FINAL

2012 Community Health Assessment

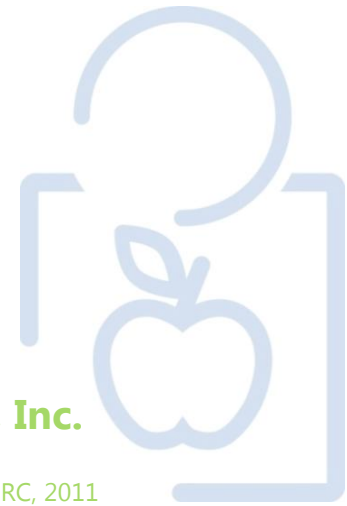
Scott County, Iowa &
Rock Island County, Illinois

Study Sponsored By:

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

Funded By:

Genesis Health System
Trinity Regional Health System



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INTRODUCTION

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. Each of our health departments convened a community health task force to review and prioritize secondary data and collect qualitative input from community leaders in Scott and Rock Island counties. In addition, through QCHI, the health systems funded a survey and data collection for the bi-state area and hired Professional Research Consultants (PRC) to conduct this work. The following document provides PRC's bi-state findings in detail. All documents produced as part of the 2012 Quad Cities Community Health Assessment process are available for review online at www.qchealthinitiative.org.

Project Overview

Project Goals

This Community Health Assessment, a follow-up to similar studies conducted in 2002 and 2007, 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 the 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), 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 Trinity Regional Health System. The portion of the study conducted by PRC was funded by Genesis Health System and Trinity Regional Health System.

Study Steering Committee:

- Mr. Tom Bowman, Community Health Care
- Ms. Denise Bulat, Bi-State Regional Commission
- Ms. Nicole Carkner, Quad City Health Initiative
- Mr. Jim Horstmann, Community Member
- Dr. Jim Lehman, Genesis Health System
- Mr. Ed Rivers, Scott County Health Department
- Ms. Wendy Trute, Rock Island County Health Department
- Ms. Berlinda Tyler-Jamison, Trinity Regional Health System

Methodology

This assessment incorporates data from primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these components allow for trending and comparison to benchmark data at the state and national levels.

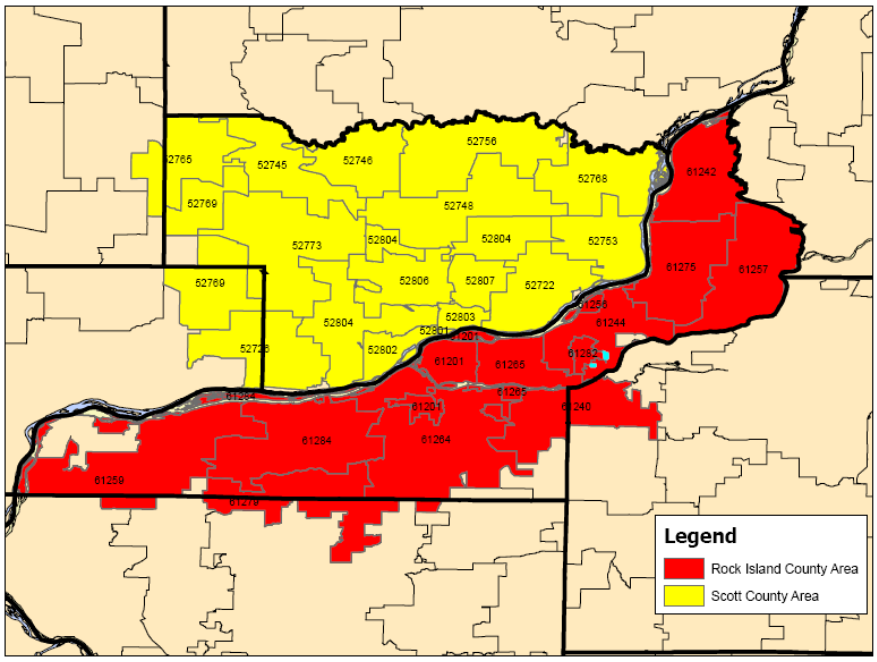
PRC Community Health Survey

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 "Quad Cities Area" in this report) is defined as residential ZIP Codes comprising Scott and Rock Island counties (including 61201, 61232, 61239, 61240, 61242, 61244, 61256, 61257, 61259, 61264, 61265, 61275, 61279, 61282, and 61284 in Rock Island County, Illinois; and 52722, 52726, 52745, 52746, 52748, 52753, 52756, 52765, 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.

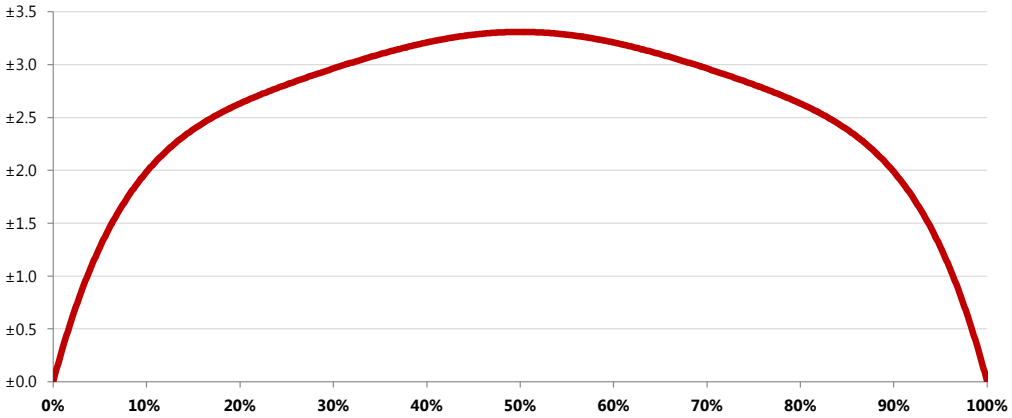
The sample design used for this effort consisted of a stratified random sample of 800 individuals age 18 and older in the Quad Cities Area, including 400 in Rock Island County and 400 in Scott County. In addition, an oversample of 120 additional interviews was implemented among African American and Hispanic adults to ensure that these populations were adequately represented in the sample and could be analyzed independently. This yielded a total of 90 interviews among African American residents and 103 interviews among Hispanic residents (including respondents reached through both the random sample and oversample interviews).

Once all surveys were completed, the total of 920 interviews 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).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 920 respondents is ±3.3% at the 95 percent level of confidence. [Note that analyses of subgroups carry larger associated error; for example, the samples of African American and Hispanic residents (including the "oversample" interviews) carry maximum error rates of ±10.3% and ±9.7%, respectively.]

Expected Error Ranges for a Sample of 920 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 920 respondents answered a certain question with a "yes," it can be asserted that between 8.0% and 12.0% (10% ± 2.0%) 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.

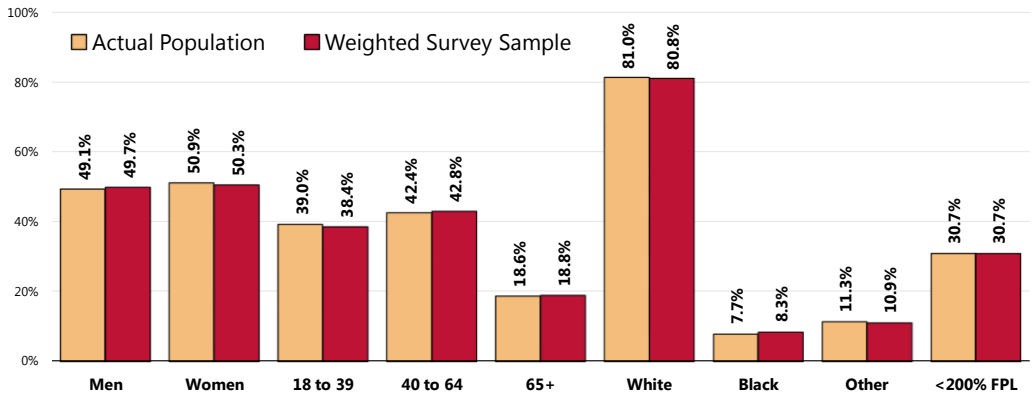
Sample Characteristics

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 charts outline 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 & Sample Characteristics

(Quad Cities Area, 2012)



Sources:
- Census 2000, Summary File 3 (SF 3). U.S. Census Bureau.
- 2012 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 2011 guidelines place the poverty threshold for a family of four at $22,350 annual household income or lower)*. In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; "**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 Rock Island and Scott counties were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Centers for Disease Control & Prevention
- GeoLytics Demographic Estimates & Projections
- National Center for Health Statistics
- Iowa Department of Public Health / Illinois Department of Public Health
- Iowa Department of Public Safety / Illinois State Police
- US Census Bureau
- US Department of Health and Human Services
- US Department of Justice, Federal Bureau of Investigation

Note that secondary data reflect county-level data.

Benchmark Data

Trending

A similar survey was administered in the Quad Cities Area in 2002 and 2007 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.

Illinois & Iowa 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 online 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.

National Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2011 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.

Information Gaps

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

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

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

Summary of Findings

Areas of Opportunity for Community Health Improvement

The following health issues represent recommended areas of intervention, 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 region with regard to the following health areas (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	• Difficulty Finding a Doctor • Ease of Obtaining Vision Care
Cancer	• Lung Cancer Deaths • Mammography Screening
Dementias (Including Alzheimer's Disease)	• Alzheimer's Disease Deaths
Diabetes	• Diabetes Prevalence
Disability	• Activity Limitations
Family Planning & Infant Health	• Births to Unwed Mothers • Births to Teens • Infant Deaths • Lack of Prenatal Care • Low-Weight Births
Heart Disease & Stroke	• Heart Disease Prevalence • Hypertension Prevalence • High Cholesterol Prevalence
Immunization & Infectious Disease *(identified through qualitative input from local community leaders)*	• Vaccine-Preventable Diseases
Injury & Violence Prevention	• Violent Crime Rate • Homicide Deaths
Kidney Disease	• Kidney Disease Deaths
Mental Health & Mental Disorders *(identified through qualitative input from local community leaders)*	• Access to Mental Health Services • Mental Health Workforce & Funding • Mental Health Status
Nutrition, Physical Activity & Weight	• Fruit & Vegetable Consumption • Leisure-Time Physical Activity • Vigorous Physical Activity • Overweight/Obesity • Medical Advice on Weight
Respiratory Diseases	• Chronic Lower Respiratory Disease Deaths
Sexually Transmitted Diseases	• Gonorrhea Incidence • Chlamydia Incidence
Substance Abuse	• Binge Drinking • Drug-Induced Deaths
QUALITY OF LIFE ISSUES	
Economy & Housing	• Personal Financial Well-Being • Housing Instability (Homelessness)

TREND SUMMARY
(Current vs. Baseline Data)

Survey Data Indicators: Trends for survey-derived indicators represent significant changes from baseline findings (2002 in most cases, 2007 in others). *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 county-level data for the Quad Cities Area (Scott & Rock Island counties).*

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Quad Cities Area, including comparisons among the individual counties, as well as trend data. These data are grouped to correspond with the topics and objectives 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 the Quad Cities Area 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: Access to Health Services	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IA	vs. IL	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	11.4	9.3	10.4	12.6	15.3	14.9	0.0	10.6
% [Insured] Insurance Covers Prescriptions	96.5	94.8	95.7			93.9		
% Difficulty Accessing Healthcare in Past Year (Composite)	33.8	32.7	33.3			37.3		
% Inconvenient Hrs Prevented Dr Visit in Past Year	10.9	12.6	11.7			14.3		11.9
% Cost Prevented Getting Prescription in Past Year	12.9	13.7	13.3			15.0		13.6
% Cost Prevented Physician Visit in Past Year	10.0	10.7	10.3			14.0		10.6
% Difficulty Getting Appointment in Past Year	10.8	14.0	12.4			16.5		10.1
% Difficulty Finding Physician in Past Year	8.3	9.7	8.9			10.7		5.5
% Transportation Hindered Dr Visit in Past Year	5.8	5.2	5.5			7.7		4.8
% Skipped Prescription Doses to Save Costs	12.7	15.5	14.0			14.8		
% Have a Particular Place for Medical Care	86.6	89.2	87.9			82.5		83.9
% [Age 18+] Have a Specific Source of Ongoing Care	80.1	83.1	81.5			76.3	95.0	
% [Age 18-64] Have a Specific Source of Ongoing Care	78.5	83.6	80.9			75.1	89.4	
% [Age 65+] Have a Specific Source of Ongoing Care	86.9	83.8	85.3			82.6	100.0	
% Have Had Routine Checkup in Past Year	67.7	69.5	68.6			67.3		66.7
% Child Has Had Checkup in Past Year	89.0	94.3	91.4			87.0		81.3

Health: Access to Health Services (cont.)	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IA	vs. IL	vs. US	vs. HP2020	TREND
% Two or More ER Visits in Past Year	6.9	10.4	8.6			6.5		
% [Parents] Cost Prevented Child's Prescription in Past Year	2.3	3.2	2.7					5.2
% [Parents] Transportation Hindered Child's Dr Visit in Past Year	2.3	4.0	3.1					3.7
% [Parents] Child Lacks Health Insurance	3.2	3.1	3.2					5.3
% Rate Local Healthcare "Fair/Poor"	11.8	12.5	12.1			15.3		10.5
% Ease of Obtaining Mental Health Svcs is "Fair/Poor"	17.1	13.2	15.2			20.2		12.6
% Ease of Obtaining Substance Abuse Svcs is "Fair/Poor"	11.5	11.6	11.6			17.8		13.7
% Ease of Obtaining Dental Care is "Fair/Poor"	14.1	11.9	13.0			21.0		10.4
% Ease of Obtaining Vision Care is "Fair/Poor"	10.5	10.2	10.4			17.1		7.5
% Ease of Obtaining Children's Healthcare is "Fair/Poor"	7.2	5.9	6.6			17.2		11.0
% Ease of Obtaining Local Social Svcs is "Fair/Poor"	20.8	22.5	21.6			31.4		27.6
% Ease of Obtaining Healthcare Svcs is "Fair/Poor"	9.5	9.6	9.5			15.1		10.6
% Not Familiar With QCHI	80.9	83.9	82.3					83.7

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

better similar worse

Health: Arthritis, Osteoporosis & Back Conditions	Each County vs. Other: Scott County	Each County vs. Other: Rock Island County	Quad Cities Area	Quad Cities Area vs. Benchmarks: vs. IA	vs. IL	vs. US	vs. HP2020	TREND
% [50+] Arthritis/Rheumatism	34.7	39.7	37.1			35.4		38.8
% [50+] Osteoporosis	6.3	12.5	9.3			11.4	5.3	11.2
% Sciatica/Chronic Back Pain	15.9	17.6	16.7			21.5		20.4

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

better similar worse

Health: Cancer	Each County vs. Other: Scott County	Each County vs. Other: Rock Island County	Quad Cities Area	Quad Cities Area vs. Benchmarks: vs. IA	vs. IL	vs. US	vs. HP2020	TREND
Cancer (Age-Adjusted Death Rate)	191.6	180.5	184.9	180.7	188.3	181.0	160.6	203.4
Lung Cancer (Age-Adjusted Death Rate)			59.1	52.0	53.0	51.6	45.5	
Prostate Cancer (Age-Adjusted Death Rate)			21.1	25.1	25.9	23.9	21.2	
Female Breast Cancer (Age-Adjusted Death Rate)			21.5	21.5	24.8	23.5	20.6	
Colorectal Cancer (Age-Adjusted Death Rate)			16.0	18.2	19.0	17.2	14.5	
% Skin Cancer	5.0	5.6	5.3			8.1		4.1
% Cancer (Other Than Skin)	8.5	6.4	7.5			5.5		8.1
% [Men 50+] Prostate Exam in Past 2 Years	75.0	77.5	76.3			70.5		73.8
% [Women 50-74] Mammogram in Past 2 Years	75.7	80.2	77.7	77.3	73.0	79.9	81.1	89.8
% [Women 21-65] Pap Smear in Past 3 Years	81.7	83.0	82.3	80.6	83.2	84.7	93.0	85.2
% [Age 50+] Sigmoid/Colonoscopy Ever	73.7	74.7	74.2	64.2	61.9	72.0		52.8

Health: Cancer (cont.)	Each County vs. Other: Scott County	Each County vs. Other: Rock Island County	Quad Cities Area	Quad Cities Area vs. Benchmarks: vs. IA	vs. IL	vs. US	vs. HP2020	TREND
% [Age 50+] Blood Stool Test in Past 2 Years	26.7	31.4	29.0	17.4	12.4	28.3		
% [Age 50-75] Colorectal Cancer Screening	71.9	73.8	72.8				70.5	
% [Men 18+] Have Ever Had a Testicular Exam	67.7	68.8	68.3					62.8

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

better similar worse

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. IA	vs. IL	vs. US	vs. HP2020	TREND
Kidney Disease (Age-Adjusted Death Rate)	8.6	16.4	12.8	6.3	19.0	14.5		11.4
% Kidney Disease	2.4	2.8	2.6					2.0

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

better similar worse

Health: Diabetes	Each County vs. Other: Scott County	Each County vs. Other: Rock Island County	Quad Cities Area	Quad Cities Area vs. Benchmarks: vs. IA	vs. IL	vs. US	vs. HP2020	TREND
Diabetes Mellitus (Age-Adjusted Death Rate)	21.6	16.4	18.7	20.9	22.5	23.5	19.6	20.7
% Diabetes/High Blood Sugar	10.2	12.7	11.3	7.5	8.7	10.1		7.0

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

better similar worse

Health: Dementias, Including Alzheimer's Disease	Each County vs. Other: Scott County	Each County vs. Other: Rock Island County	Quad Cities Area	Quad Cities Area vs. Benchmarks: vs. IA	vs. IL	vs. US	vs. HP2020	TREND
Alzheimer's Disease (Age-Adjusted Death Rate)	33.3	19.4	25.3	26.7	20.6	22.7		16.4

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

better similar worse

Health: Environmental Health	Each County vs. Other: Scott County	Each County vs. Other: Rock Island County	Quad Cities Area	Quad Cities Area vs. Benchmarks: vs. IA	vs. IL	vs. US	vs. HP2020	TREND
% Household Has Been Tested for Radon	47.9	48.5	48.2					
% Household Contains a Lead Hazard	4.8	7.0	5.8					
% [Parents] Child Has Been Tested for Lead	56.8	64.5	60.3					

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

better similar worse

Health: Family Planning	Each County vs. Other: Scott County	Each County vs. Other: Rock Island County	Quad Cities Area	Quad Cities Area vs. Benchmarks: vs. IA	vs. IL	vs. US	vs. HP2020	TREND
% of Births to Unwed Mothers	43.0	49.9	46.2	46.9	40.5	39.6		37.8
% Births to Teenagers	11.0	13.1	12.0	11.9	9.9	10.4		13.0

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

better similar worse

Health: Gastrointestinal Issues	Each County vs. Other: Scott County	Each County vs. Other: Rock Island County	Quad Cities Area	Quad Cities Area vs. Benchmarks: vs. IA	vs. IL	vs. US	vs. HP2020	TREND
% Ulcers/GI Bleeding	5.6	6.4	6.0					6.0

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

better similar worse

Health: General Health Status	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IA	vs. IL	vs. US	vs. HP2020	TREND
% "Fair/Poor" Physical Health	14.8	16.6	15.6	11.5	15.5	16.8		9.1
% Activity Limitations	20.3	23.8	22.0	17.6	17.8	17.0		19.0

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

better similar worse

Health: Hearing & Sensory/Communication Disorders	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IA	vs. IL	vs. US	vs. HP2020	TREND
% Deafness/Trouble Hearing	9.8	10.7	10.2			9.6		11.0

Note: In the green section, each county is compared to the other. Throughout these tables, a blank or empty cell indicates that data are not available 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. IA	vs. IL	vs. US	vs. HP2020	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	174.0	217.9	197.9	185.0	205.1	200.9	152.7	251.8
Stroke (Age-Adjusted Death Rate)	47.1	42.2	44.1	44.6	45.9	44.2	33.8	67.7
% Heart Disease (Heart Attack, Angina, Coronary Disease)	8.7	9.8	9.2			6.1		7.1
% Stroke	2.2	2.8	2.5	2.8	2.7	2.7		2.3
% Told Have High Blood Pressure (Ever)	37.0	35.3	36.2	28.0	28.9	34.3	26.9	27.3
% [HBP] Taking Action to Control High Blood Pressure	85.6	89.3	87.3			89.1		

Health: Heart Disease & Stroke (cont.)	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IA	vs. IL	vs. US	vs. HP2020	TREND
% Told Have High Cholesterol (Ever)	34.5	36.6	35.5	37.5	37.5	31.4	13.5	28.7
% [HBC] Taking Action to Control High Blood Cholesterol	88.1	83.6	85.9			89.1		
% 1+ Cardiovascular Risk Factor	89.0	89.4	89.2			86.3		92.0
	Note: In the green section, each county is compared to the other. Throughout these tables, a blank or empty cell indicates that data are not available 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. IA	vs. IL	vs. US	vs. HP2020	TREND
HIV/AIDS (Age-Adjusted Death Rate)			1.1	0.7	3.5	4.6	3.3	
	Note: In the green section, each county is compared to the other. Throughout these tables, a blank or empty cell indicates that data are not available or that sample sizes are too small to provide meaningful results.				better	similar	worse	

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. IA	vs. IL	vs. US	vs. HP2020	TREND
% [Age 65+] Flu Shot in Past Year	65.8	70.6	68.3	70.4	65.5	71.6	90.0	67.3
% [High-Risk 18-64] Flu Shot in Past Year	57.1	51.1	54.4			52.5	90.0	34.4
% [Age 65+] Pneumonia Vaccine Ever	62.4	66.7	64.6	70.3	61.9	68.1	90.0	59.8
% [High-Risk 18-64] Pneumonia Vaccine Ever	24.7	38.4	30.9			32.0	60.0	
Tuberculosis Incidence per 100,000	1.4	0.2	0.9	1.5	3.7	4.4	1.0	1.4
	Note: In the green section, each county is compared to the other. Throughout these tables, a blank or empty cell indicates that data are not available or that sample sizes are too small to provide meaningful results.				better	similar	worse	

Health: Injury & Violence Prevention	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IA	vs. IL	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)	35.9	28.8	31.9	36.5	33.5	39.7	36.0	30.8
Motor Vehicle Crashes (Age-Adjusted Death Rate)	10.7	6.8	8.7	14.2	10.6	14.3	12.4	10.9
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	96.9	98.2	97.5			91.6		
% Distracted Driving in the Past Month	43.4	39.1	41.4					
Firearm-Related Deaths (Age-Adjusted Death Rate)	6.6	7.6	7.2	6.0	8.0	10.3	9.2	7.2
Homicide (Age-Adjusted Death Rate)	4.6	5.2	5.2	1.9	6.7	6.1	5.5	2.5
% Neighborhood Safety/Security/Crime Control is "Fair/Poor"	15.2	11.4	13.4			21.7		15.4
Violent Crime per 100,000	544.5	591.7	566.9	298.0	519.5	450.3		806.6
% Victim of Violent Crime in Past 5 Years	2.9	2.3	2.6			1.6		2.6
Domestic Violence Offenses per 100,000	560.9	1087.3	809.7	217.0	1224.3			842.6
% Ever Threatened With Violence by Intimate Partner	8.7	12.9	10.7			11.7		
% Victim of Domestic Violence (Ever)	8.3	13.4	10.7			13.5		

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

better similar worse

Health: Maternal, Infant & Child Health	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IA	vs. IL	vs. US	vs. HP2020	TREND
% No Prenatal Care in First Trimester	31.5	28.5	30.1	28.1	19.1		22.1	
% [Women 18-49] Obtaining Pre/Postnatal Care is "Fair/Poor"	2.5	9.0	5.8					7.4

Health: Maternal, Infant & Child Health (cont.)	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IA	vs. IL	vs. US	vs. HP2020	TREND
% of Low Birthweight Births	7.0	7.9	7.4	9.1	8.4	8.2	7.8	7.0
% of Births to Mothers Who Smoke	18.6	17.2	17.9	17.7	7.8		1.4	19.6
Infant Death Rate	6.9	7.8	7.3	5.3	7.2	6.9	6.0	7.9
	Note: In the green section, each county is compared to the other. Throughout these tables, a blank or empty cell indicates that data are not available or that sample sizes are too small to provide meaningful results.				better	similar	worse	

Health: Mental Health & Mental Disorders	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IA	vs. IL	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	10.5	10.7	10.6			11.7		8.9
% Major Depression	12.1	9.4	10.9			11.7		
% Symptoms of Chronic Depression (2+ Years)	25.5	22.5	24.0			26.5		25.2
Suicide (Age-Adjusted Death Rate)	11.6	10.9	11.4	11.0	8.3	11.1	10.2	12.2
% Typical Day Is "Extremely/Very" Stressful	10.2	8.7	9.5			11.5		
% Child [Age 5-17] Takes Prescription for ADD/ADHD	4.5	15.9	9.5			6.5		
	Note: In the green section, each county is compared to the other. Throughout these tables, a blank or empty cell indicates that data are not available or that sample sizes are too small to provide meaningful results.				better	similar	worse	

Health: Nutrition & Weight Status	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IA	vs. IL	vs. US	vs. HP2020	TREND
% Eat 5+ Servings of Fruit or Vegetables per Day	38.1	45.2	41.4			48.8		
% Consumed 4+ Meals Away From Home/Past Week	31.7	37.0	34.2					40.5

Health: Nutrition & Weight Status (cont.)	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IA	vs. IL	vs. US	vs. HP2020	TREND
% Healthy Weight (BMI 18.5-24.9)	25.7	26.5	26.1			31.7	33.9	34.3
% Overweight	71.9	71.7	71.8	66.2	63.2	66.9		64.1
% Obese	33.6	33.4	33.5	29.1	28.7	28.5	30.6	24.1
% Medical Advice on Weight in Past Year	18.3	23.8	20.9			25.7		
% [Overweights] Counseled About Weight in Past Year	22.7	28.5	25.5			30.9		
% [Obese Adults] Counseled About Weight in Past Year	40.8	44.4	42.5			47.4	31.8	
% Children [Age 5-17] Overweight	39.7	37.4	38.7			30.7		30.8
% Children [Age 5-17] Obese	22.7	22.0	22.4			18.9	14.6	15.6
% Prevalence of Eating Disorders	2.2	2.7	2.4					

Note: In the green section, each county is compared to the other. Throughout these tables, a blank or empty cell indicates that data are not available 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. IA	vs. IL	vs. US	vs. HP2020	TREND
% [Age 18+] Dental Visit in Past Year	75.8	72.7	74.3	76.0	69.7	66.9	49.0	68.1
% Child [Age 2-17] Dental Visit in Past Year	92.7	79.9	86.8			79.2	49.0	78.2
% Have Dental Insurance	70.0	66.4	68.3			60.8		

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

better | similar | worse

Health: Physical Activity	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IA	vs. IL	vs. US	vs. HP2020	TREND
% No Leisure-Time Physical Activity	33.6	32.9	33.3	24.8	25.7	28.7	32.6	18.6
% Meeting Physical Activity Guidelines	38.7	39.7	39.2	49.7	51.8	42.7		
% Moderate Physical Activity	23.2	26.6	24.8			23.9		
% Vigorous Physical Activity	27.9	30.7	29.2	26.9	31.8	34.8		37.1

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

better similar worse

Health: Respiratory Diseases	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IA	vs. IL	vs. US	vs. HP2020	TREND
CLRD (Age-Adjusted Death Rate)	56.6	39.5	47.1	45.7	37.9	41.5		51.5
Pneumonia/Influenza (Age-Adjusted Death Rate)	16.8	19.8	18.4	19.6	20.5	18.1		22.2
% Chronic Lung Disease	11.2	10.5	10.9			8.4		11.8
% Adults Asthma (Ever Diagnosed)	15.2	12.2	13.7	11.6	13.6			12.8
% [Adult] Currently Has Asthma	11.3	8.1	9.8	7.8	9.2	7.5		
% Child [Age 0-17] Asthma (Ever Diagnosed)	17.6	8.3	13.3					16.2
% [Child 0-17] Currently Has Asthma	8.8	4.9	7.0			6.8		
% Have Breathing Problems (Environmental)	11.9	10.2	11.1					15.0

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

better similar worse

Health: Sexually Transmitted Diseases	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IA	vs. IL	vs. US	vs. HP2020	TREND
Gonorrhea Incidence per 100,000	176.7	116.0	148.0	58.9	159.5	109.3		159.5
Primary & Secondary Syphilis Incidence per 100,000	2.4	1.3	1.9	0.7	4.6	4.3		1.2
Chlamydia Incidence per 100,000	582.6	518.4	552.3	305.3	454.6	391.6		437.2
	Note: In the green section, each county is compared to the other. Throughout these tables, a blank or empty cell indicates that data are not available 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. IA	vs. IL	vs. US	vs. HP2020	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	7.7	8.8	8.1	6.3	8.0	9.0	8.2	8.6
% Current Drinker	65.0	55.1	60.3	55.4	59.1	58.8		57.9
% Chronic Drinker (Average 2+ Drinks/Day)	7.1	4.6	5.9	5.2	5.7	5.6		6.1
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	24.0	18.3	21.3	16.9	17.8	16.7	24.3	18.8
Drug-Induced Deaths (Age-Adjusted Death Rate)	10.5	6.0	8.4	6.4	9.9	12.2	11.3	4.9
	Note: In the green section, each county is compared to the other. Throughout these tables, a blank or empty cell indicates that data are not available 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. IA	vs. IL	vs. US	vs. HP2020	TREND
% Current Smoker	17.1	22.0	19.4	16.2	16.9	16.6	12.0	25.9
% Someone Smokes at Home	15.9	17.4	16.6			13.6		
% [Non-Smokers] Someone Smokes in the Home	6.7	7.1	6.9			5.7		

Health: Tobacco Use (cont.)	Each County vs. Other: Scott County	Each County vs. Other: Rock Island County	Quad Cities Area	Quad Cities Area vs. Benchmarks: vs. IA	vs. IL	vs. US	vs. HP2020	TREND
% [Household With Children] Someone Smokes in the Home	12.0	12.2	12.1			12.1		
% Use Smokeless Tobacco	2.8	3.0	2.9			2.8	0.3	3.1

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

better similar worse

Health: Vision	Each County vs. Other: Scott County	Each County vs. Other: Rock Island County	Quad Cities Area	Quad Cities Area vs. Benchmarks: vs. IA	vs. IL	vs. US	vs. HP2020	TREND
% Blindness/Trouble Seeing	8.5	8.1	8.3			6.9		7.8

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

better similar worse

Quality of Life: Community & Belonging	Each County vs. Other: Scott County	Each County vs. Other: Rock Island County	Quad Cities Area	Quad Cities Area vs. Benchmarks: vs. IA	vs. IL	vs. US	vs. HP2020	TREND
% Community is a "Fair/Poor" Place to Live	11.7	10.3	11.0			14.4		11.4
% Local Quality of Life Has Grown Worse Over Time	15.5	18.3	16.8			17.4		16.1
% Community is a "Fair/Poor" Place to Raise a Family	12.6	10.0	11.4			16.2		14.5
% Do Not Know Any Neighbors by First Name	2.1	2.7	2.4					4.8
% Had Someone to Turn to "Little/None of the Time" in Past Yr	8.9	10.0	9.4			12.6		7.3
% Tolerance for Different Races/Cultures is "Fair/Poor"	13.4	12.4	12.9			26.1		23.9
% Tolerance for Different Viewpoints/Lifestyles is "Fair/Poor"	20.2	17.9	19.0			28.6		27.7

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

better similar worse

Quality of Life: Economy Housing & Transportation	Each County vs. Other		Quad Cities Area	Quad Cities Area vs. Benchmarks				
	Scott County	Rock Island County	Quad Cities Area	vs. IA	vs. IL	vs. US	vs. HP2020	TREND
% Personal Financial Situation is "Fair/Poor"	26.2	25.3	25.7			29.6		18.3
% "Worse Off" Financially Than Last Year	23.9	25.3	24.6			32.3		11.5
% Availability of Affordable Housing is "Fair/Poor"	33.5	25.4	29.6			52.3		30.4
% Lived w/Friend or Relative in Past Year	6.3	10.3	8.2			10.7		9.1
% Homeless in the Past 2 Years	2.3	1.6	2.0					0.4
% Could Depend on Public Transportation if Necessary	55.8	67.0	61.2					52.2
% Availability of Grocery/Retail Shopping is "Fair/Poor"	10.2	10.5	10.3			25.7		9.6

Note: In the green section, each county is compared to the other. Throughout these tables, a blank or empty cell indicates that data are not available 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. IA	vs. IL	vs. US	vs. HP2020	TREND
% Have a Computer in the Home	86.1	84.0	85.1			83.3		80.9
% Have Access to the Internet/Personal Use	89.5	84.5	87.1			83.9		83.9

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

better similar worse

HEALTH: GENERAL HEALTH STATUS

Overall Health Status

Self-Reported Health Status

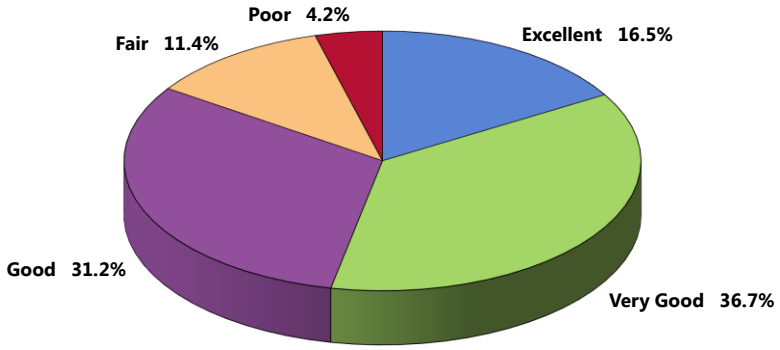
The PRC Community Health Survey asked Quad Cities Area respondents the following:

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

A total of 53.2% of Quad Cities Area adults rate their overall health as "excellent" or "very good."

- Another 31.2% gave "good" ratings of their overall health.

Self-Reported Health Status
(Quad Cities Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
Notes: • Asked of all respondents.

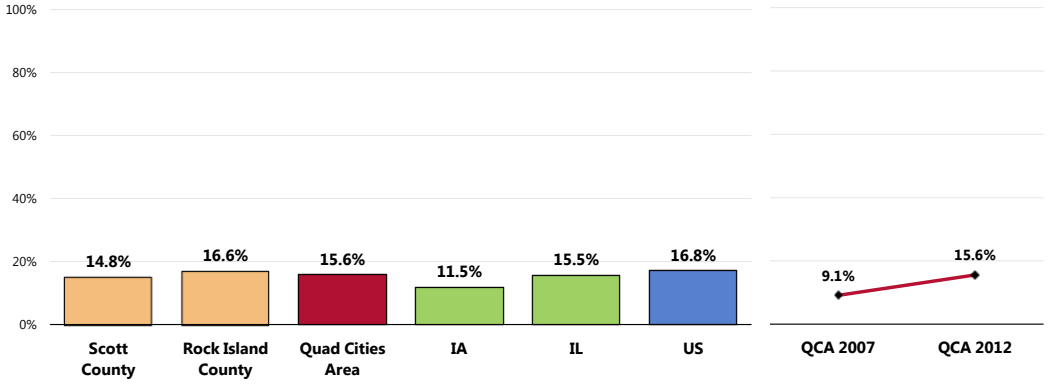
However, 15.6% of Quad Cities Area adults believe that their overall health is "fair" or "poor."

- Higher than the Iowa prevalence, but similar to that reported in Illinois.
- Similar to the national finding.
- No significant difference by county.
- Denotes a statistically significant increase (a negative finding) since first measured in 2007.

NOTE:

- Differences noted in the text represent significant differences determined through statistical testing.
- Where sample sizes permit, community-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.

Experience "Fair" or "Poor" Overall Health



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 33]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 IA and IL data.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

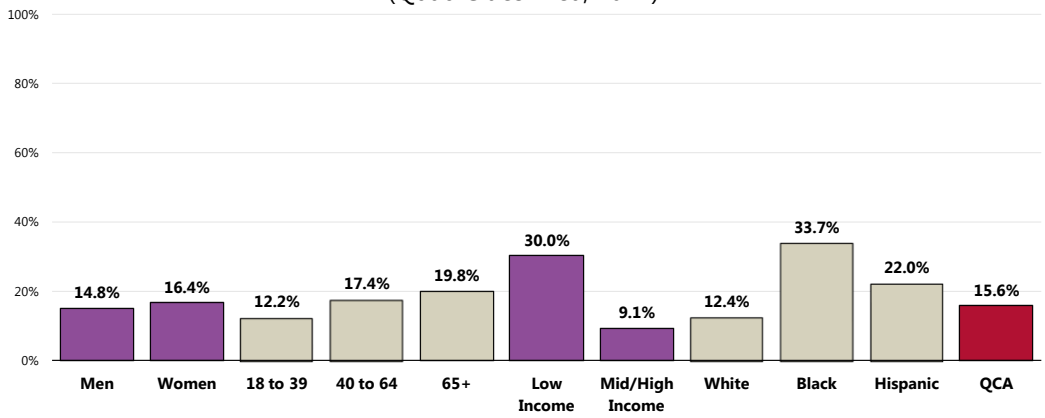
By demographic characteristics, adults more likely to report experiencing "fair" or "poor" overall health include:

- Those age 40 and older (note the positive correlation with age).
- Residents living at lower incomes.
- African American respondents.
- Hispanic respondents.

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, 2012)



Sources:
- 2012 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

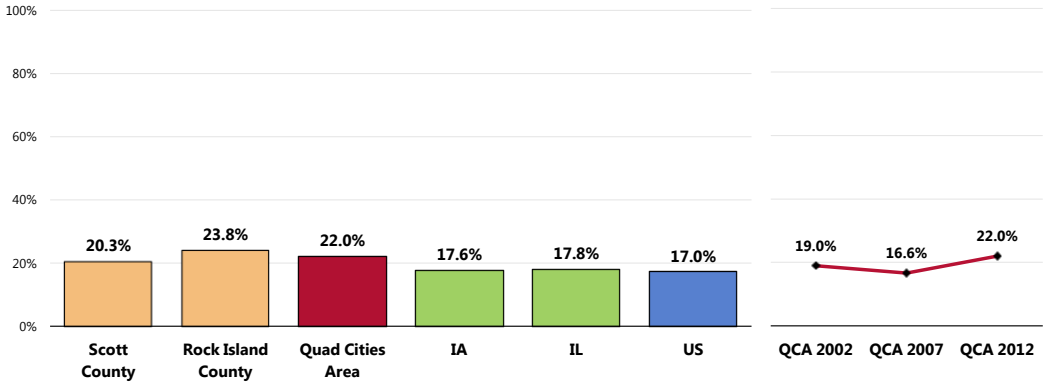
– Healthy People 2020 (www.healthypeople.gov)

A total of 22.0% of Quad Cities Area adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Less favorable than the percentages reported in Iowa and Illinois.
- Less favorable than the national prevalence.
- Similar by county.
- Although higher than reported in 2007, this is statistically similar to 2002 findings.

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

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



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 128]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 IA and IL data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

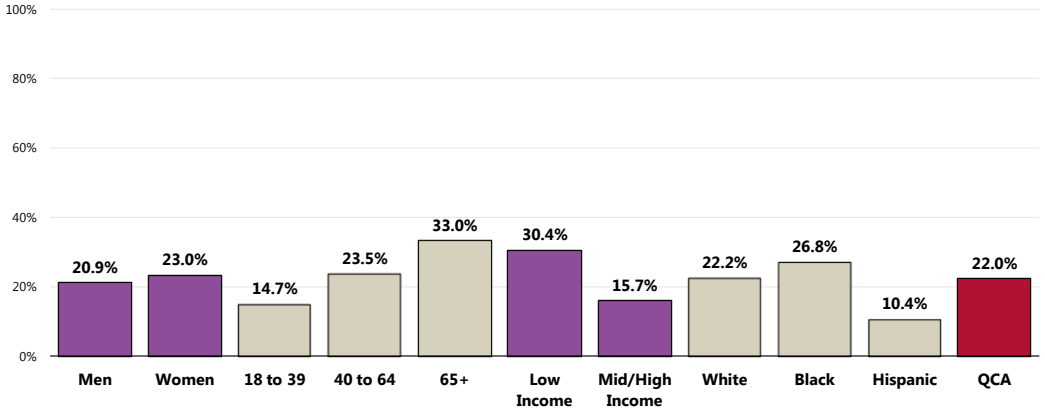
Notes:
- Asked of all respondents.

In looking at responses by key demographic characteristics, note the following:

- Adults age 40 and older are much more often limited in activities (note the positive correlation with age).
- Residents with lower incomes are twice as likely to report activity limitations when compared to those with higher incomes.
- Whites and African Americans are more likely than Hispanics to report activity limitations.

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

(Quad Cities Area, 2012)



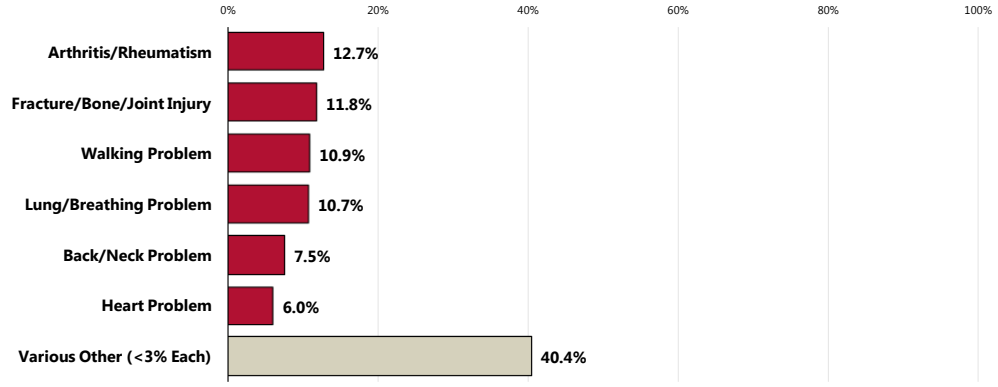
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as arthritis/rheumatism, fractures or bone/joint injuries, or difficulty walking. A total of 10.7% also reported lung problems or difficulty breathing.

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; Quad Cities Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
Notes: • Asked of those respondents reporting activity limitations.

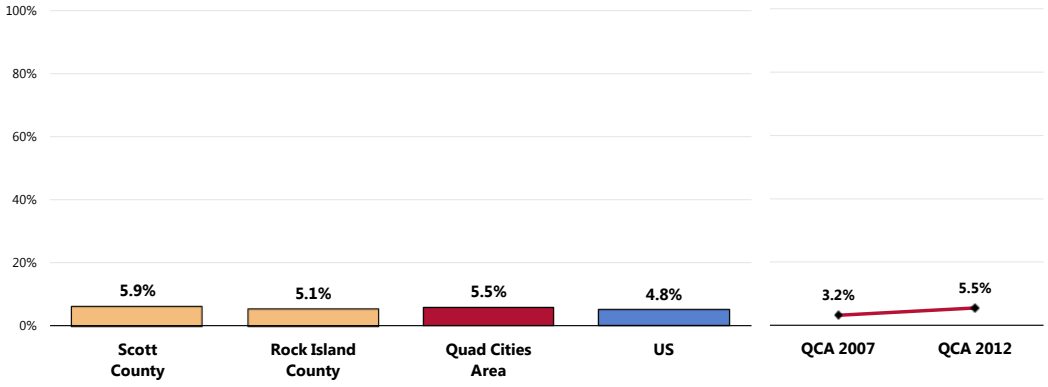
Older Dependents in the Household

Among surveyed adults age 18 to 64, 5.5% report having an older dependent (parent, aunt or uncle, etc.) **living in the home because they are unable to live alone.**

- Comparable to the national figure.
- Comparable by county.
- Marks a significant increase since 2007.

Have Older Dependent(s) Living in the Household Because They Cannot Live Alone

(Quad Cities Area Adults Under 65, 2012)



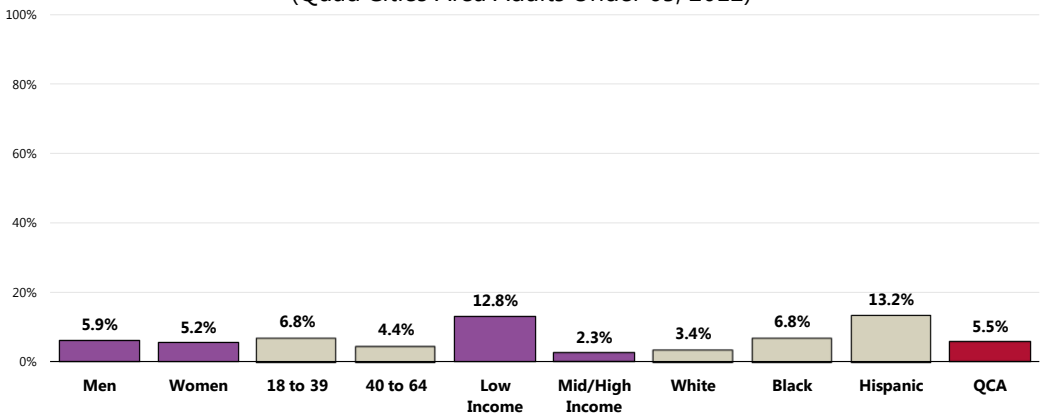
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 99]
• 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents under the age of 65.

Those more likely to have an older dependent living in the home include:

- Those with lower incomes.
- Hispanics.

Have Older Dependent(s) Living in the Household Because They Cannot Live Alone

(Quad Cities Area Adults Under 65, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

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 understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. 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 among 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, and 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)

Mental Health Status

Self-Reported Mental Health Status

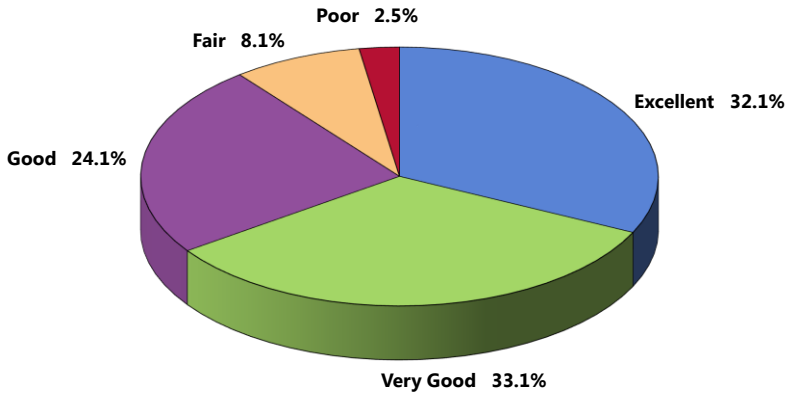
"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

A total of 65.2% of Quad Cities Area adults rate their overall mental health as "excellent" or "very good."

- Another 24.1% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status

(Quad Cities Area, 2012)

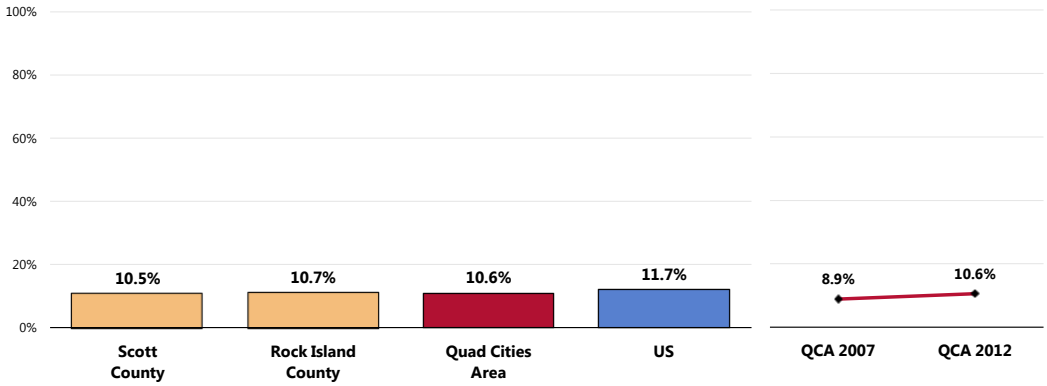


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
Notes: • Asked of all respondents.

A total of 10.6% of Quad Cities Area adults, however, believe that their overall mental health is "fair" or "poor."

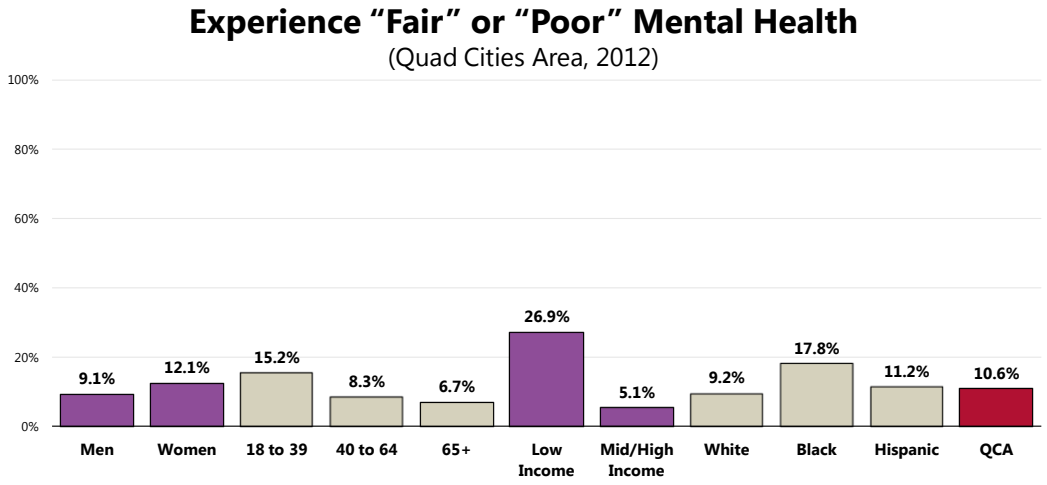
- Similar to the "fair/poor" response reported nationally.
- No significant difference by county.
- Statistically unchanged since 2007.

Experience "Fair" or "Poor" Mental Health



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 125]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Young adults, low-income residents and African Americans are much more likely to report experiencing "fair/poor" mental health than their demographic counterparts.



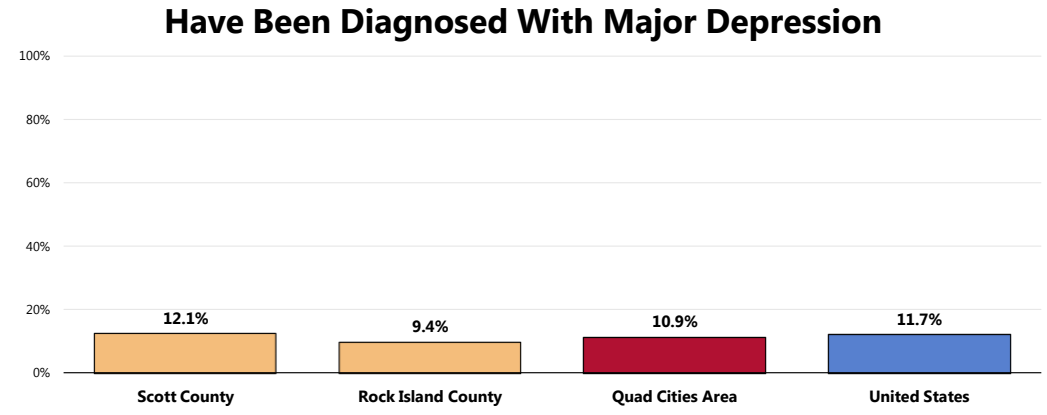
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Depression

Major Depression

A total of 10.9% of Quad Cities Area adults have been diagnosed with major depression by a physician.

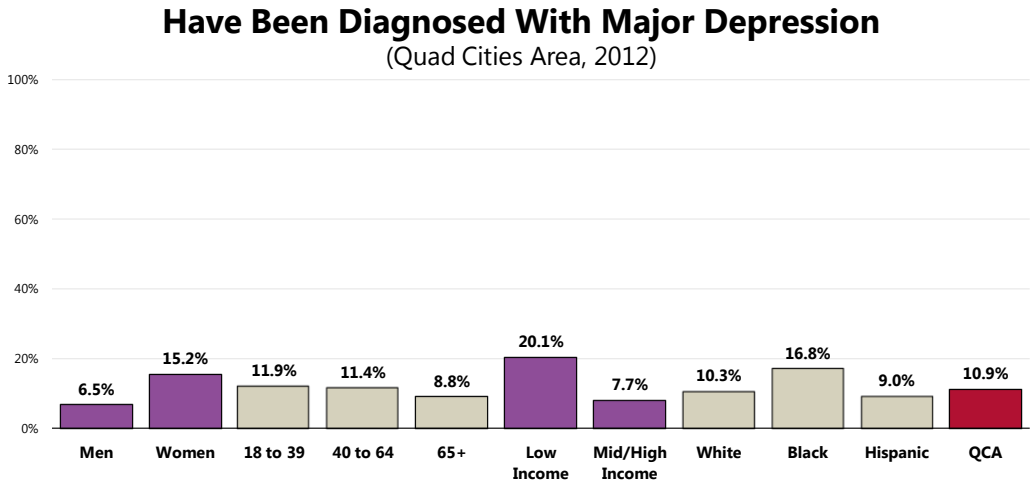
- Similar to the national finding.
- Statistically similar by county.



Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

The prevalence of major depression is notably higher among:

- Women.
- Community members with lower incomes.

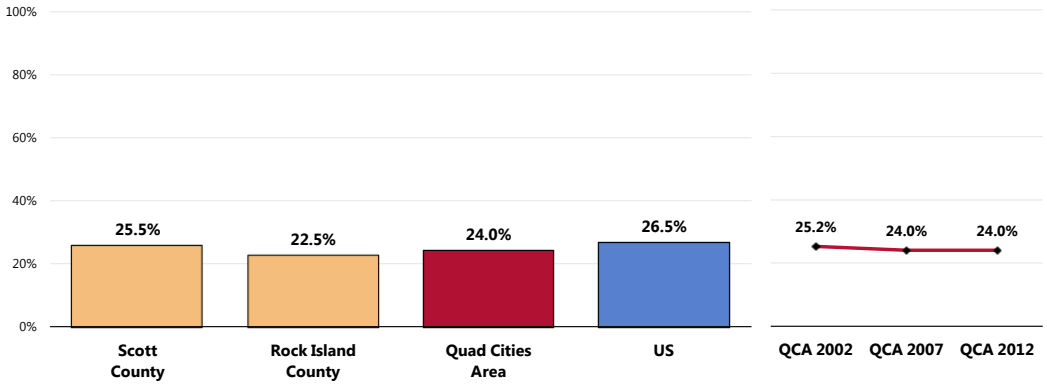


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% 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 24.0% 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 (chronic depression)**.**

- Similar to national findings.
- No significant difference by county.
- Statistically similar to that reported in the Quad Cities Area in prior years.



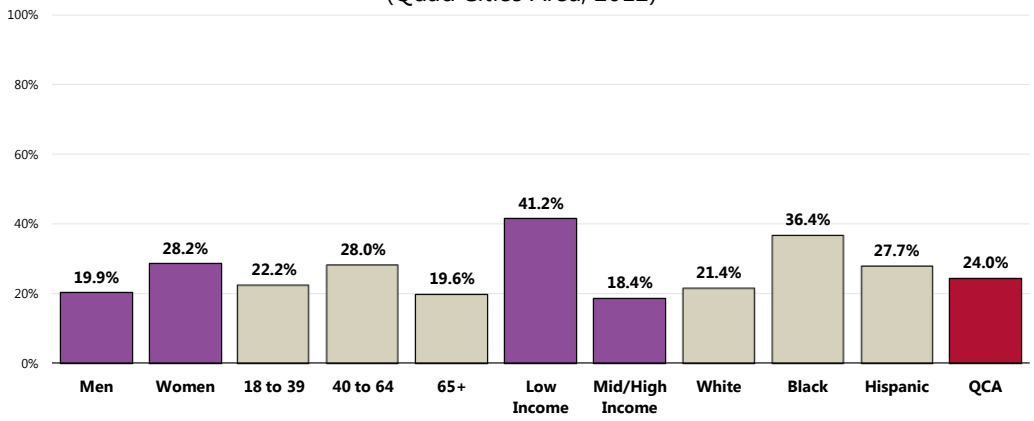
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 126]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Note that the prevalence of chronic depression is notably higher among:

- Women.
- Adults between the ages of 40 and 64.
- Adults with lower incomes.
- African Americans and Hispanics.

Have Experienced Symptoms of Chronic Depression

(Quad Cities Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

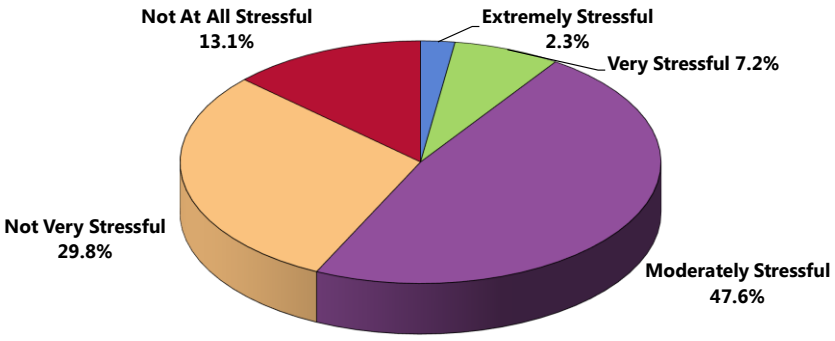
RELATED ISSUE: See also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

More than 4 in 10 Quad Cities Area adults consider their typical day to be "not very stressful" (29.8%) or "not at all stressful" (13.1%).

- Another 47.6% of survey respondents characterize their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day

(Quad Cities Area, 2012)

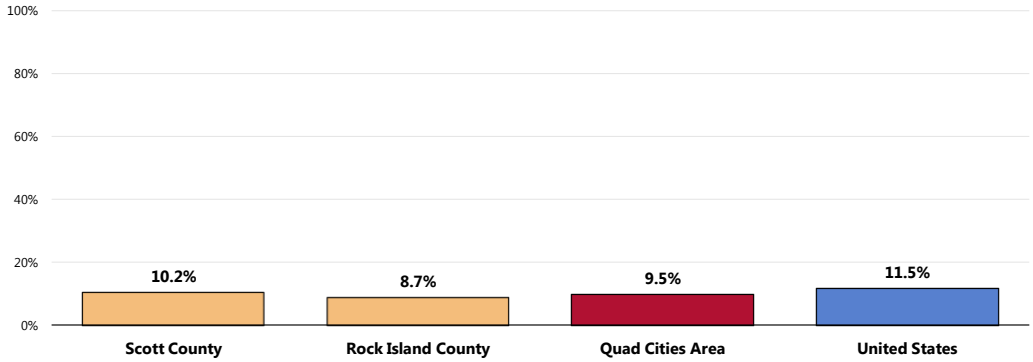


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
Notes: • Asked of all respondents.

In contrast, 9.5% of Quad Cities Area adults experience "very" or "extremely" stressful days on a regular basis.

- Comparable to national findings.
- Comparable by county.

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



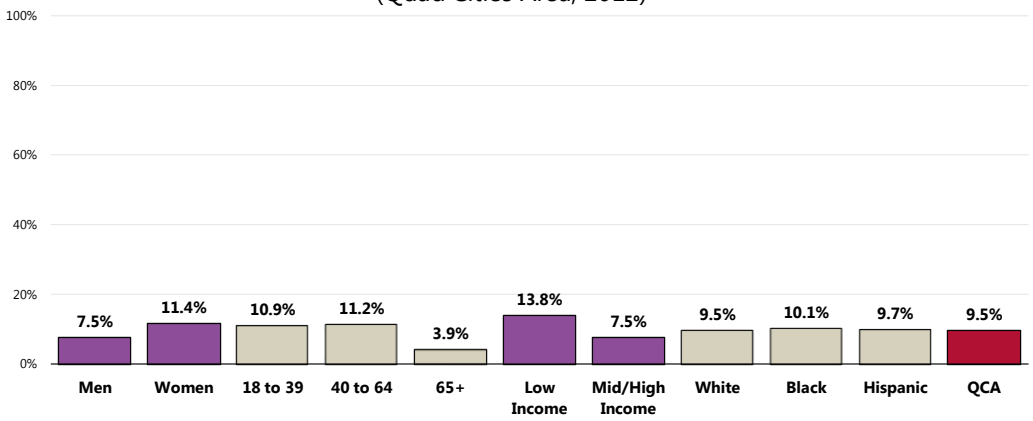
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Note that high-stress days are more often reported among women, adults under age 65, and low-income residents.

