



# Community Health Needs Assessment

CHI Health Mercy – Corning, IA  
2022



**CHI Health Mercy Corning Community Health Needs Assessment**

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## Executive Summary

### CHNA Purpose Statement

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by CHI Health Mercy Corning hospital. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

### CommonSpirit Health Commitment and Mission Statement

The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

### CHI Health Overview

CHI Health is a regional health network consisting of 28 hospitals and two stand-alone behavioral health facilities in Nebraska, North Dakota, Minnesota and Western Iowa. Our mission calls us to create healthier communities and we know that the health of a community is impacted beyond the services provided within our walls. This is why we are compelled, beyond providing excellent health care, to work with neighbors, leaders and partner organizations to improve community health. The following community health needs assessment (CHNA) was completed with our community partners and residents in order to ensure we identify the top health needs impacting our community, leverage resources to improve these health needs, and drive impactful work through evidence-informed strategies.

### CHI Health Mercy Corning Overview

CHI Health Mercy Corning (Mercy Corning) is located in Corning, Iowa. CHI Health Mercy Corning is a critical access hospital with 22 licensed beds and 24-hour emergency care. CHI Health Mercy Corning has achieved Pathway to Excellence® designation by the American Nurses Credentialing Center (ANCC). The hospital provides a variety of primary health services, home care, senior care and hospice, as well as many community health and education resources.

### CHNA Collaborators

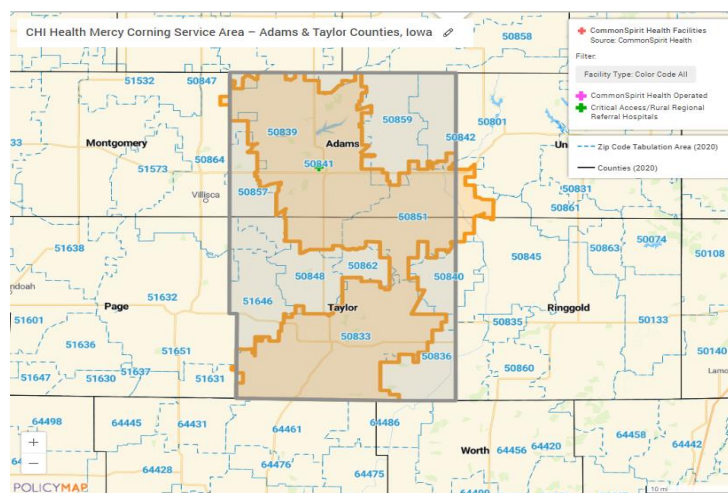
- Behavioral Health Coalition of Adams & Taylor County (BHCATC)
- CHI Health Mercy Corning
- Taylor County Public Health

### Community Definition

For the purposes of this CHNA, CHI Health Mercy Corning identified Adams and Taylor Counties including the zip codes that demonstrated 75-90% of served in calendar year 2019 (50841, 50833, 50851) as the primary service area. As a Critical Access Hospital, CHI Health Mercy Corning's primary service area is considered the county in which they are located (Adams County). While CHI Health Mercy Corning is the only hospital located in Adams County, they also serve residents from Taylor County

where there are no local hospitals. Therefore, both counties (Adams, Taylor) were included in the community definition, as well as the following zip codes: 50841, 50833, 50851. See Figure 1 below.

**Figure 1. CHI Health Mercy Corning Service Area – Adams & Taylor Counties, Iowa**



### Assessment Process and Methods

To conduct the CHNA, CHI Health Mercy Corning’s Community Benefit Action Team (CBAT) engaged with the collective impact coalition, Behavioral Health Coalition of Adams and Taylor County (BHCATC) and Taylor County Public Health (which also has a satellite office in Adams County), in order to convene the most relevant stakeholders representing the broad interests of the community. The BHCATC is a robust coalition with representation from key community services and agencies, including: behavioral health, early childhood education/ home visitation, K-12 education, healthcare and economic development, among others. Collectively, these stakeholders provide important perspectives related to aging, low- income, uninsured, at-risk and vulnerable populations, as well as those affected by violence.

On October 7, 2021, CHI Health Mercy Corning presented secondary community health data on a variety of indicators, facilitated a conversation to gain input from the group and prioritize top health needs for the Adams and Taylor County community. Secondary data on a range of community health indicators, including, but not limited to: population demographics, socioeconomic factors, health status (including chronic disease and poor mental health prevalence) and health outcomes (mortality), was analyzed community health data to discern variation from benchmarks (including comparison to peer counties, the State and U.S.), identify notable multi- year trends in the data and account for frequency of the issue being cited as a significant health need by community stakeholders.

### Process and Criteria to Identify and Prioritize Significant Health Needs

Stakeholders providing input to the process of identifying Significant Community Health Needs facilitated by CHI Health Mercy Corning, were asked to consider various criteria, including: standing in comparison with benchmark data; identified trends; the magnitude of the issue in terms of the number of persons affected; disparity and equity, severity of the problem, known effective interventions,



resource feasibility and sustainability; and the perceptions of top health issues among key informants giving input to the process.

Stakeholders then engaged in a robust discussion of the key findings and were asked to consider the factors affecting health (behavioral, socioeconomic, environmental, medical care, and genetics) when identifying which needs were most pressing in the community. After capturing the group's discussion, 19 participants were asked to vote for the health need they believed would yield the greatest overall community health improvement across Adams and Taylor Counties over the next three years. Taylor County Public Health (TCPH) was invited to participate in the October BHCATC meeting. The health department reviewed the community health data and meeting minutes, provided feedback on top health needs identified through the BHCATC and validated community health data, as well as other CHNA report elements, were consistent with data maintained and/or sourced by the health department.

### List of Prioritized Significant Health Needs

- **Chronic Disease:** Obesity prevalence in 2021 was 37% in Adams County and 34% in Taylor County. Both counties experienced an increase in obesity prevalence. Heart disease is the leading cause of death in Taylor County and Iowa, and the second leading cause of death in Adams County.
- **Mental Health:** Poor mental health days have slightly increased in both counties and State (3.7 Adams, 3.9 Taylor, 3.5 Iowa).
- **Substance Abuse:** Adult smoking is slightly higher in the two county areas than the State (20% Adams, 21% Taylor and 17% IA).

### Resources Potentially Available

Adams and Taylor Counties have a number of community assets and resources that are potentially available to address significant health needs. The two-county community boasts at least 11 parks (French Preserve, Sand's Timber Recreation Area, Siam Tract, Taylor County Conservation Office, Wilson Lake, Windmill Lake, Lake Icaria, Hamilton Prairie, Hoskinson Wildlife Area, Spring Lake, and Talty Wildlife Area) and two museums including Taylor County Historical Museum and Adams County House of History.<sup>1 2</sup>

Taylor and Adams County have public school districts and are home to eight public schools. A wide range of community organizations support the health and well-being of the community including, but not limited to Taylor County Public Health, CHI Health Wellness Center, and Taylor County ISU Extension.

### Report Adoption, Availability and Comments

This CHNA report was adopted by the CHI Health Board of Directors in April 2022. The report is widely available to the public on the hospital's website, and a paper copy is available for inspection upon

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<sup>1</sup> My County Parks. 2022. Accessed March 2022. <https://www.mycountyparks.com/County/Taylor.aspx>

<sup>2</sup> Public Schools. 2022. Accessed March 2022. <https://www.countyoffice.org/ia-taylor-county-public-schools/>



request at CHI Health Mercy Corning. Written comments on this report can be submitted in writing to CHI Health The McAuley Fogelstrom Center (12809 W Dodge Rd, Omaha, NE 68154 attn. Healthy Communities), electronically at: <https://forms.gle/NLkvs2hPbVHjkbJTA>, or by calling (402) 343-4548.

## Introduction

### Hospital Description

CHI Health Mercy Corning (Mercy Corning) is located in Corning, Iowa. CHI Health Mercy Corning is a critical access hospital with 22 licensed beds and is certified as a Community (Level IV) Trauma Care Facility with 24-hour emergency care and ancillary services support. CHI Health Mercy Corning has achieved Pathway to Excellence® designation by the American Nurses Credentialing Center (ANCC). In 2021 the National Rural Health Association recognized CHI Health Mercy Corning as a Top 20 Critical Access Hospital for Best Practice in Patient Satisfaction. The community-based hospital offers many forms of care including technologically advanced medical services, quality health education, health screenings, and more. Beyond the hospital walls, CHI Health Mercy Corning works closely with local health agencies, businesses and community groups to build a healthier community. CHI Health Mercy Corning provides the following services:

- 24-hour Emergency Care with Heliport Accommodations
- Diagnostic Imaging Services
- Diagnostic and Evaluative Laboratory Services
- Cardiovascular Services
- Cardiopulmonary Rehabilitation
- Chemotherapy
- Electroencephalograms (EEGs)
- Diabetes Education
- Nutrition Counseling including Dietary Programming
- Inpatient and Outpatient Physical Therapy
- Respiratory Care Services
- Social Services
- Sleep Disorder Studies
- Wellness Center
- Wellness Educational Programs and Instruction for Patients, Staff and the Community
- Senior and Hospice Care Including Palliative care, Respite and Bereavement services
- Adult/ Child Immunizations
- Blood Pressure Screening
- Senior Life Solutions
- Community Health and Education Resources Including Dietary
- Occupational Medicine

### Specialty Clinics

- Cardiology
- Dermatology
- Ear, Nose & Throat
- Gastroenterology
- Obstetrics/Gynecology
- Oncology
- Orthopedics
- Physical Medicine & Rehabilitation
- Podiatry
- Urology
- General Surgery

### Purpose and Goals of CHNA

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by CHI Health Mercy Corning. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to

improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

CHI Health and our local hospitals make significant investments each year in our local communities to ensure we meet our Mission of creating healthier communities. A Community Health Needs Assessment (CHNA) is a critical piece of this work to ensure we are appropriately and effectively working and partnering in our communities.

The goals of this CHNA are to:

1. Identify areas of high need that impact the health and quality of life of residents in the communities served by CHI Health.
2. Ensure that resources are leveraged to improve the health of the most vulnerable members of our community and to reduce existing health disparities.
3. Set priorities and goals to improve these high need areas using evidence as a guide for decision making.
4. Ensure compliance with section 501(r) of the Internal Revenue Code for not-for-profit hospitals under the requirements of the Affordable Care Act.

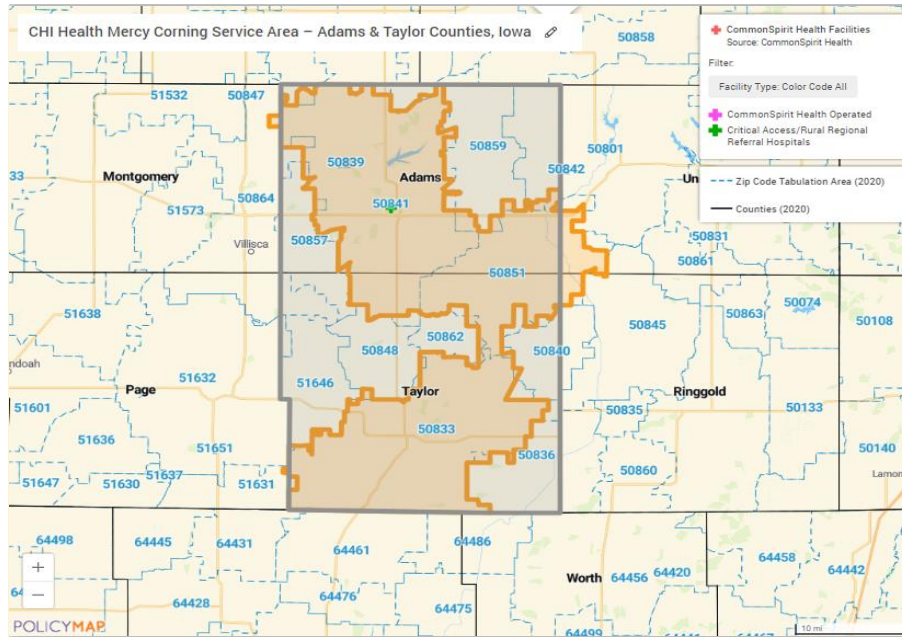
## Community Definition

### Community Definition

For the purposes of this CHNA, CHI Health Mercy Corning identified Adams and Taylor Counties including the zip codes that demonstrated 75-90% of served in calendar year 2019 (50841, 50833, 50851) as the primary service area. As a Critical Access Hospital, CHI Health Mercy Corning's primary service area is considered the county in which they are located (Adams County). While CHI Health Mercy Corning is the only hospital located in Adams County, they also serve residents from Taylor County where there are no local hospitals. Therefore, both counties were included in the community definition (Adams and Taylor), as well as the following zip codes: 50841, 50833, 50851. See figure 1 below.

**Figure 1. CHI Health Mercy Corning Service Area – Adams & Taylor Counties, Iowa**





### Community Description

CHI Health Mercy Corning is located in Corning, Iowa which is situated near the center of Adams County, approximately 80 miles from the metropolitan area of Omaha, Nebraska and Council Bluffs, Iowa and 95 miles from the metropolitan area of Des Moines, Iowa. Adams County is immediately north of and adjacent to Taylor County, which is at the southernmost border of Iowa to Missouri. Both Adams and Taylor Counties, as well as the surrounding counties are non-metropolitan and located near the western border of Iowa. Adams County has one school district and four incorporated towns: Carbon, Corning, Nodaway and Prescott where Corning is the County Seat.<sup>3</sup> Bedford is the County Seat for Taylor County which has three public school districts and eight incorporated cities and seventeen townships. Adams County covers approximately 423 square miles and Taylor County covers 532 square miles.<sup>4,5</sup>

### Population

Table 1 below describes the population of Adams and Taylor Counties, as well as Iowa and the United States. The data show a primarily Non-Hispanic White population, and a higher percentage of residents over 65 years of age in Adams (23.7%) and Taylor (22.7%) compared to the State (17.5%). Although the changes were small, there was a reduction in the percent of the population under 18 years of age across all three areas, and a slight increase in the percentage of the population aged 65 and over. Both

<sup>3</sup> Adams County, Iowa. 2022. Accessed March 2022. <https://adamscounty.iowa.gov/>

<sup>4</sup> School Districts in Taylor County, Iowa. Accessed March 2022. <https://www.k12academics.com/national-directories/school-district/iowa/Taylor>

<sup>5</sup> Welcome to Taylor County, Iowa. Accessed March 2022. <https://taylorcounty.iowa.gov/about-us.html#:~:text=Taylor%20County%20is%20made%20up%20of%20seventeen%20townships%20and%20eight%20incorporated%20cities>

counties have a very low population density compared to the State overall, which highlights the rural nature of the area.<sup>6</sup>

**Table 1. Community Demographics**

	Adams	Taylor	Iowa	United States
Total Population	3,704	5,896	3,190,369	331,449,281
Population per square mile (density) <sup>6</sup>	9.5	11.9	54.5	87.4
Total Land Area (sq. miles) <sup>6</sup>	423.44	531.9	55,857.13	3,531,905.43
Rural vs. Urban <sup>7</sup>	Rural (100% live in rural)	Rural (100% live in rural)	Urban (64.02% live in rural)	Urban (80.89% live in rural)
Age <sup>6</sup>				
% below 18 years of age	20.9%	23.4%	23%	22.3%
% 65 and older	23.7%	22.7%	17.5%	16.5%
Gender <sup>6</sup>				
% Female	50.1%	49%	50.2%	50.8%
Race <sup>6</sup>				
% Black or African American	.5%	.6%	4.1%	13.4%
% American Indian and Alaskan Native	.5%	.4%	0.5%	1.3%
% Asian	.7%	.5%	2.7%	5.9%
% Native Hawaiian/Other Pacific Islander	Z	0.1%	.2%	.2%
% Hispanic	1.4%	7.8%	6.3%	18.5%
% Non-Hispanic White	96.1%	90.1%	85%	60.1%

Z Value greater than zero but less than half unit of measure shown

### Socioeconomic Factors

Table 2 shows key socioeconomic factors known to influence health including household income, poverty, unemployment rates and educational attainment for the community served by the hospital. Data for both counties reveal a lower median household income and higher rates of uninsured children compared to Iowa. While poverty rates have decreased in both counties, Adams County has a higher percentage of children living in poverty than Taylor County and the State (Adams County - 16.73%, Taylor County - 10.79%, Iowa – 13.79%).<sup>12,8</sup>

**Table 2: Socioeconomic Factors**

	Adams	Taylor	Iowa	United States
Income Rates				
Median Household Income <sup>6</sup>	\$49,255	\$50,431	\$60,523	\$62,843
Poverty Rates				

<sup>6</sup> US Census Bureau QuickFacts accessed March 2022 <http://www.census.gov/quickfacts>

<sup>7</sup> US Census Bureau, Decennial Census. 2010. Source geography: Tract

Persons in Poverty <sup>6</sup>	10.8%	10.5%	10.2%	11.4%
Children in Poverty <sup>8</sup>	16.43%	10.79%	13.79%	18.52%
Employment Rate				
Unemployment Rate <sup>9</sup>	2	2.3	2.9	3.7
Education/Graduation Rates				
High School Graduation Rates <sup>10</sup>	93.5%	93.2%	91.4%	87.7%
% of Population Age 25+ with Bachelor's Degree or Higher <sup>11</sup>	15.55%	14.47%	28.57%	32.15%
Insurance Coverage				
% of Persons without Health Insurance (under 65) <sup>6</sup>	6%	8.3%	6%	10.2%
% of Uninsured Children (under the age of 18) <sup>12</sup>	7.48%	7.34%	2.98%	5.08%

### Health Professional Shortage Areas (HPSA) and Medically Underserved Areas (MUA)

Adams and Taylor Counties have 13 designated Health Professional Shortage Areas (HPSA) including primary care, dental health, mental health disciplines. Adams County has four designated HPSA sites with scores ranging from 13 to 16 (14.75 median score) on a scale from 0- 26, in which a higher score indicates a higher need, or greater shortage. Taylor county has nine designated HPSA sites with scores ranging from nine to 16 (13.89 median score). Adams and Taylor County have two designated Medically Underserved Areas (MUA). The score for the designated MUA's in Adams and Taylor County is 53.9 and 48.6, respectively on a scale ranging from 0-100.<sup>13,14</sup>

### Community Needs Index (CNI)

One tool used to assess health need is the Community Need Index (CNI). The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to healthcare access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.

The CNI score for Adams and Taylor County ranges from 1.2 to 3. Adams County CNI scores have a weighted average CNI score of 2.5 and a median score of 2.4. The scores range from 1.8 to 2.6. Taylor County scores have a weighted average CNI score of 2.2 and a median score of 2.2. Four zip codes in Adams (50839, 50841) and Taylor County (50851 and 50862) (Taylor County) have the highest CNI

<sup>6</sup> US Census Bureau QuickFacts accessed March 2022 <http://www.census.gov/quickfacts>

<sup>8</sup> US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

<sup>9</sup> US Department of Labor, Bureau of Labor Statistics. 2021 - December. Source geography: County

<sup>10</sup> US Department of Education, EDData. Additional data analysis by CARES. 2018-19. Source geography: School District

<sup>11</sup> US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

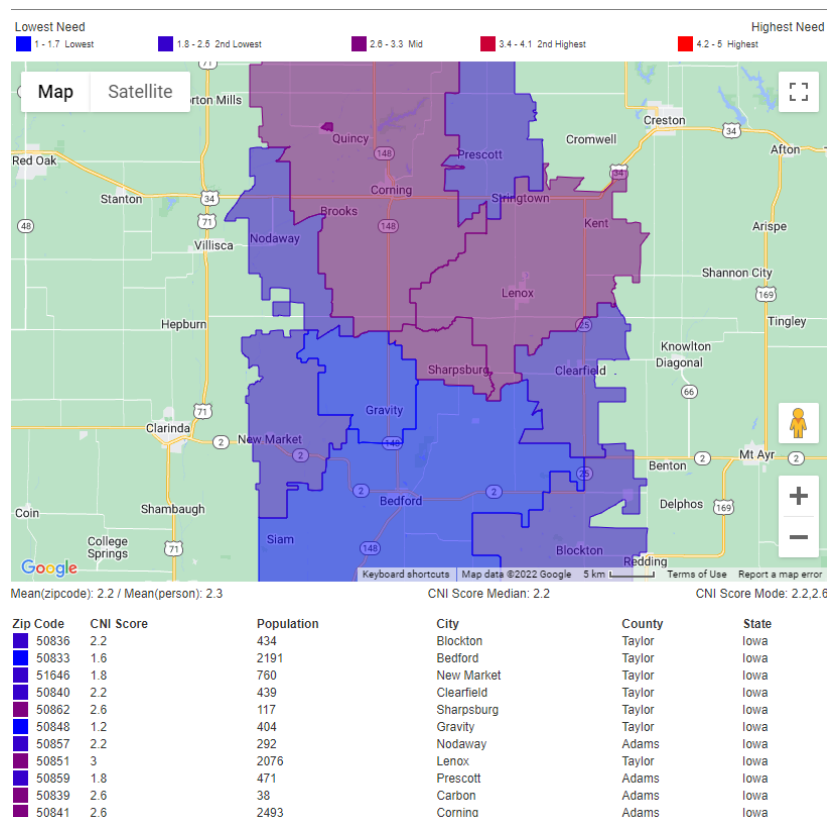
<sup>12</sup> US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

<sup>13</sup> HPSA Find. Accessed on March 2022. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

<sup>14</sup> MUA Find. Accessed on March 2022. <https://data.hrsa.gov/tools/shortage-area/mua-find>

scores ranging from 2.6- 3.0. The total population residing in these zip codes is 4,724. A higher CNI score in these zip codes suggest residents may experience greater barriers accessing care and/ or require more healthcare services than peers in zip codes with lower CNI scores. CNI maps seen in Figure 2.<sup>15</sup>

**Figure 2: Taylor and Adams County CNI Map<sup>15</sup>**



### Unique Community Characteristics

Adams and Taylor Counties are primarily rural in nature with manufacturing and agriculture being major industries. POET Bioprocessing is a local business that provides steady job opportunities and brings resources to the communities. CHI Health Mercy Corning, local schools and local government entities provide the bulk of employment outside of the farming industry. Stable county governments as well as strong support from Iowa State University Extension services also maximize resources in the County.

### Other Health Services

CHI Health Mercy Corning is the only hospital located in Adams County and also serves Taylor County where there are no local hospitals. CHI Health Mercy Corning leadership works with the local public health agency and local behavioral health coalition to collaborate on addressing community health needs. CHI Health Mercy Corning also has a network of highly skilled and specialty care physicians with clinics located in Corning, Bedford, and Lenox, Iowa.

<sup>15</sup> Community Needs Index. 2022. Accessed March 2022. <http://cni.dignityhealth.org>



In addition to the healthcare services provided by CHI Health Mercy Corning, the following entities offer services within Adams and/or Taylor Counties:

- Care Initiatives Bedford Specialty Care, Bedford, Iowa
- Care Initiatives Corning Specialty Care, Corning, Iowa
- CHI Health Clinics
  - CHI Health Bedford Clinic
  - CHI Health Corning Clinic - Family Medicine/Internal Medicine
  - CHI Health Lenox Clinic
- CHOICE Inc., Corning Iowa
- Clarinda Family Health Centers, Bedford, Iowa
- Crossroads Behavioral Health Services, Corning, Iowa
- Greater Regional Medical Clinic, Corning, Iowa
- Greater Regional Medical Clinic, Lenox, Iowa
- Midwest Opportunities Inc., Corning, Iowa
- Nodaway Valley Free Clinic, Clarinda, Iowa
  
- Pursuit of Independence, Bedford & Lenox, Iowa

There are several hospitals and medical centers located in counties that border both Adams and Taylor Counties and provide services to Adams and Taylor County residents:

- Adair County Memorial Hospital
- Cass County Memorial Hospital
- Clarinda Regional Medical Center, Page County
- Greater Regional Medical Center (deliveries), Creston, Iowa
- Grape Community Hospital, Hamburg, Iowa
- Infinity Health (Behavioral Health), Ringgold County
- Montgomery County Memorial Hospital
- Mosaic Medical Center, Maryville, Missouri
- Ringgold County Hospital
- Shenandoah Medical Center (deliveries), Page County

Health systems in the area are listed below and a full list of resources within the community can be found in the “Resources Available to Address Health Needs.”

## Community Health Needs Assessment Process and Methods

CHI Health Mercy Corning’s Community Benefit Action Team (CBAT) engaged with the collective impact coalition Behavioral Health Coalition of Adams and Taylor County (*BHCATC*) on October 7th, 2021 to review community health data and obtain stakeholder input regarding the top needs in the community. The BHCATC is a robust and active coalition with multiple community stakeholders from key community services and agencies that serve behavioral health needs as well as other needs across the two counties.

At the October meeting, CHI Health Mercy Corning presented secondary data, and led a conversation to gain input from the group and prioritize top health needs.

Secondary data on a range of community health indicators, including, but not limited to: population demographics, socioeconomic factors, health status (including chronic disease and poor mental health prevalence) and health outcomes (mortality). We analyzed community health data to discern variation from benchmarks (including comparison to peer counties, the State and U.S.), identify notable multi-year trends in the data and account for frequency of the issue being cited as a significant health need by community stakeholders.

Data reviewed with BHATC was sourced from a variety of sources including:

- Center for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- CHI Health Internal ED Dashboard
- Common Good Iowa
- County Health Rankings
- Iowa ACEs 360
- Iowa Cancer Registry
- Iowa Department of Public Health (Top 10 Causes of Death)
- Iowa Youth Survey
- Kids count Data Center
- State Cancer Profiles
- Tracking Coronavirus in IA
- US Census
- 211 Iowa

The following agencies were represented at the October 7th 2021 meeting where a comprehensive review of secondary data was conducted, along with a discussion and prioritization of top health needs. The following stakeholders provide important perspectives related to the **aging, low-income, uninsured, at-risk and vulnerable populations**, as well as **those affected by violence**.

**CHNA Agency Participation - BHCATC Meeting on October 7th 2021:**

- Angles Care Home Health
- Behavioral Health Coalition of Adams & Taylor County (*BHCATC*)
- CHI Health Mercy Corning
- Corning Chamber
- Main Street Corning
- Matura 1st Five
- Private Practice
- Quad Counties 4 Kids
- Southwestern Community College (SWCC)
- Taylor County Public Health
- Taylor County ISU Extension
- Veterans Administration
- Zion

## Gaps in information

Although the CHNA is quite comprehensive, it is not possible to measure all aspects of the community’s health, nor can we represent all interests of the population. Challenges exist in both counties around reliable data collection due to small sample sizes among different populations and indicators. This assessment was designed to represent a comprehensive and broad look at the health of the overall community. During specific hospital implementation planning, gaps in information will be considered and other data and input will be sought as needed.

CHI Health Mercy Corning invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the website where they are widely available to the public. No written comments have been received.

## Assessment Data and Findings

### Identified Health Issues

For a complete list of community health indicators reviewed in consideration of the Community Health Needs Assessment for CHI Health Mercy Corning, please refer to the Data Presentation in Appendix A. The Data Presentation was reviewed by the BHCATC on October 7th, 2021 and the Coalition was provided the handouts can be seen in Appendix B. In addition, specific data and rationale for the identified significant health needs are included below in Table 3.

**Table 3: “Significant Health Needs” identified by CHI Health Mercy Corning**

HEALTH NEED	REASON FOR HIGH PRIORITY
<b>Access to Healthcare Services</b>	<ul style="list-style-type: none"> <li>● Uninsured under 65 years of age: 6% Adams, 8.3% Taylor and 6% in Iowa.</li> <li>● Ratio of population to primary care physician is 3,650:1 for Adams (an improvement), 3,100:1 for Taylor (an improvement) and 1,360:1 for IA (no change).</li> </ul>
<b>Aging Problems</b>	<ul style="list-style-type: none"> <li>● Iowa’s population over 65 is 17% with a predicted growth to 20% by 2040.</li> <li>● 7.1% poverty rate among 65+, compared to 11.2% for all Iowans during the same period.</li> <li>● Risk of social Isolation is in the 58th to 77th percentile for Adams County’s and 39th to 27th for Taylor County where the percentile of the mean z-scores for the following risk factors in adults ages 65 and older:poverty, living alone, divorced, separated or widowed, never married, disability, and independent living difficulty relative to all U.S. counties.</li> </ul>
<b>Cancer</b>	<ul style="list-style-type: none"> <li>● Cancer is the leading cause of death in Adams and the second leading cause of death in Taylor and IA.</li> <li>● Lung cancer incidence slowly decreased over a five- year period, despite a significant increase in 2014 (63.7 in 2013, 58.8 in 2018). Mortality decreased in IA over a five- year period.</li> <li>● Breast cancer (female) incidence increased in IA (119.1 in 2013, 135.8 in 2018) while mortality steadily decreased.</li> </ul>

	<ul style="list-style-type: none"> <li>● Colon and rectum cancer incidence decreased (43.6 in 2014 and 39.9 in 2019 per 100,000 population).</li> <li>● Melanoma incidence significantly increased (26.8 in 2013, 29.7 in 2018 per 100,000) and a slight increase in mortality.</li> </ul>
<b>Chronic Disease</b> (Obesity, Diabetes, Cardiovascular Disease)	<ul style="list-style-type: none"> <li>● Obesity prevalence has increased from 32% (2018) to 37% (2021) in Adams County and from 31% (2018) to 34% (2021) in Taylor County. The percentage of adults who are obese in Adams County is at 37% which is slightly higher than Taylor (34%), Iowa (34%) and HP2030 goal (36%).</li> <li>● Heart disease is the leading cause of death in Taylor county and Iowa, and the second leading cause of death in Adams County. Age-adjusted heart disease death rate (reported per 10k population) is 13.2 in Adams, 22.4 in Taylor and 18.0 in IA.</li> <li>● In Taylor County, 12% of adults are diagnosed with diabetes compared to 10% in Adams County, 10% in Iowa and 10.5% nationally.</li> </ul>
<b>Maternal &amp; Child Health</b>	<ul style="list-style-type: none"> <li>● Adams and Taylor County have slightly lower rates of low birthweight (6% than Iowa (7%).</li> <li>● Adams County teen birth rate is 26 which is slightly higher than Taylor County (24) and Iowa (18) (per 1,000 female population 15-19).</li> <li>● Improvement in prenatal care received in the first trimester, Adams County (77.5%) and Taylor County (82.1%) is still slightly lower than Iowa (83.8%).</li> </ul>
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>● The ratio of mental health providers to population is 1:6,120 for Taylor County and 1:6,120 which are higher than Iowa (1:610).</li> <li>● Poor mental health days have slightly increased in both counties and State (3.7 Adams, 3.9 Taylor, 3.5 Iowa).</li> </ul>
<b>Social Determinants of Health</b> (Poverty, Food, and Housing)	<ul style="list-style-type: none"> <li>● 14% of individuals living in households with income below the Federal Poverty Level in Adams, compared to 10% in Taylor and 11.45% in Iowa.</li> <li>● 20% of children in Adams County, 17% in Taylor and 13% in Iowa are living in poverty.</li> <li>● Supplemental Nutrition Assistance Program (SNAP): 9.7% of individuals in Adams and 10% in Taylor receive financial assistance for food.</li> <li>● 49.4% in Adams (slight increase), 49.8% in Taylor (slight decrease), 42.5% in Iowa are eligible for free or reduced- price lunches.</li> <li>● Cost burdened households: 16.71% of people in Adams and 17.28% of people in Taylor are disproportionately burdened by higher housing costs (greater than 30% of household income).</li> </ul>

\*Small population sizes for certain health indicators make identification of discernible trends difficult. In those cases, caution should be used in interpreting data.

## Prioritized Description of Significant Community Health Needs

### Prioritization Process

CHI Health Mercy Corning identified Significant Community Health Needs through consideration of various criteria, including: standing in comparison with benchmark data; identified trends; the magnitude of the issue in terms of the number of persons affected; disparity and equity, severity of the



problem, known effective interventions, resource feasibility and sustainability; and the perceptions of top health issues among key informants giving input to the process.

Following the presentation of secondary data across a wide range of community health indicators, local stakeholders representing the community at-large and importantly those most vulnerable for poor health outcomes, were asked to provide input through a large group discussion process. The discussion focused on health need areas that were drivers of multiple poor health outcomes; for example, how social needs such as lack of access to health food can actually drive obesity and chronic disease. Upon completion of the group discussion, 19 participants were asked to vote for their top health needs and take into consideration the following factors:

- severity of the health issue
- population impacted (making special consideration to disparities and vulnerable populations)
- trends in the data
- existing partnerships
- available resources
- hospital’s level of expertise
- existing initiatives (or lack thereof)
- potential for impact
- community’s interest in the hospital engaging in that health area

**Prioritized Health Needs**

Table 4 below provides the listing and rationale for the three identified health needs in Adams and Taylor County, Iowa.

**Table 4 Adams and Taylor County Prioritized Health Needs**

Prioritized Health Problems
Chronic Disease (Healthy Lifestyles)
Mental Health
Substance Abuse (BH)

Data provided by CHI Health Mercy Corning was presented to hospital administration, Community Benefit teams, and community groups for validation of needs. All parties who reviewed the data found the data to accurately represent the needs of the community.

**Resources Available to Address Health Needs**

Table 5 represents a list of resources in Adams and Taylor County for each health need identified above.

**Table 5. Adams and Taylor County Health Asset and Resource Inventory**

Significant Health Need	Assets/Resources
<b>Access to Healthcare Services</b>	<ul style="list-style-type: none"> <li>● Healthy and Well Kids in Iowa (hawk-i)</li> <li>● ACPH &amp; TCPH</li> <li>● Adams County Ambulance</li> <li>● Taylor County Ambulance</li> <li>● Hawk-I coordination and education through MATURA’s Child &amp; Adolescent</li> <li>● Free child vaccinations through TCHP</li> </ul>
<b>Aging Problems</b>	<ul style="list-style-type: none"> <li>● ACPH &amp; TCPH</li> <li>● Connections Area Agency on Aging</li> <li>● Matura Action Corporation</li> <li>● The Alzheimer’s Association – Greater Iowa Chapter</li> <li>● Iowa State University Extension and Outreach – Iowa Concern</li> <li>● Care Initiatives – Corning/Bedford</li> <li>● Home Health - TCPH</li> </ul>
<b>Cancer</b>	<ul style="list-style-type: none"> <li>● CHI Health Mercy Corning</li> <li>● American Cancer Society</li> <li>● Care Initiatives – Greenfield Hospice Care</li> <li>● Iowa Cancer Consortium</li> <li>● Hospice of Southwest Iowa</li> <li>● Hospice of Central Iowa</li> </ul>
<b>Chronic Disease (Obesity, Diabetes, Cardiovascular Disease)</b>	<ul style="list-style-type: none"> <li>● CHI Health Wellness Center</li> <li>● ACPH &amp; TCPH</li> <li>● Iowa State University Extension, Live Healthy Iowa</li> <li>● Adams County Economic Development Corporation &amp; Community Foundation</li> <li>● Southern Iowa Council of Governments (SICOG)</li> <li>● Bedford Area Development Center</li> </ul>
<b>Maternal &amp; Child Health</b>	<ul style="list-style-type: none"> <li>● CHI Health Mercy Corning</li> <li>● ACPH &amp; TCPH – Child Care Nurse Consultant</li> <li>● 1<sup>st</sup> Five Healthy Development</li> <li>● Women, Infants &amp; Children (WIC) – Corning</li> <li>● Parents As Teachers Program</li> <li>● Early Childhood Resource Library</li> <li>● Health Education e-Library</li> <li>● MATURA’s Child Care Nurse Consultant, 1st 5, WIC, Maternal Health, Child &amp; Adolescent Health (Hawki)</li> <li>● SWCC Parents as Teachers</li> <li>● TCPH Immunizations and Childhood Lead Poison Prevention Program</li> </ul>
<b>Social Determinants of Health</b> <i>(Poverty, Food, and Housing)</i>	<ul style="list-style-type: none"> <li>● MATURA Action Corporation Taylor County</li> <li>● Southern Iowa Regional Housing Authority</li> <li>● Taylor County Veterans Affairs</li> <li>● Adams County General Relief</li> <li>● Adams County Veterans Affairs</li> <li>● Food Bank of Iowa</li> <li>● Iowa Department of Humans Services</li> </ul>

## **Evaluation of FY20-FY22 Community Health Needs Implementation Strategy**

The previous CHNA for CHI Health Mercy Corning was conducted in 2019. Table 5 illustrates the progress and impact made around CHI Health Mercy Corning’s previous implementation strategy to address community health needs.

**Table 5. FY20-FY22 CHI Health Mercy Corning Implementation Plan Review**

# Priority Area: Social Determinants of Health

Goal	Increase capacity of community-led efforts to address socioeconomic issues that are creating poor health outcomes among Adams and Taylor County residents
Community Indicators	<p><b>CHNA 2016</b></p> <ul style="list-style-type: none"> <li>• Unemployment – 3.4% (Adams), 4.2% (Taylor), 4.2% (Iowa)</li> <li>• 12.3% of persons in poverty in Adams County, 11.6% in Taylor County, 10.7% across Iowa</li> <li>• 18.9% of children under 18 in poverty in Adams County, compared to 17.4% in Taylor, and 15.5% across Iowa</li> <li>• Average number of mentally unhealthy days in past 30 in Adams County was 2.9, 3.1 in Taylor, and 3.1 across Iowa</li> </ul> <p><b>CHNA 2019</b></p> <ul style="list-style-type: none"> <li>• Unemployment – 2.4% (Adams), 2.3% (Taylor), 3.1% (Iowa)</li> <li>• 12.2% of persons in poverty in Adams County, 13.1% in Taylor County, 12.2% across Iowa</li> <li>• 19% of children under 18 in poverty in Adams County, compared to 16% in Taylor, and 13% across Iowa</li> <li>• Average number of mentally unhealthy days in past 30 in Adams County was 3.2, 3.3 in Taylor, and 3.3 across Iowa</li> </ul> <p><b>CHNA 2022</b></p> <ul style="list-style-type: none"> <li>• Unemployment - 2% (Adams), 2.3% (Taylor), 2.9% (Iowa)</li> <li>• 10.8% of persons in poverty in Adams County, 10.5% in Taylor County, 10.2% across Iowa</li> <li>• 16.3% of children under 18 in poverty in Adams County, 10.79% in Taylor County, 13.79% across Iowa</li> <li>• Average number of mentally unhealthy days reported in past 30 days (age-adjusted) in Adams County 3.7, 3.9 in Taylor County, and 3.5 in Iowa (2021 County Health Rankings)</li> </ul>
Timeframe	FY20 - FY22
Background	<p><b>Rationale for priority:</b></p> <ul style="list-style-type: none"> <li>• Community stakeholders identified poor social connectedness, violence, food insecurity, and transportation issues as drivers of poor mental health and substance abuse</li> <li>• Existing work with BHCATC to address behavioral health issues, as well as emerging plans to consider how social supports and programs can improve behavioral health</li> </ul> <hr/> <p><b>Contributing Factors:</b></p> <ul style="list-style-type: none"> <li>• Rural nature of the area creates challenges related to the availability of high-paying jobs, quality and affordable housing, food availability, transportation to access basic needs, as well as opportunities to connect socially</li> </ul> <hr/> <p><b>National Alignment*:</b></p>



- 3.6% of persons with co-occurring substance abuse and mental disorders received treatment for both disorders
- 87% of primary care facilities provide mental health treatment onsite or by paid referral
- 15.1% of persons living below the poverty threshold (baseline measure – no target available)
- 22.0% of children 0-17 living in poverty (baseline measure – no target available)

\*Note: measures may be difficult to capture at the county level given the rural nature of these two counties.

**Additional Information:**

- BHCATC originated from a CHI Health Mission & Ministry grant three years ago, and has made great progress in convening relevant stakeholders (including public health) and identifying work that addresses the drivers of poor health outcomes. Additionally, BHCATC received another three-year grant (FY20-FY22) to continue this work and develop sustainability of the Coalition

**1.1 Strategy & Scope:** Provide strategic partnership and financial support to existing Behavioral Health Coalition of Adams & Taylor Counties (BHCATC) to address social factors that are driving substance abuse, violence and general poor mental health in Adams & Taylor County.

