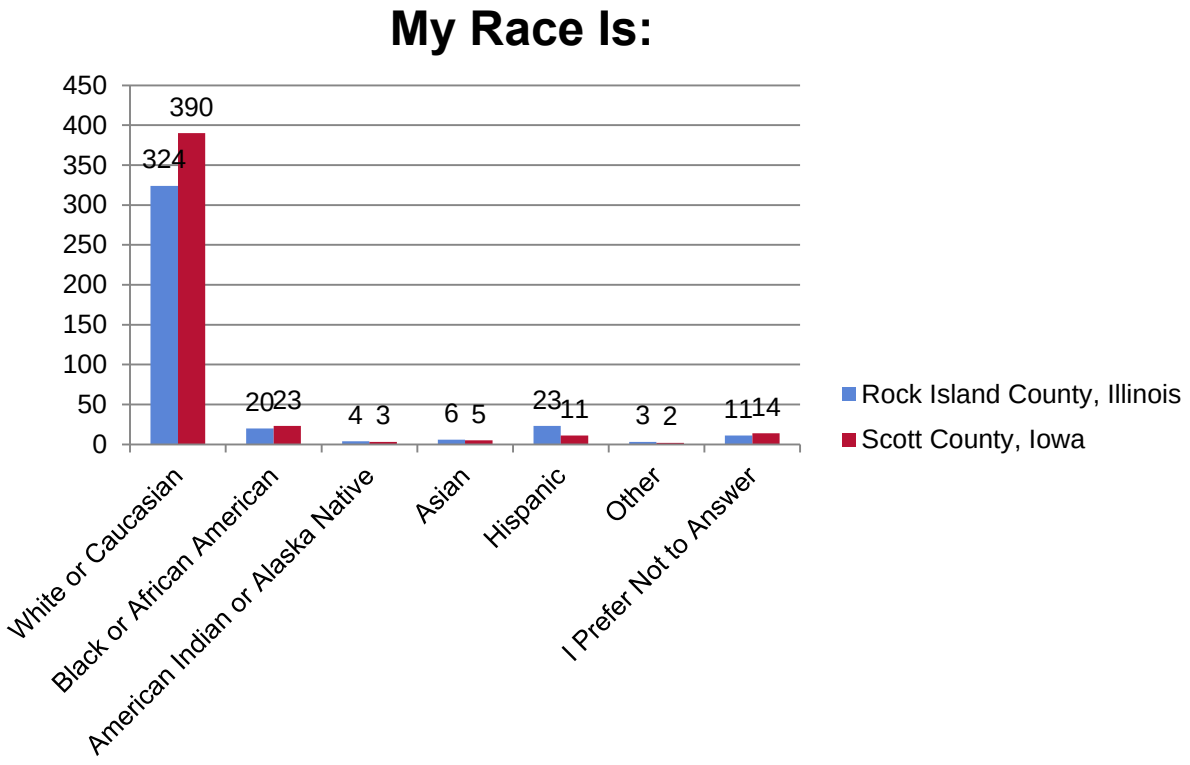
My Zip Code in Scott County, Iowa is:

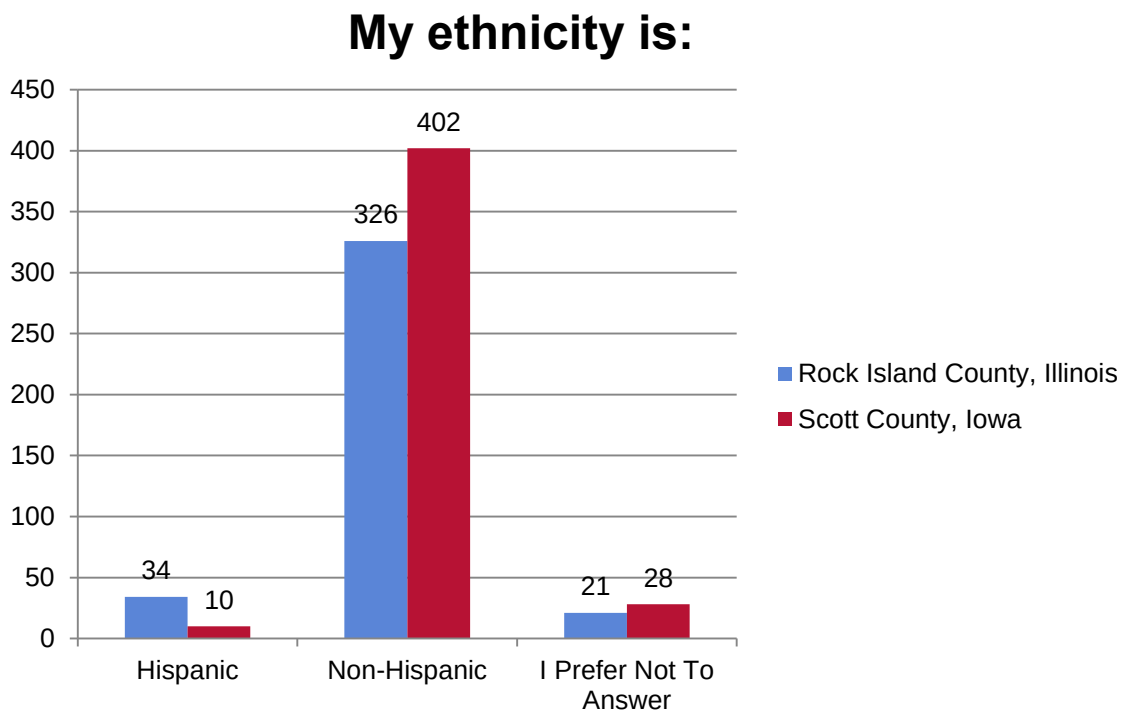


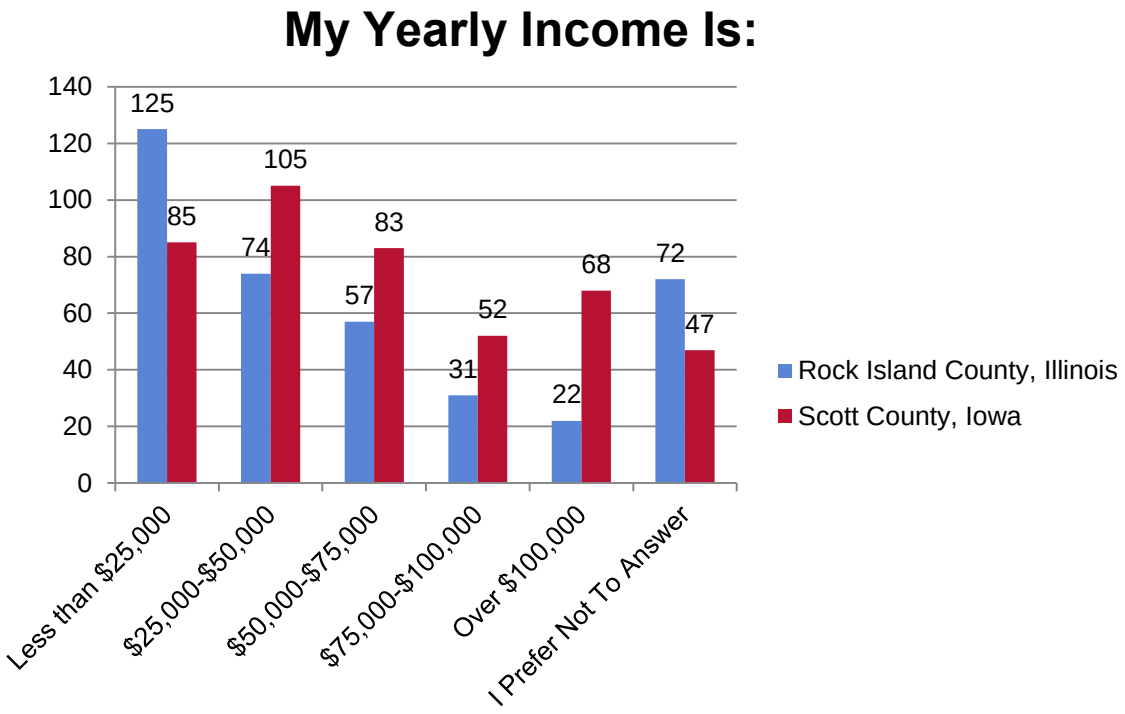
My Gender Is:




My Age Is:
200
180
160
140
120
100
80
60
40
20
0
2 1
135
66
93
142
106
186
34 36
9 8
2 1
Under 18
18-24
25-45
46-64
65-74
75-84
85 and over
Rock Island County, Illinois
Scott County, Iowa


My Race Is:
450
400
350
300
250
200
150
100
50
0
324
390
20 23
4 3
6 5
23 11
3 2
11 14
White or Caucasian
Black or African American
American Indian or Alaska Native
Asian
Hispanic
Other
I Prefer Not to Answer
Rock Island County, Illinois
Scott County, Iowa


My ethnicity is:
450
400
350
300
250
200
150
100
50
0
34
10
326
402
21
28
Hispanic
Non-Hispanic
I Prefer Not To Answer
Rock Island County, Illinois
Scott County, Iowa


My Yearly Income Is:
140
120
100
80
60
40
20
0
125
85
74
105
57
83
31
52
22
68
72
47
Less than $25,000
$25,000-$50,000
$50,000-$75,000
$75,000-$100,000
Over $100,000
I Prefer Not To Answer
Rock Island County, Illinois
Scott County, Iowa

Formation of Quad City Stakeholder Committee

The Stakeholder Committee is comprised of leaders in the community and members of the public. The responsibility of the Stakeholder Committee is to help guide the need identification process. To ensure that all sectors were represented, members of the Quad City Health Initiative's Community Health Assessment Committee identified leaders throughout the Quad City community who would best represent their sector. Community members who indicated in the Community Survey that they were interested in attending an in-person stakeholder meeting were invited to join the first Quad City Stakeholder Committee, along with identified leaders from various sectors.

Stakeholder Sectors	Invited	Attended May Stakeholder Event	Completed June Need Prioritization Survey	Attended July Stakeholder Event
Business/industry	21	7	2	4
Civic groups	2	0	1	0
Community not-for profit organizations	20	8	13	5
Departments of government	17	6	4	3
Elected official representation	15	2	0	0
Emergency management	2	0	0	0
EMS	3	1	1	1
Faith-based organizations	4	0	1	0
Fire department	4	1	1	1
Food system stakeholders	4	3	0	2
Foundations and philanthropists	5	4	0	1
Human service agencies	11	5	7	3
Judicial system	2	0	0	0
Law enforcement	2	0	0	0
Local Board of Health	6	2	4	2
Local health care providers	20	12	14	7
Local schools and academic institutions	22	8	15	5
Media	3	0	1	0
Members of the general public	112	25	17	17
Other public health system agencies	2	0	1	0
Planning organizations	3	2	1	0
TOTAL (number)	**280**	**86**	**83**	**51**

May Stakeholder Meetings

Two Quad City Stakeholder Committee meetings were held in May; one in Scott County and one in Rock Island County. During the May Stakeholder meetings, the Stakeholder Committee voted on 56 topics selected through community and stakeholder surveys.

Top 56 Identified Needs (in no particular order)
Category 1: Promoting Healthy Behaviors
• Increase community awareness of behavioral health concerns to reduce stigma
• Promote healthy lifestyles (healthy eating, physical activity)
• Address tobacco use
• Address obesity in youth
• Address obesity in adults
• Address racial and/or ethnic diseases
• Address drug and alcohol abuse among adolescents and adults
• Address mental health needs of returning veterans
• Increase the knowledge of the community about appropriate use of health care services (ER vs. Convenient Care vs. Primary Provider)
• Management of chronic health conditions (Diabetes, Heart Disease, Kidney Disease, COPD)
• Cancer
Category 2: Preventing Injuries
• Address sexual abuse
• Address intimate partner violence (dating/physical/emotional/verbal abuse)
• Decrease gang violence
• Reduce incidence of suicide
• Motor vehicle crashes
• Promote safe communities (safe routes to schools, sidewalks)
Category 3: Prevent Epidemics
• Increase childhood vaccination rates
• Promote adult immunization
• Communicable disease prevention, control, and surveillance
• Safe sex/STD prevention and education
Category 4: Protecting Against Environmental Hazards
• Address and promote drinking water protection
• Address food safety
• Promote healthy homes (indoor air quality, carbon monoxide, radon, lead, mold, etc.)
• Improve outdoor air quality
• Increase the preservation of the environment through enforcement and education
Category 5: Prepare for, Respond to, and Recover from Public Health Emergencies
• Improve risk communication (communication before, during, and after a crisis)
• Emergency planning and response
• Increase preparedness for pandemics