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

(Quad Cities Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

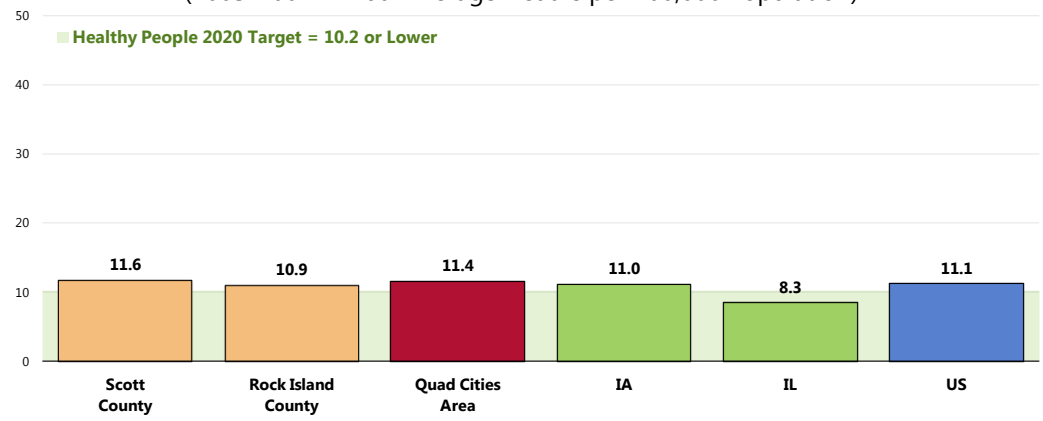
Suicide

Between 2005 and 2007, there was an annual average age-adjusted suicide rate of 11.4 deaths per 100,000 population in the Quad Cities Area.

- Similar to the Iowa rate, but less favorable than the Illinois rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.
- Slightly higher in Scott County.

Suicide: Age-Adjusted Mortality

(2005-2007 Annual Average Deaths per 100,000 Population)



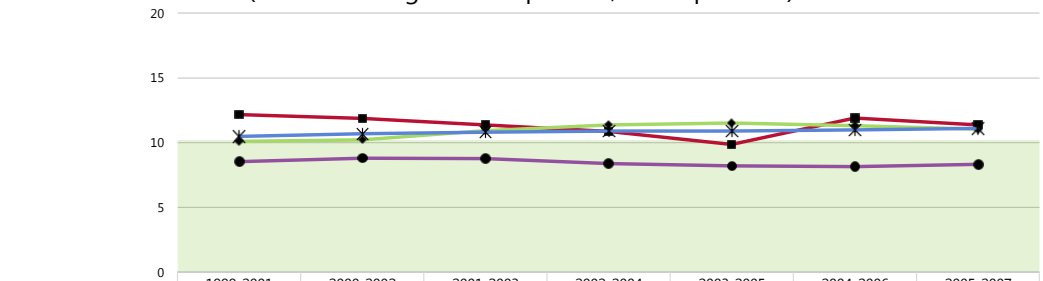
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [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 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

The Quad Cities Area suicide rate declined in the early 2000s, but has since increased somewhat.

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	10.2	10.2	10.2	10.2	10.2	10.2	10.2
Quad Cities Area	12.2	11.9	11.4	10.9	9.9	11.9	11.4
IA	10.1	10.2	10.9	11.4	11.5	11.3	11.0
IL	8.5	8.8	8.8	8.4	8.2	8.2	8.3
US	10.5	10.7	10.8	10.9	10.9	11.0	11.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
- 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 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

Children & ADD/ADHD

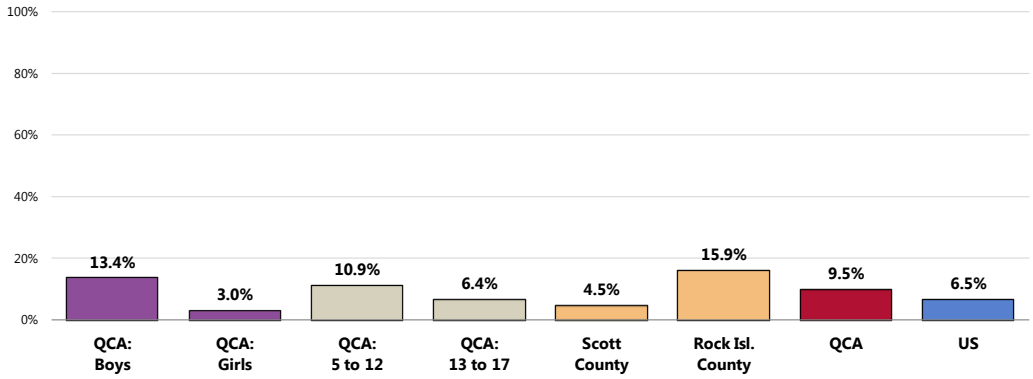
Keep in mind that, because the sample of children represented in the survey is smaller than the sample of adults, these indicators carry a higher associated error rate. Therefore, some comparisons that might appear to be quite different are not actually statistically significant.

Among Quad Cities Area adults with children age 5 to 17, 9.5% report that their child takes medication for ADD/ADHD.

- Statistically similar to the national prevalence.
- Much higher in Rock Island County.
- Significantly higher among boys than girls (the difference by age is not significant).

Child Takes Medication for ADD/ADHD

(Among Parents of Children 5-17)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 150]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

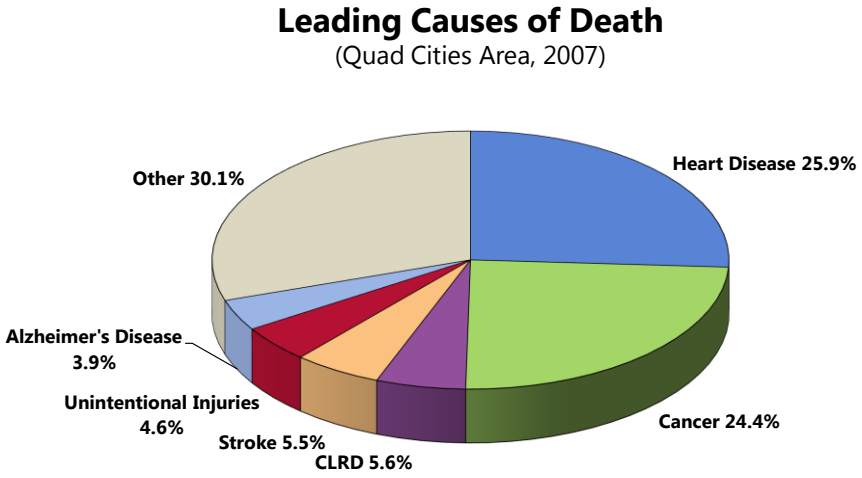
Notes:
- Asked of all respondents with children age 5-17 at home.

HEALTH: DEATH, DISEASE & CHRONIC CONDITIONS

Leading Causes of Death

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for one-half of all deaths in the Quad Cities Area in 2007.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
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 2005-2007 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.

Age-adjusted mortality rates in the Quad Cities Area are similar to or better than national rates for most leading causes of death.

- However, Quad Cities Area mortality rates are worse than national rates for **chronic lower respiratory disease** (CLRD) and **Alzheimer's disease**.
- Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, the Quad Cities Area *fails* to satisfy the goals for **suicide**, **heart disease**, **stroke** and **cancers**.

Age-Adjusted Death Rates for Selected Causes

(2005-2007 Deaths per 100,000)

	Scott County	Rock Island County	Quad Cities Area	IA	IL	US	HP2020
Diseases of the Heart	174.0	217.9	**197.9**	**185.0**	**205.1**	**200.9**	**152.7***
Malignant Neoplasms (Cancers)	191.6	180.5	**184.9**	**180.7**	**188.3**	**181.0**	**160.6**
Chronic Lower Respiratory Disease (CLRD)	56.6	39.5	**47.1**	**45.7**	**37.9**	**41.5**	n/a
Cerebrovascular Disease (Stroke)	47.1	42.2	**44.1**	**44.6**	**45.9**	**44.2**	**33.8**
Unintentional Injuries	35.9	28.8	**31.9**	**36.5**	**33.5**	**39.7**	**36.0**
Alzheimer's Disease	33.3	19.4	**25.3**	**26.7**	**20.6**	**22.7**	n/a
Diabetes Mellitus	21.6	16.4	**18.7**	**20.9**	**22.5**	**23.5**	**19.6***
Pneumonia/Influenza	16.8	19.8	**18.4**	**19.6**	**20.5**	**18.1**	n/a
Kidney Disease	8.6	16.4	**12.8**	**6.3**	**19.0**	**14.5**	n/a
Intentional Self-Harm (Suicide)	11.6	10.9	**11.4**	**11.0**	**8.3**	**11.1**	**10.2**
Motor Vehicle Crashes	10.7	6.8	**8.7**	**14.2**	**10.6**	**14.3**	**12.4**
Drug-Induced	10.5	6.0	**8.4**	**6.4**	**9.9**	**12.2**	**11.3**
Cirrhosis/Liver Disease	7.7	8.8	**8.1**	**6.3**	**8.0**	**9.0**	**8.2**
Firearm-Related	6.6	7.6	**7.2**	**6.0**	**8.0**	**10.3**	**9.2**
Homicide/Legal Intervention	4.6	5.2	**5.2**	**1.9**	**6.7**	**6.1**	**5.5**
HIV/AIDS	n/a	n/a	**1.1**	**0.7**	**3.5**	**4.6**	**3.3**

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
- 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

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)

Heart Disease

Age-Adjusted Heart Disease Deaths

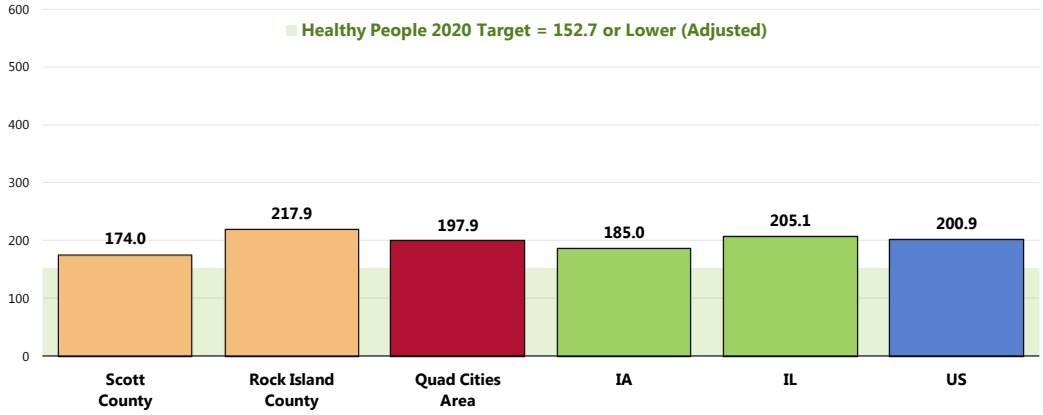
The greatest share of cardiovascular deaths is attributed to heart disease.

Between 2005 and 2007, there was an annual average age-adjusted heart disease mortality rate of 197.9 deaths per 100,000 population in the Quad Cities Area.

- Higher than the Iowa rate, but similar to the Illinois rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target (as adjusted to account for all diseases of the heart).
- Higher in Rock Island County than in Scott County.

Heart Disease: Age-Adjusted Mortality

(2005-2007 Annual Average Deaths per 100,000 Population)



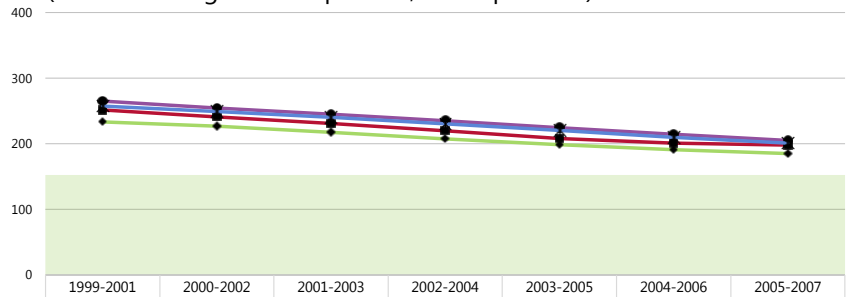
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [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 U.S. 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.

The heart disease mortality rate has <u>decreased</u> 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)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020 (Adjusted)	152.7	152.7	152.7	152.7	152.7	152.7	152.7
Quad Cities Area	251.8	240.8	231.3	220.0	208.2	201.1	197.9
IA	233.6	226.9	217.7	207.3	198.8	190.9	185.0
IL	265.1	254.6	245.4	234.9	224.8	214.5	205.1
US	257.3	249.0	240.4	230.3	220.4	209.7	200.9

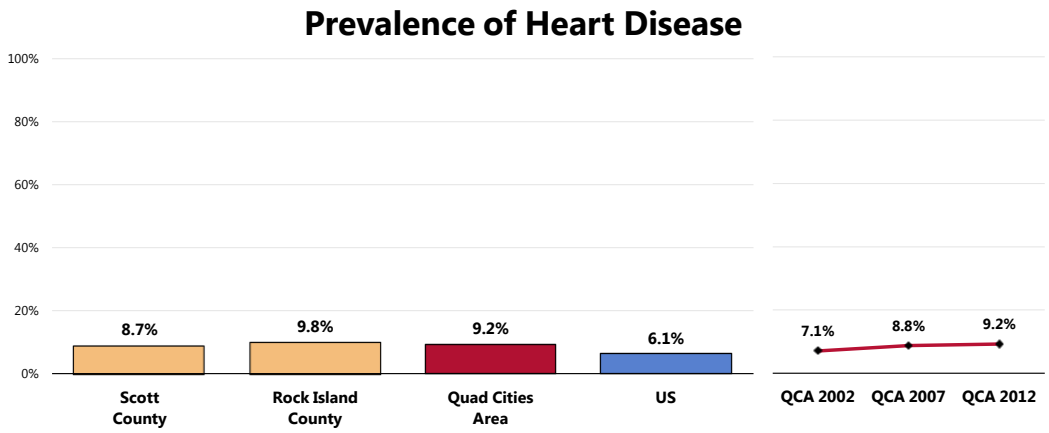
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [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 U.S. 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.

Prevalence of Heart Disease

A total of 9.2% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Higher than the national prevalence.
- Similar by county.
- Statistically unchanged from prior years.

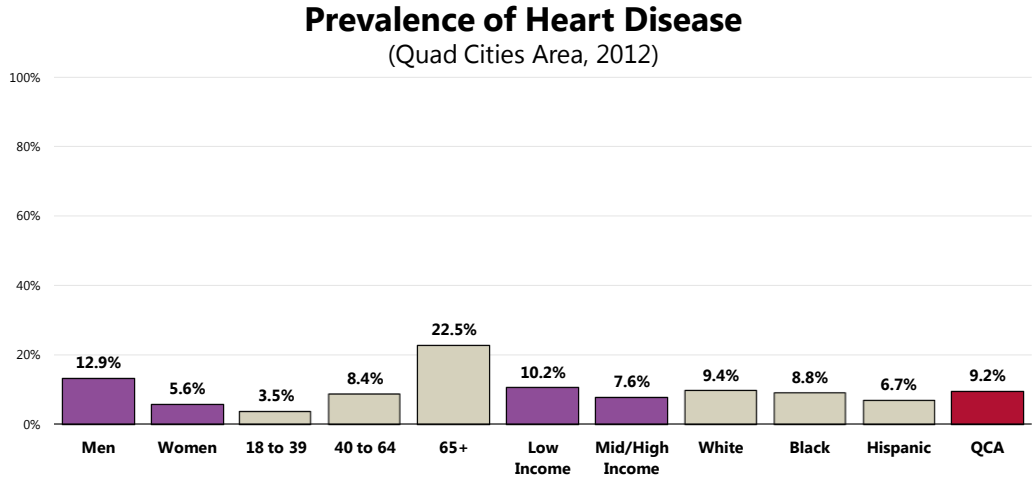


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Adults more likely to have been diagnosed with chronic heart disease include:

- Men.
- Seniors (age 65+).
- Non-Hispanics.



Sources:
- 2012 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stroke

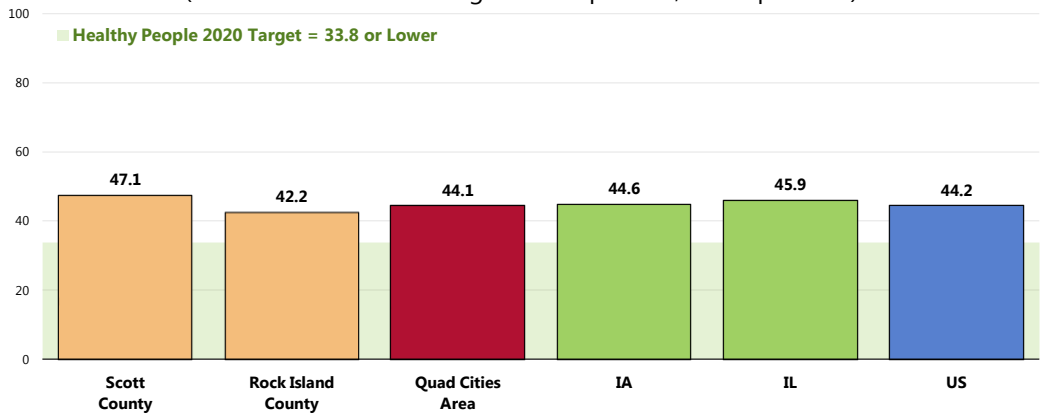
Age-Adjusted Stroke Deaths

Between 2005 and 2007, there was an annual average age-adjusted stroke mortality rate of 44.1 deaths per 100,000 population in the Quad Cities Area.

- Similar to both the Iowa and the Illinois rates.
- Nearly identical to the national rate.
- Fails to satisfy the Healthy People 2020 target of 33.8 or lower.
- Higher in Scott County than in Rock Island County.

Stroke: Age-Adjusted Mortality

(2005-2007 Annual Average Deaths per 100,000 Population)



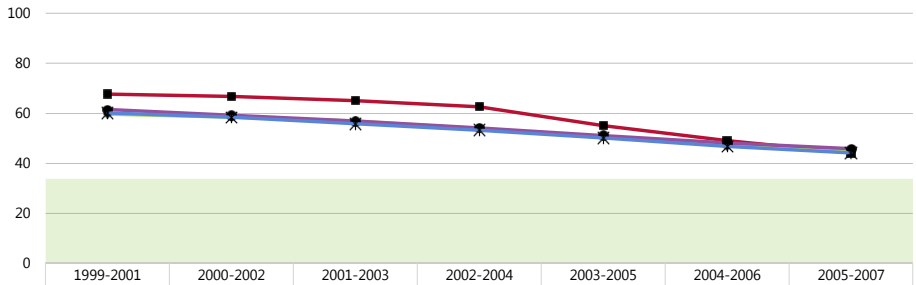
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [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 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

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)



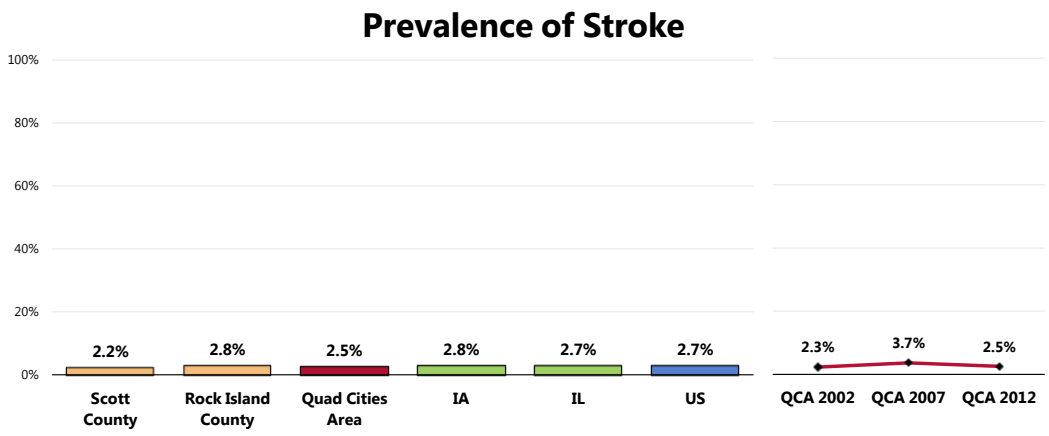
	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	33.8	33.8	33.8	33.8	33.8	33.8	33.8
Quad Cities Area	67.7	66.7	65.1	62.6	55.2	49.1	44.1
IA	59.8	58.4	56.9	53.9	50.7	47.1	44.6
IL	61.5	59.2	56.9	54.2	51.1	48.1	45.9
US	60.1	58.4	55.9	53.3	50.1	46.8	44.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
- 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 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

A total of 2.5% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke)**.**

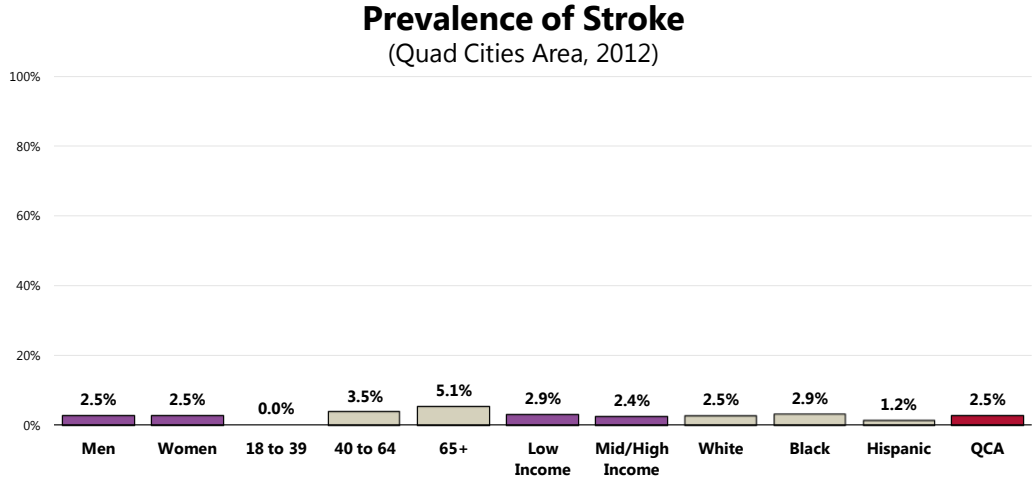
- Similar to both statewide findings.
- Similar to national findings.
- No significant difference by county.
- Statistically unchanged from prior years.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 74]
- 2011 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): 2010 IA and IL data.

Notes:
- Asked of all respondents.

Note the positive correlation between age and stroke prevalence in the Quad Cities Area.



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 74]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cardiovascular Risk Factors

Hypertension (High Blood Pressure)

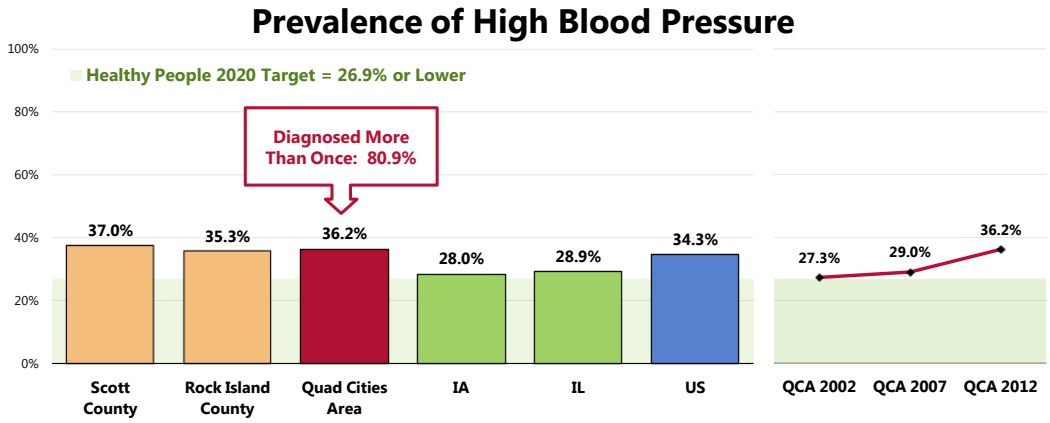
Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans 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)

Prevalence of Hypertension

A total of 36.2% of adults have been told at some point that their blood pressure was high.

- Less favorable than the Iowa and Illinois percentages.
- Similar to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Similar findings between the two counties.
- Marks a statistically significant increase over time.
- Among hypertensive adults, most (80.9%) have been diagnosed with high blood pressure more than once.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 79-80]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 IA and IL data.
- 2011 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]

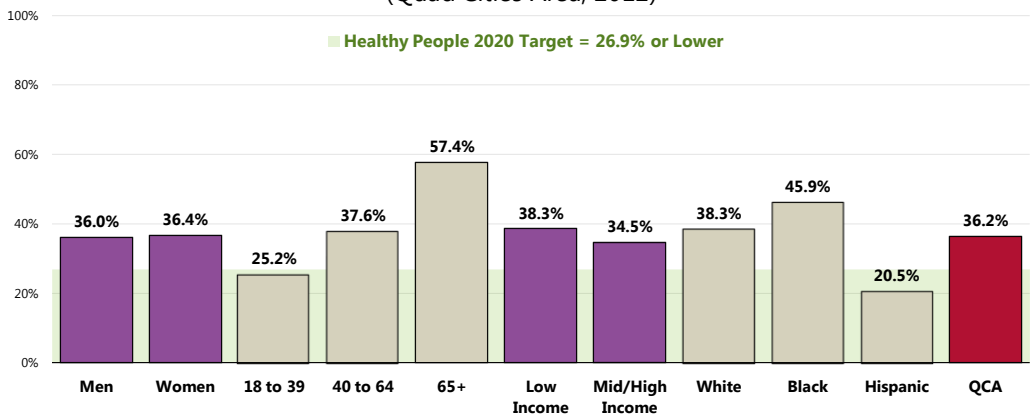
Notes:
- Asked of all respondents.

Hypertension diagnoses are higher among:

- Adults age 40 and older, and especially those age 65+.
- Non-Hispanics.

Prevalence of High Blood Pressure

(Quad Cities Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]
- 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hypertension Management

Respondents reporting high blood pressure were further asked:

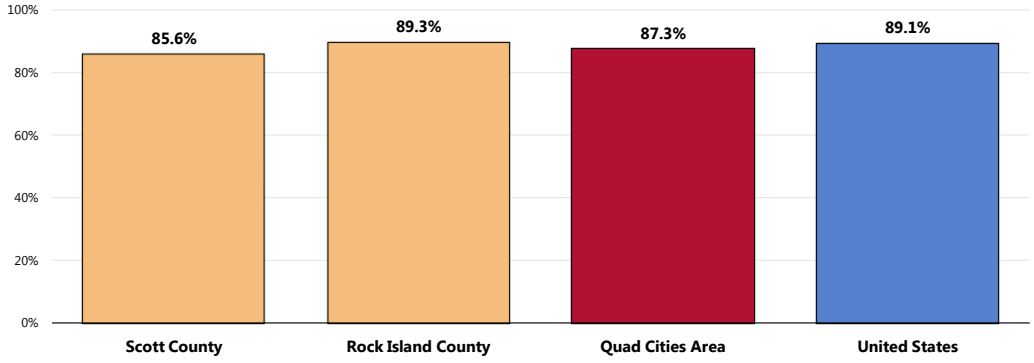
"Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?"

Among respondents who have been told that their blood pressure was high, 87.3% report that they are currently taking actions to control their condition.

- Similar to national findings.
- Statistically similar by county.

Taking Action to Control Hypertension

(Among Adults With High Blood Pressure)



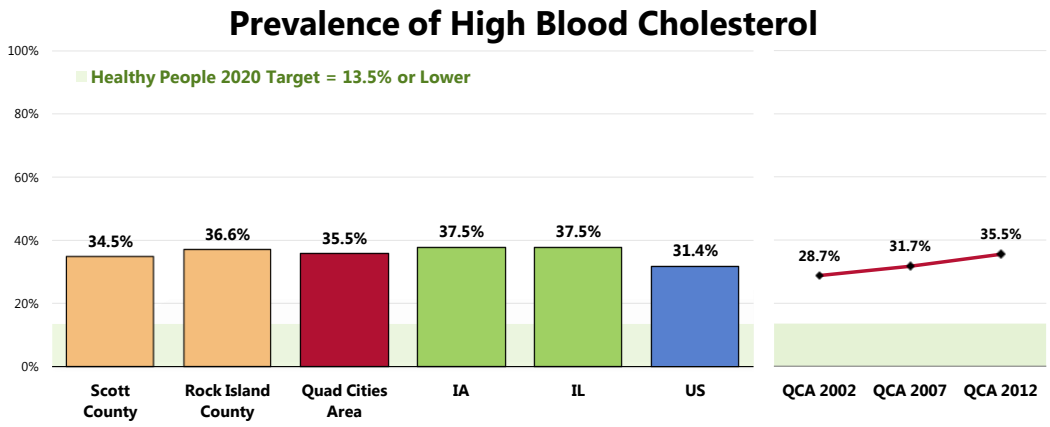
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 81]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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.

Prevalence of High Blood Cholesterol

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

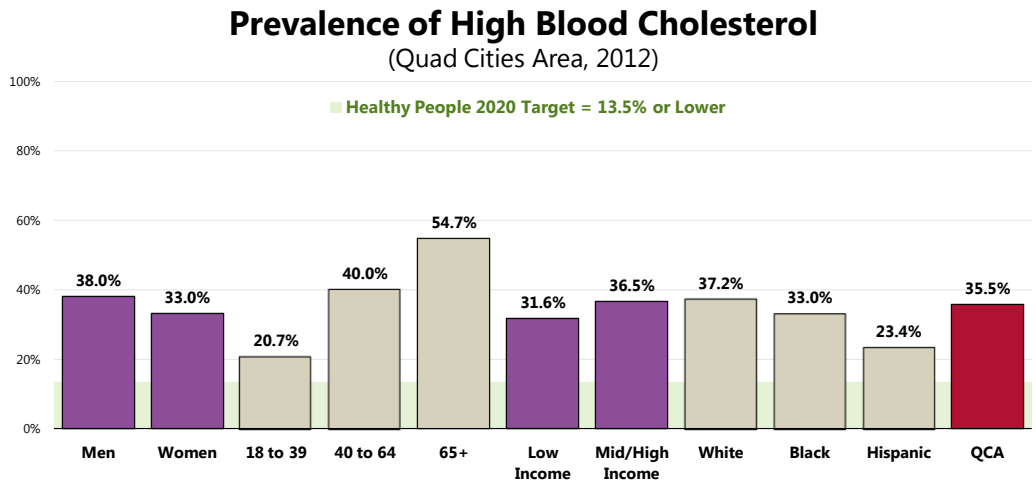
- Comparable to the Iowa and Illinois findings.
- Similar to the national prevalence.
- More than twice the Healthy People 2020 target (13.5% or lower).
- Similar by county.
- Marks a statistically significant increase over time.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 82]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 IA and IL data.
- 2011 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 and IL 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.
- Whites report a higher prevalence than African Americans and Hispanics.



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 82]
- 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Respondents reporting high cholesterol were further asked:

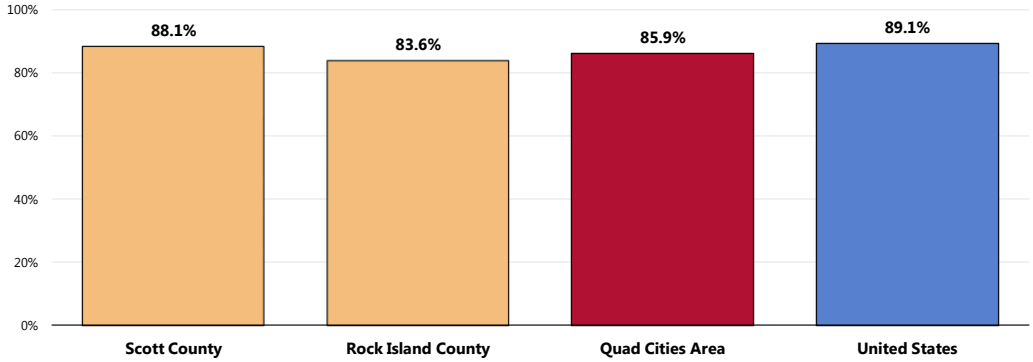
"Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?"

Among adults who have been told that their blood cholesterol was high, 85.9% report that they are currently taking actions to control their cholesterol levels.

- Similar to that found nationwide.
- Similar by county.

Taking Action to Control High Blood Cholesterol Levels

(Among Adults with High Cholesterol)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 83]
- 2011 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.

Total 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.

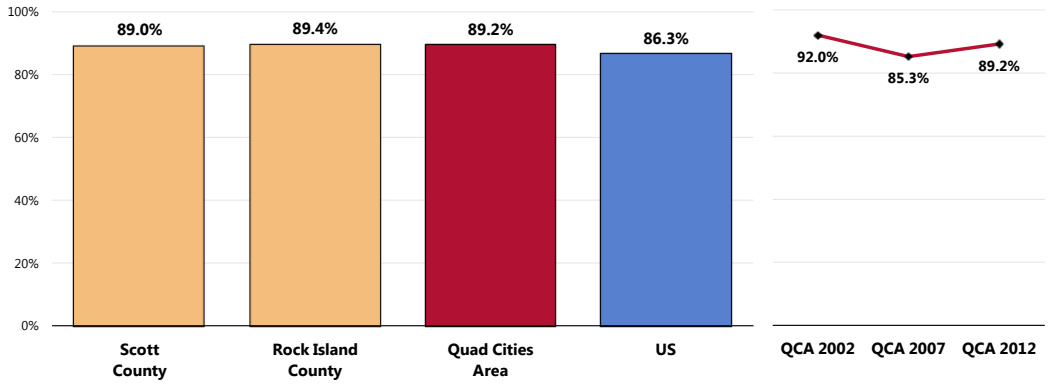
– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

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

A total of 89.2% 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.

- Comparable to national findings.
- Comparable by county.
- Higher than recorded in 2007, but lower than first recorded in 2002.

Present One or More Cardiovascular Risks or Behaviors



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 163]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

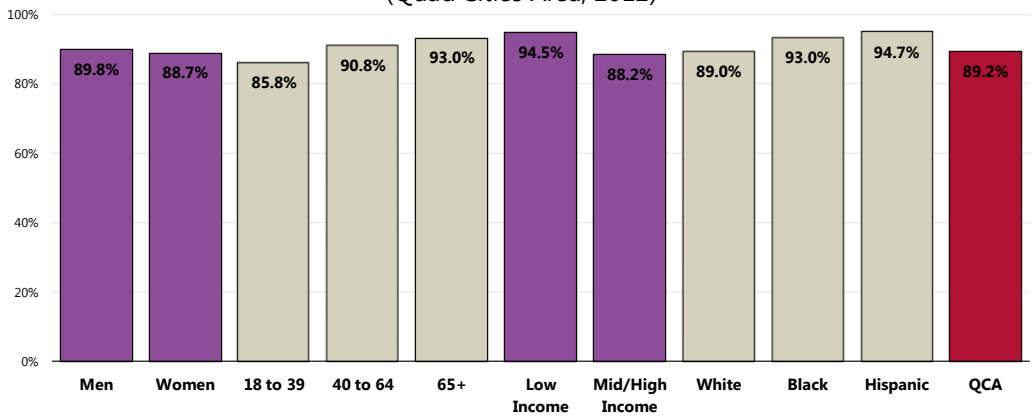
Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Adults age 40 and older, and especially seniors.
- Lower-income residents.
- African Americans and Hispanics.

Present One or More Cardiovascular Risks or Behaviors

(Quad Cities Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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)

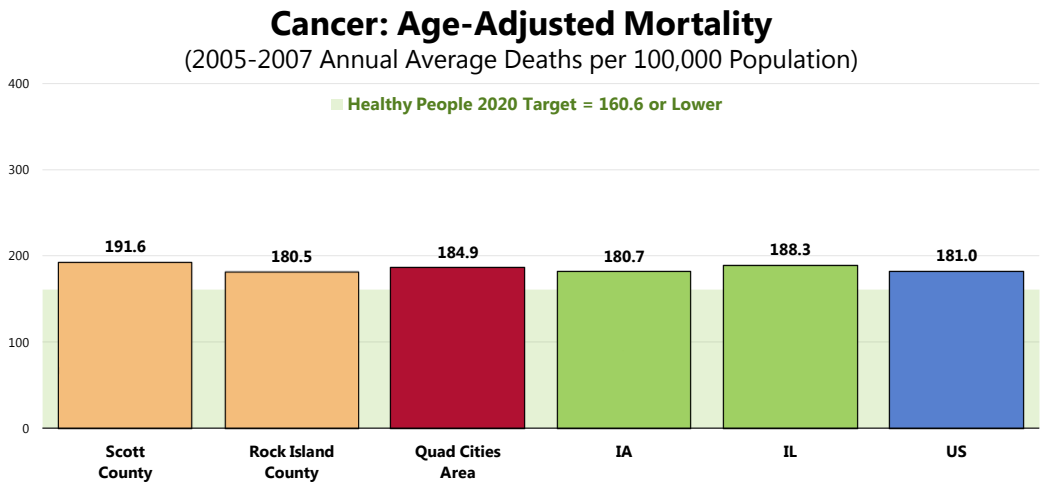
– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2005 and 2007, there was an annual average age-adjusted cancer mortality rate of 184.9 deaths per 100,000 population in the Quad Cities Area.

- Comparable to both statewide rates.
- Comparable to the national rate.
- Fails to satisfy the Healthy People 2020 target of 160.6 or lower.
- Higher in Scott County than in Rock Island County.



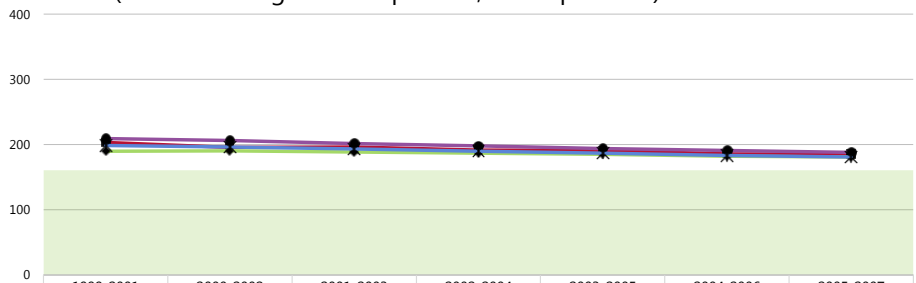
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [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 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

- Cancer mortality has decreased over the past decade in the Quad Cities Area; the same trend is apparent across Iowa, Illinois and the US overall.

Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	160.6	160.6	160.6	160.6	160.6	160.6	160.6
Quad Cities Area	203.4	195.7	196.3	191.4	190.9	185.5	184.9
IA	190.0	190.1	188.8	186.7	185.0	182.3	180.7
IL	209.1	206.3	201.4	197.8	194.2	191.0	188.3
US	198.9	196.5	193.3	189.9	186.7	183.6	181.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
- 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 U.S. 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 prostate cancer among men, breast cancer among women, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2005-2007 annual average age-adjusted death rates):

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

Note that while the Quad Cities Area prostate and female breast cancer death rates are similar to the related Healthy People 2020 targets, the lung and colorectal cancer rates fail to satisfy the related goals.

Age-Adjusted Cancer Death Rates by Site

(2005-2007 Annual Average Deaths per 100,000 Population)

	Quad Cities Area	IA	IL	US	HP2020
Lung Cancer	**59.1**	**52.0**	**53.0**	**51.6**	**45.5**
Female Breast Cancer	**21.5**	**21.5**	**24.8**	**23.5**	**20.6**
Prostate Cancer	**21.1**	**25.1**	**25.9**	**23.9**	**21.2**
Colorectal Cancer	**16.0**	**18.2**	**19.0**	**17.2**	**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 October 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

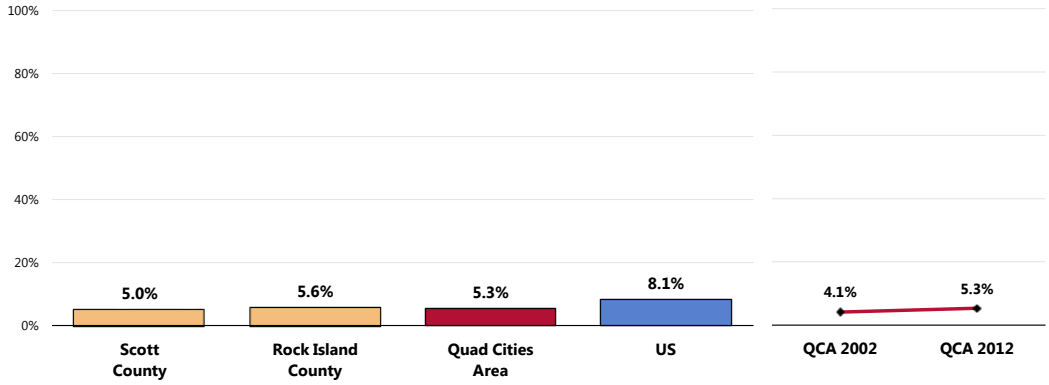
Prevalence of Cancer

Skin Cancer

A total of 5.3% of surveyed Quad Cities Area adults report having been diagnosed with skin cancer.

- More favorable than the national average.
- Similar by county.
- The prevalence of skin cancer has remained statistically unchanged since 2002.

Prevalence of Skin Cancer



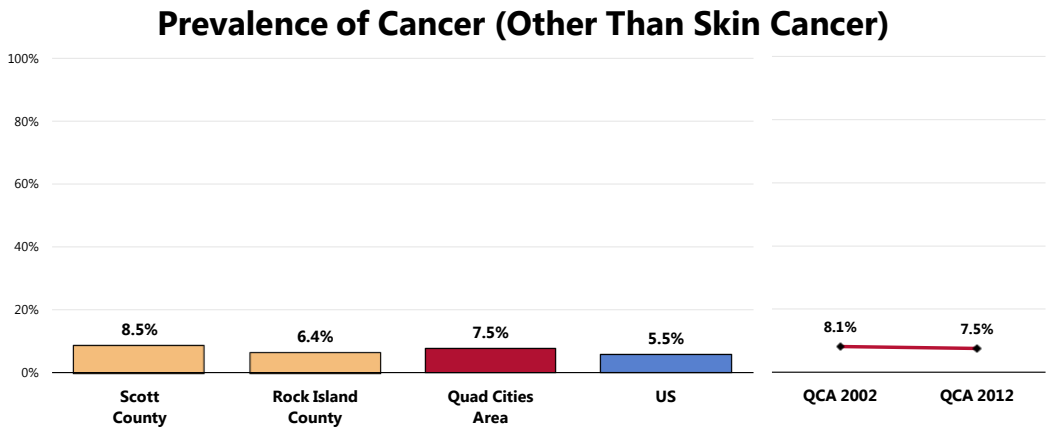
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 67]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Other Cancer

A total of 7.5% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the national prevalence.
- Similar by county.
- No significant change since 2002.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Cancer Risk

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

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 five cancer sites: prostate cancer (prostate-specific antigen testing and digital rectal examination); testicular cancer (clinical testicular examination); female breast cancer (mammography and clinical breast examination); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Prostate Cancer Screenings

The US Preventive Services Task Force (USPSTF) concludes that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years.

Rationale: Prostate cancer is the most common nonskin cancer and the second-leading cause of cancer death in men in the United States. The USPSTF found convincing evidence that prostate-specific antigen (PSA) screening can detect some cases of prostate cancer.

In men younger than age 75 years, the USPSTF found inadequate evidence to determine whether treatment for prostate cancer detected by screening improves health outcomes compared with treatment after clinical detection.

The USPSTF found convincing evidence that treatment for prostate cancer detected by screening causes moderate-to-substantial harms, such as erectile dysfunction, urinary incontinence, bowel dysfunction, and death. These harms are especially important because some men with prostate cancer who are treated would never have developed symptoms related to cancer during their lifetime.

There is also adequate evidence that the screening process produces at least small harms, including pain and discomfort associated with prostate biopsy and psychological effects of false-positive test results.

The USPSTF recommends against screening for prostate cancer in men age 75 years or older.

Rationale: In men age 75 years or older, the USPSTF found adequate evidence that the incremental benefits of treatment for prostate cancer detected by screening are small to none.

Given the uncertainties and controversy surrounding prostate cancer screening in men younger than age 75 years, a clinician should not order the PSA test without first discussing with the patient the potential but uncertain benefits and the known harms of prostate cancer screening and treatment. Men should be informed of the gaps in the evidence and should be assisted in considering their personal preferences before deciding whether to be tested.

– 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.

PSA Testing and/or Digital Rectal Examination

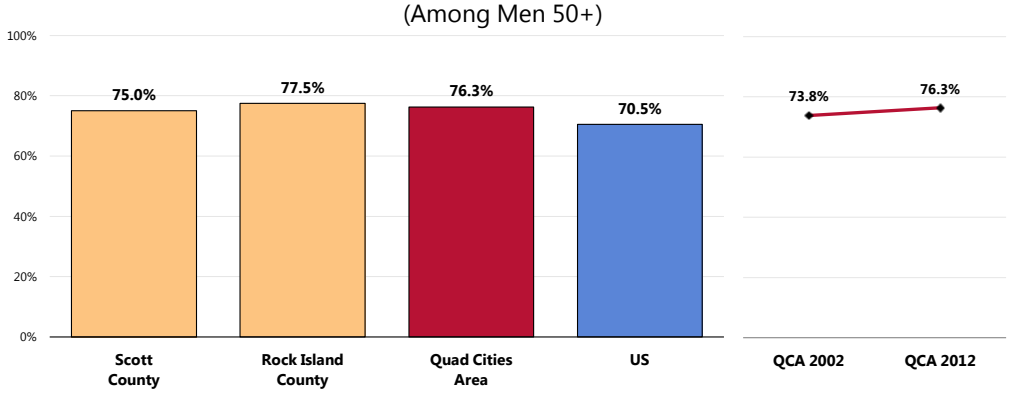
Note: Due to recent (2008) changes in clinical recommendations against routine PSA testing, it is anticipated that testing levels will begin to decline.

Among men age 50 and older, 76.3% have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems in the past two years.

- Similar to national findings.
- Similar by county.
- Statistically unchanged since 2002.

Have Had a Prostate Screening in the Past Two Years

(Among Men 50+)



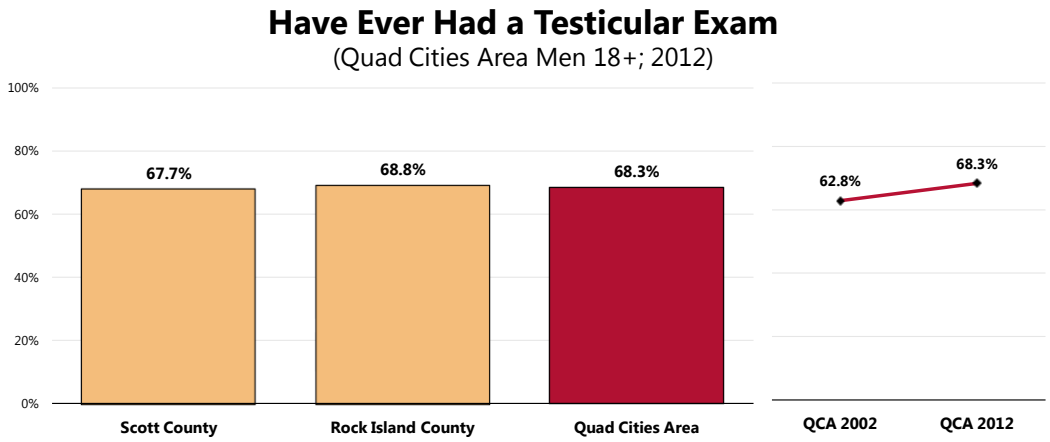
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 167]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all male respondents 50 and older.

Testicular Cancer Screenings

Testicular Examination

Among male survey respondents (age 18+), most (68.3%) have had a clinical testicular exam.

- Similar findings by county.
- Statistically unchanged since 2002.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 114]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all male respondents.

Female Breast Cancer Screening

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.

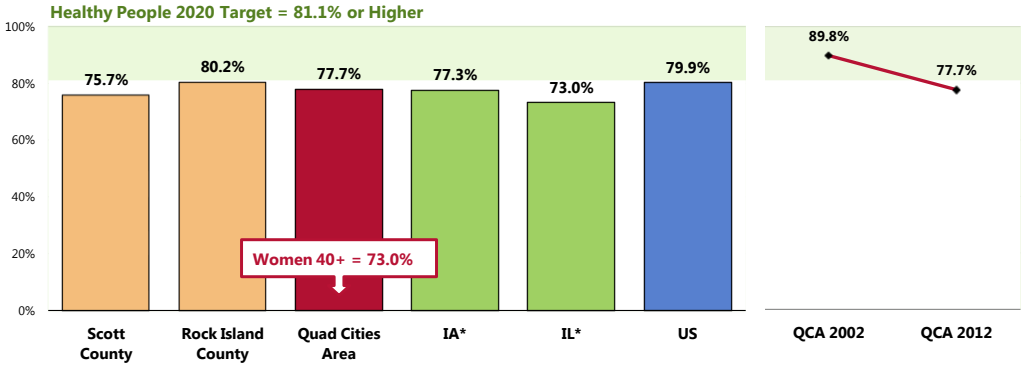
Mammography

Among women age 50-74, 77.7% have had a mammogram in the past two years.

- Similar to both statewide percentages (which represent all women 50+).
- Similar to national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).
- Similar by county.
- However, marks a statistically significant decrease since 2002.
- Note: Among women 40+, 73.0% have had a mammogram in the past two years.

Have Had a Mammogram in the Past Two Years

(Among Women 50-74)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 164-165]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 IA and IL data.
- 2011 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]

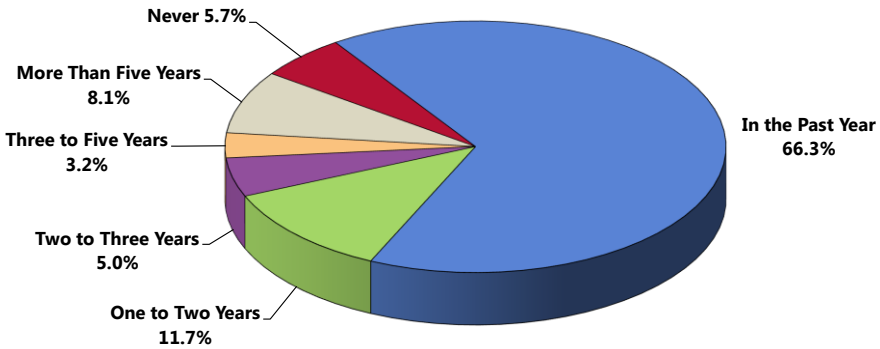
Notes:
- Reflects female respondents 50-74.
- *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

Breast Examination

Among female survey respondents, 78.0% have had a clinical breast examination within the past two years; however, 5.7% of area women have never had a clinical breast exam.

Most Recent Clinical Breast Exam

(Quad Cities Area Women 18+, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]

Notes:
- Asked of all female respondents.

Cervical Cancer Screenings

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.

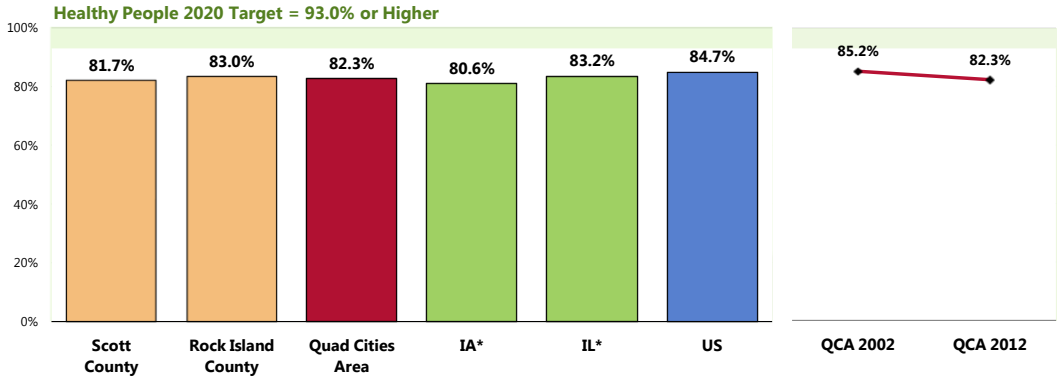
Pap Smear Testing

Among women age 21 to 65, 82.3% have had a Pap smear within the past three years.

- Comparable to both Iowa and Illinois figures (which represent all women 18+).
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Similar by county.
- Statistically unchanged since 2002.

Have Had a Pap Smear in the Past Three Years

(Among Women 21-65)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 166]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 IA and IL data.
- 2011 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 IA percentage represents all women age 18 and older.

Colorectal Cancer Screenings

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.

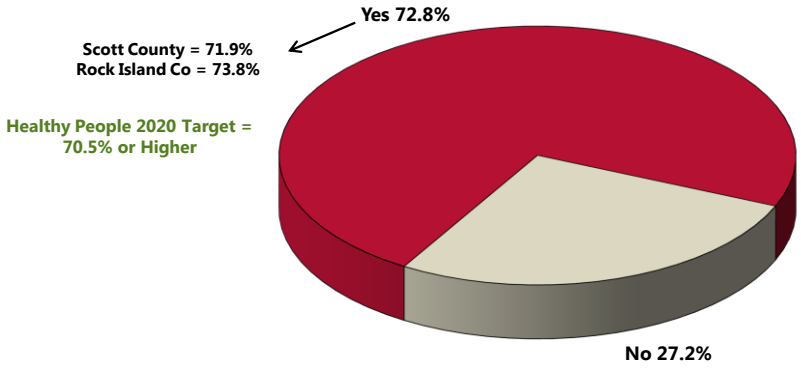
Colorectal Cancer Screening

Among adults age 50-75, 72.8% have had 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 the Healthy People 2020 target (70.5% or higher).
- Similar by county.

Have Had a Colorectal Cancer Screening

(Among Quad Cities Area Adults 50-75, 2012)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 170]
- 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.

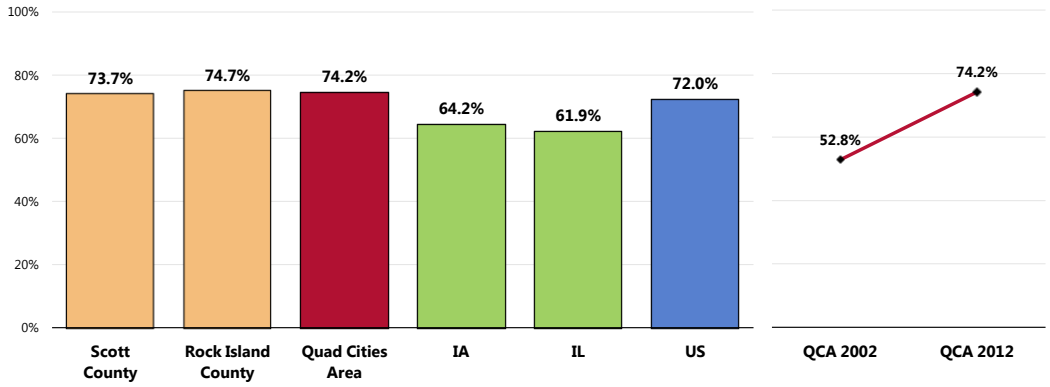
Sigmoidoscopy/Colonoscopy

Among adults age 50 and older, nearly three-fourths (74.2%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- More favorable than Iowa and Illinois findings.
- Comparable to national findings.
- Similar by county.
- Denotes a significant increase in testing over time.

Have Ever Had a Lower Endoscopy Exam

(Among Adults 50+)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 168]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 IA and IL data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

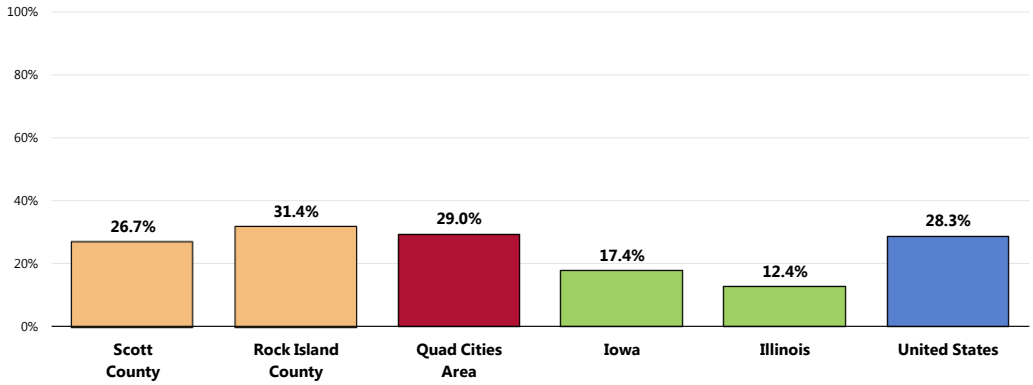
Notes:
- Asked of all respondents 50+.
- Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Among adults age 50 and older, 29.0% have had a blood stool test (aka "fecal occult blood test") **within the past two years.**

- More favorable than Iowa and Illinois findings.
- Similar to national findings.
- Similar by county.

Have Had a Blood Stool Test in the Past Two Years

(Among Adults 50+)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 IA and IL data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents 50+.

Respiratory Disease

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.

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.

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.

Several additional respiratory conditions and respiratory hazards, including infectious agents and occupational and environmental exposures, are covered in other areas of Healthy People 2020. Examples include tuberculosis, lung cancer, acquired immunodeficiency syndrome (AIDS), pneumonia, occupational lung disease, and smoking. Sleep Health is now a separate topic area of Healthy People 2020.

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. 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. 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.

– 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

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.

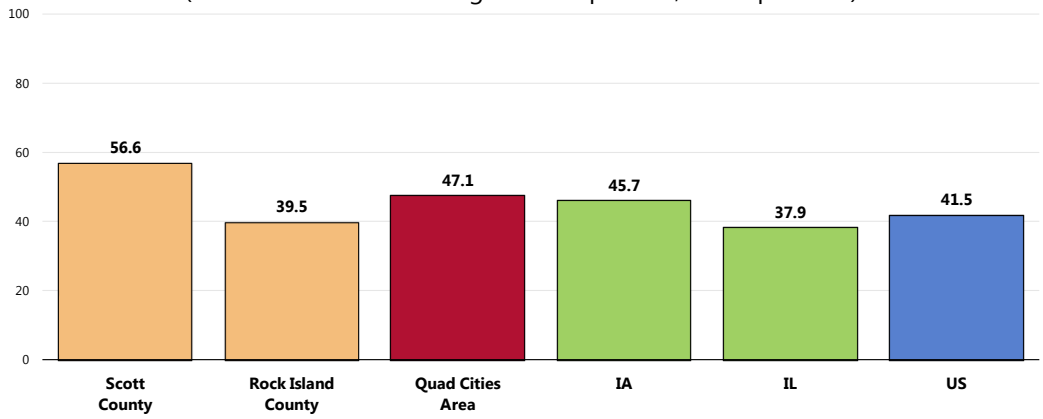
Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2005 and 2007, there was an annual average age-adjusted CLRD mortality rate of 47.1 deaths per 100,000 population in the Quad Cities Area.

- Similar to the Iowa rate, but higher than the Illinois rate.
- Higher than the national rate.
- Particularly high in Scott County.

CLRD: Age-Adjusted Mortality

(2005-2007 Annual Average Deaths per 100,000 Population)



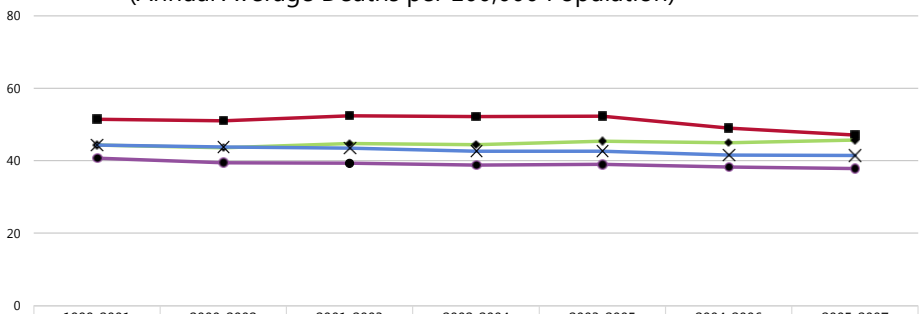
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.

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

Although stable in the early 2000s, CLRD mortality in the Quad Cities Area has since begun to decline.

CLRD: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Quad Cities Area	51.5	51.0	52.4	52.2	52.3	49.1	47.1
IA	44.4	43.6	44.8	44.5	45.4	45.0	45.7
IL	40.8	39.5	39.3	38.8	39.0	38.3	37.9
US	44.4	43.8	43.5	42.6	42.6	41.6	41.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.

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

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

Between 2005 and 2007, there was an annual average age-adjusted pneumonia/influenza mortality rate of 18.4 deaths per 100,000 population in the Quad Cities Area.