**Relevant Related Activities**

In addition to the specific strategies and key activities outlined above to address Behavioral Health (to be reported annually on Schedule H tax narrative), CHI Health and CHI Health Mercy Corning also supports the following bodies of work related to this health need area:

- Mercy Corning staffs and manages the ambulance services for Adams and Taylor County and collaboration with both County Boards of Supervisors and public health to serve the communities in Adams and Taylor Counties for health and behavioral health related needs
- Mercy Corning offers a tele-psych program based in the emergency department to offer crisis intervention as well as medication management for those needing psychological medications

**Tactic 1.1.1** Identify drivers of behavioral health and substance use issues, such as poverty, social disconnectedness, and transportation, (collectively referred to as Social Determinants of Health) and work to identify strategies to address these drivers in partnership with Coalition participants

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> <li>• Decrease school absenteeism of high risk students</li> </ul>	<p>CHI Health System Role(s):</p> <ul style="list-style-type: none"> <li>• Funder/Grant Manager</li> </ul> <p>CHI Health Mercy Corning Role(s):</p> <ul style="list-style-type: none"> <li>• Participation in BHCATC</li> <li>• Hosting BHCATC meetings</li> <li>• Supported the implementation of needs assessment</li> </ul> <p>Required Resources:</p>	<ul style="list-style-type: none"> <li>• BHCATC</li> <li>• Adams and Taylor County Schools</li> </ul>

- Funding to support community-based programs
- In-kind staff time

Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> <li>● Participate in BHCATC</li> <li>● Implement Online World Learning System (OWLS)</li> </ul>	<p>BHCATC</p> <ul style="list-style-type: none"> <li>● % of programming activities are evidence based, evidence informed, research based and/or best practice strategies.</li> <li>● % of BHCATC coalition members indicated there is always or almost always an openness and acceptance of everyone’s contribution.</li> </ul> <p>Online World Learning System (OWLS)</p> <ul style="list-style-type: none"> <li>● # OWLS purchased</li> <li>● # virtual learning tools (Promethean boards) purchased</li> <li>● # classrooms served</li> <li>● # middle and high school youth served:</li> <li>● #; average age of youth served</li> <li>● % increase in school attendance of students with chronic absences</li> </ul>	<p>BHCATC</p> <ul style="list-style-type: none"> <li>● Program curriculum</li> <li>● Coalition attendance</li> <li>● Coalition survey</li> </ul> <p>Online World Learning System (OWLS) Reporting</p> <ul style="list-style-type: none"> <li>● Purchases/Invoice</li> <li>● Classroom attendance</li> <li>● Pre and post survey</li> <li>● School attendance</li> </ul>

**Results**

<p><b>FY20 Key Activities</b></p> <ul style="list-style-type: none"> <li>● Hosted 9 coalition meetings with an average of 18 members in attendance. Conducted informal needs assessment during spring 2020, in response to the pandemic. Despite programming challenges due to the transition from in-person services to virtual, the coalition expended 100% of grant dollars and maintained continuity of all program offerings.</li> <li>● Launched Online World Learning System (OWLS) in Adams County to address absenteeism of high risk students.</li> </ul> <p><b>FY20 Measures</b></p> <ul style="list-style-type: none"> <li>● BHCATC</li> </ul>
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- 100% of programming activities are evidence based, evidence informed, research based and/or best practice strategies.
- 95% of BHCATC coalition members indicated there is always or almost always an openness and acceptance of everyone’s contribution.
- Online World Learning System (OWLS)
  - 18 OWLS purchased
  - 18 classrooms served
  - 15 middle and high school youth served: 53; average age of youth served
  - 60% increase in school attendance of students with chronic absences

**FY21 Key Activities**

- The BHCATC continued to meet monthly. Despite programming challenges due to the COVID-19 pandemic, the coalition expended 100% of grant dollars and maintained continuity of all program offerings.
- Launched Technology to Serve Youth Program in Adams County to address absenteeism of high risk students.

**FY21 Measures:**

- BHCATC
  - 100% of programming activities are evidence based, evidence informed, research based and/or best practice strategies.
- Technology to Serve Youth Program
  - 2 virtual learning tools (Promethean boards) purchased
  - 221 middle and high school youth served
  - 7% increase in student attendance among chronically absent students

**FY22: Results Pending**

**Tactic 1.1.2:** Support evidence-based programs and trainings (such as trauma-informed care, Capturing Kids Hearts) for health and human services providers to address crisis and support parents and families develop strong positive connections for resilience and long-term health

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> <li>● Decrease in negative behaviors in children</li> <li>● Increase of student attendance</li> <li>● Increase understanding of the impact of trauma on behaviors and outcomes among early childhood family support staff</li> <li>● Improved family functioning, problem solving, communication, and connection to community supports</li> </ul>	<p>CHI Health System Role(s):</p> <ul style="list-style-type: none"> <li>● Funder/Grant Manager</li> </ul> <p>CHI Health Mercy Corning Role(s):</p> <ul style="list-style-type: none"> <li>● Participation in BHCATC</li> <li>● Participation in Wellmark Healthy Hometown Steering Committee</li> </ul> <p>Required Resources:</p>	<ul style="list-style-type: none"> <li>● BHCATC</li> </ul>

- Funding to support community-based programs
- Community partners
- In kind funding

Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> <li>● Deliver Nurtured Heart Approach training to schools, foster homes, child care providers and other community partners</li> <li>● Implement Infant and Early Childhood Mental Health Consultation program</li> </ul>	<p>Trauma Informed Care/Nurtured Heart Approach</p> <ul style="list-style-type: none"> <li>● # of trainings</li> <li>● #of training participants</li> <li>● % of participants indicated a decrease in negative behaviors in children</li> <li>● % of families improved or maintained healthy family functioning, problem solving and communication</li> <li>● % of families were connected to additional community supports</li> </ul> <p>Infant and Early Childhood Health Consultation</p> <ul style="list-style-type: none"> <li>● # of consultation hours provided</li> <li>● % increase in knowledge regarding the impact of trauma on behaviors and outcomes among early childhood family support staff</li> <li>● % increase in the ability to manage challenging behaviors, as reported by early childhood family support staff</li> </ul>	<p>Trauma Informed Care/Nurtured Heart Approach Report</p> <ul style="list-style-type: none"> <li>● Training attendance</li> <li>● Pre and post program survey</li> </ul> <p>Infant and Early Childhood Health Consultation Report</p> <ul style="list-style-type: none"> <li>● Consultation tracking</li> <li>● Pre and post program survey</li> <li>● # of consultation hours provided</li> </ul>
Results		
<p><b>FY20 Key Activities</b></p> <ul style="list-style-type: none"> <li>● Delivered the Nurtured Heart Approach training to schools, foster homes, child care providers and other community partners in Adams and Taylor Counties.</li> <li>● Implemented Infant and Early Childhood Mental Health Consultation program to early childhood family support staff in Adams and Taylor Counties.</li> </ul> <p><b>FY20 Measures</b></p> <ul style="list-style-type: none"> <li>● Nurtured Heart Approach</li> </ul>		

- 6 trainings (4 in Adams County, 2 in Taylor County)
- 90 training participants
- 150 individuals served (foster care families, school staff, child care providers, others)
- 48% of participants indicated a decrease in negative behaviors in children
- 3% increase of student attendance
- Infant and Early Childhood Mental Health Consultation
  - 112 consultation hours provided
  - 28 early childhood family support staff served
  - 9 trainings provided
  - 100% increase in knowledge regarding the impact of trauma on behaviors and outcomes among early childhood family support staff
  - 100% increase in the ability to manage challenging behaviors, as reported by early childhood family support staff

**FY21 Key Activities**

- Delivered trauma informed training utilizing the Nurtured Heart Approach training curriculum to schools, foster homes, child care providers and other community partners in Adams and Taylor Counties.
- Provided \$3,200 to support the Infant and Early Childhood Mental Health Consultation program to early childhood family support staff in Adams and Taylor Counties.

**FY21 Measures:**

- Trauma Informed Care/ Nurtured Heart Approach
  - 17 trainings
  - 89 training participants
  - 22% of participants indicated a decrease in negative behaviors in children
  - 95% of families improved or maintained healthy family functioning, problem solving and communication
  - 82% of families were connected to additional community supports
- Infant and Early Childhood Mental Health Consultation
  - 144 consultation hours provided
  - 100% increase in knowledge regarding the impact of trauma on behaviors and outcomes among early childhood family support staff
  - 100% increase in the ability to manage challenging behaviors, as reported by early childhood family support staff

**FY22: Results Pending**

**Tactic 1.1.3:** Explore the opportunity to expand home visiting and group parent education services and develop an action plan with relevant actions and measures of success.

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> <li>● Improvement or maintenance in healthy family functioning, problem solving, and communication</li> </ul>	CHI Health System Role(s): <ul style="list-style-type: none"> <li>● Funder/Grant Manager</li> </ul>	<ul style="list-style-type: none"> <li>● BHCATC</li> <li>● Southwestern Community College and Taylor County ISU Extension</li> </ul>

- Increase connection to community supports

CHI Health Mercy Corning Role(s):

- Participation in BHCATC
- Participation in Wellmark Healthy Hometown Steering Committee

Required Resources:

- Funding to support community-based programs

Key Activities	Measures	Data Sources/Evaluation Plan
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- Implement Parents as Teachers, home visiting program

Parents as Teachers

- # families served
- % of families are at or below 200% of the federal poverty level
- % of families have an education level of a high school diploma or less
- # children served
- # home visits conducted
- % of families improved or maintained health family functioning, problem solving and communication
- % of families that were connected to additional concrete supports

Parents as Teachers Report

- Consultation tracking
- Pre and post program survey
- # of consultation hours provided
- Service tracking
- Demographics

Results
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**FY20 Key Activities**

- Delivered the Parents as Teachers, home visiting program for families with children under the age of 6 years old in Adams and Taylor Counties, in partnership with Southwestern Community College and Taylor County ISU Extension, respectively.

**FY20 Measures**

- Adams County:
  - 10 families served
    - 100% of families are at or below 200% of the federal poverty level
    - 60% of families have an education level of a high school diploma or less



- 19 children served
- 100 home visits conducted
- 100% of families improved or maintained health family functioning, problem solving and communication
- 63% of families that were connected to additional concrete supports
- Taylor County:
  - 22 families served
    - 91% of families served are at or below 200% of the federal poverty level
    - 41% of families are Hispanic/Latino
    - 82% of families have an education level of a high school diploma or less
  - 38 children served
  - 175 home visits conducted
  - 100% of families improved or maintained health family functioning, problem solving and communication
  - 96% of families that were connected to additional concrete supports

**FY21 Key Activities**

- Expanded the Parents as Teachers, home visiting program for families with children under the age of 6 years old in Adams and Taylor Counties, in partnership with Southwestern Community College and Taylor County ISU Extension, respectively. Home visits increased substantially from the previous year and were conducted virtually due to the COVID-19 pandemic.

**FY21 Measures:**

- 40 families served
- 62 children served
- 439 home visits conducted
- 97% of families served at or below 200% of the federal poverty level

**FY22: Results Pending**

**Tactic 1.1.4:** Support training and programming related to trauma-informed care and other evidence-based programming to address social and emotional wellness for improved resilience and capacity to self-sustain, and develop an action plan with relevant actions and measures of success

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> <li>● Improved social-emotional well-being, self-care, and resilience among students</li> </ul>	CHI Health System Role(s): <ul style="list-style-type: none"> <li>● Support/technical assistance</li> </ul> CHI Health Mercy Corning Role(s): <ul style="list-style-type: none"> <li>● Participation in BHCATC</li> <li>● Participation in Wellmark Healthy Hometown Steering Committee</li> </ul>	<ul style="list-style-type: none"> <li>● BHCATC</li> <li>● Adams and Taylor County Schools</li> </ul>

Required Resources:

- In Kind and cash support
- Curriculum
- School district teachers and staff

Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> <li>● implementation of Nurturing Healthy Sexual Development and Second Step Child Protection Unit education</li> </ul>	Support training and programming <ul style="list-style-type: none"> <li>● # of youth served</li> <li>● # of adults trained</li> <li>● #of youth training sessions delivered</li> <li>● # of adult training sessions delivered</li> </ul>	Support training and programming Reporting <ul style="list-style-type: none"> <li>● Service tracking</li> <li>● Training session attendance</li> </ul>

**Results**

**FY20 Key Activities**

- Worked with local school districts in Adams and Taylor County to plan implementation of Nurturing Healthy Sexual Development and Second Step Child Protection Unit education. Due to delays caused by COVID- 19, it is anticipated that partnership agreements will be secured in FY21. Three trained facilitators are supporting training of school staff.

**FY20 Measures**

- Relevant measures for Nurturing Healthy Sexual Development and Second Step Child Protection Unit education will be reported in FY21, once the program is fully implemented.

**FY21 Key Activities**

- Worked with local school districts in Adams and Taylor County to implement Nurturing Healthy Sexual Development and Second Step Child Protection Unit education.

**FY21 Measures:**

- 86 youth served
- 11 adults trained
- 24 youth training sessions delivered
- 1 adult training sessions delivered

**FY22: Results Pending**

**1.2 Strategy & Scope:** Provide strategic partnership and financial support to existing Behavioral Health Coalition of Adams & Taylor Counties (BHCATC) to address social factors that are driving substance abuse, violence, and general poor mental health in Adams & Taylor County

**Tactic 1.2.1:** provide support to the Corning Feed the Pack program – a back pack food program for children eligible to receive out of school meals (breakfast and lunch) for holiday and school break days – and identify opportunities to improve family capacity for planning and preparing healthy food for children

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> <li>● Improved food security</li> </ul>	CHI Health System Role(s):	<ul style="list-style-type: none"> <li>● BHCATC</li> </ul>

- Increased access to fruits and vegetables
  - Support/technical assistance
  - Funder
  - Adams and Taylor County Schools
  - Corning Feed the Pack- Backpack food access programming
  - Matura Action Corporation- Adams/ Taylor Food Pantry
- CHI Health Mercy Corning Role(s):
- Participation in BHCATC
  - Participation in Wellmark Healthy Hometown Steering Committee
  - Support through cash or in kind funding
- Required Resources:
- Funding to support community-based programs
  - Community partners

Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> <li>• Support Corning Feed the Pack Program</li> <li>• Support Adams and Taylor County Food Banks</li> </ul>	<ul style="list-style-type: none"> <li>• \$ of funding provided</li> </ul>	<ul style="list-style-type: none"> <li>• Invoice/funding agreement</li> </ul>

Results
<p><b>FY20 Key Activities</b></p> <ul style="list-style-type: none"> <li>• Provided \$13,000 in late FY19 (June 2019) to support Corning Feed the Pack program in FY20.</li> </ul> <p><b>FY20 Measures</b></p> <ul style="list-style-type: none"> <li>• No measures to report.</li> </ul> <p><b>FY21 Key Activities</b></p> <ul style="list-style-type: none"> <li>• It was determined that Corning Feed the Pack was sufficiently funded, so CHI Health Mercy Corning leadership elected to provide a total of \$6,800 to the Adams and Taylor County Food Banks for the provision of fresh fruits and vegetables.</li> </ul> <p><b>FY21 Measures:</b></p> <ul style="list-style-type: none"> <li>• No measures to report.</li> </ul> <p><b>FY22: Results Pending</b></p>

**Tactic 1.2.2 Strategy & Scope:** Identify root causes of food insecurity in the community (especially among children) and determine strategies to address and measures for success

Anticipated Impact	Hospital Role/ Required Resources	Partners
<ul style="list-style-type: none"> <li>Increase knowledge of root causes of food insecurity and strategy to address</li> </ul>	<p>CHI Health System Role(s):</p> <ul style="list-style-type: none"> <li>Support / technical assistance</li> </ul> <p>CHI Health Mercy Corning Role(s):</p> <ul style="list-style-type: none"> <li>Participation in BHCATC</li> <li>Participation in Wellmark Healthy Hometown Steering Committee</li> </ul> <p>Required Resources:</p> <ul style="list-style-type: none"> <li>In kind resources</li> </ul>	<ul style="list-style-type: none"> <li>BHCATC</li> <li>Wellmark</li> </ul>
Key Activities	Measures	Data Sources/Evaluation Plan
<ul style="list-style-type: none"> <li>Implement survey among their client/ patient population</li> <li>Partnered with Wellmark and began to create a Wellmark Healthy Hometowns Master Plan for Corning consisting of Eat Well, Move More and Feel Better Strategies.</li> </ul>	<ul style="list-style-type: none"> <li># of survey respondents</li> <li>Identified needs</li> <li>additional measures to be identified in FY22</li> </ul>	<p>BHCATC Survey</p>
Results		
<p><b>FY20 Key Activities</b></p> <ul style="list-style-type: none"> <li>This work was disrupted by the COVID-19 pandemic and staffing changes. More intentional work in FY21 needs to occur related to economic stability and leveraging community resources to best serve the needs of residents in Adams and Taylor Counties.</li> <li>The Behavioral Health Coalition of Adams and Taylor County surveyed its members to identify needs among their client/ patient population that were related to or exacerbated by the COVID-19 pandemic. Food security was cited as a need, however feedback indicated that food pantries were at least partially accommodating the need and there was awareness in the community of resources.</li> </ul> <p><b>FY20 Measures</b></p> <ul style="list-style-type: none"> <li>No measures to report.</li> </ul> <p><b>FY21 Key Activities</b></p>		

- The Behavioral Health Coalition of Adams and Taylor County surveyed its members in FY20 to identify needs among their client/ patient population that were related to or exacerbated by the COVID-19 pandemic. Food security was cited as a need, however feedback indicated that food pantries were at least partially accommodating the need and there was awareness in the community of resources.
- Partnered with Wellmark and began to create a Wellmark Healthy Hometowns Master Plan for Corning consisting of Eat Well, Move More and Feel Better Strategies. Tactics will continue to be identified and refined throughout FY22, but initial relevant tactics include: enhancing the Corning Farmer's Market, launching a Community-Supported Agriculture (CSA) program and expanding a Community Gleaning Program to provide nutritious food to individuals in need through donated produce from community gardens, neighborhood fruit trees and/or local farms.

**FY21 Measures:**

- Relevant measures will be identified and begin to be reported in FY22.

***FY22: Results Pending***

## Dissemination Plan

CHI Health Mercy Corning CHNA will be posted online at [chihealth.com/chna](http://chihealth.com/chna).

### Written Comments

CHI Health Mercy Corning invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the website where they are widely available to the public. No written comments have been received.

## Appendices

### Appendix A: Data Presentation

On October 7th, 2021, various stakeholders convened to review a data presentation and engage in a facilitated discussion to identify and prioritize top health needs for Adams and Taylor Counties. The attached is the data presentation shared.



# CHI Health Corning Community Health Needs Assessment Community Engagement Session

10.7.21



## Community Health Needs Assessment (CHNA)

- Required for every not-for-profit hospital licensed with the state conducted every 3 years
- a systematic process involving the community to identify and analyze community health needs and assets
- to prioritize, plan and act upon unmet community health needs.

**Board must approve by May 2022 (4.21.21)**

## Implementation Strategy (ISP)

- Hospital's plan (3-year) for addressing community health needs
  - includes health needs identified in the community health needs assessment
  - includes evaluation plan to demonstrate impact
  - outlines hospital actions and resources (financial and human)
  - Report annually on tax forms

**Board must approve by July 2022**

# Process for Conducting a CHNA

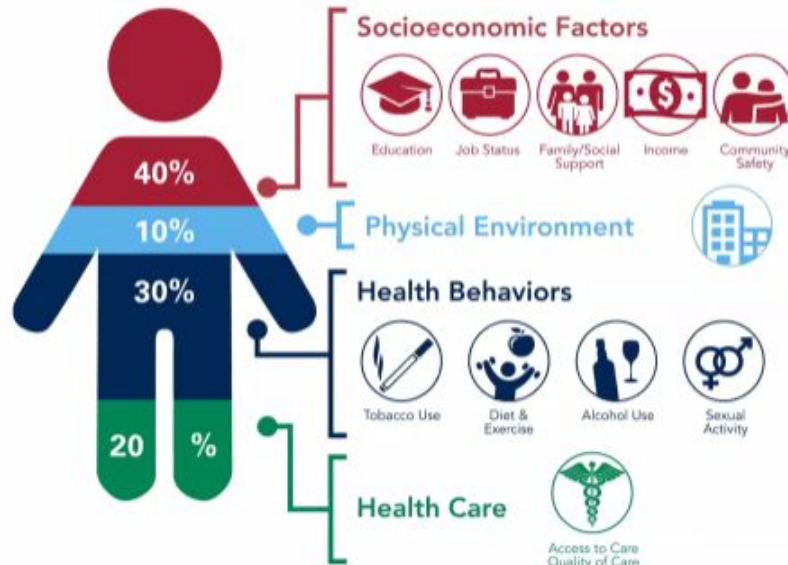
- Step 1: Plan and prepare for the assessment
- Step 2: Define the community/Scope
- Step 3: Identify data that describe the health and health needs of the community
- Step 4: Understand and interpret the data
- Step 5: Define and validate community health priorities
- Step 6: Document and communicate results\*
  - Step 6a: report on previous impact of ISP

Figure 4. ACHI Community Engagement Process for Community Health Needs Assessment



# Health Does Not Occur in Isolation

## Social Determinants of Health



### SDoH Impact

- ➔ **20%** of a person's health and well-being is related to **access to care and quality of services**
- ➔ **The physical environment, social determinants and behavioral factors drive 80%** of health outcomes



Figure 1

## Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

### Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Source: <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

# Setting Priorities

- General Guidelines:
  - severity of the health issue
  - population impacted (making special consideration to **disparities and vulnerable populations**)
  - trends in the data
  - existing partnerships
  - available resources
  - hospital's level of expertise
  - existing initiatives (or lack thereof)
  - potential for impact
  - community's interest in the hospital engaging in that health area



Frieden T. American Journal of Public Health | April 2010, Vol 100, No. 4



# Taylor & Adams County Public Health/ Mercy Corning

## Current Priorities

Adams County	Taylor County	CHI Health Mercy Corning
Access to Mental Health Services	Immunizations	Social Determinants of Health  (1) social factors that are driving substance abuse, violence, and general poor mental health (2) food insecurity
Cancer (breast screening)	Home Health (Older Adults)	
	Blood Pressure Clinics (Cardiovascular Diseases)	

# Mercy Corning FY20-21 Priority Work

FY20	FY21
<b>Behavioral Health Coalition of Adams &amp; Taylor Counties</b>	
Despite transition from in-person services to virtual, the BHCATC expended 100% of grant dollars and maintained continuity of all program offerings.	BHCATC expended 100% of grant dollars and maintained continuity of all program offerings.
Delivered the Nurtured Heart Approach training to schools, foster homes, child care providers and other community partners in Adams and Taylor Counties.	Trauma informed training was provided utilizing the Nurtured Heart Approach and infant and early childhood mental health consultation. A total of 17 trainings were provided serving 89 participants; 144 hours of consultation provided.
Implemented Infant and Early Childhood Mental Health Consultation program to early childhood family support staff in Adams and Taylor Counties.	Provided \$3,200 for Joyce Westphal to train home visitation service providers.
Delivered the Parents as Teachers, home visiting program for families with children under the age of 6 years old in Adams and Taylor Counties, in partnership with Southwestern Community College and Taylor County ISU Extension, respectively.	The Parents as Teachers Programs was expanded and served 40 families, 62 children and conducted 439 home & virtual visits.
Worked with local school districts in Adams and Taylor County to plan implementation of Nurturing Healthy Sexual Development and Second Step Child Protection Unit education.	Nurturing Healthy Sexual Development and Child Protection Second Step was implemented and served 86 youth 11 adults and provided 24 youth sessions and 1 adult session.
Launched Online World Learning System (OWLS) in Adams County to address absenteeism of high risk students.	Technology was utilized to promote positive mental health for at risk youth. Promethean boards were purchased serving 221 youth.
<b>Address Food Insecurity</b>	
Provided \$13k to support Corning Feed the Pack program	Provided \$6,800 to support Adams & Taylor County Food Pantries.

## CHI Health Critical Access Hospital



### FY20 KEY STATS:



**158**

INPATIENT ADMISSIONS



**19,931**

TOTAL OUTPATIENT VISITS



**166**

IP/OP SURGERIES



**1,674**

IP/OP ED VISITS



**127**

EMPLOYEES ON CAMPUS

### SERVICES:

- Emergency Services
- Specialty Clinics
- Surgery
- Cardiovascular Services
- Mental/Behavioral Health
- Physical Therapy
- Geriatric Services

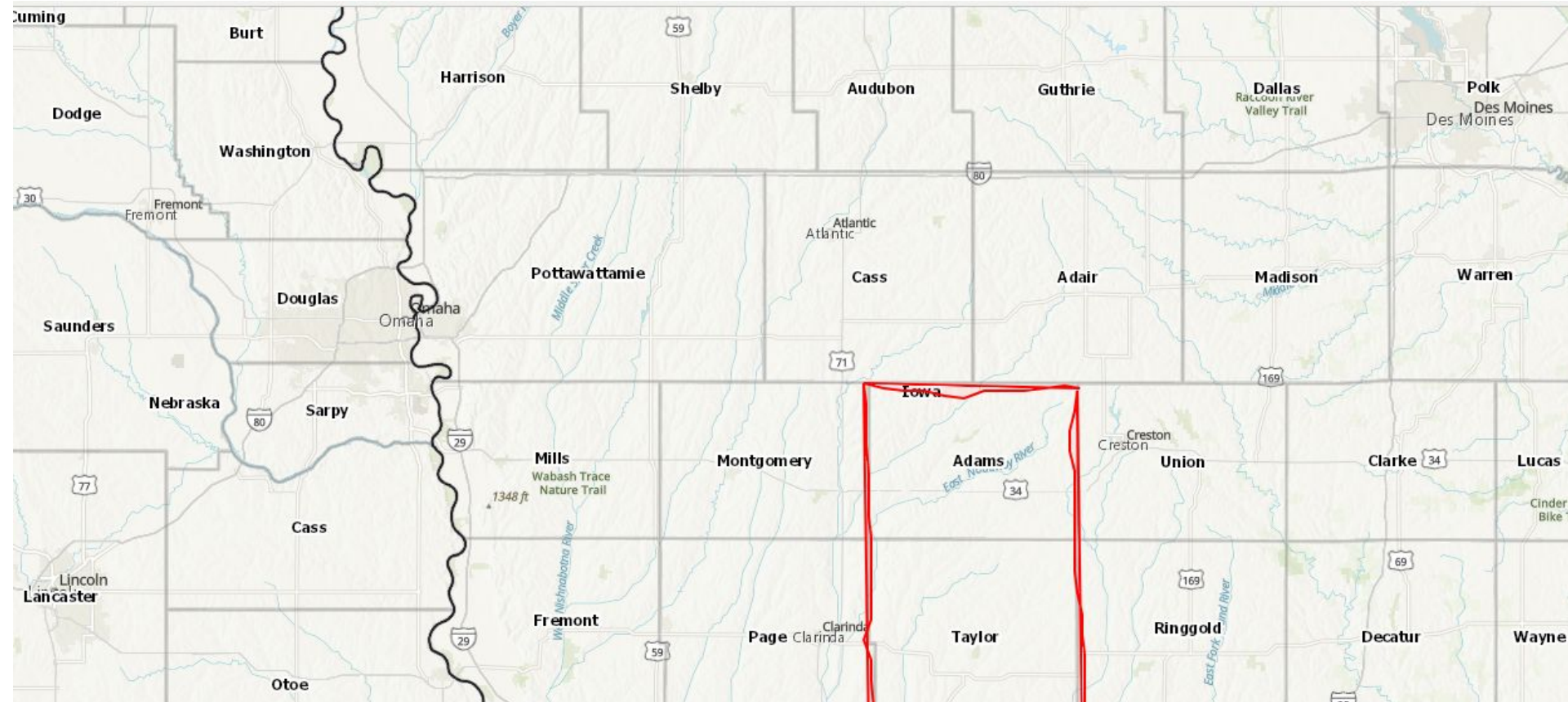
### IP Encounters by Type, 2021

Service Line	Encounters	% of Total
General Medicine	130	46%
Cardiovascular	40	14%
General Surgery	32	11%
Orthopedics	27	10%

Adams & Taylor Cos. 2018 Population: **9,864**



# Community Definition



# Demographics- Adams & Taylor Counties

All Topics	Adams County, Iowa	Taylor County, Iowa	Iowa	United States
Population estimates, July 1, 2019, (V2019)	3,602	6,121	3,155,070	328,239,523
<b>PEOPLE</b>				
<b>Population</b>				
Population estimates, July 1, 2019, (V2019)	3,602	6,121	3,155,070	328,239,523
Population estimates base, April 1, 2010, (V2019)	4,029	6,317	3,046,871	308,758,105
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-10.6%	-3.1%	3.6%	6.3%
Population, Census, April 1, 2020	3,704	5,896	3,190,369	331,449,281
Population, Census, April 1, 2010	4,029	6,317	3,046,355	308,745,538
<b>Age and Sex</b>				
Persons under 5 years, percent	△ 5.3%	△ 6.5%	△ 6.2%	△ 6.0%
Persons under 18 years, percent	△ 20.9%	△ 23.4%	△ 23.0%	△ 22.3%
Persons 65 years and over, percent	△ 23.7%	△ 22.7%	△ 17.5%	△ 16.5%
Female persons, percent	△ 50.1%	△ 49.0%	△ 50.2%	△ 50.8%
<b>Race and Hispanic Origin</b>				
White alone, percent	△ 97.4%	△ 97.4%	△ 90.6%	△ 76.3%
Black or African American alone, percent (a)	△ 0.5%	△ 0.6%	△ 4.1%	△ 13.4%
American Indian and Alaska Native alone, percent (a)	△ 0.5%	△ 0.4%	△ 0.5%	△ 1.3%
Asian alone, percent (a)	△ 0.7%	△ 0.5%	△ 2.7%	△ 5.9%
Native Hawaiian and Other Pacific Islander alone, percent (a)	△ Z	△ 0.1%	△ 0.2%	△ 0.2%
Two or More Races, percent	△ 0.8%	△ 1.1%	△ 2.0%	△ 2.8%
Hispanic or Latino, percent (b)	△ 1.4%	△ 7.8%	△ 6.3%	△ 18.5%
White alone, not Hispanic or Latino, percent	△ 96.1%	△ 90.1%	△ 85.0%	△ 60.1%





# Demographics- Adams & Taylor Counties

## Cont.

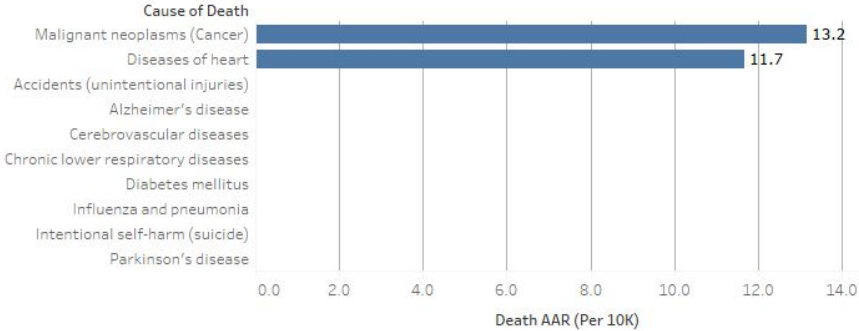
Population Characteristics				
📌 Veterans, 2015-2019	272	468	185,671	18,230,322
📌 Foreign born persons, percent, 2015-2019	0.6%	4.0%	5.3%	13.6%
Housing				
📌 Housing units, July 1, 2019, (V2019)	2,012	3,109	1,418,626	139,684,244
📌 Owner-occupied housing unit rate, 2015-2019	81.7%	78.2%	71.1%	64.0%
📌 Median value of owner-occupied housing units, 2015-2019	\$87,500	\$80,600	\$147,800	\$217,500
📌 Median selected monthly owner costs -with a mortgage, 2015-2019	\$1,084	\$1,030	\$1,260	\$1,595
📌 Median selected monthly owner costs -without a mortgage, 2015-2019	\$391	\$398	\$485	\$500
📌 Median gross rent, 2015-2019	\$549	\$568	\$789	\$1,062
📌 Building permits, 2020	7	6	12,623	1,471,141
Families & Living Arrangements				
📌 Households, 2015-2019	1,598	2,616	1,265,473	120,756,048
📌 Persons per household, 2015-2019	2.21	2.32	2.40	2.62
📌 Living in same house 1 year ago, percent of persons age 1 year+, 2015-2019	88.7%	88.7%	85.2%	85.8%
📌 Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	1.5%	7.1%	8.3%	21.6%
Computer and Internet Use				
📌 Households with a computer, percent, 2015-2019	85.5%	84.6%	89.0%	90.3%
📌 Households with a broadband Internet subscription, percent, 2015-2019	75.5%	75.2%	80.8%	82.7%
Education				
📌 High school graduate or higher, percent of persons age 25 years+, 2015-2019	93.8%	90.2%	92.1%	88.0%
📌 Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	15.6%	14.5%	28.6%	32.1%
Health				
📌 With a disability, under age 65 years, percent, 2015-2019	6.7%	9.5%	7.9%	8.6%
📌 Persons without health insurance, under age 65 years, percent	⚠️ 6.0%	⚠️ 8.3%	⚠️ 6.0%	⚠️ 10.2%



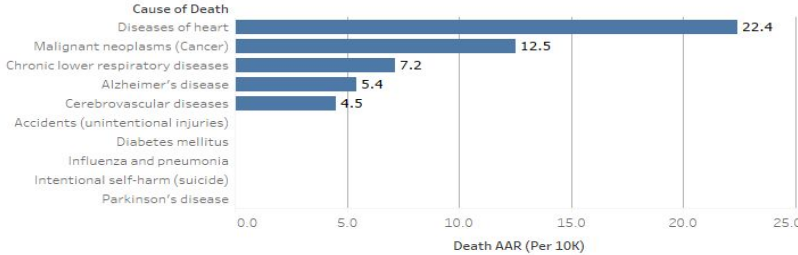


# Top Causes of Death- Adams, Taylor & State of IA

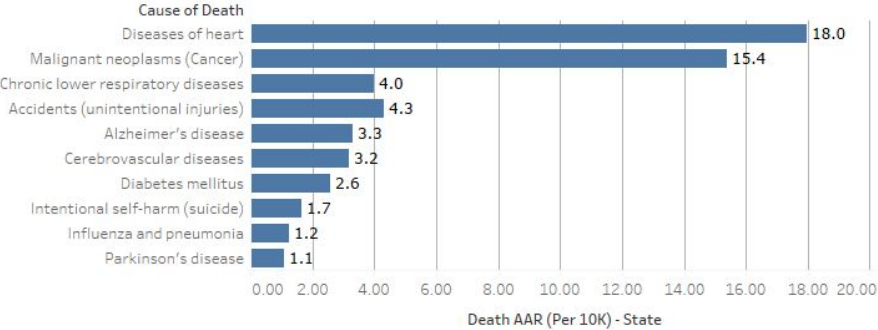
County Top 10 Causes of Death - 2020 Adams County



County Top 10 Causes of Death - 2020 Taylor County



State Top 10 Causes - 2020



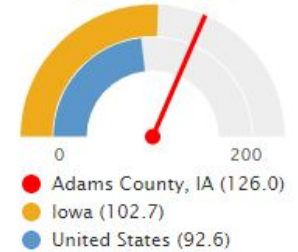
# Coronary Heart Disease- Mortality

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Adams County, IA	3,684	43	233.4	<b>126.0</b>
Iowa	3,143,104	21,932	139.6	102.7
United States	325,134,494	1,822,811	112.1	92.6

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County → Show more details

Coronary Heart Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)

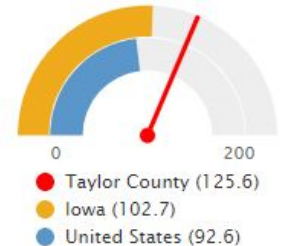


Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Taylor County, IA	6,182	71	229.7	<b>125.6</b>
Iowa	3,143,104	21,932	139.6	102.7
United States	325,134,494	1,822,811	112.1	92.6

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County → Show more details

Coronary Heart Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



## Top Five Most Commonly Diagnosed Cancers

The table below shows counts and age-adjusted incidence rates of the five most common newly diagnosed cancers by site for the 5-year period 2014-2018.

Area Name	Cancer Site	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Adams County, Iowa	1 - Prostate (All Stages^), 2014-2018	5	158.2
Adams County, Iowa	2 - Lung & Bronchus (All Stages^), 2014-2018	4	54.8
Adams County, Iowa	3 - Oral Cavity & Pharynx (All Stages^), 2014-2018	Suppressed	Suppressed
Adams County, Iowa	4 - Leukemia (All Stages^), 2014-2018	Suppressed	Suppressed
Adams County, Iowa	5 - Bladder (All Stages^), 2014-2018	Suppressed	Suppressed
Iowa	1 - Breast (All Stages^), 2014-2018	2,555	132.6
Iowa	2 - Lung & Bronchus (All Stages^), 2014-2018	2,503	62.6
Iowa	3 - Prostate (All Stages^), 2014-2018	2,180	112.1
Iowa	4 - Colon & Rectum (All Stages^), 2014-2018	1,653	43.2
Iowa	5 - Melanoma of the Skin (All Stages^), 2014-2018	1,010	28.1
Taylor County, Iowa	1 - Breast (All Stages^), 2014-2018	6	147.2
Taylor County, Iowa	2 - Lung & Bronchus (All Stages^), 2014-2018	5	59.3
Taylor County, Iowa	3 - Prostate (All Stages^), 2014-2018	5	101.1
Taylor County, Iowa	4 - Colon & Rectum (All Stages^), 2014-2018	4	35.6
Taylor County, Iowa	5 - Esophagus (All Stages^), 2014-2018	Suppressed	Suppressed



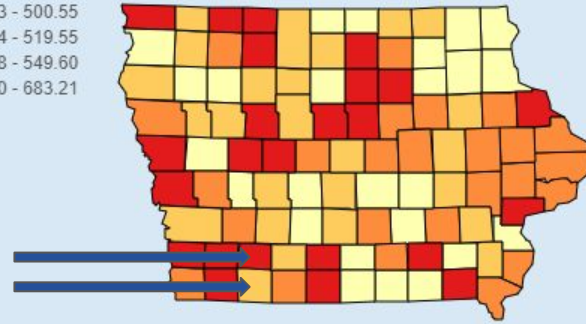
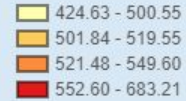
## Age-Adjusted Cancer Incidence Rates in Iowa

All Sites, 2013 - 2017

By County

Age-Adjusted to the 2000 U.S. Standard Million Population

Iowa Rate: 523.03 / per 100,000



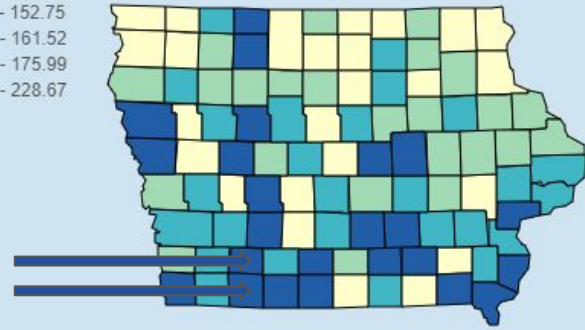
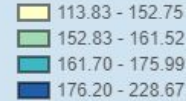
## Age-Adjusted Cancer Mortality Rates in Iowa

All Sites, 2013 - 2017

By County

Age-Adjusted to the 2000 U.S. Standard Million Population

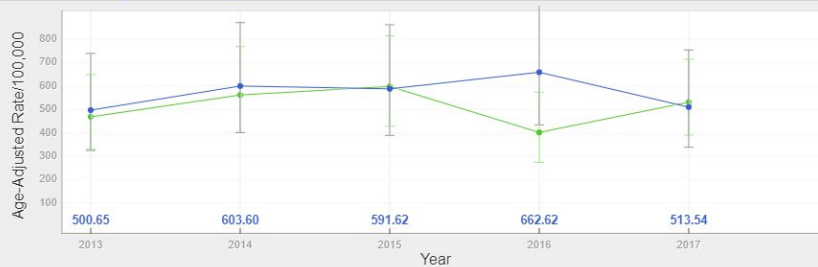
Iowa Rate: 161.56 / per 100,000



### Cancer Incidence Rates in Iowa

All Sites, 2013 - 2017

Rates by Year, All Sites **Trend Graph, All Sites** 5 Year Profile, All Sites



Adams Taylor

### Cancer Mortality Rates in Iowa

All Sites, 2013 - 2017

Rates by Year, All Sites **Trend Graph, All Sites** 5 Year Profile, All Sites



Taylor Adams

# Cancer Mortality Rates by Site

## Adams County

Cancer Mortality Rates in Iowa  
5 Year Profile, All Sites, 2013 - 2017

[Rates by Year, All Sites](#) [Trend Graph, All Sites](#) [5 Year Profile, All Sites](#)

This table displays the most recent 5 years of cumulative cancer rates for each cancer site.

