

MercyOne Centerville Medical Center Community Health Needs Assessment



Adopted by the MercyOne Centerville Medical Center Board of Directors April 25, 2025

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Executive summary

MercyOne Centerville Medical Center, in collaboration with an advisory committee of community and public health partners, conducted a comprehensive Community Health Needs Assessment (CHNA) for the geographic area of Appanoose County. The CHNA was presented to, and adopted by the MercyOne Centerville Medical Center Board of Directors on April 25, 2025.

Six significant health needs were identified based on the information gathered through a community input survey, review of secondary data indicators, and a community town hall. At the conclusion of the community town hall, participants ranked the identified significant health needs based on the magnitude of people impacted, the impact on quality of life, and the feasibility of addressing the need. The significant community health needs, ranked order of priority, include:

1. Access to care
2. Mental health
3. Financial stability
4. Substance use & misuse
5. Obesity
6. Cancer

MercyOne Centerville Medical Center will reconvene the advisory committee in January 2025 to develop a multi-year strategy to address identified community health and social needs.

Printed copies of this report are available upon request at MercyOne Centerville Medical Center. This report is also available electronically at <https://www.mercyone.org/about-us/community-health-and-well-being/>

Please email questions, comments, and feedback to communityhealth@mercyhealth.com.

About us

MercyOne Centerville Medical Center

Our Mission

We, MercyOne, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Our Vision

As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be your most trusted health partner for life.

Our Core Values

- **Reverence:** We honor the sacredness and dignity of every person.
- **Commitment to Those Experiencing Poverty:** We stand with and serve those who are experiencing poverty, especially those most vulnerable.
- **Safety:** We embrace a culture that prevents harm and nurtures a healing, safe environment for all.
- **Justice:** We foster right relationships to promote the common good, including sustainability of Earth.
- **Stewardship:** We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.
- **Integrity:** We are faithful to who we say we are.

MercyOne is a connected system of health care facilities and services dedicated to helping people and communities live their best lives. The system's more than 220 clinics, medical centers, hospitals and care locations are located throughout the state of Iowa and beyond. MercyOne employs more than 22,000 colleagues. MercyOne is a member of Trinity Health based in Livonia, Michigan.

MercyOne Centerville Medical Center, a member of MercyOne, is a faith-based, full-service community health system-serving residents of Appanoose County. The hospital provides comprehensive inpatient and outpatient services as well as specialist physician clinics. The hospital also operates a nursing home unit, geriatric mental health service and medical clinic with primary care physicians and advanced registered nurse practitioners including Quick Care open seven days a week. A full listing of services include:

- Emergency Care
- Acute Care
- Long Term Care
- General Surgery
- Medical Clinic (Family Medicine, Pediatrics, General Surgery & Podiatry)
- Laboratory
- Radiology
- Infusion
- Cancer Care
- Rehabilitation Services
- Respiratory Therapy
- Sleep Studies
- Specialist Physicians (Audiology, Cardiology, Oncology, Orthopedics, Dermatology, Urology,

-
- Nephrology, Neurology, Pain Management, Podiatry, Rheumatology, Wound Management)
 - Health/Nutrition/Diabetes Education
 - Health Coaches
 - Geriatric Mental Health
 - Support Groups

MercyOne Centerville Medical Center participates in a clinically integrated network (CIN) where providers work together to improve health, increase patient satisfaction, and lower health care costs for members and the communities served.

Appanoose County Public Health

Our Mission

As public health professionals, we strive to promote physical and mental health and prevent disease, injury, and disability. We protect and improve the health of individuals, families, and our community.

Our Services

- Health Education/Promotion
- Iowa Disease Surveillance System
- Vaccines for Children
- School/Licensed Day Care Immunization Audits
- Influenza Vaccine Clinics
- HeartSaver CPR
- Stop the Bleed
- Adult Immunizations
- Blood Pressure Screening Clinics
- Iowa Care for Yourself
- Routine Medication Injections
- Sliding Scale Nursing Visits
- Transitional Care Visits
- Care for Yourself Program

Advisory Committee

Thank you to our community and public health partners for their active engagement in the assessment process:

- MercyOne Centerville Medical Center
- Appanoose County Public Health
- Promoting Appanoose & Centerville Together (PACT)
- River Hills Community Health Center
- Centerville City Council
- Mental Health Agency of Southeast Iowa
- EveryStep
- Indian Hills Community College

Summary of previous needs assessment

The MercyOne Centerville Medical Center Board approved the previous Community Health Needs Assessment (CHNA) in May 2022. The significant health needs identified in the FY22 CHNA, in order of priority, include:

1. Substance abuse
2. Mental health
3. Updated/new emergency room
4. Poverty
5. Women's health
6. Health care staffing
7. Family planning
8. Obesity
9. Awareness of health care services
10. Own your health

A wide range of priority health and social issues emerged from the CHNA process. MercyOne Centerville Medical Center determined that it could effectively focus on only those needs which were most pressing, under- addressed and within its ability to influence. MercyOne Centerville Medical Center, in collaboration with community partners, chose to focus on initiatives addressing the following needs:

1. Mental health
2. Updated/new emergency room
3. Health care staffing
4. Obesity
5. Awareness of health care services
6. Own your health

The below table highlights actions taken over the succeeding three (3) years to address selected needs as well as the impact of those actions:

| Prioritized need | Progress |
|------------------|---|
| Mental health | <ul style="list-style-type: none"> MercyOne Centerville Medical Center partnered with Integrated Telehealth Partners to provide mental health telehealth evaluations in the emergency room. MercyOne Centerville Medical Center's Senior Life Solutions program continued to provide an intensive outpatient group therapy program to meet the unique needs of individuals typically ages 65 and older struggling with depression and anxiety often related to aging. MercyOne Centerville Medical Center participated on the Mental Health & Disability Services Adult Advisory Board to help enhance service coordination. |

| | |
|-----------------------------------|--|
| Updated/new emergency room | <ul style="list-style-type: none"> A master facility plan of MercyOne Centerville Medical Center was completed with a conceptual emergency department design, and funding options were investigated. Planning efforts continue. Facility improvements made to date include remodeling the patient restroom in the emergency room and upgrading security and monitoring systems. |
| Health care staffing | <ul style="list-style-type: none"> After conducting an appointment access assessment in the outpatient setting, MercyOne Centerville Medical Center developed a team-based care approach, utilizing an ARNP extender for specific physicians. MercyOne Centerville Medical Center partnered with Indian Hills Community College to enhance the clinical education experience and recruitment initiatives. The hospital also hired a nurse educator to enhance clinical education and new hire experiences. MercyOne Centerville Medical Center participated in career fairs at the local community college to educate students on health care careers and opportunities at the hospital. The hospital also partnered with local high schools to provide job shadowing opportunities to interested students. |
| Obesity | <ul style="list-style-type: none"> MercyOne Centerville Medical Center provided weight management services through the family medicine clinic. This program supports medically supervised weight loss through nutrition, physical activity, and lifestyle counseling with medication assistance when appropriate. The clinic also continued to provide free nutritional counseling and individualized diet and exercise plans through a registered dietician. |
| Awareness of health care services | <ul style="list-style-type: none"> MercyOne Centerville Medical Center increased awareness of health care services by promoting hospital and community resources online. MercyOne Centerville Medical Center held support groups for the following: Alzheimer's, Parkinson's, diabetes, cancer, and breastfeeding. The purpose of these support groups was to educate the community on these conditions and make them aware of the services available. |
| Own your health | <ul style="list-style-type: none"> MercyOne Centerville Medical Center financially contributed to the Rathbun Lake Area YMCA to support physical activity opportunities for the community. MercyOne Centerville Medical Center provided space and supplies for a HeartCorps worker so that they could educate the community on cardiovascular health and healthy behaviors. |

Community served

Geographic area

The geographic area for this assessment is Appanoose County. 86% of the patients at MercyOne Centerville Medical Center reside within this area. This service area does not exclude low-income or underserved populations.



Population characteristics

A total of 12,279 people live in the 497.30 square mile service area defined for this assessment according to the U.S. Census Bureau American Community Survey 2018-22 5-year estimates. The population density for this area, estimated at 25 persons per square mile, is less than the national average population density of 94 persons per square mile. The majority of the population is rural (57.22%).