- Lower than the Iowa and Illinois rates.
- Nearly identical to the national rate.
- Higher in Rock Island County than in Scott County.

Pneumonia/Influenza: Age-Adjusted Mortality

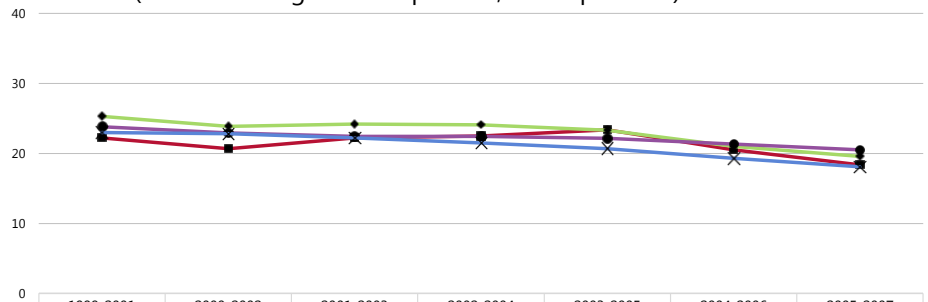
(2005-2007 Annual Average Deaths per 100,000 Population)

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

Quad Cities Area pneumonia/influenza mortality has overall decreased over the past decade. The same downward trend is evident across Iowa, Illinois and the US as a whole.

Pneumonia/Influenza: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Quad Cities Area	22.2	20.7	22.2	22.5	23.4	20.5	18.4
IA	25.3	23.9	24.2	24.1	23.3	21.0	19.6
IL	23.8	22.9	22.4	22.5	22.2	21.4	20.5
US	23.0	22.8	22.2	21.5	20.7	19.3	18.1

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
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 U.S. Standard Population.
• State and national data are simple three-year averages.

Prevalence of Respiratory Conditions

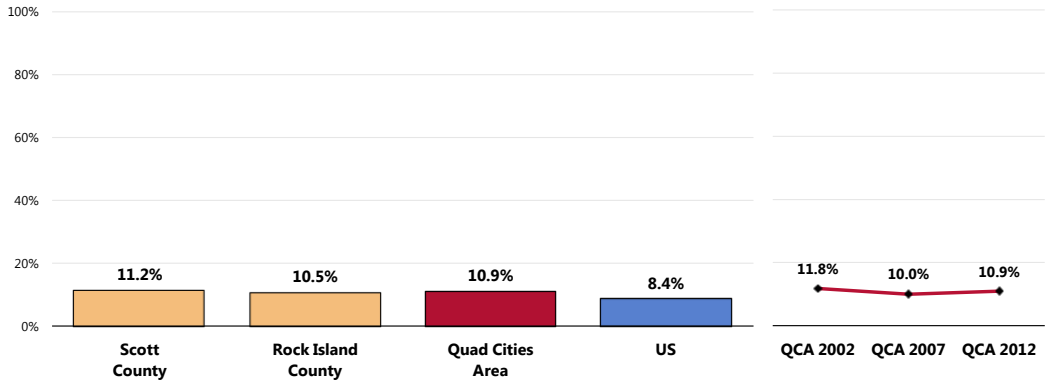
Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with asthma and/or chronic lung disease.

Chronic Lung Disease

A total of 10.9% of Quad Cities Area adults suffer from chronic lung disease.

- Statistically similar to the national prevalence.
- No significant difference by county.
- Statistically unchanged from prior years.

Prevalence of Chronic Lung Disease



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 59]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

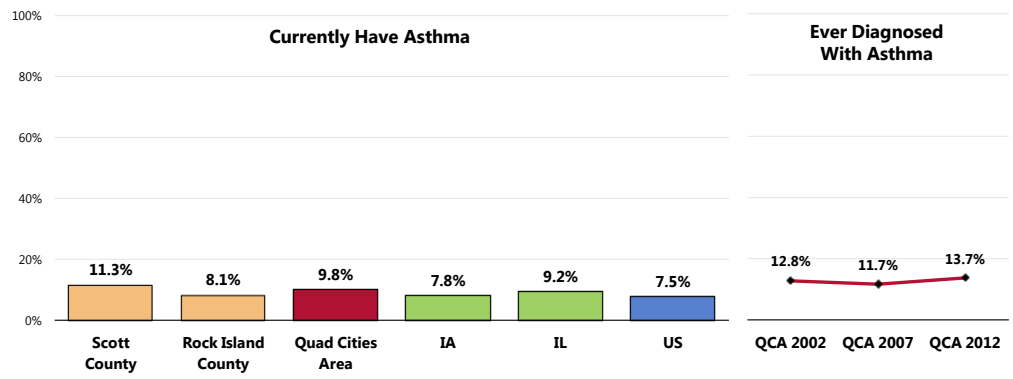
Asthma

Adults

A total of 9.8% of Quad Cities Area adults currently suffer from asthma.

- Similar to both statewide figures.
- Similar to the national prevalence.
- Statistically similar by county.
- Prevalence (adults ever diagnosed) is similar to previous findings.

Adult Asthma Prevalence

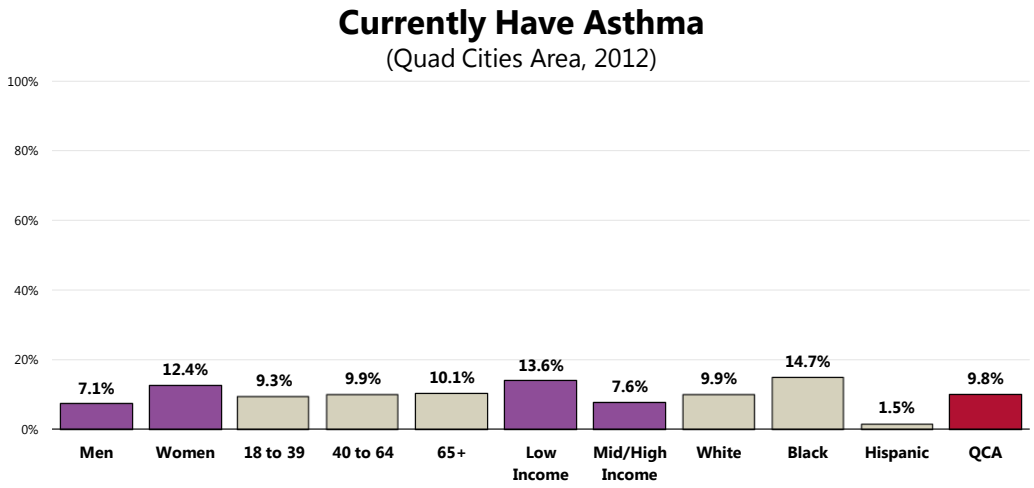


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 75, 171]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 IA and IL data.

Notes:
- Asked of all respondents.

The following adults are more likely to suffer from asthma:

- Women.
- Low-income residents.
- Non-Hispanics.

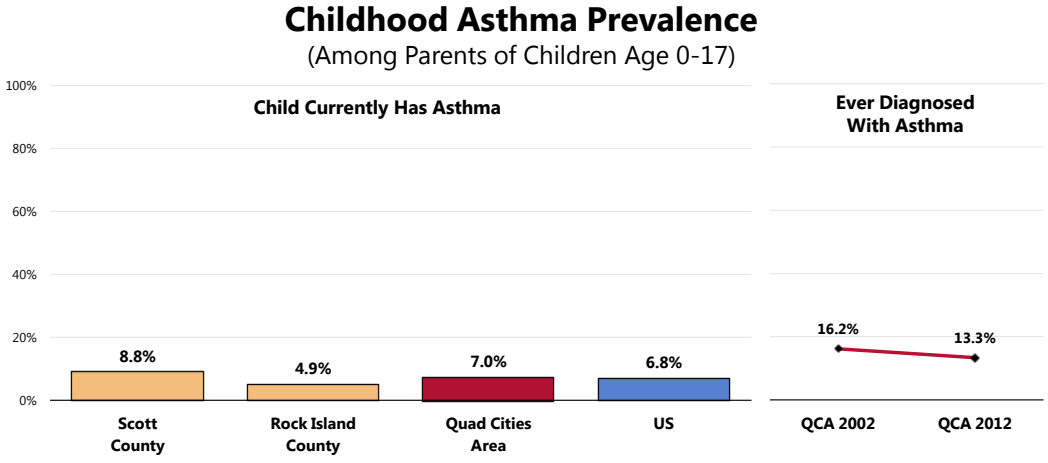


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% 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.

- Similar to national findings.
- Statistically similar by county.
- The prevalence of children who have ever been diagnosed with asthma has not changed significantly since 2002.

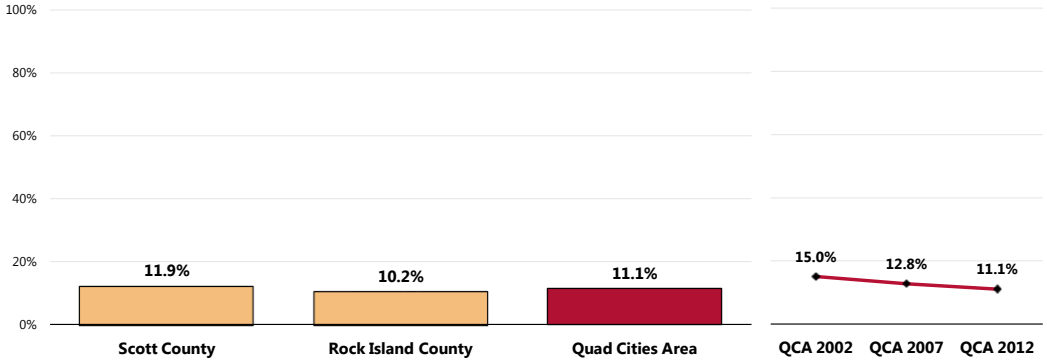


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 146, 172]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

A total of 11.1% of Quad Cities Area adults currently report some type of breathing problem they believe to be associated with the environment (dust, smoke, smog or other pollution).

- Statistically similar by county.
- Marks a statistically significant decrease since 2002.

Have Breathing Problems Related to Environmental Dust, Smoke, Smog or Other Pollution



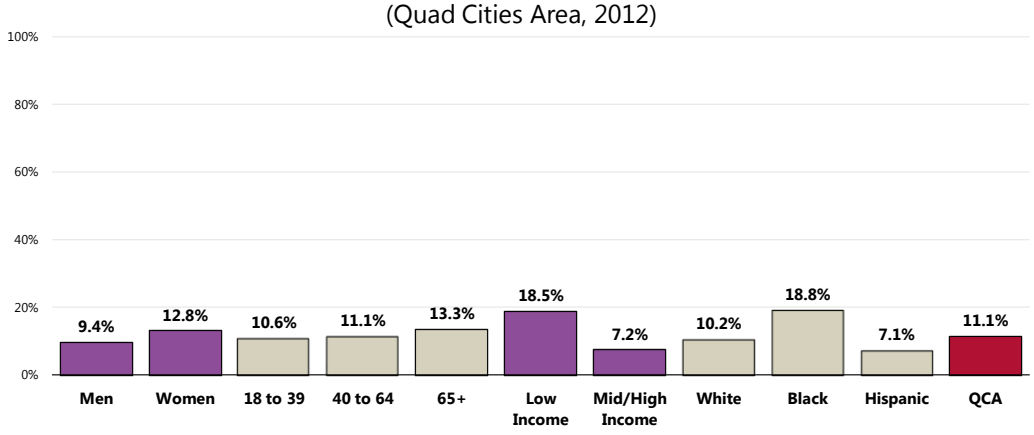
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 71]
Notes: • Asked of all respondents.

The following adults are more likely to suffer from an environment-related breathing problem:

- Low-income residents.
- African Americans.

Have Breathing Problems Related to Environmental Dust, Smoke, Smog or Other Pollution

(Quad Cities Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]
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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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

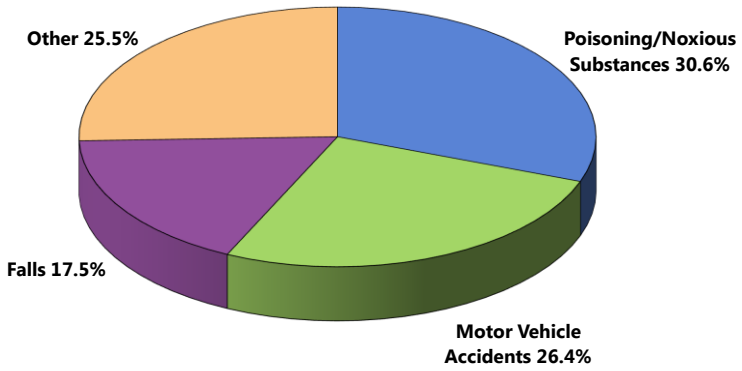
– Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Poisoning, motor vehicle accidents and falls accounted for three in four accidental deaths in the Quad Cities Area between 2005 and 2007.

Leading Causes of Accidental Death

(Quad Cities Area, 2005-2007)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2005 and 2007, there was an annual average age-adjusted unintentional injury mortality rate of 31.9 deaths per 100,000 population in the Quad Cities Area.

- Better than the Iowa and Illinois rates.
- Better than the US rate.
- Satisfies the Healthy People 2020 target (36.0 or lower).
- Higher in Scott County than in Rock Island County.

Unintentional Injuries: Age-Adjusted Mortality

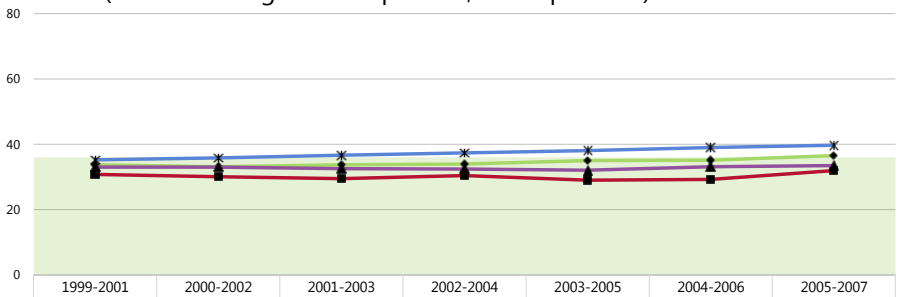
(2005-2007 Annual Average Deaths per 100,000 Population)

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
• 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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

No significant change in the Quad Cities Area unintentional injury mortality rate over the past several years. The Iowa and US rates have increased during the past decade, while the Illinois rate was stable.

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	36.0	36.0	36.0	36.0	36.0	36.0	36.0
Quad Cities Area	30.8	30.1	29.5	30.5	29.0	29.3	31.9
IA	33.7	33.1	33.7	34.0	35.0	35.2	36.5
IL	33.1	33.1	32.5	32.5	32.1	33.2	33.5
US	35.3	35.8	36.7	37.4	38.1	39.0	39.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
- 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 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

Motor Vehicle Safety

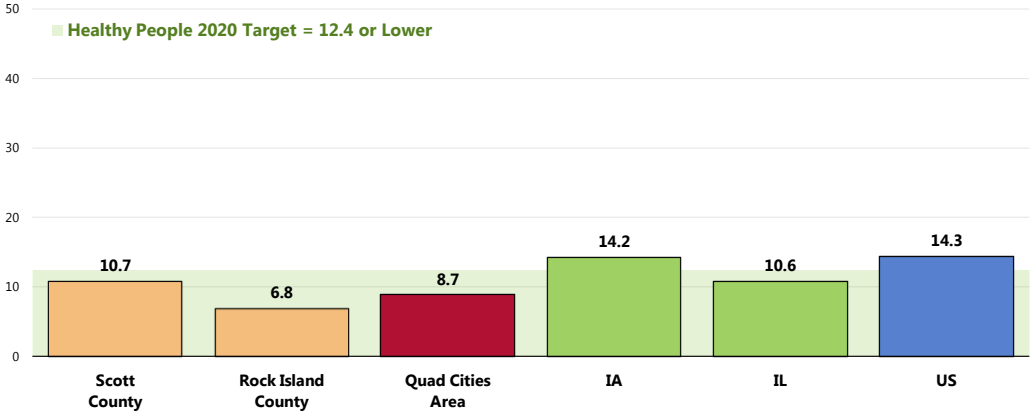
Age-Adjusted Motor-Vehicle Related Deaths

Between 2005 and 2007, there was an annual average age-adjusted motor vehicle crash mortality rate of 8.7 deaths per 100,000 population in the Quad Cities Area.

- Lower than found throughout Iowa and Illinois.
- Lower than found nationally.
- Satisfies the Healthy People 2020 target (12.4 or lower).
- Higher in Scott County than in Rock Island County.

Motor Vehicle Crashes: Age-Adjusted Mortality

(2005-2007 Annual Average Deaths per 100,000 Population)



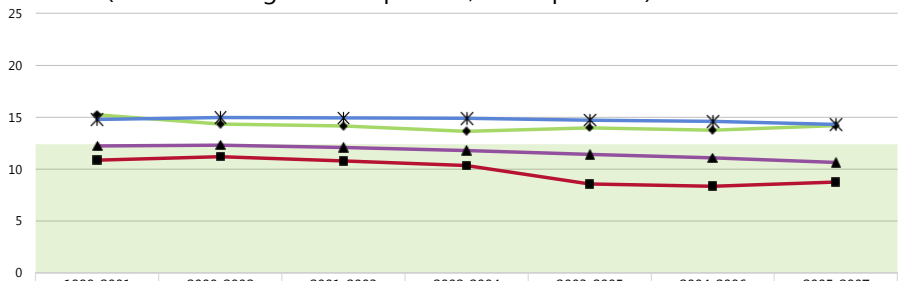
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [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 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

The motor vehicle crash mortality rate in the Quad Cities Area has decreased in recent years.

Motor Vehicle Crashes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	12.4	12.4	12.4	12.4	12.4	12.4	12.4
Quad Cities Area	10.9	11.2	10.8	10.3	8.6	8.3	8.7
IA	15.2	14.3	14.2	13.6	14.0	13.7	14.2
IL	12.2	12.3	12.1	11.8	11.4	11.1	10.6
US	14.8	15.0	14.9	14.9	14.7	14.6	14.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
- 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 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

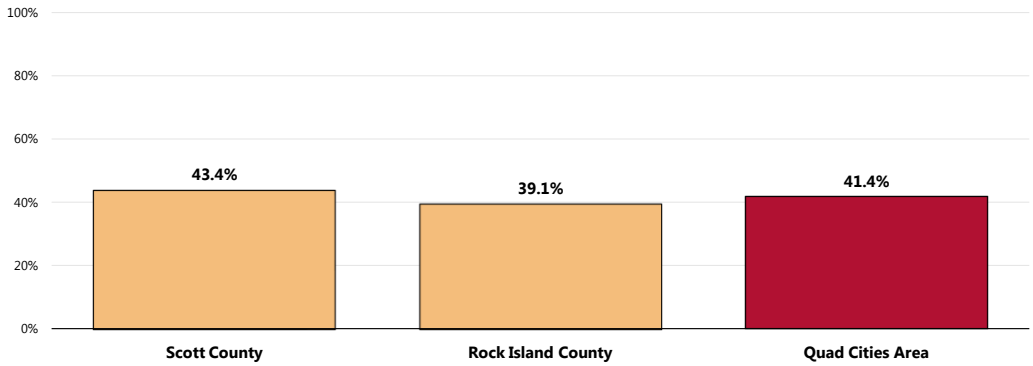
Distracted Driving

Examples of distracted driving include talking on a cell phone without a headset or sending/reading text messages or email while driving.

A total of 41.4% of surveyed adults acknowledge some type of distracted driving behavior (talking on a cell phone without a headset and/or sending or reading text messages or email while driving) **one or more times in the past month.**

- Statistically similar when viewed by county.

Distracted Driving in the Past Month



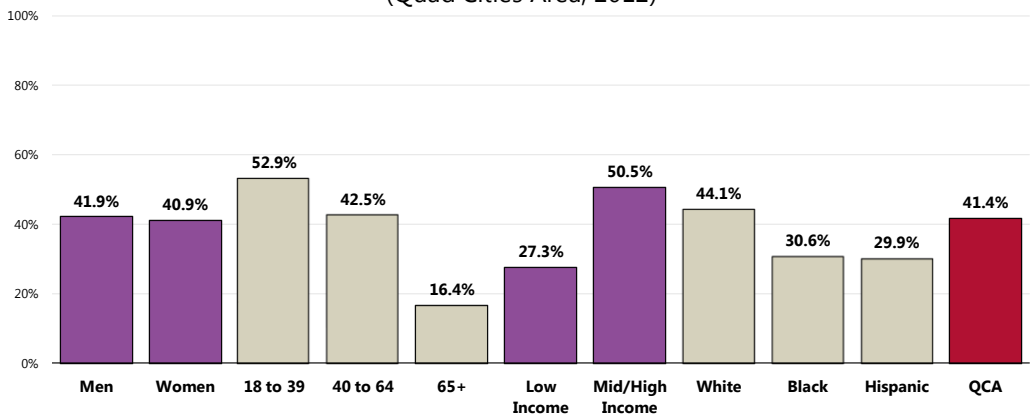
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 87]

Notes:
- Asked of all respondents.
- In this case the term "distracted driving" includes talking on a cell phone without a headset or sending/reading text messages or email while driving.

These population segments are more likely to report distracted driving in the past month:

- Adults under age 65 (and especially those under 40).
- Residents with higher incomes.
- Whites.

Distracted Driving in the Past Month
(Quad Cities Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]

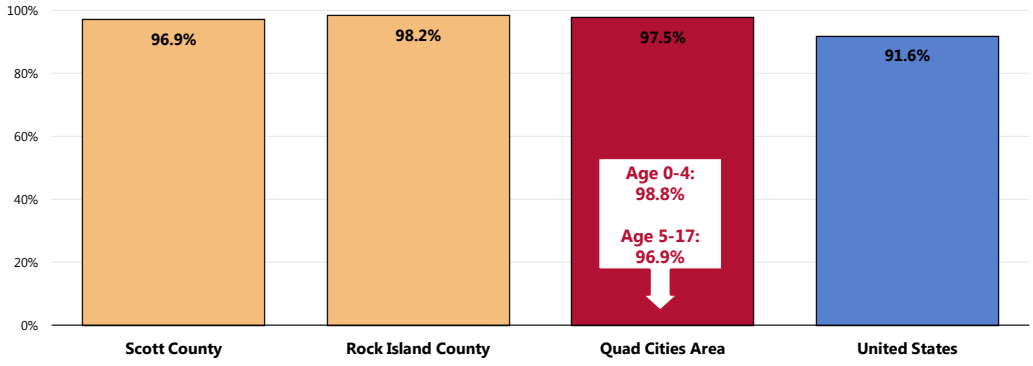
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% 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 "distracted driving" includes talking on a cell phone without a headset or sending/reading text messages or email while driving.

Seat Belt Usage Among Children

A full 97.5% of Quad Cities Area parents report that their child (age 0 to 17) **"always" wears a seat belt** (or appropriate car seat for younger children) **when riding in a vehicle.**

- More favorable than what is found nationally.
- Similar by county.
- Among children under age 5, nearly all (98.8%) are reported to consistently use appropriate seat belts/safety seats.
- Among children age 5-17, 96.9% report consistent safety belt usage.

Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle
(Among Parents of Children Age 0-17)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 153, 175-176]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

Firearm Safety

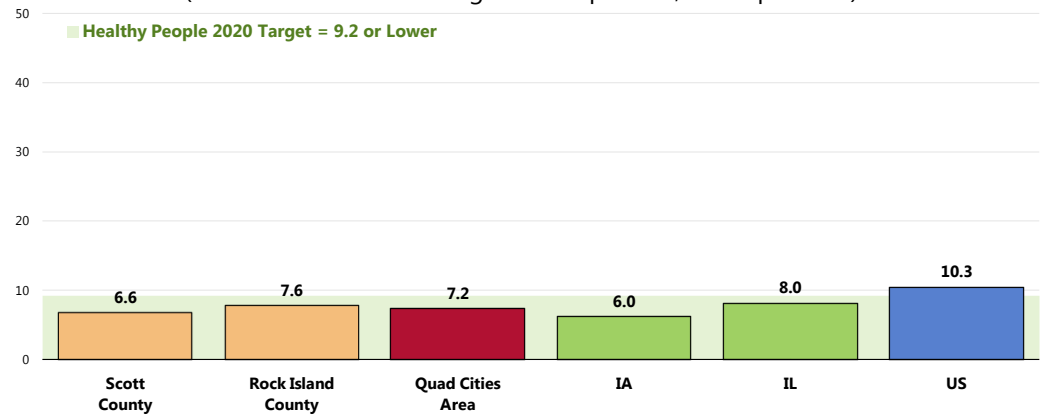
Age-Adjusted Firearm-Related Deaths

Between 2005 and 2007, there was an annual average age-adjusted rate of 7.2 deaths per 100,000 population due to firearms in the Quad Cities Area.

- Higher than the Iowa rate, but lower than the Illinois rate.
- Lower than found nationally.
- Satisfies the Healthy People 2020 objective (9.2 or lower).
- Higher in Rock Island County than in Scott County.

Firearms-Related Deaths: Age-Adjusted Mortality

(2005-2007 Annual Average Deaths per 100,000 Population)



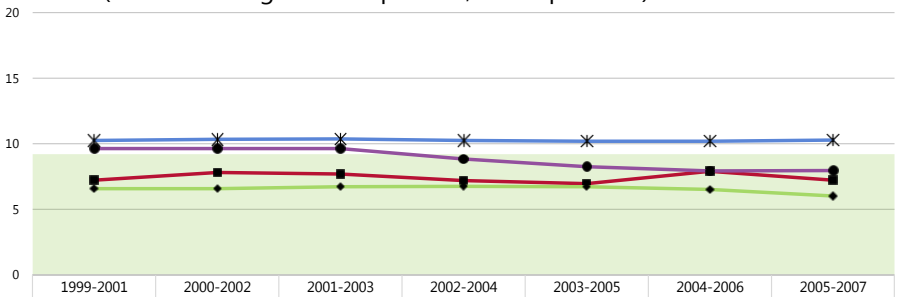
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted October 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [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.

Firearms-related mortality in the Quad Cities Area has shown no clear trend over the past several years.

Firearms-Related Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	9.2	9.2	9.2	9.2	9.2	9.2	9.2
Quad Cities Area	7.2	7.8	7.7	7.2	7.0	7.9	7.2
IA	6.6	6.6	6.7	6.8	6.7	6.5	6.0
IL	9.6	9.6	9.6	8.8	8.3	7.9	8.0
US	10.3	10.3	10.4	10.3	10.2	10.2	10.3

Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted October 2011.
- 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.

Age-Adjusted Homicide Deaths

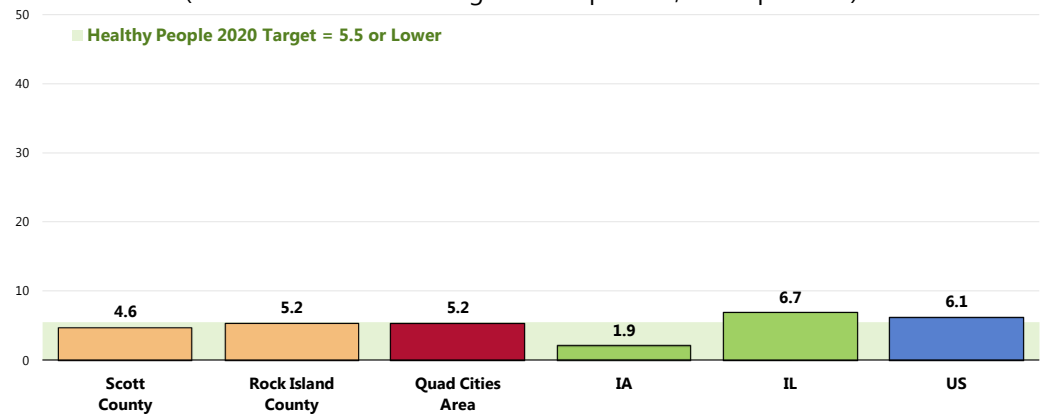
RELATED ISSUE:
See also *Suicide* in the **Mental Health & Mental Disorders** section of this report.

Between 2005 and 2007, there was an annual average age-adjusted homicide rate of 5.2 deaths per 100,000 population in the Quad Cities Area.

- Higher than the Iowa rate, but lower than the rate found across Illinois.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 5.5 or lower.
- Higher in Rock Island County than in Scott County.

Homicide: Age-Adjusted Mortality

(2005-2007 Annual Average Deaths per 100,000 Population)



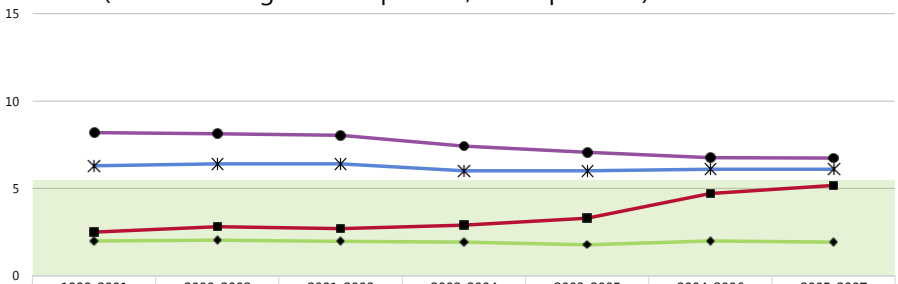
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IPV-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 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

The homicide rate has increased considerably in the Quad Cities Area in recent years; in contrast, the Iowa rate was relatively stable during this time (the Illinois rate decreased, while the US rate was stable).

Homicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	5.5	5.5	5.5	5.5	5.5	5.5	5.5
Quad Cities Area	2.5	2.8	2.7	2.9	3.3	4.7	5.2
IA	2.0	2.0	2.0	1.9	1.8	2.0	1.9
IL	8.2	8.1	8.0	7.4	7.1	6.8	6.7
US	6.3	6.4	6.4	6.0	6.0	6.1	6.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IPV-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 U.S. 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.

Between 2007 and 2009, there was an annual average violent crime rate of 566.9 offenses per 100,000 population in the Quad Cities Area.

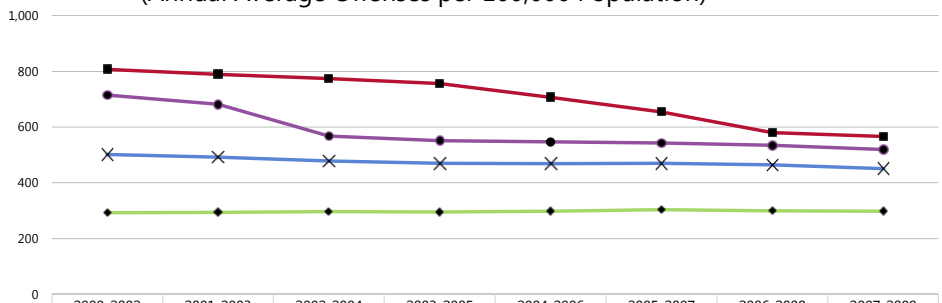
- Worse than the Iowa and Illinois rates for the same period.
- Worse than the national violent crime rate.
- Higher in Rock Island County than in Scott County.

Violent Crime Rates
(2007-2009 Annual Average Offenses per 100,000 Population)

Sources: • IA Department of Public Safety.
• IL State Police
Notes: • Rates are offenses per 100,000 population among agencies reporting.

On a positive note, the violent crime rate has declined in recent years in the Quad Cities Area, echoing Illinois and US trends (the Iowa rate was fairly stable during this time).

Violent Crime Rates
(Annual Average Offenses per 100,000 Population)



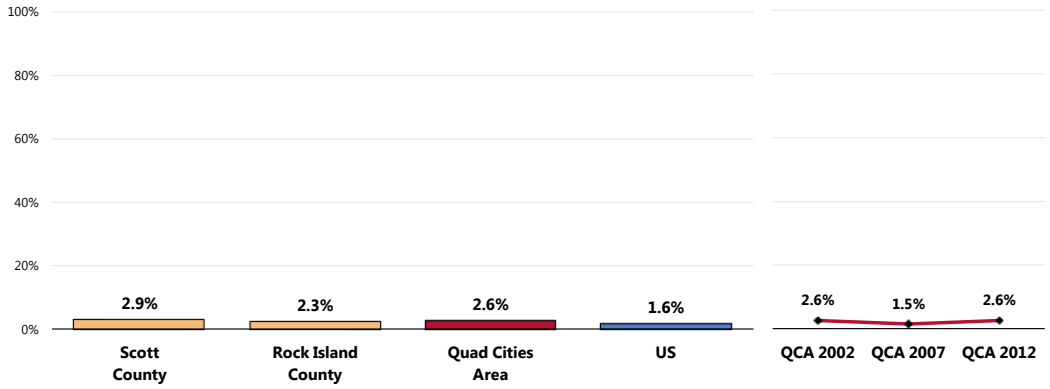
	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
Quad Cities Area	806.6	788.8	774.1	755.6	707.2	654.0	579.7	566.9
IA	292.8	293.5	296.7	295.7	297.7	303.2	299.7	298.0
IL	715.2	681.7	568.0	551.4	546.5	542.3	534.3	519.5
US	501.8	491.6	477.8	469.3	468.6	469.8	465.0	450.3

Sources: • IA Department of Public Safety.
• IL State Police
Notes: • Rates are offenses per 100,000 population among agencies reporting.

A total of 2.6% of Quad Cities Area adults acknowledge being the victim of a violent crime in the past five years.

- Statistically similar to national findings.
- Similar by county.
- Similar to findings in prior years.

Victim of a Violent Crime in the Past Five Years

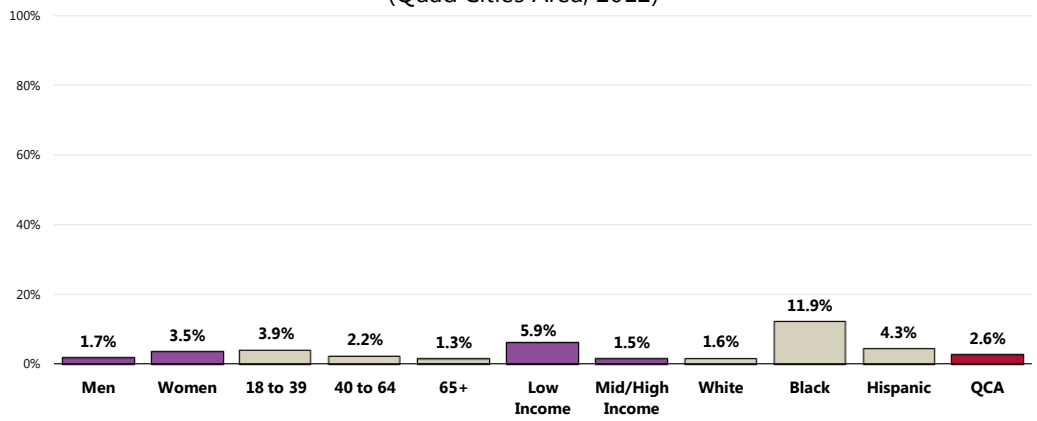


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 84]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Reports of violence are notably higher among African Americans and residents living in the lower income category.

Victim of a Violent Crime in the Past Five Years

(Quad Cities Area, 2012)

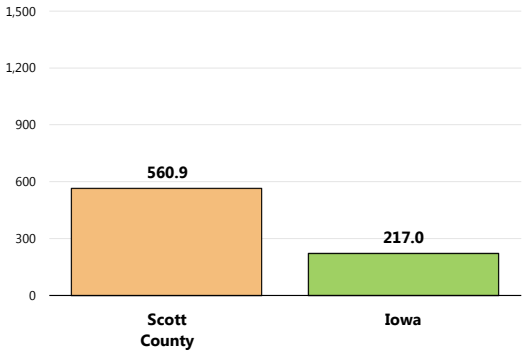


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 84]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

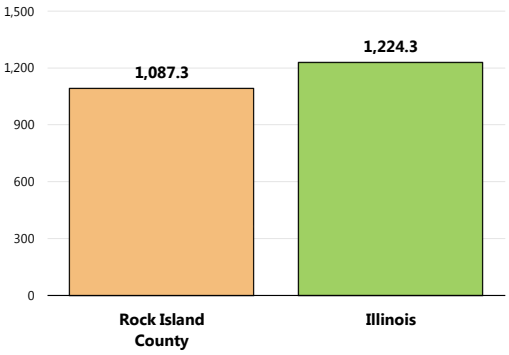
The Scott County rate of domestic violence assaults is notably higher than the Iowa statewide rate.

The Rock Island County rate of domestic violence crimes is just below the Illinois statewide rate.

Assaults Where a Domestic Relationship Exists Between the Victim and Offender
(2007-2009 Annual Average per 100,000 Population)



Any Crime Where a Domestic Relationship Exists Between the Victim and Offender
(2007-2009 Annual Average per 100,000 Population)



Sources: • IA Department of Public Safety.
• IL State Police
Notes: • Rates are per 100,000 population.

Self-Reported 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."

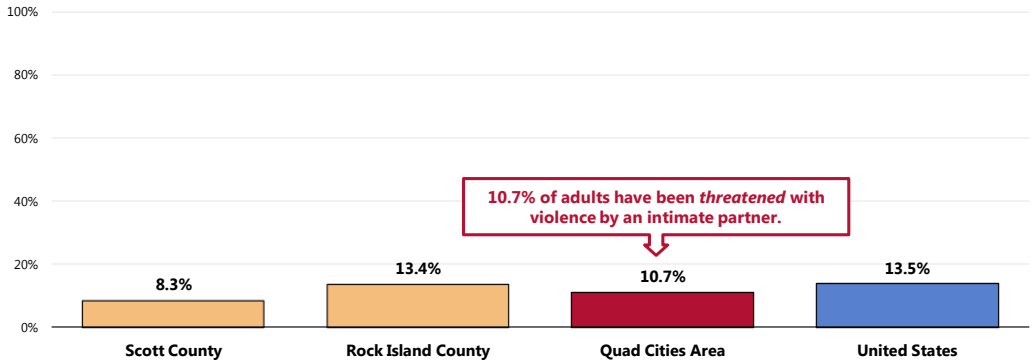
A total of 10.7% of Quad Cities Area adults report that they have ever been threatened with physical violence by an intimate partner.

- Similar to that reported nationally.
- Significantly higher among Rock Island County adults.

Another 10.7% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Similar to national findings.
- Notably higher in Rock Island County.

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



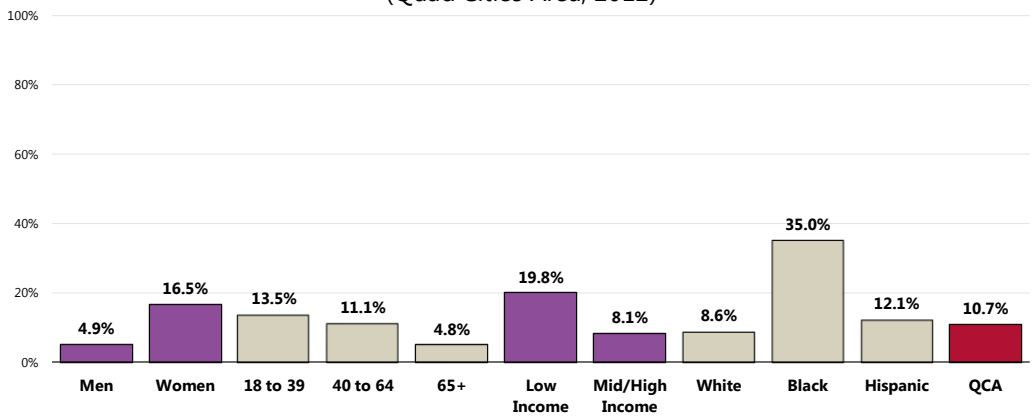
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 85-86]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Reports of domestic violence are also notably higher among:

- Women.
- Adults under 65.
- Those with lower incomes.
- African Americans.

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

(Quad Cities Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

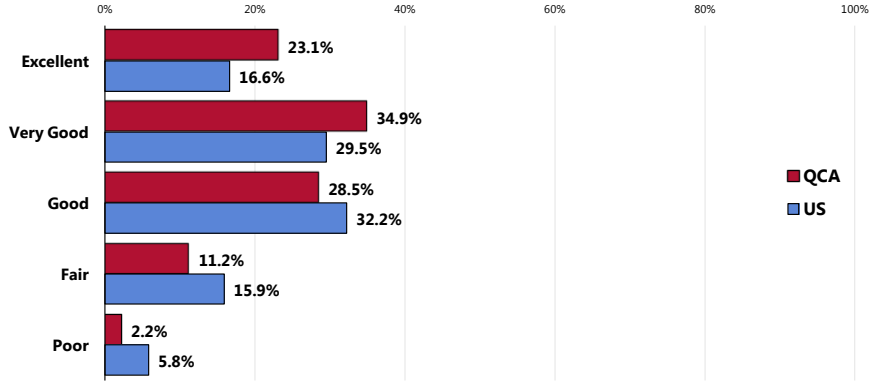
Neighborhood Safety

When asked to rate the safety, security and crime control in their neighborhood, 58.0% of Quad Cities Area adults gave "excellent" or "very good" ratings.

- More favorable than the prevalence reported nationally.
- Another 28.5% gave "good" ratings of their neighborhood's safety, security and crime control.

Rating of Neighborhood's Safety, Security and Crime Control

(Quad Cities Area, 2012)



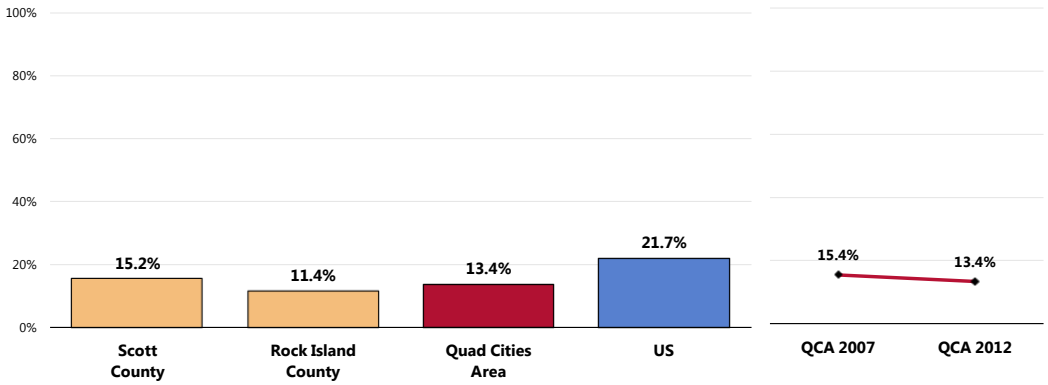
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 28]
- 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.

Notes:
- Asked of the total sample.

On the other hand, 13.4% of survey respondents consider the safety, security and crime control in the neighborhood to be "fair" or "poor."

- More favorable than the prevalence reported nationally.
- Statistically similar by county.
- No significant change since 2007.

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



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 28]
- 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.

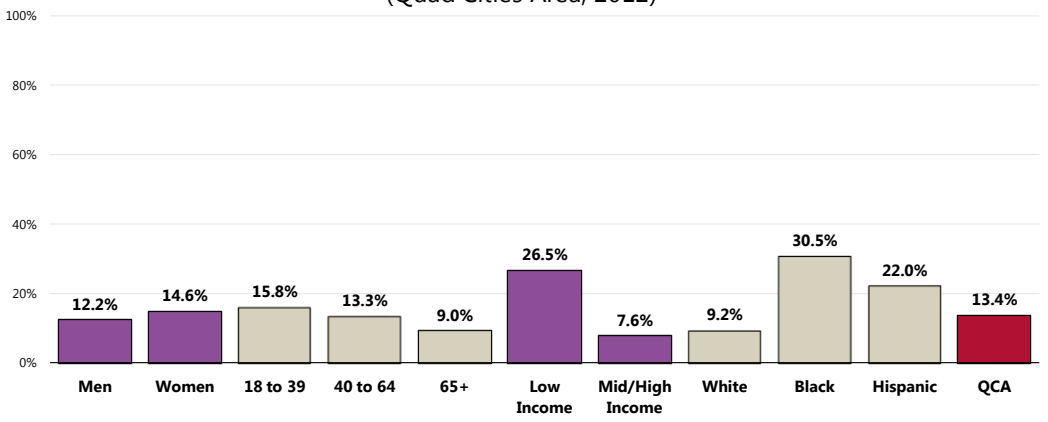
Notes:
- Asked of all respondents.

The following residents are more likely to give low ratings regarding their neighborhood's safety, security and crime control:

- Residents with lower incomes.
- African Americans and Hispanics.

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

(Quad Cities Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 28]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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. However, almost 25% of Americans with diabetes mellitus are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes mellitus in the next several years. Few people receive effective preventative care, which makes diabetes mellitus an immense and complex public health challenge.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. 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.

In addition to these human costs, the estimated total financial cost of diabetes mellitus in the US in 2007 was $174 billion, which includes the costs of medical care, disability, and premature death.

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)

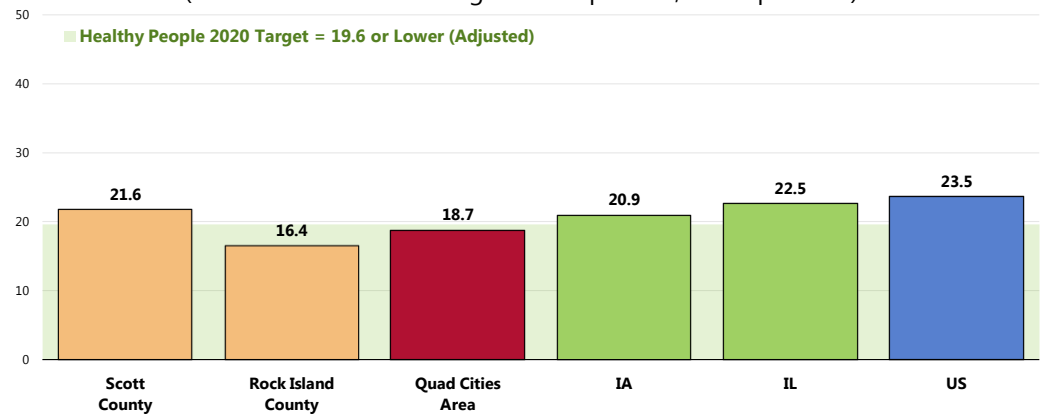
Age-Adjusted Diabetes Deaths

Between 2005 and 2007, there was an annual average age-adjusted diabetes mortality rate of 18.7 deaths per 100,000 population in the Quad Cities Area.

- More favorable than the rates reported for both states.
- More favorable than the national rate.
- Similar to the Healthy People 2020 target (19.6 or lower).
- Higher in Scott County than in Rock Island County.

Diabetes: Age-Adjusted Mortality

(2005-2007 Annual Average Deaths per 100,000 Population)



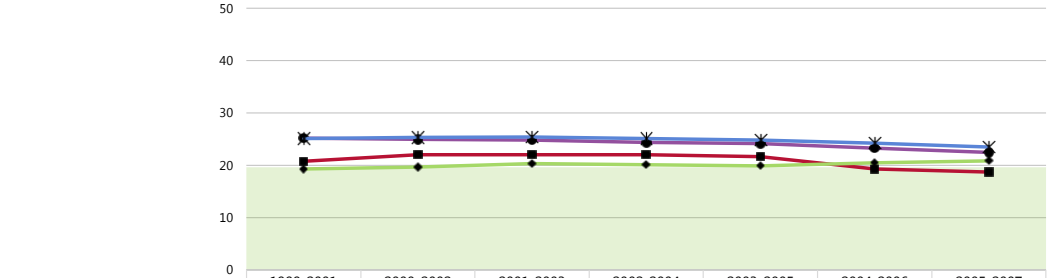
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [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 U.S. 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.

The Quad Cities Area diabetes mortality rate has decreased in the most recent reporting periods. Across Illinois and the US, rates decreased during this time (the Iowa rate increased slightly).

Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020 (Adjusted)	19.6	19.6	19.6	19.6	19.6	19.6	19.6
Quad Cities Area	20.7	22.0	22.0	22.0	21.6	19.3	18.7
IA	19.3	19.6	20.3	20.1	19.9	20.5	20.9
IL	25.2	25.0	24.8	24.4	24.2	23.3	22.5
US	25.1	25.3	25.4	25.1	24.8	24.2	23.5

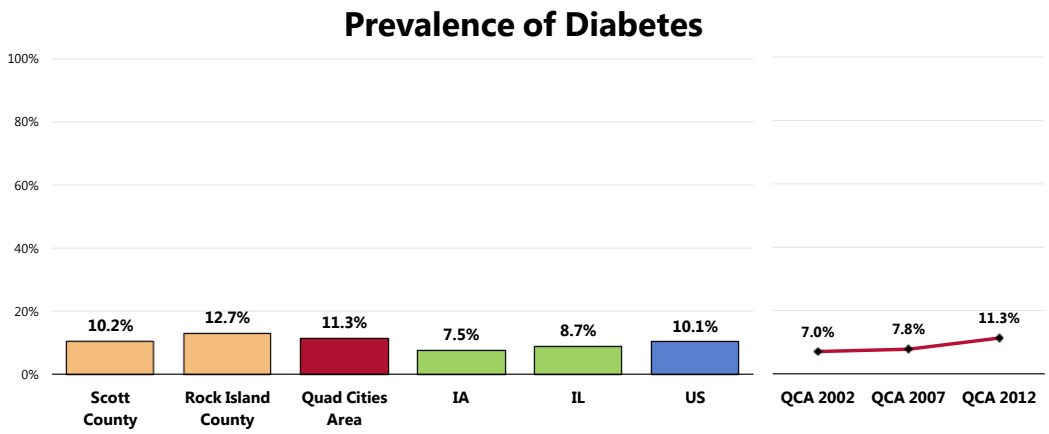
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [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 U.S. 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.

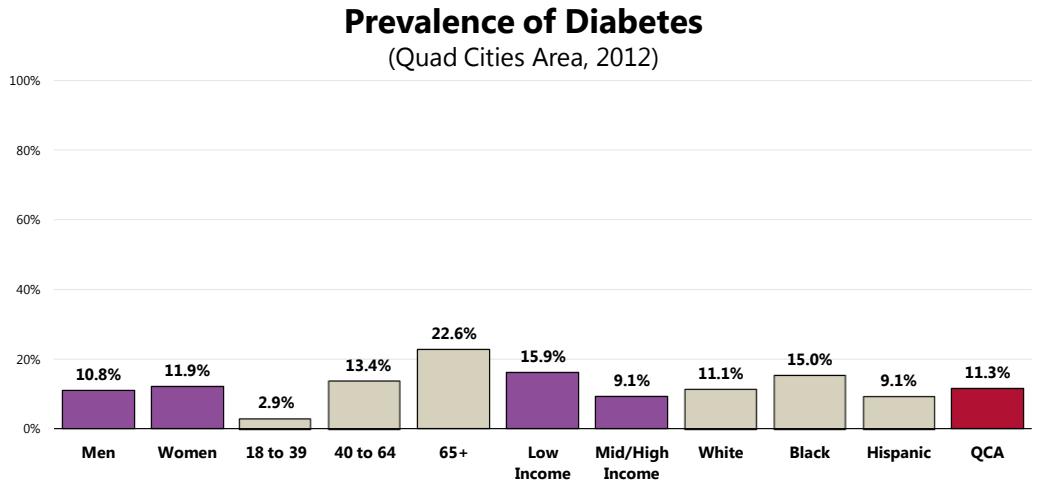
- Worse than both the Iowa and Illinois percentages.
- Similar to the national proportion.
- Statistically similar by county.
- Marks a statistical increase in diabetes prevalence since 2002.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 77]
- 2011 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): 2010 IA and IL data.

Notes:
- Asked of all respondents.
- Data exclude gestation diabetes (occurring only during pregnancy).

- A higher prevalence of diabetes is reported among low-income residents in the Quad Cities Area.
- Note also the positive correlation between diabetes and age (with 22.6% of seniors with diabetes).



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 77]

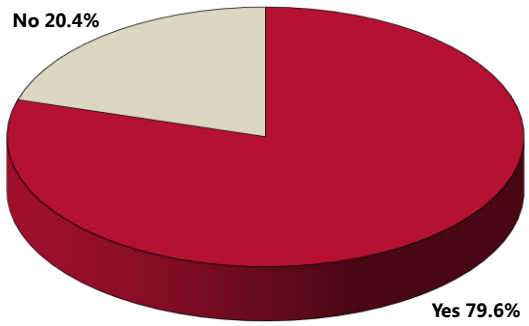
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% 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 Treatment

Among adults with diabetes, most (79.6%) are currently taking insulin or some type of medication to manage their condition.

Taking Insulin or Other Medication for Diabetes

(Among Quad Cities Area Diabetics)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 78]
Notes: • Asked of all diabetic respondents.

Alzheimer's Disease

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.

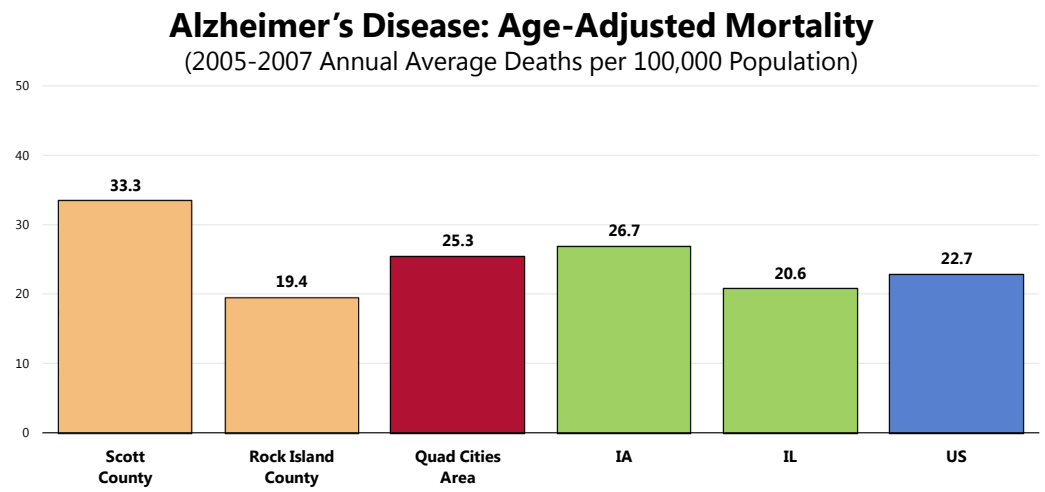
Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat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

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2005 and 2007, there was an annual average age-adjusted Alzheimer's disease mortality rate of 25.3 deaths per 100,000 population in the Quad Cities Area.

- More favorable than the Iowa rate, but less favorable than the Illinois rate.
- Less favorable than the national rate.
- Much higher in Scott County.



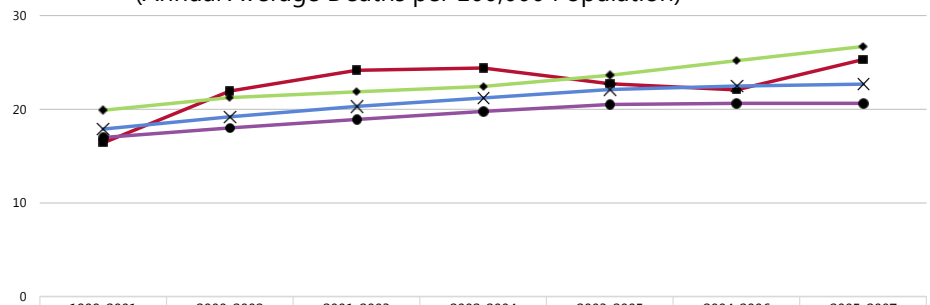
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.

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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

The Quad Cities Area Alzheimer's disease mortality rate has followed an overall upward trend over the past several years. The same increase is evident across Iowa, Illinois and the US overall.

Alzheimer's Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Quad Cities Area	16.4	22.0	24.2	24.4	22.7	22.1	25.3
IA	19.9	21.3	21.9	22.4	23.6	25.2	26.7
IL	17.0	18.0	18.9	19.8	20.5	20.6	20.6
US	17.9	19.2	20.3	21.2	22.1	22.5	22.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.

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 U.S. Standard Population.

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.

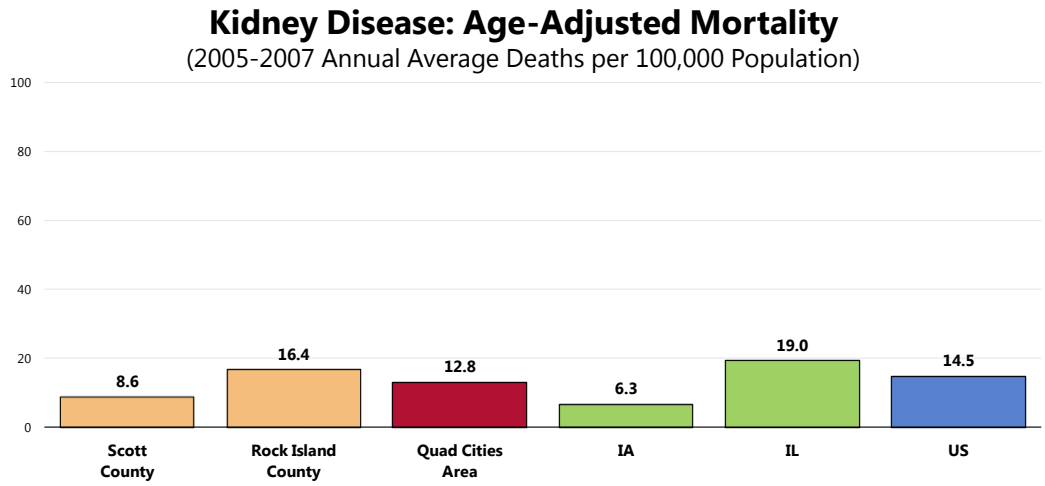
Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes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

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2005 and 2007, there was an annual average age-adjusted kidney disease mortality rate of 12.8 deaths per 100,000 population in the Quad Cities Area.

- Twice as high as the Iowa rate, but lower than the Illinois rate.
- Lower than the national rate.
- Particularly high in Rock Island County.



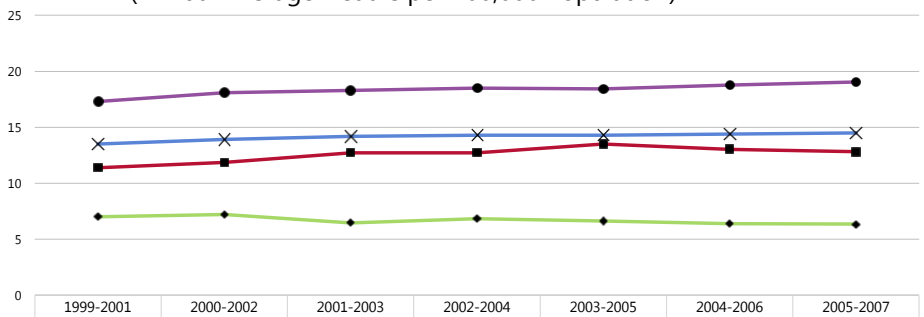
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.

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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

- In recent years, the age-adjusted kidney disease death rate has followed a general upward trend in the Quad Cities Area (despite slight decreases in the most recent reporting years).

Kidney Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Quad Cities Area	11.4	11.9	12.7	12.7	13.5	13.0	12.8
IA	7.0	7.2	6.5	6.8	6.6	6.4	6.3
IL	17.3	18.1	18.3	18.5	18.4	18.8	19.0
US	13.5	13.9	14.2	14.3	14.3	14.4	14.5

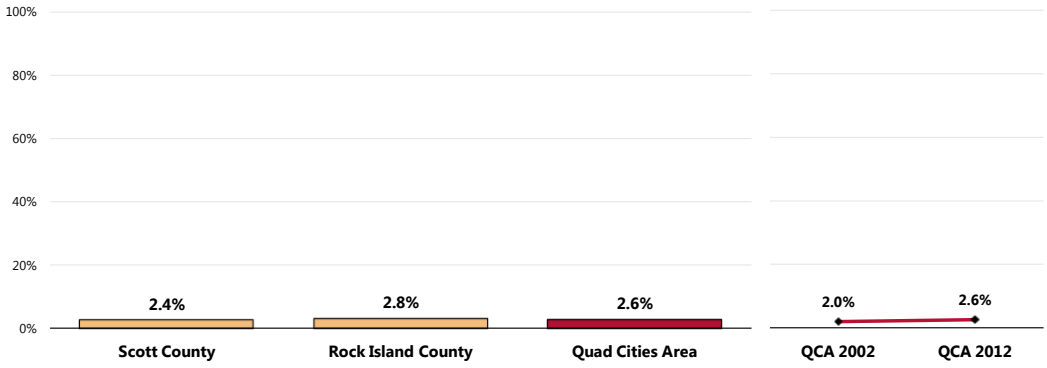
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• State and national data are simple three-year averages.