Export as .csv

Site	Population at Risk	Total	Crude Rate	Age-adjusted Rate	95% Confidence Interval
All Sites	18877	56	296.7	179.3	[133.8, 238.2]
Lung and Bronchus	15214	16	105.2	60.0	[34.0, 103.3]
Colon & Rectum	11461	5	43.6	28.2	[ 8.4, 75.6]
Miscellaneous	15185	6	39.5	21.8	[ 7.9, 55.0]
Myeloid and Monocytic Leukemia	11432	4	35.0	20.1	[ 5.4, 61.9]
Prostate (males only)	7567	2	26.4	16.8	[ 1.9, 76.5]
Breast	15185	4	26.3	14.3	[ 3.9, 45.2]
Liver and Intrahepatic Bile Duct	11432	2	17.5	14.3	[ 1.4, 58.5]
Pancreas	15124	4	26.4	13.9	[ 3.8, 44.4]

Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Million Population.  
Data accessed October 3, 2021. Based on data released July 2021.

## Taylor County

Cancer Mortality Rates in Iowa  
5 Year Profile, All Sites, 2013 - 2017

[Rates by Year, All Sites](#) [Trend Graph, All Sites](#) [5 Year Profile, All Sites](#)

This table displays the most recent 5 years of cumulative cancer rates for each cancer site.

Export as .csv

Site	Population at Risk	Total	Crude Rate	Age-adjusted Rate	95% Confidence Interval
All Sites	31045	83	267.4	177.4	[139.1, 224.1]
Lung and Bronchus	31045	16	51.5	31.0	[17.6, 52.9]
Pancreas	18641	7	37.5	27.5	[10.5, 61.0]
Prostate (males only)	15671	6	38.3	26.5	[ 9.6, 62.3]
Breast	24789	7	28.2	23.1	[ 8.4, 50.9]
Miscellaneous	31045	11	35.4	22.1	[10.4, 42.9]
Colon & Rectum	18650	7	37.7	21.1	[ 8.3, 49.2]
Liver and Intrahepatic Bile Duct	18550	3	16.2	12.7	[ 2.4, 41.0]
Kidney and Renal Pelvis	18658	3	16.1	10.4	[ 2.1, 35.7]

Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Million Population.  
Data accessed October 3, 2021. Based on data released July 2021.

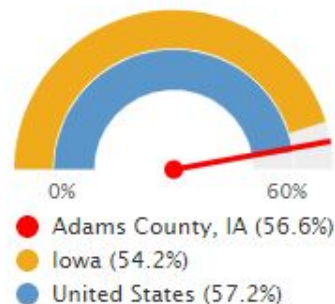




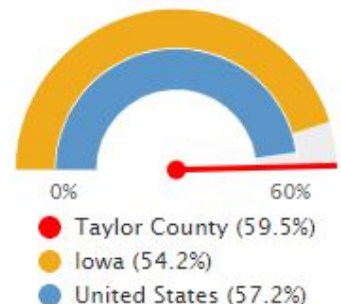
# High Blood Pressure

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with High Blood Pressure	Beneficiaries with HBP %
Adams County	890	504	<b>56.60%</b>
Taylor County	1,511	899	<b>59.50%</b>
IA	459,489	249,193	54.20%
US	33,499,472	19,162,770	57.20%

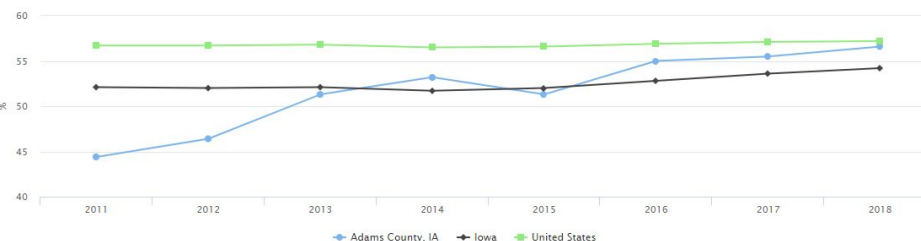
Percentage of Medicare Beneficiaries with High Blood Pressure



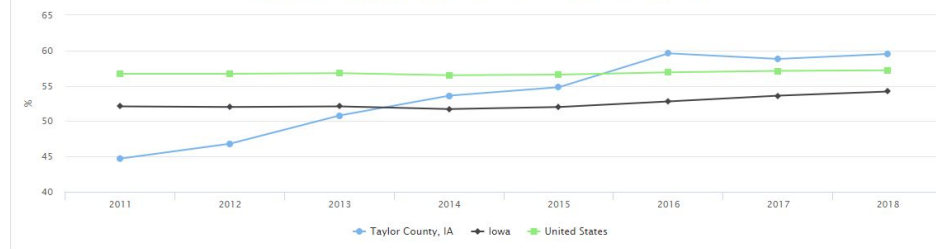
Percentage of Medicare Beneficiaries with High Blood Pressure



Medicare Population with High Blood Pressure by Year, 2011 through 2018



Medicare Population with High Blood Pressure by Year, 2011 through 2018



Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2018. Source geography: County → Show more details

# Healthcare Access

	Iowa	Adams (AA), IA <b>X</b>	Taylor (TY), IA <b>X</b>
<b>Clinical Care</b>			
Uninsured	6%	7%	7%
Primary care physicians	1,360:1	3,650:1	3,100:1
Dentists	1,450:1	1,200:1	2,040:1
Mental health providers	610:1	3,600:1	6,120:1
Preventable hospital stays	3,536	1,445	3,158
Mammography screening	52%	51%	48%

## Prenatal care in Iowa

Location	Data Type	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Iowa	Percent	75.5%	84.8%	84.0%	84.1%	83.9%	79.4%	78.7%	79.1%	79.0%	83.8%
Adams	Percent	75.0%	86.5%	79.6%	87.7%	90.2%	70.6%	62.2%	73.3%	63.6%	77.5%
Taylor	Percent	76.9%	83.6%	81.9%	78.1%	87.0%	48.1%	48.6%	52.1%	42.6%	82.1%



# Mental Health & Health Behaviors

Iowa

Adams (AA), IA **X**Taylor (TY), IA **X**

## Health Outcomes

### Length of Life

Health Outcome	Iowa	Adams (AA), IA <b>X</b>	Taylor (TY), IA <b>X</b>
Premature death	6,200		7,400
<b>Quality of Life</b>			
Poor or fair health	<b>i</b> 13%	14%	16%
Poor physical health days	<b>i</b> 3.1	3.3	3.6
Poor mental health days	<b>i</b> 3.5	3.7	3.9
Low birthweight	7%	6%	6%
<b>Health Factors</b>			
<b>Health Behaviors</b>			
Adult smoking	<b>i</b> 17%	20%	21%
Adult obesity	<b>i</b> 34%	37%	34%
Food environment index	<b>i</b> 8.5	8.9	9.0
Physical inactivity	<b>i</b> 23%	25%	22%
Access to exercise opportunities	83%	54%	64%
Excessive drinking	<b>i</b> 26%	25%	22%
Alcohol-impaired driving deaths	27%	0%	40%
Sexually transmitted infections	<b>i</b> 466.7	189.9	356.1
Teen births	18	26	24

### Quality of Life

## Health Factors

### Health Behaviors



Iowa Youth Survey • 2018 Adams County Results

Iowa Youth Survey • 2018 State of Iowa Results

During the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks or more in a row that you stopped doing some usual activities?

IYS Question B62	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
	Yes	10%	0%	15%	29%	18%	35%	20%	*	*	20%	*	*	19%	16%	22%	24%	16%	33%	33%	23%	43%	25%	18%
No	90%	100%	85%	71%	82%	65%	80%	*	*	80%	*	*	81%	84%	78%	76%	84%	67%	67%	77%	57%	75%	82%	68%
Percent who answered question	96%	100%	93%	97%	100%	94%	93%	*	*	96%	*	*	97%	96%	97%	98%	98%	98%	98%	97%	98%	97%	97%	98%



Iowa Youth Survey • 2018 Adams County Results												Iowa Youth Survey • 2018 State of Iowa Results												
During the past 12 months, have you seriously thought about killing yourself?																								
IYS Question B63	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
	Yes	11%	0%	17%	29%	18%	35%	24%	*	*	21%	*	*	15%	13%	18%	23%	16%	30%	26%	20%	33%	21%	16%
No	89%	100%	83%	71%	82%	65%	76%	*	*	79%	*	*	85%	87%	82%	77%	84%	70%	74%	80%	67%	79%	84%	73%
Percent who answered question	90%	100%	82%	97%	100%	94%	93%	*	*	93%	*	*	96%	96%	95%	97%	97%	97%	97%	97%	98%	97%	97%	97%

Iowa Youth Survey • 2018 Adams County Results												Iowa Youth Survey • 2018 State of Iowa Results												
During the past 12 months, have you made a plan about how you would kill yourself?																								
IYS Question B64	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
	Yes	2%	0%	4%	11%	9%	12%	12%	*	*	7%	*	*	6%	5%	7%	12%	7%	16%	13%	10%	16%	10%	7%
No	98%	100%	96%	89%	91%	88%	88%	*	*	93%	*	*	94%	95%	93%	88%	93%	84%	87%	90%	84%	90%	93%	87%
Percent who answered question	96%	100%	93%	97%	100%	94%	93%	*	*	96%	*	*	96%	96%	96%	97%	97%	98%	97%	97%	98%	97%	97%	97%



Iowa Youth Survey • 2018 Taylor County Results													Iowa Youth Survey • 2018 State of Iowa Results											
During the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks or more in a row that you stopped doing some usual activities?																								
IYS Question B62	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
	Yes	14%	15%	13%	20%	6%	40%	21%	12%	33%	18%	11%	29%	19%	16%	22%	24%	16%	33%	33%	23%	43%	25%	18%
No	86%	85%	87%	80%	94%	60%	79%	88%	67%	82%	89%	71%	81%	84%	78%	76%	84%	67%	67%	77%	57%	75%	82%	68%
Percent who answered question	92%	87%	100%	98%	97%	100%	98%	100%	96%	96%	94%	99%	97%	96%	97%	98%	98%	98%	98%	97%	98%	97%	97%	98%

Iowa Youth Survey, Taylor County Results, 2018

Iowa Youth Survey • 2018 Taylor County Results													Iowa Youth Survey • 2018 State of Iowa Results											
During the past 12 months, have you tried to kill yourself?																								
IYS Question B65	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
	Yes	2%	0%	4%	5%	0%	12%	2%	0%	4%	3%	0%	7%	3%	3%	4%	6%	3%	8%	5%	4%	7%	5%	3%
No	98%	100%	96%	95%	100%	88%	98%	100%	96%	97%	100%	93%	97%	97%	96%	94%	97%	92%	95%	96%	93%	95%	97%	94%
Percent who answered question	94%	90%	100%	98%	97%	100%	97%	97%	96%	96%	94%	99%	96%	96%	97%	97%	98%	98%	98%	97%	98%	97%	97%	97%

Note: Question B65 is a skip question. If a respondent answered "No" to question B65, he or she was skipped to question C1 and a "No" response was inserted into the data set for question B66.



Iowa Youth Survey • 2018 Taylor County Results												Iowa Youth Survey • 2018 State of Iowa Results												
During the past 12 months, have you seriously thought about killing yourself?																								
IYS Question B63	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
	Yes	12%	11%	14%	20%	8%	36%	14%	3%	29%	16%	8%	27%	15%	13%	18%	23%	16%	30%	26%	20%	33%	21%	16%
No	88%	89%	86%	80%	92%	64%	86%	97%	71%	84%	92%	73%	85%	87%	82%	77%	84%	70%	74%	80%	67%	79%	84%	73%
Percent who answered question	92%	90%	96%	98%	97%	100%	97%	97%	96%	96%	94%	97%	96%	96%	95%	97%	97%	97%	97%	97%	98%	97%	97%	97%

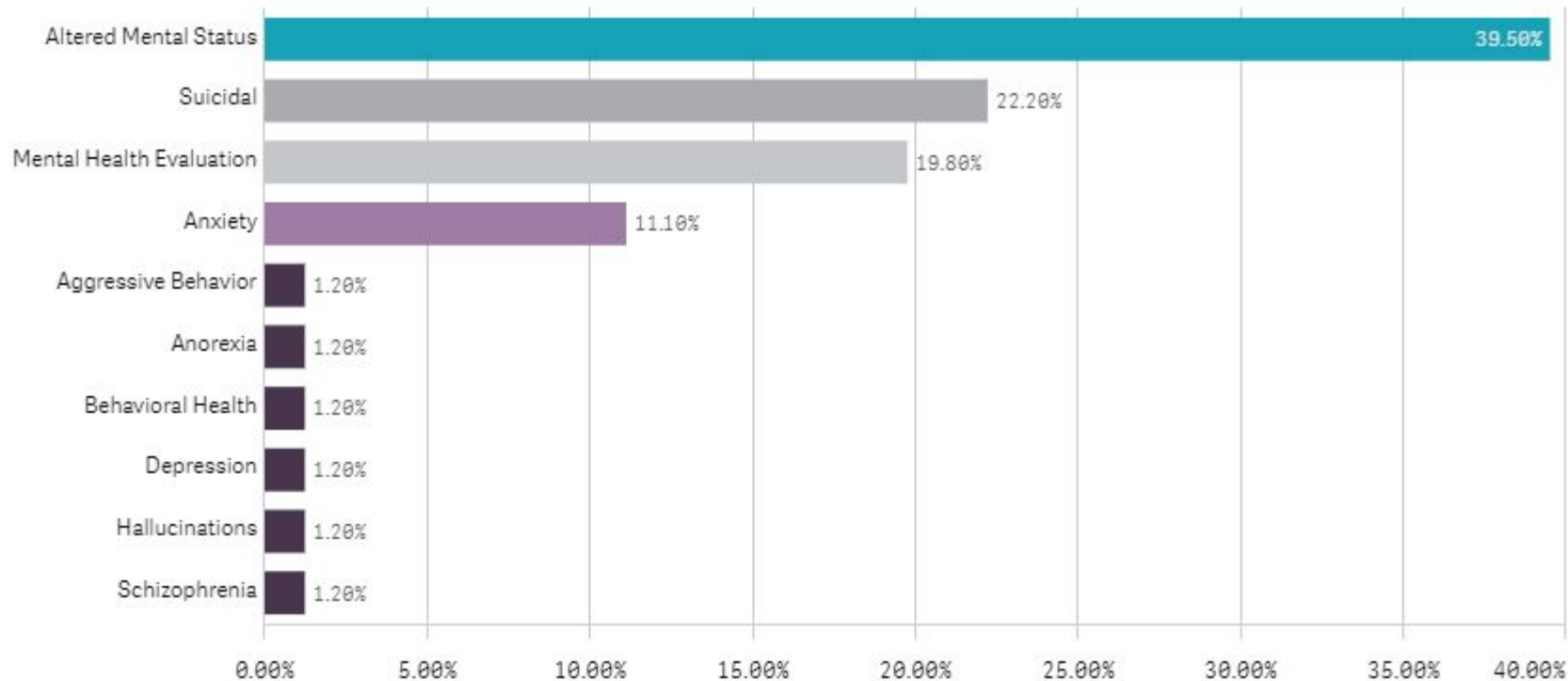
Iowa Youth Survey • 2018 Taylor County Results												Iowa Youth Survey • 2018 State of Iowa Results												
During the past 12 months, have you made a plan about how you would kill yourself?																								
IYS Question B64	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
	Yes	5%	9%	0%	13%	6%	24%	7%	6%	9%	9%	7%	11%	6%	5%	7%	12%	7%	16%	13%	10%	16%	10%	7%
No	95%	91%	100%	87%	94%	76%	93%	94%	91%	91%	93%	89%	94%	95%	93%	88%	93%	84%	87%	90%	84%	90%	93%	87%
Percent who answered question	94%	90%	100%	98%	97%	100%	97%	100%	92%	96%	95%	97%	96%	96%	96%	97%	97%	98%	97%	97%	98%	97%	97%	97%



# CHI Health Mercy Corning- ED visits- BH

Behavioral visits: 83 Total ED visits: 1,514 (Time frame: Nov 2020- Oct 2021)

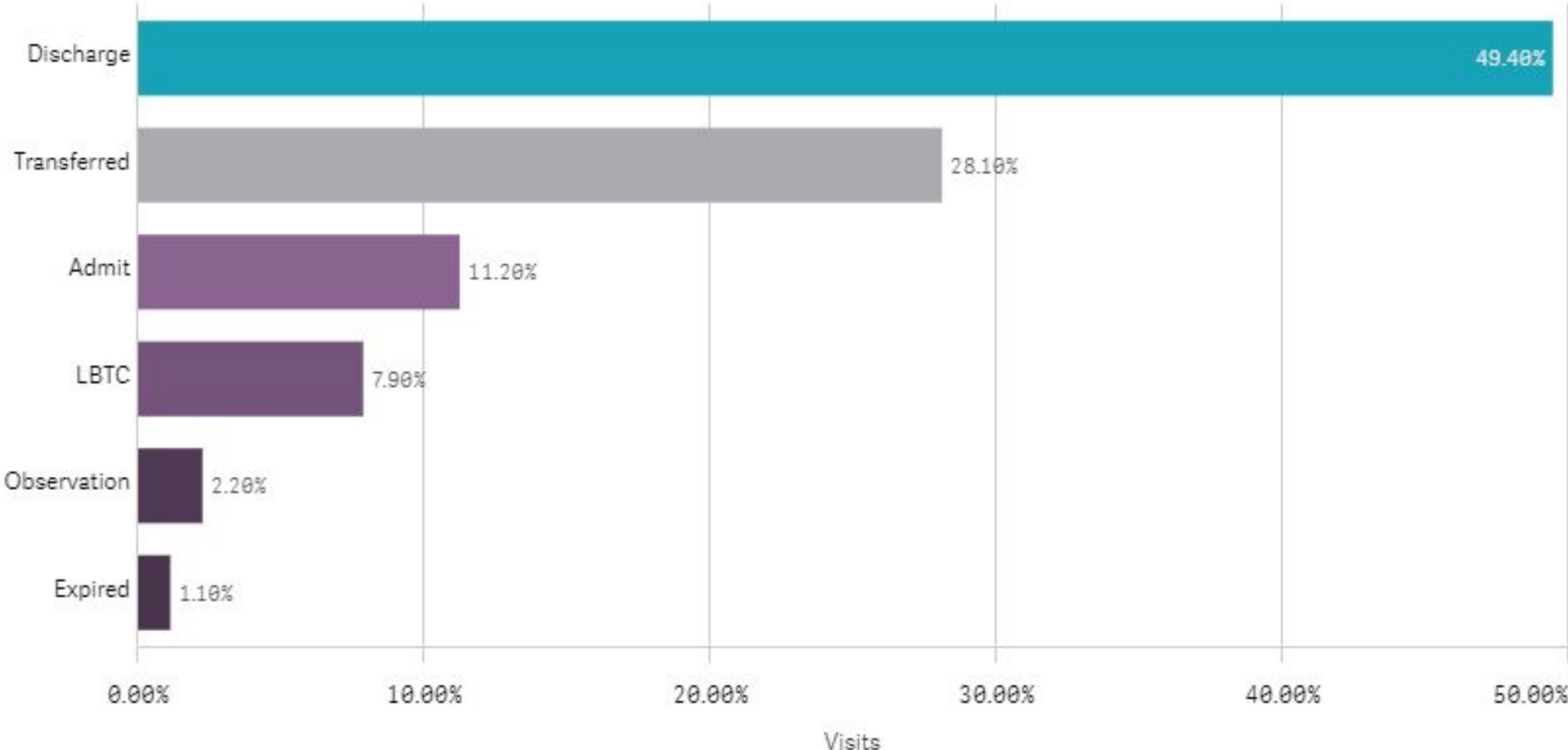
## Visits by Primary Complaint





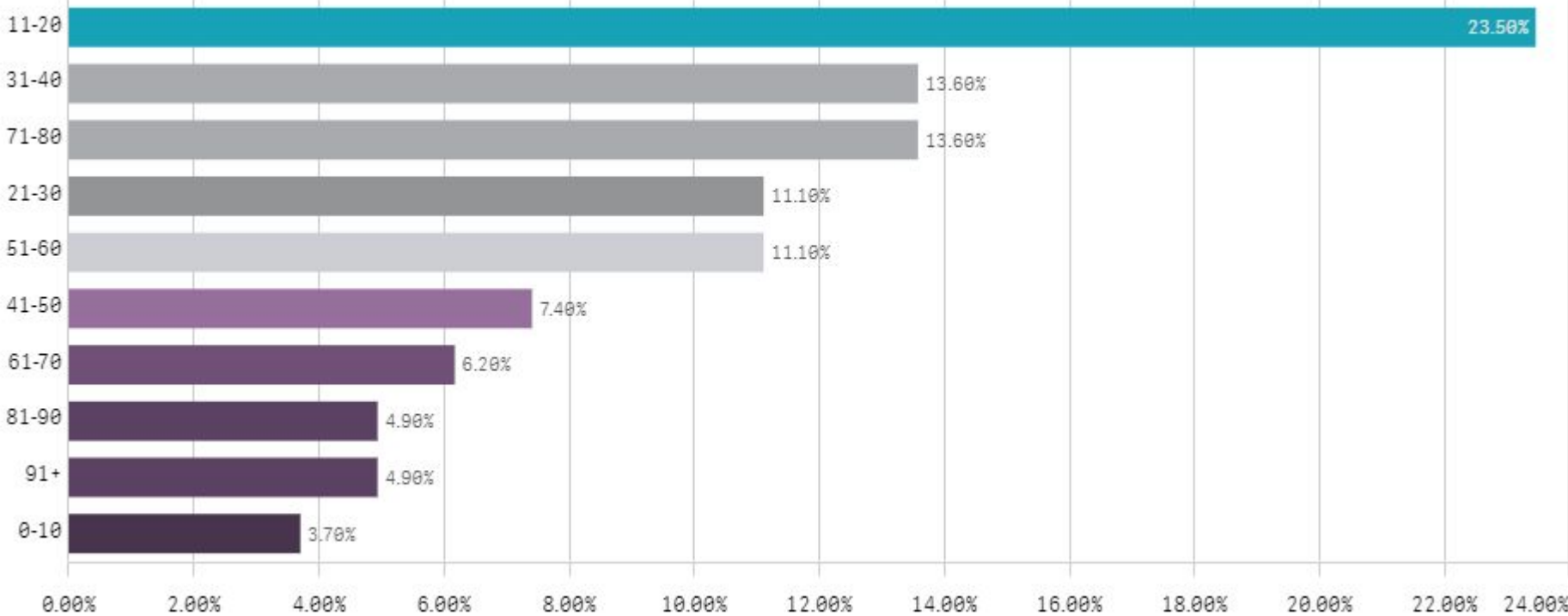
# CHI Health Mercy Corning- ED visits- BH 2021- Cont.

Visits by Disposition



# CHI Health Mercy Corning- ED visits- BH 2021- Cont.

Visits by



SDoH

# Poverty

Nearly 1 in 5 children in Adams County are living in poverty

Children Living in Poverty, *Data source: U.S. Census Bureau*

## Iowa Summary Information

Top U.S. Performers: 10% (10th percentile)  
 Range in Iowa (Min-Max): 4-29%  
 Overall in Iowa: 13%

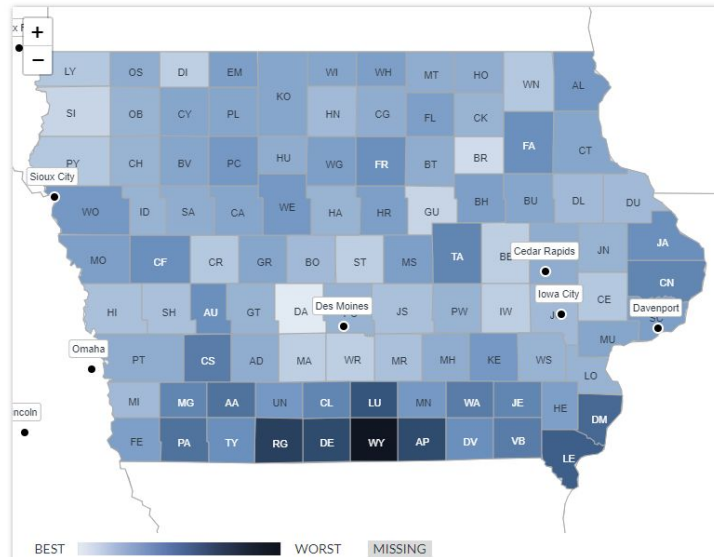
Years of Data Used: 2019

## Children in poverty

Percentage of people under age 18 in poverty.

The 2021 County Health Rankings used data from 2019 for this measure.

Map | Data | Description | Data Source | Strategies



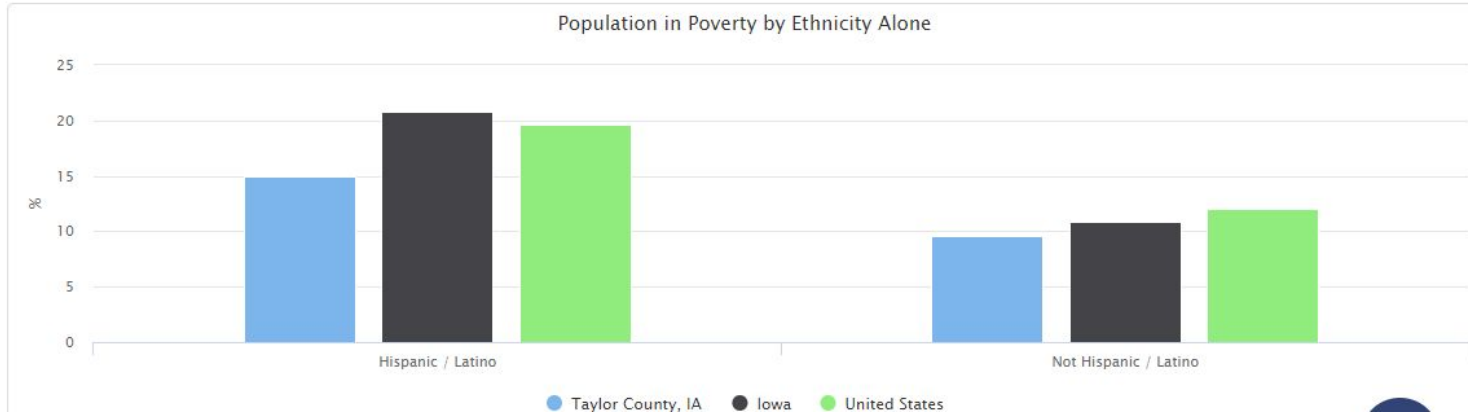
Location	Data Type	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Iowa	Percent	16.2%	17.1%	16.1%	16.0%	15.5%	14.9%	14.6%	12.6%	13.5%	12.8%
Adams	Percent	20.7%	21.7%	20.7%	20.4%	18.9%	20.2%	22.0%	18.7%	20.3%	19.6%
Taylor	Percent	18.9%	18.5%	19.0%	18.0%	17.4%	20.3%	18.5%	15.5%	15.6%	17.1%

# Poverty by Ethnicity- Taylor County

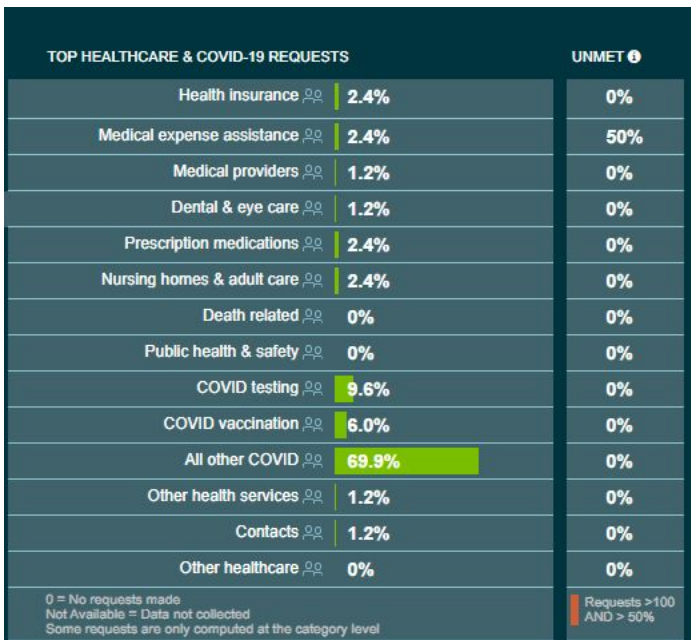
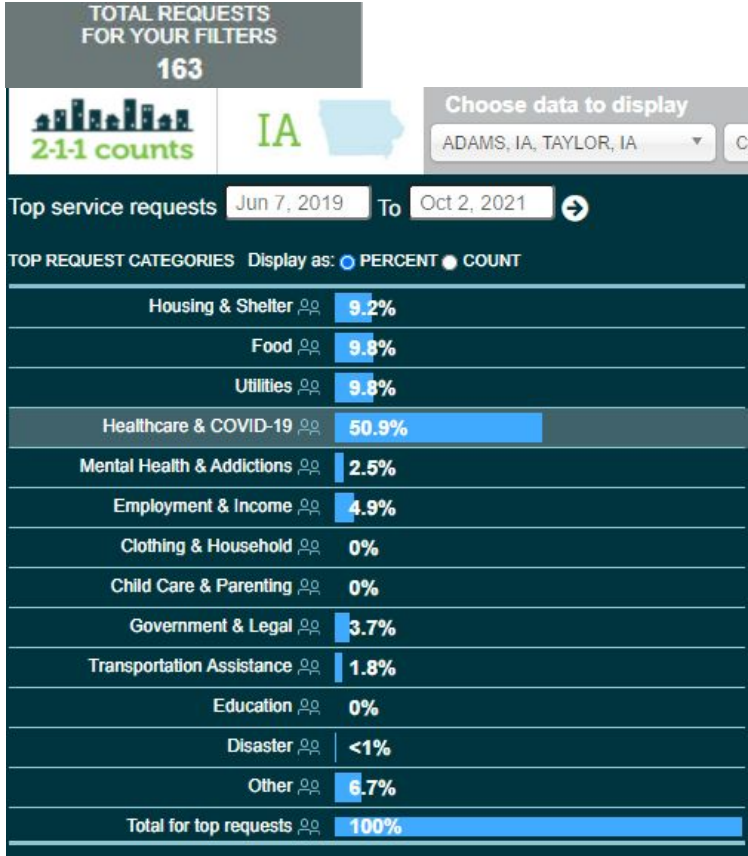
## Population in Poverty by Ethnicity Alone

This indicator reports the population in poverty in the report area by ethnicity alone.

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Taylor County, IA	71	535	14.95%	9.62%
Iowa	37,928	310,194	20.76%	10.86%
United States	11,256,244	31,254,599	19.64%	12.05%



# 211 Service Requests



## Request by time

Healthcare & COVID-19 requests in the last year and prior year

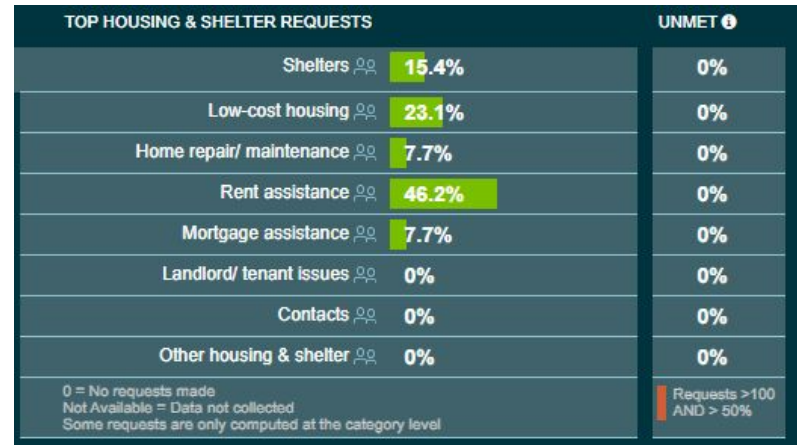
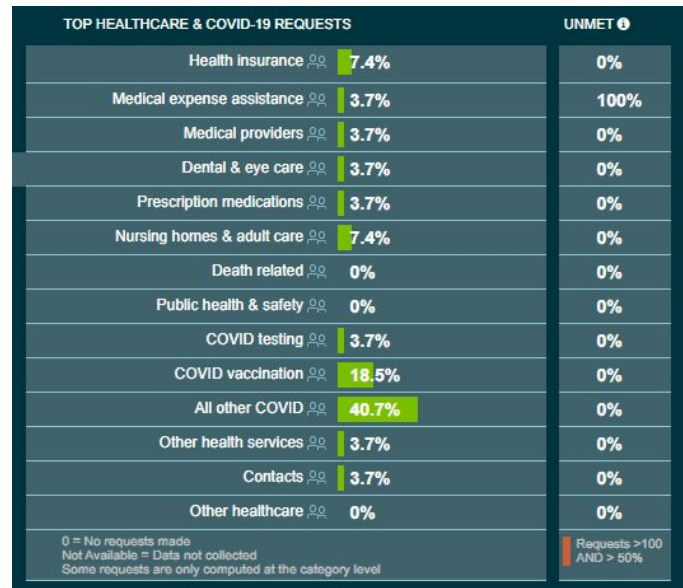
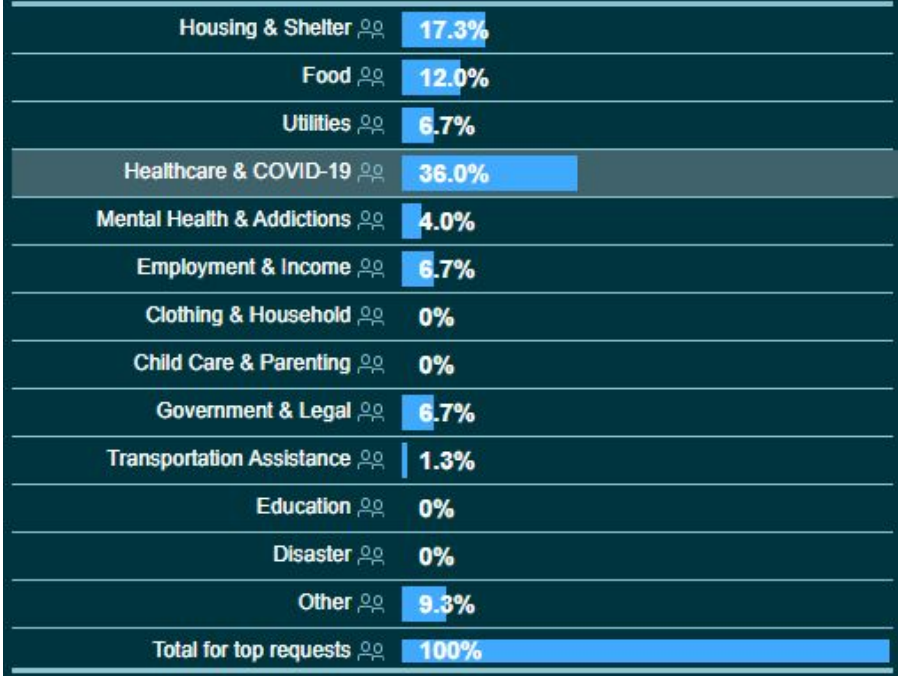


# 211 Service Requests- Continued

TOTAL REQUESTS  
FOR YOUR FILTERS  
75

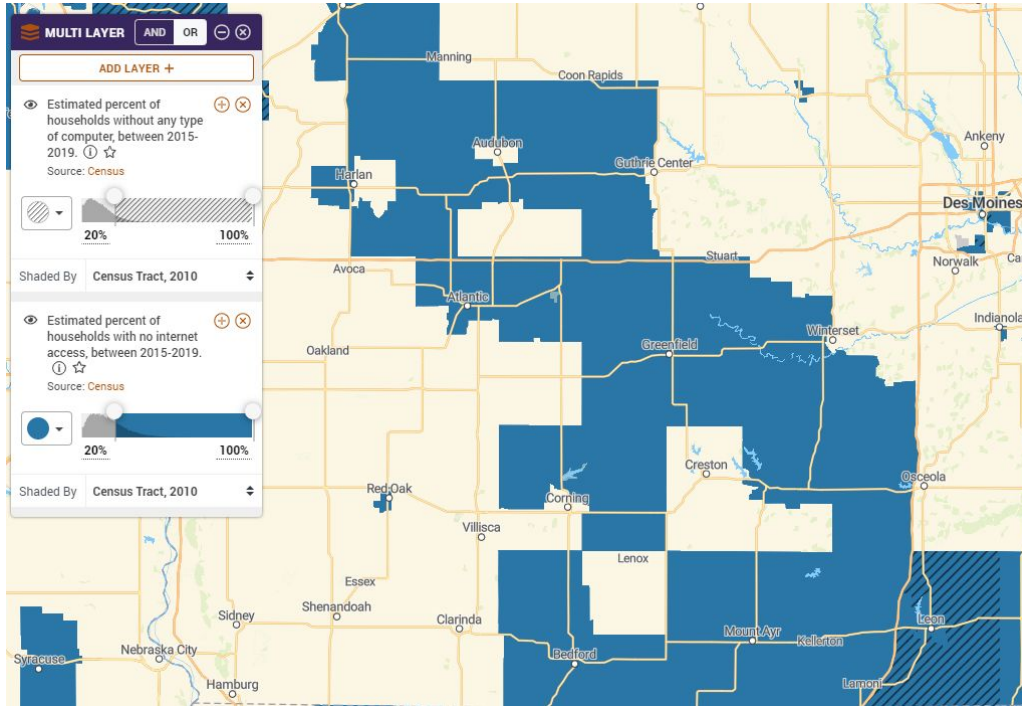
Top service requests Oct 03, 2020 to Oct 02, 2021

TOP REQUEST CATEGORIES Display as:  PERCENT  COUNT





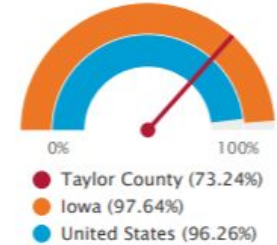
# Internet & Computer Access



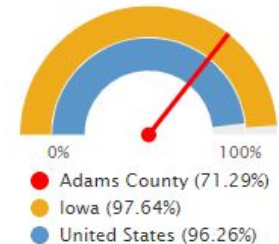
## Broadband Access

In Taylor County, 73.24% of the population has access to high-speed internet. Access to technology opens up opportunities for employment and education.