17.06% of the population is under 18 years old, and 23.46% of the population is over the age of 65. The majority of the population is White (94.88%); 0.41% are Black or African American, 0.28% are Asian, 0.13% are American Indian or Alaska Native, 0.00% are Native Hawaiian and Other Pacific Islander, 0.00% are some other race, and 4.31% are two or more races. 2.37% of the population is Hispanic or Latino.

In the service area, 41.86% of individuals are living in households with income below 200% of the Federal Poverty Level (FPL). The majority of jobs in the service area are manufacturing, health care and social assistance, retail trade, and government and government enterprises.

The below table summarizes the demographics of Appanoose County using 2018-2022 population estimates.

| Race and Hispanic Origin | |
|--|--------|
| White alone | 94.88% |
| Black or African American alone | 0.41% |
| American Indian or Alaska Native alone | 0.13% |
| Asian alone | 0.28% |
| Native Hawaiian and Other Pacific Islander alone | 0.00% |
| Some other race alone | 0.00% |
| Two or more races | 4.31% |
| Ethnicity | |
| Hispanic or Latino (of any race) | 2.37% |

| | |
|--|--------|
| Not Hispanic or Latino | 97.63% |
| Age | |
| Under 18 | 21.95% |
| 18-64 | 54.59% |
| 65 and older | 23.46% |
| Sex | |
| Male | 50.06% |
| Female | 49.94% |
| Population characteristics | |
| Foreign-born population | 1.13% |
| Population with any disability | 17.72% |
| Population age 5+ with limited English proficiency | 1.16% |
| Geography | |
| Population per square mile | 25 |

*Data Source: US Census Bureau, American Community Survey. 2018-22.

Assessment process

Advisory committee

The CHNA Advisory Committee met for the first time in April 2024. The Advisory Committee discussed the purpose and requirements for conducting a CHNA, as well as the role of the Advisory Committee. The Community Input Survey was discussed, with a follow up meeting held in May to finalize the survey.

The Advisory Committee convened in August to review the primary and secondary data findings and identify the priority needs to be presented at the Community Town Hall. A follow up meeting was held in October to review and finalize the Community Town Hall meeting materials.

After the Community Town Hall, the Advisory Committee reconvened to debrief and finalize the prioritization of needs. The Advisory Committee was supportive of the ranking of needs that was conducted at the Community Town Hall.

Community input

Community input was collected through a 27-question survey. A total of 163 responses were collected between May 28, 2024 and July 12, 2024. Surveys were distributed to community members and organizations throughout Appanoose County, including, but not limited to, Appanoose County Public Health, community-based organizations, businesses, city and county employees, churches, the hospital, clinics, schools, colleges, and law enforcement. The survey was available both electronically and via a paper form. A copy of the survey is included in the Appendix.

The below cities are represented in survey responses.

| Cities | | | |
|------------|-------------|------------|-------|
| Bloomfield | Centerville | Cincinnati | Plano |

| | | | |
|--------|---------|---------|------------|
| Exline | Moravia | Moulton | Seymour |
| Mystic | Numa | Ottumwa | Unionville |

The below table summarizes the demographics of survey respondents.

| Race and ethnicity | |
|---|--------|
| Hispanic or Latino (of any race) | 0.00% |
| White or Caucasian | 97.45% |
| Black or African American | 0.00% |
| American Indian/Alaskan Native | 0.64% |
| Asian | 1.27% |
| Native Hawaiian or Other Pacific Islander | 0.00% |
| Other | 0.64% |
| Age | |
| 18-24 | 1.24% |
| 25-34 | 16.77% |
| 35-44 | 26.71% |
| 45-54 | 26.09% |
| 55-64 | 18.01% |
| 65 and older | 11.18% |
| Sex | |
| Male | 21.25% |
| Female | 78.75% |
| Household income | |
| Less than \$50,000 | 26.21% |
| \$50,000 - \$74,999 | 25.52% |
| \$75,000 - \$99,999 | 23.45% |
| \$100,000+ | 24.83% |
| Educational attainment | |
| Less than a high school diploma or equivalent | 1.25% |
| High school graduate or equivalent | 11.88% |
| Some college but not a degree | 18.13% |
| Associate degree | 16.25% |
| Bachelor's degree | 30.00% |
| Graduate degree | 22.50% |
| Health care coverage (all that apply) | |
| Employer | 46.54% |
| Alaska Native, Indian Health Service, Tribal Health Service | 0.00% |

| | |
|--|--------|
| Privately purchased | 5.38% |
| Medicare | 7.31% |
| Medicaid or other state program | 5.00% |
| TRICARE, VA or Military | 2.69% |
| Uninsured | 1.15% |
| Other | 1.54% |
| Dental | 16.15% |
| Vision | 14.23% |
| Language | |
| Language other than English spoken at home | 2.50% |