Prevalence of Kidney Disease

Just 2.6% Quad Cities Area adults report suffering from kidney disease.

- No significant difference by county.
- This prevalence is similar to that reported in 2002.

Prevalence of Kidney Disease



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 65]
Notes: • Asked of all respondents.

Potentially Disabling Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

– Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis & Sciatica/Chronic Back Pain

RELATED ISSUE:
See also *Activity Limitations* in the **General Health Status** section of this report.

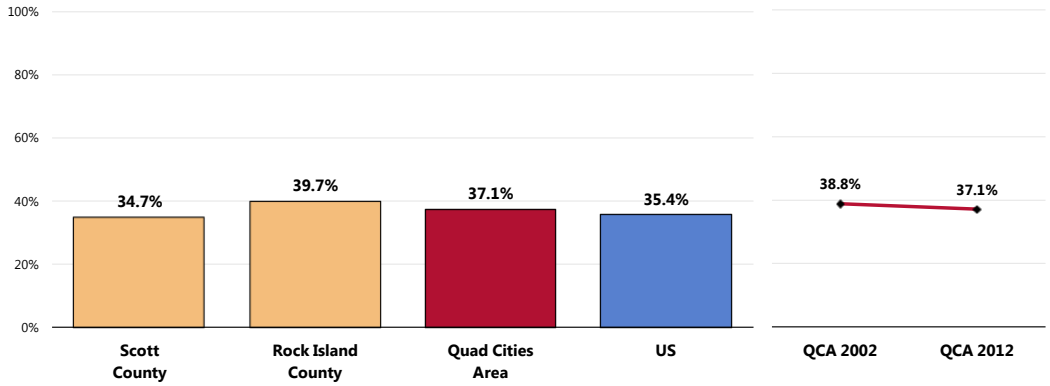
Prevalence of Arthritis/Rheumatism

More than one in three Quad Cities Area adults age 50 and older (37.1%) reports suffering from arthritis or rheumatism.

- Similar to that found nationwide.
- Statistically similar by county.
- The prevalence of arthritis/rheumatism is similar to that reported in 2002.

Prevalence of Arthritis/Rheumatism

(Among Adults 50+)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 177]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents 50 and older.

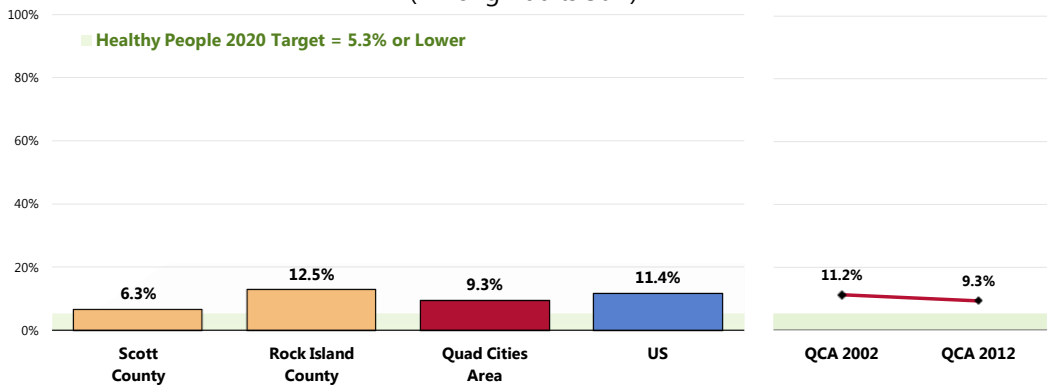
Prevalence of Osteoporosis

A total of 9.3% of survey respondents age 50 and older have osteoporosis.

- Similar to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.
- Nearly twice as high in Rock Island County.
- Statistically similar to what was found in 2002.

Prevalence of Osteoporosis

(Among Adults 50+)



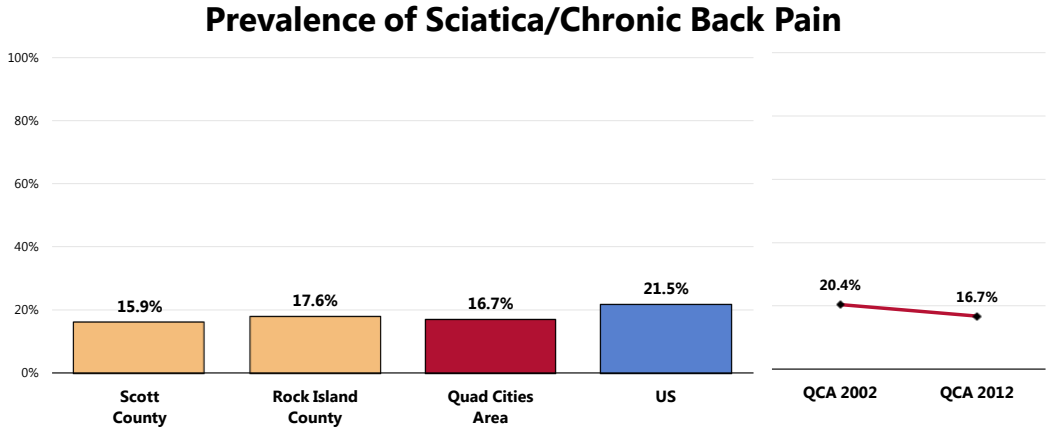
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 178]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

Notes:
- Reflects respondents 50 and older.

Prevalence of Sciatica/Chronic Back Pain

A total of 16.7% of survey respondents suffer from chronic back pain or sciatica.

- More favorable than that found nationwide.
- Similar by county.
- Statistically similar to 2002 findings.

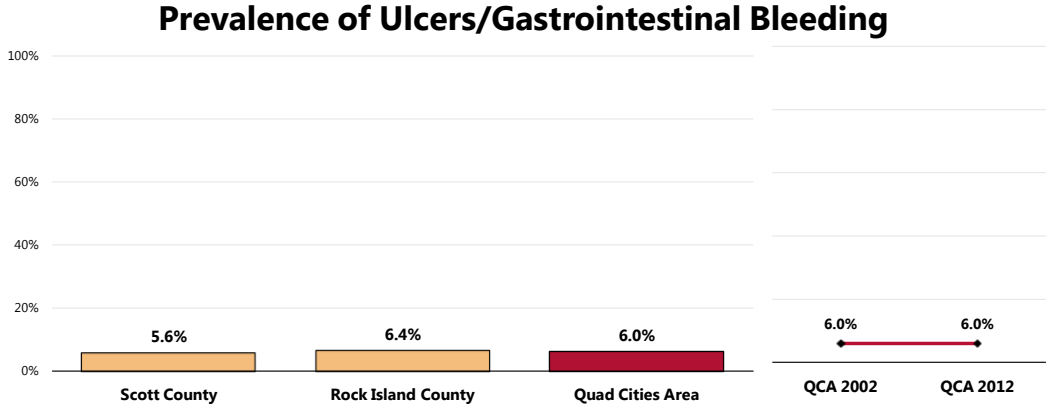


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 64]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Prevalence of Ulcers/GI Bleeding

A total of 6.0% of Quad Cities Area adults suffer from ulcers or other forms of gastrointestinal bleeding (not including hemorrhoids).

- Similar findings between the two counties.
- Identical to 2002 findings.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 62]
Notes: • Asked of all respondents.

Vision & Hearing Impairment

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

– Healthy People 2020 (www.healthypeople.gov)

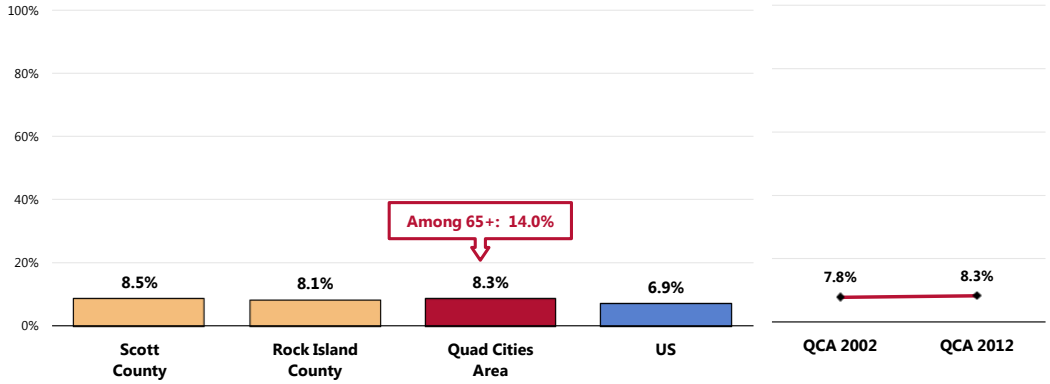
Vision Trouble

RELATED ISSUE: See also *Vision Care* in the **Access to Health Services** section of this report.

A total of 8.3% of Quad Cities Area adults are blind, or have trouble seeing even when wearing corrective lenses.

- Comparable to that found nationwide.
- Similar by county.
- Statistically similar to 2002 findings.
- Among Quad Cities Area adults age 65 and older, 14.0% have vision trouble.

Prevalence of Blindness/Trouble Seeing



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 60]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Hearing Trouble

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

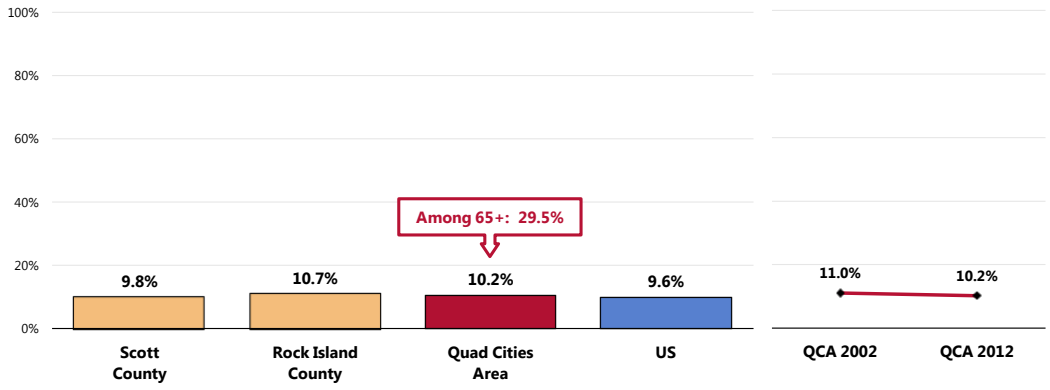
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

– Healthy People 2020 (www.healthypeople.gov)

In all, 10.2% of Quad Cities Area adults report being deaf or having difficulty hearing.

- Similar to that found nationwide.
- Similar by county.
- Statistically similar to 2002 findings.
- Among Quad Cities Area adults age 65 and older, 29.5% have partial or complete hearing loss.

Prevalence of Deafness/Trouble Hearing



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 61]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Environmental Health

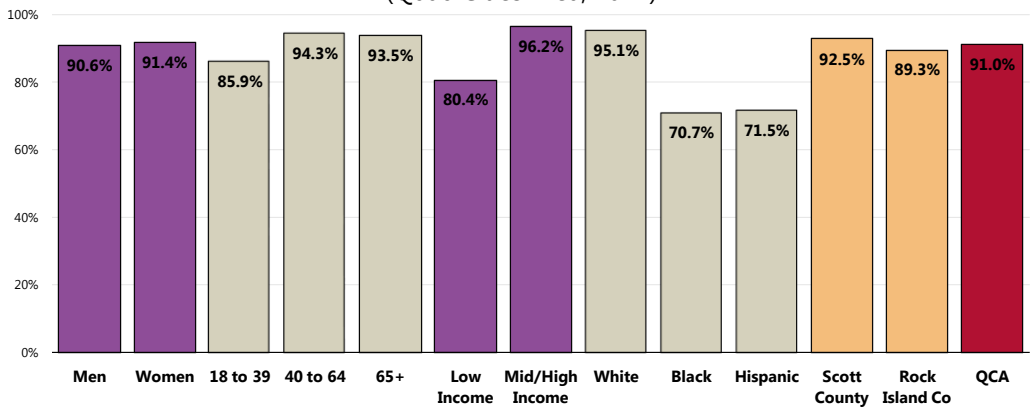
Radon

Radon is a cancer-causing, radioactive gas. It cannot be seen, smelled or tasted, and it is present in many homes.

Most Quad Cities Area adults (91.0%) have heard of radon.

- Similar by county.
- Awareness is lowest in young adults, lower-income residents and Non-Whites.

Have Heard of Radon
(Quad Cities Area, 2012)

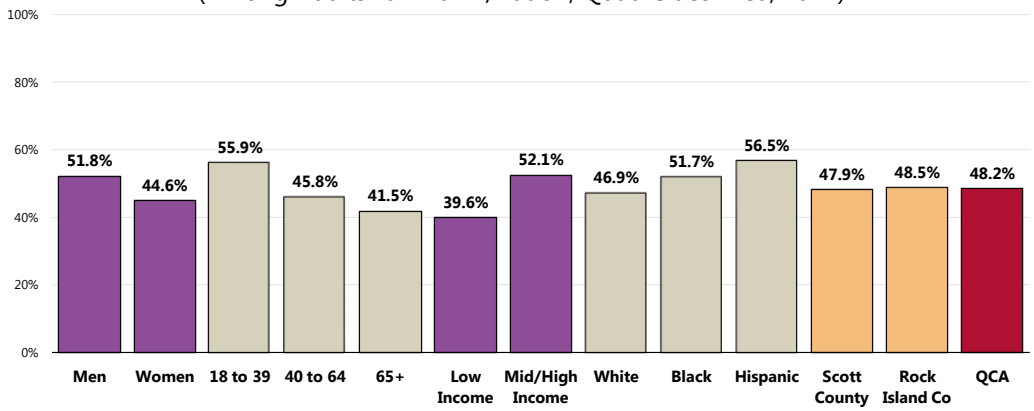


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among adults who have heard of radon, 48.2% have had their homes tested for presence of radon.

- No significant difference by county.
- Testing is lower in women, adults age 40 and older, and lower-income residents.

Household Has Been Tested for Radon
(Among Adults Familiar w/Radon; Quad Cities Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
Notes: • Asked of all respondents who have heard of radon.
• 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Lead

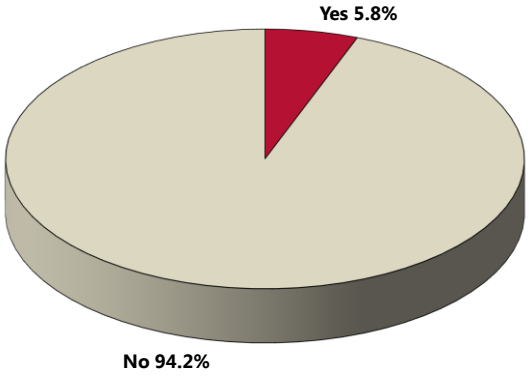
The most common source of lead poisoning is lead-contaminated dust (LCD), found in paint, soil, and many household items.

A total of 5.8% of survey respondents have been informed that their home contains a lead hazard.

- Similar by county (not shown).
- Among those whose home contained a lead hazard, two-thirds have since had the hazard removed.

Have Been Informed That Household Contains a Lead Hazard

(Quad Cities Area, 2012)



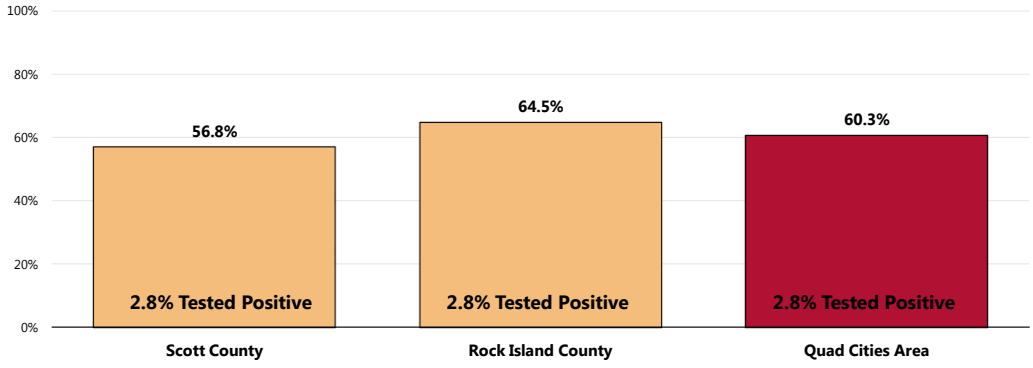
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 31]
Notes: • Asked of all respondents.

Among Quad Cities Area parents with children under 18, 60.3% indicate that their child has been tested for lead.

- Identical by county.
- Among children who have been tested, 2.8% tested positive for the presence of lead.

Child Has Been Tested for Lead

(Quad Cities Area Parents of Children <18; 2012)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 148-149]
Notes: • Asked of all respondents with children under 18 at home.

HEALTH: INFECTIOUS DISEASE

Vaccine-Preventable Conditions

The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, due largely to immunization. However, infectious diseases remain a major cause of illness, disability, and death. Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan.

People in the US continue to get diseases that are vaccine-preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death across the nation and account for substantial spending on the related consequences of infection.

The infectious disease public health infrastructure, which carries out disease surveillance at the national, state, and local levels, is an essential tool in the fight against newly emerging and re-emerging infectious diseases. Other important defenses against infectious diseases include:

- Proper use of vaccines
- Antibiotics
- Screening and testing guidelines
- Scientific improvements in the diagnosis of infectious disease-related health concerns

Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule, society:

- Saves 33,000 lives.
- Prevents 14 million cases of disease.
- Reduces direct healthcare costs by $9.9 billion.
- Saves $33.4 billion in indirect costs.

– Healthy People 2020 (www.healthypeople.gov)

Measles, Mumps, Rubella

"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

Between 2008 and 2010, there were six reported cases of measles, mumps or rubella in the Quad Cities Area; nearly all were mumps in Scott County.

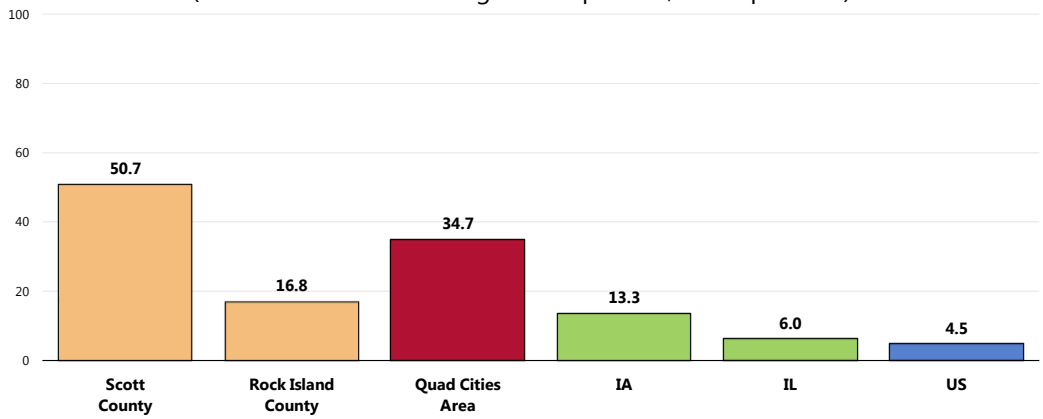
Pertussis

Between 2008 and 2010, the annual average pertussis incidence rate (new cases per year) was 34.7 cases per 100,000 population in the Quad Cities Area.

- More than twice the Iowa incidence rate and five times the Illinois rate.
- More than seven times the national incidence rate for the 2007-2009 reporting period.
- Particularly high in Scott County.

Pertussis Incidence

(2008-2010 Annual Average Cases per 100,000 Population)



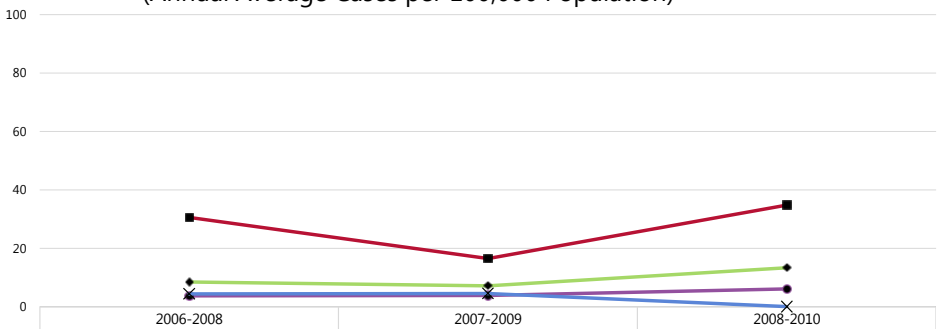
Sources:
- IA Department of Public Health.
- IL Department of Public Health.
- Centers for Disease Control and Prevention, Division of Public Health Surveillance and Informatics. Epidemiology Program Office.

Notes:
- Rates are annual average new cases per 100,000 population.
- US rate reflects 2007-2009 data.

Pertussis incidence has fluctuated in recent years in the Quad Cities Area, remaining well above state and national rates.

Pertussis Incidence

(Annual Average Cases per 100,000 Population)



	2006-2008	2007-2009	2008-2010
Quad Cities Area	30.5	16.4	34.7
IA	8.4	7.1	13.3
IL	3.7	3.8	6.0
US	4.4	4.5	

Sources:
- IA Department of Public Health.
- IL Department of Public Health.
- Centers for Disease Control and Prevention, Division of Public Health Surveillance and Informatics. Epidemiology Program Office.

Notes:
- Rates are annual average new cases per 100,000 population.

Influenza & Pneumonia Vaccination

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

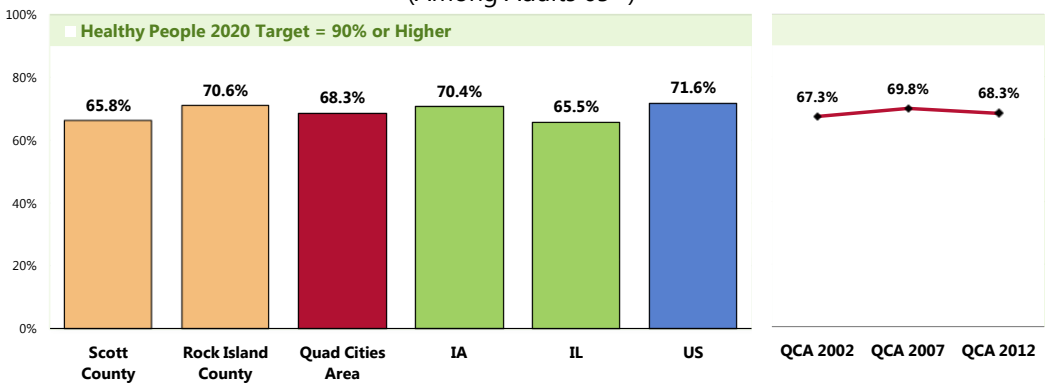
FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

Among Quad Cities Area seniors, 68.3% received a flu shot (or FluMist®) **within the past year.**

- Statistically comparable to the Iowa and Illinois findings.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target (90% or higher).
- Statistically comparable by county.
- Statistically unchanged since 2002.

Have Had a Flu Vaccination in the Past Year

(Among Adults 65+)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 179]
- 2011 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): 2010 IA and IL data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.7]

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

High-Risk Adults

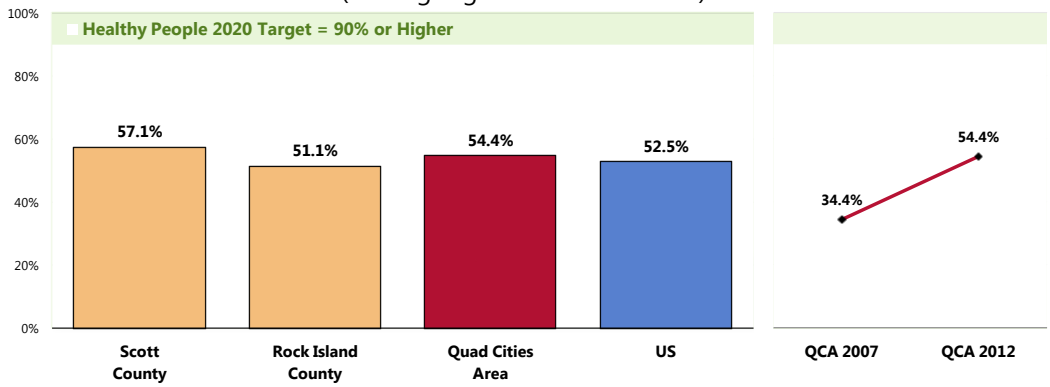
"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

A total of 54.4% 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 (90% or higher).
- Statistically comparable by county.
- Marks a statistically significant increase since 2007.

Have Had a Flu Vaccination in the Past Year

(Among High-Risk Adults 18-64)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 180]
- 2011 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-12.6]

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.

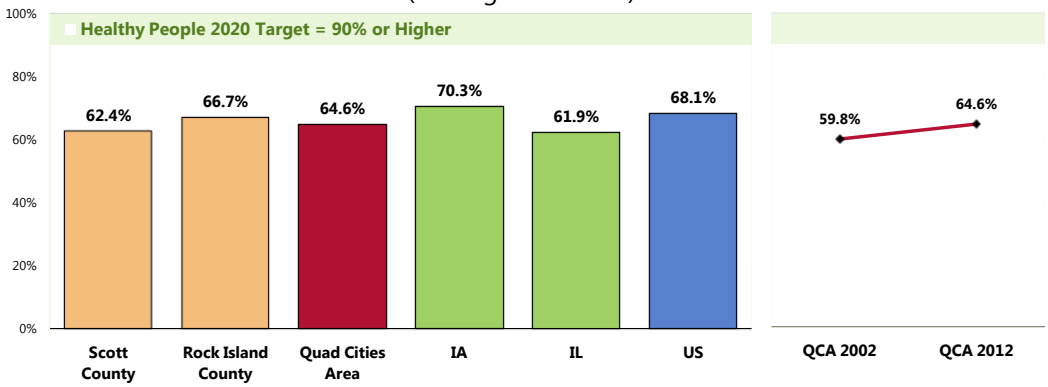
Pneumonia Vaccination

Among adults age 65 and older, 64.6% have received a pneumonia vaccination at some point in their lives.

- Similar to both the Iowa and Illinois percentages.
- Similar to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Statistically similar by county.
- Statistically similar to 2002 findings.

Have Ever Had a Pneumonia Vaccine

(Among Adults 65+)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
- 2011 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): 2010 IA and IL 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.

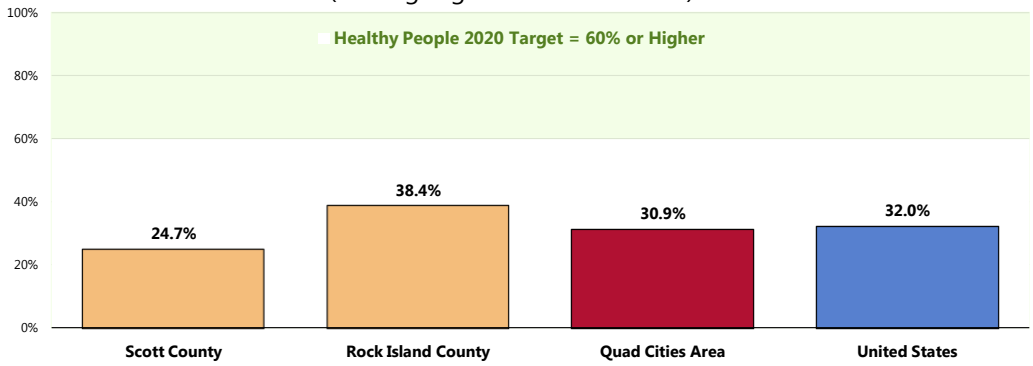
High-Risk Adults

A total of 30.9% 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).
- Notably lower in Scott County.

Have Ever Had a Pneumonia Vaccine

(Among High-Risk Adults 18-64)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 182]
- 2011 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.

Tuberculosis

Viral hepatitis and tuberculosis (TB) can be prevented, yet healthcare systems often do not make the best use of their available resources to support prevention efforts. Because the US healthcare system focuses on treatment of illnesses, rather than health promotion, patients do not always receive information about prevention and healthy lifestyles. This includes advancing effective and evidence-based viral hepatitis and TB prevention priorities and interventions.

– Healthy People 2020 (www.healthypeople.gov)

Between 2007 and 2009, the annual average tuberculosis incidence rate (new cases per year) was lower than one case per 100,000 population in the Quad Cities Area.

- Below the Iowa and Illinois incidence rates.
- Below the national incidence rate.
- Satisfies the Healthy People 2020 target (1.0 or lower).
- Particularly low in Rock Island County.

Tuberculosis Incidence

(2007-2009 Annual Average Cases per 100,000 Population)

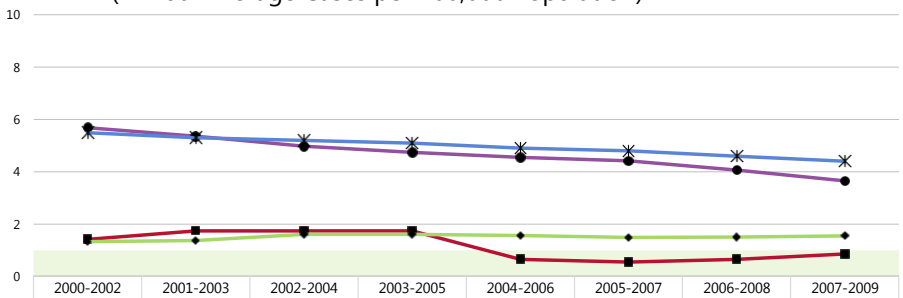
Sources:
- IA Department of Public Health.
- IL Department of Public Health.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-29]

Notes:
- Rates are annual average new cases per 100,000 population.

- Tuberculosis incidence decreased in the latter half of the 2000s in the Quad Cities Area. This decreasing trend is noted across Illinois and the US as well (the Iowa rate has increased).

Tuberculosis Incidence

(Annual Average Cases per 100,000 Population)



	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
Healthy People 2020	1	1	1	1	1	1	1	1
Quad Cities Area	1.4	1.7	1.7	1.7	0.7	0.5	0.6	0.9
IA	1.3	1.4	1.6	1.6	1.6	1.5	1.5	1.5
IL	5.7	5.4	5.0	4.7	4.6	4.4	4.1	3.7
US	5.5	5.3	5.2	5.1	4.9	4.8	4.6	4.4

Sources:
- IA Department of Public Health.
- IL Department of Public Health.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-29]

Notes:
- Rates are annual average new cases per 100,000 population.

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)

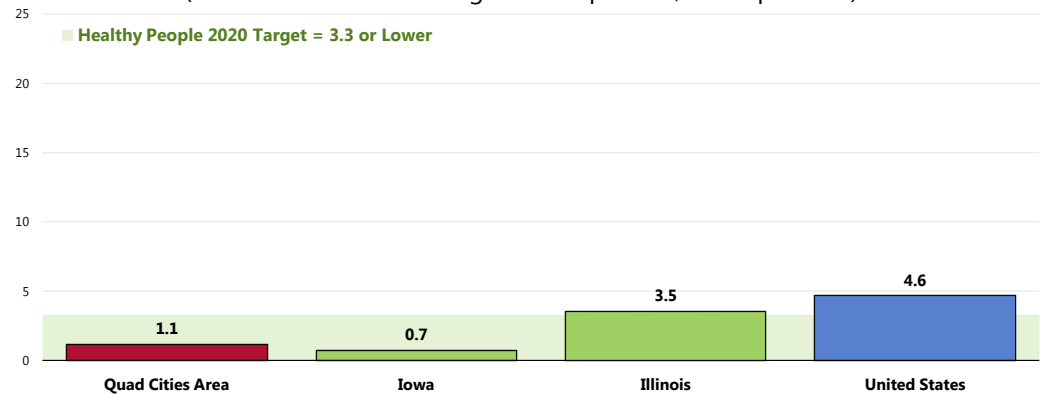
Age-Adjusted HIV/AIDS Deaths

Between 1999 and 2007, there was an annual average age-adjusted HIV/AIDS mortality rate of 1.1 deaths per 100,000 population in the Quad Cities Area.

- Higher than the Iowa rate, but lower than found for Illinois.
- Much lower than the US rate.
- Easily satisfies the Healthy People 2020 target (3.3 or lower).

HIV/AIDS: Age-Adjusted Mortality

(1999-2007 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-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 U.S. Standard Population.

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.

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. 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. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile. 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 the influence of these factors. Social, economic, and behavioral factors that affect the spread of STDs include:

- **Racial and ethnic disparities**. Certain racial and ethnic groups (mainly African American, Hispanic, and American Indian/Alaska Native populations) have high rates of STDs, compared with rates for whites.
- **Poverty and marginalization**. STDs disproportionately affect disenfranchised people and people in social networks where high-risk sexual behavior is common, and either access to care or health-seeking behavior is compromised.
- **Access to health care**. Access to high-quality health care is essential for early detection, treatment, and behavior-change counseling for STDs. Groups with the highest rates of STDs are often the same groups for whom access to or use of health services is most limited.
- **Substance abuse**. Many studies document the association of substance abuse with STDs. The introduction of new illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the epidemic spread of STDs.
- **Sexuality and secrecy**. Perhaps the most important social factors contributing to the spread of STDs in the United States are the stigma associated with STDs and the general discomfort of discussing intimate aspects of life, especially those related to sex. These social factors separate the United States from industrialized countries with low rates of STDs.
- **Sexual networks**. Sexual networks refer to groups of people who can be considered "linked" by sequential or concurrent sexual partners. A person may have only 1 sex partner, but if that partner is a member of a risky sexual network, then the person is at higher risk for STDs than a similar individual from a nonrisky network.

– Healthy People 2020 (www.healthypeople.gov)

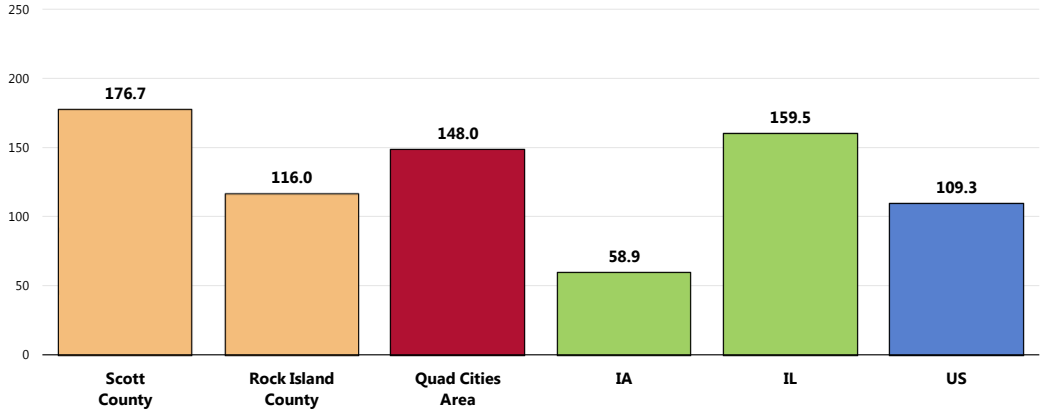
Gonorrhea

Between 2007 and 2009, the annual average gonorrhea incidence rate was 148.0 cases per 100,000 population in the Quad Cities Area.

- Notably higher than the Iowa incidence rate, but lower than the Illinois rate.
- Higher than the national incidence rate.
- Particularly high in Scott County.

Gonorrhea Incidence

(2007-2009 Annual Average Cases per 100,000 Population)



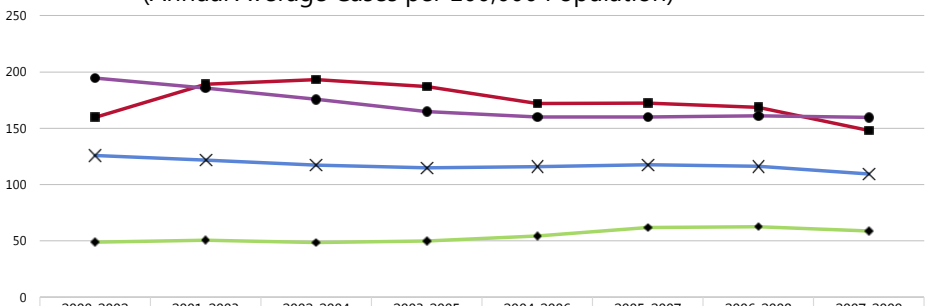
Sources:
- IA Department of Public Health.
- IL Department of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are annual average new cases per 100,000 population.

The gonorrhea incidence rate decreased over the past decade in the Quad Cities Area, similar to the Illinois and US trends. Across Iowa, gonorrhea incidence has increased.

Gonorrhea Incidence

(Annual Average Cases per 100,000 Population)



	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
Quad Cities Area	159.5	189.2	193.3	187.1	171.9	172.2	168.5	148.0
IA	48.8	50.6	48.5	49.9	54.4	61.8	62.6	58.9
IL	194.4	185.5	175.8	164.7	159.8	159.9	160.9	159.5
US	125.8	121.7	117.2	114.8	115.9	117.4	116.1	109.3

Sources:
- IA Department of Public Health.
- IL Department of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are annual average new cases per 100,000 population.

Syphilis

Between 2007 and 2009, the annual average primary/secondary syphilis incidence rate was 1.9 cases per 100,000 population in the Quad Cities Area.

- Higher than the Iowa incidence rate, but much lower than the Illinois rate.
- Much lower than the national incidence rate.
- Higher in Scott County than in Rock Island County.

Primary/Secondary Syphilis Incidence

(2007-2009 Annual Average Cases per 100,000 Population)

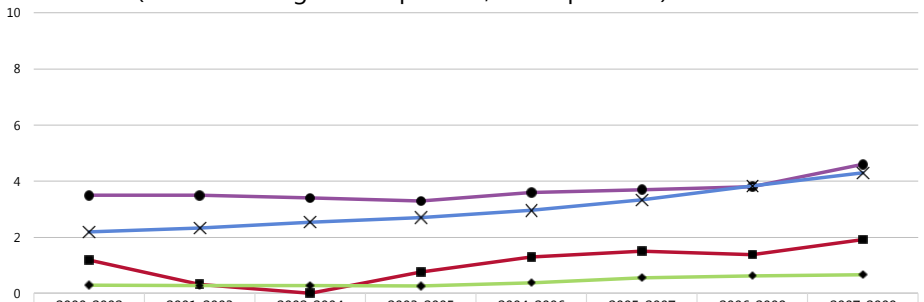
Sources:
- IA Department of Public Health.
- IL Department of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are annual average new cases per 100,000 population.

Syphilis incidence has increased in the Quad Cities Area over the past decade, echoing the upward trends reported across Iowa, Illinois and the US overall.

Primary/Secondary Syphilis Incidence

(Annual Average Cases per 100,000 Population)



	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
Quad Cities Area	1.2	0.3	0.0	0.8	1.3	1.5	1.4	1.9
IA	0.3	0.3	0.3	0.3	0.4	0.6	0.6	0.7
IL	3.5	3.5	3.4	3.3	3.6	3.7	3.8	4.6
US	2.2	2.3	2.5	2.7	3.0	3.3	3.8	4.3

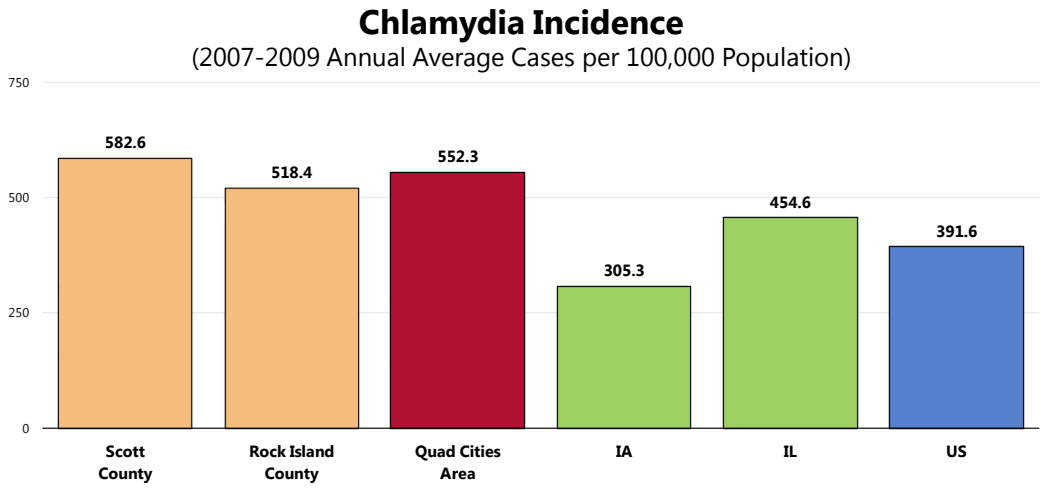
Sources:
- IA Department of Public Health.
- IL Department of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are annual average new cases per 100,000 population.

Chlamydia

Between 2007 and 2009, the annual average chlamydia incidence rate was 552.3 cases per 100,000 population in the Quad Cities Area.

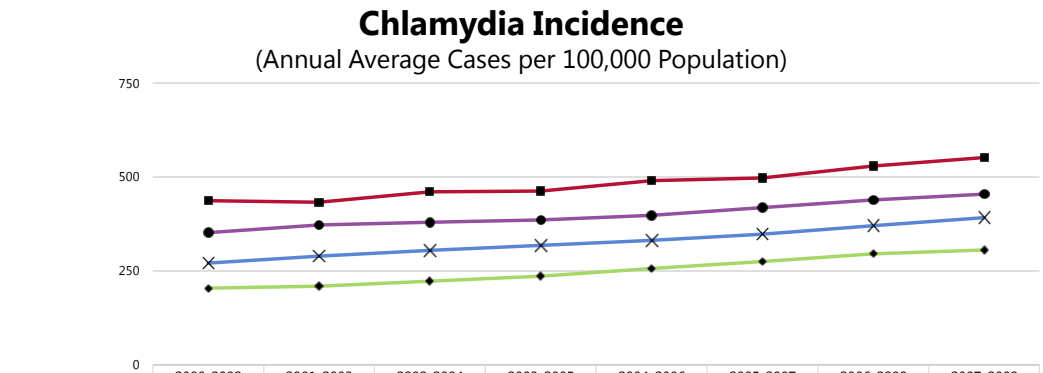
- Worse than the Iowa and Illinois incidence rates.
- Worse than the national incidence rate.
- Higher in Scott County than in Rock Island County.



Sources:
- IA Department of Public Health.
- IL Department of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are annual average new cases per 100,000 population.

Chlamydia incidence has increased steadily over the past decade in the Quad Cities Area, as did the Iowa, Illinois and US incidence rates.



	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
Quad Cities Area	437.2	432.2	460.2	462.0	490.3	497.0	528.8	552.3
IA	203.3	208.6	222.6	235.6	256.6	274.6	295.4	305.3
IL	352.0	372.0	379.8	385.1	397.8	418.1	438.8	454.6
US	270.8	289.4	304.4	317.8	331.1	347.1	370.0	391.6

Sources:
- IA Department of Public Health.
- IL Department of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are annual average new cases per 100,000 population.

HEALTH: BIRTHS

Prenatal Care

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)

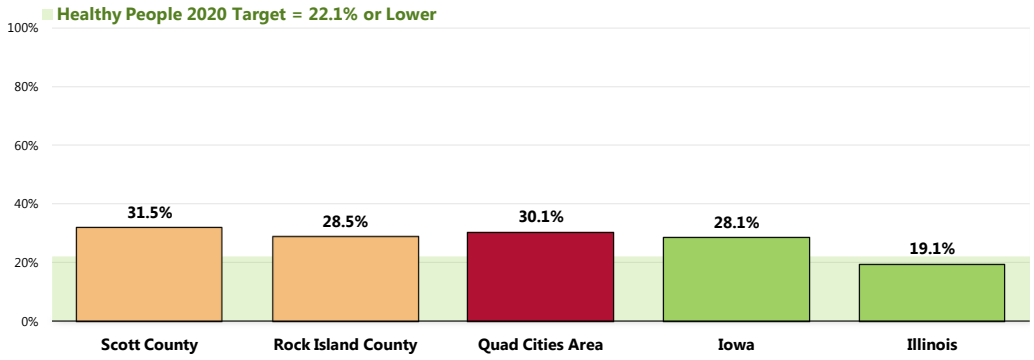
Early and continuous prenatal care is the best assurance of infant health.

Between 2007 and 2009, 30.1% of all Quad Cities Area births did not receive prenatal care in the first trimester of pregnancy.

- Less favorable than the Iowa and Illinois proportions.
- Fails to satisfy the Healthy People 2020 target (22.1% or lower).
- Higher in Scott County than in Rock Island County.

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2007-2009)



Sources:
- IA Department of Public Health.
- IL Department of Public Health.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

Note:
- Numbers are a percentage of all live births within each population.
- In 2007 Iowa introduced a new birth certificate which changed how previous data was collected.

Note: Due to changes in birth certificate forms and reporting, meaningful trend data are not available for this indicator.

Birth Outcomes & Risks

Low-Weight Births

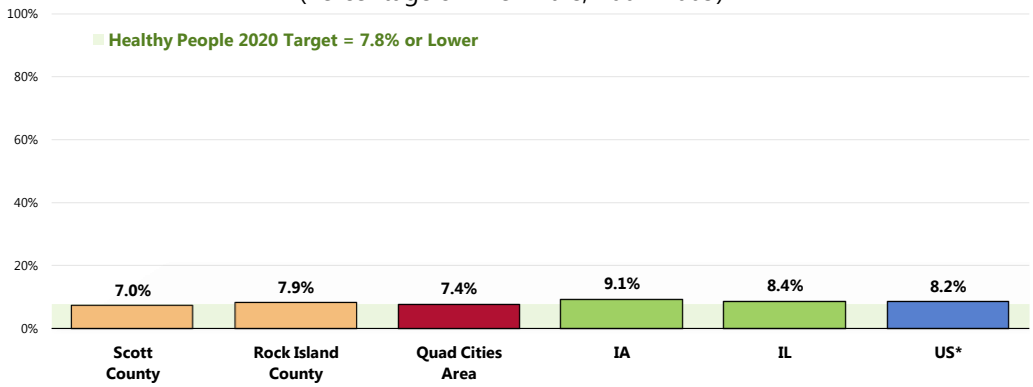
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

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

A total of 7.4% of 2007-2009 Quad Cities Area births were low-weight.

- Better than the Iowa and Illinois proportions.
- Better than the national proportion.
- Satisfies the Healthy People 2020 target (7.8% or lower).
- Higher in Rock Island County than in Scott County.

Low-Weight Births
(Percentage of Live Births, 2007-2009)

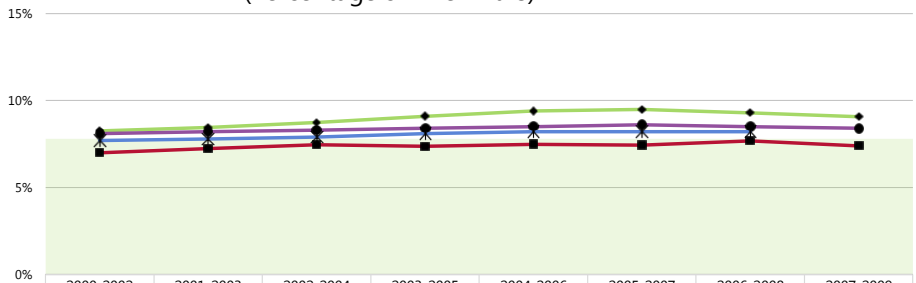


Sources:
- IA Department of Public Health.
- IL Department of Public Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- Numbers are a percentage of all live births within each population.
- In 2007 Iowa introduced a new birth certificate which changed how previous data was collected.
- *The US percentage reflects 2006-2008 data.

The proportion of low-weight births has trended upward in the Quad Cities Area in recent years; the same can be said for Iowa, Illinois and the US overall.

Low-Weight Births
(Percentage of Live Births)



	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
Healthy People 2020	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%
Quad Cities Area	7.0%	7.2%	7.5%	7.4%	7.5%	7.4%	7.7%	7.4%
IA	8.3%	8.4%	8.7%	9.1%	9.4%	9.5%	9.3%	9.1%
IL	8.1%	8.2%	8.3%	8.4%	8.5%	8.6%	8.5%	8.4%
US	7.7%	7.8%	7.9%	8.1%	8.2%	8.2%	8.2%	

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

Note:
- Numbers are a percentage of all live births within each population.
- In 2007 Iowa introduced a new birth certificate which changed how previous data was collected.

Infant Mortality

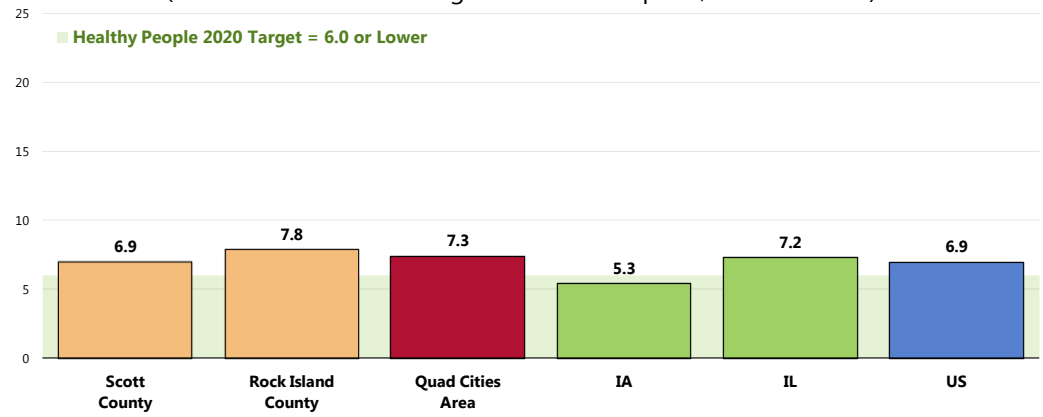
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2005 and 2007, there was an annual average of 7.3 infant deaths per 1,000 live births.

- Less favorable than the Iowa rate, but similar to the Illinois rate.
- Just above the national rate.
- Fails to satisfy the Healthy People 2020 target of 6.0 per 1,000 live births.
- Higher in Rock Island County than in Scott County.

Infant Mortality Rate

(2005-2007 Annual Average Infant Deaths per 1,000 Live Births)



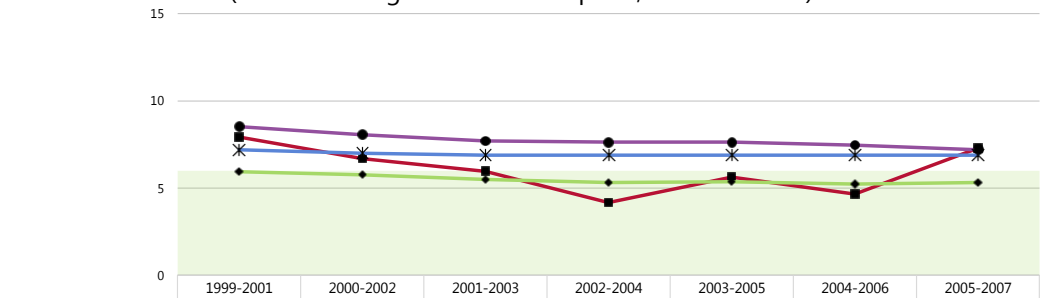
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department 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.

The Quad Cities Area infant mortality rate has fluctuated over the past several years.

Infant Mortality Rate

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



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	6.0	6.0	6.0	6.0	6.0	6.0	6.0
Quad Cities Area	7.9	6.7	6.0	4.2	5.6	4.7	7.3
IA	5.9	5.8	5.5	5.3	5.4	5.2	5.3
IL	8.5	8.1	7.7	7.6	7.6	7.5	7.2
US	7.2	7.0	6.9	6.9	6.9	6.9	6.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
- 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.

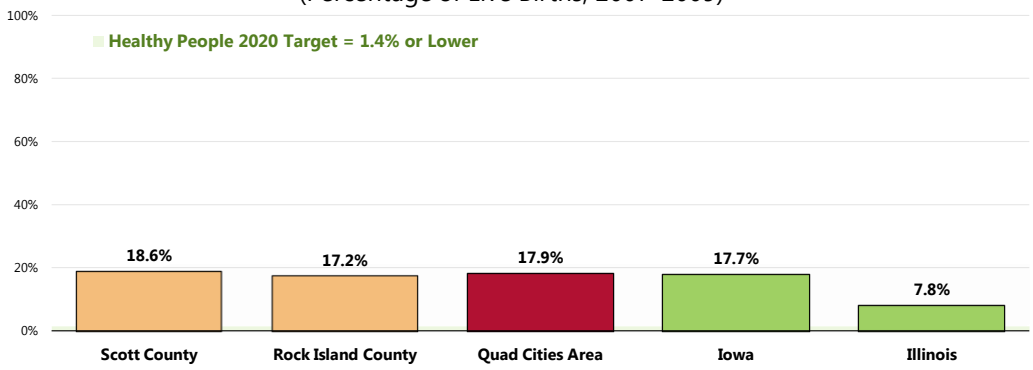
Use of Tobacco

Between 2007 and 2009, 17.9% of Quad Cities Area women reported smoking during pregnancy.

- Nearly identical to the Iowa prevalence, but much higher than the Illinois prevalence.
- Far from satisfying the Healthy People 2020 target of 1.4% or lower.
- Slightly higher in Scott County than in Rock Island County.

Mothers Who Smoked During Pregnancy

(Percentage of Live Births, 2007-2009)



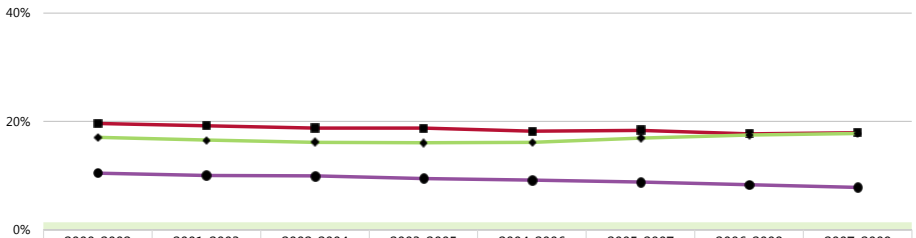
Sources:
- IA Department of Public Health.
- IL Department of Public Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-11.3]

Note:
- Numbers are a percentage of all live births within each population.
- In 2007 Iowa introduced a new birth certificate which changed how previous data was collected.

The percentage of Quad Cities Area women who smoked while pregnant has decreased slightly, echoing the decreasing trend reported across Illinois (the Iowa rate has increased in recent years).

Mothers Who Smoked During Pregnancy

(Percentage of Live Births)



	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
Healthy People 2020	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%
Quad Cities Area	19.6%	19.2%	18.8%	18.7%	18.2%	18.4%	17.7%	17.9%
IA	17.0%	16.5%	16.1%	16.1%	16.1%	16.9%	17.5%	17.7%
IL	10.5%	10.0%	9.9%	9.5%	9.1%	8.8%	8.3%	7.8%

Sources:
- IA Department of Public Health.
- IL Department of Public Health.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-11.3]

Note:
- Numbers are a percentage of all live births within each population.
- In 2007 Iowa introduced a new birth certificate which changed how previous data was collected.

Family Planning

Family planning is one of the 10 great public health achievements of the 20th century. The availability of family planning services allows individuals to achieve desired birth spacing and family size and contributes to improved health outcomes for infants, children, and women. Family planning services include contraceptive and broader reproductive health services (patient education and counseling), breast and pelvic examinations, breast and cervical cancer screening, sexually transmitted infection (STI) and HIV prevention education/counseling/testing/referral, and pregnancy diagnosis and counseling. For many women, a family planning clinic is their entry point into the healthcare system and is considered to be their usual source of care. This is especially true for women with incomes below the poverty level, women who are uninsured, Hispanic women, and Black women.

Unintended pregnancies (those reported by women as being mistimed or unwanted) are associated with many negative health and economic outcomes. In 2001, almost one-half of all pregnancies in the US were unintended. For women, negative outcomes associated with unintended pregnancy include:

- Delays in initiating prenatal care
- Reduced likelihood of breastfeeding
- Poor maternal mental health
- Lower mother-child relationship quality
- Increased risk of physical violence during pregnancy

Children born as a result of an unintended pregnancy are more likely to experience poor mental and physical health during childhood and poor educational and behavioral outcomes.

– Healthy People 2020 (www.healthypeople.gov)

Births to Unwed Mothers

According to the CDC, an unintended pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. It is a core concept in understanding the fertility of populations and the unmet need for contraception. Unintended pregnancy is associated with an increased risk of morbidity for women, and with health behaviors during pregnancy that are associated with adverse effects. For example, women with an unintended pregnancy may delay prenatal care, which may affect the health of the infant. Women of all ages may have unintended pregnancies, but some groups, such as teens, are at a higher risk.

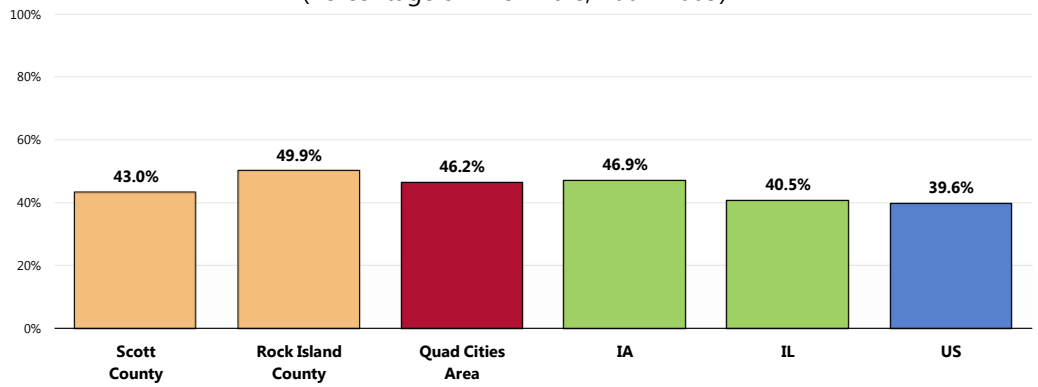
Because it is impossible to measure the true incidence of unintended pregnancy in the US, the following indicator looks at births occurring among unmarried mothers as a proxy measure for pregnancies that are not intended (knowing that this is not always the case).

A total of 46.2% of 2007-2009 births were to unwed mothers.

- Nearly identical to the Iowa percentage, but higher than the Illinois percentage.
- Higher than that found nationally.
- Highest in Rock Island County.

Births to Unwed Mothers

(Percentage of Live Births, 2007-2009)



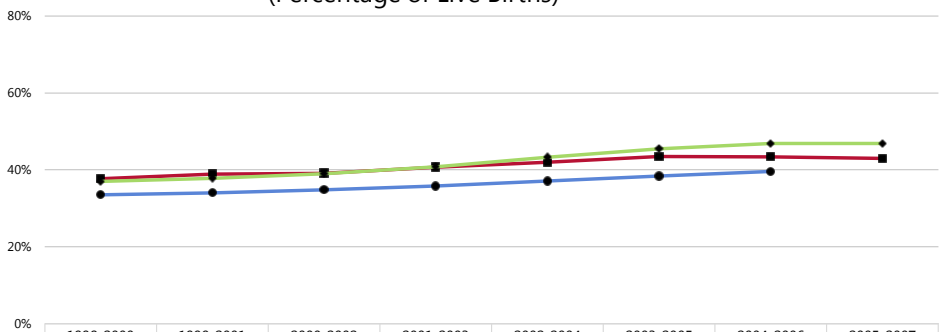
Sources:
- IA Department of Public Health.
- IL Department of Public Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.

Note:
- Numbers are a percentage of all live births within each population.
- In 2007 Iowa introduced a new birth certificate which changed how previous data was collected.

The percentage of births to unwed mothers in the Quad Cities Area has increased over the past decade, echoing the state and national trends.

Births to Unwed Mothers

(Percentage of Live Births)



	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Quad Cities Area	37.8%	38.9%	39.1%	40.7%	42.0%	43.5%	43.3%	43.0%
IA	37.0%	37.8%	39.0%	40.8%	43.3%	45.5%	46.8%	46.9%
US	33.6%	34.0%	34.8%	35.8%	37.1%	38.4%	39.6%	

Sources:
- IA Department of Public Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.

Note:
- Numbers are a percentage of all live births within each population.
- In 2007 Iowa introduced a new birth certificate which changed how previous data was collected.