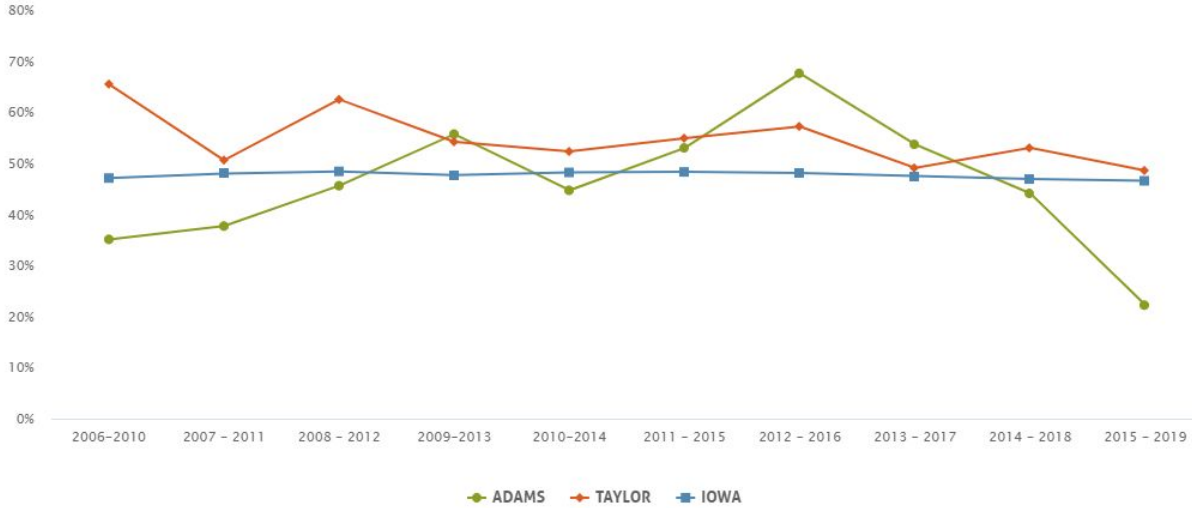
Percentage of Population with Access to Broadband Internet (DL Speeds > 25MBPS)



Percentage of Population with Access to Broadband Internet (DL Speeds > 25MBPS)

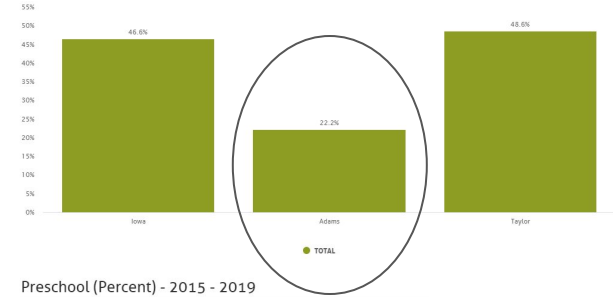


# Early Childhood Education



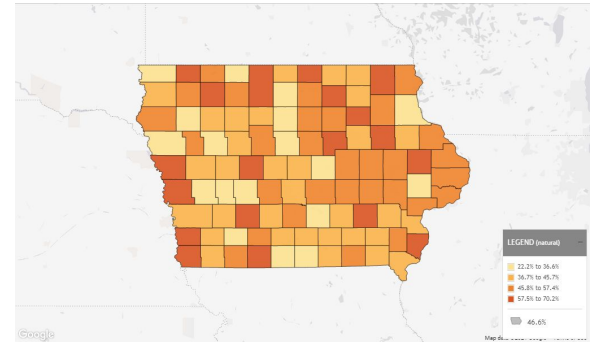
## Preschool (Percent)

Common Good Iowa  
 KIDS COUNT Data Center, [datacenter.kidscount.org](http://datacenter.kidscount.org)  
 A project of the Annie E. Casey Foundation



Preschool (Percent) - 2015 - 2019

Common Good Iowa  
 KIDS COUNT Data Center, [datacenter.kidscount.org](http://datacenter.kidscount.org)  
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Preschool (Percent) - 2015 - 2019

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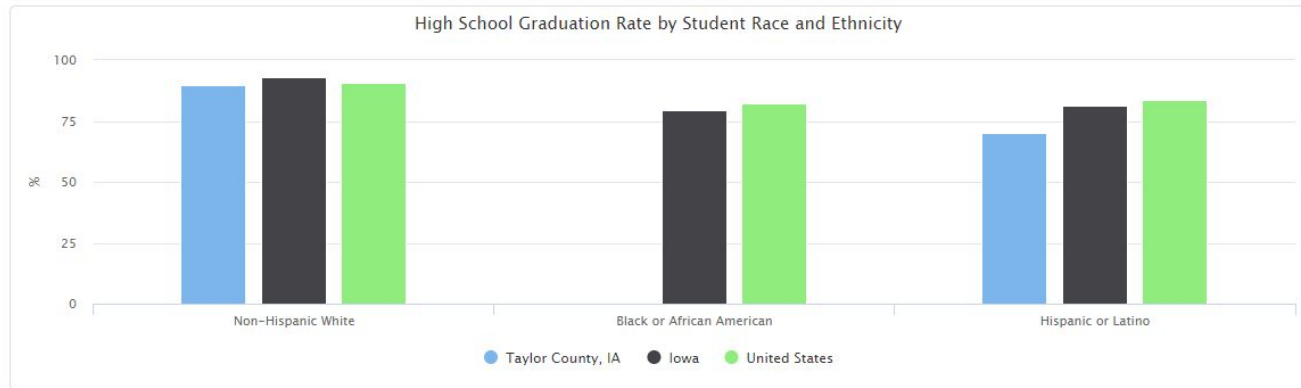
# High School Graduation by Race/ Ethnicity- Taylor County only

## High School Graduation Rate by Student Race and Ethnicity

The table and chart below display local, state, and national variation in cohort graduation rates by student race and ethnicity.

*Note: Data are suppressed for some school districts for population groups when the "universe" population falls below a certain threshold. County, state, and national summaries are aggregates of district level data and may not represent all students when suppression has occurred .*

Report Area	Non-Hispanic White	Black or African American	Hispanic or Latino
Taylor County, IA	89.6%	No data	70.0%
Iowa	92.9%	79.6%	81.3%
United States	90.8%	82.1%	83.7%



# Child Immunizations

## Child Immunization (Percent)

Location	Data Type	2004	2005	2006	2007	2008
Iowa	Percent	91.4%	93.6%	94.3%	88.4%	72.8%
Adams	Percent	88.9%	93.3%	86.7%	80.0%	69.2%
Taylor	Percent	88.2%	92.0%	100.0%	100.0%	80.0%

<https://datacenter.kidscount.org/data/customreports/2716,2801/1236,1238-1240,1243-1245,1248,6751,9287>



# Adverse Childhood Experiences



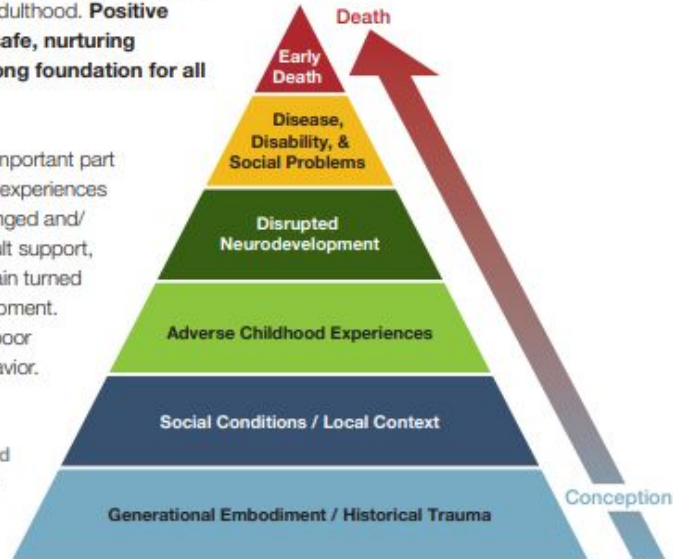
## WHY we need to respond

### EARLY ADVERSITY CAN DISRUPT DEVELOPMENT

Starting before birth, a child's brain is constructed through an ongoing process that continues into adulthood. **Positive interactions with caring adults in safe, nurturing environments early in life lay a strong foundation for all development that follows.**

Learning to cope with adversity is an important part of a child's development. But if a child experiences stress that is powerful, frequent, prolonged and/or unpredictable without adequate adult support, their stress-response system can remain turned on at all times and disrupt their development. Over time, this disruption can lead to poor outcomes in health, learning, and behavior.

The newly updated ACEs pyramid, developed by the Ryse Center and adapted by the GDC to explain the experiences of Black youth, shows the lifetime trajectory of trauma, starting before conception. This graphic shows what factors can contribute to trauma that then can lead to disrupted development and poor outcomes.



## ABUSE

**Emotional abuse:** Parent or adult in the household swore at you, insulted you, or put you down.

**Physical abuse:** Parent or adult in the household hit, beat, kicked, or physically hurt you. (Does not include spanking.)

**Sexual abuse:** An adult or someone at least 5 years older than you ever touched you sexually, tried to make you touch them sexually, or forced you to have sex.

## HOUSEHOLD CHALLENGES

**Separation:** Were your parents separated or divorced?

**Domestic violence:** Parents or adults in the household slapped, hit, kicked, punched, or beat each other up.

**Substance abuse:** Parent or adult in the household used illegal street drugs or abused prescription medications.

**Mental illness:** Parent or adult in the household was depressed, mentally ill, or suicidal.

**Incarcerated household member:** A member of the household went to prison, jail, or other correctional facility.

## NEGLECT

Items with \* symbol are reverse-scored to reflect the framing of the question.

**Emotional:** Someone in your family helped you feel important or special; you felt loved. Your family was a source of strength or support.\*

**Physical:** Someone protected you and took care of you; someone took you to the doctor if you needed it.\* Your parents were too drunk or high to take care of the family.

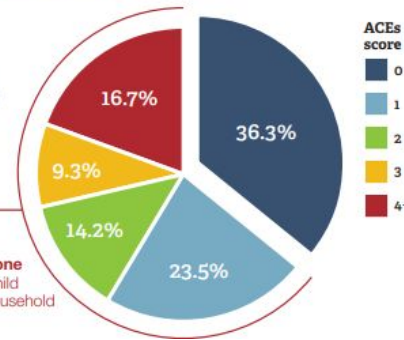


# ACEs & Health Outcomes

Childhood trauma can reduce life expectancy by up to 20 years.  
(CDC ACE Study research)

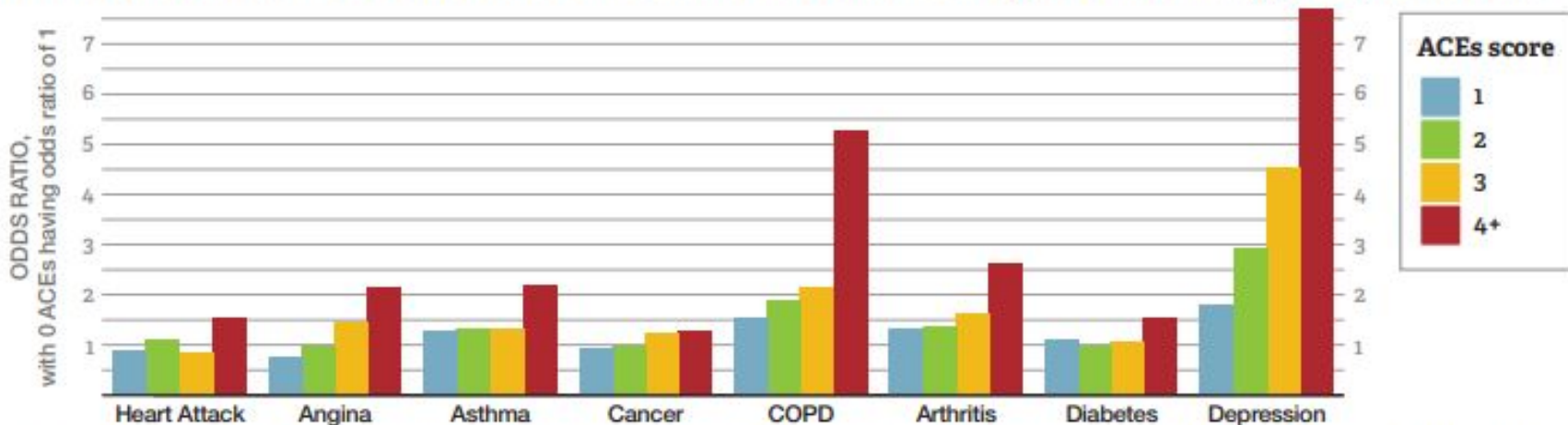
## PERCENT OF IOWA ADULT POPULATION REPORTING ACES AND NEGLECT BY TOTAL NUMBER

This chart shows the percentage of the Iowa adult population experiencing specific numbers of ACEs. 59.8% experienced zero or 1 type of ACE or neglect. 16.7% experienced four or more ACEs and/or neglect.



## ODDS OF DEVELOPING HEALTH CONDITIONS BASED ON ACES/NEGLECT

The measured effects of ACEs score on each chronic condition were controlled for age, race and ethnicity, gender, and education.



This chart represents odds ratios, or how many times more likely an adult with ACEs is to experience a given health outcome compared to those without ACEs. For example, those reporting four or more ACEs/neglect are 5.25 times more likely to have COPD, 2.21 times more likely to develop asthma, and 7.69 times more likely to have depression than those reporting zero ACEs.

# ACEs prevalence by region



According to leading researchers, there are two primary ways that childhood adversity can transform into long-term health issues:

- Disease that occurs as the result of coping strategies such as overeating, smoking, or drug use
- Disease caused by chronic, toxic stress (Felitti, 2009)

## ACES IMPACT ON HEALTH-RISK BEHAVIORS

ACES research shows that we must consider the underlying issues that might cause behaviors we see in individuals that can lead to health problems. For some, adopting health-risk behaviors, such as smoking, substance use, or risky sexual activity, has less to do with

poor decision-making than with fulfilling a psychological need to de-stress, protect oneself, or feel loved. A smoker, for example, may find that smoking assists in relaxing their overactive stress-response system.

The ACEs data shows the correlation between experiencing childhood trauma and adopting health-risk behaviors. In one national study, for example, adults who reported experiencing four or more ACEs were six times more likely to report initiation of alcohol use by age 14 than those with zero ACEs (Dube, 2008).

Childhood trauma can **reduce life expectancy by up to 20 years.**

Source: CDC ACE Study research

Understanding the correlation between ACEs and risky behaviors might help address some of the unique challenges we are experiencing and improve Iowans' health.



**25%** of Iowans reported **binge drinking** in the past 30 days, higher than the national average.



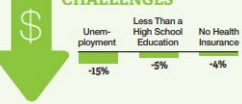
**8,500** Iowans were admitted for **meth use** treatment in 2018, up 50% from 2014.

Source: Iowa Dept. of Public Health

## POTENTIAL REDUCTION OF NEGATIVE OUTCOMES IN ADULTHOOD

According to the CDC, preventing ACEs could lower the risk of developing health conditions in adulthood, reduce risky behaviors, improve education and employment potential, and stop ACEs from being passed from one generation to the next. This graphic shows the potential reduction of specific negative outcomes in adulthood by preventing ACEs.

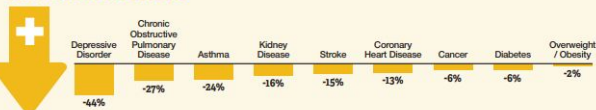
### SOCIOECONOMIC CHALLENGES



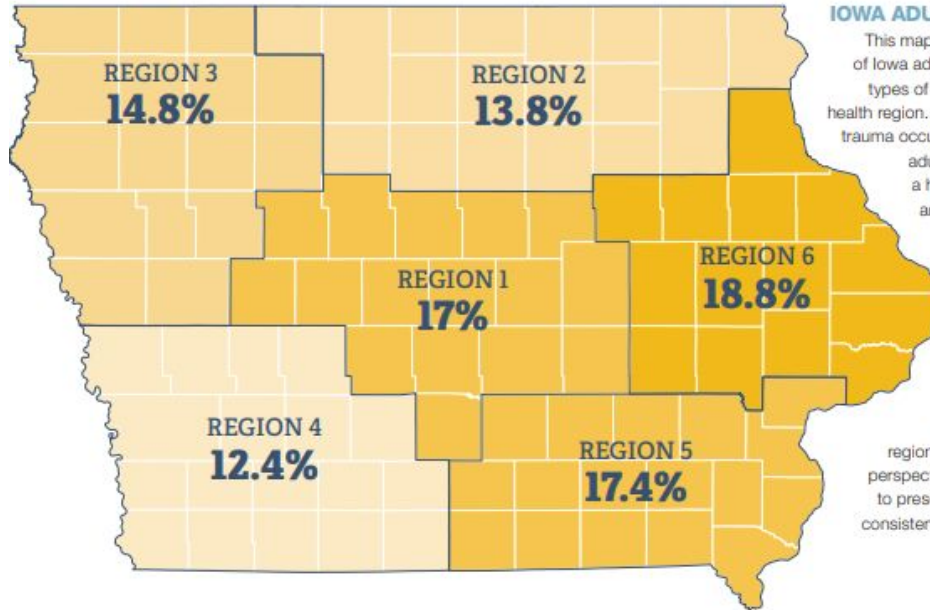
### HEALTH-RISK BEHAVIORS



### HEALTH CONDITIONS



## Prevalence of ACEs by region



### IOWA ADULTS WITH 4+ ACEs

This map highlights the percentage of Iowa adults reporting four or more types of ACEs or neglect by public health region. It does not indicate where trauma occurred, but rather where the adults who have experienced a higher percentage of ACEs are living today. The regions range from 12-19% of adults reporting 4+ ACEs, signifying the need for trauma-informed frameworks throughout Iowa.

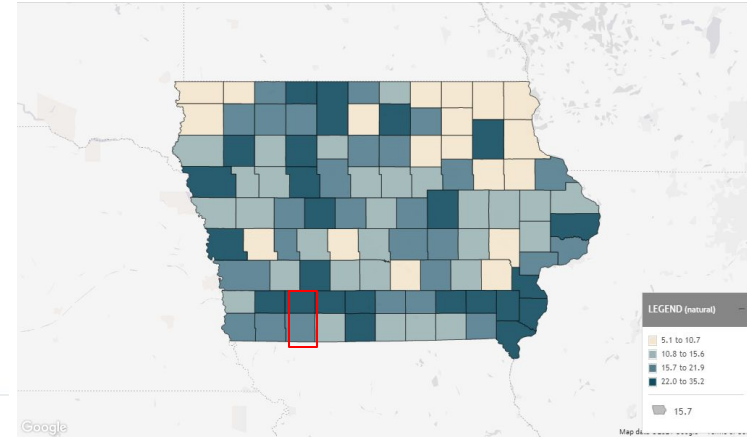
Why did we feature a regional map? Using a regional rather than county-level perspective allows Iowa ACEs 360 to present the most accurate and consistent data analysis throughout the state.



# Child Abuse & Neglect



Child Abuse And Neglect (Per 1,000 Children, Age 0-17) (Rate) - 2010-2019



Child Abuse And Neglect (Per 1,000 Children, Age 0-17) (Rate) - 2019

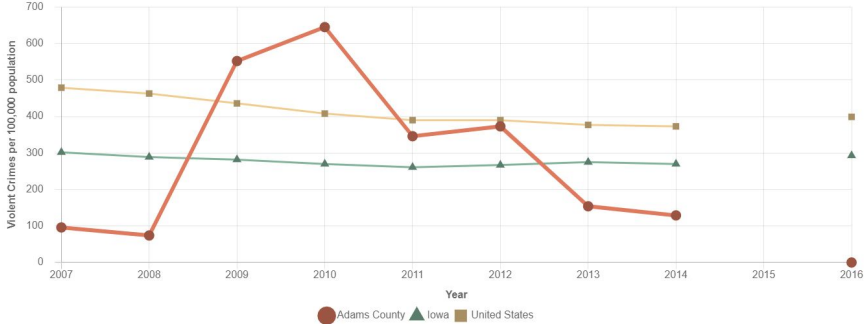
Common Good Iowa  
 KIDS COUNT Data Center, [datacenter.kidscount.org](http://datacenter.kidscount.org)  
 A project of the Annie E. Casey Foundation

Location	Data Type	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Iowa	Rate	17.3	16.1	16.1	17.0	10.2	11.4	12.2	12.9	15.8	15.7
Adams	Rate	28.3	33.0	27.5	41.5	10.8	12.3	22.0	26.9	28.6	26.1
Taylor	Rate	10.2	9.5	13.1	14.3	15.5	6.8	22.6	19.6	17.9	17.4

# Violence

Violent crime in Adams County, IA  
County, State and National Trends

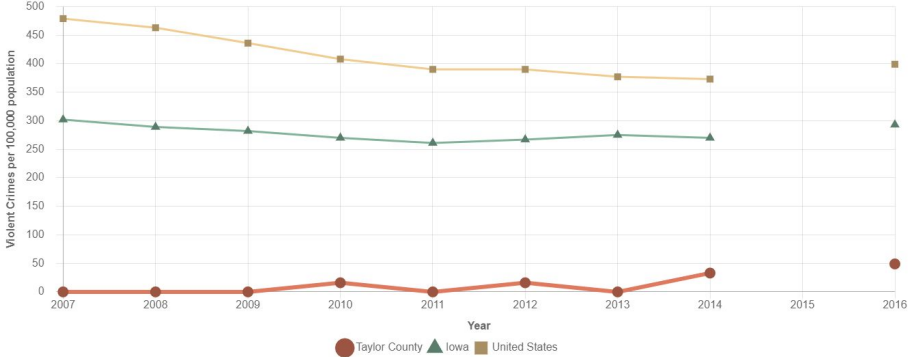
No significant long term trend was found in Adams County for this measure. However, in recent years the trend has improved.



Notes:  
2015 data is unavailable for all counties and states.

Violent crime in Taylor County, IA  
County, State and National Trends

Taylor County is getting worse for this measure.



Notes:  
2015 data is unavailable for all counties and states.

Annual Avg Violent Crimes: Adams & Taylor County (3, respectively)

**Violent crime** rate 66 per 100,000 in Adams (no discernible trend), 41 in Taylor (trend is getting worse; rate increased) and 282 in IA

\*very small numbers make trending unreliable



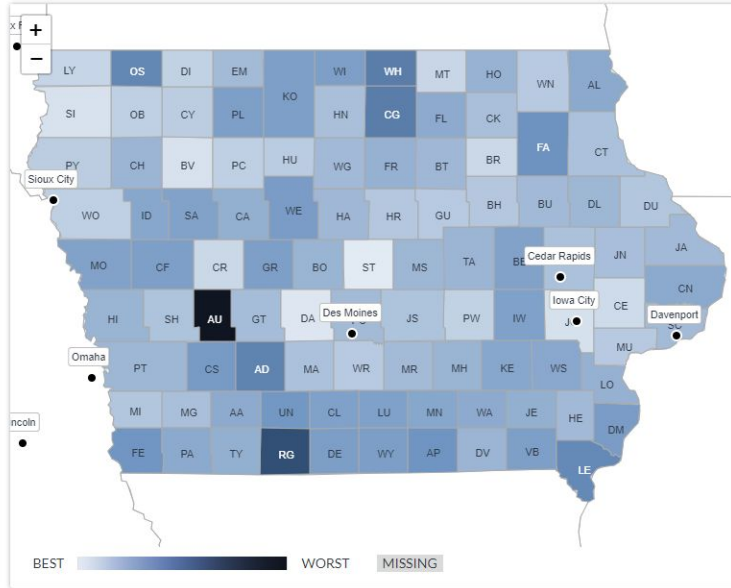
# Unintentional Injury deaths

## Injury deaths

Number of deaths due to injury per 100,000 population.

The 2021 County Health Rankings used data from 2015-2019 for this measure.

[Map](#) | [Data](#) | [Description](#) | [Data Source](#) | [Strategies](#)

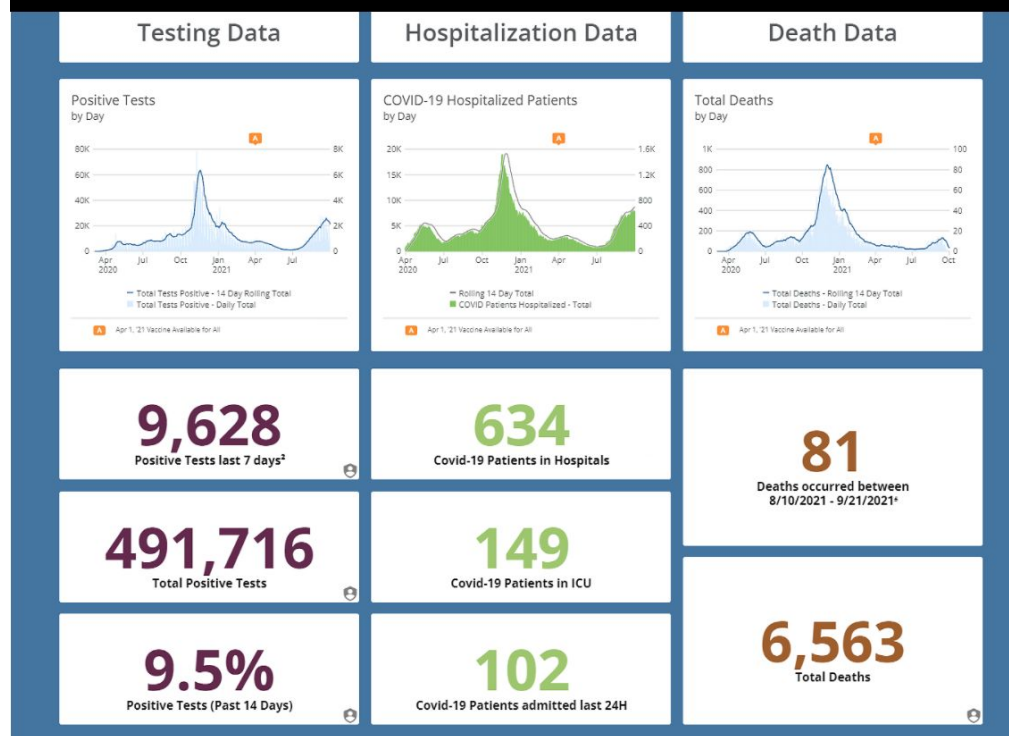


Injury deaths: 15 (Adams) and 24 (Taylor)

	IA	Adams	Taylor
Violent crime	282	66	41
Injury deaths	68	81	78

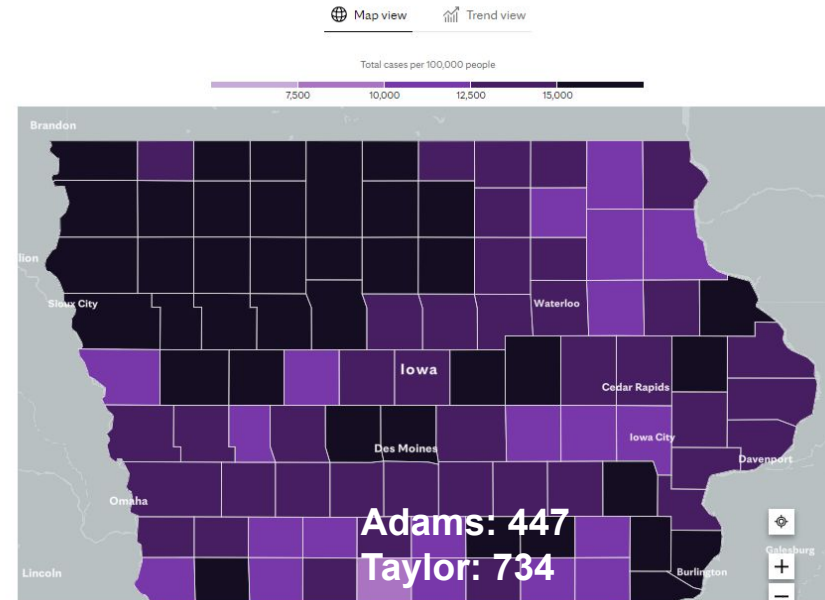
# COVID-19- IA & County Cases

## COVID-19 in IOWA



## Total cases for Iowa

This map shows the cumulative number of COVID-19 cases, since the pandemic started. This includes probable cases and cases confirmed by testing.



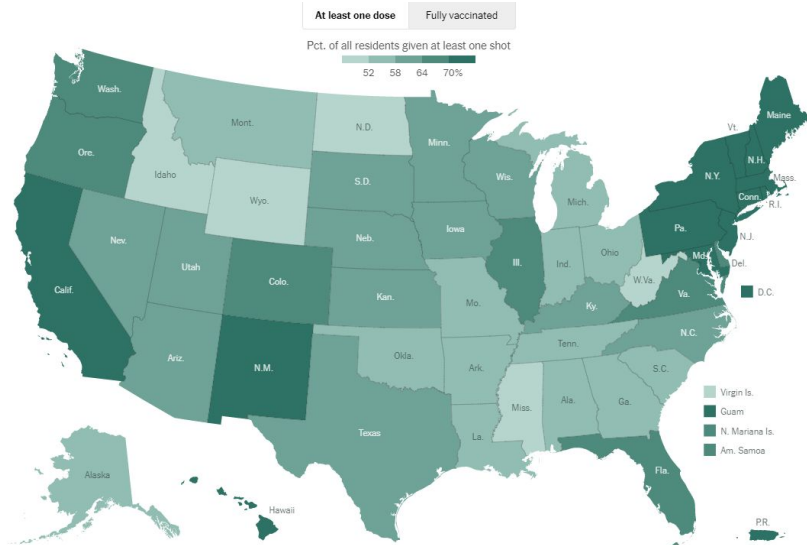
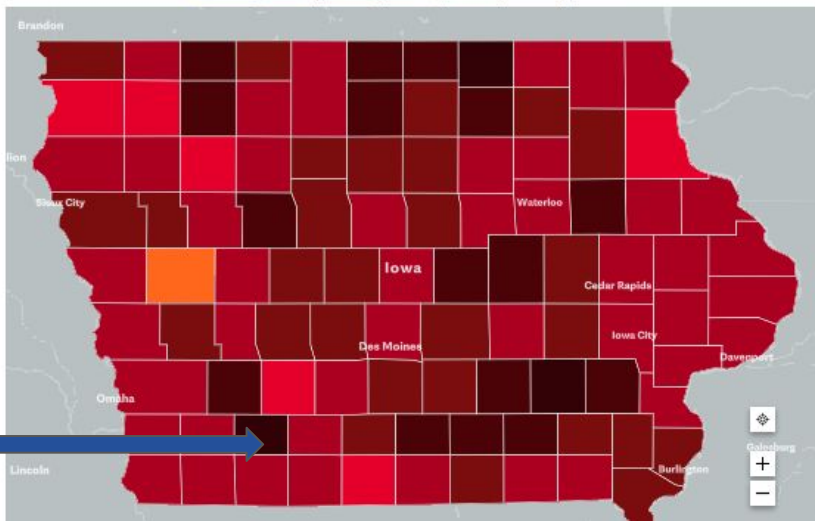
# COVID Trends

## Hot spots in Iowa

This map shows a rolling average of daily cases for the past week. This is the best sign of hot spots. Our experts monitor this 7-day average instead of new cases, especially since local health departments have shifted their focus to vaccine reporting and no longer report case counts every 24 hours.

 Map view
  Trend view

Average daily cases per 100,000 people



Sources: Centers for Disease Control and Prevention, U.S. Census Bureau

	Adams	Taylor	IA
Avg daily cases	4.3	2.4	1,416
Per 100k ppl	119	40	45

# Discussion

1. What stood out to you from the information presented? What surprised you?
2. What data is consistent with what you are seeing/ hearing from the clients/ patients you serve?
3. Is there anything we haven't touched on that you feel is an unmet health need?
4. What existing assets/ opportunities can we leverage to improve physical/ mental health and wellbeing in our community?

Get on up!



# Next Steps

CHI Health Mercy Corning- Internal De-brief

Determine if we need to survey a broader constituency

Present to Mercy Corning Community Board 2/3/22

Present FINAL CHNA to CHI Health Board 4/21/22



# Thank you!

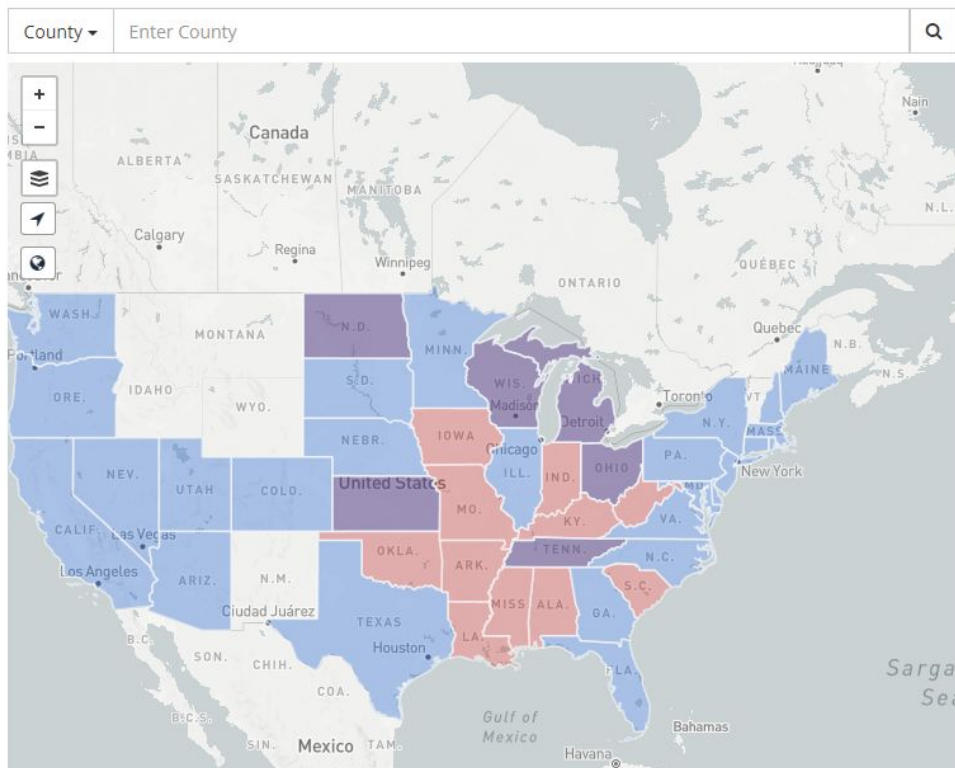
For questions, contact:

Ashley Carroll, Division Manager of  
Community Benefit & Advocacy, CHI Health

[Ashley.Carroll@CHIHealth.com](mailto:Ashley.Carroll@CHIHealth.com)

# Appendix

# Broadband Access & Health- IA



## Overview

## Broadband

## Health

## Demographics

### Broadband Availability:

Broadband Access ▾

85 - 100% Coverage

?

### Health Measures:

Obesity ▾

30 - 50% Obesity

?

 Broadband

 Health

 Broadband & Health

 Neither

### Rural Filter:

None ▾

### Data Overlays:

None ▾

### Nationwide Statistics:

Broadband Access : 90,4%  
Obesity Rate : 27,8%  
Population : 319,795,267

# Broadband Access- Adams & Taylor



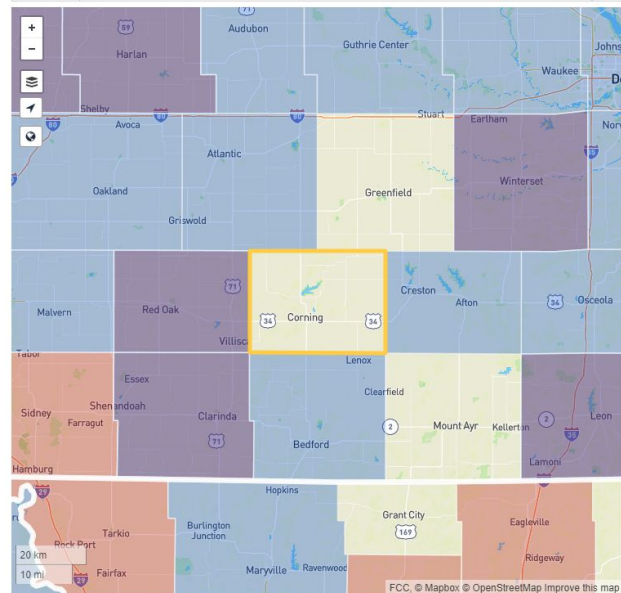
Connect2Health<sup>FCC</sup>

Mapping Broadband Health in America 2017

Everyone connected... to the people, services and information they need to get well and stay healthy.

Map Background Getting Started Community Engagement Data About C2HFCC

County Adams County, IA



Overview Broadband Health

Broadband Availability:

Broadband Access 55 - 11

Health Measures:

Preventable Hospitalizati 60 - 2

Broadband Health Broad & H

Rural Filter: None

Data Overlays: None

Adams County, IA Statistics:

Broadband Access :  
Preventable Hospital :  
Population :

Introduction:

Mapping Broadband Health in America 2017 is an interactive mapping platform created by the Connect2Health<sup>FCC</sup> Task Force. It allows users to visualize, overlay and analyze broadband and health data at the national, state and county levels. By using the mapping tool as a starting point for looking at the broadband and health sectors, you can see the path to a healthier country. More.



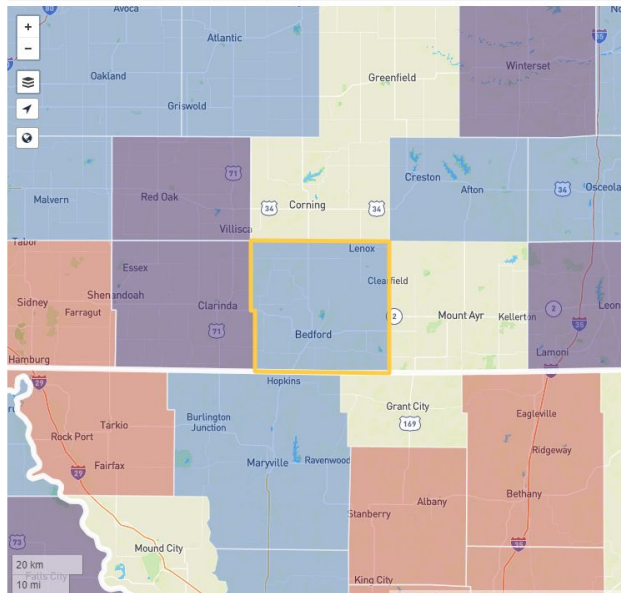
Connect2Health<sup>FCC</sup>

Mapping Broadband Health in America 2017

Everyone connected... to the people, services and information they need to get well and stay healthy.

Map Background Getting Started Community Engagement Data About C2HFCC

County Taylor County, IA



Overview Broadband Health Demographics

Broadband Availability:

Broadband Access 55 - 100% Coverage

Health Measures:

Preventable Hospitalizati 60 - 270 Hospital Stays

Broadband Health Broadband & Health Neither

Rural Filter: None

Data Overlays: None

Taylor County, IA Statistics:

Broadband Access : 62.5%  
Preventable Hospital : 46 per 1,000  
Population : 4,730

Introduction:

Mapping Broadband Health in America 2017 is an interactive mapping platform created by the Connect2Health<sup>FCC</sup> Task Force. It allows users to visualize, overlay and analyze broadband and health data at the national, state and county levels. By using the mapping tool as a starting point for looking at the broadband and health sectors, you can see the path to a more connected, healthier country. More.

# Adams County- IA Youth Survey 2018

Iowa Youth Survey, Adams County Results, 2018

## Section I. Data Tables

The "Total" columns may contain responses from additional records, including records with missing responses for gender or grade.

Iowa Youth Survey • 2018 Adams County Results												Iowa Youth Survey • 2018 State of Iowa Results											
Number of Validated 2018 Iowa Youth Survey Records																							
6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
50	21	28	29	11	18	27	12	15	115	45	69	24943	12631	12148	24272	12365	11753	20924	10592	10233	70451	35729	34265

## Section A. DEMOGRAPHICS:

Iowa Youth Survey • 2018 Adams County Results												Iowa Youth Survey • 2018 State of Iowa Results												
In what grade of school are you?																								
IYS Question A5	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
6th	100%	100%	100%	0%	0%	0%	0%	0%	0%	47%	48%	46%	100%	100%	100%	0%	0%	0%	0%	0%	0%	36%	35%	36%
8th	0%	0%	0%	100%	100%	100%	0%	0%	0%	27%	25%	30%	0%	0%	0%	100%	100%	100%	0%	0%	0%	35%	35%	34%
11th	0%	0%	0%	0%	0%	0%	100%	100%	100%	25%	27%	25%	0%	0%	0%	0%	0%	0%	100%	100%	100%	30%	30%	30%
Percent who answered question	100%	100%	100%	100%	100%	100%	100%	100%	100%	92%	98%	88%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%





Iowa Youth Survey • 2018 Adams County Results													Iowa Youth Survey • 2018 State of Iowa Results											
On how many days of the past 7 days were you physically active for a total of <b>60 minutes (1 hour) or more per day?</b> (Add up all the time you spent in any kind of physical activity like running, walking fast, swimming, riding a bicycle)																								
IYS Question B8	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
0 days	6%	5%	7%	17%	18%	17%	0%	0%	0%	7%	7%	7%	6%	6%	5%	6%	5%	8%	6%	9%	6%	6%	6%	
1 day	10%	5%	14%	3%	9%	0%	4%	0%	7%	7%	5%	9%	9%	9%	6%	6%	6%	7%	5%	8%	7%	7%	8%	
2 days	14%	14%	14%	7%	9%	6%	0%	0%	0%	10%	9%	10%	12%	11%	12%	9%	8%	10%	9%	7%	12%	10%	9%	11%
3 days	8%	5%	11%	21%	18%	22%	19%	0%	33%	13%	7%	17%	15%	13%	16%	13%	11%	14%	13%	10%	15%	13%	12%	15%
4 days	20%	19%	21%	7%	9%	6%	15%	0%	27%	15%	11%	17%	13%	13%	14%	12%	11%	13%	10%	9%	12%	12%	11%	13%
5 days	12%	14%	11%	17%	0%	28%	12%	18%	7%	13%	11%	14%	13%	13%	13%	17%	15%	18%	16%	17%	16%	15%	15%	16%
6 days	4%	5%	4%	0%	0%	0%	27%	45%	13%	9%	14%	6%	7%	7%	8%	9%	8%	10%	11%	11%	10%	9%	9%	9%
7 days	26%	33%	18%	28%	36%	22%	23%	36%	13%	26%	36%	19%	25%	28%	22%	29%	35%	23%	26%	34%	17%	27%	32%	21%
Percent who answered question	100%	100%	100%	100%	100%	100%	96%	92%	100%	99%	98%	100%	98%	98%	98%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Percent who reported one or more days	94%	95%	93%	83%	82%	83%	100%	100%	100%	93%	93%	93%	94%	94%	95%	95%	94%	95%	92%	94%	91%	94%	94%	94%



## Iowa Youth Survey, Adams County Results, 2018

Iowa Youth Survey • 2018 Adams County Results												Iowa Youth Survey • 2018 State of Iowa Results												
How old were you <u>(if ever)</u> when you first drank (more than a few sips) of alcohol (beer, wine, or liquor)?																								
IYS Question B15	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Never	62%	55%	65%	61%	55%	65%	24%	27%	21%	52%	49%	53%	83%	79%	87%	74%	73%	76%	52%	54%	50%	71%	70%	72%
8 or younger	17%	15%	19%	7%	9%	6%	0%	0%	0%	9%	9%	9%	7%	9%	6%	6%	6%	5%	3%	5%	2%	6%	7%	4%
9 or 10	11%	10%	12%	0%	0%	0%	4%	9%	0%	6%	7%	5%	5%	6%	4%	4%	5%	4%	2%	2%	2%	4%	4%	3%
11 or 12	11%	20%	4%	25%	36%	18%	8%	9%	7%	14%	21%	9%	4%	5%	3%	7%	7%	7%	4%	4%	3%	5%	5%	4%
13 or 14	0%	0%	0%	7%	0%	12%	24%	36%	14%	8%	9%	8%	0%	0%	0%	8%	8%	8%	12%	11%	14%	7%	6%	7%
15 or 16	0%	0%	0%	0%	0%	0%	32%	18%	43%	9%	5%	13%	0%	0%	0%	0%	0%	0%	24%	21%	28%	7%	6%	8%
17 or older	0%	0%	0%	0%	0%	0%	8%	0%	14%	2%	0%	3%	1%	1%	1%	0%	0%	0%	2%	2%	2%	1%	1%	1%
Percent who answered question	94%	95%	93%	97%	100%	94%	93%	92%	93%	94%	96%	93%	97%	97%	97%	98%	98%	98%	98%	98%	98%	98%	98%	98%

Note: Question B15 is a skip question. If a respondent answered "Never" to question B15, he or she was taken to question B26 and responses representing never having used alcohol were inserted into the data set for all questions in between.