Community input was also collected through individual interviews conducted the week of October 7, 2024. Residents that visited Appanoose County Public Health for services during this time frame were invited to participate. 13 community members participated. The majority of participants reported that they lived in Centerville (92.31%). The majority of respondents identified as White (84.62%). Respondents' age ranged from 27-53 years. The majority of respondents (92.31%) reported their estimated household income less than \$16,000. Education levels ranged from less than a high school degree to some college. A copy of the interview questions is included in the Appendix.

To assist in providing feedback to the CHNA findings, and to also assist in prioritizing community needs, a Community Town Hall was held in October 2024. 25 local partners, including public health, medical providers, schools, community-based organizations, community health centers, and county residents, convened for a data presentation and prioritization workshop. Attendees were briefed on six different broad health topics through a presentation. These topics were selected based upon the results of primary and secondary data analysis. Topics included: Access to Care, Mental Health, Substance Use & Misuse, Obesity, Cancer, and Financial Stability.

After each presentation, participants engaged in table discussion to spend time digging further into the data related to the respective need. Each group identified the top two issues related to each need. Large group discussion then followed to unpack group answers. At the end of the meeting, individual participants ranked the six needs based on magnitude, seriousness, and feasibility.

Written comments

MercyOne Centerville Medical Center did not receive any written comments regarding the FY22 Community Health Needs Assessment or Implementation strategy via the MercyOne website, communityhealth@mercyhealth.com email, or in person at One St. Joseph's Drive, Centerville, IA 52544. The documents continue to be available on the MercyOne website at <https://www.mercyone.org/about-us/community-health-and-well-being/> and printed copies are available upon request at MercyOne Centerville Medical Center.

Quantitative data gathering

Secondary data, comparisons, and benchmarks include figures and interpretation from the following sources:

- American Community Survey 5-Year Estimates
- Center for Applied Research and Engagement Systems (CARES)

- Centers for Medicare and Medicaid Services
- Centers for Disease Control and Prevention
- County Health Rankings
- Feeding America
- Federal Bureau of Investigation
- Federal Communications Commission
- Healthy People 2030
- Iowa Department of Health and Human Services
- Iowa Public Health Tracking Portal
- Kids Count Data Center
- National Center for Education Statistics
- National Center for Health Statistics
- State Cancer Profiles
- Trust for Public Land
- University of Wisconsin Population Health Institute
- U.S. Census Bureau
- U.S. Department of Agriculture
- U.S. Department of Education
- U.S. Department of Health and Human Services
- U.S. Department of Labor

Indicator data summary

Primary data summary tables

| Community Input Survey | |
|--|--------|
| Access to care | |
| Access barrier to doctor or community resource | 25.47% |
| Long wait time to schedule appointment | 14.91% |
| Could not afford the cost | 11.18% |
| Received health care outside of the county | 83.85% |
| Health care and community services meeting current needs | 41.51% |
| Employment and income | |
| Trouble paying for medical bills | 30.86% |
| Trouble paying for food | 24.69% |
| Trouble paying for utilities | 20.99% |
| Trouble paying for medication | 17.90% |
| Trouble paying for housing | 15.43% |
| Trouble paying for transportation | 10.49% |
| Trouble paying for childcare | 8.64% |
| Community safety | |
| Feel unsafe in neighborhood | 17.39% |
| Housing | |
| Have a steady place to live today, but worried about losing it | 6.17% |

| | |
|--|--------|
| in the future | |
| Issue with mold or dampness of living arrangement | 13.58% |
| Resource Awareness | |
| Get health and wellness information primarily from health care provider | 41.25% |
| Get health and wellness information primarily from internet search | 31.88% |
| Prefer to get information on community resources form Facebook/social media posts | 29.56% |
| Prefer to get information on community resources in-person from health care/community service provider | 18.24% |