Births to Teen Mothers

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

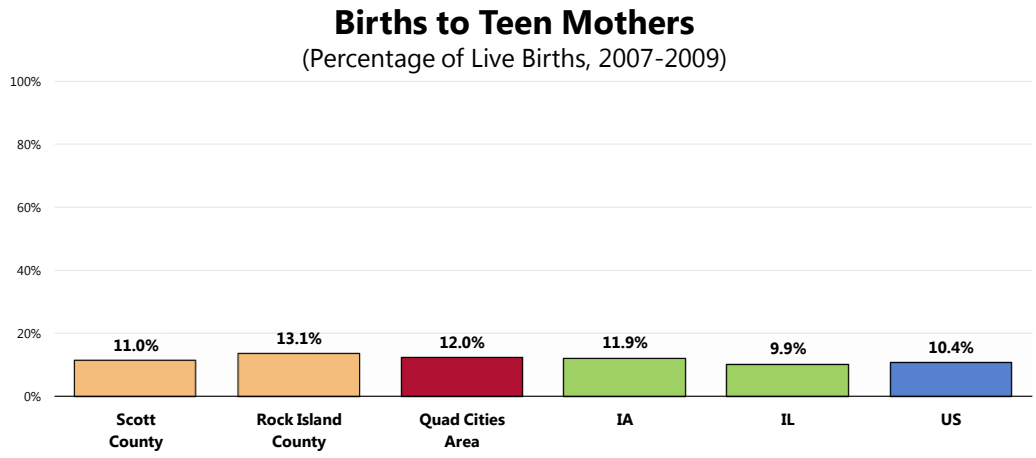
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

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)

A total of 12.0% of 2007-2009 Quad Cities Area births were to teenage mothers.

- Similar to the Iowa proportion, but higher than the Illinois proportion.
- Higher than the national proportion.
- Higher in Rock Island County than in Scott County.



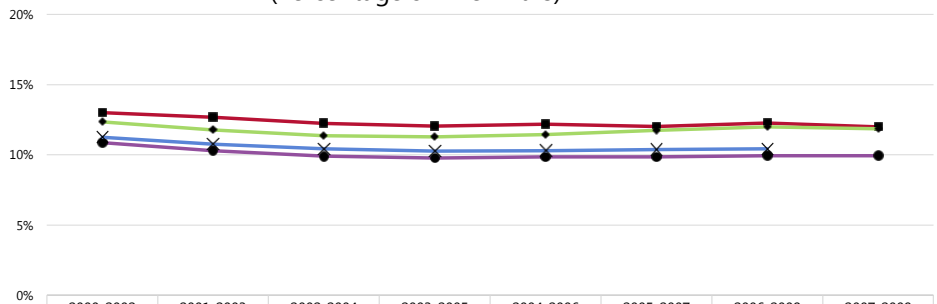
Sources:
- IA Department of Public Health.
- IL Department of Public Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.

Note:
- Numbers are a percentage of all live births within each population.
- The US percentage reflects 2006-2008 data.
- In 2007 Iowa introduced a new birth certificate which changed how previous data was collected.

This percentage has decreased slightly in recent years in the Quad Cities Area; the same can be said for Iowa, Illinois and the US overall.

Births to Teen Mothers

(Percentage of Live Births)



	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
Quad Cities Area	13.0%	12.7%	12.2%	12.1%	12.2%	12.0%	12.3%	12.0%
IA	12.4%	11.8%	11.4%	11.3%	11.5%	11.7%	12.0%	11.9%
IL	10.9%	10.3%	9.9%	9.8%	9.9%	9.9%	9.9%	9.9%
US	11.3%	10.8%	10.4%	10.3%	10.3%	10.4%	10.4%	

Sources:
- IA Department of Public Health.
- IL Department of Public Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.

Note:
- Numbers are a percentage of all live births within each population.
- In 2007 Iowa introduced a new birth certificate which changed how previous data was collected.

HEALTH: MODIFIABLE HEALTH RISKS

Actual Causes Of Death

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.

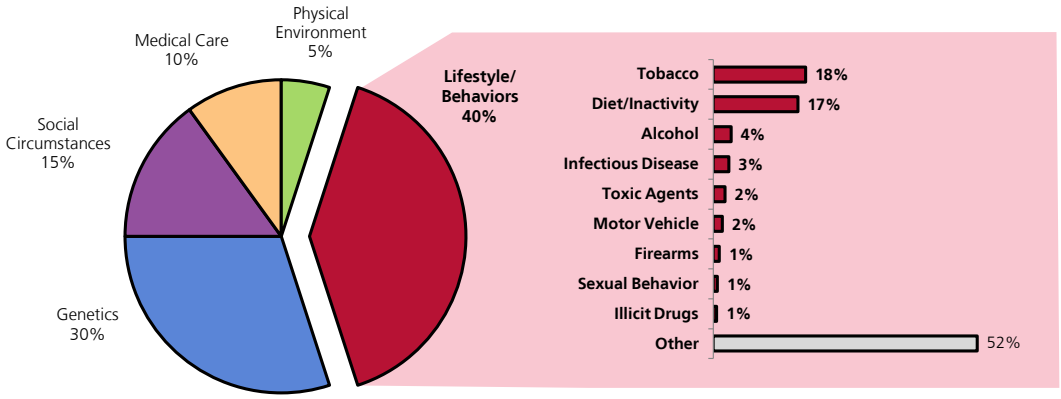
– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

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.

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.

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. 21, 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.

Nutrition

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)

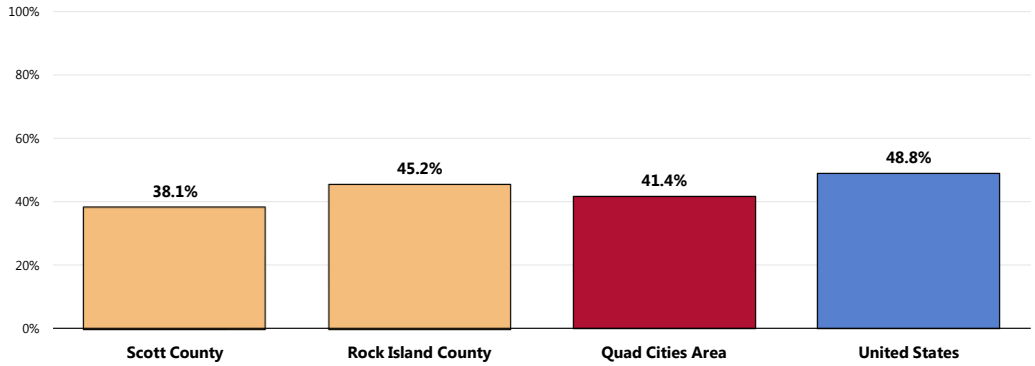
Daily Recommendation of Fruits/Vegetables

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.

A total of 41.4% of Quad Cities Area adults report eating five or more servings of fruits and/or vegetables per day.

- Less favorable than national findings.
- Lower in Scott County.

Consume Five or More Servings of Fruits/Vegetables Per Day



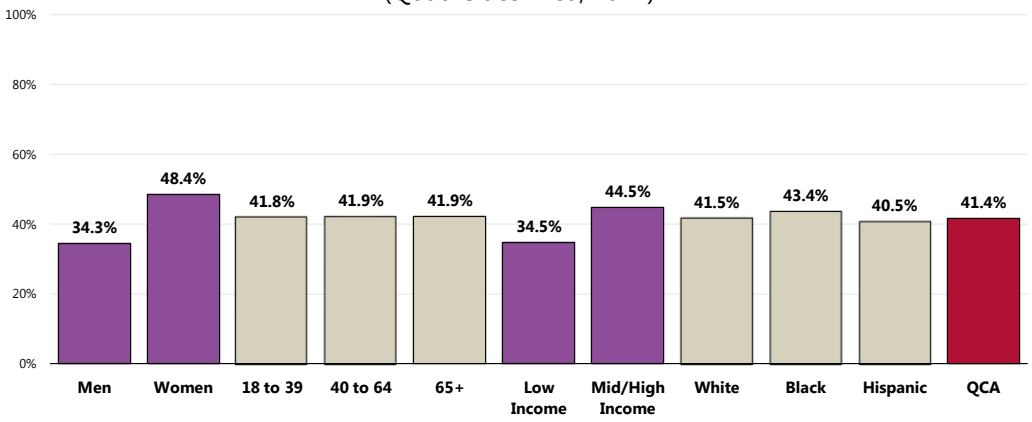
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 187]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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

Area men are less likely to get the recommended servings of daily fruits/ vegetables, as are low-income adults.

Consume Five or More Servings of Fruits/Vegetables Per Day

(Quad Cities Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 187]

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. "Low Income" includes households with incomes up to 200% 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.

Meals Eaten Away from Home

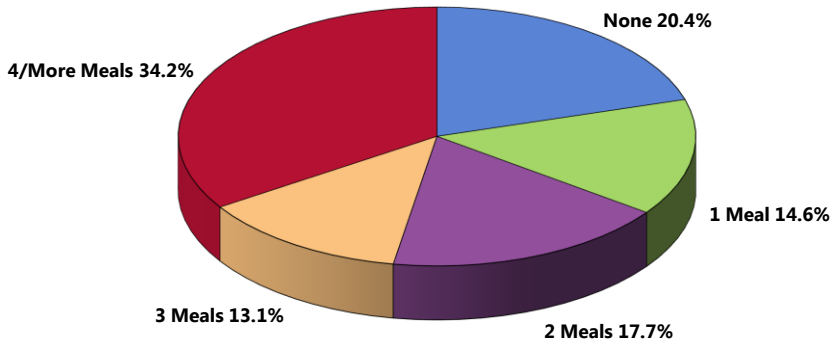
When reporting meals eaten away from home in the week preceding their interview, respondents were asked to include breakfasts, lunches and dinners which were purchased from a restaurant, or ready-to-eat foods bought from a vending machine or another place.

In a given week, 34.2% of Quad Cities Area survey respondents eat four or more meals away from home.

- 20.4% of respondents report **not eating any** meals away from home in the week preceding the interview.
- Another 14.6% reported having **one meal** away from home in the past week, while 17.7% reported **two meals**, and 13.1% reported **three meals** eaten away from home.

Number of Meals Eaten Away From Home in the Past Week

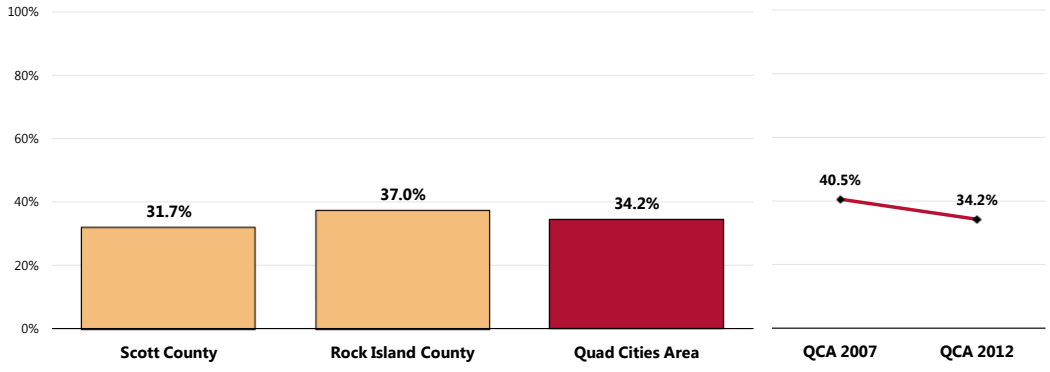
(Quad Cities Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
Notes: • Asked of all respondents.
• For this issue, respondents were asked to recall their food intake over the past seven days.

- The prevalence of adults who ate four or more meals away from home in the last week is similar by county.
- By this measure, the prevalence of eating out has decreased significantly since 2007.

Consumed 4+ Meals Away From Home in the Past Week

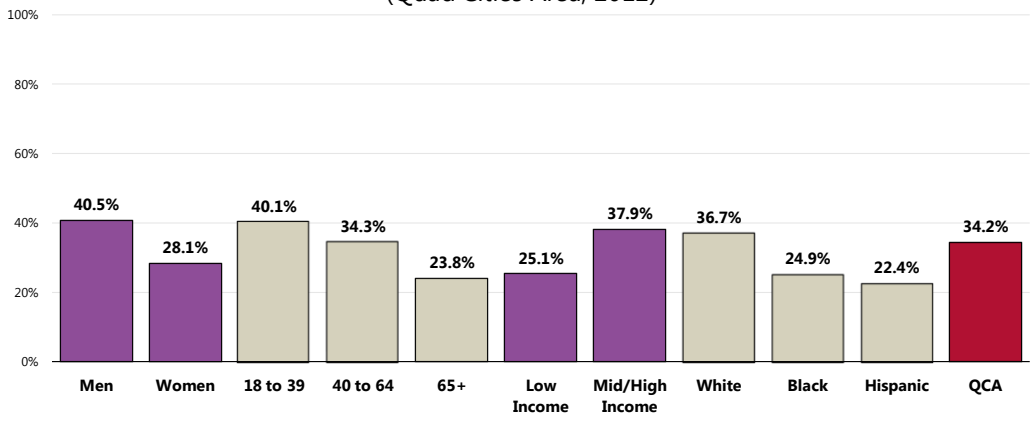


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 120]
Notes: • Asked of all respondents.
• For this issue, respondents were asked to recall their food intake over the past seven days.

Area men are more likely to eat meals away from home, as are young adults, higher-income residents and White respondents.

Consumed 4+ Meals Away From Home in the Past Week

(Quad Cities Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]

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. "Low Income" includes households with incomes up to 200% 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 over the past seven days.

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)
- 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)
- 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)

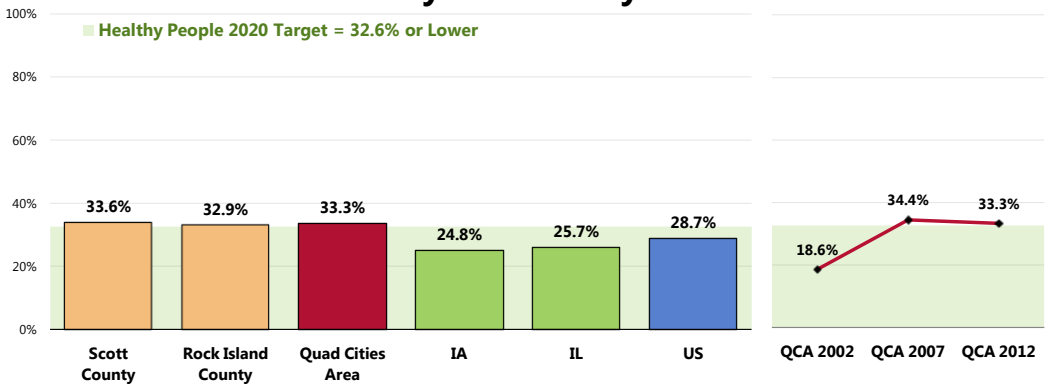
Leisure-Time Physical Activity

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.

One-third (33.3%) of Quad Cities Area adults reports no leisure-time physical activity in the past month.

- Worse than both statewide figures.
- Worse than national findings.
- Similar to the Healthy People 2020 target (32.6% or lower).
- Similar by county.
- Similar to 2007 findings, but denotes a statistically significant increase since 2002. *[It is important to note, however, that the 2012 and 2007 Quad Cities Area surveys were conducted during winter months, whereas the 2002 and national surveys 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



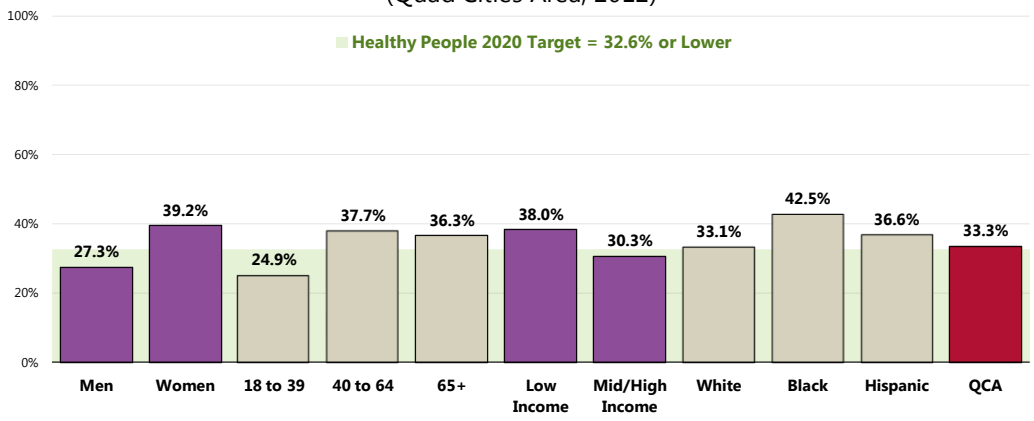
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 121]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 IA and IL data.
- 2011 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.

Higher among women, adults 40 and older, lower-income residents, African Americans and Hispanics.

No Leisure-Time Physical Activity in the Past Month

(Quad Cities Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 121]
- 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

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

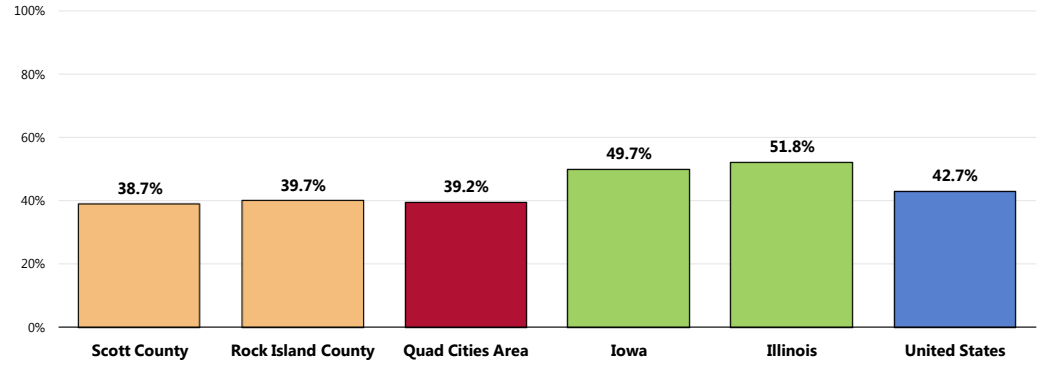
Recommended Levels of Physical Activity

A total of 39.2% of Quad Cities Area adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations)**.**

- Lower than both statewide figures.
- Comparable to national findings.
- No significant difference by county.

Again, keep in mind that the 2012 Quad Cities Area survey was conducted during winter months, whereas the national survey was conducted during spring/summer months (statewide data represent interviews throughout the year). This difference in timing can impact these findings.

Meets Physical Activity Recommendations



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
- 2011 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): 2009 IA and IL data.

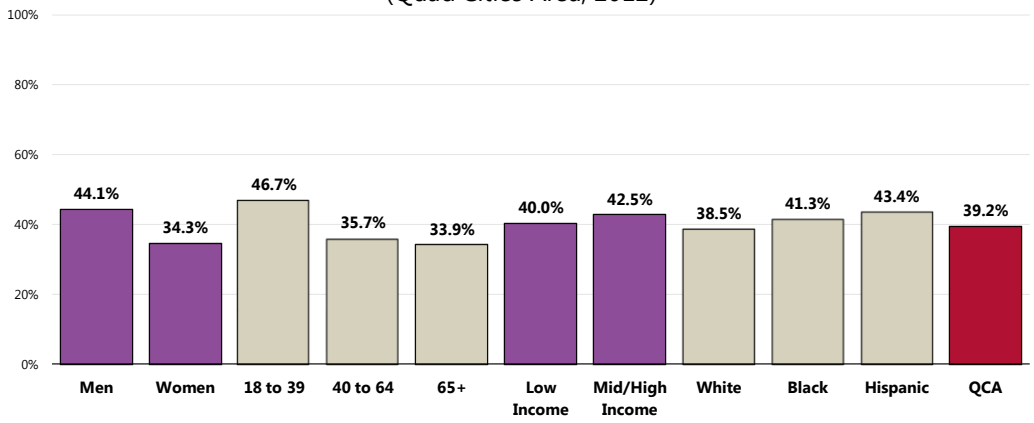
Notes:
- Asked of all respondents.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at 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.

Those less likely to meet physical activity requirements include:

- Women.
- Adults age 40 and older.

Meets Physical Activity Recommendations

(Quad Cities Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% 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

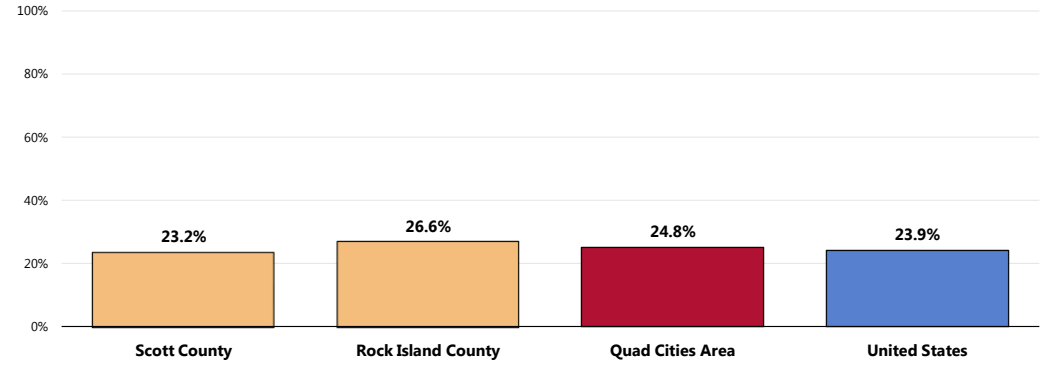
The individual indicators of moderate physical activity and vigorous physical activity are shown here.

Vigorous activities cause large increases in breathing or heart rate, while moderate activities cause small increases in breathing or heart rate.

One-fourth (24.8%) of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

- Comparable to national findings.
- Statistically comparable by county.

Moderate Physical Activity

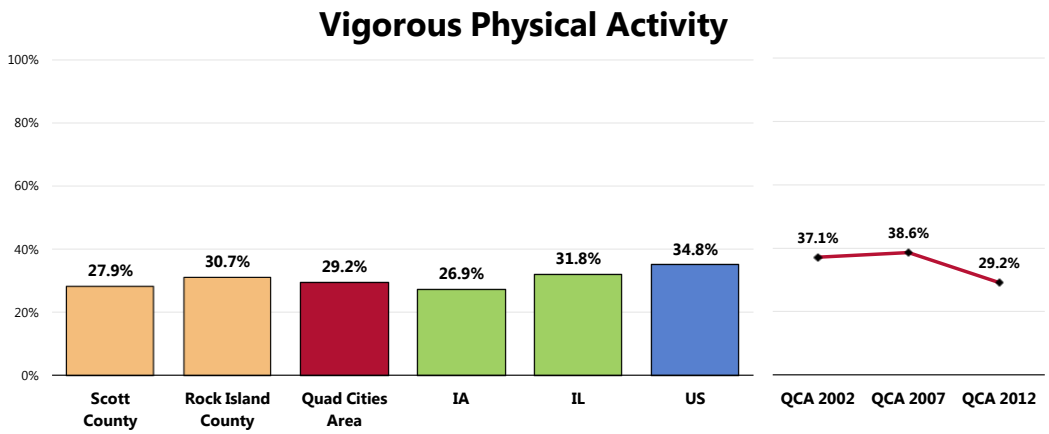


Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 192]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- In this case the term "moderate physical activity" includes exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for 20 minutes at a time.

A total of 29.2% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Similar to both the Iowa and the Illinois prevalence.
- Lower than the nationwide figure.
- Statistically similar by county.
- Marks a significant decrease since 2002 and 2007.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 193]
- 2011 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): 2009 IA and IL data.

Notes:
- Asked of all respondents.
- In this case the term "vigorous physical activity" includes exercise that causes heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Again, keep in mind that the 2012 and 2007 Quad Cities Area surveys were conducted during winter months, whereas the 2002 and national surveys were conducted during spring/summer months (statewide data represent interviews throughout the year). This difference in timing can impact these findings.

Children's Physical Activity

In this case, the term "**moderate physical activity**" includes 30 minutes of activity that does not make the child breathe hard, such as fast walking, slow bicycling, skating, or pushing a lawn mower.

The term "**vigorous physical activity**," on the other hand, includes activity for 20 minutes that makes the child breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities.

The following chart provides a breakout of recent physical activity among children age 5 to 17 in the Quad Cities Area.

A total of 38.4% of school-aged children participate in moderate physical activity on six or seven days per week.

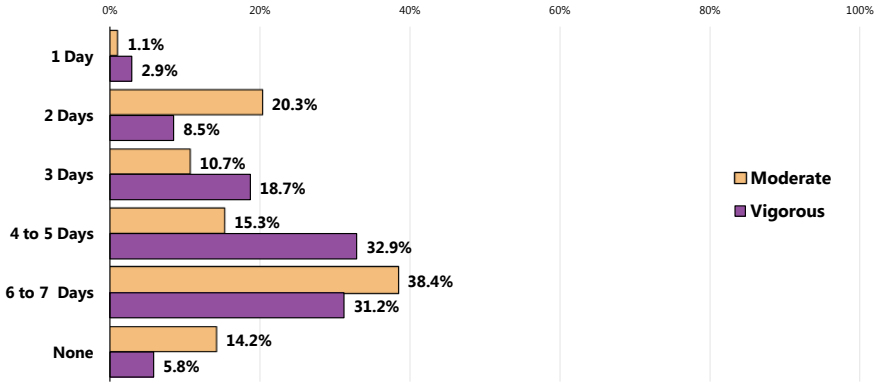
- However, 14.2% do not get any moderate physical activity in a typical week.

A total of 31.2% of school-aged children participate in vigorous physical activity on six or seven days per week.

- However, 5.8% do not get any vigorous physical activity in a typical week.

Average Days of Moderate or Vigorous Physical Activity for Child Last Week

(Quad Cities Area Children 5-17, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 157-158]

Notes:
- Asked of parents about a randomly-selected child age 5-17 at home.
- Vigorous activity occurs for at least 20 minutes and includes exercise which causes the child to breathe hard such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities.
- Moderate activity occurs for at least 30 minutes and includes exercise which does not make the child breathe hard, such as fast walking, slow bicycling, skating or pushing a lawnmower.

Weight Status

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 of ≥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 of ≥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

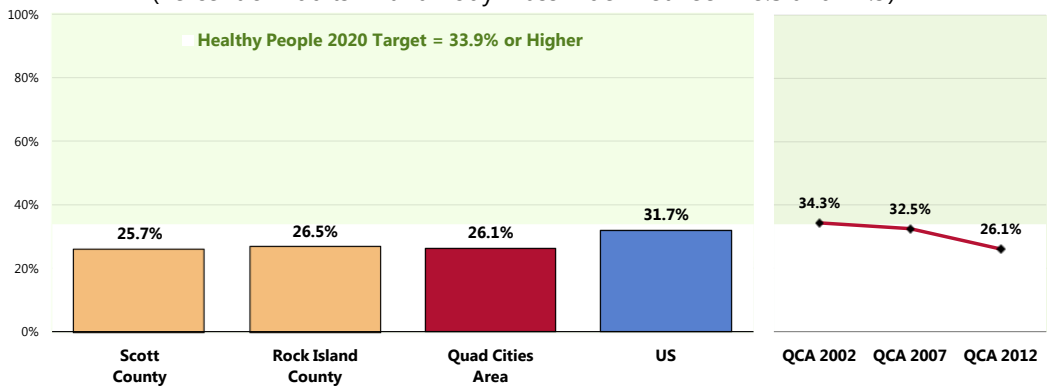
"Healthy weight "means neither underweight, nor overweight (BMI = 18.5-24.9).

Based on self-reported heights and weights, 26.1% of Quad Cities Area adults are at a healthy weight.

- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (33.9% or higher).
- Similar by county.
- Marks a statistically significant decrease in healthy weight over time.

Healthy Weight

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



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 198]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-8]
- 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 Status

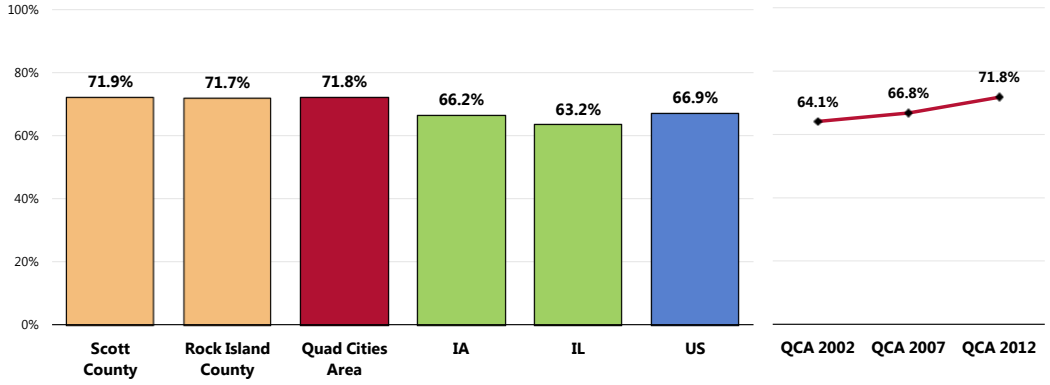
Here, "overweight" includes those respondents with a BMI value ≥25.

More than 7 in 10 Quad Cities Area adults (71.8%) are overweight.

- Worse than the Iowa and Illinois figures.
- Worse than the US overweight prevalence.
- Nearly identical when viewed by county.
- Marks a statistically significant increase since 2002.

Prevalence of Total Overweight

(Percent of Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 198]
- 2011 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): 2010 IA and IL 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.

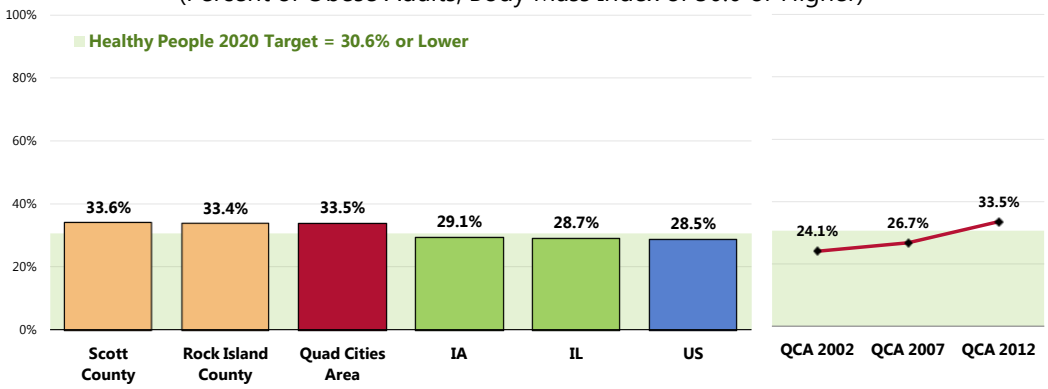
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

Further, one in three (33.5%) Quad Cities Area adults is obese.

- Much higher than Iowa and Illinois percentages.
- Higher than US findings.
- Similar to the Healthy People 2020 target (30.6% or lower).
- No significant difference by county.
- Denotes a statistically significant increase in obesity since 2002.

Prevalence of Obesity

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 198]
- 2011 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): 2010 IA and IL 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 higher among African Americans and residents with lower incomes.

Prevalence of Obesity

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher; Quad Cities Area, 2012)

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 198]
- 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. "Low Income" includes households with incomes up to 200% 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.

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

Obese adults are more likely to report a number of adverse health conditions.

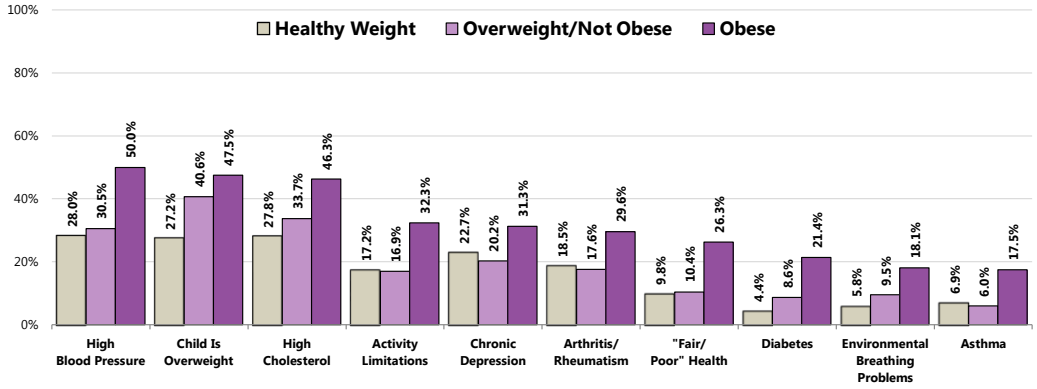
Among these are:

- Hypertension (high blood pressure).
- High cholesterol.
- Activity limitations.
- Chronic depression.
- Arthritis/rheumatism.
- "Fair" or "poor" physical health.
- Diabetes.
- Environmental breathing problems.
- Asthma.

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

Relationship of Overweight With Other Health Issues

(By Weight Classification; Quad Cities Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 33, 63, 71, 77, 79, 82, 126, 128, 171, 202]
Notes: • Based on reported heights and weights, asked of all respondents.

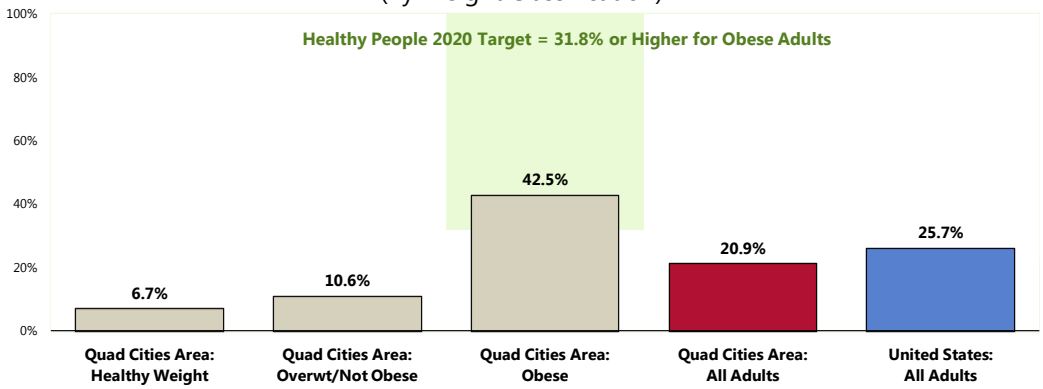
Weight Management

A total of 20.9% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Lower than the national findings.
- Much higher in Rock Island County (not shown).
- Note that 42.5% of obese adults have been given advice about their weight by a health professional in the past year (while over one-half have not).
  - This satisfies the Healthy People 2020 target of 31.8% or higher.

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

(By Weight Classification)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 124, 200-201]
- 2011 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-6.2]

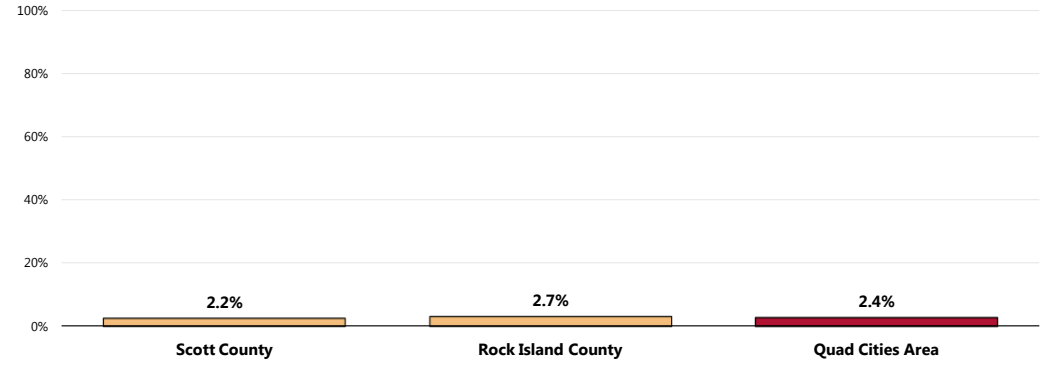
Notes:
- Asked of all respondents.

Eating Disorders

When asked, 2.4% of survey respondents report that they have been diagnosed with or suffered from an eating disorder.

- Statistically similar by county.

Prevalence of Eating Disorders



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]

Notes:
- Asked of all respondents.

Childhood Overweight & Obesity

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

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

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

– Centers for Disease Control and Prevention.

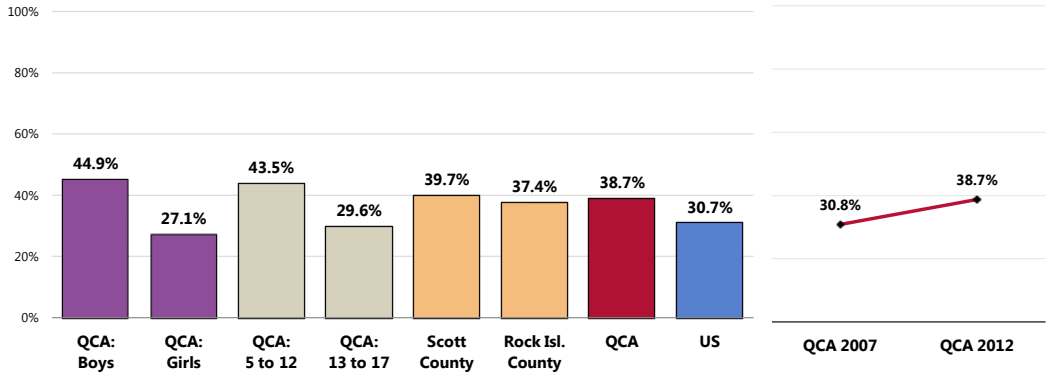
Based on the heights/weights reported by surveyed parents, 38.7% of Quad Cities Area children age 5 to 17 are overweight or obese (≥85th percentile)**.**

- Statistically similar to that reported nationally.
- No significant difference by county.
- Despite the difference noted below, this is statistically similar to 2007 findings.
- Statistically higher among boys (age 5-17) and children age 5-12.

Keep in mind that, because the sample of children represented in the survey is smaller than the sample of adults, these indicators carry a higher associated error rate. Therefore, some comparisons that might appear to be quite different are not actually statistically significant.

Child Total Overweight Prevalence

(Percent of Children 5-17 Who Are Overweight/Obese; Body Mass Index in the 85th Percentile or Higher)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 202]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

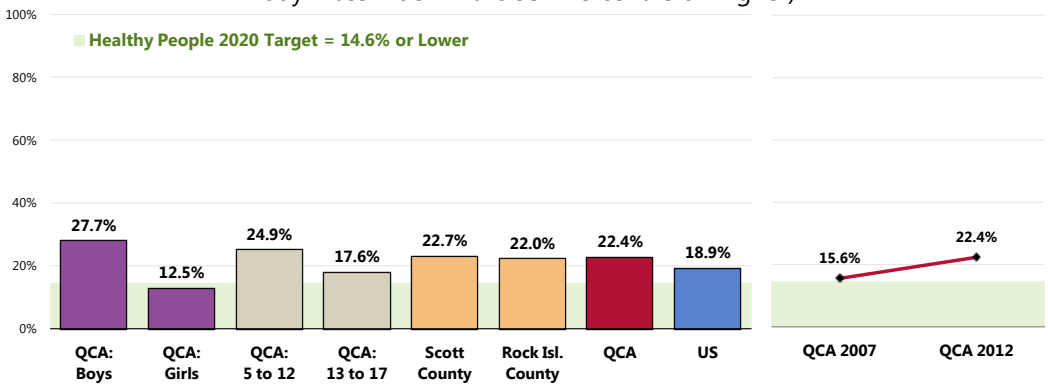
Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Further, 22.4% of Quad Cities Area children age 5 to 17 are obese (≥95th percentile).

- Comparable to the national percentage.
- Fails to satisfy the associated Healthy People 2020 target (14.6% or lower for children age 2-19).
- Similar by county.
- Statistically unchanged since 2007.
- Statistically similar by child's age and gender.

Child Obesity Prevalence

(Percent of Children 5-17 Who Are Obese; Body Mass Index in the 95th Percentile or Higher)



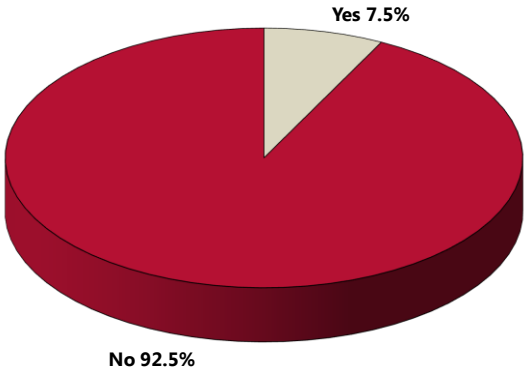
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 202]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

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.

In the past year, 7.5% of parents with overweight children age 5-17 have been told by a school or healthcare professional that their child is overweight.

Parent Has Been Told in the Past Year by a School or Health Professional That Their Child Is Overweight

(Among Parents of Overweight Children 5-17; Quad Cities Area, 2012)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 156]

Notes:
- Asked of all respondents with overweight children age 5-17 at home.
- Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85th percentile of US growth charts by gender and age.

Substance Abuse

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

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

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America's youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

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 2005 and 2007, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 8.1 deaths per 100,000 population in the Quad Cities Area.

- Higher than the Iowa rate, but similar to the Illinois rate.
- Just below the national rate.
- Similar to the Healthy People 2020 target (8.2 or lower).
- Higher in Rock Island County than in Scott County.

Cirrhosis/Liver Disease: Age-Adjusted Mortality

(2005-2007 Annual Average Deaths per 100,000 Population)

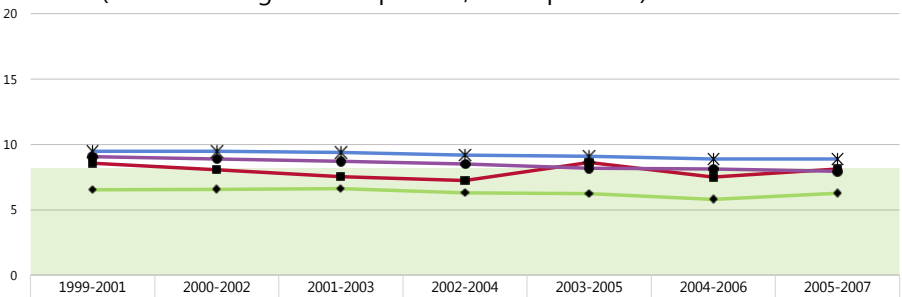
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [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 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

No clear trend in the Quad Cities Area.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	8.2	8.2	8.2	8.2	8.2	8.2	8.2
Quad Cities Area	8.6	8.1	7.5	7.2	8.6	7.5	8.1
IA	6.5	6.6	6.6	6.3	6.2	5.8	6.3
IL	9.1	8.9	8.7	8.5	8.2	8.1	8.0
US	9.5	9.5	9.4	9.2	9.1	8.9	8.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
- 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 U.S. Standard Population.
- State and national data are simple three-year averages.

High-Risk Alcohol Use

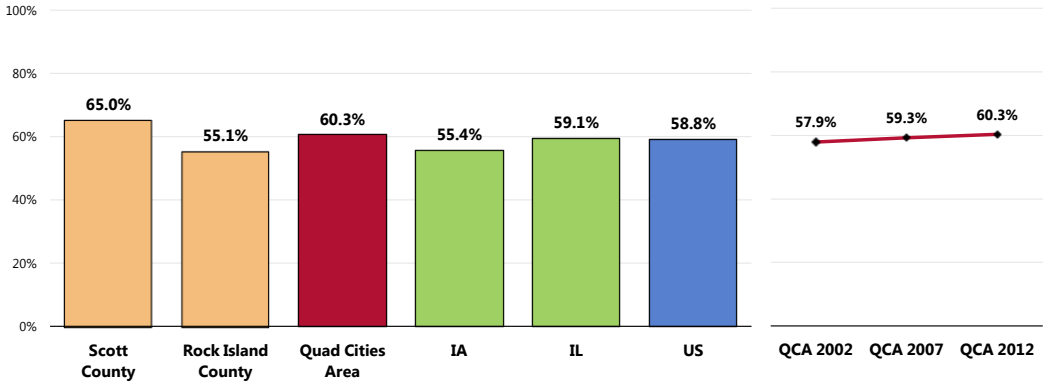
Current Drinking

"Current drinkers" include adults 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.

A total of 60.3% of area adults had at least one drink of alcohol in the past month (current drinkers).

- Higher than the Iowa prevalence, but similar to the Illinois proportion.
- Similar to the national proportion.
- Particularly high in Scott County.
- Statistically unchanged since 2002.

Current Drinkers

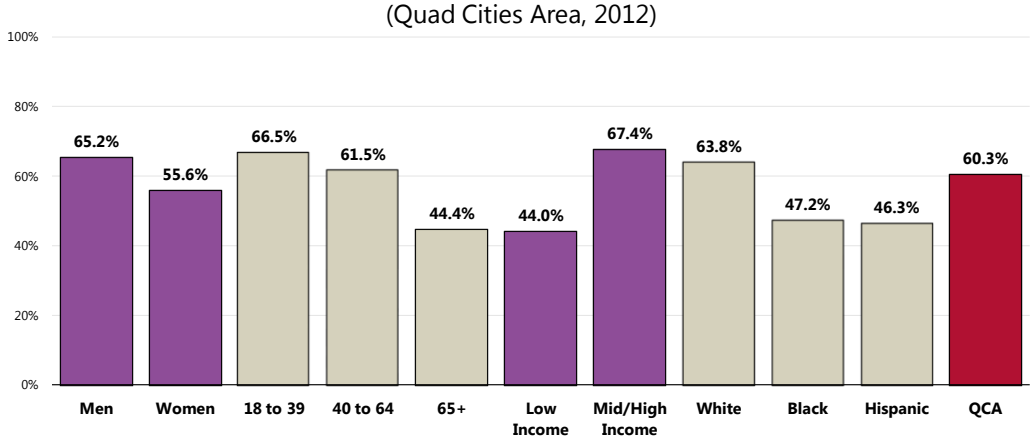


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 207]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 IA and IL data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Current drinkers had at least one drink of alcohol in the past month.
- *The state definition for chronic drinkers is males consuming 2+ drinks per day and females consuming 1+ drink per day.

Current drinking is more prevalent among men, residents under 65, higher-income adults and Whites.

Current Drinkers
(Quad Cities Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 207]

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. "Low Income" includes households with incomes up to 200% 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 drink of alcohol in the past month.

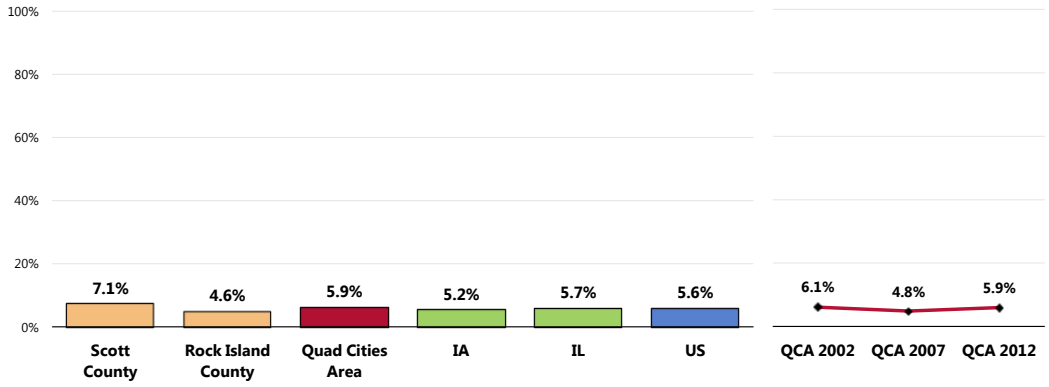
Chronic Drinking

Chronic drinkers include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview.

A total of 5.9% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Similar to the Iowa and the Illinois proportions.
- Similar to the national proportion.
- Statistically similar by county.
- Statistically unchanged since 2002.

Chronic Drinkers



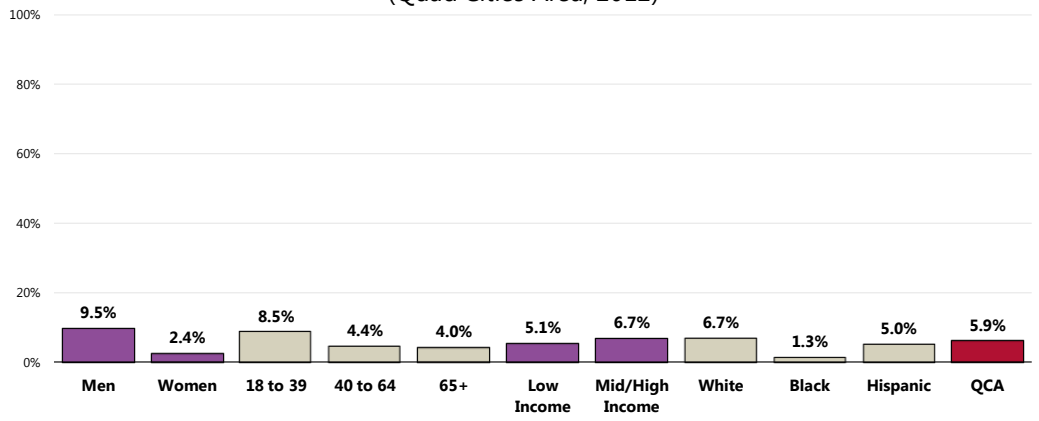
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 208]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 IA and IL data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.
- *The state definition for chronic drinkers is males consuming 2+ drinks per day and females consuming 1+ drink per day.

Chronic drinking is more prevalent among area men, young adults and Whites.

RELATED ISSUE: See also *Stress* in the **Mental Health & Mental Disorders** section of this report.

Chronic Drinkers
(Quad Cities Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 208]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

Binge Drinking

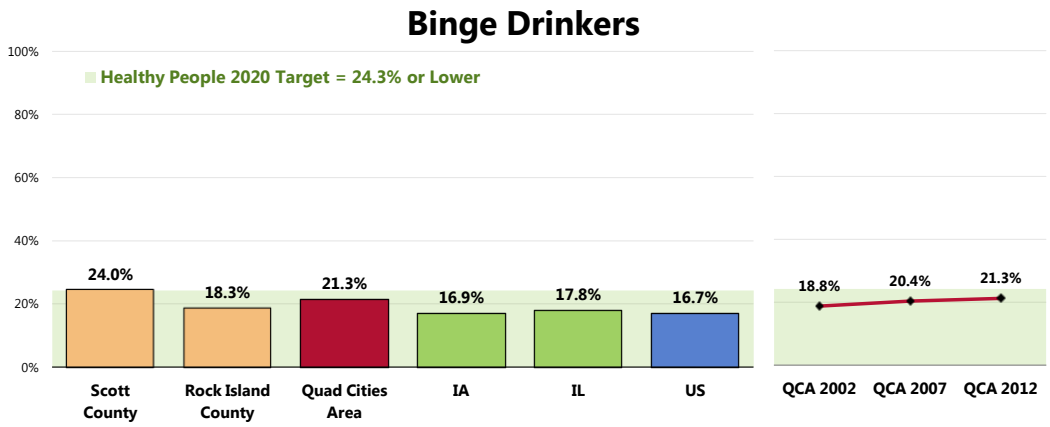
Binge drinkers include:

1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and

2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.

A total of 21.3% of Quad Cities Area adults are binge drinkers.

- Worse than the Iowa and Illinois findings.
- Worse than the national findings.
- Satisfies the Healthy People 2020 target (24.3% or lower).
- Particularly high in Scott County.
- Similar to the 2002 percentage (note that the previous definition for binge drinking was five or more drinks, regardless of gender).

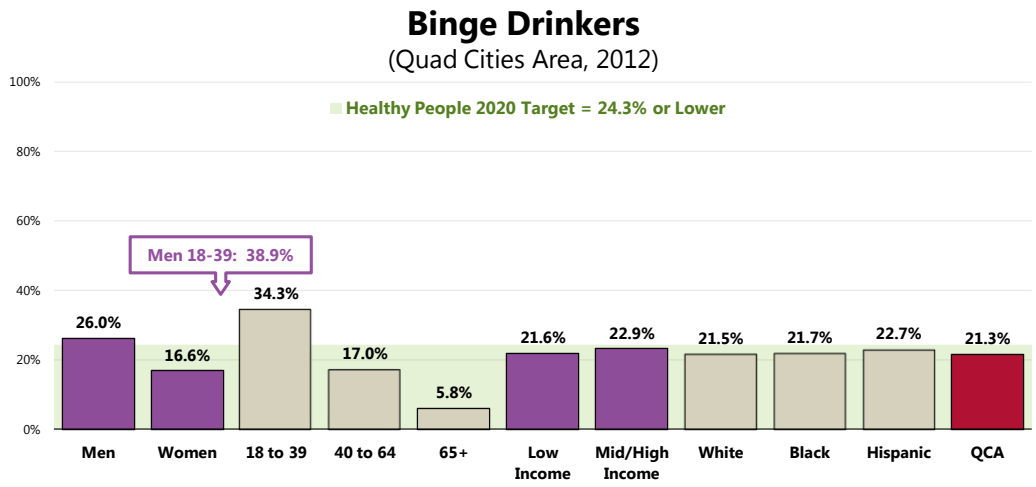


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 209]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 IA and IL data.
- 2011 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-14.3]

Notes:
- Asked of all respondents.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Binge drinking is more prevalent among:

- Men (especially those under age 40).
- Adults under age 40.



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 209]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion

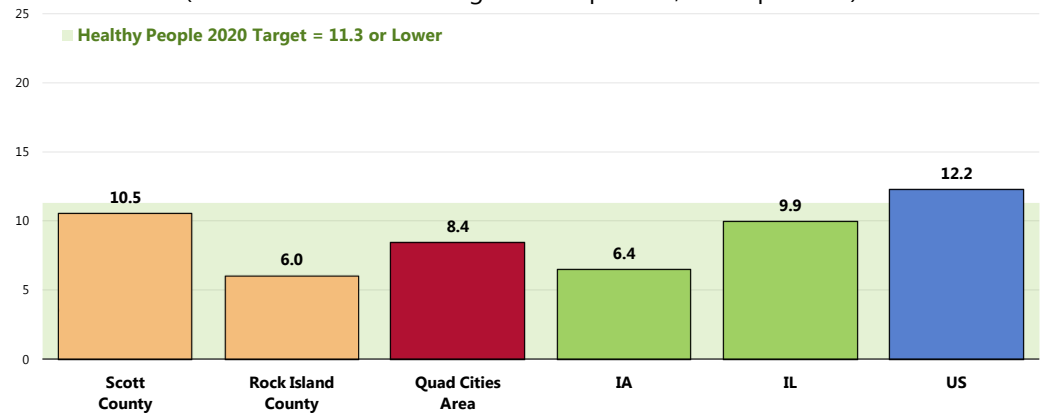
Age-Adjusted Drug-Induced Deaths

Between 2005 and 2007, there was an annual average age-adjusted drug-induced mortality rate of 8.4 deaths per 100,000 population in the Quad Cities Area.

- Higher than the Iowa rate, but lower than the Illinois rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 target (11.3 or lower).
- Higher in Scott County than in Rock Island County.

Drug-Induced Deaths: Age-Adjusted Mortality

(2005-2007 Annual Average Deaths per 100,000 Population)



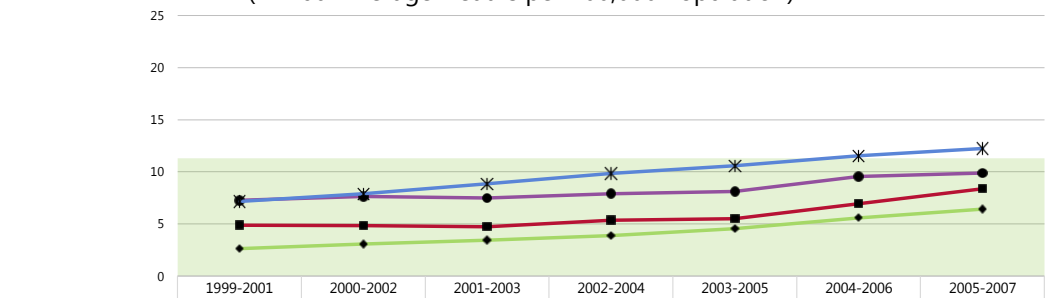
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted October 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [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.

Drug-induced mortality has increased steadily over the past decade in the region, echoing the trends reported for Iowa, Illinois and the US overall.

Drug-Induced Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	11.3	11.3	11.3	11.3	11.3	11.3	11.3
Quad Cities Area	4.9	4.8	4.7	5.4	5.5	6.9	8.4
IA	2.6	3.1	3.4	3.9	4.5	5.6	6.4
IL	7.3	7.6	7.5	7.9	8.1	9.6	9.9
US	7.2	7.9	8.9	9.8	10.6	11.5	12.2

Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted October 2011.
- 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

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US $193 billion annually in direct medical expenses and lost productivity.

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).

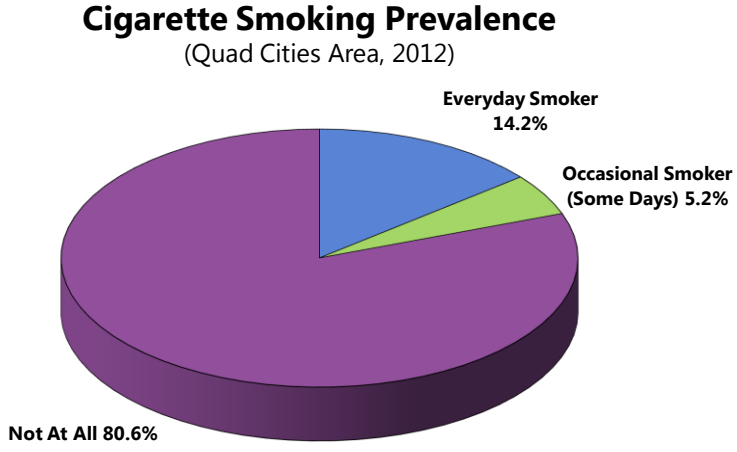
Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

– Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 19.4% of Quad Cities Area adults currently smoke cigarettes, either regularly (14.2% every day) or occasionally (5.2% on some days).

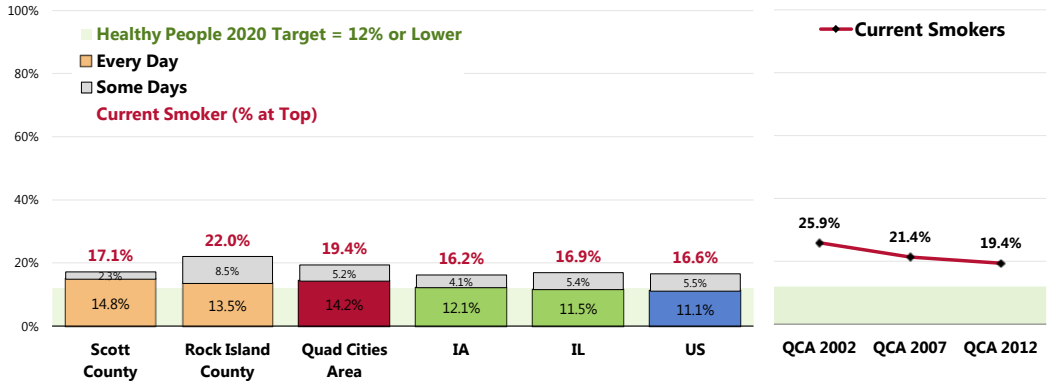


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]
Notes: • Asked of all respondents.

- Higher than the Iowa prevalence, but similar to Illinois findings.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).

- Statistically similar by county.
- The current smoking percentage marks a statistically significant decrease since 2002.