Iowa Youth Survey • 2018 Adams County Results												Iowa Youth Survey • 2018 State of Iowa Results												
In the past 30 days, have you had at least one drink of alcohol (glass, bottle or can of beer, glass of wine, liquor, or mixed drink)?																								
IYS Question B16	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Yes	6%	5%	7%	7%	9%	6%	24%	36%	14%	13%	14%	12%	3%	3%	2%	7%	7%	7%	20%	20%	21%	10%	10%	10%
No	94%	95%	93%	93%	91%	94%	76%	64%	86%	88%	86%	88%	97%	97%	98%	93%	93%	93%	80%	80%	79%	90%	90%	90%
Percent who answered question	100%	100%	100%	97%	100%	94%	93%	92%	93%	97%	98%	97%	98%	98%	99%	99%	99%	99%	98%	98%	99%	98%	98%	99%

Note: Question B16 is a skip question. If a respondent answered "No" to question B16, he or she was taken to question B26 and responses representing never having used alcohol were inserted into the data set for all questions in between.

Iowa Youth Survey • 2018 Adams County Results													Iowa Youth Survey • 2018 State of Iowa Results											
Have you ever smoked tobacco or used any tobacco products (not including electronic cigarettes)?																								
IYS Question B27	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Yes	8%	19%	0%	14%	27%	6%	24%	*	*	13%	*	*	3%	3%	2%	7%	8%	7%	17%	19%	15%	9%	10%	8%
No	92%	81%	100%	86%	73%	94%	76%	*	*	87%	*	*	97%	97%	98%	93%	92%	93%	83%	81%	85%	91%	90%	92%
Percent who answered question	100%	100%	100%	100%	100%	100%	93%	*	*	98%	*	*	98%	98%	98%	98%	98%	99%	98%	98%	99%	98%	98%	98%

Note: Question B27 is a skip question. If a respondent answered "No" to question B27, he or she was taken to question B38 and responses representing never having used tobacco products were inserted into the data set for all questions in between.



Iowa Youth Survey • 2018 Adams County Results													Iowa Youth Survey • 2018 State of Iowa Results												
How old were you when you first used an e-cigarette, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarette for the first time?																									
IYS Question B37	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades			
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	
Never	96%	90%	100%	76%	64%	83%	52%	*	*	78%	*	*	94%	93%	95%	83%	83%	84%	63%	63%	62%	81%	81%	81%	
8 or younger	0%	0%	0%	0%	0%	0%	0%	*	*	0%	*	*	1%	1%	1%	1%	1%	1%	1%	1%	0%	1%	1%	1%	
9 or 10	0%	0%	0%	0%	0%	0%	0%	*	*	0%	*	*	1%	2%	1%	1%	1%	1%	0%	1%	0%	1%	1%	1%	
11 or 12	4%	10%	0%	0%	0%	0%	0%	*	*	2%	*	*	3%	3%	2%	5%	5%	5%	2%	2%	1%	3%	4%	3%	
13 or 14	0%	0%	0%	24%	36%	17%	8%	*	*	10%	*	*	0%	0%	0%	9%	9%	10%	7%	8%	7%	6%	6%	5%	
15 or 16	0%	0%	0%	0%	0%	0%	36%	*	*	9%	*	*	0%	0%	0%	0%	0%	0%	25%	23%	27%	8%	7%	8%	
17 or older	0%	0%	0%	0%	0%	0%	4%	*	*	1%	*	*	0%	0%	0%	0%	0%	0%	2%	3%	2%	1%	1%	1%	
Percent who answered question	98%	100%	96%	100%	100%	100%	93%	*	*	97%	*	*	97%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	



Iowa Youth Survey • 2018 Adams County Results													Iowa Youth Survey • 2018 State of Iowa Results												
In the past 30 days, on how many days have you: Used over the counter medications different from the directions?																									
IYS Question B43	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades			
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	
0 days	98%	100%	96%	89%	91%	88%	96%	*	*	95%	*	*	98%	97%	98%	97%	97%	96%	96%	96%	96%	96%	97%	97%	97%
1–2 days	2%	0%	4%	7%	9%	6%	4%	*	*	4%	*	*	2%	2%	1%	2%	1%	3%	2%	2%	2%	2%	2%	2%	2%
3–5 days	0%	0%	0%	4%	0%	6%	0%	*	*	1%	*	*	0%	0%	0%	1%	0%	1%	1%	1%	1%	1%	0%	1%	1%
6–9 days	0%	0%	0%	0%	0%	0%	0%	*	*	0%	*	*	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
10–19 days	0%	0%	0%	0%	0%	0%	0%	*	*	0%	*	*	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
20–29 days	0%	0%	0%	0%	0%	0%	0%	*	*	0%	*	*	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
30 days	0%	0%	0%	0%	0%	0%	0%	*	*	0%	*	*	0%	0%	0%	0%	1%	0%	1%	1%	0%	0%	1%	0%	0%
Percent who answered question	96%	95%	96%	97%	100%	94%	93%	*	*	95%	*	*	96%	95%	96%	98%	98%	98%	98%	98%	98%	97%	97%	98%	98%
Percent who reported one or more days	2%	0%	4%	11%	9%	12%	4%	*	*	5%	*	*	2%	3%	2%	3%	3%	4%	4%	4%	4%	3%	3%	3%	3%



Iowa Youth Survey • 2018 Adams County Results

Iowa Youth Survey • 2018 State of Iowa Results

How much do you agree or disagree that each of the following statements is true?  
Violence is the worst way to solve problems.

IYS Question C8	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
	<b>Strongly Agree</b>	59%	52%	67%	21%	*	*	8%	*	*	35%	*	*	58%	50%	66%	39%	31%	47%	33%	22%	43%	44%	35%
<b>Agree</b>	29%	24%	30%	46%	*	*	48%	*	*	40%	*	*	29%	33%	25%	40%	41%	39%	42%	42%	43%	37%	38%	35%
<b>Disagree</b>	8%	14%	4%	29%	*	*	32%	*	*	20%	*	*	9%	12%	6%	16%	21%	11%	20%	29%	11%	15%	20%	9%
<b>Strongly Disagree</b>	4%	10%	0%	4%	*	*	12%	*	*	5%	*	*	4%	5%	4%	5%	7%	3%	5%	8%	3%	5%	7%	3%
<b>Percent who answered question</b>	98%	100%	96%	97%	*	*	93%	*	*	97%	*	*	95%	95%	96%	97%	97%	98%	97%	97%	98%	96%	96%	97%





Iowa Youth Survey • 2018 Taylor County Results													Iowa Youth Survey • 2018 State of Iowa Results											
On how many days of the past 7 days were you physically active for a total of <u>60 minutes (1 hour) or more per day?</u> (Add up all the time you spent in any kind of physical activity like running, walking fast, swimming, riding a bicycle)																								
IYS Question B8	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
0 days	3%	5%	0%	0%	0%	0%	7%	6%	8%	3%	4%	3%	6%	6%	5%	5%	6%	5%	8%	6%	9%	6%	6%	6%
1 day	13%	16%	9%	5%	3%	8%	0%	0%	0%	6%	6%	6%	9%	9%	9%	6%	6%	6%	7%	5%	8%	7%	7%	8%
2 days	10%	8%	14%	3%	3%	4%	18%	9%	29%	10%	6%	15%	12%	11%	12%	9%	8%	10%	9%	7%	12%	10%	9%	11%
3 days	18%	18%	18%	13%	11%	16%	9%	6%	13%	13%	12%	15%	15%	13%	16%	13%	11%	14%	13%	10%	15%	13%	12%	15%
4 days	8%	5%	14%	11%	11%	12%	2%	3%	0%	7%	6%	8%	13%	13%	14%	12%	11%	13%	10%	9%	12%	12%	11%	13%
5 days	15%	16%	14%	16%	16%	16%	19%	18%	21%	17%	17%	17%	13%	13%	13%	17%	15%	18%	16%	17%	16%	15%	15%	16%
6 days	7%	8%	5%	13%	14%	12%	5%	6%	4%	8%	9%	7%	7%	7%	8%	9%	8%	10%	11%	11%	10%	9%	9%	9%
7 days	25%	24%	27%	39%	43%	32%	40%	52%	25%	35%	39%	28%	25%	28%	22%	29%	35%	23%	26%	34%	17%	27%	32%	21%
Percent who answered question	97%	97%	96%	100%	100%	100%	98%	100%	96%	98%	99%	97%	98%	98%	98%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Percent who reported one or more days	97%	95%	100%	100%	100%	100%	93%	94%	92%	97%	96%	97%	94%	94%	95%	95%	94%	95%	92%	94%	91%	94%	94%	94%



Iowa Youth Survey • 2018 Taylor County Results												Iowa Youth Survey • 2018 State of Iowa Results												
How old were you (if ever) when you first drank (more than a few sips) of alcohol (beer, wine, or liquor)?																								
IYS Question B15	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Never	89%	87%	91%	77%	73%	84%	47%	59%	30%	72%	74%	69%	83%	79%	87%	74%	73%	76%	52%	54%	50%	71%	70%	72%
8 or younger	7%	8%	4%	3%	3%	4%	7%	9%	4%	6%	7%	4%	7%	9%	6%	6%	6%	5%	3%	5%	2%	6%	7%	4%
9 or 10	3%	3%	4%	0%	0%	0%	0%	0%	0%	1%	1%	1%	5%	6%	4%	4%	5%	4%	2%	2%	2%	4%	4%	3%
11 or 12	0%	0%	0%	5%	8%	0%	4%	3%	4%	3%	4%	1%	4%	5%	3%	7%	7%	7%	4%	4%	3%	5%	5%	4%
13 or 14	0%	0%	0%	13%	14%	12%	11%	3%	22%	8%	6%	11%	0%	0%	0%	8%	8%	8%	12%	11%	14%	7%	6%	7%
15 or 16	0%	0%	0%	2%	3%	0%	27%	22%	35%	9%	7%	11%	0%	0%	0%	0%	0%	0%	24%	21%	28%	7%	6%	8%
17 or older	2%	3%	0%	0%	0%	0%	4%	3%	4%	2%	2%	1%	1%	1%	1%	0%	0%	0%	2%	2%	2%	1%	1%	1%
Percent who answered question	98%	97%	100%	100%	100%	100%	95%	97%	92%	98%	98%	97%	97%	97%	97%	98%	98%	98%	96%	98%	98%	98%	98%	98%

Note: Question B15 is a skip question. If a respondent answered "Never" to question B15, he or she was taken to question B26 and responses representing never having used alcohol were inserted into the data set for all questions in between.

Iowa Youth Survey • 2018 Taylor County Results												Iowa Youth Survey • 2018 State of Iowa Results												
In the past 30 days, have you had at least one drink of alcohol (glass, bottle or can of beer, glass of wine, liquor, or mixed drink)?																								
IYS Question B16	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Yes	3%	5%	0%	11%	11%	12%	23%	12%	39%	12%	9%	17%	3%	3%	2%	7%	7%	7%	20%	20%	21%	10%	10%	10%
No	97%	95%	100%	89%	89%	88%	77%	88%	61%	88%	91%	83%	97%	97%	98%	93%	93%	93%	80%	80%	79%	90%	90%	90%
Percent who answered question	98%	97%	100%	100%	100%	100%	97%	100%	92%	98%	99%	97%	98%	98%	99%	99%	99%	99%	96%	98%	99%	98%	98%	99%

Note: Question B16 is a skip question. If a respondent answered "No" to question B16, he or she was taken to question B26 and responses representing never having used alcohol were inserted into the data set for all questions in between.



Iowa Youth Survey • 2018 Taylor County Results													Iowa Youth Survey • 2018 State of Iowa Results											
Have you ever smoked tobacco or used any tobacco products (not including electronic cigarettes)?																								
IYS Question B27	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Yes	7%	8%	4%	10%	6%	16%	21%	21%	22%	13%	11%	14%	3%	3%	2%	7%	8%	7%	17%	19%	15%	9%	10%	8%
No	93%	92%	96%	90%	94%	84%	79%	79%	78%	88%	89%	86%	97%	97%	98%	93%	92%	93%	83%	81%	85%	91%	90%	92%
Percent who answered question	95%	92%	100%	98%	97%	100%	97%	100%	92%	97%	96%	97%	98%	98%	98%	98%	98%	99%	98%	98%	99%	98%	98%	98%

Note: Question B27 is a skip question. If a respondent answered "No" to question B27, he or she was taken to question B38 and responses representing never having used tobacco products were inserted into the data set for all questions in between.



Iowa Youth Survey • 2018 Taylor County Results													Iowa Youth Survey • 2018 State of Iowa Results											
How old were you when you first: Smoked a whole cigarette for the first time?																								
IYS Question B30	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Never	98%	97%	100%	95%	100%	88%	91%	91%	92%	95%	96%	93%	99%	99%	99%	96%	96%	96%	89%	89%	90%	95%	95%	95%
8 or younger	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	1%	1%	0%	1%	1%	0%	1%	1%	0%
9 or 10	2%	3%	0%	0%	0%	0%	0%	0%	0%	1%	1%	0%	0%	1%	0%	1%	1%	1%	1%	1%	1%	1%	1%	1%
11 or 12	0%	0%	0%	2%	0%	4%	0%	0%	0%	1%	0%	1%	0%	0%	0%	2%	1%	2%	1%	1%	1%	1%	1%	1%
13 or 14	0%	0%	0%	3%	0%	8%	2%	0%	4%	2%	0%	4%	0%	0%	0%	1%	1%	1%	3%	3%	3%	1%	1%	1%
15 or 16	0%	0%	0%	0%	0%	0%	5%	9%	0%	2%	3%	0%	0%	0%	0%	0%	0%	0%	5%	5%	4%	1%	1%	1%
17 or older	0%	0%	0%	0%	0%	0%	2%	0%	4%	1%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Percent who answered question	97%	95%	100%	98%	97%	100%	98%	100%	96%	98%	97%	99%	98%	98%	99%	99%	99%	99%	98%	98%	99%	98%	98%	99%



Iowa Youth Survey • 2018 Taylor County Results													Iowa Youth Survey • 2018 State of Iowa Results											
How old were you when you first used an e-cigarette, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarette for the first time?																								
IYS Question B37	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Never	92%	89%	96%	82%	86%	76%	55%	70%	35%	77%	82%	69%	94%	93%	95%	83%	83%	84%	63%	63%	62%	81%	81%	81%
8 or younger	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	1%	1%	1%	1%	1%	1%	1%	0%	1%	1%	1%
9 or 10	5%	5%	4%	2%	3%	0%	2%	3%	0%	3%	4%	1%	1%	2%	1%	1%	1%	1%	0%	1%	0%	1%	1%	1%
11 or 12	2%	3%	0%	2%	3%	0%	0%	0%	0%	1%	2%	0%	3%	3%	2%	5%	5%	5%	2%	2%	1%	3%	4%	3%
13 or 14	2%	3%	0%	15%	8%	24%	7%	3%	13%	8%	5%	13%	0%	0%	0%	9%	9%	10%	7%	8%	7%	6%	6%	5%
15 or 16	0%	0%	0%	0%	0%	0%	25%	21%	30%	8%	7%	10%	0%	0%	0%	0%	0%	0%	25%	23%	27%	8%	7%	8%
17 or older	0%	0%	0%	0%	0%	0%	11%	3%	22%	3%	1%	7%	0%	0%	0%	0%	0%	0%	2%	3%	2%	1%	1%	1%
Percent who answered question	97%	95%	100%	98%	97%	100%	97%	100%	92%	97%	97%	97%	97%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%





Iowa Youth Survey • 2018 Taylor County Results													Iowa Youth Survey • 2018 State of Iowa Results											
In the past 30 days, on how many days have you: Used over the counter medications different from the directions?																								
IYS Question B43	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
0 days	97%	97%	96%	95%	94%	96%	96%	100%	92%	96%	97%	94%	98%	97%	98%	97%	97%	96%	96%	96%	96%	97%	97%	97%
1–2 days	2%	0%	4%	3%	3%	4%	4%	0%	8%	3%	1%	6%	2%	2%	1%	2%	1%	3%	2%	2%	2%	2%	2%	2%
3–5 days	0%	0%	0%	2%	3%	0%	0%	0%	0%	1%	1%	0%	0%	0%	0%	1%	0%	1%	1%	1%	1%	1%	0%	1%
6–9 days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
10–19 days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
20–29 days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
30 days	2%	3%	0%	0%	0%	0%	0%	0%	0%	1%	1%	0%	0%	0%	0%	1%	0%	1%	1%	0%	0%	1%	0%	0%
Percent who answered question	97%	95%	100%	98%	97%	100%	98%	100%	96%	98%	97%	99%	96%	95%	96%	98%	98%	98%	98%	98%	98%	97%	97%	98%
Percent who reported one or more days	3%	3%	4%	5%	6%	4%	4%	0%	8%	4%	3%	6%	2%	3%	2%	3%	3%	4%	4%	4%	4%	3%	3%	3%



Iowa Youth Survey • 2018 Taylor County Results													Iowa Youth Survey • 2018 State of Iowa Results											
How much do you agree or disagree that each of the following statements is true? Violence is the worst way to solve problems.																								
IYS Question C8	6th Grade			8th Grade			11th Grade			All Grades			6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
<b>Strongly Agree</b>	51%	37%	73%	31%	22%	44%	38%	23%	58%	40%	27%	58%	58%	50%	66%	39%	31%	47%	33%	22%	43%	44%	35%	52%
<b>Agree</b>	40%	54%	18%	41%	36%	48%	33%	35%	29%	38%	42%	32%	29%	33%	25%	40%	41%	39%	42%	42%	43%	37%	38%	35%
<b>Disagree</b>	5%	3%	9%	23%	33%	8%	22%	32%	8%	17%	23%	8%	9%	12%	6%	16%	21%	11%	20%	29%	11%	15%	20%	9%
<b>Strongly Disagree</b>	4%	6%	0%	5%	8%	0%	7%	10%	4%	5%	8%	1%	4%	5%	4%	5%	7%	3%	5%	8%	3%	5%	7%	3%
<b>Percent who answered question</b>	92%	90%	96%	98%	97%	100%	95%	94%	96%	95%	94%	97%	95%	95%	96%	97%	97%	98%	97%	97%	98%	96%	96%	97%













## **Appendix B: BHCATC October 7th Handouts**

Following the data presentation described above on October 7th, 2021, participants engaged in a discussion regarding the data, identified top health needs, and voted on priorities as described in the narrative above (Process and Input sections).

# KIDS COUNT data center

A PROJECT OF THE ANNIE E. CASEY FOUNDATION

## Selected KIDS COUNT Indicators for Counties in Iowa

Compare to Iowa

Jump to Specific Indicator:

Food assistance



CREATE NEW REPORT

### Food Assistance (Percent)

Location	Data Type	2015	2016	2017	2018	2019
Iowa	Percent	12.4%	12.1%	11.6%	10.9%	9.9%
Adams	Percent	10.6%	11.0%	10.0%	9.8%	8.4%
Taylor	Percent	13.1%	11.9%	10.7%	10.7%	9.7%

### Why This Indicator Matters

The percentage of individuals receiving financial assistance through the Food Assistance program has increased 157 percent since 2000, with increases in every county. However, the rate has decreased 20 percent since 2013.

#### DEFINITIONS & SOURCES



**Definitions:** Percentage of individuals receiving financial assistance for food during the year (nationally known as the Supplemental Nutrition Assistance Program, or SNAP)

**Data Source:** Iowa Department of Human Services

### Child Poverty (Percent)



Location	Data Type	2015	2016	2017	2018	2019
Iowa	Percent	14.9%	14.6%	12.6%	13.5%	12.8%
Adams	Percent	20.2%	22.0%	18.7%	20.3%	19.6%
Taylor	Percent	20.3%	18.5%	15.5%	15.6%	17.1%

## Why This Indicator Matters

While child poverty has been rising steadily since 2000 and has increased 25 percent since that time, it has started to drop and has decreased 21 percent since 2011.

### DEFINITIONS & SOURCES



**Definitions:** Percentage of children age 0-17 who live below the poverty level during the year

**Data Source:** United States Census Bureau

## Preschool (Percent)

Location	Data Type	2011 - 2015	2012 - 2016	2013 - 2017	2014 - 2018	2015 - 2019
Iowa	Percent	48.3%	48.1%	47.5%	46.9%	46.6%
Adams	Percent	53.0%	67.6%	53.7%	44.1%	22.2%
Taylor	Percent	54.9%	57.2%	49.1%	53.0%	48.6%

## Why This Indicator Matters

Preschool for children age three and four has remained relatively stagnant since 2009 at around 47 percent. At the county-level, there have been increases in slightly more than one-half of Iowa counties.

### DEFINITIONS & SOURCES



**Definitions:** Percentage of children age 3-4 enrolled in preschool

**Data Source:** United States Census Bureau

## Free Or Reduced-Price Lunch Eligibility (Percent)

Location	Data Type	2015	2016	2017	2018	2019
Iowa	Percent	41.0%	41.8%	41.3%	40.5%	43.0%
Adams	Percent	47.9%	47.8%	48.3%	45.6%	51.3%
Taylor	Percent	49.5%	50.3%	48.7%	45.1%	50.1%

## Why This Indicator Matters

Eligibility for free or reduced-price lunches has increased 53 percent since 2000. Increases have been noted in every Iowa county with some more than doubling their rate during this time.

### DEFINITIONS & SOURCES



**Definitions:** Percentage of students who are eligible for free or reduced-price lunches during the school year

**Data Source:** Iowa Department of Education

**Footnotes:** Year presented represents the end of the school year

## High School Graduation (Percent)

Location	Data Type	2015	2016	2017	2018	2019
Iowa	Percent	90.8%	91.4%	91.1%	91.5%	91.6%
Adams	Percent	96.4%	95.6%	90.6%	97.9%	95.2%

Taylor	Percent	95.7%	97.3%	96.2%	97.0%	100.0%
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## Why This Indicator Matters

High school graduation has shown a modest gain since 2000, increasing three percent. At the county level, more than two-thirds of the counties recorded increases during this time.

### DEFINITIONS & SOURCES

**Definitions:** Percentage of public school students entering ninth grade who graduate with their class four years later

**Data Source:** Iowa Department of Education

**Footnotes:** Year presented represents the end of the school year

## Prenatal Care (Percent)

Location	Data Type	2015	2016	2017	2018	2019
Iowa	Percent	79.4%	78.7%	79.1%	79.0%	83.8%
Adams	Percent	70.6%	62.2%	73.3%	63.6%	77.5%
Taylor	Percent	48.1%	48.6%	52.1%	42.6%	82.1%

## Why This Indicator Matters

Prenatal care has increased 11 percent since 2007 and has risen in over 80 percent of Iowa counties. Recently, however, the rate peaked in 2011 and has fallen seven percent since then.

### DEFINITIONS & SOURCES

**Definitions:** Percentage of live births where the mother began prenatal care during the first trimester of pregnancy

Data Source: Iowa Department of Public Health

## Uninsured Children (Percent)

Location	Data Type	2011 - 2015	2012 - 2016	2013 - 2017	2014 - 2018	2015 - 2019
Iowa	Percent	3.9%	3.4%	3.4%	3.1%	3.0%
Adams	Percent	1.7%	6.3%	4.9%	4.8%	7.5%
Taylor	Percent	7.9%	10.0%	7.7%	7.5%	7.3%

## Why This Indicator Matters

Iowa has one of the lowest percentages of uninsured children in the country at just over three percent. At the county-level, only one-fifth of Iowa counties have uninsured rates of more than five percent.

### DEFINITIONS & SOURCES



**Definitions:** Percentage of children who are not covered by health insurance during the year

**Data Source:** United States Census Bureau

**Footnotes:** Child population was age 0-17 through 2012-2016 and age 0-18 since 2013-2017

## Child Immunization (Percent)

Location	Data Type	2004	2005	2006	2007	2008
Iowa	Percent	91.4%	93.6%	94.3%	88.4%	72.8%
Adams	Percent	88.9%	93.3%	86.7%	80.0%	69.2%
Taylor	Percent	88.2%	92.0%	100.0%	100.0%	80.0%

**DEFINITIONS & SOURCES**

**Definitions:** Percentage of assessments conducted at public sector clinics where the children were fully immunized at age 24 months

**Data Source:** Iowa Department of Public Health

**Children Receiving WIC (Percent)**

Location	Data Type	2015	2016	2017	2018	2019
Iowa	Percent	24.3%	26.5%	26.9%	25.9%	23.9%
Adams	Percent	29.6%	29.0%	26.3%	23.6%	21.5%
Taylor	Percent	23.3%	31.0%	25.2%	25.9%	26.3%

**Why This Indicator Matters**

The percentage of children receiving services through WIC has decreased eight percent since 2003 and has dropped in over three-fourths of Iowa counties. However, the rate has leveled the past eight years at around 26 percent.

**DEFINITIONS & SOURCES**

**Definitions:** Percentage of children age 0-4 who are receiving services through the Women, Infants and Children Program

**Data Source:** Iowa Department of Public Health

**Child Abuse And Neglect (Per 1,000 Children, Age 0-17) (Rate)**

Location	Data Type	2015	2016	2017	2018	2019
Iowa	Rate	11.4	12.2	12.9	15.8	15.7

Adams	Rate	12.3	22.0	26.9	28.6	26.1
Taylor	Rate	6.8	22.6	19.6	17.9	17.4

## Why This Indicator Matters

New methodology for determining child abuse and neglect was introduced in 2014 and since that time the child abuse and neglect rate has increased 55 percent.

### DEFINITIONS & SOURCES ^

**Definitions:** Rate of children who are confirmed to have been abused or neglected during the year

**Data Source:** Iowa Department of Human Services

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# your very own Health Equity Report Card for Adams County, IA

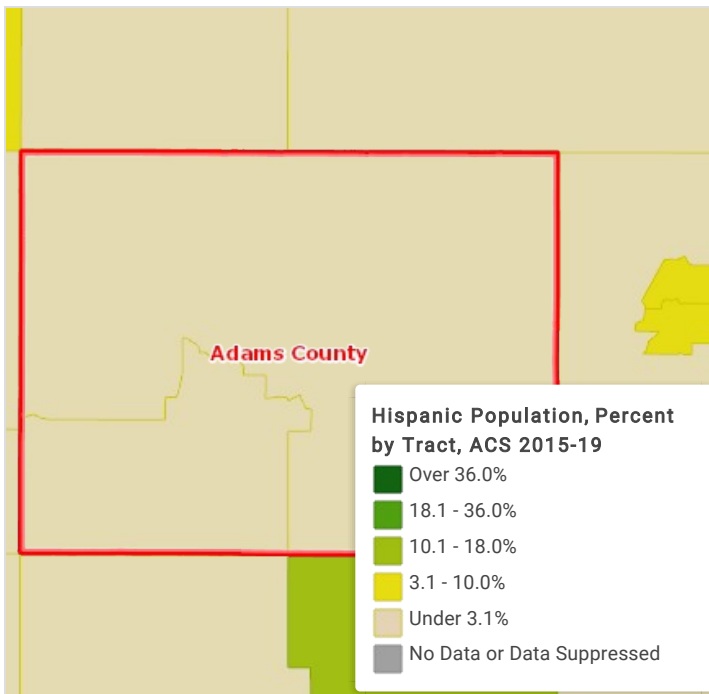


**In Adams County, 1 in 25 kids and 1 in 62 adults are Latino.**

Latino communities vary in their access to quality child care and education, affordable housing, transportation options, green space, healthy food options, and healthcare - all of which are necessary to stay healthy and thrive. These differences in opportunity result in health disparities that are evident between different populations and geographic areas.



**Latinos in your county face more socio-economic barriers and poor health outcomes than non-Latino Whites.**



	Latino	Non-Latino White
Children in Poverty	100.00%	16.21%
Median Household Income	\$38,333	\$49,654
No High School Diploma	8.82%	6.13%
Uninsured Population	11.63%	5.73%
Teen Birth Rates (per 1,000 pop.)	NA	29.80
Asthma Prevalence (state)	7.4%	11.6%
Infant Mortality (per 1,000 birth)	NA	NA
Mortality - Cancer (per 100,000 pop.)	NA	154.0
Motor Vehicle Crash Death Rate (per 100,000 pop.)	NA	NA
Youth Obesity (state)	30%	10%



**You can use this Salud America! Health Equity Report Card to find socioeconomic and health issues in your county, then help drive community change in your area!**

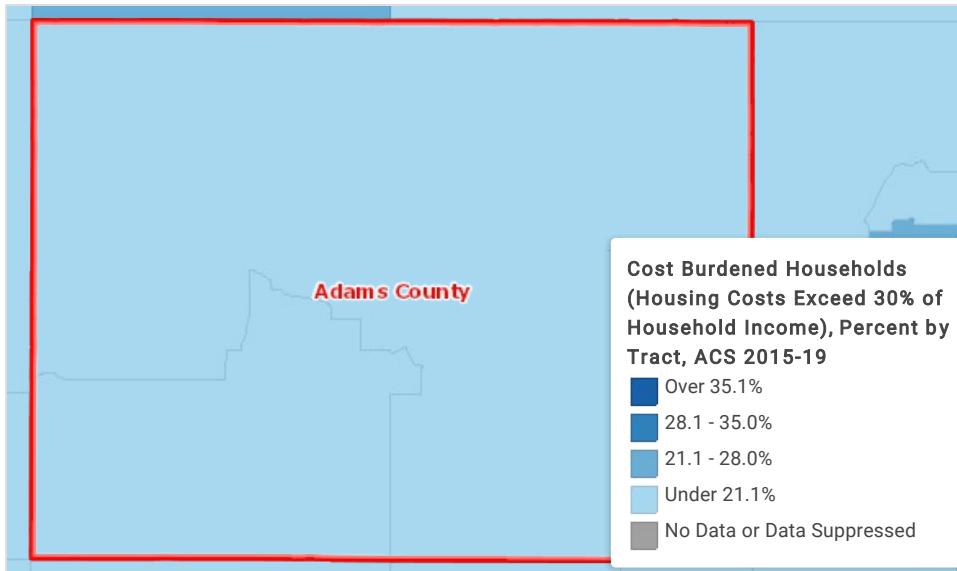


# Housing

A history of discriminatory housing policies and inequitable distribution of resources and services contribute to a widening socioeconomic gap, downward mobility, and poor mental and physical health among Latinos. [LEARN MORE](#)

## Cost-Burdened Households

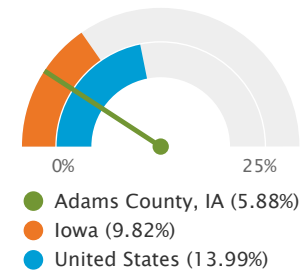
In Adams County, 16.71% of people are disproportionately burdened by higher housing costs (greater than 30% of household income). In your county, 18.27% of housing is renter-occupied. Of households spending more than 30% of household income on housing costs, 18.49% are rental households.



## Severely Cost-Burdened

In Adams County, 5.88% of people are severely cost-burdened, meaning they pay more than 50% of their annual income on housing. These families have less expendable income for healthy food, transportation, preventative healthcare, childcare, tutoring, higher education, museums, professional development, investing in small business, etc.

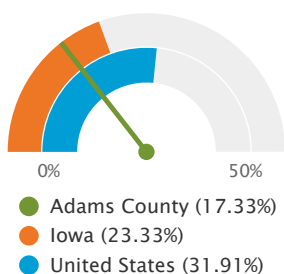
Percentage of Households where Housing Costs Exceed 50% of Income



## Substandard Housing

In Adams County, 17.33% of housing units have one or more substandard conditions (lacking complete plumbing facilities, lacking complete kitchen facilities, with more than 1 occupant per room, and housing cost burden among renters and owners).

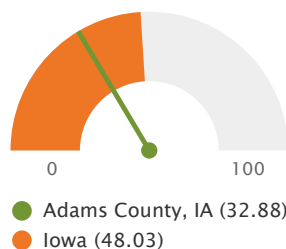
Occupied Housing Units with One or More Substandard Conditions, Percent



## Hours per Week at Average Wage Needed to Afford 2-Bedroom

In order to afford the average-priced 2-bedroom home in Adams County, a person would have to work 32.88 hours per week at average wage.

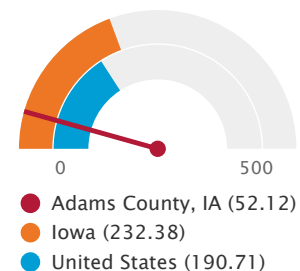
Hours per Week at Average Wage to Afford 2-Bedroom



## Mortgage Lending

In Adams County, there are 52.12 home purchase loan originations per 100,000 population. Of the total number of home purchase loan originations, 0.00% were for Latinos compared to 100.00% for non-Latino Whites, and 60.00% were for under \$120,000 compared to 10.00% for over \$200,000.

Home Loan Origination Rate per 10,000 Pop.



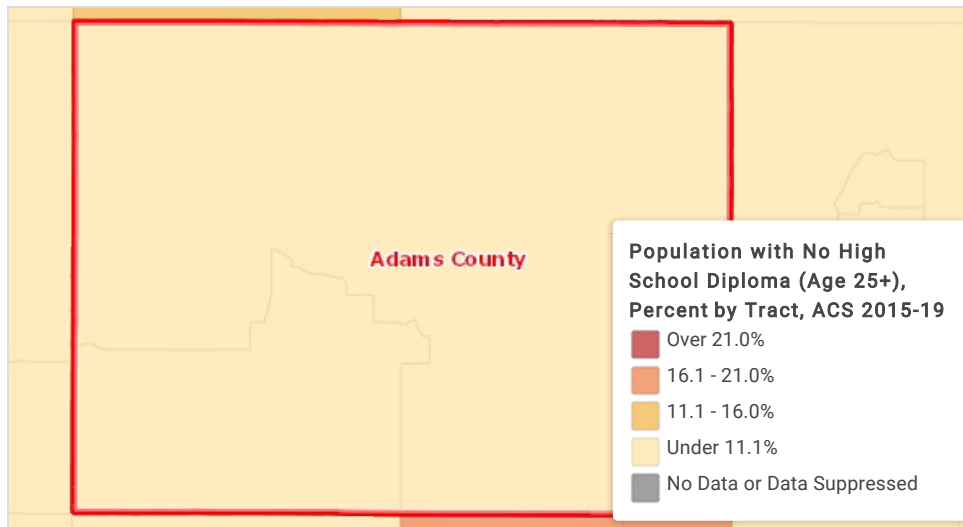
- [Read about how a healthcare organization helping cure unstable housing.](#)
- [Read about how housing costs impact health care.](#)

# Schools

Latinos in underserved communities lack access to quality early education and education, thus are robbed of the crucial foundation required to avoid poverty, unemployment, and other social and economic barriers throughout the lifespan. [LEARN MORE](#)

## No High School Diploma

In Adams County, 6.24% of persons aged 25 and older do not have a high school diploma (or equivalency). As you can see, there are disparities by census tract, which is a good indicator there are also disparities health, social, and economic outcomes. Interventions to improve high school graduation rates need to begin in the early years.

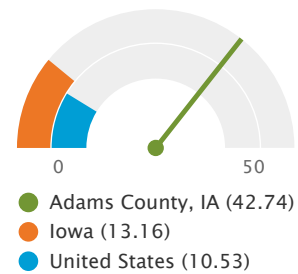


## Head Start Centers & Preschool Enrollment

In Adams County, there are 42.74 Head Start program facilities per 10,000 children under age 5.

Of preschool age children, 22.22% are enrolled in public or private nursery/preschool. Enrollment varies by census tract, ranging from 7.69% to 42.11%.

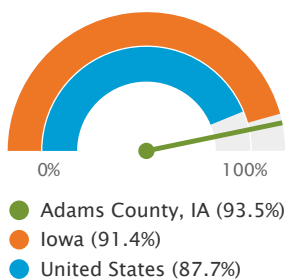
Head Start Programs Rate (Per 10,000 Children Under Age 5)



## High School Graduation & Dropouts

In Adams County, the high school graduation rate is 93.5%. 11 of the population ages 16-19 are not in school and not employed.

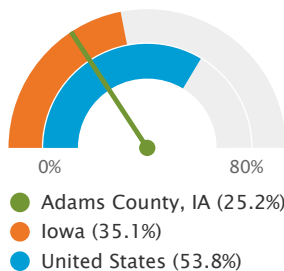
Adjusted Cohort Graduation Rate



## 4th-Graders Scored "Not Proficient" in Reading

In Adams County, 25.2% of children in grade 4 are scoring "not proficient" or worse in reading.

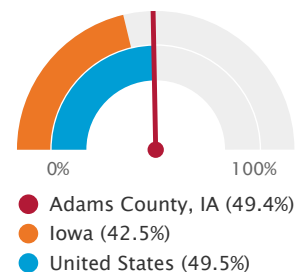
Students Scoring 'Not Proficient' or Worse, Percent



## Free & Reduce Price Lunch

In Adams County, 49.4% of public school students are eligible for Free/Reduced Price lunch. This assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs.

Percentage of Students Eligible for Free or Reduced Price School Lunch



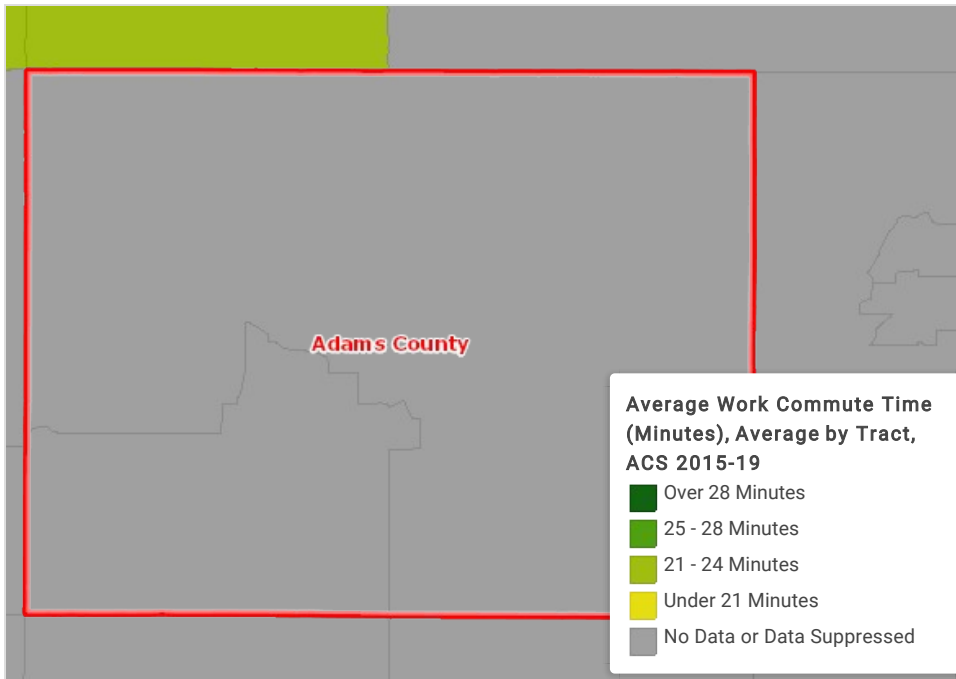
- [Read about how San Antonio is funding an all-day preschool program for low-income kids.](#)
- [Watch a video about how one school district is working to become trauma-sensitive.](#)

# Transportation

Latinos are disproportionately burdened by auto-dependent transportation networks and face unsafe streets, sidewalks, and bike lanes, lack of access to public transit, and significant disparity in time spent commuting and motor vehicle fatalities and serious injuries. [LEARN MORE](#)

## Average Work Commute Time

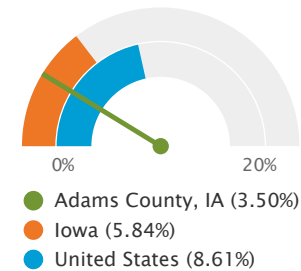
In Adams County, the average commute time is 21.30 minutes; however, some families are commuting over 60 minutes to work. When families spend more time commuting, they have less time to spend investing in health and education.