| Opinions of root causes of poor health | Count |
|---|--------------|
| Limited access to mental health care | 103 |
| Lack of health knowledge | 58 |
| Neglect | 43 |
| Lack of health & wellness | 41 |

| Most important community health concerns | Count |
|---|--------------|
| Mental health | 117 |
| Substance use & misuse (alcohol or other drugs) | 106 |
| Obesity | 47 |
| Child abuse/neglect | 40 |
| Cancers | 31 |

| Greatest community strengths | Count |
|-------------------------------------|--------------|
| Police, fire, and rescue services | 84 |
| Parks & recreation | 59 |
| Access to health care | 50 |
| Religious/ spiritual values | 37 |
| Walkable, bikeable community | 29 |

| Services that could use improvement (Free text-top themes) | |
|---|--------|
| Mental health | 24.76% |
| Women's health | 11.17% |
| Primary care | 8.74% |
| Substance use | 6.80% |

| Individual interviews (themes) | |
|--|--------|
| Biggest health concern | |
| Mental health | 23.08% |
| Homelessness | 15.38% |
| Addiction | 15.38% |
| How to take care of one's mental health | |
| Therapy/counseling | 23.08% |
| Exercise | 15.38% |

| | |
|---|--------|
| Barriers to taking care of one's mental health | |
| Difficult to make appointment/lack of available resources | 30.77% |
| Stigma | 23.08% |
| Substance misuse impact on community | |
| Crime | 30.77% |
| Homelessness | 15.38% |
| How to access resources | |
| Appanoose County Public Health | 61.54% |
| Sieda Community Action | 53.85% |
| DHS | 23.08% |
| Barriers for health appointments | |
| Transportation | 53.85% |
| Mental health | 15.38% |
| What would make the community a better place to live | |
| Build each other up/don't look down on others | 30.77% |
| Housing assistance | 23.08% |
| Resources for children | 15.38% |

Secondary data summary table

15

| Secondary data | | Appanoose County | Iowa | United States |
|--|--|------------------|----------|---------------|
| Access to care | | | | |
| Uninsured population | | 8.04% | 4.83% | 8.68% |
| Residents with a recent primary care visit | | 76.70% | 75.16% | 73.60% |
| Primary care providers (per 100,000 population) | | 81.19 | 109.67 | 112.79 |
| Mental health providers (per 100,000 population) | | 56.83 | 136.41 | 180.88 |
| Addiction/substance use providers (per 100,000 population) | | 16.24 | 22.41 | 28.09 |
| Dentists (per 100,000 population) | | 33.10 | 70.90 | 73.50 |
| Quality of care | | | | |
| Preventable hospitalizations per 100,000 (Medicare) | | 2,292 | 2,289 | 2,752 |
| 30-Day hospital readmissions (Medicare) | | 13.50% | 15.20% | 18.10% |
| Mammography screening | | 45.00% | 53.00% | 43.00% |
| Employment and income | | | | |
| Labor force participation rate | | 53.94% | 66.62% | 63.47% |
| Unemployment rate | | 2.20% | 2.20% | 3.50% |
| Food insecurity rate | | 12.40% | 7.62% | 10.28% |
| Median household income | | \$50,684 | \$70,571 | \$75,149 |
| Households at or below 200% of the FPL | | 41.86% | 27.14% | 28.80% |
| Children eligible for free and reduced-price lunch | | 50.40% | 40.10% | 51.70% |
| Households receiving SNAP | | 15.04% | 9.37% | 11.52% |
| Education | | | | |
| Head start programs (per 10,000 children under age 5) | | 12.33 | 13.16 | 10.53 |
| Preschool enrollment | | 30.03% | 43.19% | 45.62% |