Current Smokers



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 88]
- 2011 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): 2010 IA and IL data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

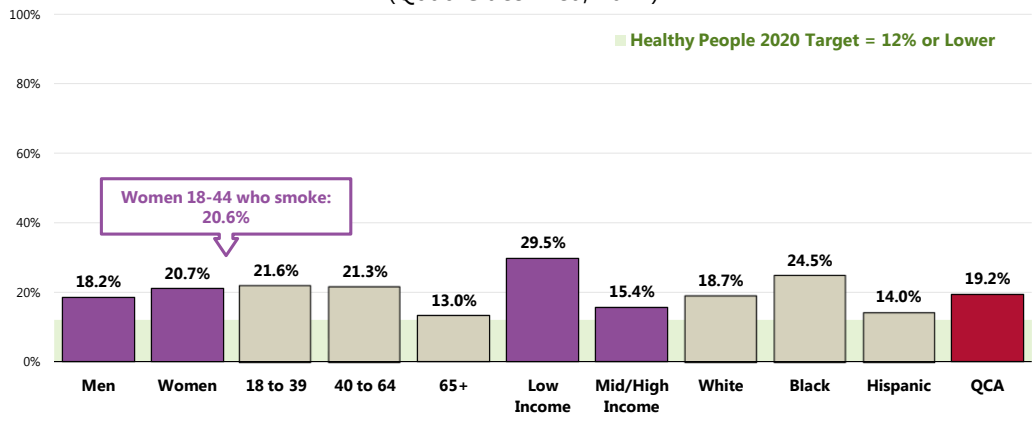
Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

Cigarette smoking is more prevalent among:

- Adults under 65.
- Lower-income residents.
- African Americans.
- Note also: 20.6% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Current Smokers

(Quad Cities Area, 2012)



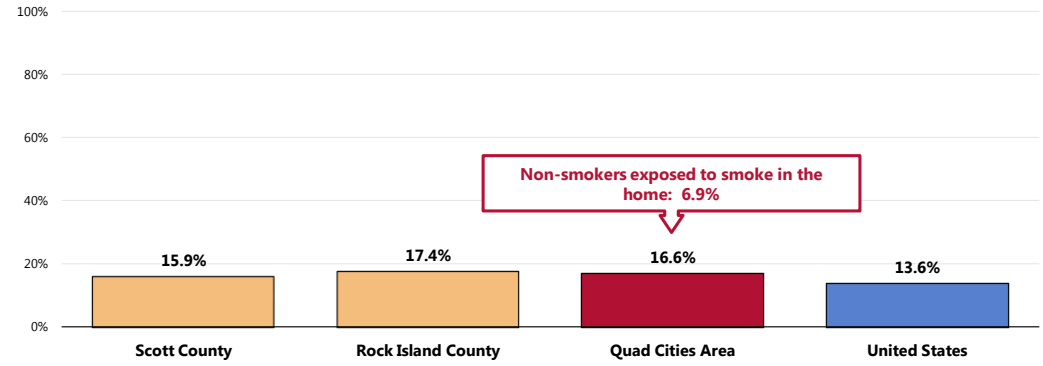
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88, 204]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

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. "Low Income" includes households with incomes up to 200% 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).

A total of 16.6% of Quad Cities Area adults (including smokers and non-smokers) **report that a member of their household has smoked cigarettes in the home in the past month an average of four or more times per week.**

- Comparable to national findings.
- Comparable by county.
- Note that 6.9% of Quad Cities Area non-smokers are exposed to cigarette smoke at home.

Member of Household Smokes at Home



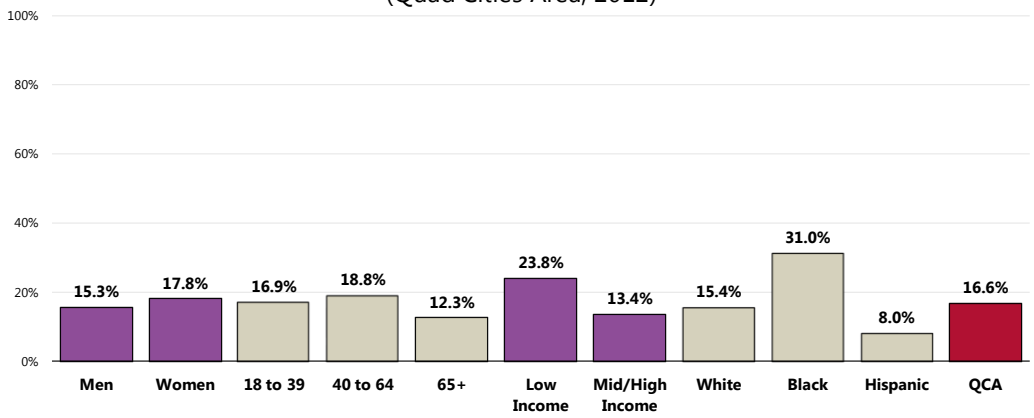
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 89, 205]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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, those with lower incomes and African Americans.

Member of Household Smokes At Home

(Quad Cities Area, 2012)

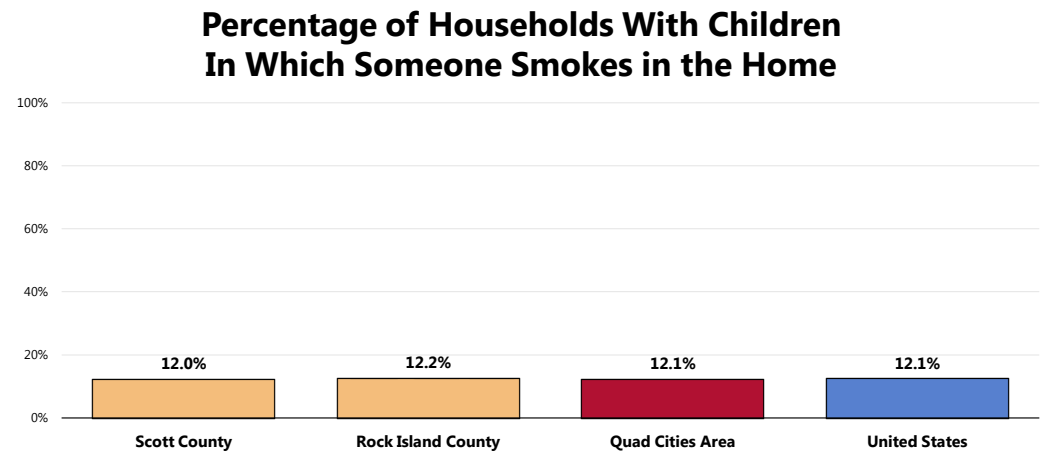


Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]

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. "Low Income" includes households with incomes up to 200% 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, 12.1% have someone who smokes cigarettes in the home.

- Identical to national findings.
- No significant difference by county.



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 206]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

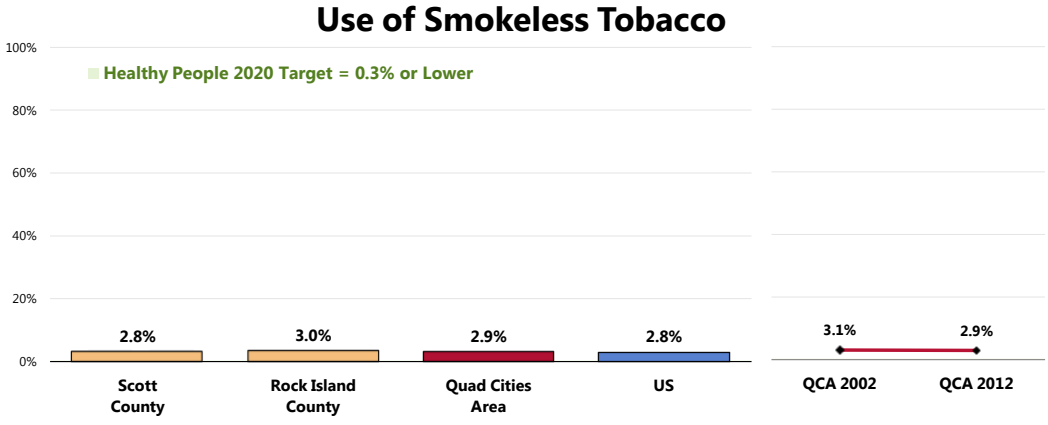
Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smokeless Tobacco Use

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

A total of 2.9% of Quad Cities Area adults use some type of smokeless tobacco every day or on some days.

- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- Similar by county.
- Similar to 2002 findings.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 90]
- 2011 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.

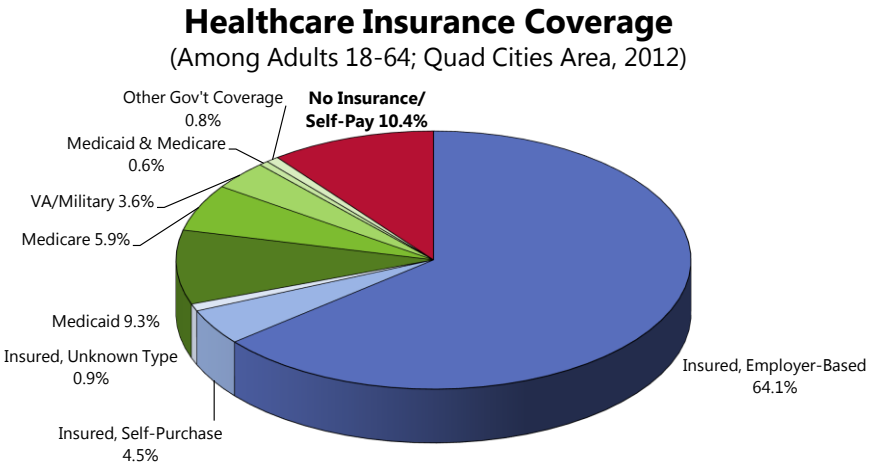
HEALTH: ACCESS TO HEALTH SERVICES

Health Insurance Coverage

Type of Healthcare Coverage

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

A total of 69.5% of Quad Cities Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 20.2% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

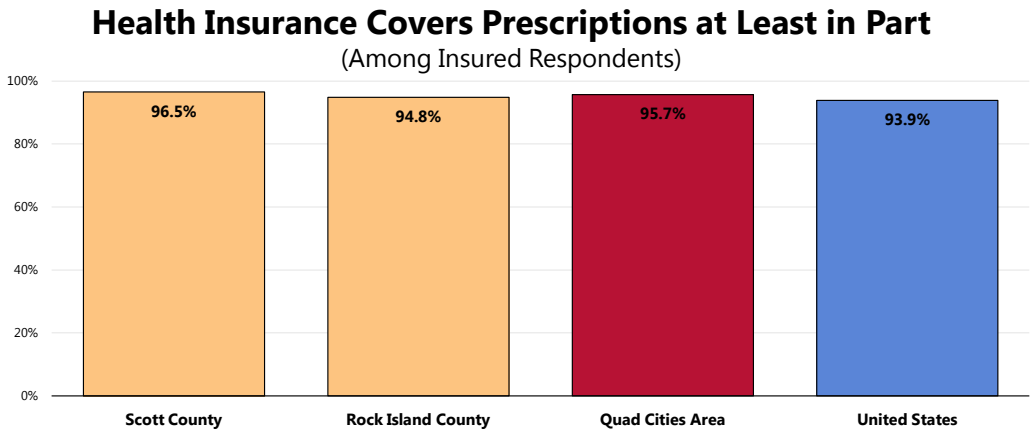


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 211]
Notes: • Reflects respondents age 18 to 64.

Prescription Drug Coverage

Among insured adults, 95.7% report having prescription coverage as part of their insurance plan.

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



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with healthcare insurance coverage.

Lack of Health Insurance Coverage

Adults

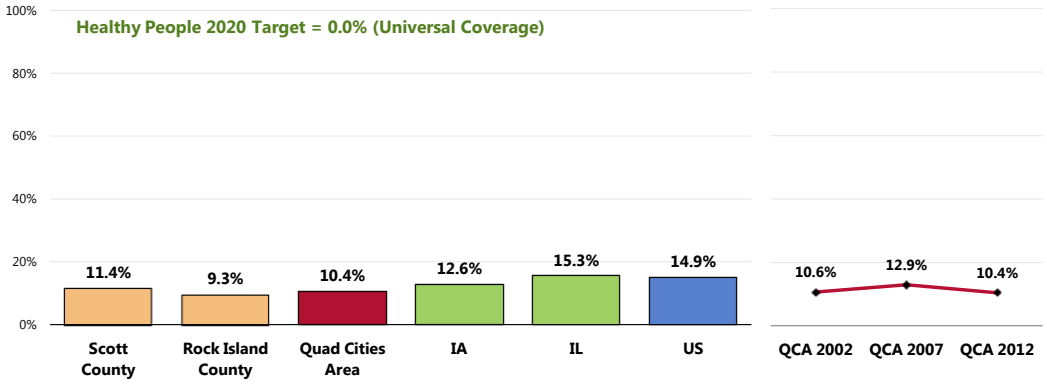
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 10.4% report having no insurance coverage for healthcare expenses.

- Similar to the Iowa percentage and more favorable than the Illinois figure.
- More favorable than the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- No statistical difference by county.
- Statistically similar to 2002 findings.

Lack of Healthcare Insurance Coverage

(Among Adults 18-64)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 211]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 IA and IL data.
- 2011 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]

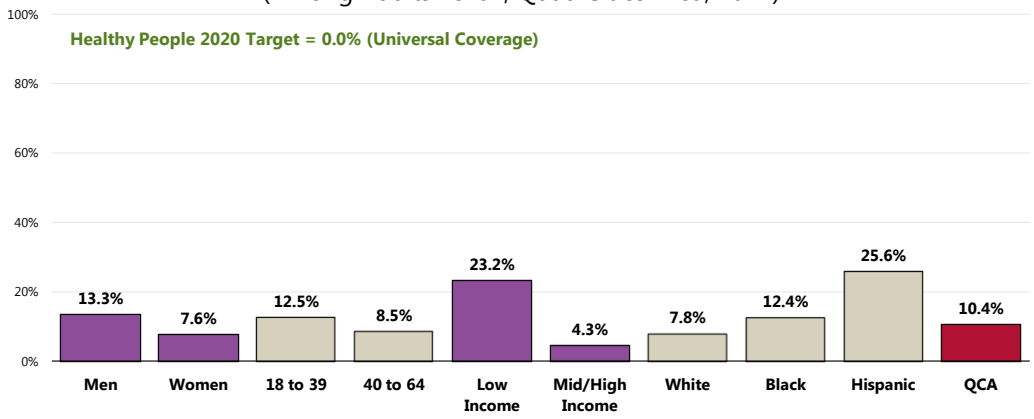
Notes:
- Asked of all respondents under the age of 65.

The following population segments are more likely to be without healthcare insurance coverage:

- Men.
- Adults under 40.
- Residents living at lower incomes (note the 23.2% uninsured prevalence among low-income adults).
- African Americans and Hispanics (note the 25.6% uninsured prevalence among Hispanics).

Lack of Healthcare Insurance Coverage

(Among Adults 18-64; Quad Cities Area, 2012)



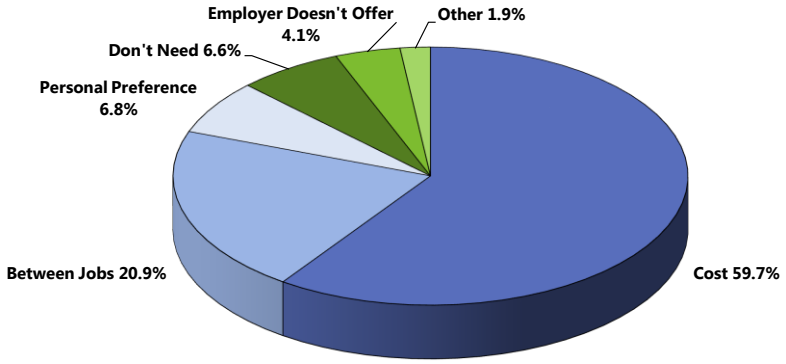
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 211]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among uninsured adults, reasons for lack of insurance primarily included references to **cost** (mentioned by 59.7% of these adults) and being **between jobs** (20.9%).

Reason for Lack of Coverage

(Among Uninsured Adults 18-64; Quad Cities Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]

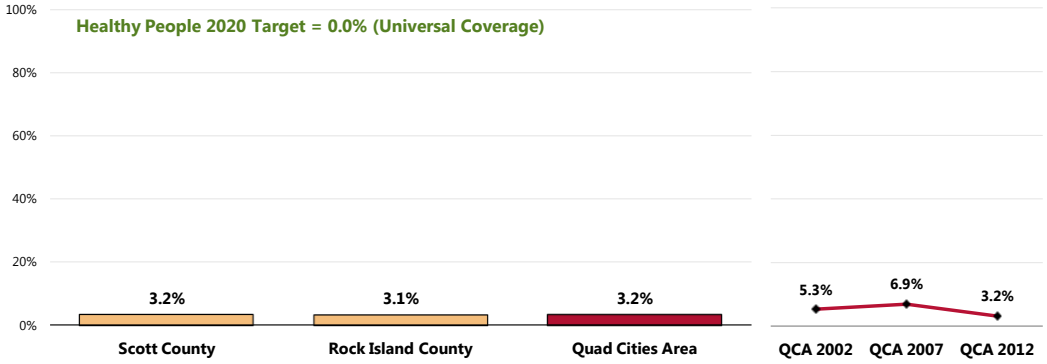
Notes:
- Reflects uninsured respondents age 18 to 64.

Among Quad Cities Area parents of children under age 18, just 3.2% report having no insurance coverage for their child.

- The Healthy People 2020 target is universal coverage (0% uninsured).
- No significant difference by county.
- Statistically similar to 2002 findings.

Lack of Healthcare Insurance Coverage for Child

(Among Quad Cities Area Parents of Children <18)

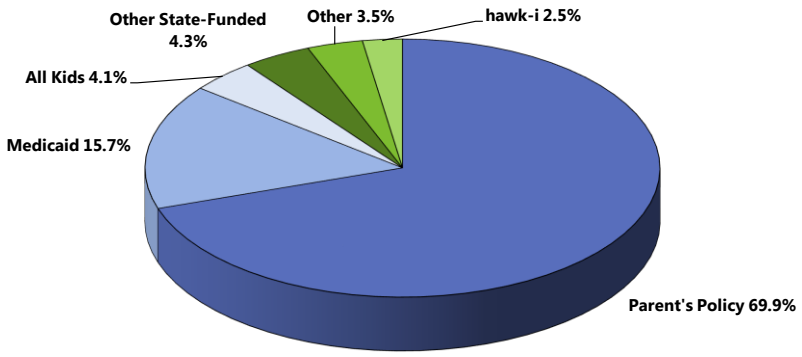


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]
Notes: • Asked of all respondents with children under 18 at home.

The largest share of insured children (69.9%) is covered by a **parent's policy**. Another 15.7% of insured children are covered by **Medicaid**, followed by **All Kids** (mentioned by 4.1%), **other state-funded insurance** (4.3%) and **hawk-i** (2.5%).

Child's Healthcare Coverage

(Among Insured Children <18; Quad Cities Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
Notes: • Reflects insured children under the age of 18.

Difficulties Accessing 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)

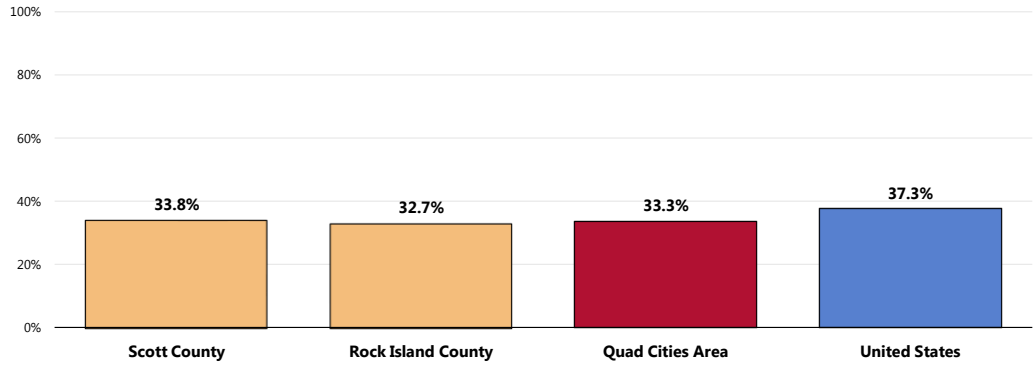
Difficulties Accessing Services

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 33.3% of Quad Cities Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Statistically similar to national findings.
- Similar by county.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 215]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

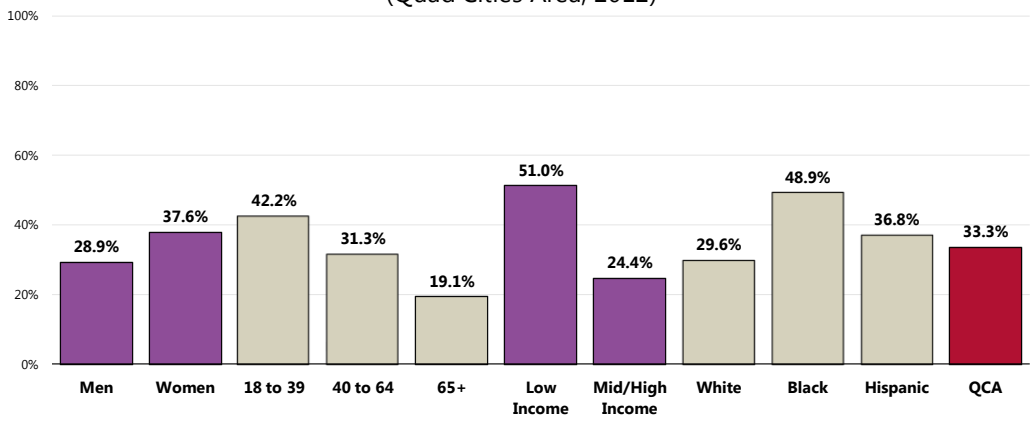
Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Women.
- Young adults.
- Lower-income residents.
- African Americans and Hispanics.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(Quad Cities Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 215]

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. "Low Income" includes households with incomes up to 200% 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

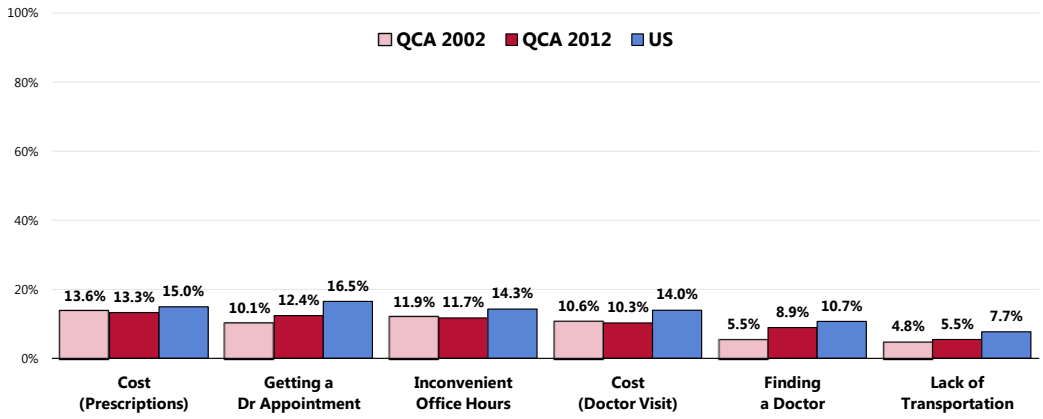
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, cost of prescription medication impacted the greatest share of Quad Cities Area adults (13.3% say that cost prevented them from obtaining a needed prescription in the past year).

- The proportion of Quad Cities Area adults impacted was statistically comparable to or better than that found nationwide for each of the tested barriers.
- Compared to baseline data, the Quad Cities Area has seen a significant increase with regard to the barrier of **difficulty finding a physician**.

Barriers to Access Have Prevented Medical Care in the Past Year

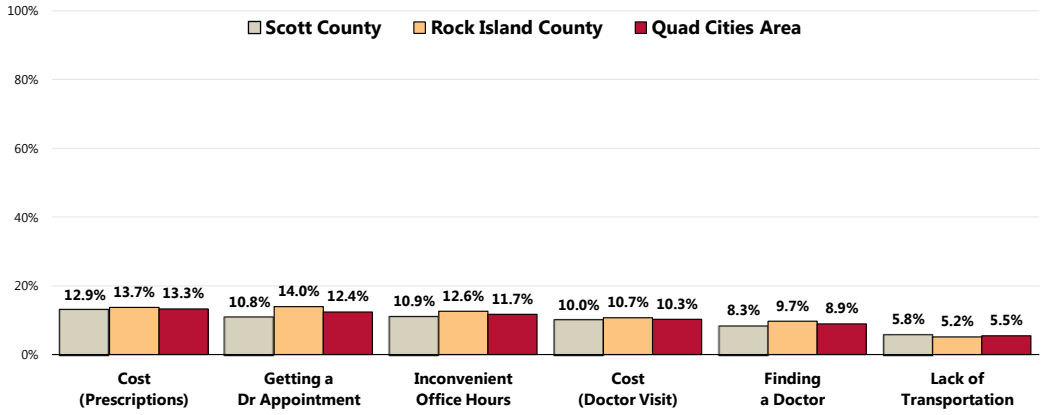


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 35-40]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- The proportion of Quad Cities Area adults impacted by access barriers did not vary significantly by county for any of the tested barriers.

Barriers to Access Have Prevented Medical Care in the Past Year

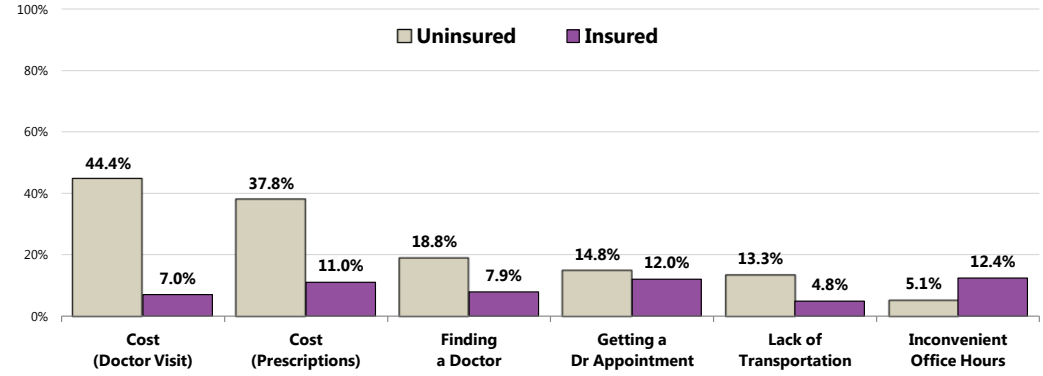


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 35-40]
Notes: • Asked of all respondents.

- As might be expected, Quad Cities Area adults without health insurance are much more likely to report access barriers when compared to the insured population, particularly for those barriers related to cost.

Barriers to Healthcare Access

(By Insured Status, Adults 18+; Quad Cities Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 35-40]
Notes: • Asked of all respondents.

Surveyed parents were asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household based on barriers such as cost and transportation.

Among area parents with children under 18:

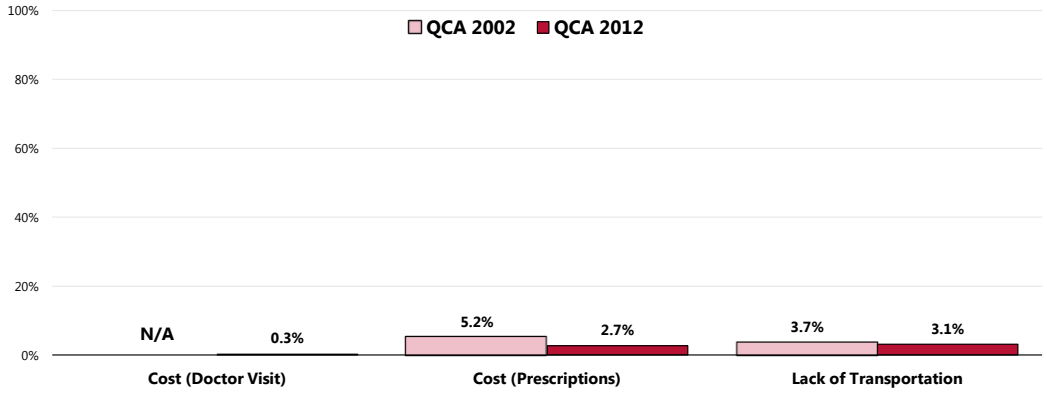
- A total of 3.1% of parents report that a **lack of transportation** made it difficult to get needed medical care for their child at some point in the past year.
- A total of 2.7% indicate that cost prevented a child's **prescription medication** in the past year.
- Fewer than 1% had difficulty obtaining a child's **physician visit** in the past year due to cost.

Note:

- No significant difference by county for each of the tested barriers (not shown).
- Compared to baseline data, no significant changes occurred over time.

Barriers to Access Have Prevented Child's Medical Care in the Past Year

(Quad Cities Area Parents of Children <18; 2012)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 136-138]
Notes: • Asked of all respondents with children under 18 at home.

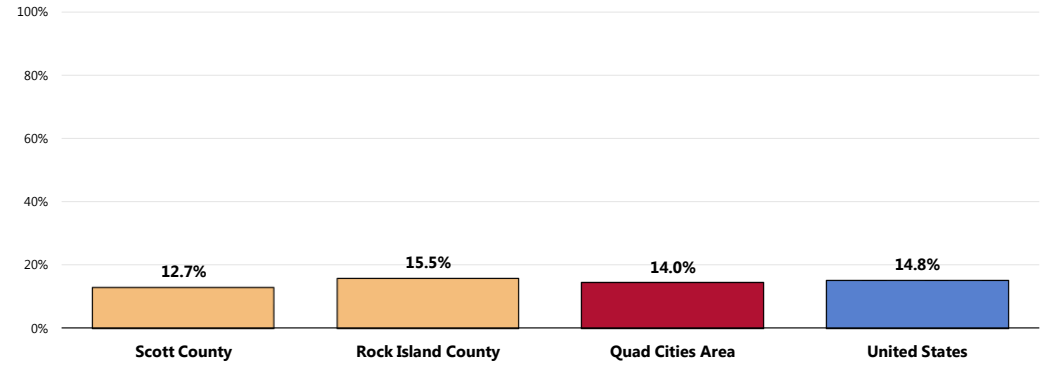
*Parents with difficulties or delays in obtaining their child's medical care in the past year were asked to give specific reasons, which primarily included references to **cost**, **physician availability**, **insurance issues** and **lack of time**.*

Prescriptions

Among all Quad Cities Area adults, 14.0% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Comparable to national findings.
- Statistically comparable by county.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



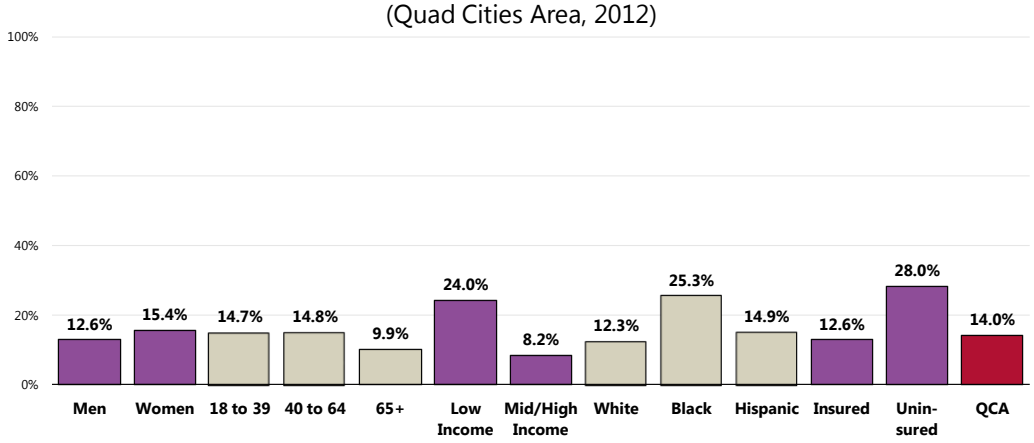
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 41]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Respondents with lower incomes.
- African Americans.
- Uninsured adults.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

(Quad Cities Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 41]
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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Ease of Obtaining Services

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 and vision care; prenatal and postnatal care; and children's healthcare services.

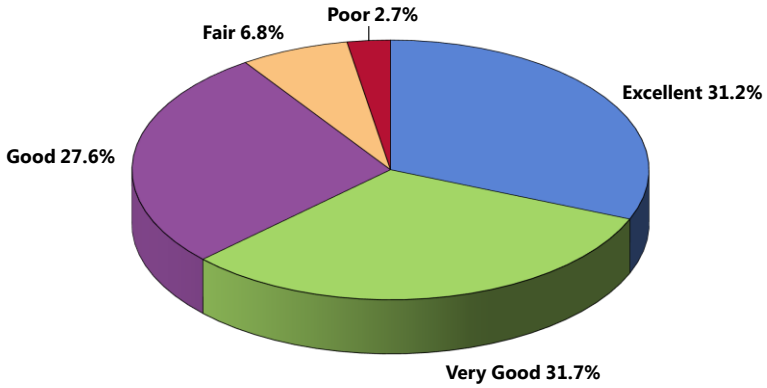
Healthcare Services Overall

When asked to rate the ease with which they are able to obtain the local healthcare services that they need overall, 62.9% of survey respondents in the Quad Cities Area gave "excellent" or "very good" ratings.

- Another 27.6% of area adults consider the ease with which they are able to obtain the healthcare services that they need to be "good."

Ease of Obtaining Local Healthcare Services

(Quad Cities Area, 2012)

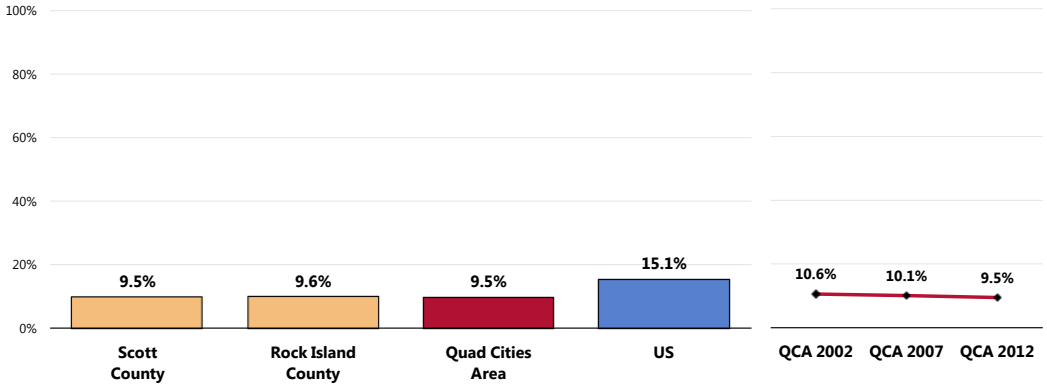


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
Notes: • Asked of all respondents.

On the other hand, 9.5% of survey respondents consider the ease with which they can obtain local healthcare services to be "fair" or "poor."

- More favorable than national findings.
- Statistically similar by county.
- Similar to the percentages reported in prior area surveys.

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

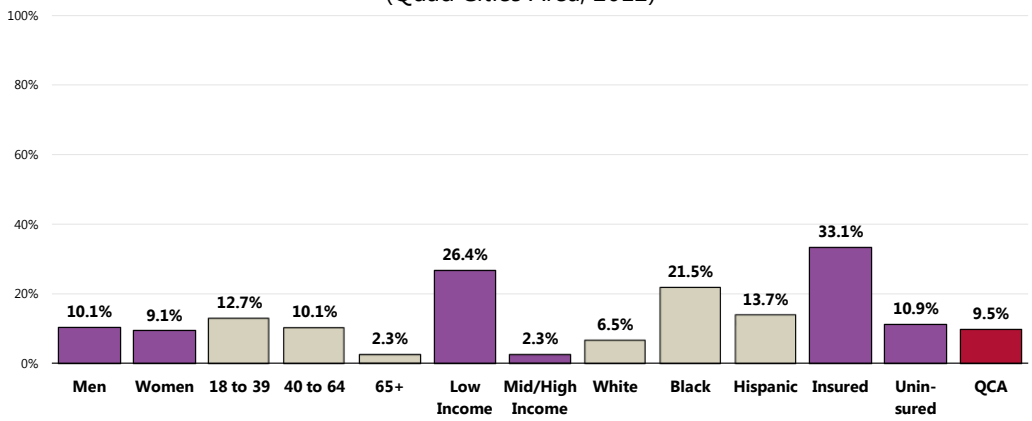


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 44]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Note that the following demographic groups more often gave low ratings of the ease with which they can obtain local healthcare services:

- Adults under the age of 65.
- Lower-income residents.
- African Americans and Hispanics.
- The uninsured population.

Ease of Obtaining Local Healthcare Services is "Fair/Poor"
(Quad Cities Area, 2012)



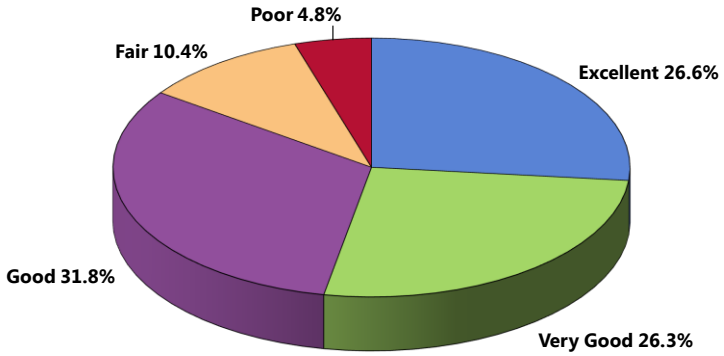
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
Notes: • Asked of all respondents.
• Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
• Hispanics can be of any race. Other race categories 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Mental Healthcare Services

When asked to rate the ease with which they are able to obtain local services for mental health, 52.9% of survey respondents in the Quad Cities Area gave "excellent" or "very good" ratings (many residents did not respond as they have not needed the services; these respondents are excluded from this distribution).

- Another 31.8% of area adults consider the ease with which they are able to obtain services for mental health to be "good."

Ease of Obtaining Local Mental Health Services
(Quad Cities Area, 2012)

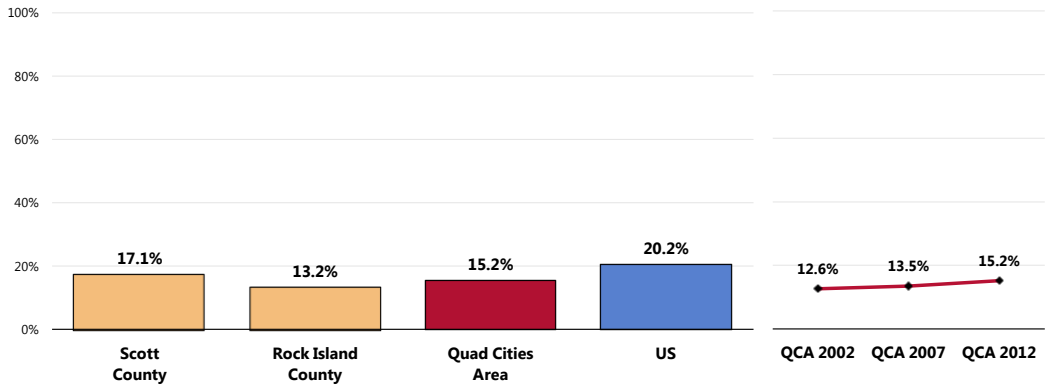


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
Notes: • Asked of all respondents. Note that many did not answer as they have not needed these services.

On the other hand, 15.2% of survey respondents consider the ease with which they can obtain services for mental health to be "fair" or "poor."

- More favorable than national findings.
- Statistically similar by county.
- Similar to the percentage reported in 2002.

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



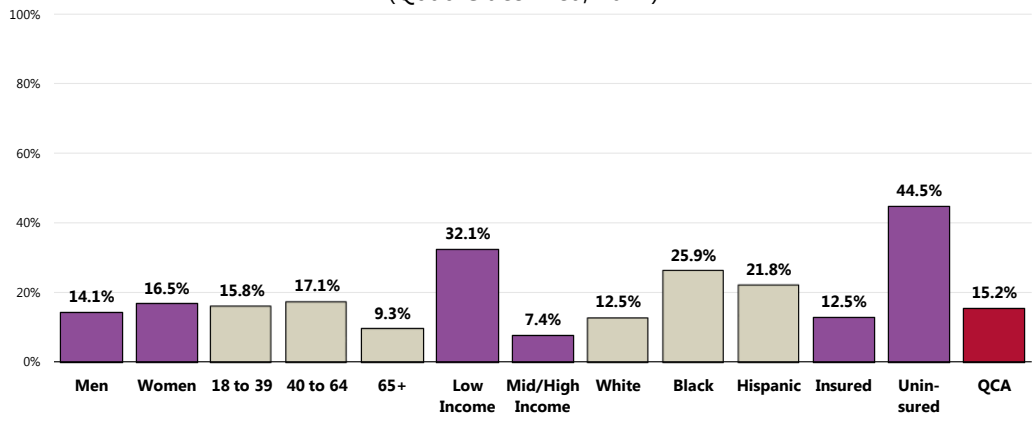
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 45]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents. Note that many did not answer as they have not needed these services.

Note that the following demographic groups more often gave low ratings of the ease with which they can obtain services for mental health:

- Adults under the age of 65.
- Lower-income residents.
- African Americans and Hispanics.
- Uninsured adults.

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

(Quad Cities Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
Notes: • Asked of all respondents. Note that many did not answer as they have not needed these services.
• 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

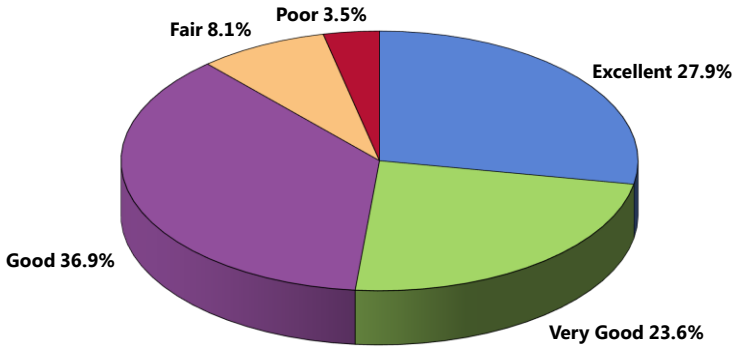
Substance Abuse Services

When asked to rate the ease with which they are able to obtain local services for substance abuse, 51.5% of survey respondents in the Quad Cities Area gave "excellent" or "very good" ratings (many respondents did not answer, as they have not needed these types of services).

- Another 36.9% of area adults gave "good" ratings.

Ease of Obtaining Local Substance Abuse Services

(Quad Cities Area, 2012)

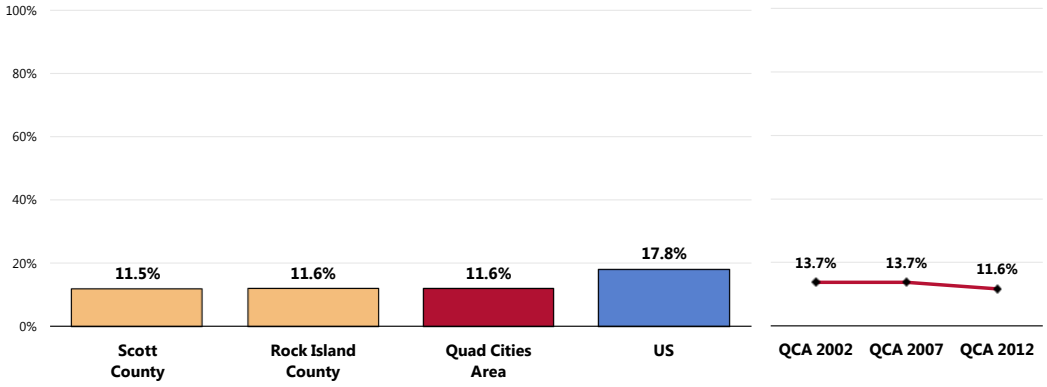


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
Notes: • Asked of all respondents. Note that many did not answer as they have not needed these services.

On the other hand, 11.6% of survey respondents consider the ease with which they can obtain services for substance abuse to be "fair" or "poor."

- More favorable than national findings.
- Statistically similar by county.
- Similar to the percentages reported previously.

Ease of Obtaining Local Substance Abuse Services is "Fair/Poor"



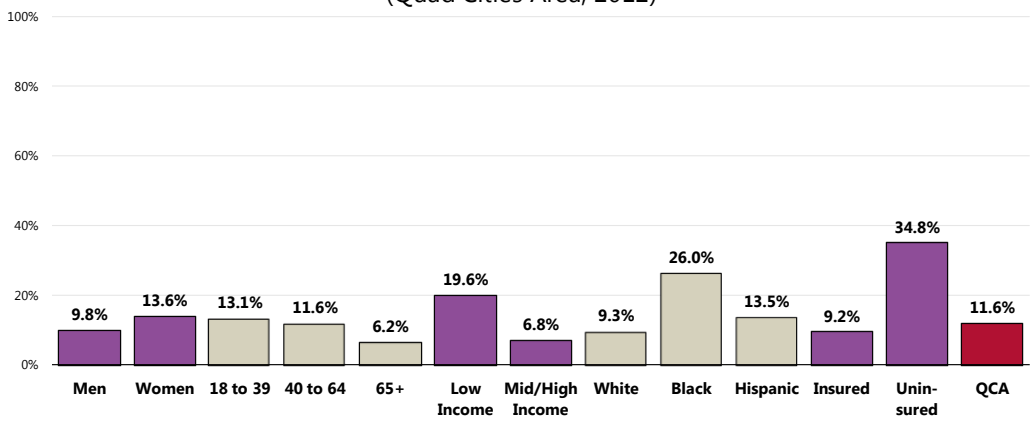
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 46]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents. Note that many did not answer as they have not needed these services.

Note that the following demographic groups more often gave low ratings of the ease with which they can obtain services for substance abuse:

- Adults under the age of 65.
- Lower-income residents.
- African Americans and Hispanics.
- Uninsured adults.

Ease of Obtaining Local Substance Abuse Services is "Fair/Poor"

(Quad Cities Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
Notes: • Asked of all respondents. Note that many did not answer as they have not needed these services.
• 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

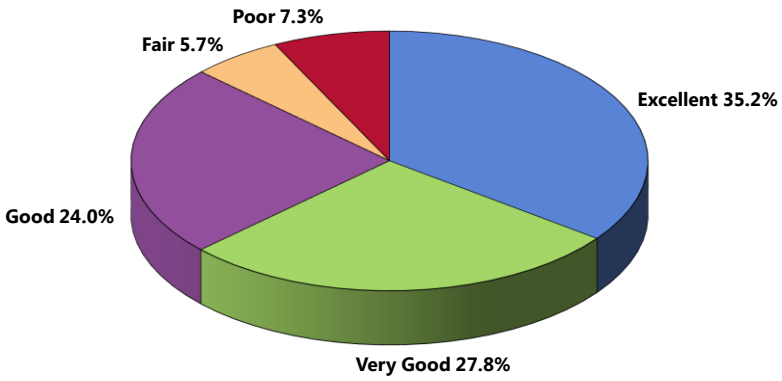
Dental Care

When asked to rate the ease with which they are able to obtain dental care, 63.0% of survey respondents in the Quad Cities Area gave "excellent" or "very good" ratings (many respondents did not answer, as they have not needed these type of services).

- Another 24.0% of area adults consider the ease with which they are able to obtain dental care to be "good."

Ease of Obtaining Local Dental Care

(Quad Cities Area, 2012)

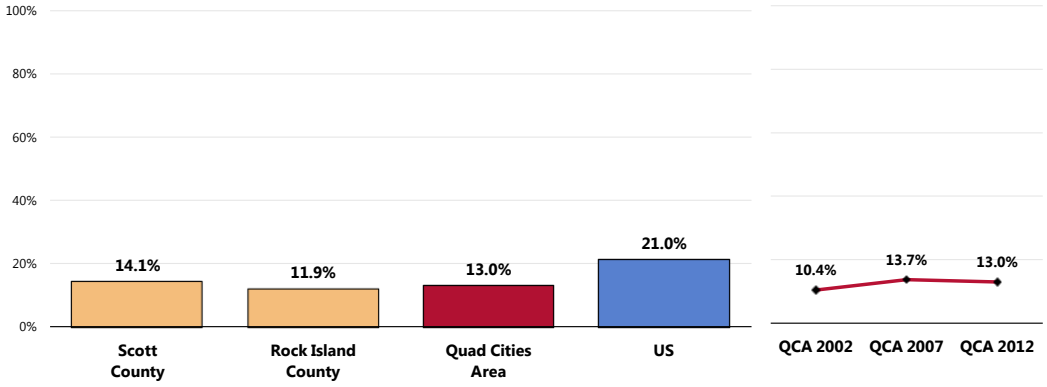


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
Notes: • Asked of all respondents.

On the other hand, 13.0% of survey respondents consider the ease with which they can obtain dental care to be "fair" or "poor."

- More favorable than national findings.
- No significant difference by county.
- Similar to previous findings.

Ease of Obtaining Local Dental Care is "Fair/Poor"



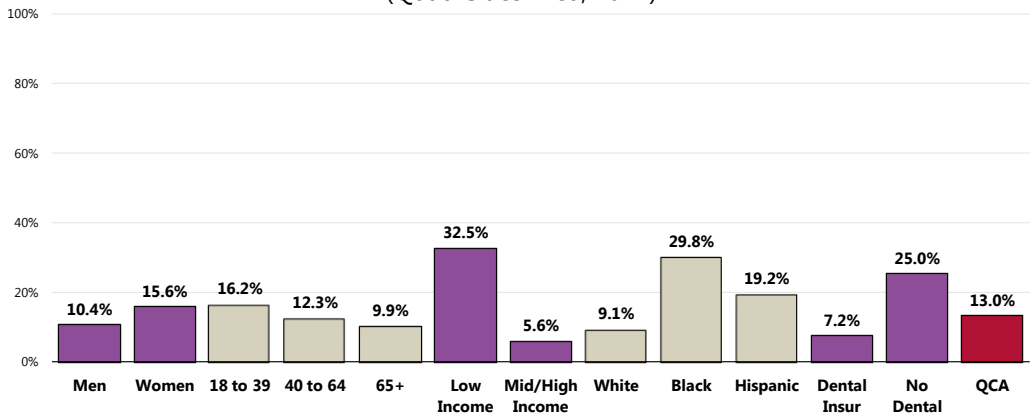
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 48]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Note that the following demographic groups more often gave low ratings of the ease with which they can obtain local dental care:

- Lower-income residents.
- African Americans and Hispanics.
- Adults without dental insurance coverage.

Ease of Obtaining Local Dental Care is "Fair/Poor"

(Quad Cities Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

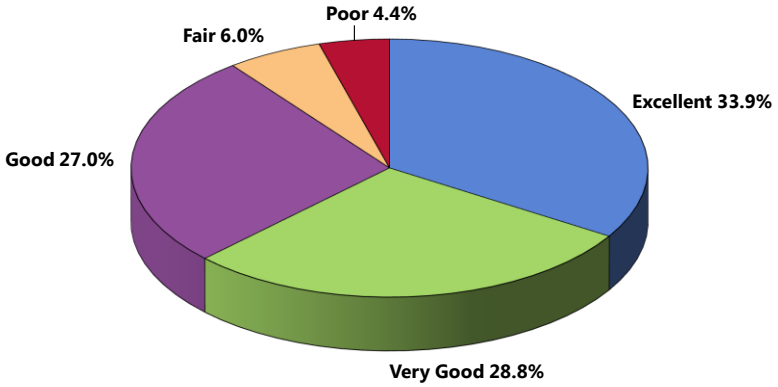
Vision Care

When asked to rate the ease with which they are able to obtain vision care, 62.7% of survey respondents in the Quad Cities Area gave "excellent" or "very good" ratings.

- Another 27.0% of area adults consider the ease with which they are able to obtain vision care to be "good."

Ease of Obtaining Local Vision Care

(Quad Cities Area, 2012)

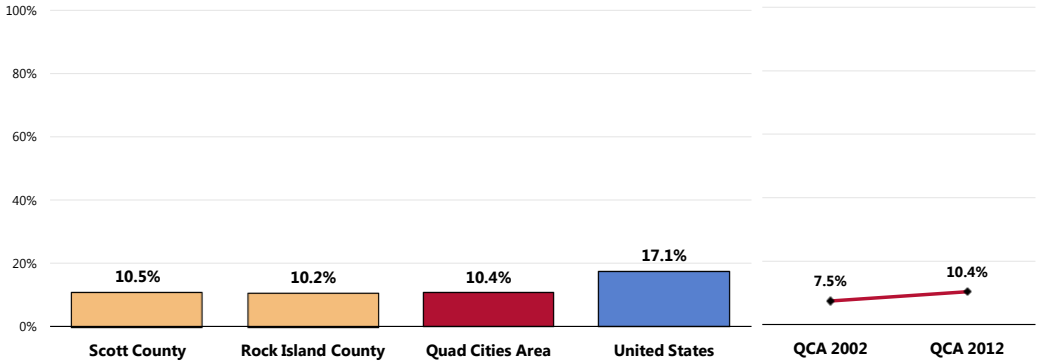


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
Notes: • Asked of all respondents.

On the other hand, 10.4% of survey respondents consider the ease with which they can obtain vision care to be "fair" or "poor."

- More favorable than national findings.
- Similar by county.
- Marks a statistically significant increase over time.

Ease of Obtaining Local Vision Care is "Fair/Poor"



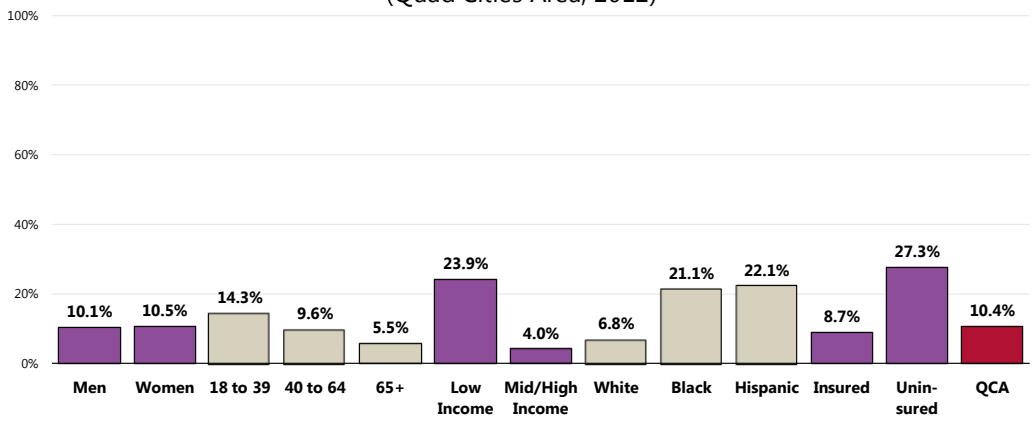
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 49]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Note that the following demographic groups more often gave low ratings of the ease with which they can obtain local vision care:

- Adults under the age of 40 (note the negative correlation with age).
- Lower-income residents.
- African Americans and Hispanics.
- Uninsured respondents.

Ease of Obtaining Local Vision Care is "Fair/Poor"

(Quad Cities Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prenatal/Postnatal Care

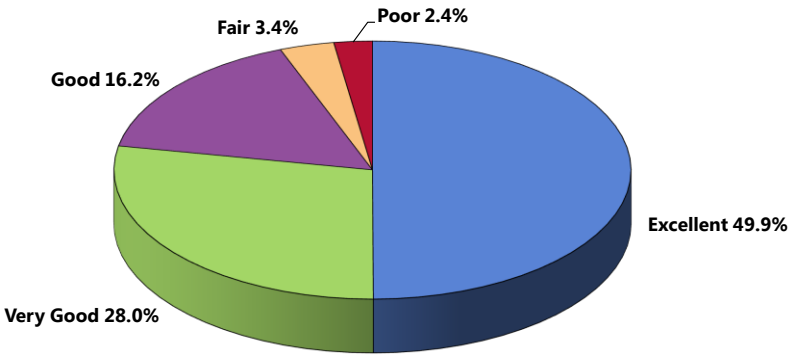
Prenatal and postnatal care includes services for a woman during and after pregnancy.

A total of 77.9% of Quad Cities Area women age 18 to 49 gave "excellent" or "very good" ratings regarding the ease with which they are able to obtain prenatal and/or postnatal care in the community.

- Another 16.2% of area women gave "good" ratings.

Ease of Obtaining Local Prenatal/Postnatal Care

(Quad Cities Area Women <50, 2012)



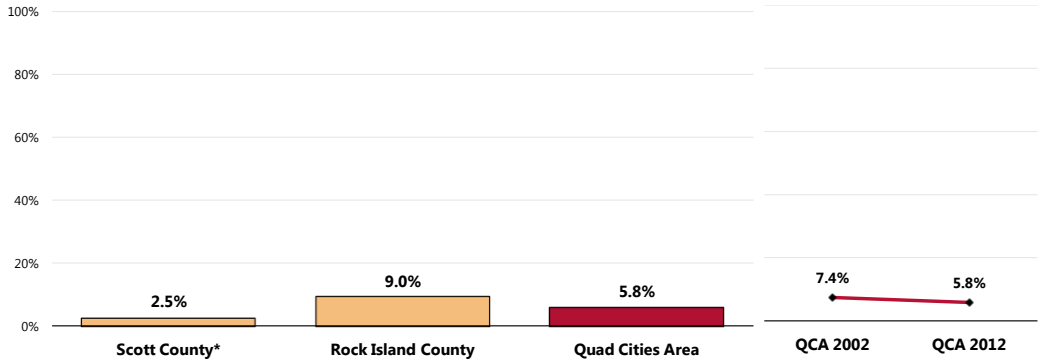
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]
Notes: • Asked of all female respondents under the age of 50.

On the other hand, 5.8% of Quad Cities Area women 18-49 consider the ease with which they can obtain local prenatal/postnatal care to be "fair" or "poor."

- Statistically similar by county *(note that the Scott County sample includes only 42 women and is not deemed statistically reliable)*.
- Similar to the percentage reported in 2002.

Ease of Obtaining Local Prenatal/Postnatal Care is "Fair/Poor"

(Quad Cities Area Women <50)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
Notes: • Asked of all female respondents under the age of 50.
• *The Scott County sample size is too small to be deemed reliable (n=42).

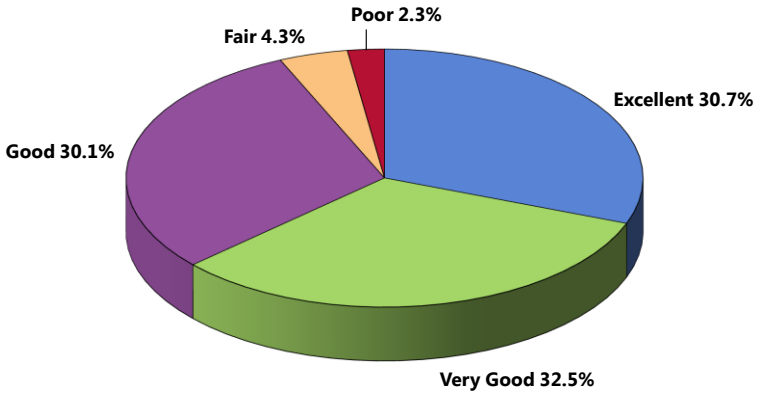
Children's Healthcare Services

Among Quad Cities Area residents, 63.2% gave "excellent" or "very good" ratings regarding the ease with which they are able to obtain children's healthcare services (many respondents did not answer, as they have not needed these types of services).

- Another 30.1% of area parents gave "good" ratings.

Ease of Obtaining Children's Local Healthcare

(Quad Cities Area Parents of Children <18, 2012)

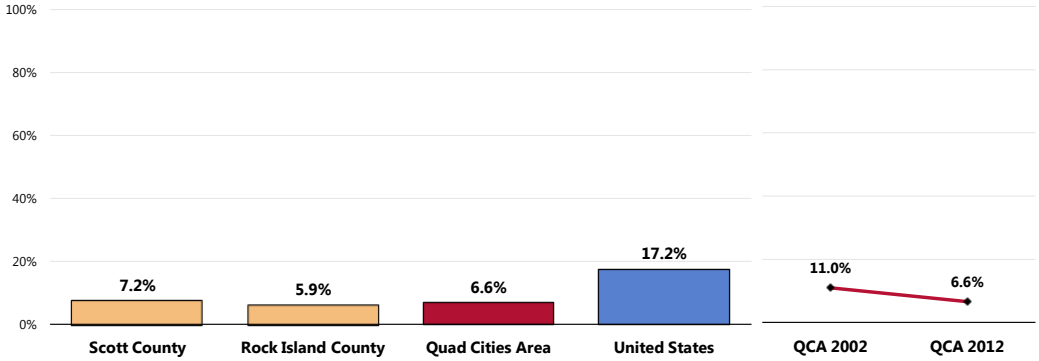


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
Notes: • Asked of all respondents. Note that many did not answer as they have not needed these services.

On the other hand, 6.6% of Quad Cities Area adults consider the ease with which they can obtain children's healthcare services to be "fair" or "poor."

- More favorable than national findings.
- Statistically similar by county.
- Denotes a statistically significant improvement since 2002.