## Households with No Motor Vehicle

In Adams County, 3.50% of households do not have a motor vehicle. Older populations, Latinos and people of color, and people in low-income communities are disproportionately burdened by lack of safe streets and pedestrian fatalities and serious injuries, which are preventable. In your county, 3.66% of workers travel to work by walking or biking, and 0.42% commute by public transit.

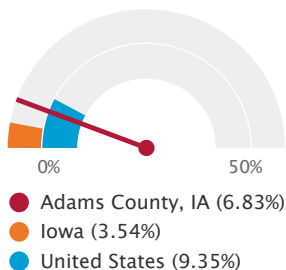
Percentage of Households with No Motor Vehicle



## Population Commuting Over 60 Minutes to Work

In Adams County, 6.83% of people commute over 60 minutes to work. In some areas 4.69% commute over 60 minutes to work, while in other areas, 9.46% commute over 60 minutes.

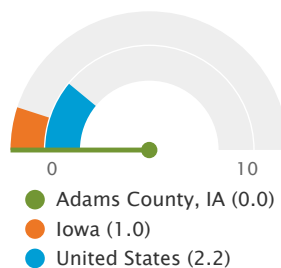
Percentage of Workers Commuting More than 60 Minutes



## Pedestrian-Motor-Vehicle Crash Mortality

In Adams County, 0.0 pedestrian deaths are due to motor vehicle crashes per 100,000 population.

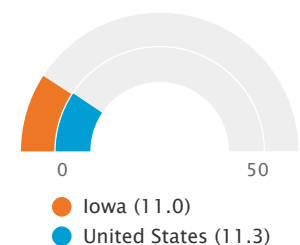
Pedestrian Motor Vehicle Mortality, Crude Death Rate (Per 100,000 Pop.)



## Motor Vehicle Crash Mortality Rate

In Adams County, NA deaths are due to motor vehicle crashes per 100,000 population. See page 1 for disparities in motor-vehicle crash death rate among Latinos and non-Latinos.

Motor Vehicle Crash Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



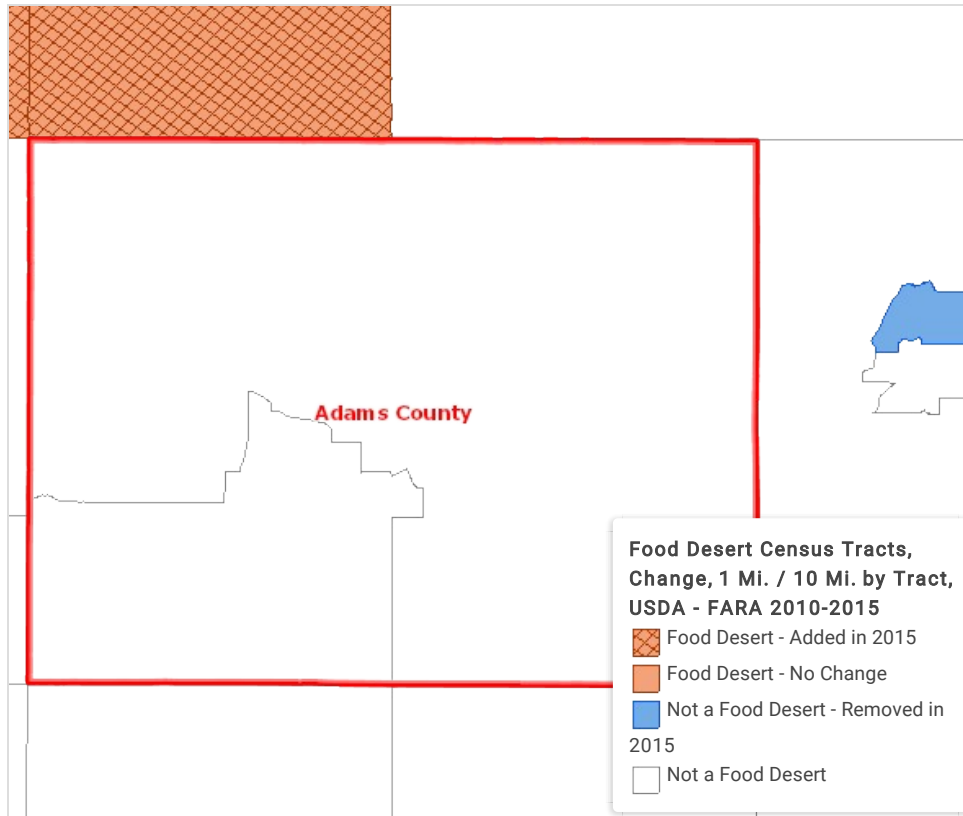
- [Watch a video about how a city official pushed for more funding for buses.](#)
- [Read about a mobility advocacy group that conducted a transit equity analysis.](#)

# Food

U.S Latino kids face unhealthy neighborhood food environments with fewer grocery stores and more fast food. [LEARN MORE](#)

## Food Desert

In Adams County, 0 of census tracts are food deserts, meaning 0 people are living in food deserts.

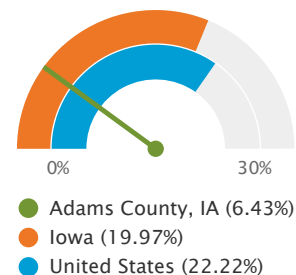


## Low Food Access & Food Insecure Population & Children

In Adams County, 6.43% of the population has low food access, defined as living more than 1/2 mile from the nearest supermarket, supercenter, or large grocery store.

In your county, 10.30% of households are food insecure (unable to meet food needs during at least 7 months of the year). Among children, 14.30% are food insecure. These indicators provide measures of healthy food access and environmental influences on dietary behaviors.

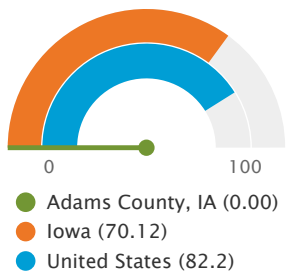
Percent Population with Low Food Access



## Fast Food Restaurant Rate

In Adams County, there are 0.00 fast food establishments per 100,000 people.

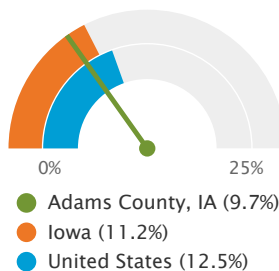
Fast Food Restaurants, Rate per 100,000 Population



## Population Receiving SNAP Benefits

In Adams County, 9.7% of the population is receiving Supplemental Nutrition Assistance Program (SNAP) benefits.

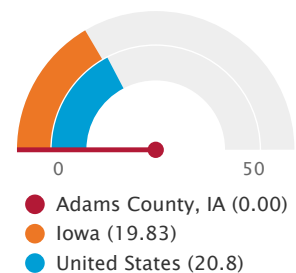
Percentage of Total Population Receiving SNAP Benefits



## Grocery Store Rate

In Adams County, there are 0.00 grocery stores per 100,000 population.

Grocery Stores, Rate per 100,000 Population



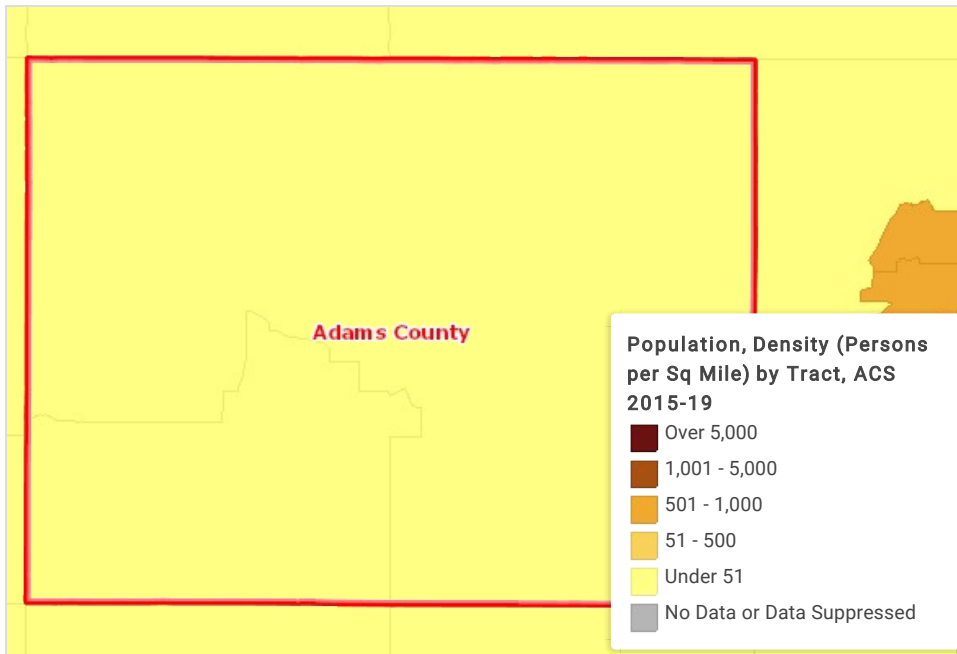
- Watch a video how a nutrition leader pushed for school food pantries!
- Watch a video about a filmmaker who helps bodegas improve healthy food and drink options.

# Environment

Latino communities have fewer safe sidewalks and parks, and more pollutants, and Latino workers and families are more vulnerable to climate-related extreme weather events. [LEARN MORE](#)

## Population Density & Urban and Rural Population

In Adams County, the average population density is 8.67 person per square mile. Population density is higher in some urban areas and lower in rural areas. 0.00% of the population is living in an urban area.



## Workers, Construction, Manufacturing, & Agriculture, Forestry or Mining

In Adams County, of the total working population (1,455), 3.02% work in construction; 25.02% work in manufacturing; and 11.55% work in agriculture, forestry or mining.

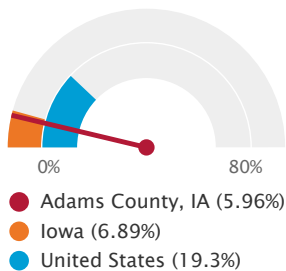
Workers in these fields, often Latinos, are at increased risk of exposure to hazards, toxins, and stressors; however, companies in these industries do not always provide health insurance. Latino workers are at a high risk for injury and can lack access to medical treatment.

In Adams County, 54.18% of workers are insured through their employers; however, disparities exist. Employer provided insurance varies by census tract, ranging from 50.43% to 57.17%.

## Tree Canopy

In Adams County, 5.96% area is covered by tree canopy.

Population Weighted Percentage of Report Area Covered by Tree Canopy



## Air Toxics Exposure Cancer Risk Rate & Respiratory Hazard Index

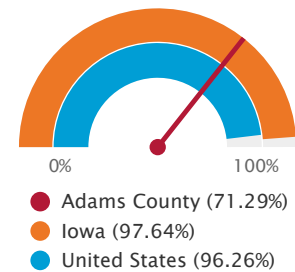
In Adams County, the cancer risk associated with air toxics exposure is 18.85 per 1 million population. The rate varies from 18.50 in one census tract to 19.11 in another census tract.

The Respiratory Hazard Index Score for Adams County is 0.61. Scores over 1.0 indicate a potential for adverse health effects.

## Broadband Access

In Adams County, 71.29% of the population has access to high-speed internet. Access to technology opens up opportunities for employment and education.

Percentage of Population with Access to Broadband Internet (DL Speeds > 25MBPS)



- [Watch a video about a Latino park ranger changing the system to attract more Latinos to parks.](#)
- [Watch a video about a bike advocacy group that fought to protect their trail.](#)

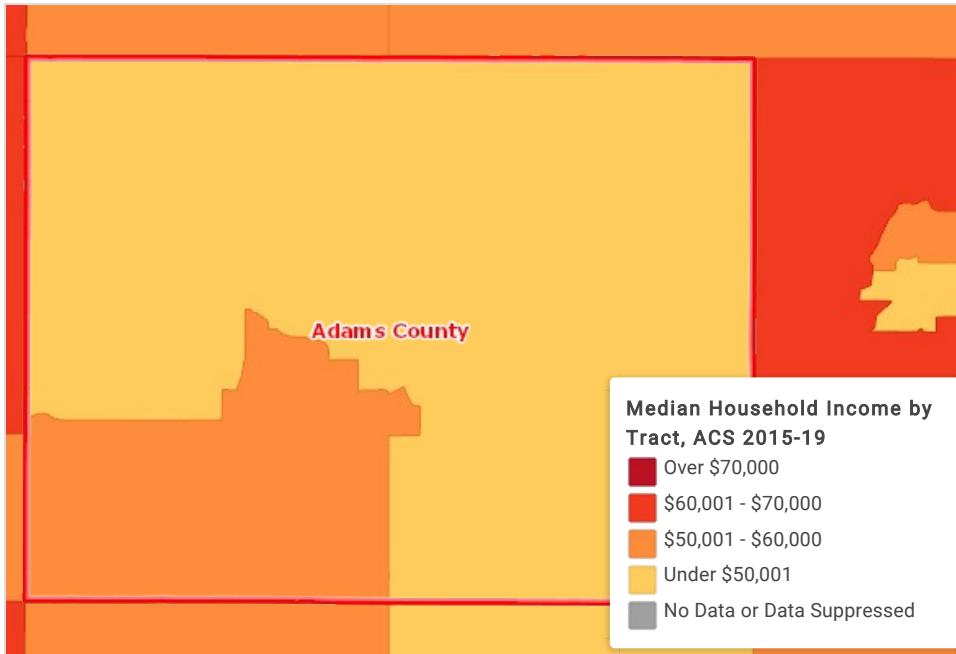


# Social Economic Status

A history of multi-level racism, discrimination, and segregation contributes to an inequitable distribution of resources and services, like affordable housing and childcare, a widening socioeconomic gap, and disparities in mental and physical health outcomes among Latinos. [LEARN MORE](#)

## Median Household Income

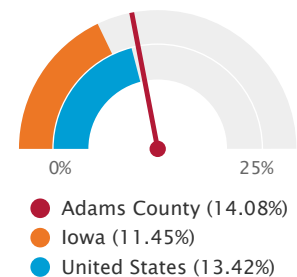
In Adams County, the median household income is \$49,255.



## Population Below Poverty Level

In Adams County, 14.08% of individuals are living in households with income below the Federal Poverty Level (FPL). Poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

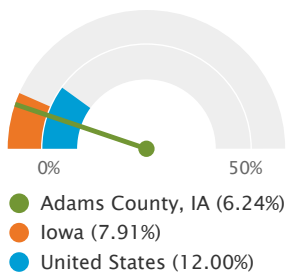
Population in Poverty, Percent



## No High School Diploma

In Adams County, there are 6.24% of persons aged 25 and older do not have a high school diploma (or equivalency). Higher educational attainment is linked to positive health, social, and economic outcomes.

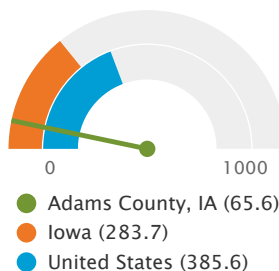
Population Age 25+ with No High School Diploma, Percent



## Violent Crime Rate

In Adams County, 65.6 violent crime offenses are reported to law enforcement per 100,000 residents. This includes homicide, rape, robbery, and aggravated assault.

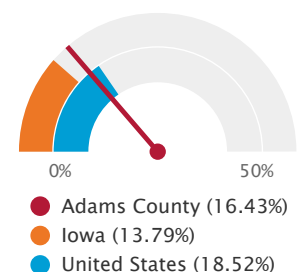
Violent Crime Rate (Per 100,000 Pop.)



## Children Below Poverty Level

In Adams County, 126 of children aged 0-17 are living in households with income below the Federal Poverty Level. Poverty, unemployment, and lack of educational achievement affect access to care and a family's and community's ability to engage in healthy behaviors.

Percent Population Under Age 18 in Poverty



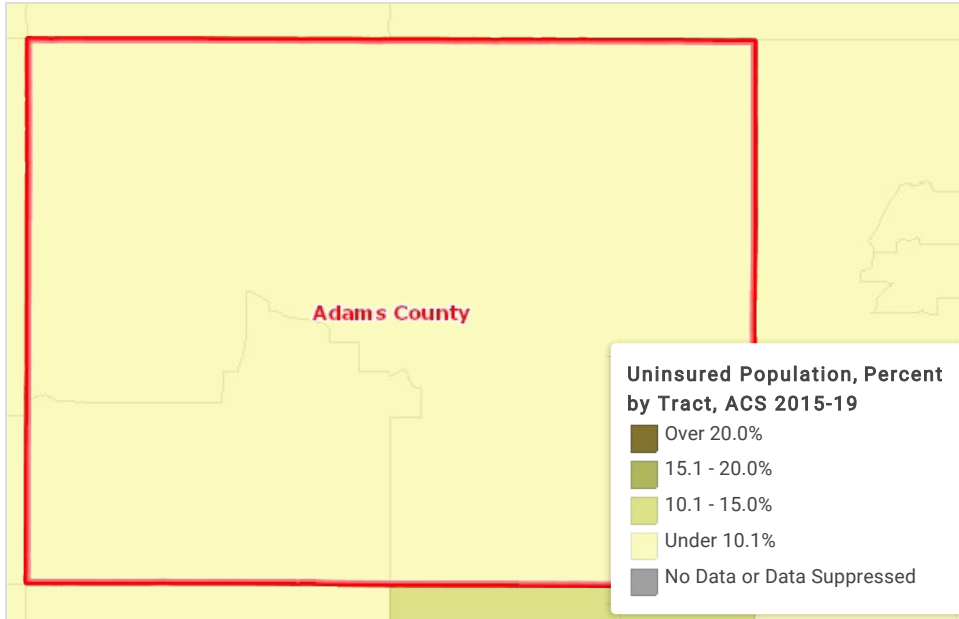
- [Read about how past discriminatory mortgage lending practices impact health and wealth today.](#)
- [Read about how the demand for walkable urban places is rising.](#)

# Healthcare

Latino families face inequities in access to mental and physical health care across all stages of the healthcare spectrum—prevention, diagnosis, treatment, and hospice. [LEARN MORE](#)

## Uninsured Population

In Adams County, 5.76% of population are uninsured.

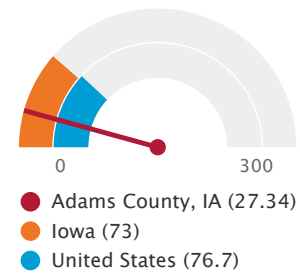


## Access to Primary and Prenatal Care Rate

In Adams County, there are 27.34 primary care physicians per 100,000 population.

In your county, of women do not obtain prenatal care during their first trimester of pregnancy.

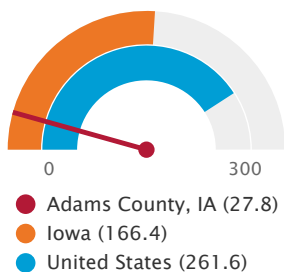
Primary Care Providers, Rate per 100,000 Population



## Access to Mental Health Providers Rank

In Adams County, there are 27.8 mental health care providers per 100,000 population.

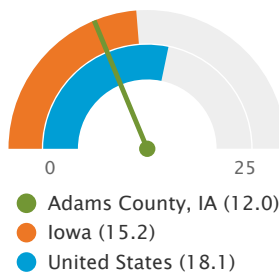
Mental Health Care Provider Rate (Per 100,000 Population)



## 30-Day Hospital Readmissions

In Adams County, 12.0% of Medicare fee-for-service beneficiaries are readmitted to a hospital within 30 days of an initial hospitalization discharge.

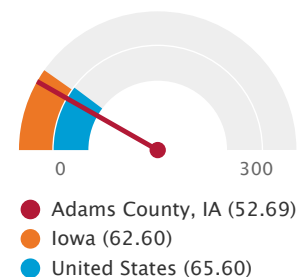
Rate of 30-Day Hospital Readmissions among Medicare Beneficiaries (%)



## Access to Dentists Rate

In Adams County, there are 52.69 dentists per 100,000 population.

Dentists, Rate per 100,000 Population



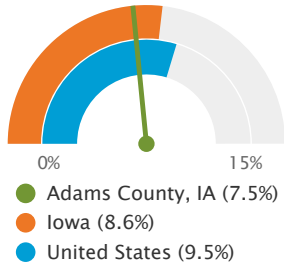
- [Read about a pediatrician who created a trauma-informed, school-based intervention.](#)
- [Read about 9 strategies to improve intersection of transportation and dialysis.](#)

# Physical and Mental Health

Latinos face disparities in numerous chronic and infectious diseases. [LEARN MORE](#)

## Diabetes

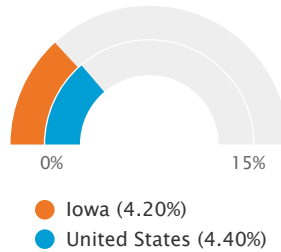
Percentage of Adults with Diagnosed Diabetes (Age-Adjusted), 2017



In Adams County, 7.5% of adults aged 20 and older have been diagnosed with diabetes.

## Heart Disease

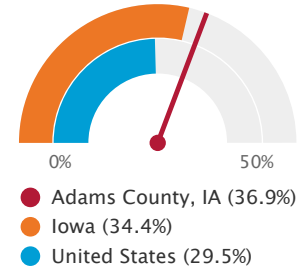
Percent Adults with Heart Disease



In Adams County, NA of adults aged 18 and older have been diagnosed with coronary heart disease.

## Obesity

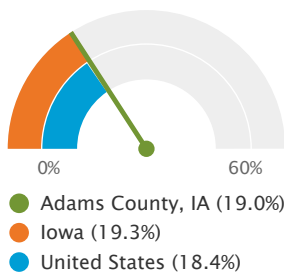
Percentage of Adults Who Have Obesity (BMI > 30.0), 2017



In Adams County, 36.9% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30 (the medical definition of having obesity).

## Depression-Medicare

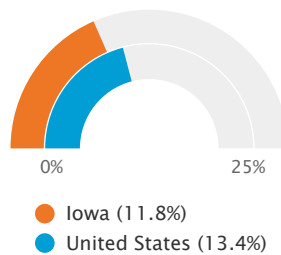
Percentage of Medicare Beneficiaries with Depression



In Adams County, 19.0% of Medicare fee-for-service population have been diagnosed with depression.

## Asthma Prevalence

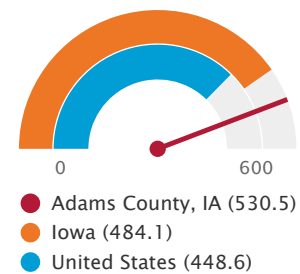
Percent Adults with Asthma



In Adams County, NA of adults aged 18 and older have been diagnosed with asthma.

## Cancer Incidence

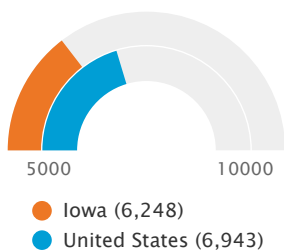
Cancer Incidence Rate (Per 100,000 Pop.)



In Adams County, the cancer incidence rate is 530.5 cases per 100,000 population per year.

## Premature Death Mortality

Years of Potential Life Lost, Rate per 100,000 Population



In Adams County, NA years of potential life lost before age 75 per 100,000 population for all causes of death.

## Medicare Beneficiaries with Alzheimer's

In Adams County, 9.7% of the Medicare fee-for-service population have been diagnosed with Alzheimer's disease.

## Coronary Heart Disease Mortality

In Adams County, the rate of death due to coronary heart disease is 126.0 per 100,000 population.

## Inadequate Social Emotional Support

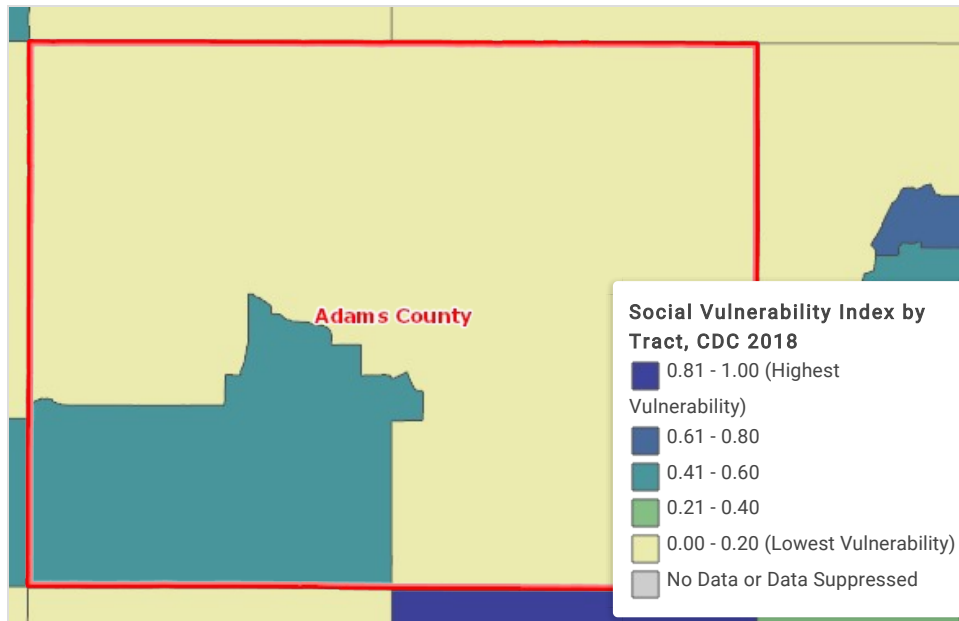
In Adams County, NA of adults aged 18 and older report that they receive insufficient social and emotional support.

# COVID-19

A number of factors contribute to social vulnerability, and may weaken a communities' ability to respond to hazardous events, such as pandemics.

## Social Vulnerability Index

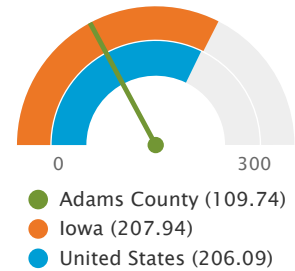
In Adams County, the Social Vulnerability Index Score is 0.04. The least vulnerable score is 0. The most vulnerable score is 1. Your area's score shows a LOW level of vulnerability. Factors like poverty, lack of access to transportation and crowded housing may weaken a community's ability to prepare for and respond to hazardous events, such as natural disasters or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss.



## COVID-19 Deaths

Adams County has 4 total confirmed COVID-19 deaths as of 10/03/2021. The local mortality rate is 109.74 per 100,000 population, which is LESS than the state average of 207.94.

COVID-19 Deaths, Crude Rate per 100,000 Population

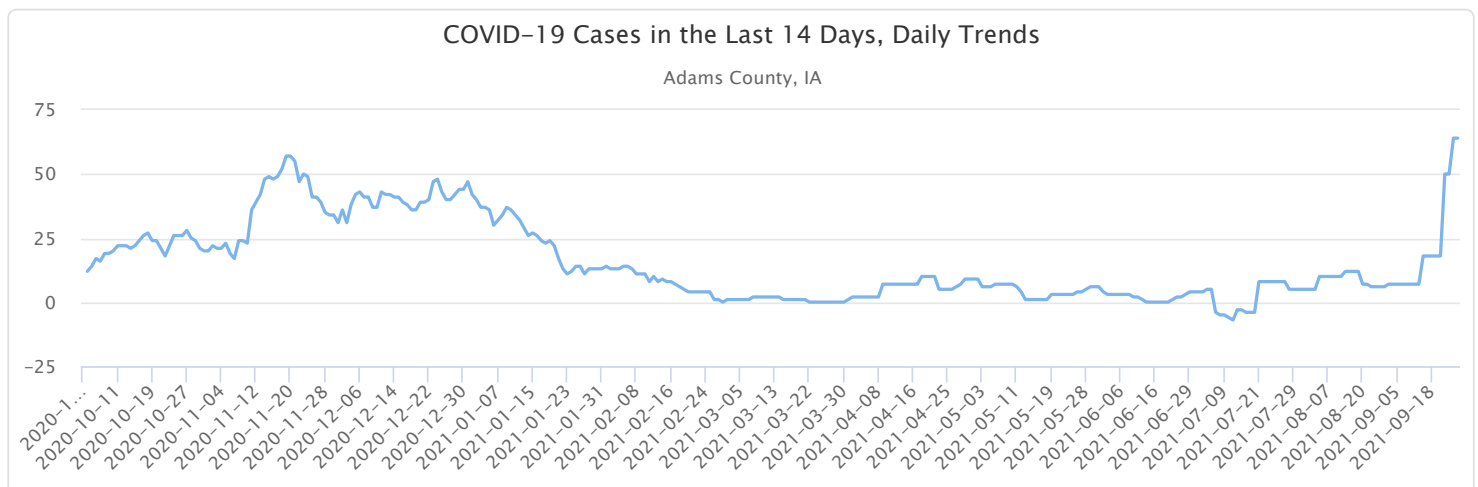


## COVID-19 Vaccinations

In Adams County, 59.2% of residents are fully vaccinated against COVID-19 as of 10/01/2021, compared to 64.3% in the state. 13.62% of local residents are hesitant against getting the vaccine. This is due to historical trauma/racism, mistrust of government, **misinformation**, and other factors.

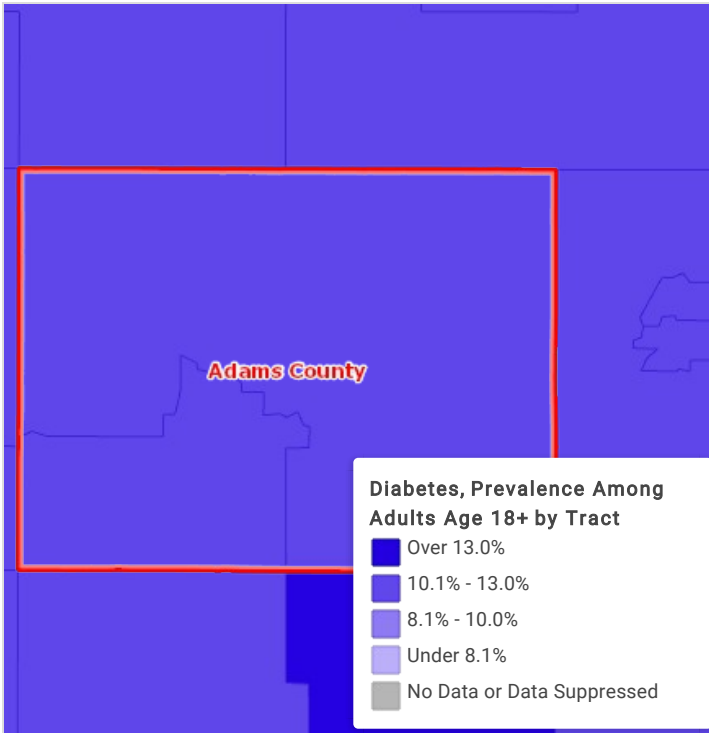
## Total COVID-19 Cases and New COVID-19 Cases in the Last 14 Days

Adams County has 455 confirmed COVID-19 cases and a confirmed case rate of 12,482.85 per 100,000 population as of 10/03/2021. There were 255.56% MORE cases in the last 14 days (09/17/2021 - 10/01/2021) than 15-28 days ago. This time span comparison is important because it indicates a growing or declining case rate. [Find the latest Latino COVID-19 case and death rates](#), and [Latino vaccination rates in your state](#).

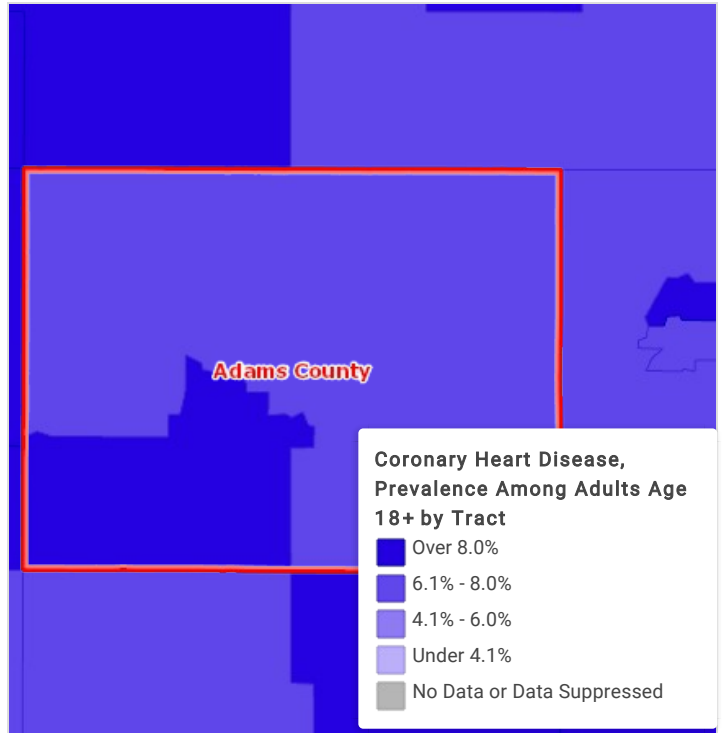


# 500 Cities

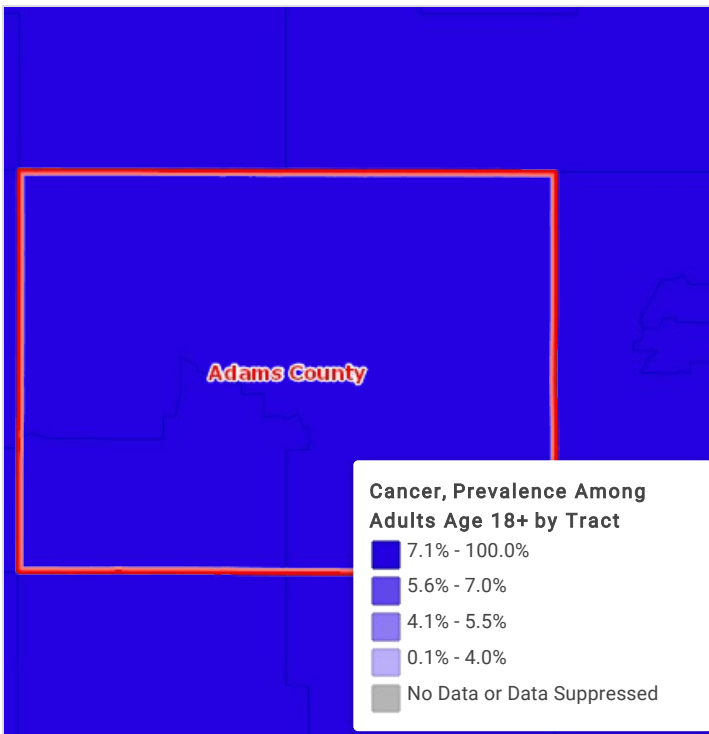
## Diabetes



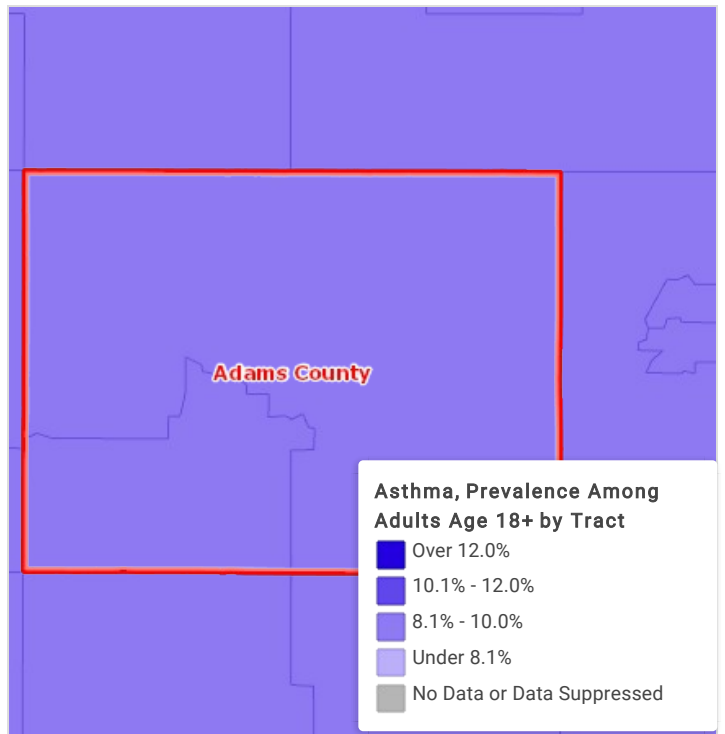
## Coronary Heart Disease



## Cancer Prevalence



## Asthma



# You Know the Issues. Now What?

## Share This Report!

Email this report to colleagues and community leaders; share it on social media; and bring printed copies to school or community meetings.

Email This Report!

Explore **case studies and stories** of successful change-makers.

Explore **research and resources** to help you build your case.

Email Salud America! at [saludamerica@uthscsa.edu](mailto:saludamerica@uthscsa.edu).





# Sources

Page	Indicator	Source
1	Population	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
1	Children in Poverty	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
1	Median Household Income	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
1	No High School Diploma	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
1	Uninsured Population	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
1	Teen Birth Rate	Centers for Disease Control and Prevention, <a href="#">National Vital Statistics System</a> . Accessed via <a href="#">CDC WONDER</a> . US Department of Health & Human Services, <a href="#">Health Indicators Warehouse</a> . 2006-12.
1	Asthma Prevalence	Centers for Disease Control and Prevention, <a href="#">Behavioral Risk Factor Surveillance System</a> . Additional data analysis by <a href="#">CARES</a> . 2011-12.
1	Infant Mortality	US Department of Health & Human Services, Health Resources and Services Administration, <a href="#">HRSA - Area Health Resource File</a> . 2006-10.
1	Mortality - Cancer	Centers for Disease Control and Prevention, <a href="#">National Vital Statistics System</a> . Accessed via <a href="#">CDC WONDER</a> . 2015-2019.
1	Motor Vehicle Crash Death Rate	Centers for Disease Control and Prevention, <a href="#">National Vital Statistics System</a> . Accessed via <a href="#">CDC WONDER</a> . 2015-2019.
1	Youth Obesity (state)	Child and Adolescent Health Measurement Initiative, <a href="#">National Survey of Children's Health</a> . 2018.
2	Cost-Burdened Household Tenure	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
2	Renter-Occupied Housing	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
2	Housing Cost Burden	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
2	Severely Housing Cost-Burdened	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
2	Substandard Housing	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
2	Hours per Week at Average Wage to Afford 2-Bedroom	<a href="#">National Low Income Housing Coalition</a> .
2	Mortgage Lending	Federal Financial Institutions Examination Council, <a href="#">Home Mortgage Disclosure Act</a> . Additional data analysis by <a href="#">CARES</a> . 2014.
3	High School Diploma	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.

