FINAL

2024 COMMUNITY HEALTH NEEDS ASSESSMENT

Executive Summary

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

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

Funded by
MercyOne Genesis
UnityPoint Health-Trinity

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Prepared by
www.PRCExcellence.com

PREFACE

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

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

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Scott, Muscatine, and Rock Island counties; it is a follow-up to similar studies conducted in 2002, 2007, 2012, 2015, 2018, and 2021 for Scott and Rock Island counties (and to 2018 and 2021 for the combined three-county area, including Muscatine County). Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

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

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

Acknowledgments

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

Steering Committee:

- Brooke Barnes, Scott County Health Department
- Tom Bowman, Community Health Care, Inc.
- Nicole Carkner, Quad City Health Initiative (QCHI)
- Jennifer Craft, Trinity Muscatine Public Health
- Ellen Gackle, Scott County Health Department
- Rikki Hetzler, Trinity Muscatine Public Health
- Ameya Kotwal, MercyOne Genesis

- Joseph Malas, MercyOne Genesis
- Kate Meyer, Rock Island County Health Department
- Tiffany Peterson, Scott County Health Department
- Pamela Samuelson, UnityPoint Health-Trinity
- George Verástegui, Rock Island County Health Department

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

Rock Island and Scott Counties Stakeholder Committee:

- Amy Maxeiner, Black Hawk College
- Ann Garton, Institute for Person Centered Care/St. Ambrose University
- Brian Payne, Scott County Emergency Management Agency
- Brycie Kochuyt, Alternatives for the Older Adult
- Cheryl True, True Lifestyle Medicine Clinic
- Clare Stephenson, World Relief
- Denise Bulat, Bi-State Regional Commission
- Gina Ekstrom, Davenport Community School District
- Janessa Canny, Greater Quad Cities Hispanic Chamber of Commerce
- Jeff Cornelius, Two Rivers YMCA
- Kathleen Hanson, Scott County Board of Health
- Katie Resig, Project NOW
- Kristin Humphries, East Moline School District
- Paul Andorf, MEDIC EMS of Scott County
- Rich Whitaker, Vera French Community Mental Health Center
- Shawn Roth, Scott County Sheriff's Department
- Sister Thanh Nguyen, Sacred Heart
- Sue Hafkemeyer, Quad Cities Community Foundation
- Toni Robertson, League of United Latin American Citizens (LULAC)

Muscatine County Stakeholder Committee:

- Jessica Bopes, Muscatine County Community Services
- Sara Carlson, National Alliance on Mental Illness (NAMI)
- Vincent Castillo, Muscatine Center for Social Action
- Nick Doy, Muscatine County Sheriff's Department - Jail

- Laurie Edge, NAMI
- Yasmin Flores, Community Health Care
- Megan Francis, Crossroads, Inc.
- Carmen Galvin, Mississippi Valley Child Protection Center
- Cory Garvin, Wester Drug Pharmacy and Wellness/Muscatine County Board of Health
- Michelle Garvin, Wester Drug Pharmacy and Wellness/Muscatine County Board of Health
- Karen Harper, Muscatine County Board of Health
- Heidi Hoffman, ISU Extension
- Chris Jasper, Muscatine County Emergency Management
- Ken Larue, Non-emergency Transport
- Jamie Leza, Community Foundation of Greater Muscatine
- Tony Loconsole, Muscatine Community School District
- Matt McCleary, Muscatine County Sheriff's Department- Jail
- Kimberly McNeely, Non-emergency Transport
- Brandy Olson, Muscatine Power & Water/Muscatine County Board of Health Chair
- Shane Orr, United Way of Muscatine
- Jesenia Pesina, Aligned Impact Muscatine
- Lindsey Phillips, Trinity Muscatine Foundation/YMCA
- Rachel Pohl, UnityPoint Health Trinity Muscatine
- Kim Seligman, Matt's Diabetes Promise FKA Muscatine Diabetes Project
- Katelyn Voss, Community Health Care Muscatine
- Jamie Walker, UnityPoint Health Trinity Muscatine, Occupational Medicine
- Kim Warren, Aligned Impact Muscatine
- Kaitlyn Wintermeyer, Early Childhood Iowa Muscatine County (ECIMC)