Ease of Obtaining Children's Local Healthcare is "Fair/Poor"



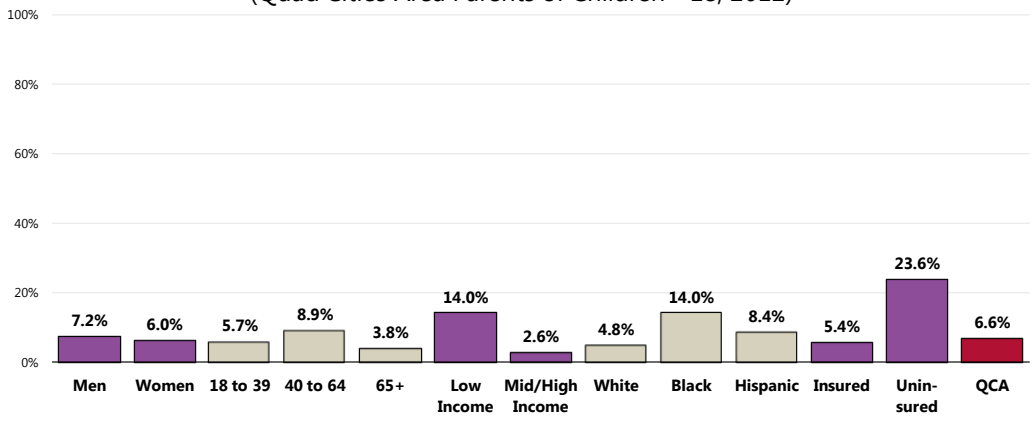
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]
• 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents. Note that many did not answer as they have not needed these services.

Note that the following demographic groups more often gave low ratings of the ease with which they can obtain children's healthcare services:

- Adults age 40 to 64.
- Lower-income residents.
- African Americans and Hispanics.
- Uninsured adults.

Ease of Obtaining Children's Local Healthcare is "Fair/Poor"

(Quad Cities Area Parents of Children <18, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
Notes: • Asked of all respondents. Note that many did not answer as they have not needed these services.
• 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Primary Care Services

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)

Specific Source of Ongoing Care

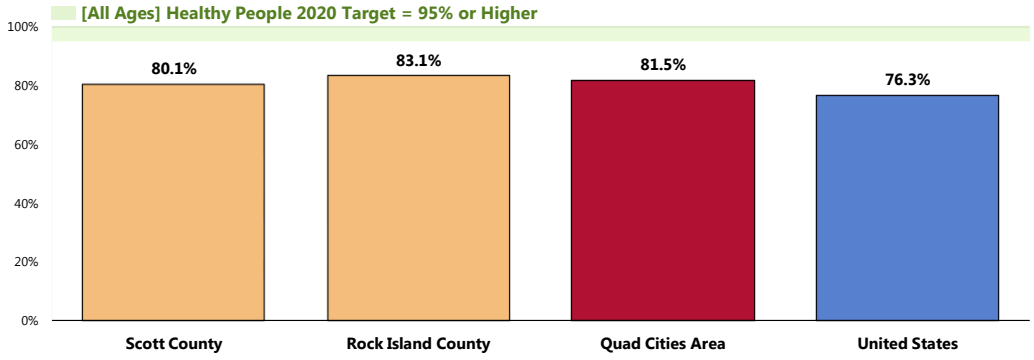
Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. A hospital emergency room is not considered a source of ongoing care in this instance.

Adults

A total of 81.5% of Quad Cities Area adults were determined to have a specific source of ongoing medical care.

- Higher than national findings.
- Fails to satisfy the Healthy People 2010 objective (95% or higher).
- Statistically similar by county.

Have a Specific Source of Ongoing Medical Care



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 212]
- 2011 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.

The following population segments are less likely to have a specific source of care:

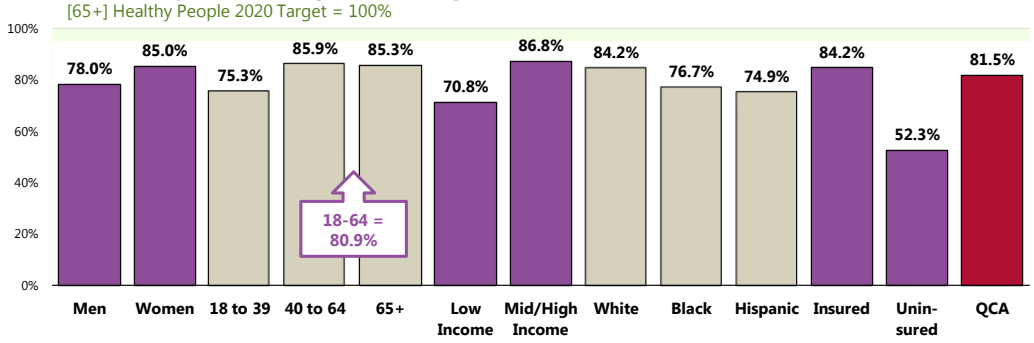
- Men.
- Adults under age 40.

- Lower-income adults.
- The uninsured population.
- Among adults age 18-64, 80.9% have a specific source for ongoing medical care, more favorable than national findings.
  - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 85.3% 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, 2012)

[All Ages] Healthy People 2020 Target = 95.0% or Higher
[18-64] Healthy People 2020 Target = 89.4% or Higher
[65+] Healthy People 2020 Target = 100%

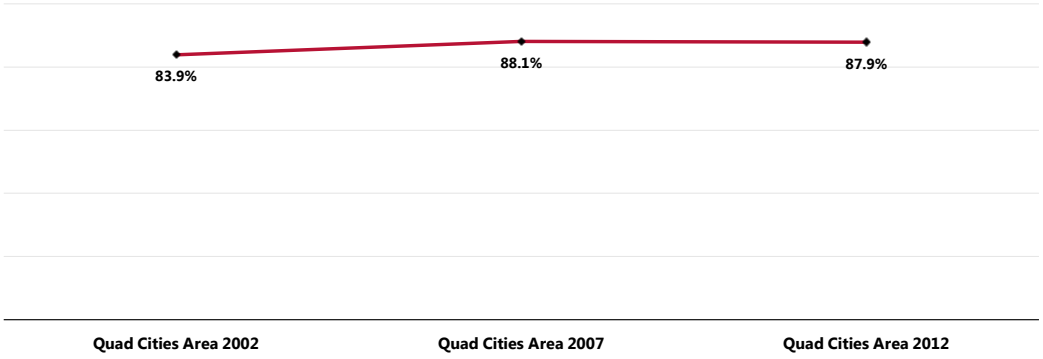


Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 212-214]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.1, 5.3, 5.4]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

- Note the statistically significant *increase* in the proportion of adults who report having a particular place for medical care since 2002 (note that this "particular place" indicator is less specific than the "specific source" indicator referenced above).

Have a Particular Place for Medical Care

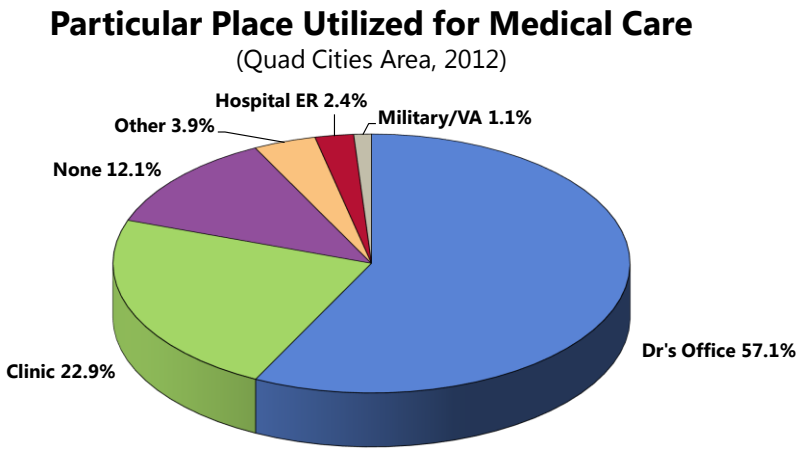


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 51]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (57.1%) identified a particular doctor's office.

- A total of 22.9% say they usually go to some type of clinic, while 2.4% rely on a hospital emergency room.

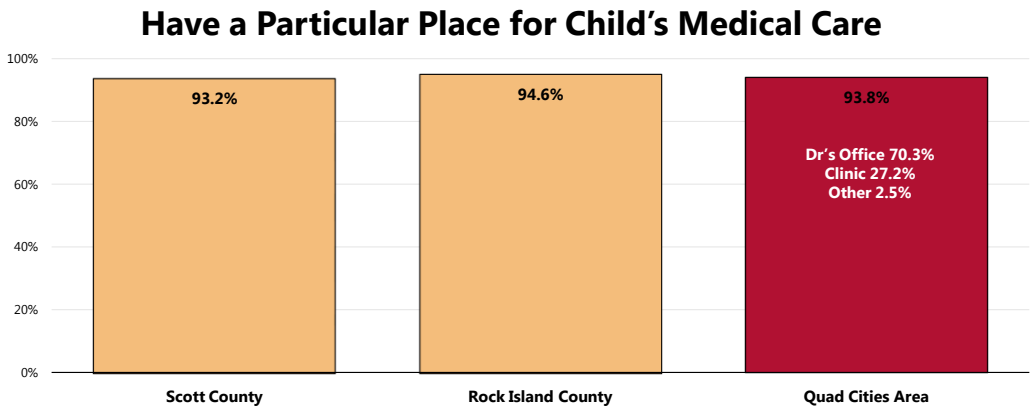


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 51-52]
Notes: • Asked of all respondents.

Children

Among Quad Cities Area parents of children under 18, 93.8% report having a particular place for their child's medical care (predominantly a physician's office or a clinic).

- No significant difference by county.



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 141-142]
Notes: • Asked of all respondents with children under 18 at home.

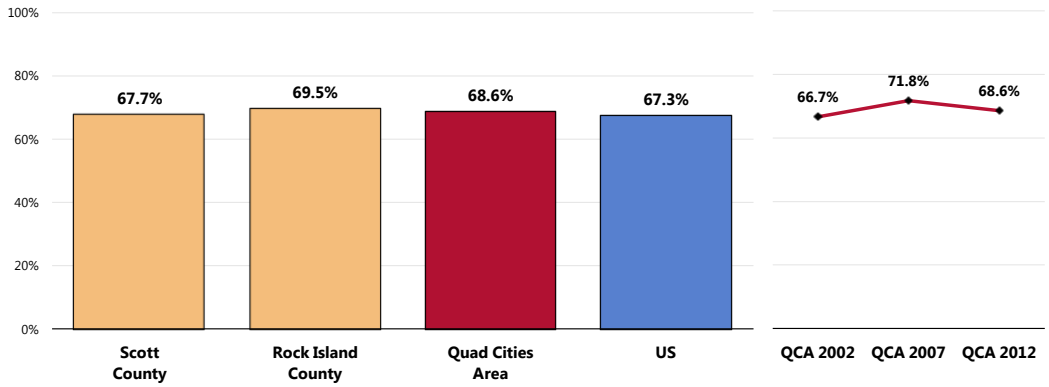
Utilization of Primary Care Services

Adults

More than two-thirds (68.6%) of adults visited a physician for a routine checkup in the past year.

- Comparable to national findings.
- Comparable by county.
- Statistically similar to previous findings.

Have Visited a Physician for a Checkup in the Past Year

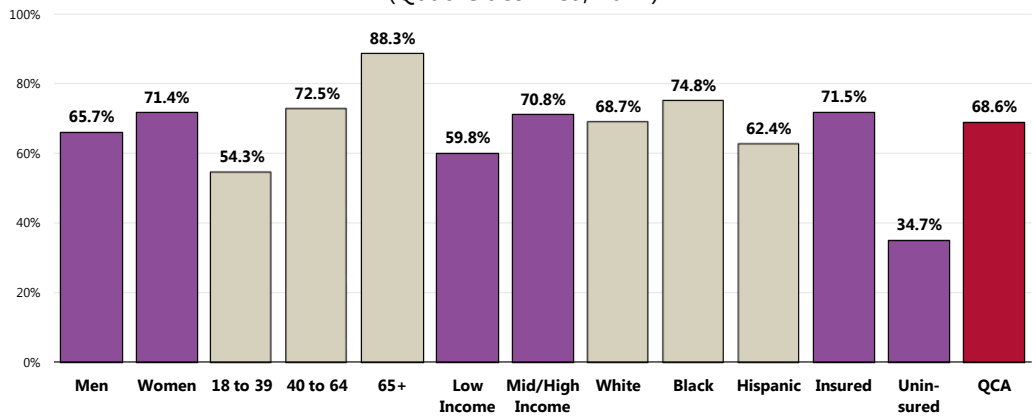


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 53]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Adults under age 40 are less likely to have received routine care in the past year (note the positive correlation with age), as are lower-income residents and uninsured adults.

Have Visited a Physician for a Checkup in the Past Year

(Quad Cities Area, 2012)



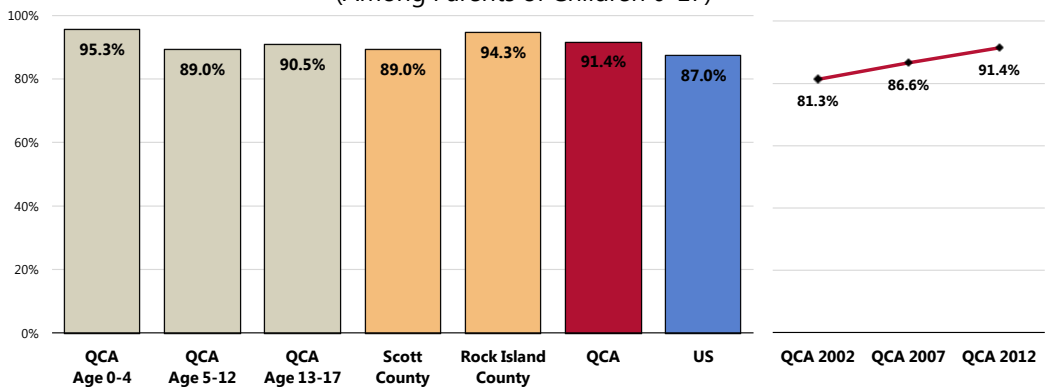
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 53]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among surveyed parents, 91.4% report that their child has had a routine checkup in the past year.

- Similar to national findings.
- Statistically similar by county.
- Note that routine checkups are highest in the Quad Cities Area among children under age 5.
- Marks a statistically significant increase since 2002.

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 143]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

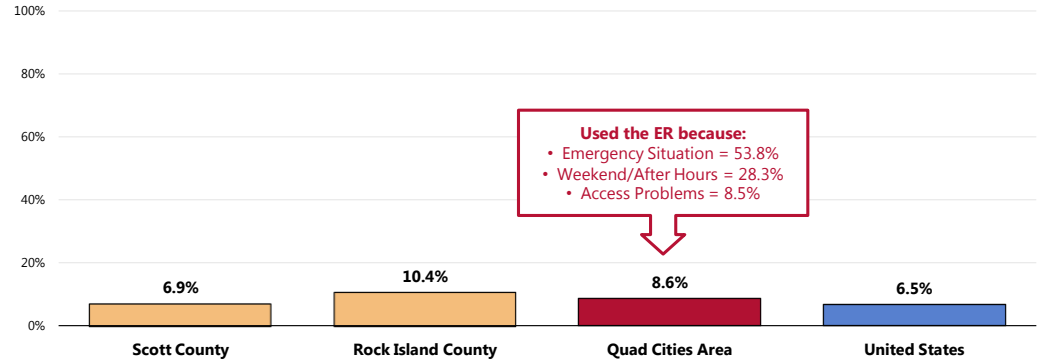
Notes:
- Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 8.6% of Quad Cities Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Comparable to national findings.
- Statistically comparable by county.

Have Used a Hospital Emergency Room More Than Once in the Past Year



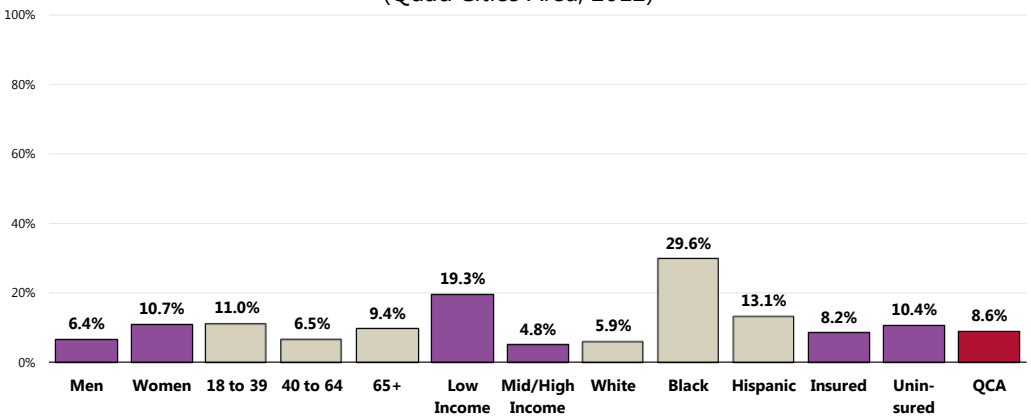
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 57-58]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Of those using a hospital ER, 53.8% say this was due to an **emergency or life-threatening situation**, while 28.3% indicated that the visit was during **after-hours or on the weekend**. A total of 8.5% cited **difficulties accessing primary care** for various reasons.

- Multiple ER use is more prevalent among women, lower-income residents and Non-Whites.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(Quad Cities Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 57]
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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

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.

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
- Poor dietary choices

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
- 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.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

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 for Dental Care

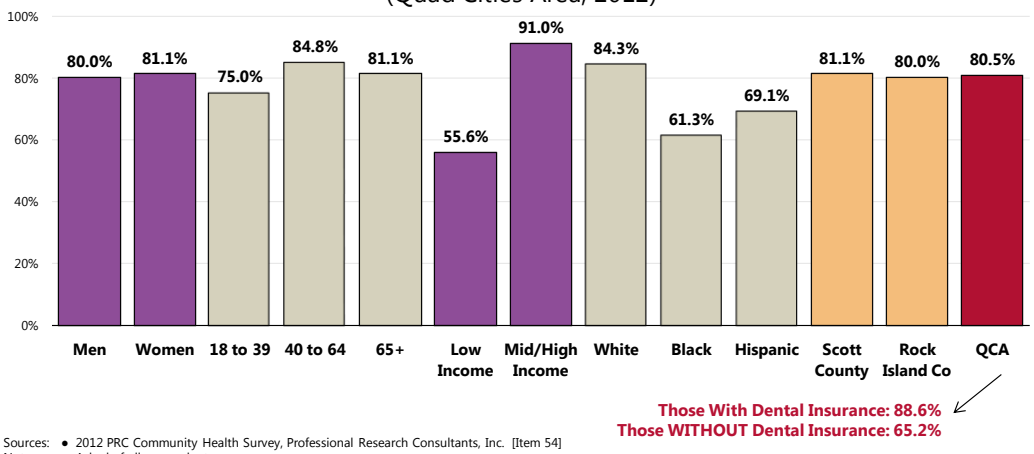
Adults

A total of 80.5% of Quad Cities Area adults report having a particular place they use for their dental care.

- Similar prevalence by county.
- Adults less likely to have a particular place for dental care include those under 40, and especially residents with lower incomes, African Americans, Hispanics and those without dental insurance.

Have a Particular Place for Dental Care

(Quad Cities Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]
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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

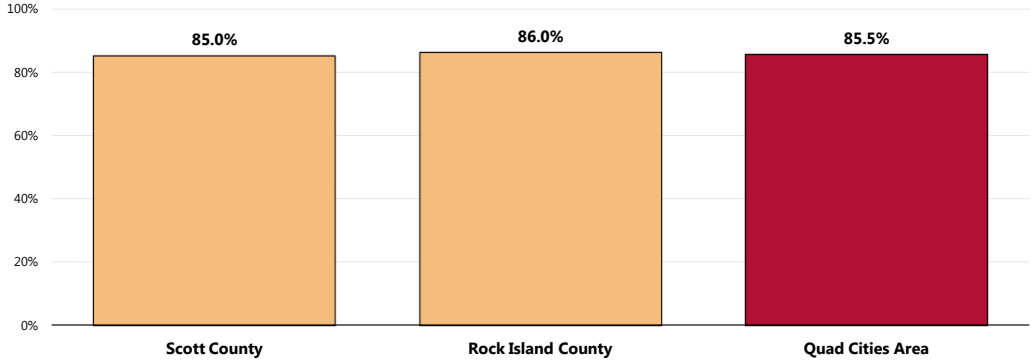
Children

Among parents of children under age 18, 85.5% report having a particular place for their child's dental care.

- No significant difference by county.

Have a Particular Place for Child's Dental Care

(Among Quad Cities Area Parents of Children <18; 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 144]
Notes: • Asked of all respondents with children under 18 at home.

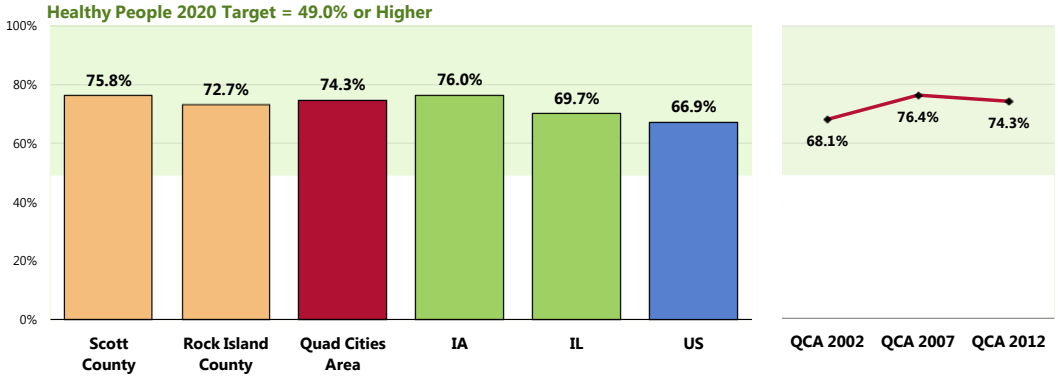
Dental Care

Adults

Nearly three in four Quad Cities Area adults (74.3%) have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to Iowa findings and more favorable than Illinois findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Statistically similar by county.
- Marks a statistically significant increase in dental care over time (vs. 2002 findings).

Have Visited a Dentist or Dental Clinic Within the Past Year



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 55]
- 2011 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): 2010 IA and IL data.

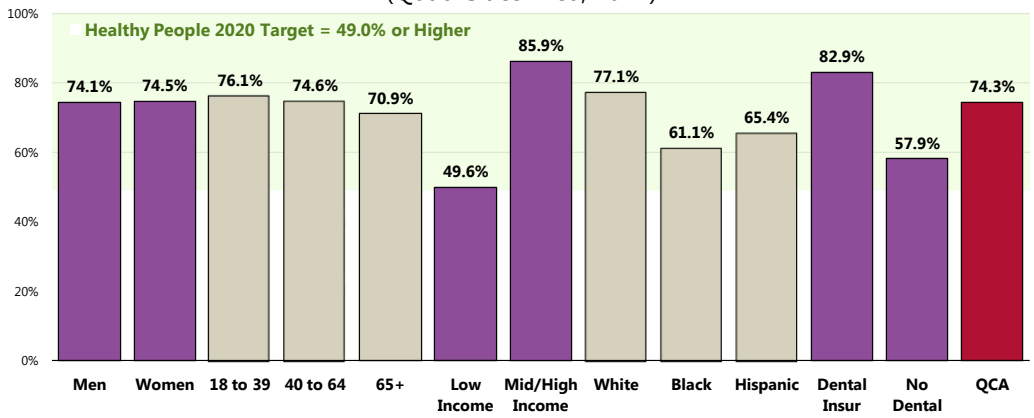
Notes:
- Asked of all respondents.

Note the following:

- Persons living in the higher income category report much higher utilization of oral health services.
- Whites are much more likely than African Americans or Hispanics to report recent dental care.
- 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, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 55]
- 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

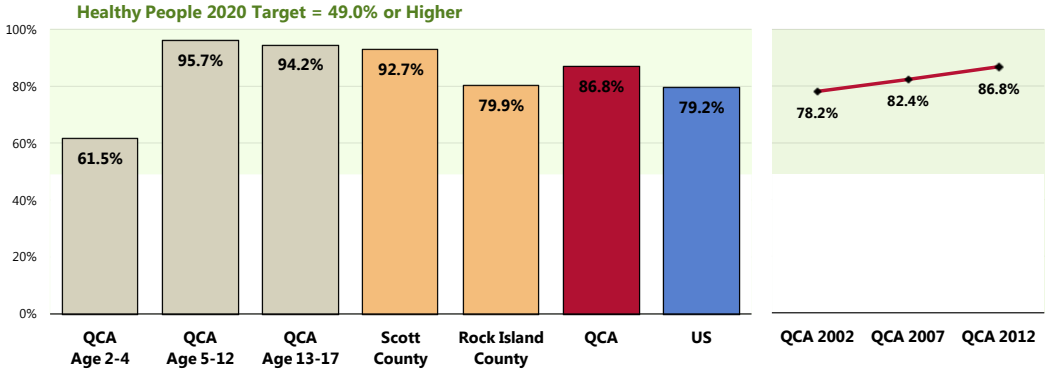
Children

A total of 86.8% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- More favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Much higher among children in Scott County.
- As may be expected, regular dental care is notably higher among children age 5 and older.
- 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 2-17)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 145]
- 2011 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]

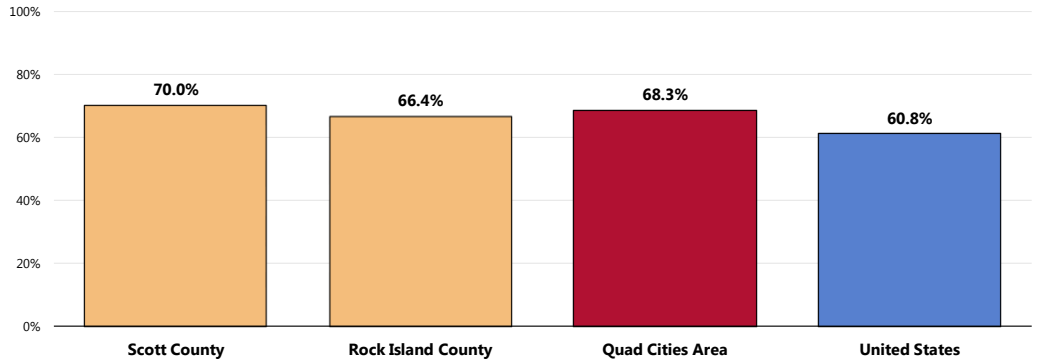
Notes:
- Asked of all respondents with children age 2 through 17.

Dental Insurance

More than two in three Quad Cities Area adults (68.3%) have dental insurance that covers all or part of their dental care costs.

- Higher than the national finding.
- Statistically similar by county.

Have Insurance Coverage That Pays All or Part of Dental Care Costs



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 56]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

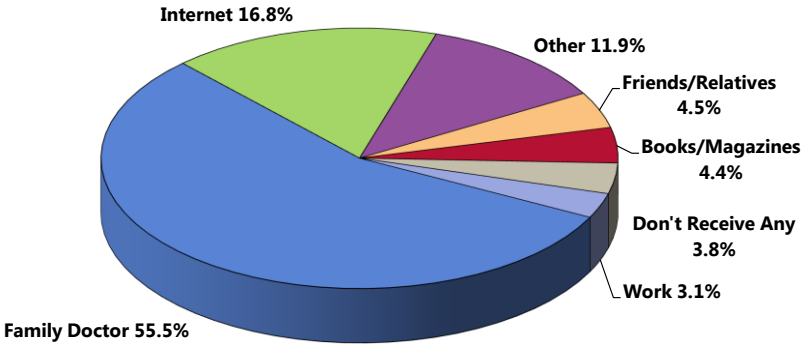
HEALTH: EDUCATION & OUTREACH

Healthcare Information Sources

Family physicians and the Internet are residents' primary sources of healthcare information.

- 55.5% of Quad Cities Area adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 16.8%.
  - Other sources mentioned include friends and relatives (4.5%), books and magazines (4.4%) and work (3.1%).
- A total of 3.8% of survey respondents say that they do not receive any healthcare information.

Primary Source of Healthcare Information
(Quad Cities Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
Notes: • Asked of all respondents.

Familiarity With QCHI

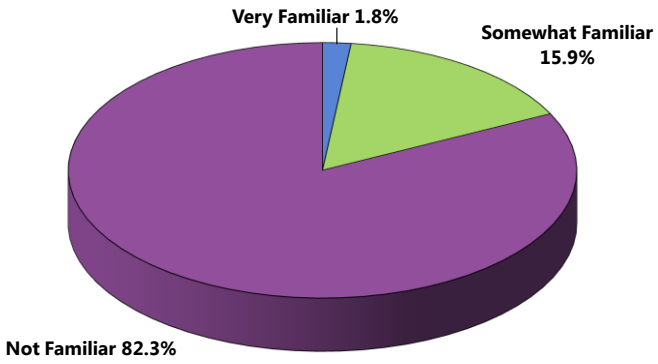
Quad City Health Initiative (QCHI) is a community partnership working to create a healthy community. The Initiative seeks to be the community's recognized leader for creating collaborative action on health and abides by the core values of commitment, collaboration and creativity.

When asked about their level of familiarity with Quad City Health Initiative, just 1.8% of survey respondents are reportedly "very familiar."

- Another 15.9% are "somewhat familiar" with the initiative.

Familiarity With the Quad City Health Initiative

(Quad Cities Area, 2012)

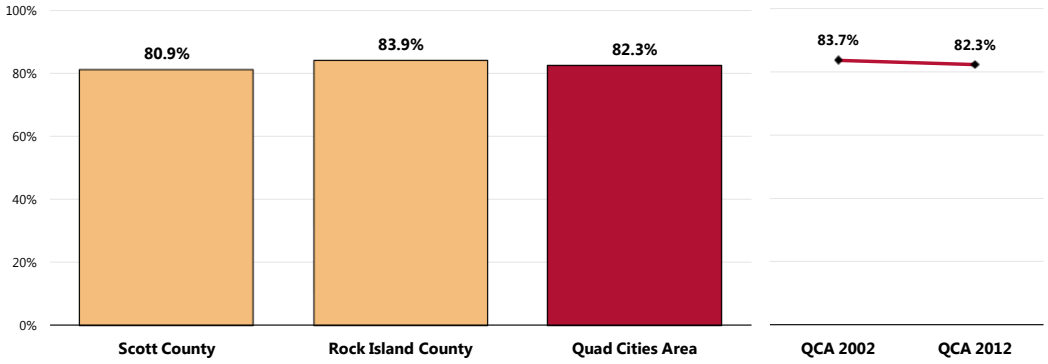


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 132]
Notes: • Asked of all respondents.

On the other hand, most (82.3%) Quad Cities Area adults are "not familiar" with Quad City Health Initiative.

- No statistical difference by county.
- Statistically unchanged since the 2002 survey was conducted.

Not Familiar With the Quad City Health Initiative

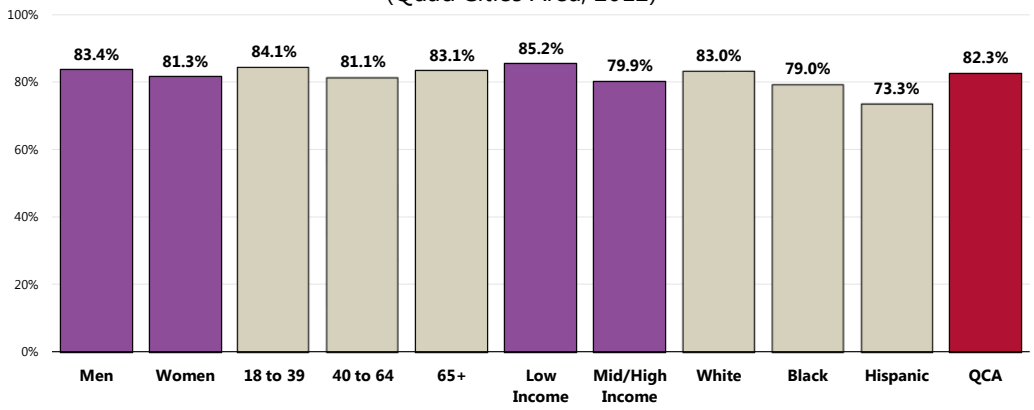


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 132]
Notes: • Asked of all respondents.

Lower-income adults are most likely to be unfamiliar with the QCHI.

Not Familiar With the Quad City Health Initiative

(Quad Cities Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 132]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

HEALTH: PERCEPTIONS OF HEALTH & HEALTHCARE

Community Health Concerns

"What do you feel is the number-one health concern in your community today?"

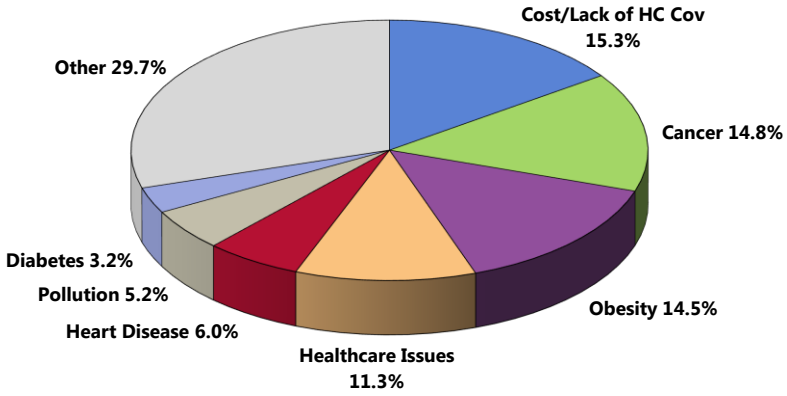
This question was asked in an "open-ended" format, meaning that respondents were free to answer with whatever came to mind (unprompted). Their responses were then categorized and grouped according to emerging themes.

When asked to name what they consider to be the biggest health concern in the community, the largest share of responses (15.3%) was for cost of healthcare, followed by cancer (mentioned by 14.8%) and obesity (14.5%).

- A total of 11.3% mentioned "healthcare issues," reflected in comments such as *"access to care," "quality of care," "healthcare reform," "quality of doctors,"* and *"lack of services."*
- Other health concerns include heart disease (6.0%), pollution (5.2%) and diabetes (3.2%).

Number-One Health Concern in the Community

(Quad Cities Area, 2012)

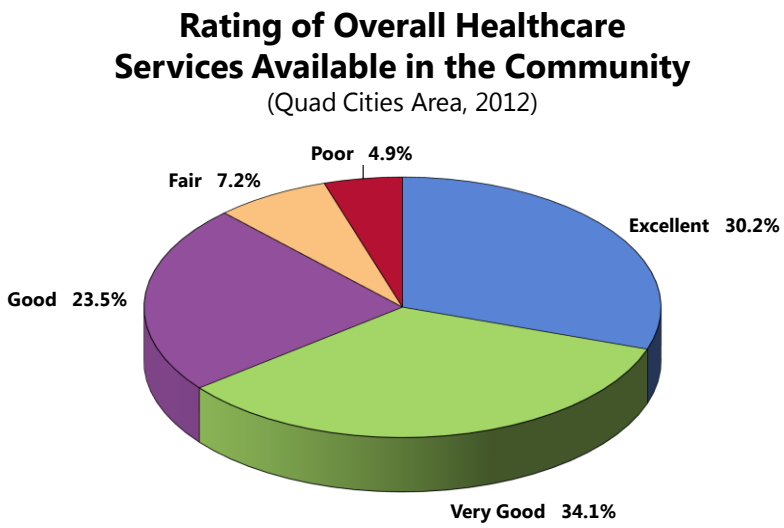


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 10]
Notes: • Asked of all respondents.
• Percentages do not include those respondents who were uncertain or could not provide an answer.

Ratings of Local Healthcare Services

Nearly two in three Quad Cities Area adults (64.3%) rate the overall healthcare services available in their community as "excellent" or "very good."

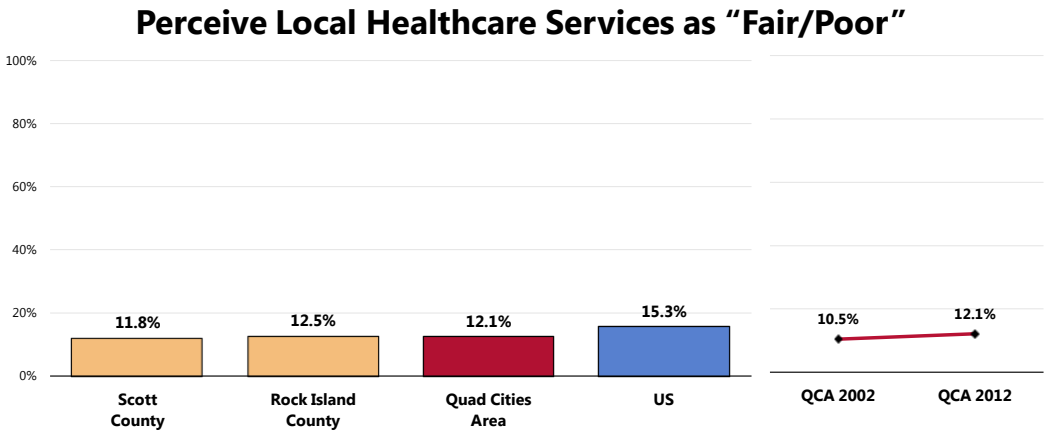
- Another 23.5% gave "good" ratings.



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 34]
Notes: • Asked of all respondents.

However, 12.1% of residents characterize local healthcare services as "fair" or "poor."

- More favorable than reported nationally.
- No significant difference by county.
- Statistically unchanged over time.



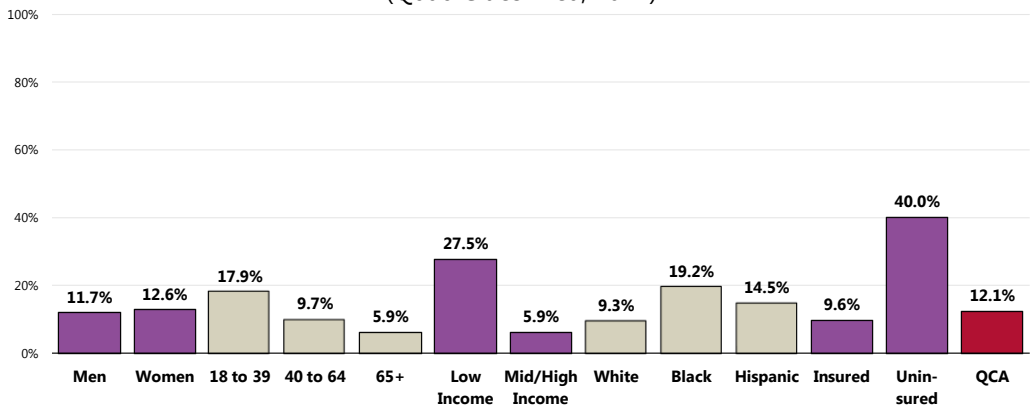
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 34]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following residents are more critical of local healthcare services:

- Young adults.
- Residents with lower incomes.
- African Americans.
- Uninsured adults.

Perceive Local Healthcare Services as "Fair/Poor"

(Quad Cities Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 34]
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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

QUALITY OF LIFE: COMMUNITY & BELONGING

Community as a Place to Live

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

"Overall, how would you describe your community as a place to live? Would you say it is: excellent, very good, good, fair or poor?"

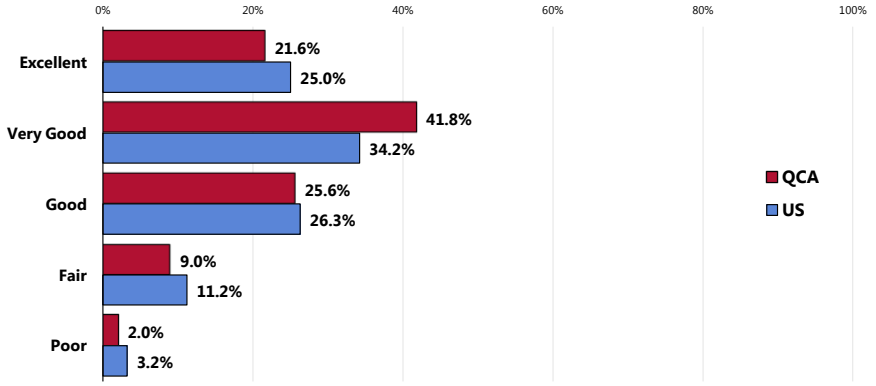
Ratings of the Community as a Place to Live

A total of 63.4% of Quad Cities Area adults rate their community as an "excellent" or "very good" place in which to live.

- Another 25.6% gave "good" ratings of their community as a place to live.

Rating of the Community as a Place to Live

(Quad Cities Area, 2012)

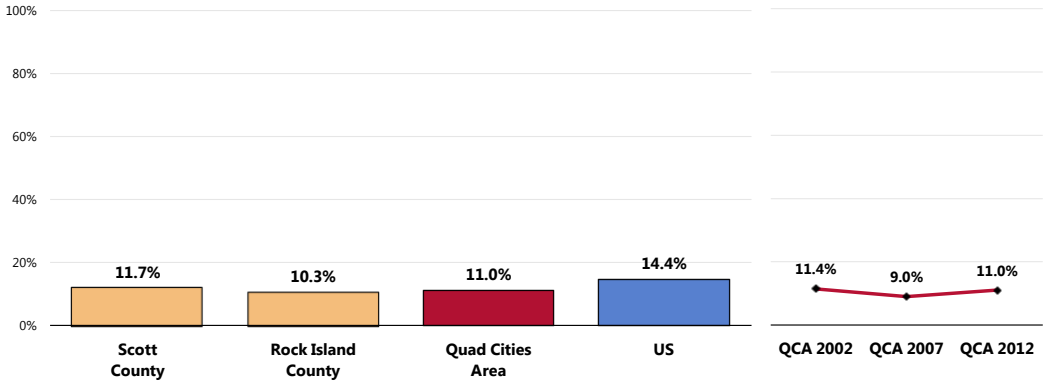


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 7]
• 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of the total sample.

However, 11.0% of Quad Cities Area adults believe that their community is a "fair" or "poor" place in which to live.

- Better than the national percentage.
- No significant difference when viewed by county.
- No statistically significant change has occurred since 2002.

Community is a "Fair" or "Poor" Place to Live



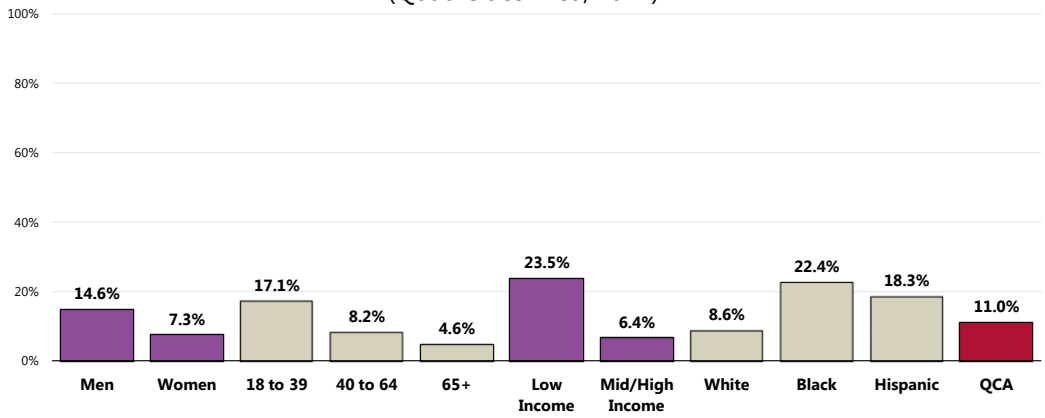
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 7]
• 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Adults more likely to give low ratings of community life include:

- Men.
- Young adults (those under 40).
- Residents living at lower incomes.
- African Americans and Hispanics.

Community is a "Fair" or "Poor" Place to Live

(Quad Cities Area, 2012)



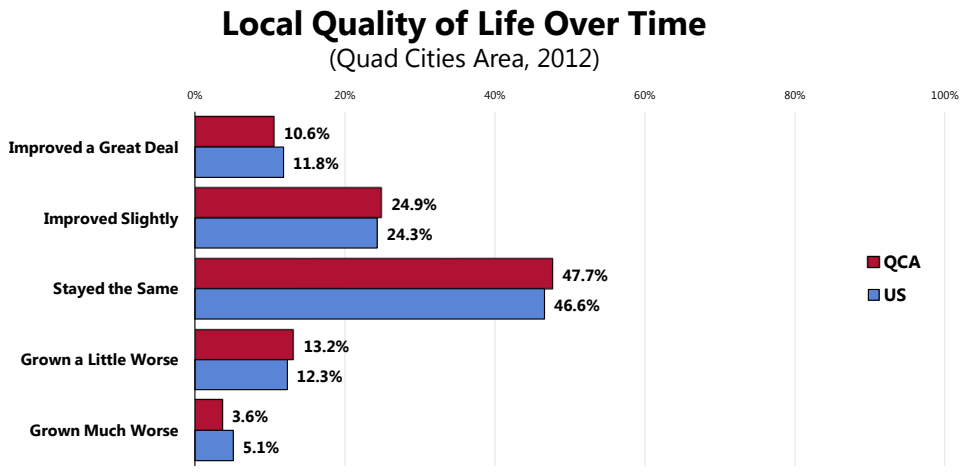
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 7]

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. "Low Income" includes households with incomes up to 200% 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 a plurality of survey respondents feel that quality of life has "stayed the same" during their time living in the community, 35.5% feel that it has improved (including "improved a great deal" and "improved slightly" responses).

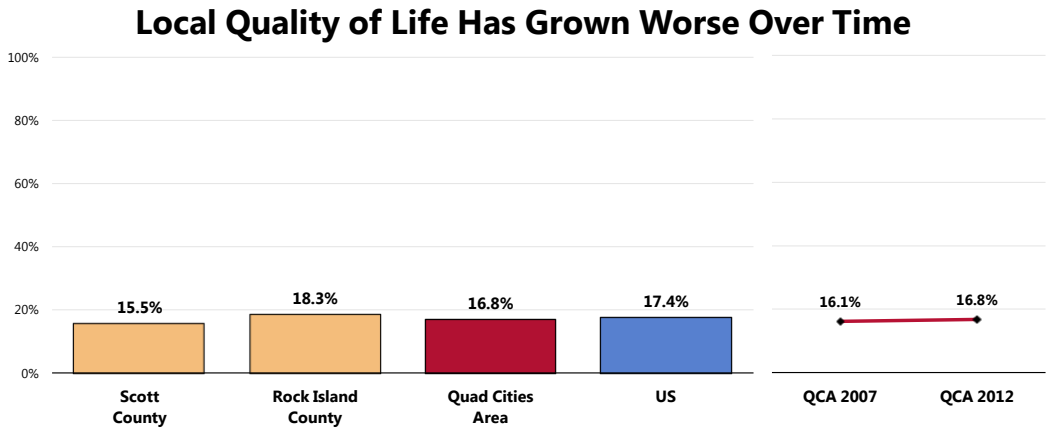
- Comparable to the US prevalence.



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 8]
• 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of the total sample.

However, 16.8% of Quad Cities Area adults believe that the quality of life in their community has declined over time.

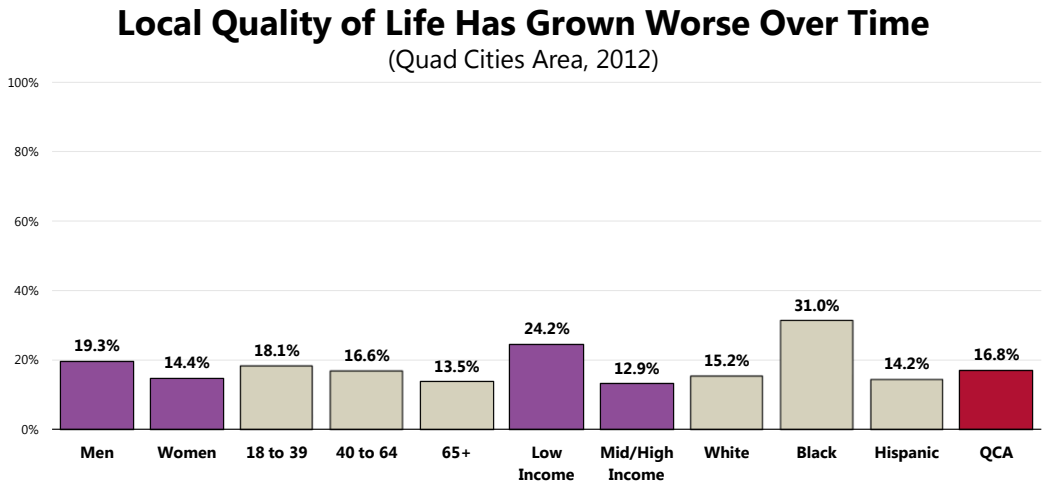
- Similar to the national percentage.
- Similar by county.
- Statistically unchanged over time.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 8]
• 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.
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:

- Men.
- Residents with lower incomes.
- African Americans.

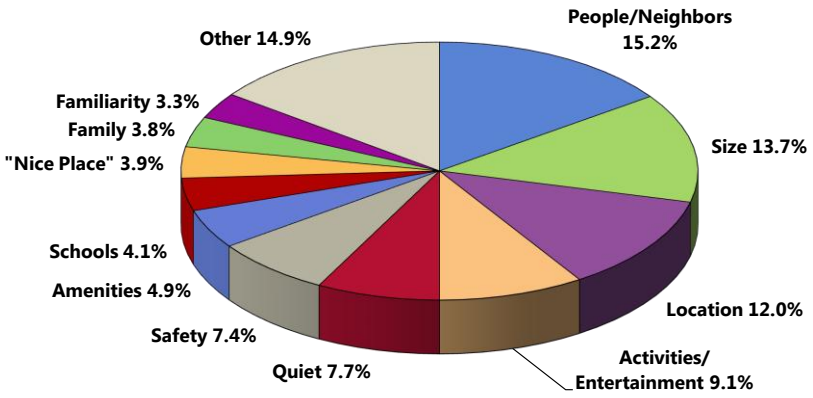


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 8]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• Percentages include "grown a little worse" and "grown much worse" responses combined.

Perceived "Best" Community Traits

When asked to identify what they like best about living in the community, the largest share of responses (15.2%) referred to people or neighbors, followed by the size of the community (mentioned by 13.7%) as well as its location (12.0%).

- Other traits included references to activities or entertainment (9.1%), quiet atmosphere (7.7%) and safety (7.4%).



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 9]
Notes: • Asked of all respondents.
• Percentages do not include those respondents who were uncertain or could not provide an answer.

Community as a Place to Raise a Family

Family Concerns

"What do you feel is the number-one problem facing your family today?"

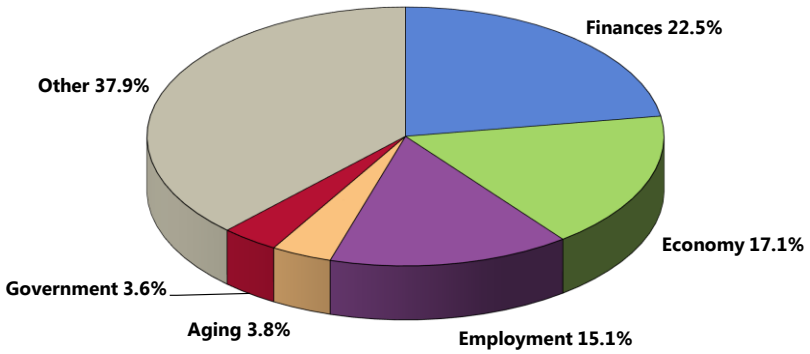
This question was asked in an "open-ended" format, meaning that respondents were free to answer with whatever came to mind (unprompted). Their responses were then categorized and grouped according to emerging themes.

When asked to report on the number-one problem facing their families today, a majority of responses related to economic concerns:

- 22.5% of survey respondents mentioned **finances**, and 17.1% mentioned the **economy**, followed closely by references to **employment** (15.1%).
- Other issues considered to be the primary problem facing families today included aging (3.8%) and government (3.6%).

Number-One Problem Facing Quad Cities' Families Today

(Quad Cities Area, 2012)

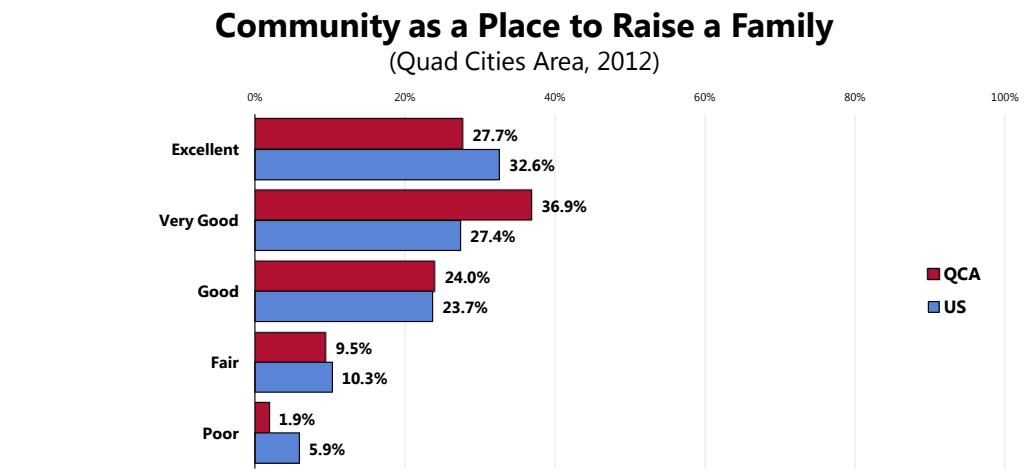


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 12]
Notes: • Asked of all respondents.
• Percentages do not include those respondents who were uncertain or could not provide an answer.

Ratings 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, 64.6% of survey respondents gave "excellent" or "very good" ratings.

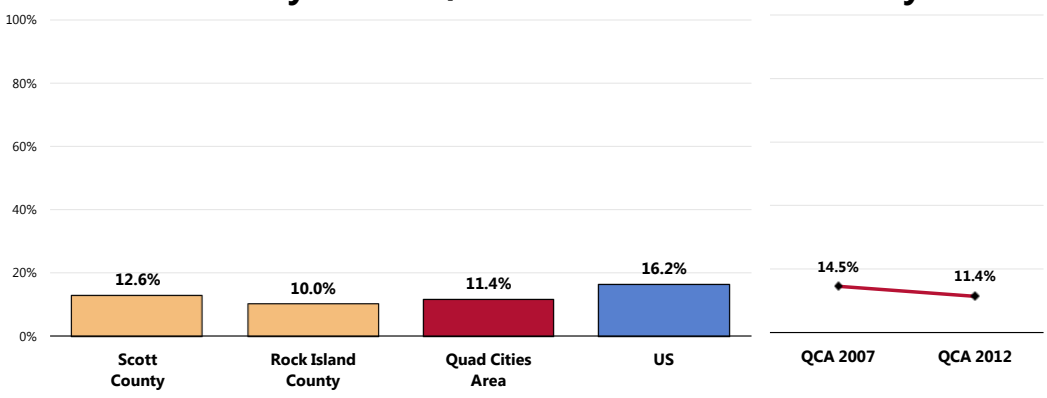
- Compares to 60.0% reported nationally in the PRC National Quality of Life survey.
- Another 24.0% gave "good" ratings of their community as a place to raise a family.



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 11]
• 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

However, 11.4% of Quad Cities Area adults believe that their community is a "fair" or "poor" place in which to raise a family.

- Better than the national percentage.
- No statistical difference between Scott and Rock Island counties.
- Statistically unchanged over time.



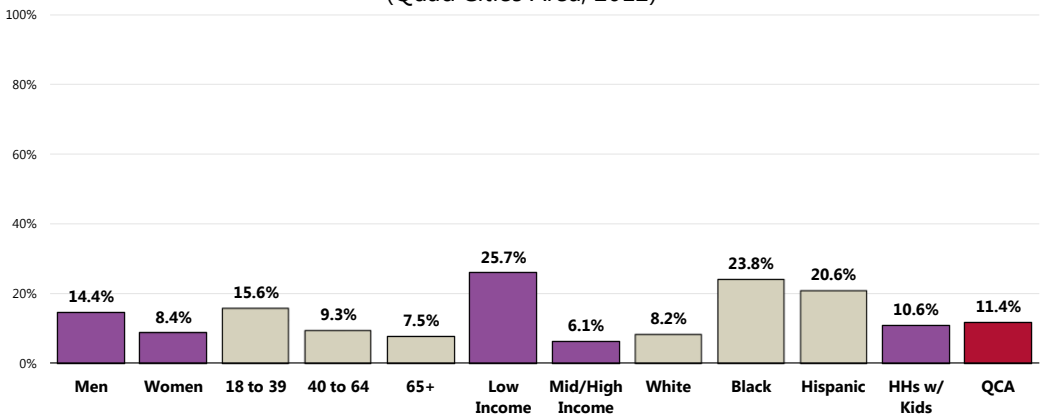
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 11]
• 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Adults more likely to give low ratings of the community as a place to raise a family include:

- Men.
- Young adults.
- Those living at lower incomes.
- African Americans and Hispanics.

Community is a "Fair/Poor" Place to Raise a Family

(Quad Cities Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 11]
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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

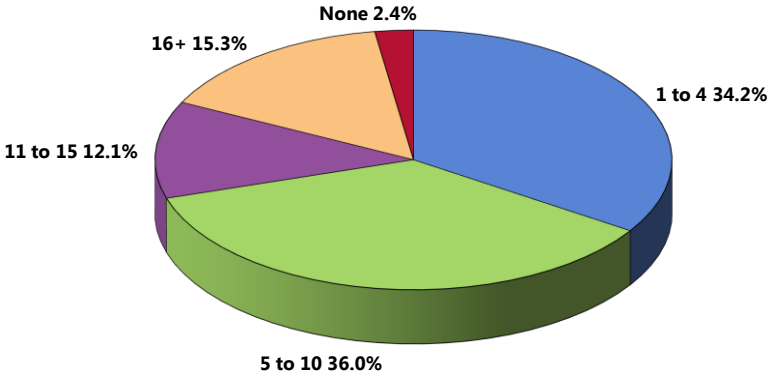
Neighborhood Connections

When asked to identify the number of neighbors whom they know by name, 34.2% of survey respondents reported knowing between one and four of their neighbors.

- Another 36.0% know between five and 10 neighbors by name.

Number of Neighbors Known by First Name

(Quad Cities Area, 2012)

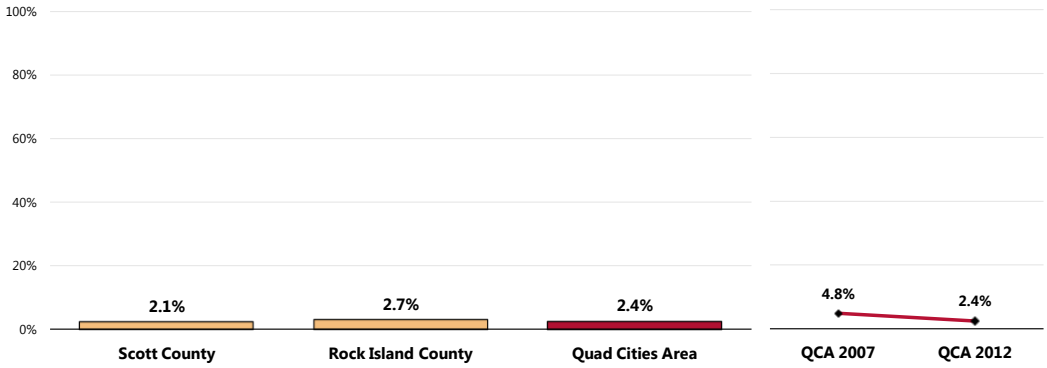


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
Notes: • Asked of all respondents.

On the other hand, 2.4% of Quad Cities Area residents cannot name any of their neighbors.

- Similar by county.
- Marks a statistically significant decrease over time.

Do Not Know Any Neighbors By Name



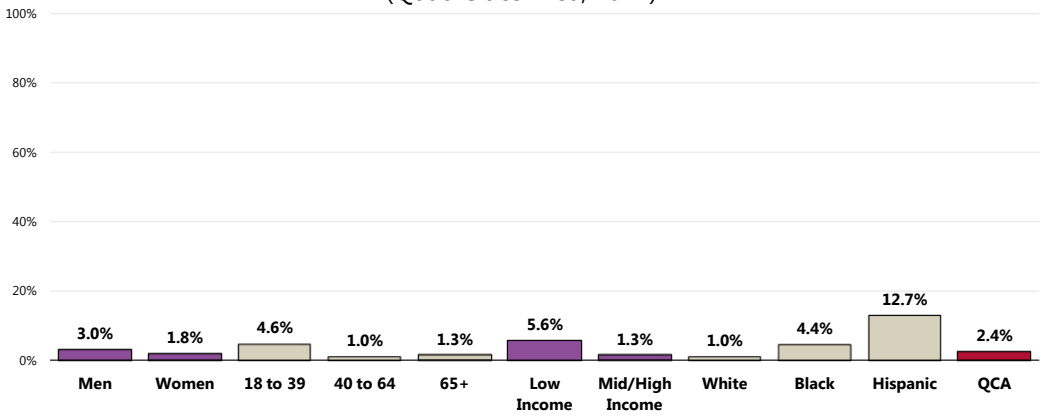
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 13]
Notes: • Asked of all respondents.