Page	Indicator	Source
3	Head Start	US Department of Health & Human Services, <a href="#">HRSA - Administration for Children and Families</a> . 2019.
3	Enrollment in School, Children (Age 3-4)	US Census Bureau, <a href="#">American Community Survey</a> . 2013-2017.
3	High School Graduation	US Department of Education, <a href="#">EDFacts</a> . Additional data analysis by <a href="#">CARES</a> . 2018-19.
3	Young People Not in School and Not Working	US Census Bureau, <a href="#">American Community Survey</a> . 2015-2019.
3	4th-Graders Scored "Not Proficient" in Reading	US Department of Education, <a href="#">EDFacts</a> . Additional data analysis by <a href="#">CARES</a> . 2018-19.
3	Free & Reduced Price Lunch	National Center for Education Statistics, <a href="#">NCES - Common Core of Data</a> . 2018-19.
4	Average Work Commute Time	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
4	Households with No Motor Vehicle	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
4	Workers Travel to Work by Walking or Biking	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
4	Workers Travel to Work by Public Transit	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
4	Population Commuting Over 60 Minutes	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
4	Pedestrian-Motor-Vehicle Crash Mortality	US Department of Transportation, National Highway Traffic Safety Administration, <a href="#">Fatality Analysis Reporting System</a> . 2015-2019.
4	Motor Vehicle Crash Mortality Rate	Centers for Disease Control and Prevention, <a href="#">National Vital Statistics System</a> . Accessed via <a href="#">CDC WONDER</a> . 2015-2019.
5	Food Desert	US Department of Agriculture, Economic Research Service, <a href="#">USDA - Food Access Research Atlas</a> . 2019.
5	Food Insecure Population & Children	US Department of Agriculture, Economic Research Service, <a href="#">USDA - Food Access Research Atlas</a> . 2019.
5	Low Food Access Tract	<a href="#">Feeding America</a> . 2017.
5	Fast Food Restaurant rate	US Census Bureau, <a href="#">County Business Patterns</a> . Additional data analysis by <a href="#">CARES</a> . 2019.
5	Population Receiving SNAP Benefits	US Census Bureau, <a href="#">Small Area Income and Poverty Estimates</a> . 2017.
5	Grocery Store Rate	US Census Bureau, <a href="#">County Business Patterns</a> . Additional data analysis by <a href="#">CARES</a> . 2019.
6	Population Density	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.

Page	Indicator	Source
6	Urban and Rural Population	US Census Bureau, <a href="#">Decennial Census</a> . 2010.
6	Workers, Construction, Manufacturing, & Agriculture, Forestry or Mining	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
6	Insured, Employer Provided Insurance	US Census Bureau, <a href="#">American Community Survey</a> . 2015-2019.
6	Tree Canopy	Multi-Resolution Land Characteristics Consortium, <a href="#">National Land Cover Database</a> . 2016.
6	Air Toxics Exposure Cancer Risk	<a href="#">EPA National Air Toxics Assessment</a> . 2014.
6	Respiratory Hazard Index	<a href="#">EPA - National Air Toxics Assessment</a> . 2011.
6	Broadband Access	<a href="#">National Broadband Map</a> . June 2020.
7	Median Household Income	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
7	Population Below Poverty Level	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
7	High School Diploma	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
7	Violent Crime Rate	Federal Bureau of Investigation, <a href="#">FBI Uniform Crime Reports</a> . Additional analysis by the <a href="#">National Archive of Criminal Justice Data</a> . Accessed via the <a href="#">Inter-university Consortium for Political and Social Research</a> . 2014&2016.
7	Children Below Poverty Level	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
8	Uninsured Population	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
8	Access to Primary Care Rate	US Department of Health & Human Services, Health Resources and Services Administration, <a href="#">HRSA - Area Health Resource File</a> . 2017.
8	Lack of Prenatal Care	Centers for Disease Control and Prevention, <a href="#">National Vital Statistics System</a> . Accessed via <a href="#">CDC WONDER</a> . Centers for Disease Control and Prevention, <a href="#">Wide-Ranging Online Data for Epidemiologic Research</a> . 2019.
8	Access to Mental Health Providers	Centers for Medicare and Medicaid Services, <a href="#">CMS - National Plan and Provider Enumeration System (NPPES)</a> . Accessed via <a href="#">County Health Rankings</a> . 2020.
8	30-Day Hospital Readmissions	Centers for Medicare and Medicaid Services, <a href="#">CMS - Geographic Variation Public Use File</a> . 2018.
8	Access to Dentists Rate	US Department of Health & Human Services, Health Resources and Services Administration, <a href="#">HRSA - Area Health Resource File</a> . 2015.
9	Diabetes	Centers for Disease Control and Prevention, <a href="#">National Center for Chronic Disease Prevention and Health Promotion</a> . 2017.

Page	Indicator	Source
9	Heart Disease	Centers for Disease Control and Prevention, <a href="#">Behavioral Risk Factor Surveillance System</a> . Additional data analysis by <a href="#">CARES</a> . 2011-12.
9	Obesity	Centers for Disease Control and Prevention, <a href="#">National Center for Chronic Disease Prevention and Health Promotion</a> . 2017.
9	Depression (Medicare Population)	Centers for Medicare and Medicaid Services, <a href="#">CMS - Geographic Variation Public Use File</a> . 2018.
9	Asthma Prevalence	Centers for Disease Control and Prevention, <a href="#">Behavioral Risk Factor Surveillance System</a> . Additional data analysis by <a href="#">CARES</a> . 2011-12.
9	Cancer Incidence	<a href="#">State Cancer Profiles</a> . 2014-18.
9	Premature Death Mortality	University of Wisconsin Population Health Institute, <a href="#">County Health Rankings</a> . 2017-2019.
9	Alzheimer's Disease	Centers for Medicare and Medicaid Services, <a href="#">CMS - Geographic Variation Public Use File</a> . 2018.
9	Coronary Heart Disease	Centers for Disease Control and Prevention, <a href="#">National Vital Statistics System</a> . Accessed via <a href="#">CDC WONDER</a> . 2015-2019.
9	Social & Emotional Support	Centers for Disease Control and Prevention, <a href="#">Behavioral Risk Factor Surveillance System</a> . Accessed via the <a href="#">Health Indicators Warehouse</a> . US Department of Health & Human Services, <a href="#">Health Indicators Warehouse</a> . 2006-12.
10	Social Vulnerability Index Score	Centers for Disease Control and Prevention and the National Center for Health Statistics, <a href="#">CDC - GRASP</a> . 2018.
10	COVID-19 Deaths	<a href="#">Johns Hopkins University</a> . Accessed via <a href="#">ESRI</a> . Additional data analysis by <a href="#">CARES</a> . 2021.
10	COVID-19 Vaccinations	Centers for Disease Control and Prevention and the National Center for Health Statistics, <a href="#">CDC - GRASP</a> . 2021.
10	COVID-19 Cases	<a href="#">Johns Hopkins University</a> . Accessed via <a href="#">ESRI</a> . Additional data analysis by <a href="#">CARES</a> . 2021.
10	COVID-19 Cases in the Last 14 Days	<a href="#">The New York Times</a> . Accessed via <a href="#">GitHub</a> . Additional data analysis by <a href="#">CARES</a> . 2021.
11	500 Cities	Centers for Disease Control and Prevention, <a href="#">Behavioral Risk Factor Surveillance System</a> . Accessed via the <a href="#">500 Cities Data Portal</a> . 2018.

Report card powered by the [Center for Applied Research and Engagement Systems \(CARES\)](#), University of Missouri.

# your very own Health Equity Report Card for Taylor County, IA

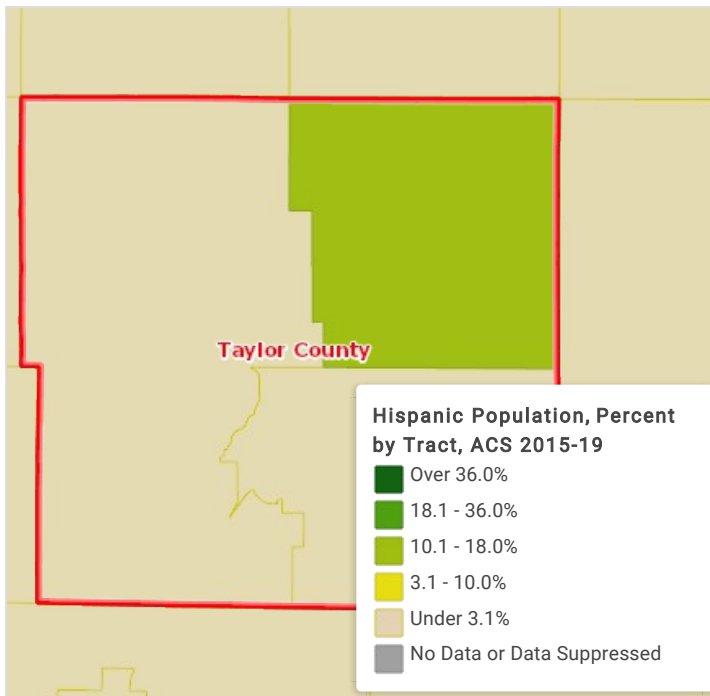


**In Taylor County, 1 in 3 kids and 1 in 16 adults are Latino.**

Latino communities vary in their access to quality child care and education, affordable housing, transportation options, green space, healthy food options, and healthcare - all of which are necessary to stay healthy and thrive. These differences in opportunity result in health disparities that are evident between different populations and geographic areas.



**Latinos in your county face more socio-economic barriers and poor health outcomes than non-Latino Whites.**



	Latino	Non-Latino White
Children in Poverty	11.96%	10.88%
Median Household Income	\$38,438	\$54,327
No High School Diploma	65.33%	7.34%
Uninsured Population	43.16%	4.65%
Teen Birth Rates (per 1,000 pop.)	NA	29.10
Asthma Prevalence (state)	7.4%	11.6%
Infant Mortality (per 1,000 birth)	NA	NA
Mortality - Cancer (per 100,000 pop.)	NA	155.3
Motor Vehicle Crash Death Rate (per 100,000 pop.)	NA	NA
Youth Obesity (state)	30%	10%



**You can use this Salud America! Health Equity Report Card to find socioeconomic and health issues in your county, then help drive community change in your area!**

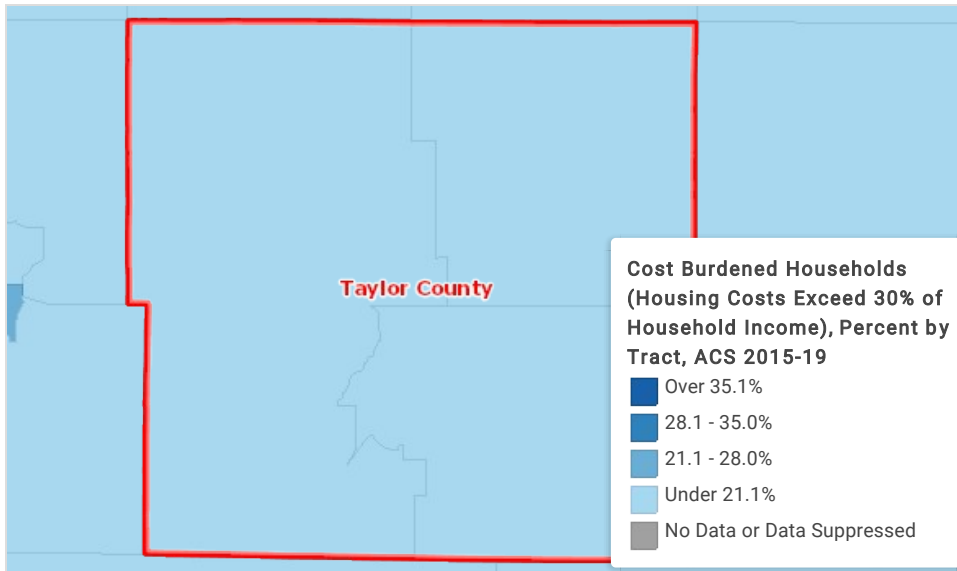


# Housing

A history of discriminatory housing policies and inequitable distribution of resources and services contribute to a widening socioeconomic gap, downward mobility, and poor mental and physical health among Latinos. [LEARN MORE](#)

## Cost-Burdened Households

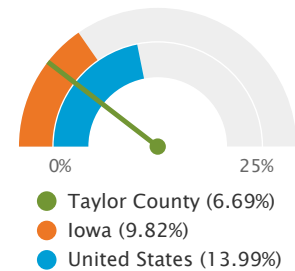
In Taylor County, 17.28% of people are disproportionately burdened by higher housing costs (greater than 30% of household income). In your county, 21.75% of housing is renter-occupied. Of households spending more than 30% of household income on housing costs, 19.33% are rental households.



## Severely Cost-Burdened

In Taylor County, 6.69% of people are severely cost-burdened, meaning they pay more than 50% of their annual income on housing. These families have less expendable income for healthy food, transportation, preventative healthcare, childcare, tutoring, higher education, museums, professional development, investing in small business, etc.

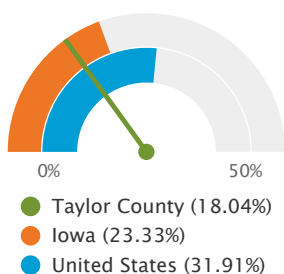
Percentage of Households where Housing Costs Exceed 50% of Income



## Substandard Housing

In Taylor County, 18.04% of housing units have one or more substandard conditions (lacking complete plumbing facilities, lacking complete kitchen facilities, with more than 1 occupant per room, and housing cost burden among renters and owners).

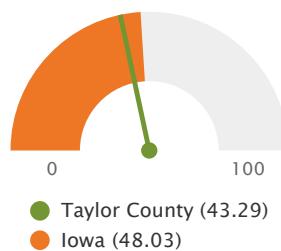
Occupied Housing Units with One or More Substandard Conditions, Percent



## Hours per Week at Average Wage Needed to Afford 2-Bedroom

In order to afford the average-priced 2-bedroom home in Taylor County, a person would have to work 43.29 hours per week at average wage.

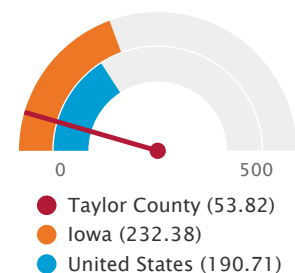
Hours per Week at Average Wage to Afford 2-Bedroom



## Mortgage Lending

In Taylor County, there are 53.82 home purchase loan originations per 100,000 population. Of the total number of home purchase loan originations, 5.56% were for Latinos compared to 94.44% for non-Latino Whites, and 83.33% were for under \$120,000 compared to 0.00% for over \$200,000.

Home Loan Origination Rate per 10,000 Pop.



- [Read about how a healthcare organization helping cure unstable housing.](#)
- [Read about how housing costs impact health care.](#)

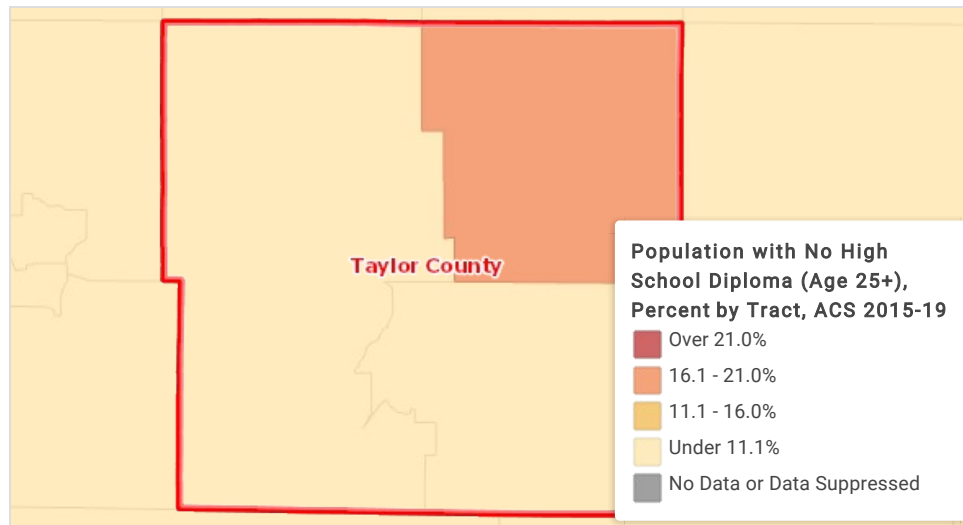


# Schools

Latinos in underserved communities lack access to quality early education and education, thus are robbed of the crucial foundation required to avoid poverty, unemployment, and other social and economic barriers throughout the lifespan. [LEARN MORE](#)

## No High School Diploma

In Taylor County, 9.82% of persons aged 25 and older do not have a high school diploma (or equivalency). As you can see, there are disparities by census tract, which is a good indicator there are also disparities health, social, and economic outcomes. Interventions to improve high school graduation rates need to begin in the early years.

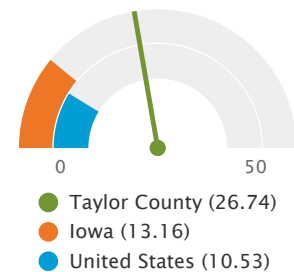


## Head Start Centers & Preschool Enrollment

In Taylor County, there are 26.74 Head Start program facilities per 10,000 children under age 5.

Of preschool age children, 48.59% are enrolled in public or private nursery/preschool. Enrollment varies by census tract, ranging from 38.46% to 63.64%.

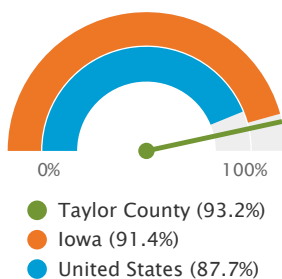
Head Start Programs Rate (Per 10,000 Children Under Age 5)



## High School Graduation & Dropouts

In Taylor County, the high school graduation rate is 93.2%. 0 of the population ages 16-19 are not in school and not employed.

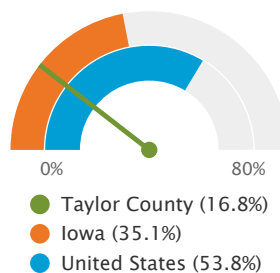
Adjusted Cohort Graduation Rate



## 4th-Graders Scored "Not Proficient" in Reading

In Taylor County, 16.8% of children in grade 4 are scoring "not proficient" or worse in reading.

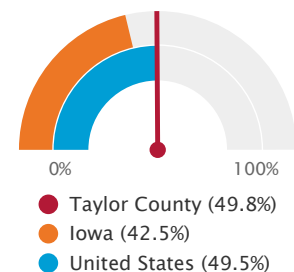
Students Scoring 'Not Proficient' or Worse, Percent



## Free & Reduce Price Lunch

In Taylor County, 49.8% of public school students are eligible for Free/Reduced Price lunch. This assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs.

Percentage of Students Eligible for Free or Reduced Price School Lunch



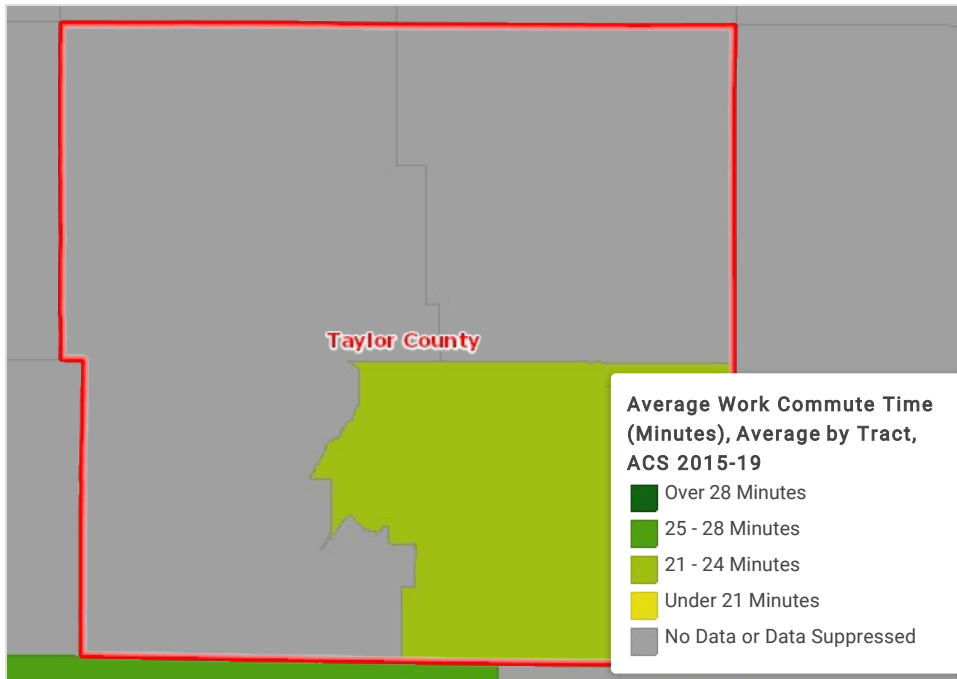
- [Read about how San Antonio is funding an all-day preschool program for low-income kids.](#)
- [Watch a video about how one school district is working to be trauma-sensitive.](#)

# Transportation

Latinos are disproportionately burdened by auto-dependent transportation networks and face unsafe streets, sidewalks, and bike lanes, lack of access to public transit, and significant disparity in time spent commuting and motor vehicle fatalities and serious injuries. [LEARN MORE](#)

## Average Work Commute Time

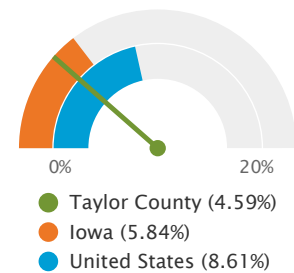
In Taylor County, the average commute time is 22.84 minutes; however, some families are commuting over 60 minutes to work. When families spend more time commuting, they have less time to spend investing in health and education.



## Households with No Motor Vehicle

In Taylor County, 4.59% of households do not have a motor vehicle. Older populations, Latinos and people of color, and people in low-income communities are disproportionately burdened by lack of safe streets and pedestrian fatalities and serious injuries, which are preventable. In your county, 2.51% of workers travel to work by walking or biking, and 0.61% commute by public transit.

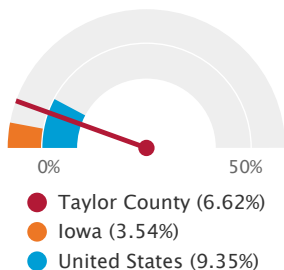
Percentage of Households with No Motor Vehicle



## Population Commuting Over 60 Minutes to Work

In Taylor County, 6.62% of people commute over 60 minutes to work. In some areas 4.57% commute over 60 minutes to work, while in other areas, 8.68% commute over 60 minutes.

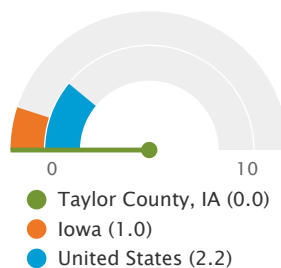
Percentage of Workers Commuting More than 60 Minutes



## Pedestrian-Motor-Vehicle Crash Mortality

In Taylor County, 0.0 pedestrian deaths are due to motor vehicle crashes per 100,000 population.

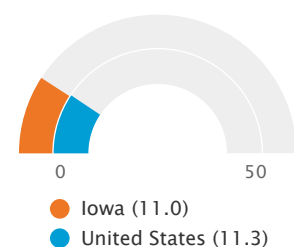
Pedestrian Motor Vehicle Mortality, Crude Death Rate (Per 100,000 Pop.)



## Motor Vehicle Crash Mortality Rate

In Taylor County, NA deaths are due to motor vehicle crashes per 100,000 population. See page 1 for disparities in motor-vehicle crash death rate among Latinos and non-Latinos.

Motor Vehicle Crash Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



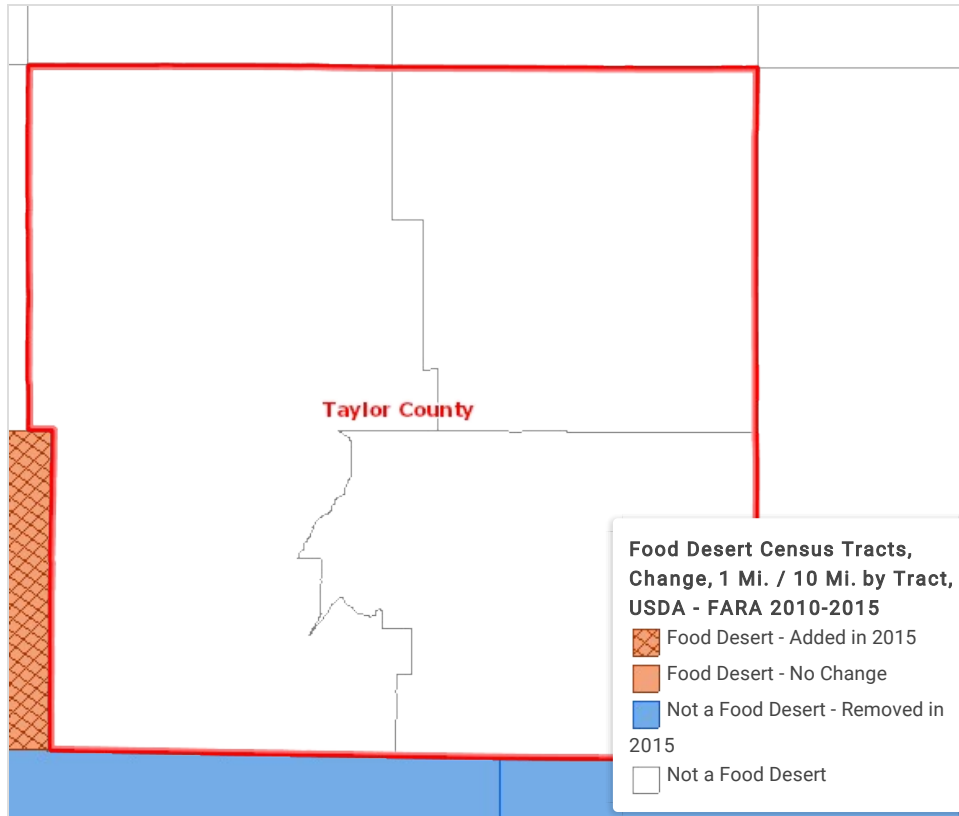
- [Watch a video about how a city official pushed for more funding for buses.](#)
- [Read about a mobility advocacy group that conducted a transit equity analysis.](#)

# Food

U.S Latino kids face unhealthy neighborhood food environments with fewer grocery stores and more fast food. [LEARN MORE](#)

## Food Desert

In Taylor County, 0 of census tracts are food deserts, meaning 0 people are living in food deserts.

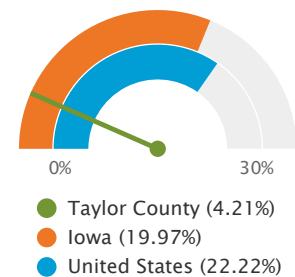


## Low Food Access & Food Insecure Population & Children

In Taylor County, 4.21% of the population has low food access, defined as living more than 1/2 mile from the nearest supermarket, supercenter, or large grocery store.

In your county, 9.50% of households are food insecure (unable to meet food needs during at least 7 months of the year). Among children, 14.00% are food insecure. These indicators provide measures of healthy food access and environmental influences on dietary behaviors.

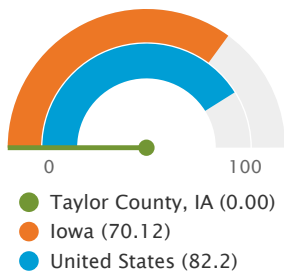
Percent Population with Low Food Access



## Fast Food Restaurant Rate

In Taylor County, there are 0.00 fast food establishments per 100,000 people.

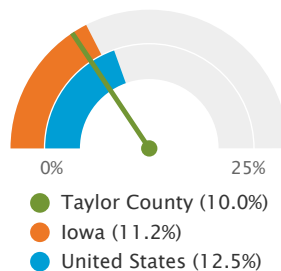
Fast Food Restaurants, Rate per 100,000 Population



## Population Receiving SNAP Benefits

In Taylor County, 10.0% of the population is receiving Supplemental Nutrition Assistance Program (SNAP) benefits.

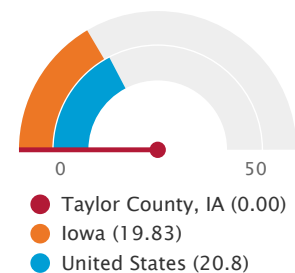
Percentage of Total Population Receiving SNAP Benefits



## Grocery Store Rate

In Taylor County, there are 0.00 grocery stores per 100,000 population.

Grocery Stores, Rate per 100,000 Population



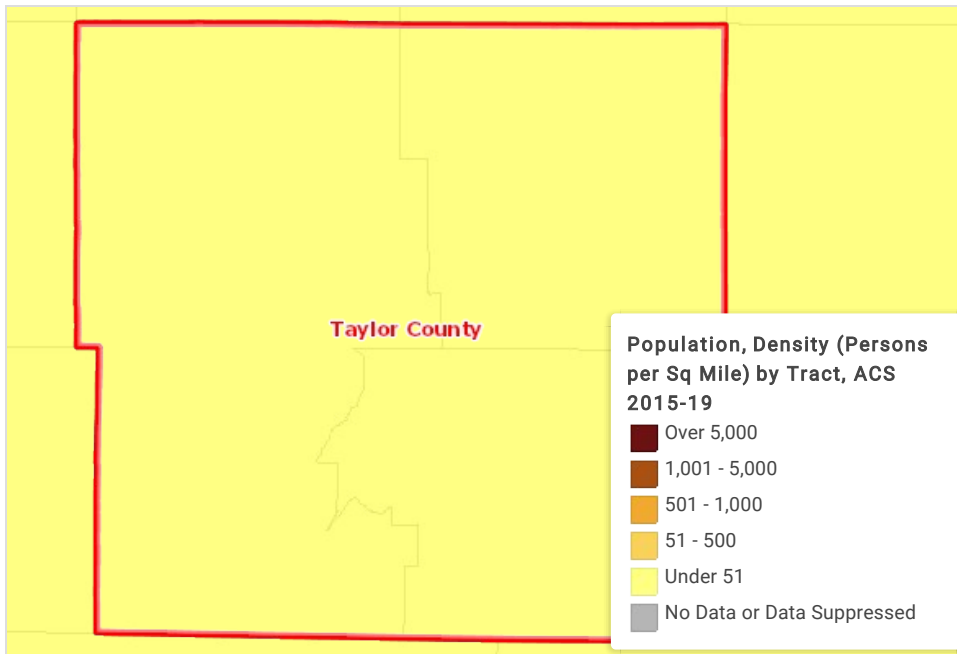
- [Watch a video how a nutrition leader pushed for school food pantries!](#)
- [Watch a video about a filmmaker who helps bodegas improve healthy food and drink options.](#)

# Environment

Latino communities have fewer safe sidewalks and parks, and more pollutants, and Latino workers and families are more vulnerable to climate-related extreme weather events. [LEARN MORE](#)

## Population Density & Urban and Rural Population

In Taylor County, the average population density is 11.59 person per square mile. Population density is higher in some urban areas and lower in rural areas. 0.00% of the population is living in an urban area.



## Workers, Construction, Manufacturing, & Agriculture, Forestry or Mining

In Taylor County, of the total working population (2,412), 5.80% work in construction; 23.71% work in manufacturing; and 14.68% work in agriculture, forestry or mining.

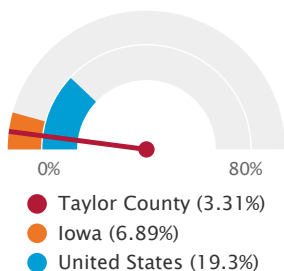
Workers in these fields, often Latinos, are at increased risk of exposure to hazards, toxins, and stressors; however, companies in these industries do not always provide health insurance. Latino workers are at a high risk for injury and can lack access to medical treatment.

In Taylor County, 54.29% of workers are insured through their employers; however, disparities exist. Employer provided insurance varies by census tract, ranging from 48.16% to 61.30%.

## Tree Canopy

In Taylor County, 3.31% area is covered by tree canopy.

Population Weighted Percentage of Report Area Covered by Tree Canopy



## Air Toxics Exposure Cancer Risk Rate & Respiratory Hazard Index

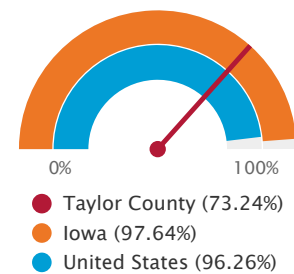
In Taylor County, the cancer risk associated with air toxics exposure is 19.37 per 1 million population. The rate varies from 19.09 in one census tract to 19.62 in another census tract.

The Respiratory Hazard Index Score for Taylor County is 0.56. Scores over 1.0 indicate a potential for adverse health effects.

## Broadband Access

In Taylor County, 73.24% of the population has access to high-speed internet. Access to technology opens up opportunities for employment and education.

Percentage of Population with Access to Broadband Internet (DL Speeds > 25MBPS)



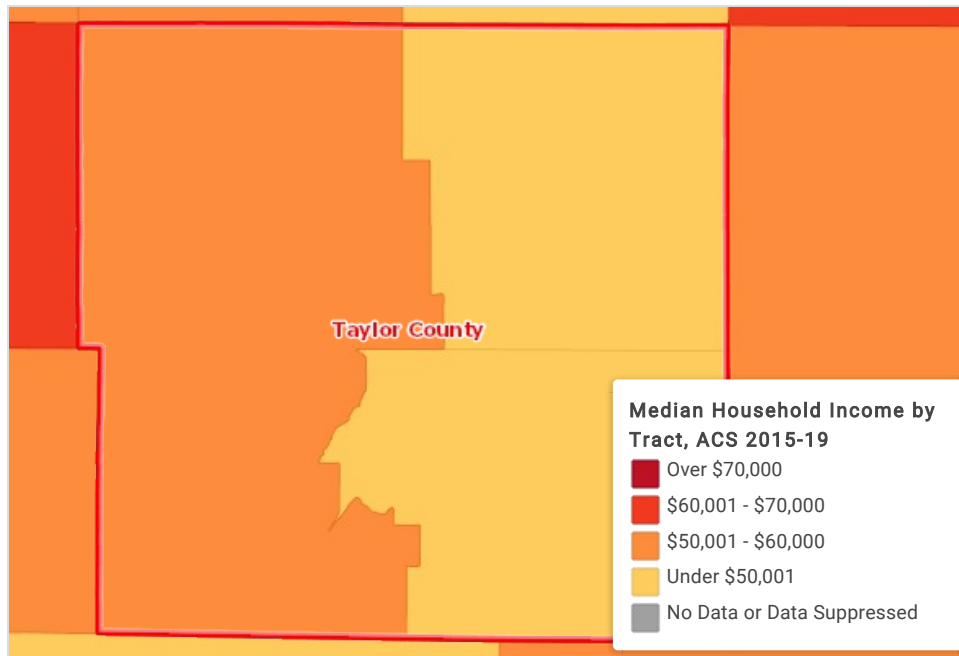
- [Watch a video about a Latino park ranger changing the system to attract more Latinos to parks.](#)
- [Watch a video about a bike advocacy group that fought to protect their trail.](#)

# Social Economic Status

A history of multi-level racism, discrimination, and segregation contributes to an inequitable distribution of resources and services, like affordable housing and childcare, a widening socioeconomic gap, and disparities in mental and physical health outcomes among Latinos. [LEARN MORE](#)

## Median Household Income

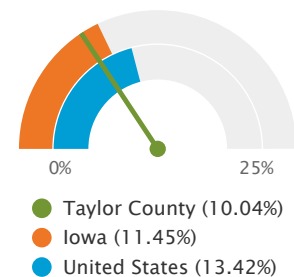
In Taylor County, the median household income is \$50,431.



## Population Below Poverty Level

In Taylor County, 10.04% of individuals are living in households with income below the Federal Poverty Level (FPL). Poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

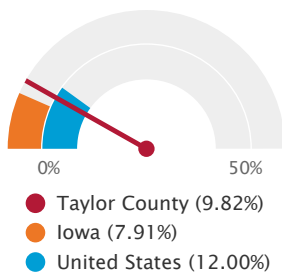
Population in Poverty, Percent



## No High School Diploma

In Taylor County, there are 9.82% of persons aged 25 and older do not have a high school diploma (or equivalency). Higher educational attainment is linked to positive health, social, and economic outcomes.

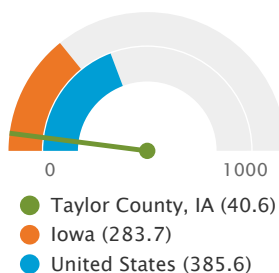
Population Age 25+ with No High School Diploma, Percent



## Violent Crime Rate

In Taylor County, 40.6 violent crime offenses are reported to law enforcement per 100,000 residents. This includes homicide, rape, robbery, and aggravated assault.

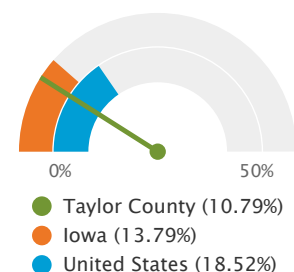
Violent Crime Rate (Per 100,000 Pop.)



## Children Below Poverty Level

In Taylor County, 151 of children aged 0-17 are living in households with income below the Federal Poverty Level. Poverty, unemployment, and lack of educational achievement affect access to care and a family's and community's ability to engage in healthy behaviors.

Percent Population Under Age 18 in Poverty



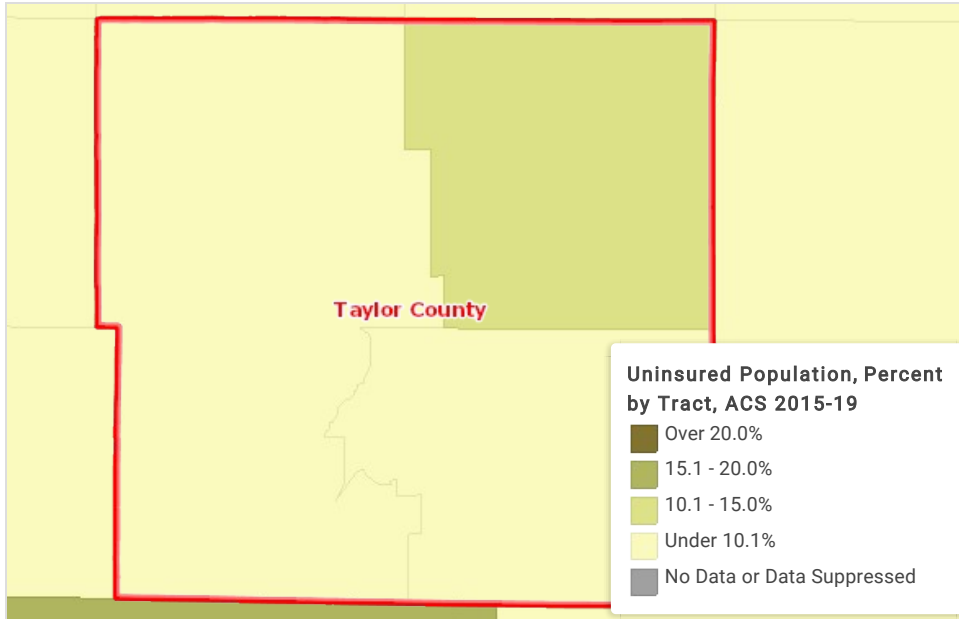
- [Read about how past discriminatory mortgage lending practices impact health and wealth today.](#)
- [Read about how the demand for walkable urban places is rising.](#)

# Healthcare

Latino families face inequities in access to mental and physical health care across all stages of the healthcare spectrum—prevention, diagnosis, treatment, and hospice. [LEARN MORE](#)

## Uninsured Population

In Taylor County, 7.58% of population are uninsured.

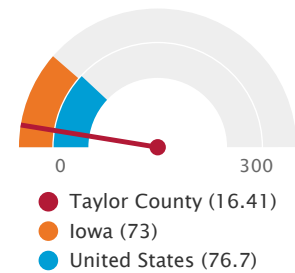


## Access to Primary and Prenatal Care Rate

In Taylor County, there are 16.41 primary care physicians per 100,000 population.

In your county, of women do not obtain prenatal care during their first trimester of pregnancy.

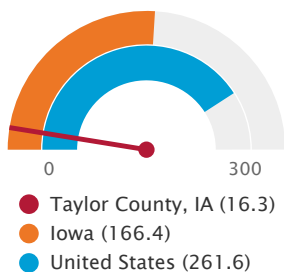
Primary Care Providers, Rate per 100,000 Population



## Access to Mental Health Providers Rank

In Taylor County, there are 16.3 mental health care providers per 100,000 population.

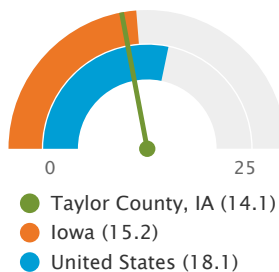
Mental Health Care Provider Rate (Per 100,000 Population)



## 30-Day Hospital Readmissions

In Taylor County, 14.1% of Medicare fee-for-service beneficiaries are readmitted to a hospital within 30 days of an initial hospitalization discharge.