Category 6: Strengthen the Public Health Infrastructure--Access to Quality Health Services
• Health coverage/health insurance
• Access to mental health care for youth
• Access to mental health care for adults
• Access to medical providers for individuals who are underinsured, not insured, and/or with Medicaid insurance
• Access to oral health care for older adults
• Access to oral health care for low-income families and individuals
• Access to medical and oral health care services for individuals with language barriers
• Access to vision exams and eye glasses
• Access to affordable medications
• Increased access to home care services for older adults
• Transportation options to assist children, adolescents, adults, and older adults in accessing health care services
• Access to additional health care services for students in the post-secondary school setting
Category 6: Strengthen the Public Health Infrastructure—Workforce
• Increase the number of specialty health providers in our community
• Promote trauma-informed/ sensitive providers and schools to assist children with adverse childhood experiences
• Better enforcement of child care regulations
• Increased knowledge of community resources available for referral by the medical community
• Increase the availability of multi-lingual health care providers
• Diversity and cultural competency training for health care providers, community agencies, and others that assist individuals in our community
• Improved health communication between medical provider and patient (health literacy)
• Increase the number of physician providers in the community providing health care services (primary care, geriatric, mental health)
Category 6: Strengthen the Public Health Infrastructure—All Other Needs
• Mental health services for families of various ethnic backgrounds
• Increase the knowledge of the community about the availability of family support services
• Availability of affordable, healthy food options (locally grown foods, community gardens, food deserts)
• Access to built environments that promote healthy lifestyles
• Access to long-acting, reversible contraceptives
• Access to prenatal services
Other Needs
• Children and adults in poverty

Through these efforts, the list of needs was narrowed down to sixteen.

June Stakeholder Survey

The sixteen needs identified through the May Stakeholder Meetings were shared with the Quad City Stakeholder Committee in June. Members were asked to complete a survey through SurveyMonkey® to further pare down the needs. The Committee was provided background information regarding each need, then asked to indicate the importance of each need and the community's ability to impact this need in the next three to five years.

Top 16 Identified Needs (in no particular order)
• Access to medical providers for under-insured, uninsured, or with Medicaid health insurance
• Access to oral health care for low-income individuals and families
• Access to affordable medications
• Access to prenatal services
• Increase the knowledge of the community about appropriate use of health care services (ER vs. Convenient Care vs. Primary Provider)
• Access to mental health care for youth
• Access to mental health care for adults
• Address mental health needs of returning veterans
• Health coverage (insurance)
• Address sexual abuse
• Address intimate partner violence (dating/physical/emotional/verbal abuse)
• Address obesity in youth
• Address obesity in adults
• Promote healthy living (healthy eating, physical activity)
• Address poverty among children and adults
• Emergency planning and response

Through the efforts of 83 stakeholders, the Stakeholder Committee narrowed the list down to seven needs.

July Stakeholder Meetings

Two final Quad City Stakeholder Committee meetings were held in July; one in Scott County and one in Rock Island County. The seven needs were discussed in detail and each Committee member was provided background information regarding the need.

Top 7 Identified Needs (in no particular order)
• Access to mental health care for youth, adults, and veterans
• Address obesity in youth and adults
• Address poverty among children and adults
• Increase the knowledge of the community about appropriate use of health care services
• Promote healthy living
• Access to prenatal services
• Access to medical providers for under-insured, uninsured, or with Medicaid health insurance

At the end of the meeting the Committee voted on the top three needs in their county. The votes were then tallied for each county and pared down to the top four needs.

Results

The needs were pared down to:

Top 4 Identified Needs
1. Access to mental health care for youth, adults, and veterans
2. Promote healthy living
3. Address obesity in youth and adults
4. Access to medical providers for under-insured, uninsured, or with Medicaid health insurance

Next Steps

The priorities identified during this process will inform the overall community health assessment findings and will become part of the basis for the Health Improvement Plan, which is the operational part of the assessment and planning process, and can play a significant role in the awarding of funds by grantors for programs in our community. In addition, it is our hope that the findings will serve as a source of information that might be incorporated in other processes, including strategic plans. The Quad City Community Health Assessment Steering Committee plans to begin strategy meetings to create a Health Improvement Plan that will guide our work together over the next three to five years.