The following residents are less likely to know any neighbors by name:

- Residents with lower incomes.
- Hispanics.

Do Not Know Any Neighbors by First Name

(Quad Cities Area, 2012)



Sources:
- 2012 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

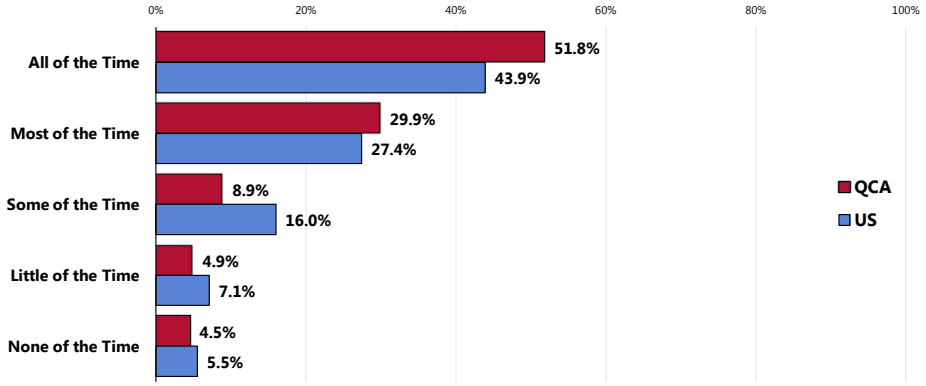
Social Support Network

Over the past year, most survey respondents (81.7%) had at least one person to turn to "all" or "most of the time" if they needed or wanted help.

- Higher than found nationally.
- Another 8.9% had someone to turn to "some of the time" in the past year.

Had Someone to Turn to for Help When Needed in the Past Year

(Quad Cities Area, 2012)



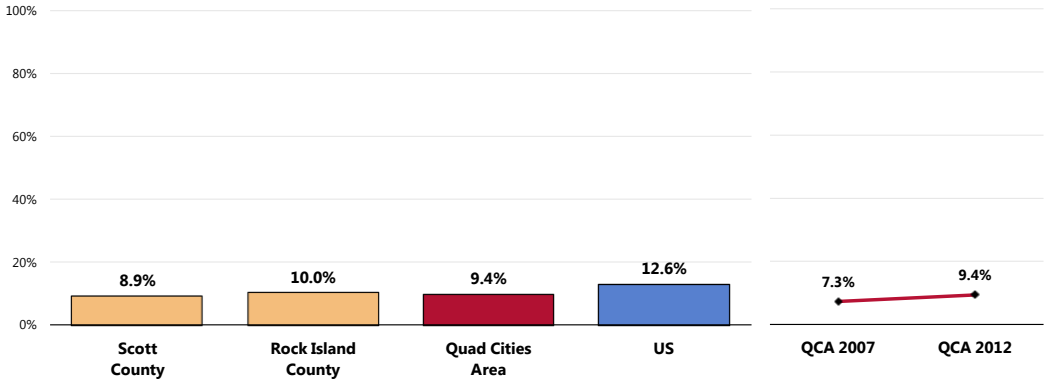
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
- 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.

Notes:
- Asked of the total sample.

On the other hand, 9.4% of Quad Cities Area adults had someone to turn to "little" or "none of the time" in the past year.

- More favorable than found nationally.
- No significant difference by county.
- Statistically unchanged over time.

Had Someone to Turn to "Little/None of the Time" in the Past Year



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 14]
- 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.

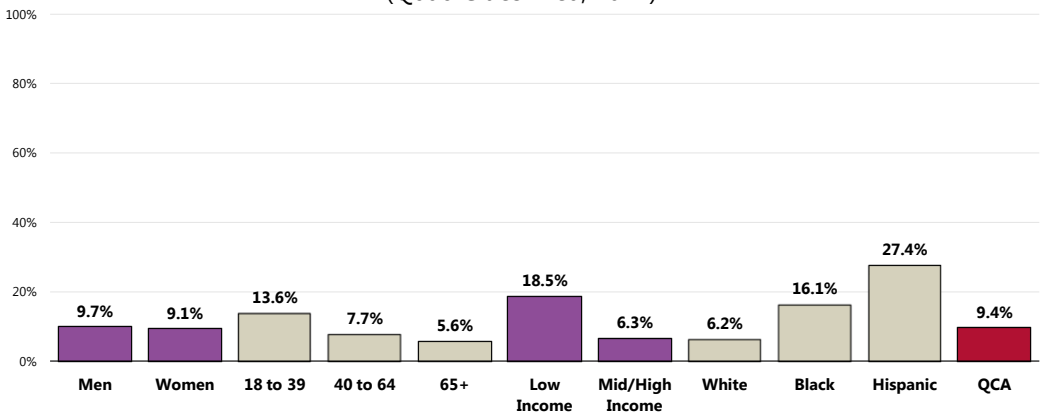
Notes:
- Asked of all respondents.

The following residents are more likely to give "little" or "none of the time" responses to this inquiry:

- Young adults (note the negative correlation with age).
- Residents with lower incomes.
- African Americans and Hispanics.

Had Someone to Turn to "Little/None" of the Time in the Past Year

(Quad Cities Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]

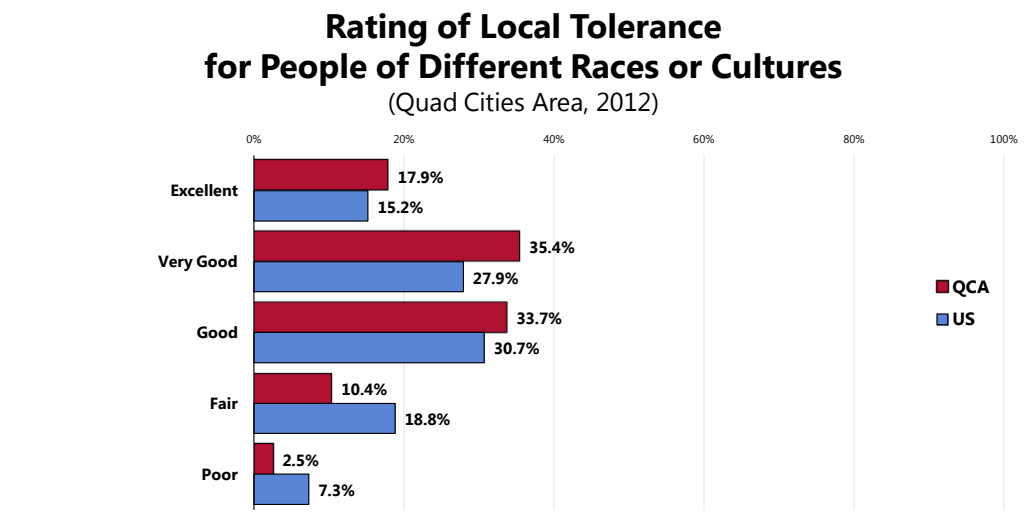
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household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

Tolerance

Races/Cultures

When asked to rate the community's tolerance for people of different races or cultural backgrounds, 53.3% of adults gave "excellent" or "very good" ratings.

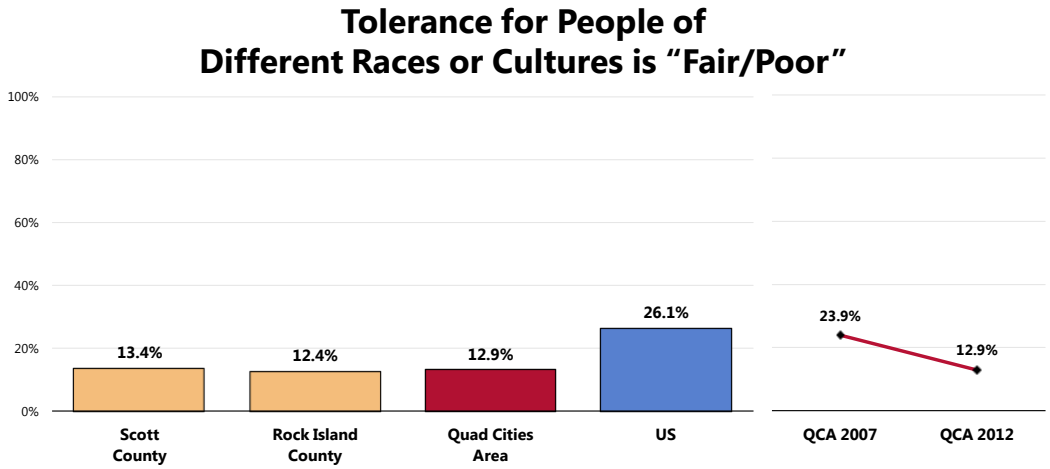
- Better than found nationally.
- Another one-third (33.7%) gave "good" ratings.



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 16]
• 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of the total sample.

On the other hand, 12.9% of Quad Cities Area adults gave "fair" or "poor" ratings.

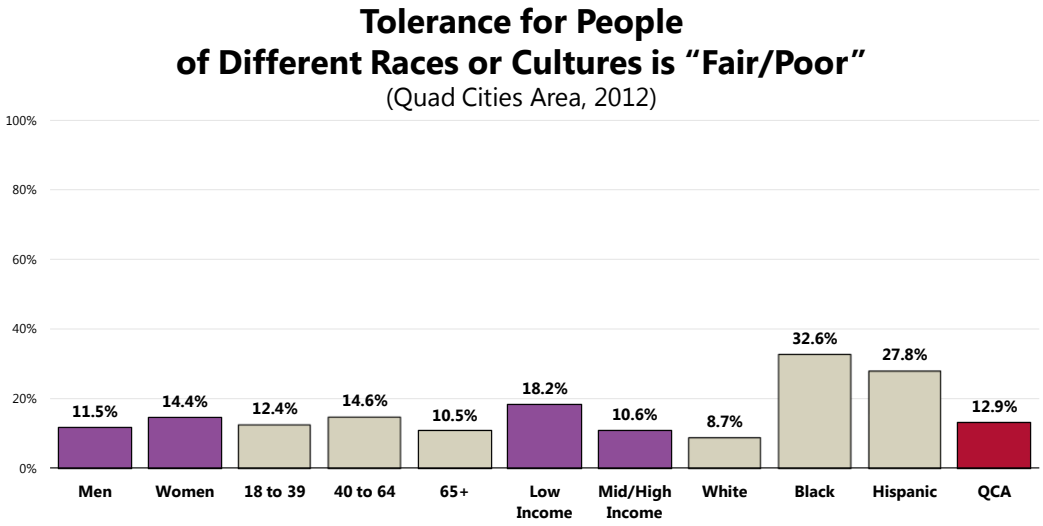
- Much lower than found nationally.
- Similar by county.
- Denotes a significant decrease (improvement) over time.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 16]
• 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following residents are more likely to give "fair" or "poor" ratings of the community's tolerance for people of different races or cultures:

- Residents with lower incomes.
- African Americans and Hispanics.



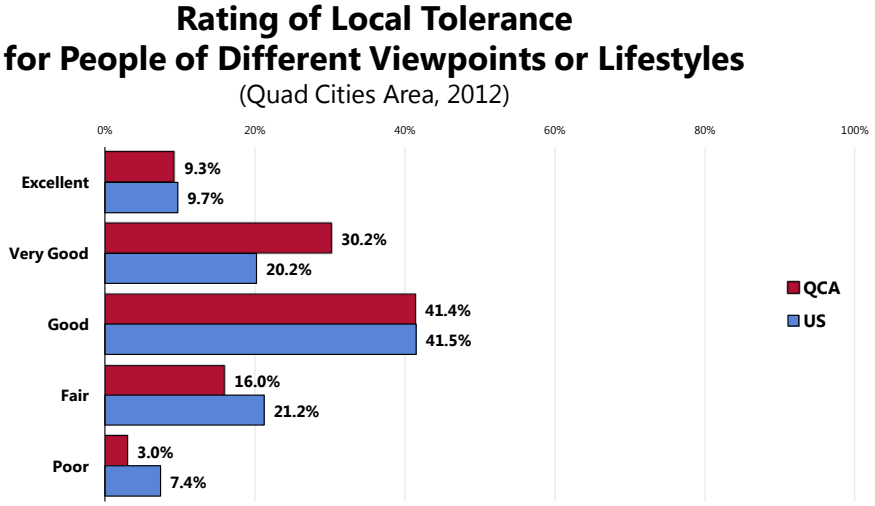
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 16]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Different Viewpoints or Lifestyles

With regard to the community's tolerance for people of different viewpoints or lifestyles, 39.5% of survey respondents gave "excellent" or "very good" ratings.

- More favorable than found nationally.
- Another 41.4% gave "good" ratings of the community's tolerance for people of different viewpoints or lifestyles.



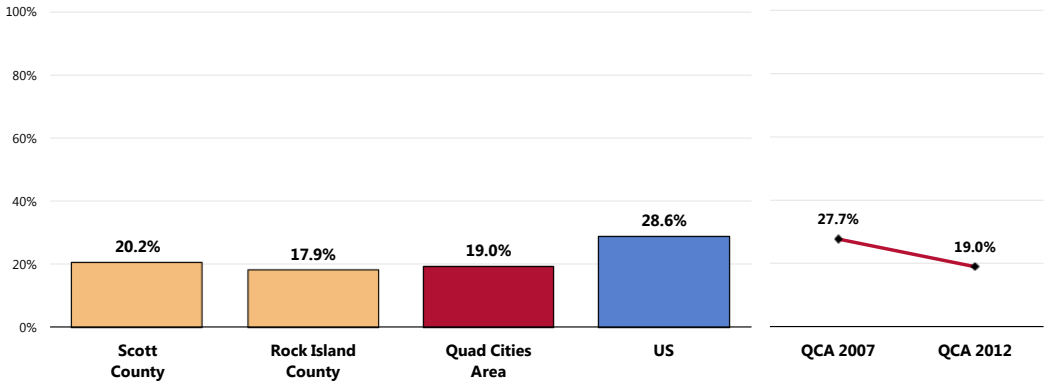
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
- 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.

Notes:
- Asked of the total sample.

A total of 19.0% of Quad Cities Area adults gave "fair" or "poor" ratings regarding viewpoint/lifestyle tolerance in the community.

- More favorable than found nationally.
- Statistically similar by county.
- Marks a significant improvement over time.

Tolerance for People of Different Viewpoints or Lifestyles is "Fair/Poor"



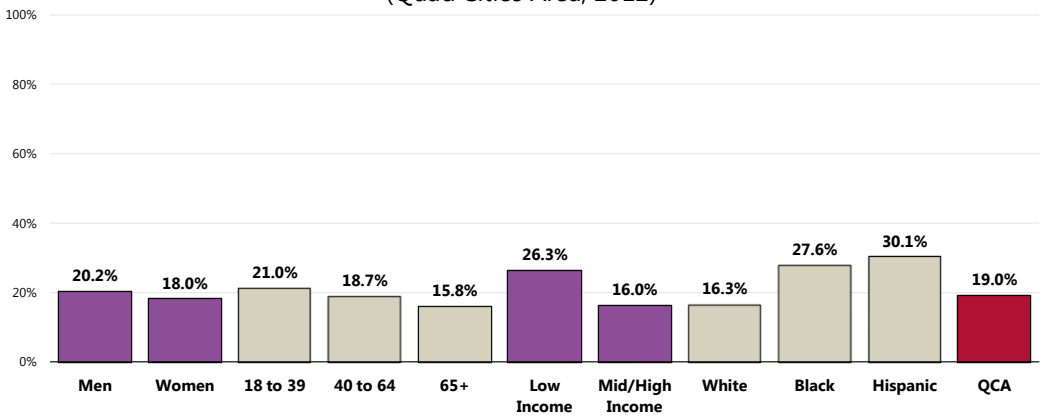
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 17]
• 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following residents are <u>more likely</u> to give "fair" or "poor" ratings of the community's tolerance for people with different viewpoints or lifestyles:

- Residents with lower incomes.
- African Americans and Hispanics.

Tolerance for People of Different Viewpoints or Lifestyles is "Fair/Poor"

(Quad Cities Area, 2012)



Sources: • 2012 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

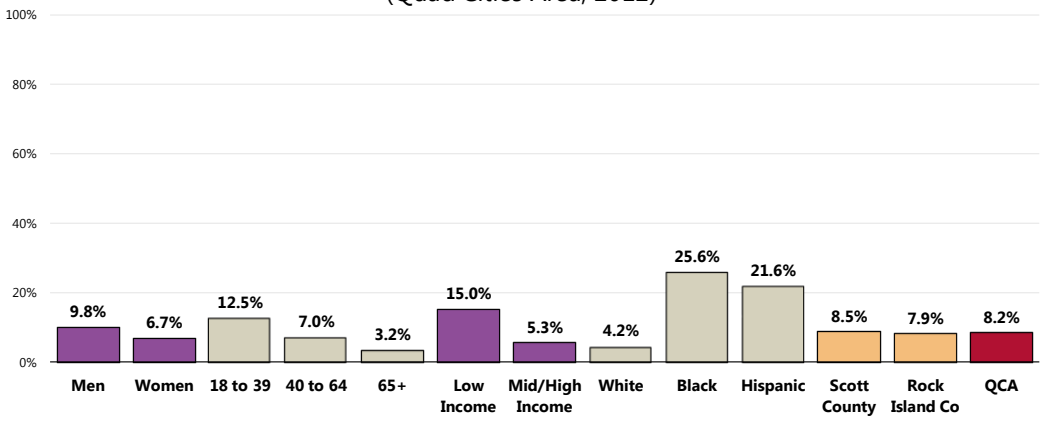
Discrimination

In the past month, 8.2% of survey respondents say that they personally have experienced discrimination due to their race or culture.

- No significant difference by county.
- Higher among men, young adults, and lower-income residents. This prevalence is over 21% among African Americans and Hispanics in the Quad Cities Area.

Have Experienced Discrimination Based on Personal Race or Culture in the Past Year

(Quad Cities Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Ease of Obtaining Social Services

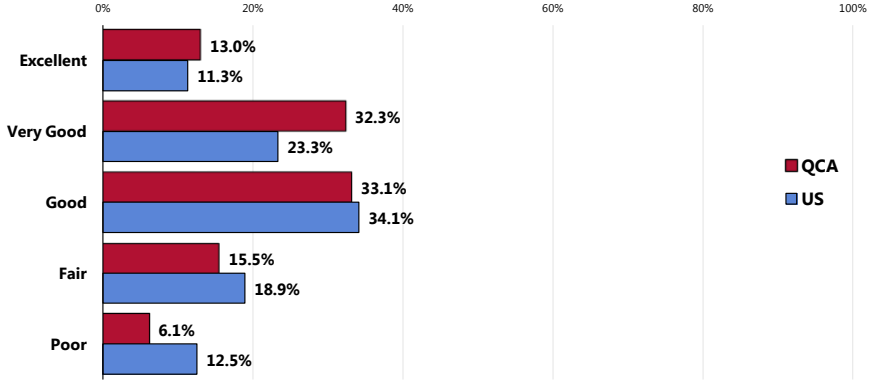
Respondents were told that "social services" are those services designed to help people experiencing difficulties obtaining adequate food, housing, employment, counseling, healthcare, transportation, etc.

When asked to rate the ease with which a person is able to obtain social services in the community, 45.3% of survey respondents in the Quad Cities Area gave "excellent" or "very good" ratings.

- Another 33.1% of area adults consider the ease with which a person can obtain social services in the community to be "good."

Rating of the Ease of Obtaining Local Social Services

(Quad Cities Area, 2012)

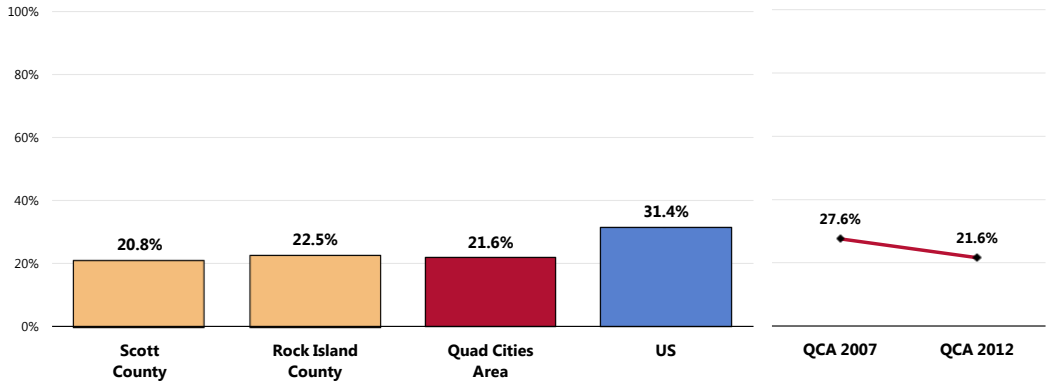


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 15]
• 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of the total sample.

On the other hand, 21.6% of survey respondents consider the ease of obtaining social services in the community to be "fair" or "poor."

- More favorable than national findings.
- Statistically similar by county.
- Denotes a significant improvement over time.

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



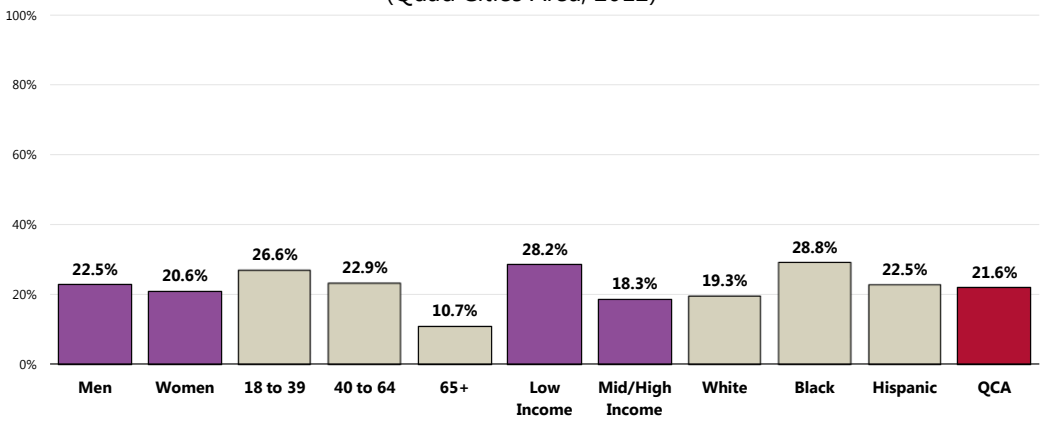
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 15]
• 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Note that the following demographic groups more often gave low ratings of the ease with which a person can obtain social services in the community:

- Adults under the age of 65.
- Lower-income residents.

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

(Quad Cities Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 15]

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. "Low Income" includes households with incomes up to 200% 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

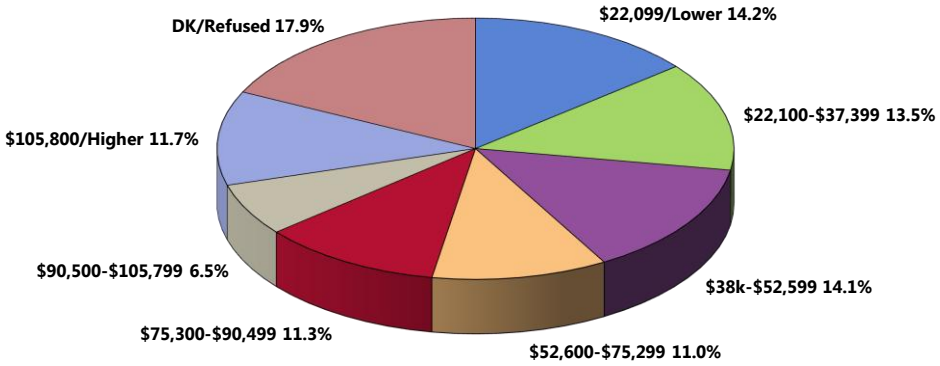
Income & Poverty

Household Income

In the 2012 Community Health Survey sample, the largest share of survey respondents (40.5%) reports annual household earnings of $52,600 or higher.

- On the other hand, 27.7% of survey respondents live on annual household incomes under $37,400.

Household Income
(Quad Cities Area, 2012)

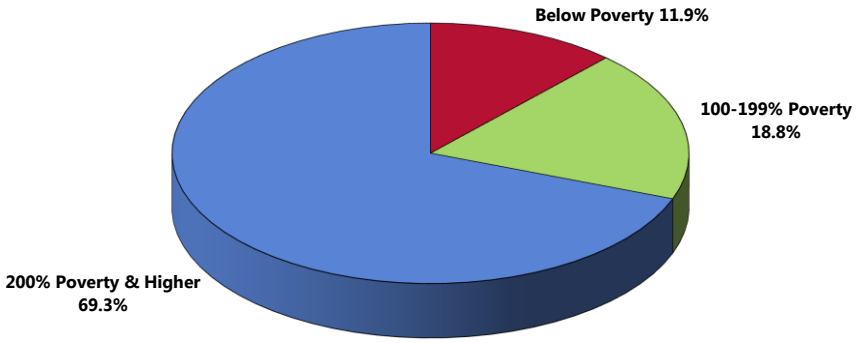


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
Notes: • Asked of all respondents.

Poverty

According to estimates from the American Community Survey (ACS), 11.9% of Quad Cities Area residents (Scott and Rock Island counties) live below the federal poverty level.

Poverty Status
(2007-2009 Three-Year Estimates, Quad Cities Area)



Sources: • 2007-2009 American Community Survey (ACS) 3-Year Estimates. US Census Bureau.

Personal Financial Situation

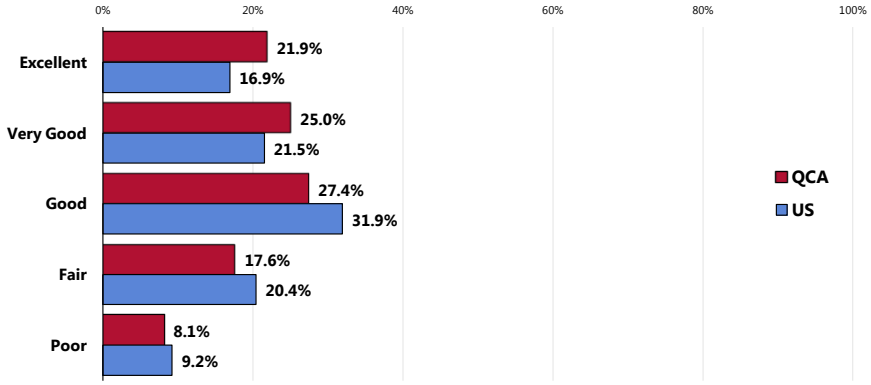
Ratings of Personal Financial Situation

When rating their personal financial situations, respondents were asked to think in terms of being able to afford adequate food, housing, and pay current bills.

When asked, a total of 46.9% of survey respondents gave "excellent" or "very good" ratings of their personal household financial situation.

- Higher than found nationally.
- Another 27.4% gave "good" ratings of their personal financial situation.

Rating of Personal Financial Situation
(Quad Cities Area, 2012)

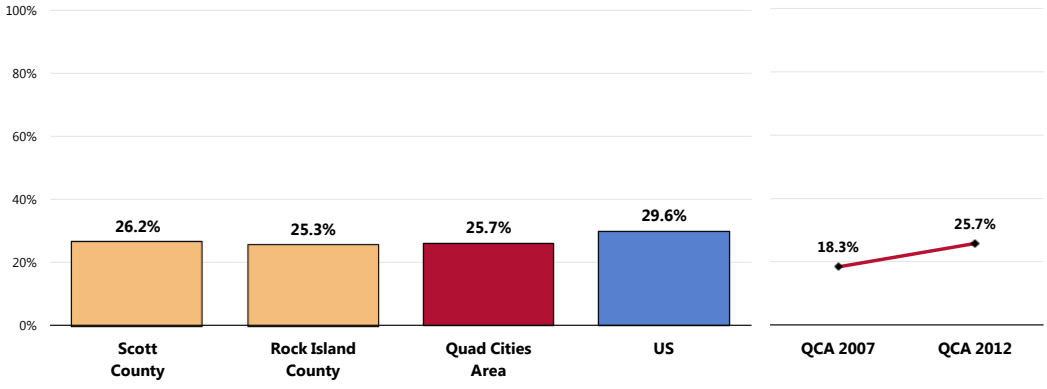


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
• 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

However, one-fourth (25.7%) of Quad Cities Area adults considers their personal financial situation to be "fair" or "poor."

- Statistically similar to the national figure.
- No significant difference by county.
- Marks a statistical increase since 2007 (an unfavorable trend).

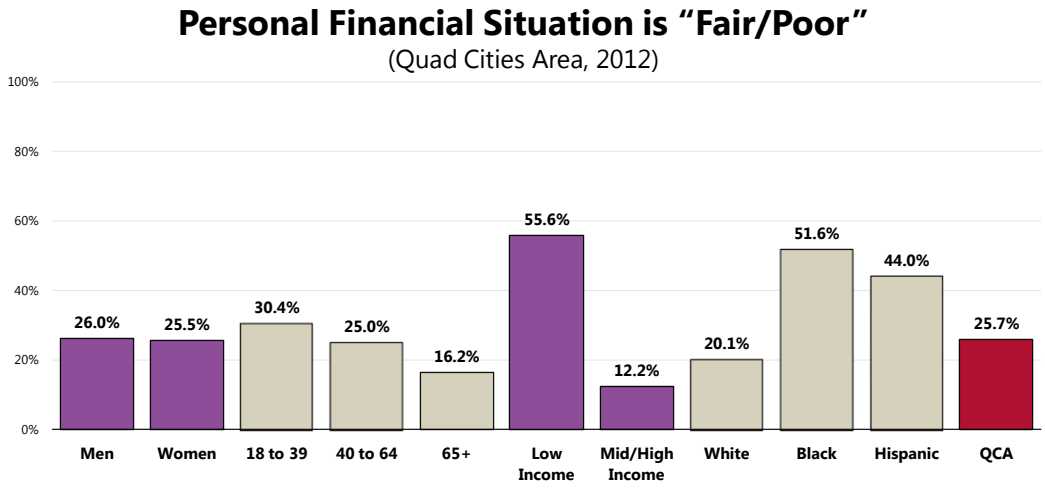
Personal Financial Situation is "Fair/Poor"



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 23]
• 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Adults more likely to report "fair" or "poor" financial situations include:

- Residents under the age of 65 (note the negative correlation with age).
- Those living at lower incomes.
- African Americans and Hispanics.

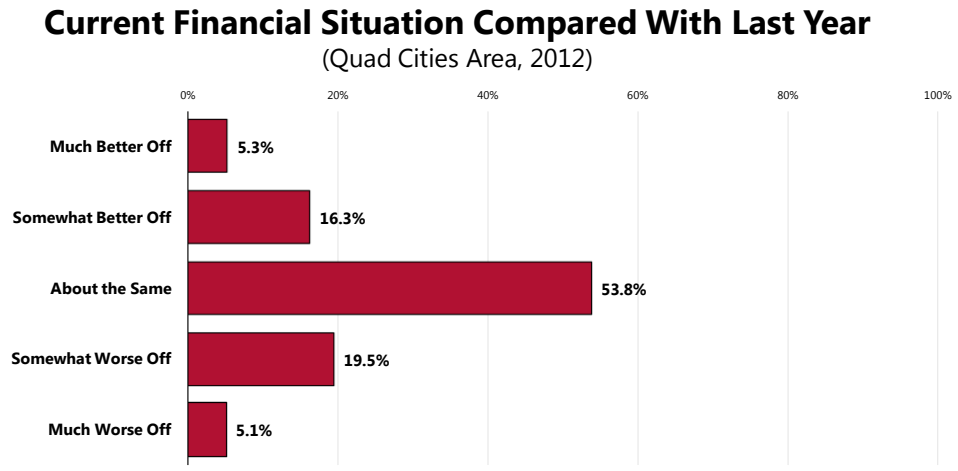


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% 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

More than one-half (53.8%) of survey respondents indicate that their financial situation has not changed in the past year.

- Compared with one year ago, 21.6% of survey respondents consider their financial situation to have **improved** over time (including "much better off" and "somewhat better off" responses).

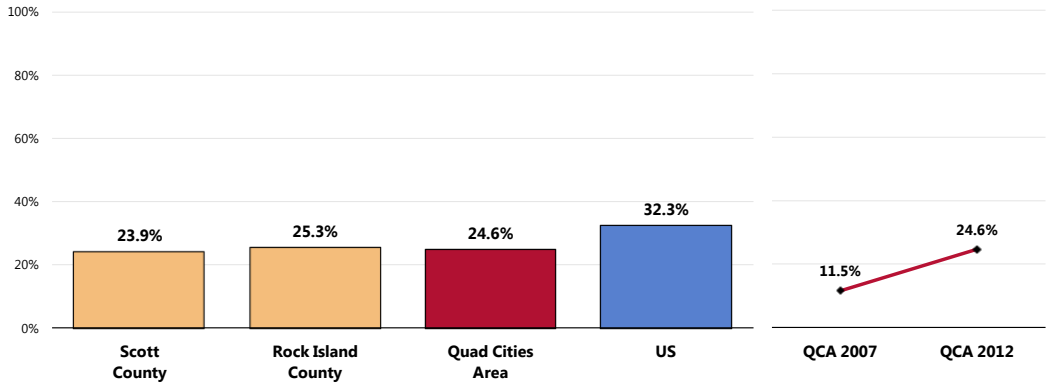


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
Notes: • Asked of all respondents.

However, 24.6% of Quad Cities Area adults consider their personal financial situation to have grown worse (including "grown a little worse" and "grown much worse" responses).

- Better than the national percentage (in this case, 2008 data).
- Similar by county.
- Denotes a significant increase over time (an unfavorable trend).

"Worse Off" Financially Than Last Year



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 24]
- 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.

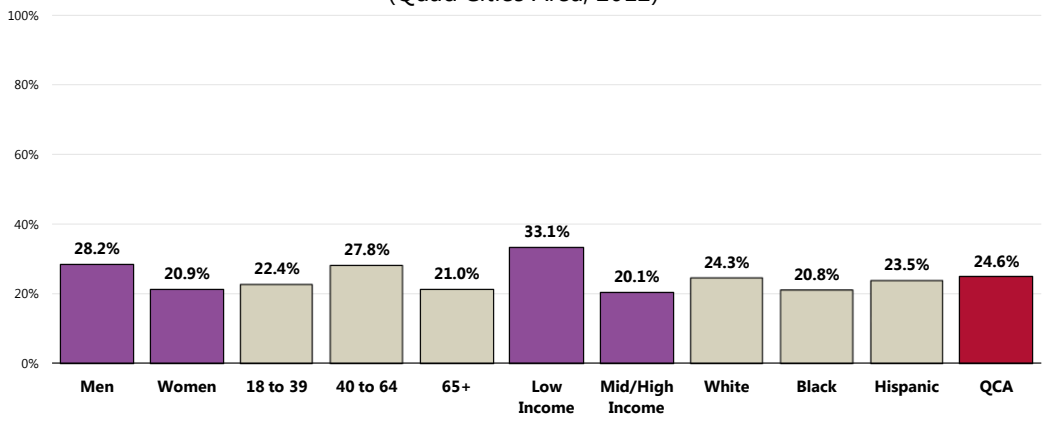
Notes:
- Asked of all respondents.
- Percentages include "somewhat worse off" and "much worse off" responses.

Adults more likely to report that their financial situation has grown worse over time include:

- Men.
- Residents living at lower incomes.

"Worse Off" Financially Than Last Year

(Quad Cities Area, 2012)



Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Percentages include "somewhat worse" and "much worse" responses.

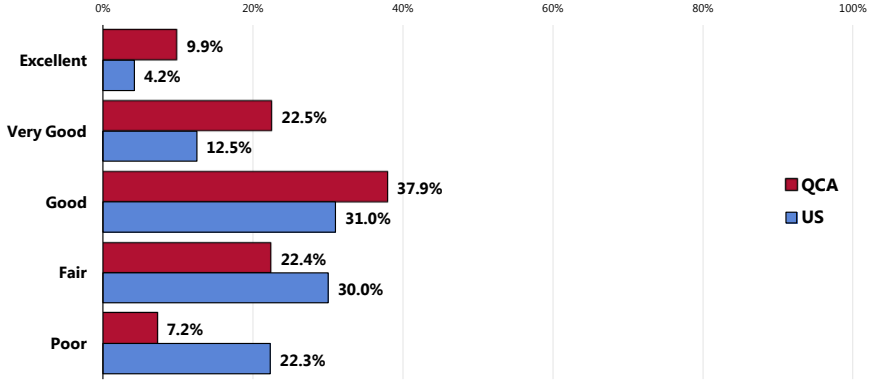
Housing

When asked to rate the availability of local affordable housing, 32.4% of Quad Cities Area adults gave "excellent" or "very good" ratings.

- Much more favorable than reported nationally.
- Another 37.9% gave "good" ratings of the availability of affordable local housing.

Rating of the Availability of Affordable Local Housing

(Quad Cities Area, 2012)

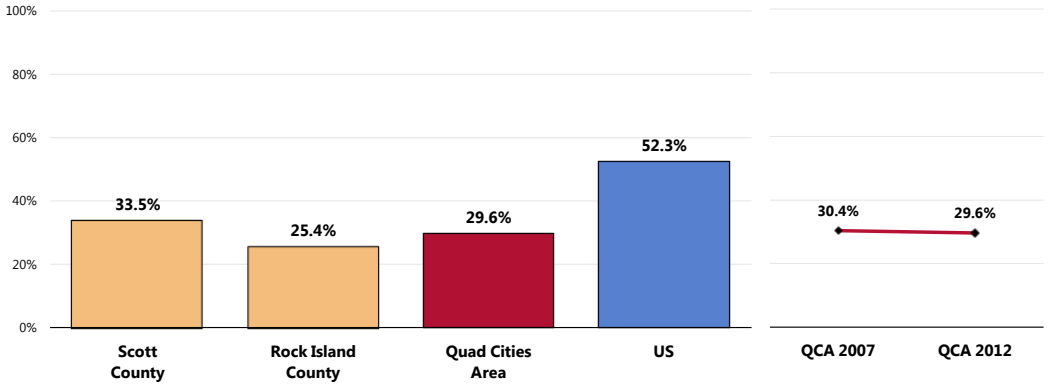


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25]
• 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of the total sample.

On the other hand, 29.6% of survey respondents consider the availability of affordable local housing to be "fair" or "poor."

- Much lower than the prevalence reported nationally.
- Higher in Scott County than in Rock Island County.
- Statistically unchanged over time.

Availability of Affordable Housing is "Fair/Poor"



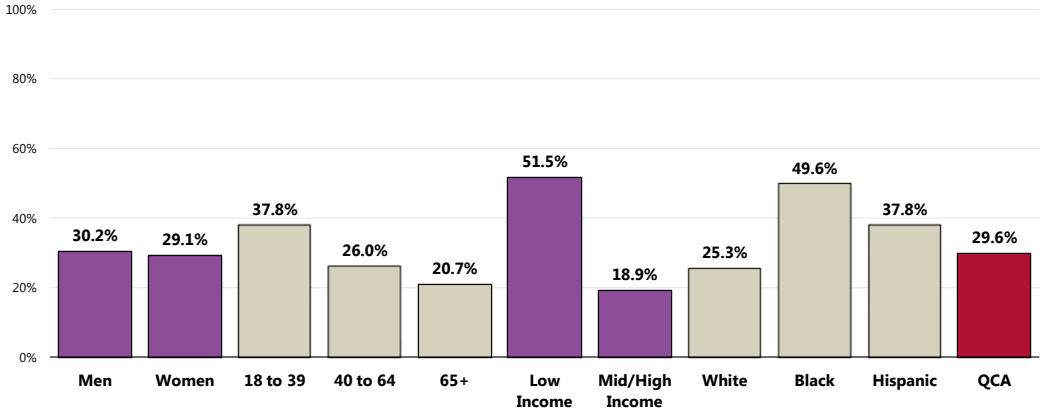
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 25]
• 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following residents are more likely to give low ratings regarding the availability of affordable local housing:

- Young adults.
- Residents with lower incomes.
- African Americans and Hispanics.

Availability of Affordable Housing is "Fair/Poor"

(Quad Cities Area, 2012)



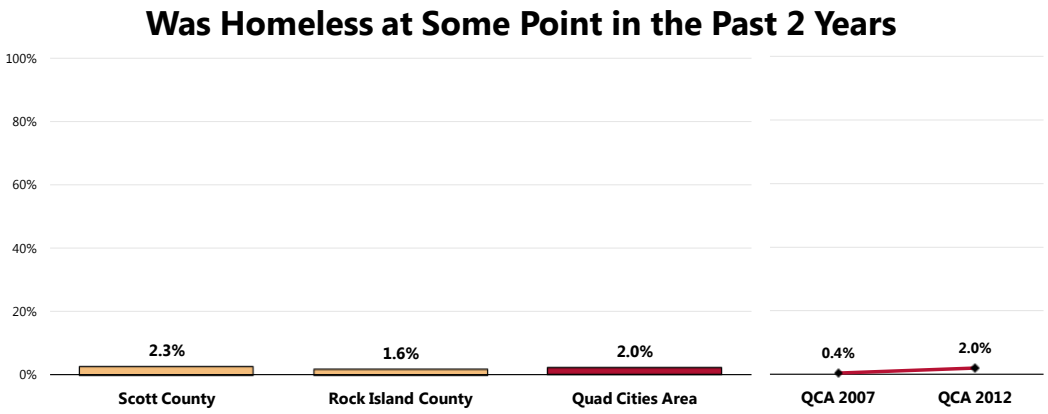
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25]

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. "Low Income" includes households with incomes up to 200% 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, 2.0% 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.

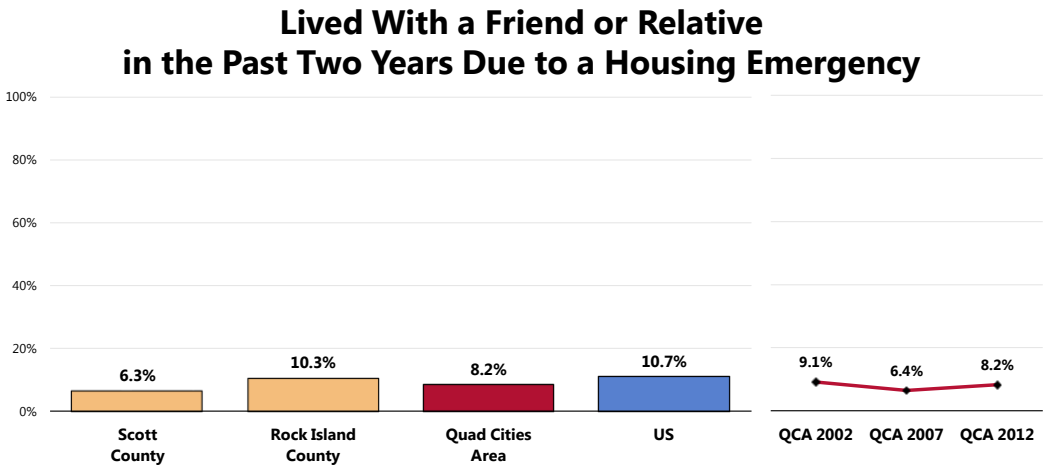
- No significant difference by county.
- Marks a statistically significant increase since 2007.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]
Notes: • Asked of all respondents.

Because of an emergency, 8.2% 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)**.**

- Comparable to the prevalence reported nationally.
- Higher in Rock Island County than in Scott County.
- Statistically unchanged over time.



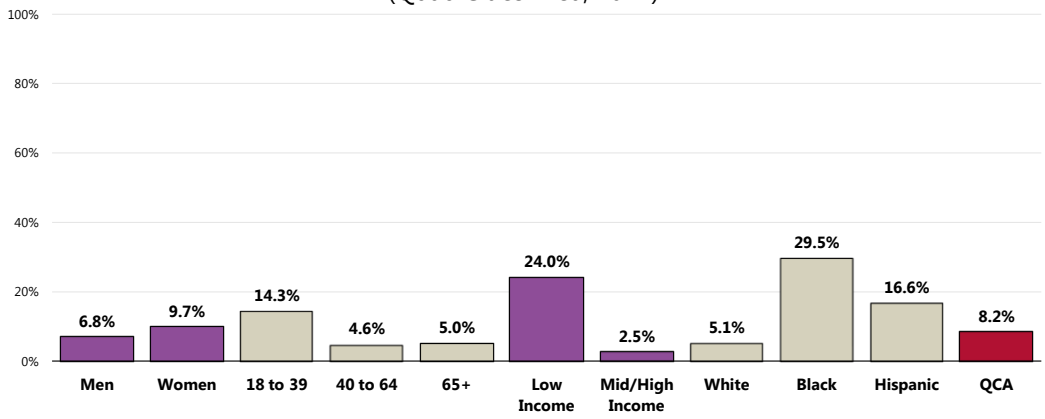
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 26]
• 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following residents are more likely to have lived with a friend or relative in the past two years because of a housing emergency:

- Young adults.
- Residents with lower incomes.
- African Americans and Hispanics.

Lived With a Friend or Relative in the Past Two Years Due to a Housing Emergency

(Quad Cities Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 26]
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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

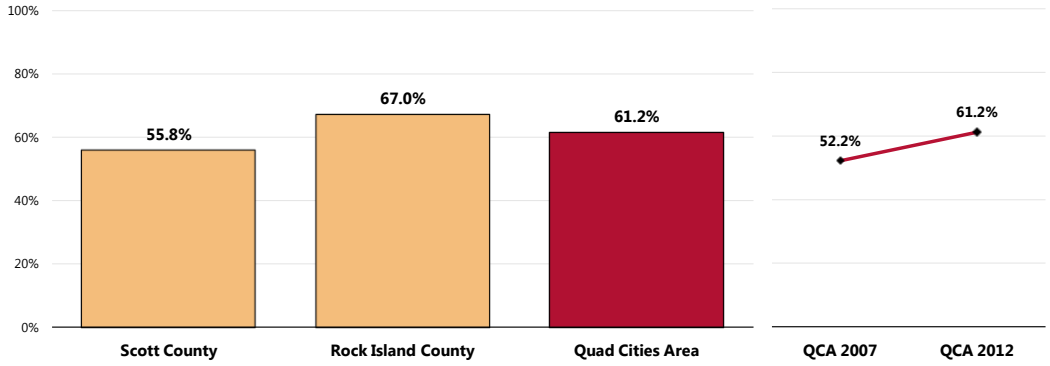
QUALITY OF LIFE: TRANSPORTATION

Dependability of Public Transportation

When asked, 61.2% 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 than in Rock Island County.
- Marks a statistically significant improvement since 2007.

Could Rely on Public Transportation if Necessary

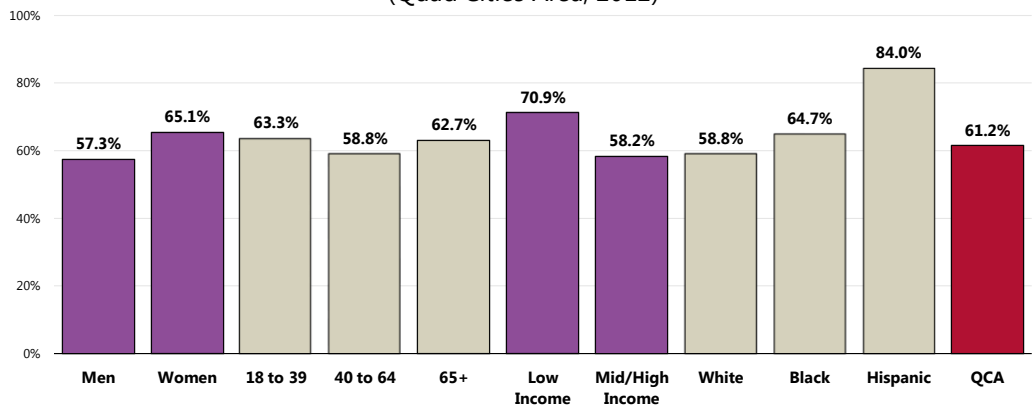


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]
Notes: • Asked of all respondents.

- Adults less likely to feel they can depend on public transportation include men, adults living on higher incomes and Non-Hispanics.

Could Depend on Public Transportation if Necessary

(Quad Cities Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

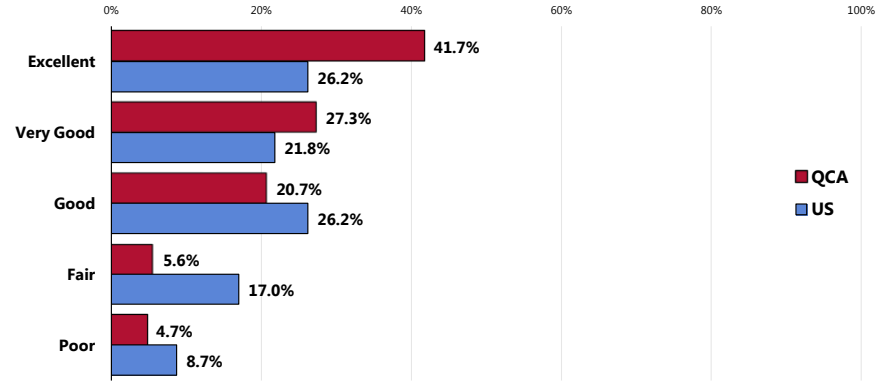
Availability of Grocery & Retail Shopping

A total of 69.0% of survey respondents consider the local availability of grocery stores and other retail shopping to be "excellent" or "very good."

- Much higher than the national figure.
- Another 20.7% of survey respondents gave "good" ratings to the availability of local grocery and retail shopping.

Rating of Local Availability of Grocery and Retail Shopping

(Quad Cities Area, 2012)

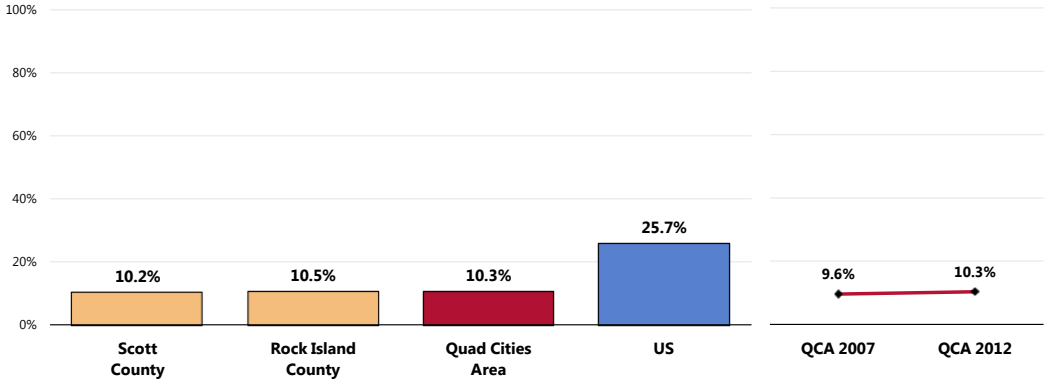


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
• 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

However, 10.3% of Quad Cities Area adults gave "fair" or "poor" ratings of the availability of grocery stores and retail shopping in the Quad Cities Area.

- Much lower than the national percentage.
- No significant difference by county.
- No statistically significant change since 2007.

Availability of Local Grocery and Retail Shopping is "Fair/Poor"



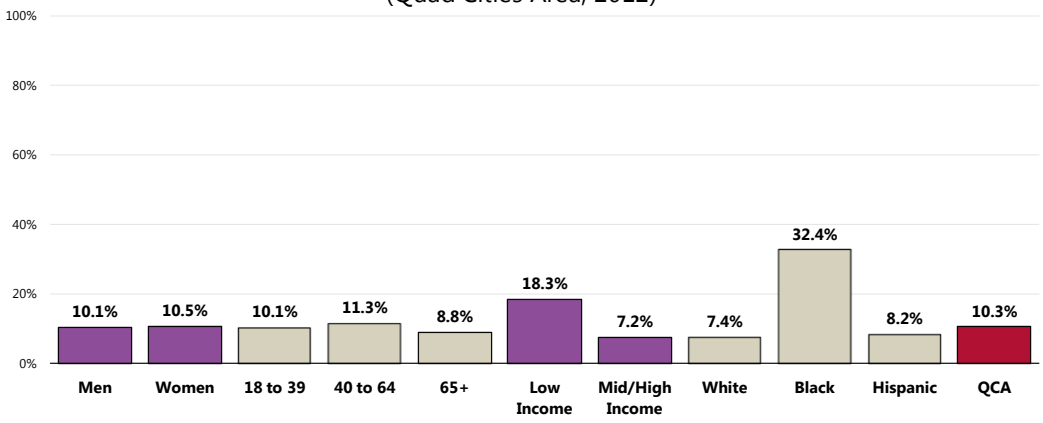
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 22]
• 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Percentages include "somewhat worse" and "much worse" responses.

Adults more likely to give low ratings regarding the local availability of grocery stores and other retail shopping include:

- Residents living at lower incomes.
- African Americans.

Availability of Local Grocery and Retail Shopping is "Fair/Poor"

(Quad Cities Area, 2012)



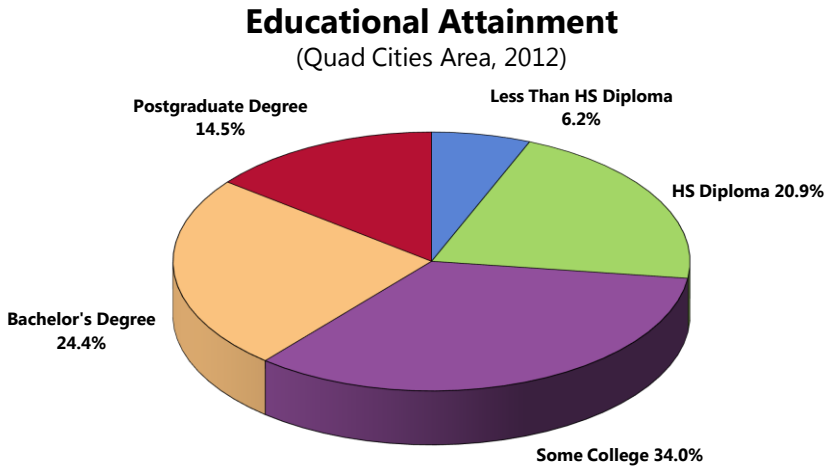
Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Percentages include "somewhat worse" and "much worse" responses.

QUALITY OF LIFE: EDUCATION & LEARNING

Educational Attainment

The majority of Quad Cities Area adults (72.9%) has some college education — either some college classwork, a bachelor's degree, or an advanced degree.

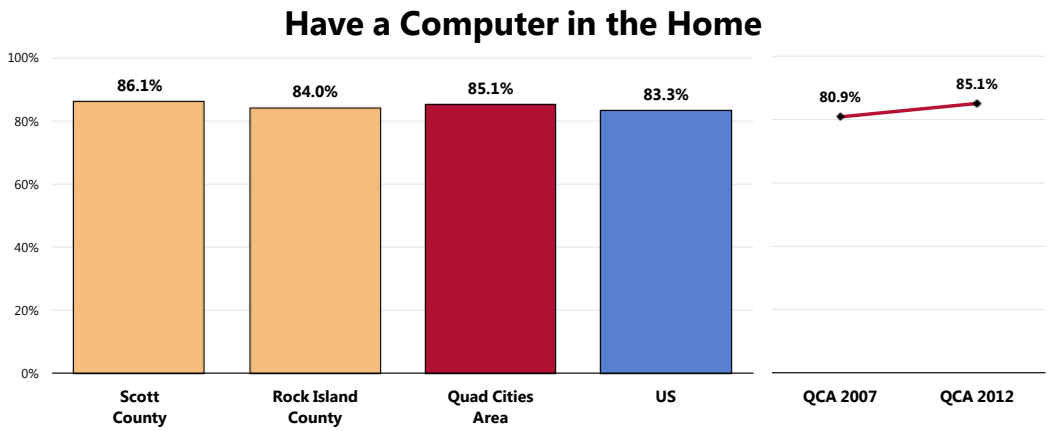


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
Notes: • Asked of all respondents.

Computer Access

Most Quad Cities Area adults (85.1%) have a computer in their home.

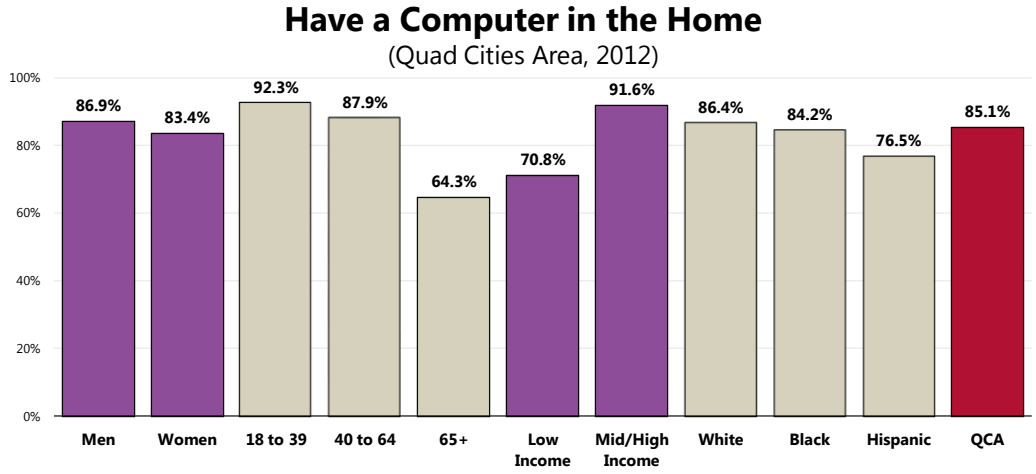
- Comparable to that reported nationally.
- Statistically comparable by county.
- Marks a statistically significant increase over time.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
• 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following residents are <u>less likely</u> to have a computer at home:

- Seniors (note the negative correlation with age).
- Residents with lower incomes.
- Hispanics.

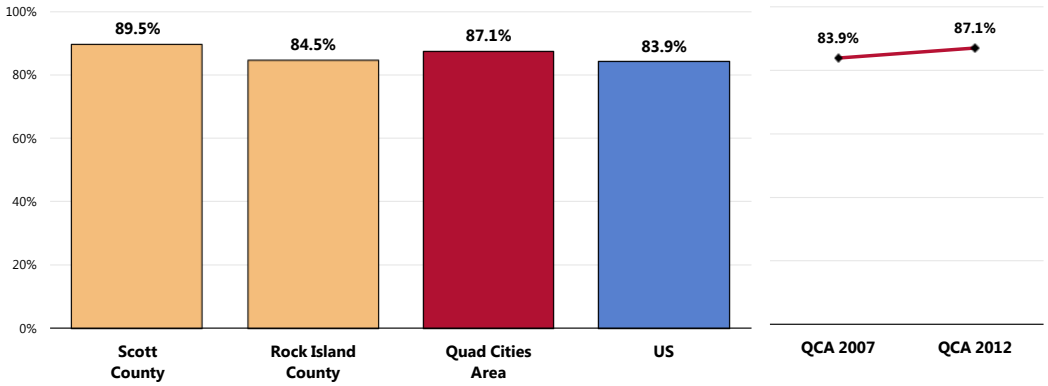


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Another 87.1% of survey respondents have access to the Internet for personal use (whether at home, work, school, etc.).

- More favorable than reported nationally.
- Higher in Scott County than in Rock Island County.
- No significant change over time.

Have Access to the Internet for Personal Use



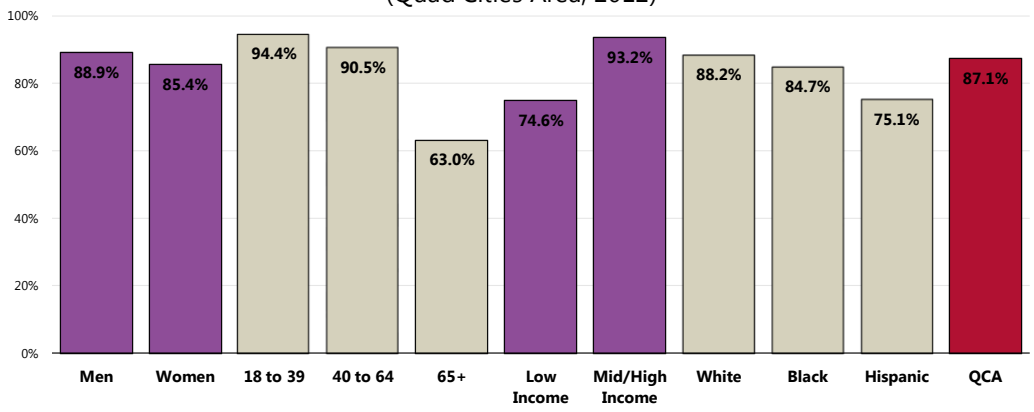
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
• 2008 PRC National Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following residents are <u>less likely</u> to have personal access to the Internet:

- Seniors.
- Residents with lower incomes.
- Hispanics.

Have Access to the Internet for Personal Use

(Quad Cities Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.