Methodology

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

PRC Community Health Survey

Survey Instrument

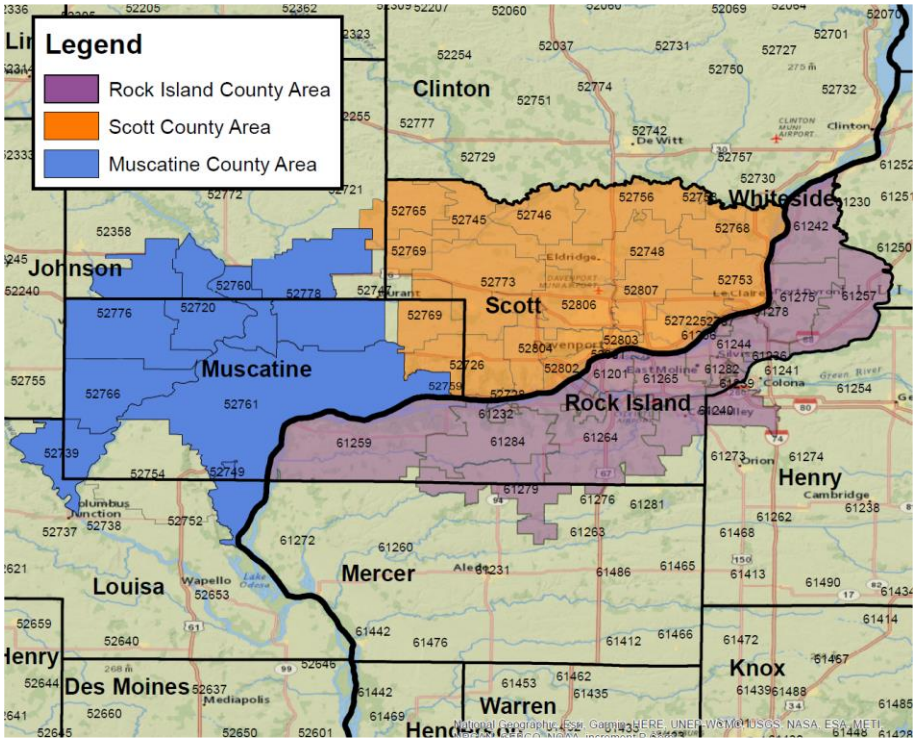
The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion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