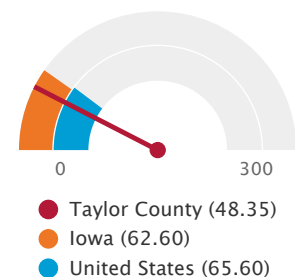
Rate of 30-Day Hospital Readmissions among Medicare Beneficiaries (%)



## Access to Dentists Rate

In Taylor County, there are 48.35 dentists per 100,000 population.

Dentists, Rate per 100,000 Population



- [Read about a pediatrician who created a trauma-informed, school-based intervention.](#)
- [Read about 9 strategies to improve intersection of transportation and dialysis.](#)

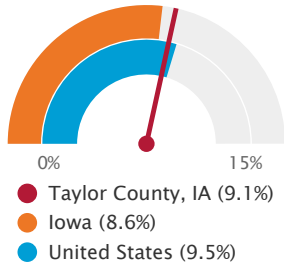


# Physical and Mental Health

Latinos face disparities in numerous chronic and infectious diseases. [LEARN MORE](#)

## Diabetes

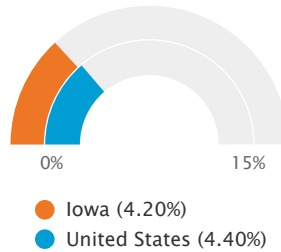
Percentage of Adults with Diagnosed Diabetes (Age-Adjusted), 2017



In Taylor County, 9.1% of adults aged 20 and older have been diagnosed with diabetes.

## Heart Disease

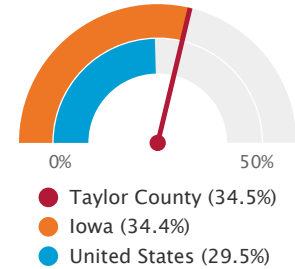
Percent Adults with Heart Disease



In Taylor County, NA of adults aged 18 and older have been diagnosed with coronary heart disease.

## Obesity

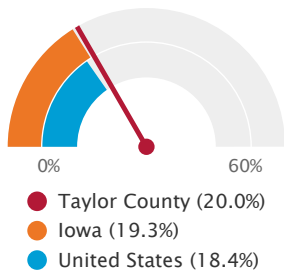
Percentage of Adults Who Have Obesity (BMI > 30.0), 2017



In Taylor County, 34.5% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30 (the medical definition of having obesity).

## Depression-Medicare

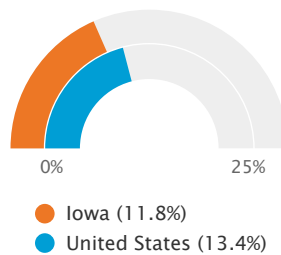
Percentage of Medicare Beneficiaries with Depression



In Taylor County, 20.0% of Medicare fee-for-service population have been diagnosed with depression.

## Asthma Prevalence

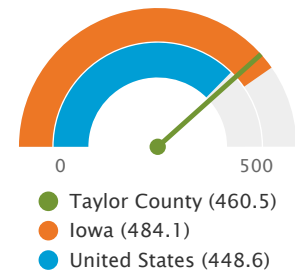
Percent Adults with Asthma



In Taylor County, NA of adults aged 18 and older have been diagnosed with asthma.

## Cancer Incidence

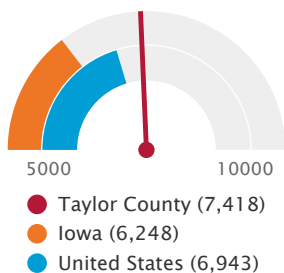
Cancer Incidence Rate (Per 100,000 Pop.)



In Taylor County, the cancer incidence rate is 460.5 cases per 100,000 population per year.

## Premature Death Mortality

Years of Potential Life Lost, Rate per 100,000 Population



In Taylor County, 7,418 years of potential life lost before age 75 per 100,000 population for all causes of death.

## Medicare Beneficiaries with Alzheimer's

In Taylor County, 9.9% of the Medicare fee-for-service population have been diagnosed with Alzheimer's disease.

## Coronary Heart Disease Mortality

In Taylor County, the rate of death due to coronary heart disease is 125.6 per 100,000 population.

## Inadequate Social Emotional Support

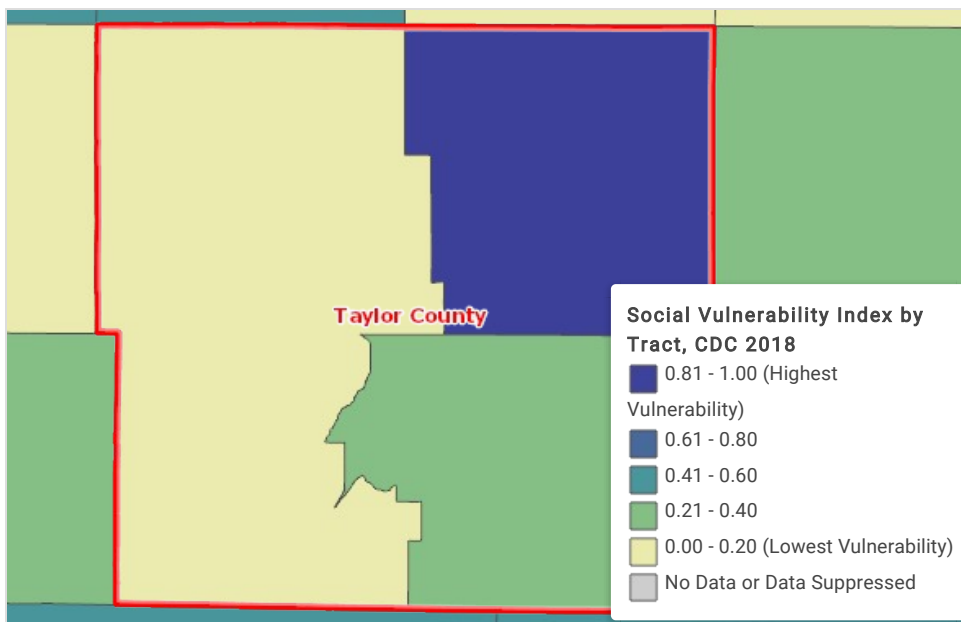
In Taylor County, 18.30% of adults aged 18 and older report that they receive insufficient social and emotional support.

# COVID-19

A number of factors contribute to social vulnerability, and may weaken a communities' ability to respond to hazardous events, such as pandemics.

## Social Vulnerability Index

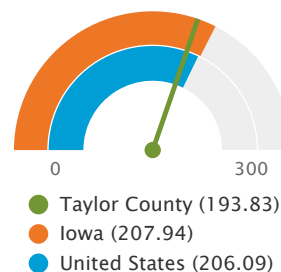
In Taylor County, the Social Vulnerability Index Score is 0.28. The least vulnerable score is 0. The most vulnerable score is 1. Your area's score shows a LOW level of vulnerability. Factors like poverty, lack of access to transportation and crowded housing may weaken a community's ability to prepare for and respond to hazardous events, such as natural disasters or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss.



## COVID-19 Deaths

Taylor County has 12 total confirmed COVID-19 deaths as of 10/03/2021. The local mortality rate is 193.83 per 100,000 population, which is LESS than the state average of 207.94.

COVID-19 Deaths, Crude Rate per 100,000 Population

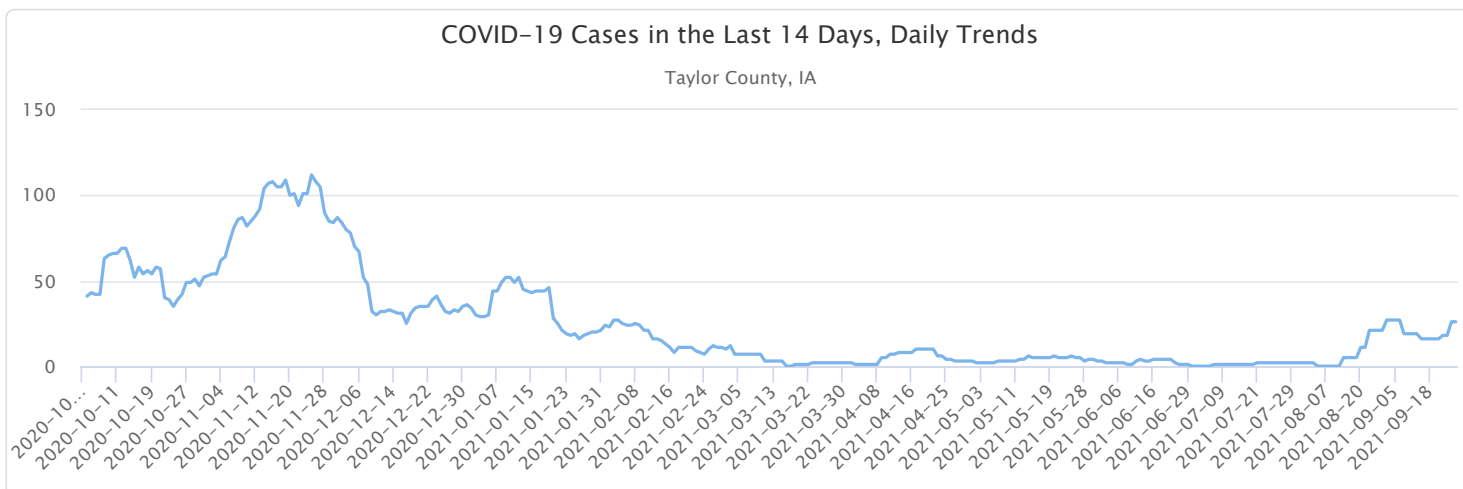


## COVID-19 Vaccinations

In Taylor County, 53.3% of residents are fully vaccinated against COVID-19 as of 10/01/2021, compared to 64.3% in the state. 13.62% of local residents are hesitant against getting the vaccine. This is due to historical trauma/racism, mistrust of government, **misinformation**, and other factors.

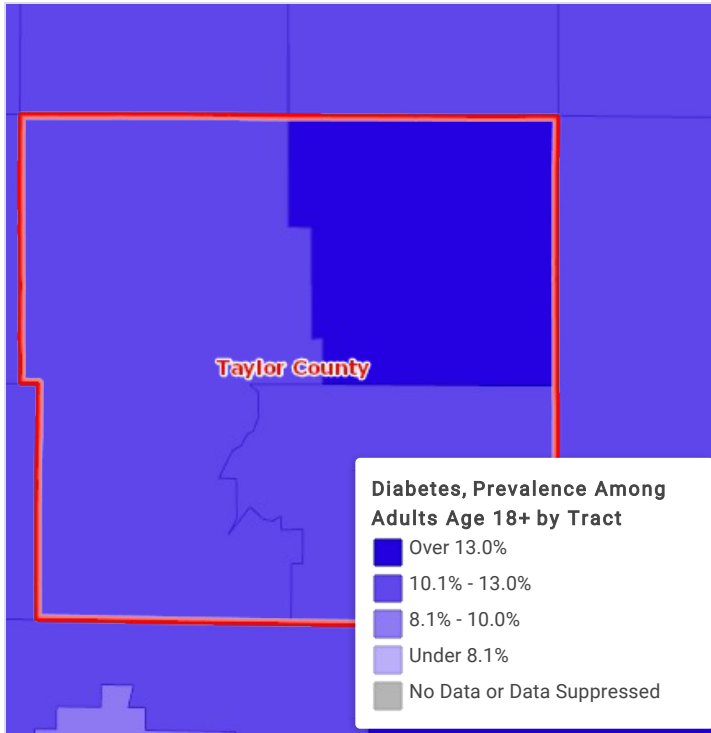
## Total COVID-19 Cases and New COVID-19 Cases in the Last 14 Days

Taylor County has 750 confirmed COVID-19 cases and a confirmed case rate of 12,114.36 per 100,000 population as of 10/03/2021. There were 62.50% MORE cases in the last 14 days (09/17/2021 - 10/01/2021) than 15-28 days ago. This time span comparison is important because it indicates a growing or declining case rate. [Find the latest Latino COVID-19 case and death rates](#), and [Latino vaccination rates in your state](#).

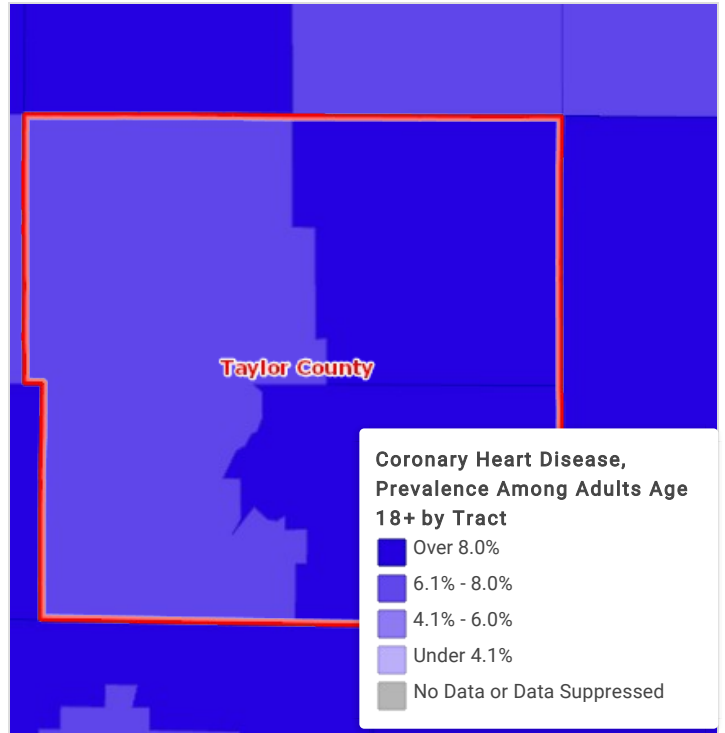


# 500 Cities

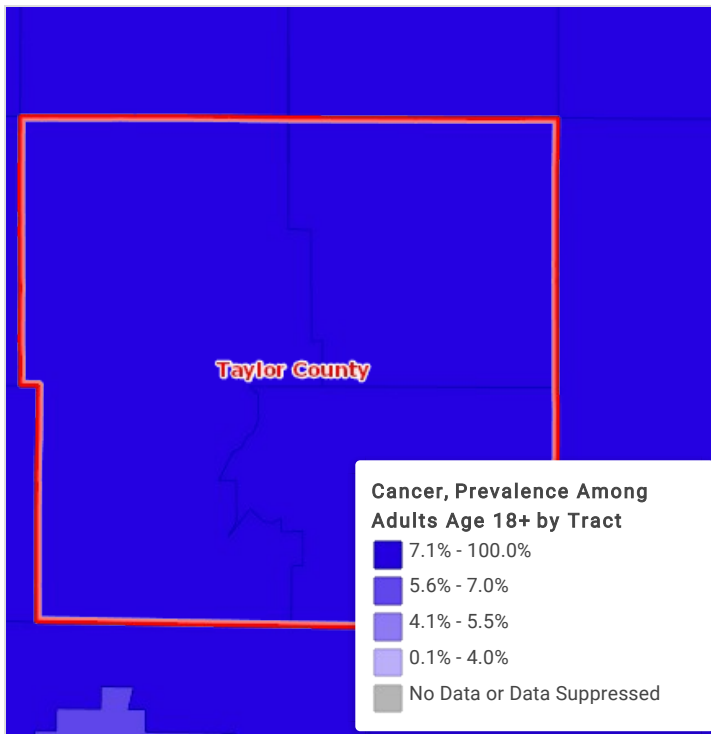
## Diabetes



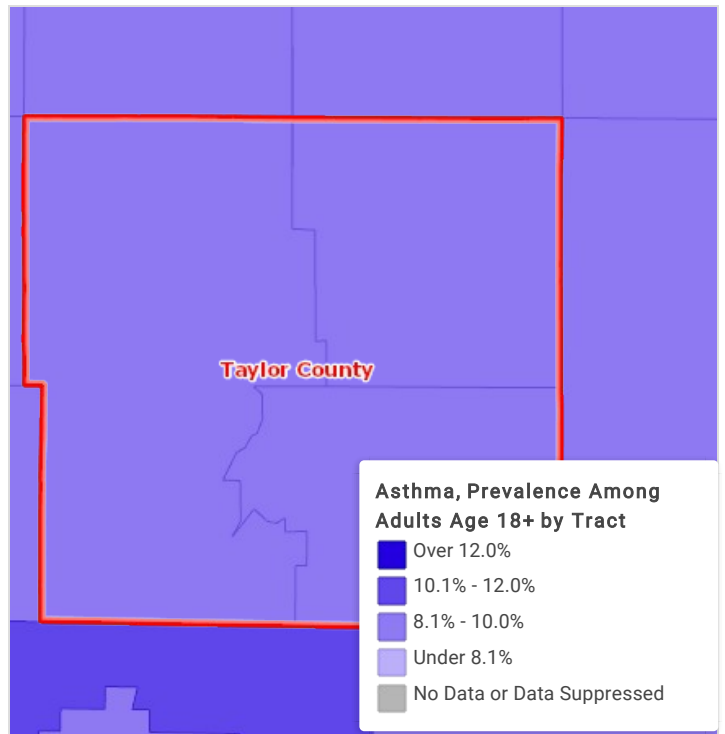
## Coronary Heart Disease



## Cancer Prevalence



## Asthma



# You Know the Issues. Now What?

## Share This Report!

Email this report to colleagues and community leaders; share it on social media; and bring printed copies to school or community meetings.

Email This Report!

Explore **case studies and stories** of successful change-makers.

Explore **research and resources** to help you build your case.

Email Salud America! at [saludamerica@uthscsa.edu](mailto:saludamerica@uthscsa.edu).



# Sources

Page	Indicator	Source
1	Population	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
1	Children in Poverty	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
1	Median Household Income	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
1	No High School Diploma	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
1	Uninsured Population	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
1	Teen Birth Rate	Centers for Disease Control and Prevention, <a href="#">National Vital Statistics System</a> . Accessed via <a href="#">CDC WONDER</a> . US Department of Health & Human Services, <a href="#">Health Indicators Warehouse</a> . 2006-12.
1	Asthma Prevalence	Centers for Disease Control and Prevention, <a href="#">Behavioral Risk Factor Surveillance System</a> . Additional data analysis by <a href="#">CARES</a> . 2011-12.
1	Infant Mortality	US Department of Health & Human Services, Health Resources and Services Administration, <a href="#">HRSA - Area Health Resource File</a> . 2006-10.
1	Mortality - Cancer	Centers for Disease Control and Prevention, <a href="#">National Vital Statistics System</a> . Accessed via <a href="#">CDC WONDER</a> . 2015-2019.
1	Motor Vehicle Crash Death Rate	Centers for Disease Control and Prevention, <a href="#">National Vital Statistics System</a> . Accessed via <a href="#">CDC WONDER</a> . 2015-2019.
1	Youth Obesity (state)	Child and Adolescent Health Measurement Initiative, <a href="#">National Survey of Children's Health</a> . 2018.
2	Cost-Burdened Household Tenure	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
2	Renter-Occupied Housing	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
2	Housing Cost Burden	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
2	Severely Housing Cost-Burdened	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
2	Substandard Housing	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
2	Hours per Week at Average Wage to Afford 2-Bedroom	<a href="#">National Low Income Housing Coalition</a> .
2	Mortgage Lending	Federal Financial Institutions Examination Council, <a href="#">Home Mortgage Disclosure Act</a> . Additional data analysis by <a href="#">CARES</a> . 2014.
3	High School Diploma	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.

Page	Indicator	Source
3	Head Start	US Department of Health & Human Services, <a href="#">HRSA - Administration for Children and Families</a> . 2019.
3	Enrollment in School, Children (Age 3-4)	US Census Bureau, <a href="#">American Community Survey</a> . 2013-2017.
3	High School Graduation	US Department of Education, <a href="#">EDFacts</a> . Additional data analysis by <a href="#">CARES</a> . 2018-19.
3	Young People Not in School and Not Working	US Census Bureau, <a href="#">American Community Survey</a> . 2015-2019.
3	4th-Graders Scored "Not Proficient" in Reading	US Department of Education, <a href="#">EDFacts</a> . Additional data analysis by <a href="#">CARES</a> . 2018-19.
3	Free & Reduced Price Lunch	National Center for Education Statistics, <a href="#">NCES - Common Core of Data</a> . 2018-19.
4	Average Work Commute Time	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
4	Households with No Motor Vehicle	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
4	Workers Travel to Work by Walking or Biking	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
4	Workers Travel to Work by Public Transit	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
4	Population Commuting Over 60 Minutes	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
4	Pedestrian-Motor-Vehicle Crash Mortality	US Department of Transportation, National Highway Traffic Safety Administration, <a href="#">Fatality Analysis Reporting System</a> . 2015-2019.
4	Motor Vehicle Crash Mortality Rate	Centers for Disease Control and Prevention, <a href="#">National Vital Statistics System</a> . Accessed via <a href="#">CDC WONDER</a> . 2015-2019.
5	Food Desert	US Department of Agriculture, Economic Research Service, <a href="#">USDA - Food Access Research Atlas</a> . 2019.
5	Food Insecure Population & Children	US Department of Agriculture, Economic Research Service, <a href="#">USDA - Food Access Research Atlas</a> . 2019.
5	Low Food Access Tract	<a href="#">Feeding America</a> . 2017.
5	Fast Food Restaurant rate	US Census Bureau, <a href="#">County Business Patterns</a> . Additional data analysis by <a href="#">CARES</a> . 2019.
5	Population Receiving SNAP Benefits	US Census Bureau, <a href="#">Small Area Income and Poverty Estimates</a> . 2017.
5	Grocery Store Rate	US Census Bureau, <a href="#">County Business Patterns</a> . Additional data analysis by <a href="#">CARES</a> . 2019.
6	Population Density	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.



Page	Indicator	Source
6	Urban and Rural Population	US Census Bureau, <a href="#">Decennial Census</a> . 2010.
6	Workers, Construction, Manufacturing, & Agriculture, Forestry or Mining	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
6	Insured, Employer Provided Insurance	US Census Bureau, <a href="#">American Community Survey</a> . 2015-2019.
6	Tree Canopy	Multi-Resolution Land Characteristics Consortium, <a href="#">National Land Cover Database</a> . 2016.
6	Air Toxics Exposure Cancer Risk	<a href="#">EPA National Air Toxics Assessment</a> . 2014.
6	Respiratory Hazard Index	<a href="#">EPA - National Air Toxics Assessment</a> . 2011.
6	Broadband Access	<a href="#">National Broadband Map</a> . June 2020.
7	Median Household Income	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
7	Population Below Poverty Level	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
7	High School Diploma	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
7	Violent Crime Rate	Federal Bureau of Investigation, <a href="#">FBI Uniform Crime Reports</a> . Additional analysis by the <a href="#">National Archive of Criminal Justice Data</a> . Accessed via the <a href="#">Inter-university Consortium for Political and Social Research</a> . 2014&2016.
7	Children Below Poverty Level	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
8	Uninsured Population	US Census Bureau, <a href="#">American Community Survey</a> . 2015-19.
8	Access to Primary Care Rate	US Department of Health & Human Services, Health Resources and Services Administration, <a href="#">HRSA - Area Health Resource File</a> . 2017.
8	Lack of Prenatal Care	Centers for Disease Control and Prevention, <a href="#">National Vital Statistics System</a> . Accessed via <a href="#">CDC WONDER</a> . Centers for Disease Control and Prevention, <a href="#">Wide-Ranging Online Data for Epidemiologic Research</a> . 2019.
8	Access to Mental Health Providers	Centers for Medicare and Medicaid Services, <a href="#">CMS - National Plan and Provider Enumeration System (NPPES)</a> . Accessed via <a href="#">County Health Rankings</a> . 2020.
8	30-Day Hospital Readmissions	Centers for Medicare and Medicaid Services, <a href="#">CMS - Geographic Variation Public Use File</a> . 2018.
8	Access to Dentists Rate	US Department of Health & Human Services, Health Resources and Services Administration, <a href="#">HRSA - Area Health Resource File</a> . 2015.
9	Diabetes	Centers for Disease Control and Prevention, <a href="#">National Center for Chronic Disease Prevention and Health Promotion</a> . 2017.

Page	Indicator	Source
9	Heart Disease	Centers for Disease Control and Prevention, <a href="#">Behavioral Risk Factor Surveillance System</a> . Additional data analysis by <a href="#">CARES</a> . 2011-12.
9	Obesity	Centers for Disease Control and Prevention, <a href="#">National Center for Chronic Disease Prevention and Health Promotion</a> . 2017.
9	Depression (Medicare Population)	Centers for Medicare and Medicaid Services, <a href="#">CMS - Geographic Variation Public Use File</a> . 2018.
9	Asthma Prevalence	Centers for Disease Control and Prevention, <a href="#">Behavioral Risk Factor Surveillance System</a> . Additional data analysis by <a href="#">CARES</a> . 2011-12.
9	Cancer Incidence	<a href="#">State Cancer Profiles</a> . 2014-18.
9	Premature Death Mortality	University of Wisconsin Population Health Institute, <a href="#">County Health Rankings</a> . 2017-2019.
9	Alzheimer's Disease	Centers for Medicare and Medicaid Services, <a href="#">CMS - Geographic Variation Public Use File</a> . 2018.
9	Coronary Heart Disease	Centers for Disease Control and Prevention, <a href="#">National Vital Statistics System</a> . Accessed via <a href="#">CDC WONDER</a> . 2015-2019.
9	Social & Emotional Support	Centers for Disease Control and Prevention, <a href="#">Behavioral Risk Factor Surveillance System</a> . Accessed via the <a href="#">Health Indicators Warehouse</a> . US Department of Health & Human Services, <a href="#">Health Indicators Warehouse</a> . 2006-12.
10	Social Vulnerability Index Score	Centers for Disease Control and Prevention and the National Center for Health Statistics, <a href="#">CDC - GRASP</a> . 2018.
10	COVID-19 Deaths	<a href="#">Johns Hopkins University</a> . Accessed via <a href="#">ESRI</a> . Additional data analysis by <a href="#">CARES</a> . 2021.
10	COVID-19 Vaccinations	Centers for Disease Control and Prevention and the National Center for Health Statistics, <a href="#">CDC - GRASP</a> . 2021.
10	COVID-19 Cases	<a href="#">Johns Hopkins University</a> . Accessed via <a href="#">ESRI</a> . Additional data analysis by <a href="#">CARES</a> . 2021.
10	COVID-19 Cases in the Last 14 Days	<a href="#">The New York Times</a> . Accessed via <a href="#">GitHub</a> . Additional data analysis by <a href="#">CARES</a> . 2021.
11	500 Cities	Centers for Disease Control and Prevention, <a href="#">Behavioral Risk Factor Surveillance System</a> . Accessed via the <a href="#">500 Cities Data Portal</a> . 2018.

Report card powered by the [Center for Applied Research and Engagement Systems \(CARES\)](#), University of Missouri.



# Healing IOWA

Great communities are made by people, and people need a strong foundation in order to thrive. To establish this foundation, Iowans have been promoting healing and resilience within our communities and surrounding systems. Together, we are building a brighter future for all.

As we understand more about childhood adversity and its impact, this work becomes even more critical. Analyzing Iowa data on adverse childhood experiences (ACEs) reveals that trauma is common and that it can affect us throughout our lives. **Nearly two-thirds of Iowa adults report experiencing at least one type of adversity growing up. One in six Iowans report four or more ACEs.**

The more adversity someone experienced as a child, the more likely they are to suffer from depression, smoke, have heart disease, miss days at work due to poor health, or face many other challenges in adulthood. At least five of the top 10 leading causes of death are associated with ACEs, according to the CDC.

To respond, we need to do more than improve conditions for individuals and foster relationships within families. Our world has created policies and institutionalized systems that perpetuate oppression and prevent

access to resources. Black and Indigenous individuals, people of color, and those living in poverty are among the most impacted. COVID-19 has especially elevated the need to change our systems as we see the impact this crisis is having on our communities.


Emerging research shows that positive childhood experiences stemming from caring relationships and connections in the community reduce the likelihood of poor outcomes, even when adversity has occurred. Using strategies outlined in the Iowa ACEs Report, we can build the environments that foster healthy development and create systems that lead to an equitable community.

**While ACEs can affect our future well-being, they don't have to.**

This executive summary of the 2020 Iowa ACEs Report shares the progress that Iowans have made through practice and policy changes, the challenges we still see in Iowa's data, and the steps we can continue to take to address these challenges. Working together to build compassionate, equitable communities within our state, we can give all Iowans a chance to thrive—creating a bright, inclusive future that will benefit every Iowan.

**ACEs:** Adverse childhood experiences are traumatic events that can dramatically upset a child's sense of safety and well-being.

**Resilience:** The capacity to adapt and grow through adversity with support from others.



**64%**  
of Iowa adults report experiencing **at least one of 10 categories** of child abuse, neglect, and household stress growing up. 17% experienced four or more ACEs.



**Positive experiences** stemming from caring relationships and connections in the community reduce the chances of poor outcomes from ACEs.

# All Iowans Can Thrive

Just as houses cannot build themselves, we cannot build our own well-being. It takes a supportive team and the right materials, including access to physical and mental health care, a nurturing home, meaningful work that provides for a family's needs, and access to opportunities and connections within the community.

Even if we have experienced a high level of stress growing up, enough protective influences can tip the scale for positive outcomes in our lives. These influences are built within surrounding systems and communities and support both parents and children at the same time.

**Adults reporting 6-7 positive childhood experiences had 72% lower odds of suffering from depression or poor mental health, compared with those reporting 0-2 positive childhood experiences.\***



\*Source: Responding to ACEs with HOPE, 2017

## SOLUTIONS THAT WORK

Inspired by the ACEs science, Iowans are leading efforts to help others heal and thrive.

### POLICY CHANGE

Iowa leaders passed a law in 2018 that requires educators to receive annual training on ACEs. Many school staff are now aware of ACEs science and are implementing strategies to promote healthy development and resilience in the classroom.

Des Moines Public Schools' Flex Academy has used this knowledge to build empathy for students with barriers to attending school and to help staff manage their own stress. Teachers and students are being trained in mental health first aid to respond to those at risk of suicide.



**"The mental health of the staff and the students is the foundation before academic rigor, because that's how you get to rigor."**

– Mimi Willoughby,  
Academic Pathways  
Supervisor at Des Moines  
Public Schools

### PRACTICE CHANGE

Pediatric health care providers have an opportunity to identify family stressors early on that could lead to ACEs for children.

As a pediatric nurse practitioner in the University of Iowa Specialty Care network, Cheryll Jones and her Ottumwa clinic have incorporated ACEs-type questions into health history screenings. Many families referred to her clinic report substance use, domestic violence, and suicide attempts in the home. In addition to helping a child access services to address developmental delays or mental health issues, a family navigator works with parents to address their needs and reduce stress.



**"With the parents, we ask, 'What's happening with you? You said you had anxiety. Are you getting help with that?' A child isn't in a vacuum. They are in a family."**

– Cheryll Jones,  
nurse practitioner

### SYSTEM CHANGE

Responding to a culture of high stress, poor mental health, and burnout, the Polk County DHS Child Welfare supervisors formed a retention team to better understand how to support staff. Changing the department's environment required that supervisors examine their own complex trauma and build relationships with each other and their staff to buffer against secondary traumatic stress stemming from difficult work with families. Over 18 months, the supervisor team has developed new approaches to their work through monthly coaching calls with a consultant. They note an incredible difference in how staff members interact with each other.



**"I think the first step is getting people to take a look and talk about their trauma, because it's OK to talk about it."**

– Stephanie Reinhardt,  
DHS supervisor

## IOWA'S GROWING MOVEMENT

**800+**

Iowa ACEs Coalition members are learning about ACEs and applying strategies in their professions and communities.

**11,000+**

individuals visited the website for tools and information in 2019.

**24,000+**

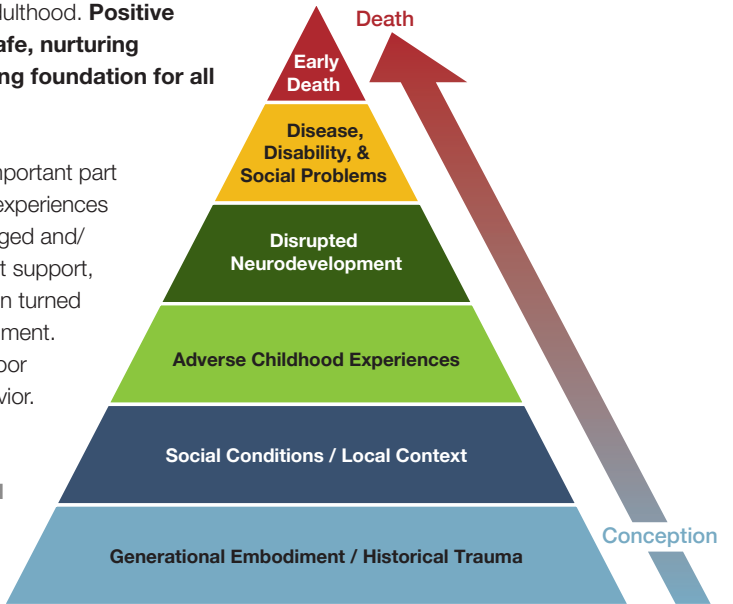
Iowans received online or in-person training on ACEs and toxic stress through Iowa ACEs 360 from 2017-2019.

# WHY we need to respond

## EARLY ADVERSITY CAN DISRUPT DEVELOPMENT

Starting before birth, a child's brain is constructed through an ongoing process that continues into adulthood. **Positive interactions with caring adults in safe, nurturing environments early in life lay a strong foundation for all development that follows.**

Learning to cope with adversity is an important part of a child's development. But if a child experiences stress that is powerful, frequent, prolonged and/or unpredictable without adequate adult support, their stress-response system can remain turned on at all times and disrupt their development. Over time, this disruption can lead to poor outcomes in health, learning, and behavior.



The newly updated ACEs pyramid, developed by the Ryse Center and adapted by the CDC to explain the experiences of Black youth, shows the lifetime trajectory of trauma, starting before conception. This graphic shows what factors can contribute to trauma that then can lead to disrupted development and poor outcomes.

## WHAT CONTRIBUTES TO ACES

The ACE questionnaire focuses on adversity within a family, but external factors—including systemic racism, community violence, and natural disasters—can also cause trauma and contribute to ACEs. In addition to experiencing trauma within systems and environments, extreme levels of stress can change a person's genetic code, influencing how future generations respond to stress within their bodies and their risk of poor health outcomes.

While Iowa's total population reports a significant number of ACEs, many groups with less power in our society report higher ACEs. Iowa adults who report four or more ACEs at higher rates include:

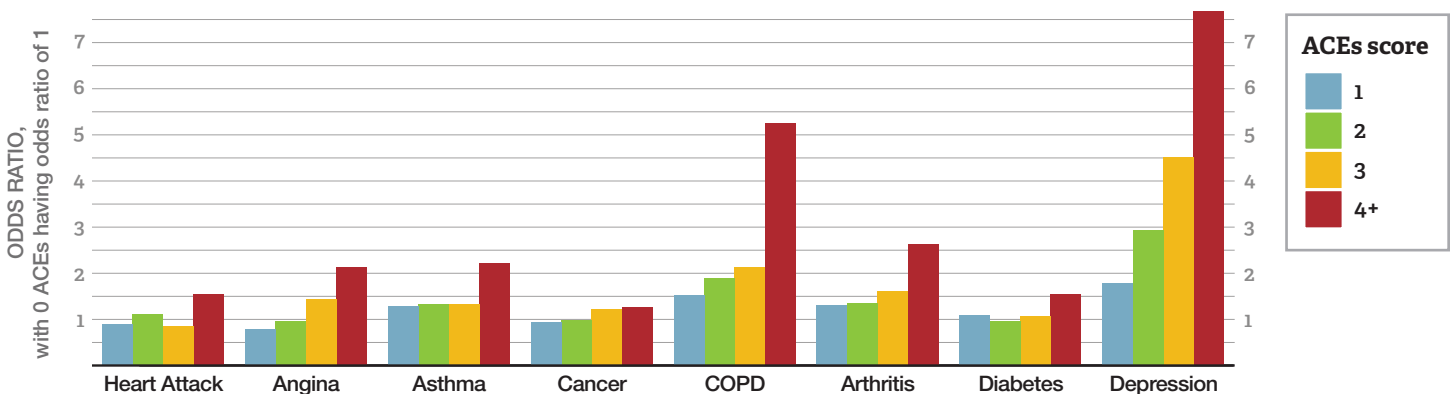
- Adults of color
- Adults with less than a high school education
- Adults with income below 184% of the federal poverty level
- Adults identifying as female

## IMPACT OF ACES ON IOWANS

Exposure to ACEs is associated with increased risk for health problems across one's lifespan. By changing our systems and communities to prevent ACEs and support those who have experienced ACEs, we can improve health and mental health, reduce risky behaviors, and boost education and employment potential in our state. We can also break the cycle of future generations experiencing the same kinds of adversity.

## ODDS OF DEVELOPING HEALTH CONDITIONS BASED ON ACES/NEGLECT

The measured effects of ACEs score on each chronic condition were controlled for age, race and ethnicity, gender, and education.



This chart represents odds ratios, or how many times more likely an adult with ACEs is to experience a given health outcome compared to those without ACEs. For example, those reporting four or more ACEs/neglect are 5.25 times more likely to have COPD, 2.21 times more likely to develop asthma, and 7.69 times more likely to have depression than those reporting zero ACEs.



# Healing Through ACEs



Whenever Christine Her's father desperately missed his parents, he would take a scarf that had belonged to them up into the mountains and smell it. Living in Laos at the end of the Vietnam War, her father, along with millions of Hmong people, fled genocide by living in the jungles. After two years as a boy soldier, he escaped to Thailand and made it to America.

The trauma he and Christine's mother faced as Hmong refugees defined them as parents. Growing up in Des Moines, Christine's physical needs were met, but she was always pushed to be perfect. She often heard: You're too fat, too loud, not smart enough.

"I think it does something to you," Christine says, "because you grow up navigating in this world and thinking your parents don't even love you, so no one can love you."

She also felt pulled between being Hmong and American. Despite the valuable role Hmongs played for the U.S. in the war, they were never talked about in history lessons. Meanwhile, her father's friends were dying from heart disease or strokes. Christine's father had a heart attack at age 45, but fortunately survived.

These experiences pushed Christine into a state of hopelessness, rage, and a failed suicide attempt.

Then, in 2018, as executive director of ArtForce Iowa, Christine learned about The ACE Study and the impact of trauma.

"ACEs really put into perspective that it wasn't that my parents didn't want to give me what I needed growing up, it was that they couldn't,"

she says. "They got through it with their parents saying, 'Tough it up. Stop crying.' And that's how they treated me, and I was like, 'I need someone to hold me and let me cry.'"

By talking about trauma, Christine has finally been able to have conversations with her parents about how she felt growing up. The staff at ArtForce Iowa has also been on a journey of learning and healing, which has changed how they approach art workshops for youth who are in the juvenile justice system or who are immigrants or refugees.

"Our intent and hope are to do more than create spaces where youth artists are their best artistic selves," Christine says. "We are not healers, but with the help of our young people, we can foster a sense of belonging, self-reliance, community, and self-love."

## SUPPORTING FAMILIES FROM THE START

How a child develops early in life is especially important to our community's future. We can lay a sturdy foundation by supporting parents' well-being in the prenatal period. Iowa PRAMS data—collected by surveying moms before, during, and after pregnancy—shows that many children are already at risk for experiencing ACEs before being born:



24%

of new mothers report sometimes, often, or always feeling depressed since giving birth.

11%

say someone very close to them had a problem with drinking or drugs.

While a parent's past trauma and current stress levels do not mean a child will have ACEs, the data highlights the need to support the entire family to reduce trauma.

**Thank you to the Behavioral Risk Factor Surveillance System for gathering ACEs data and to the Iowa Department of Public Health for completing the data analysis.**

## How you can respond to ACEs

Iowa is a national leader in advancing knowledge, advocating for changes, and catalyzing innovative practices to reduce ACEs and their impact in our population. We can make a difference when each of us takes informed steps to create compassionate communities that support all Iowans in lifelong healthy development.

### JOIN US:

- Read the research and best practices.
- Foster caring interactions with the children and adults in your life.
- Improve your own well-being with self-care and services.
- Apply new practices to your work.
- Advocate for changes within your organization or community.
- Share your story.

**The Iowa ACEs 360 Coalition provides research, tools, and a network to empower you to become an informed champion for healing and preventing ACEs. Learn more at:**

**[www.iowaaces360.org](http://www.iowaaces360.org)**