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

Community Defined for This Assessment

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

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



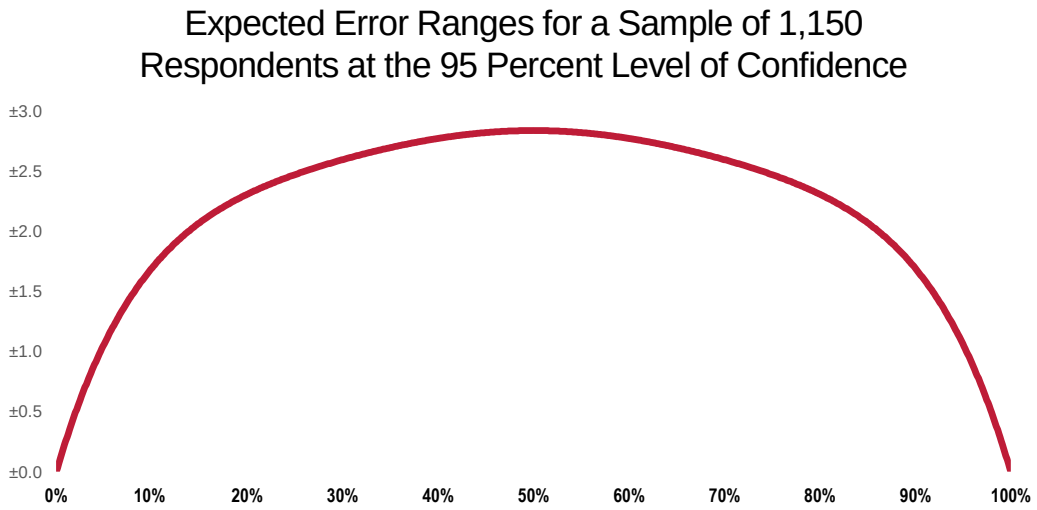
Sample Approach & Design

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

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

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

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



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

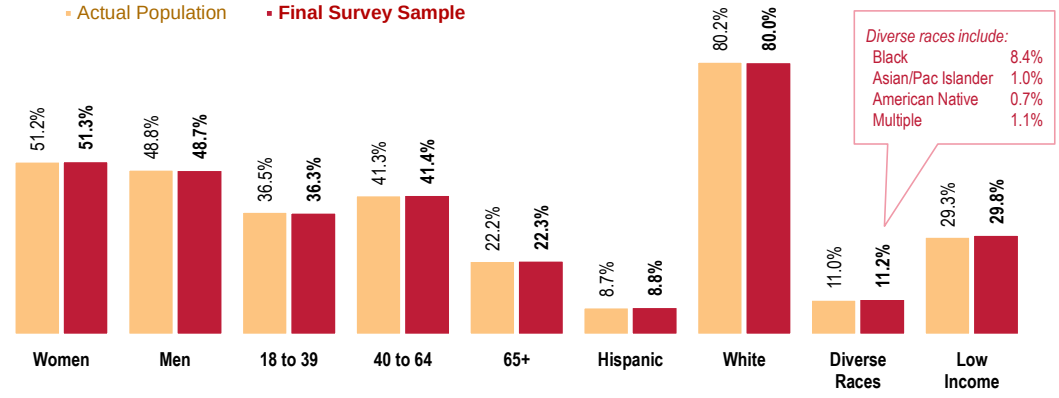
Examples:
- If 10% of the sample of 1,150 respondents answered a certain question with a "yes," it can be asserted that between 8.3% and 11.7% (10% ± 1.7%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence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

Sample Characteristics

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

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

Population & Survey Sample Characteristics
(Total Area, 2024)



Sources:
- US Census Bureau, 2016-2020 American Community Survey.
- 2024 PRC Community Health Survey, PRC, Inc.

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

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

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the Total Area were obtained from the following sources:

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

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

Benchmark Comparisons

Trending

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

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

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

Iowa & Illinois Data

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

National Data

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

Healthy People 2030 Objectives

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

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

Determining Significance

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

Information Gaps

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

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other

population groups — for example, pregnant women, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be individually identifiable or might not comprise a large-enough sample for independent analyses.

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

Qualitative Community Health Assessment Methodology

Quad Cities: Rock Island County and Scott County

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

Muscatine County

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

SUMMARY OF FINDINGS

Significant Health Needs of the Community

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

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

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE	▪ Barriers to Access – Inconvenient Office Hours – Cost of Prescriptions – Cost of Physician Visits – Appointment Availability – Difficulty Finding a Physician – Lack of Transportation ▪ Skipping/Stretching Prescriptions ▪ "Fair/Poor" Financial Situation ▪ Particular Place for Child's Health Care ▪ Difficulty Accessing Children's Health Care ▪ Specific Source of Ongoing Medical Care ▪ Emergency Room Utilization ▪ Ratings of Local Health Care ▪ Outmigration for Health Care Services ▪ "Fair/Poor" Ease of Obtaining Health Care Services
CANCER	▪ Leading Cause of Death ▪ Lung Cancer Deaths ▪ Lung Cancer Incidence ▪ Female Breast Cancer Screening
DIABETES	▪ Diabetes Deaths ▪ Diabetes Prevalence ▪ Prevalence of Borderline/Pre-Diabetes ▪ Kidney Disease Deaths
DISABLING CONDITIONS	▪ Multiple Chronic Conditions ▪ High-Impact Chronic Pain ▪ Alzheimer's Disease Deaths
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ Heart Disease Prevalence ▪ High Blood Pressure Prevalence ▪ High Blood Cholesterol Prevalence

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

Community Feedback on Prioritization of Health Needs

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

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

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
    - *How many people are affected?*
    - *How does the local community data compare to state or national levels, or Healthy People 2030 targets?*
    - *To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?*

  Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).
- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

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

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

Summary of Qualitative Community Health Assessment Findings

Quad Cities: Rock Island County and Scott County

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

Muscatine County

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

Summary Tables:
Comparisons With Benchmark Data

Reading the Summary Tables

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

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

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

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

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

TREND SUMMARY
(Current vs. Baseline Data)

SURVEY DATA INDICATORS:

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

OTHER (SECONDARY) DATA INDICATORS:

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

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

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

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better similar worse

OVERALL HEALTH	DISPARITY AMONG COUNTIES					TOTAL AREA vs. BENCHMARKS				TRENDS	
	Scott County	Muscatine County	Rock Island County	QCA (Scott+Rock Island)	Total Area	vs. IA	vs. IL	vs. US	vs. HP2030	QCA TREND	TOTAL AREA TREND
% "Fair/Poor" Overall Health	25.0	29.1	36.0	30.2	**30.1**	16.2	16.9	15.7		15.2	19.3

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

better similar worse

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

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

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better similar worse

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

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

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better similar worse

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

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better similar worse

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

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better similar worse

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

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

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

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better similar worse

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

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

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

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better similar worse

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

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

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

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

better similar worse

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

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

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

better similar worse

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

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

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

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