| | | | | |
|--|--|--------|--------|--------|
| Chronic absenteeism | | 30.63% | 22.64% | 20.94% |
| No high school diploma | | 8.05% | 6.97% | 10.86% |
| Bachelor's degree or higher | | 18.78% | 30.28% | 34.31% |
| Young people not in school and not working | | 11.11% | 5.65% | 6.94% |
| Student reading proficiency (4 th grade) | | 62.50% | 65.50% | 39.90% |
| Neighborhood and community context | | | | |
| Violent crimes (per 100,000 population) | | 261.70 | 283.00 | 416.00 |
| Broadband access | | 78.31% | 95.11% | 93.84% |
| Park access | | 20.25% | 45.28% | 43.57% |
| Low income and low food access | | 14.23% | 19.53% | 19.41% |
| Social associations (per 100,000 population) | | 105.55 | 146.66 | 101.89 |
| Drinking water violations | | No | Yes | Yes |
| Housing and transportation | | | | |
| Housing cost burden | | 24.12% | 23.04% | 30.51% |
| Overcrowded housing | | 1.05% | 1.72% | 4.74% |
| Substandard housing | | 25.58% | 23.41% | 31.70% |
| Households with no motor vehicle | | 6.46% | 5.61% | 8.33% |
| Population using public transit for commute to work | | 0.10% | 0.77% | 3.79% |
| Maternal, infant, and child health | | | | |
| Infant mortality (per 1,000 live births) | | 7.66 | 4.64 | |
| Low birth weight | | 8.00% | 6.80% | 8.30% |
| Teen births (per 1,000 female population age 15-19) | | 23.10 | 14.40 | 16.60 |
| Child immunizations (age 2) | | 62.90% | 69.70% | |
| Child abuse/neglect (per 1,000) | | 7.90 | 14.50 | |
| Health behaviors and risk factors | | | | |
| Tobacco use | | 19.80% | 15.78% | 13.50% |
| Physical inactivity | | 30.70% | 24.82% | 23.70% |
| Grocery stores and supermarkets (per 100,000 population) | | 32.48 | 19.03 | 23.38 |
| Binge drinking | | 16.70% | 19.72% | 15.50% |
| Alcohol-impaired driving deaths | | 25% | 26% | 26% |
| Chlamydia (per 100,000 population) | | 603.70 | 489.20 | 495.50 |
| HIV prevalence (per 100,000 population) | | 48.40 | 114.20 | 382.20 |
| Chronic diseases | | | | |
| Alzheimer's disease (Medicare) | | 11.30% | 9.60% | 10.80% |
| Cancer incidence (per 100,000 population) | | 526.40 | 486.80 | 442.30 |
| Breast cancer (per 100,000 females) | | 146.90 | 134.70 | 127.00 |
| Colon and rectum cancer (per 100,000 population) | | 42.60 | 40.70 | 36.50 |
| Prostate cancer (per 100,000 population) | | 129.50 | 120.40 | 110.50 |
| Lung and bronchus cancer (per 100,000 population) | | 77.60 | 60.70 | 51.00 |
| Bladder cancer (per 100,000 population) | | 24.00 | 21.50 | 18.90 |
| Diabetes (adult) | | 13.40% | 9.88% | 11.30% |

| | | | | |
|---|--|---------|--------|--------|
| High blood pressure | | 38.30% | 31.10% | 32.70% |
| Heart disease (Medicare) | | 29.90% | 24.00% | 26.80% |
| Obesity (adult) | | 38.90% | 36.64% | 33.00% |
| Depression | | 19.10% | 18.30% | 19.50% |
| Quality of life | | | | |
| Poor physical health days | | 13.10% | 10.10% | 10.90% |
| Poor or fair health | | 16.00% | 13.00% | 15.50% |
| Poor mental health | | 15.20% | 14.42% | 14.70% |
| Life expectancy | | | | |
| Life expectancy at birth | | 76.10 | 78.10 | 77.60 |
| Cancer mortality (per 100,000 population) | | 298.50 | 199.20 | 182.70 |
| Lung disease mortality (per 100,000 population) | | 74.60 | 55.80 | 46.00 |
| Coronary heart disease mortality (per 100,000 population) | | 207.60 | 139.40 | 112.50 |
| Suicide mortality (per 100,000 population) | | No data | 17.10 | 14.50 |

Key

| | |
|--|--------------------------------------|
| | Better than State and National rates |
| | Worse than State and National rates |
| | Between State and National rates |

Significant community health needs

After analyzing primary and secondary data, along with input from the advisory committee, six significant community health needs were identified.

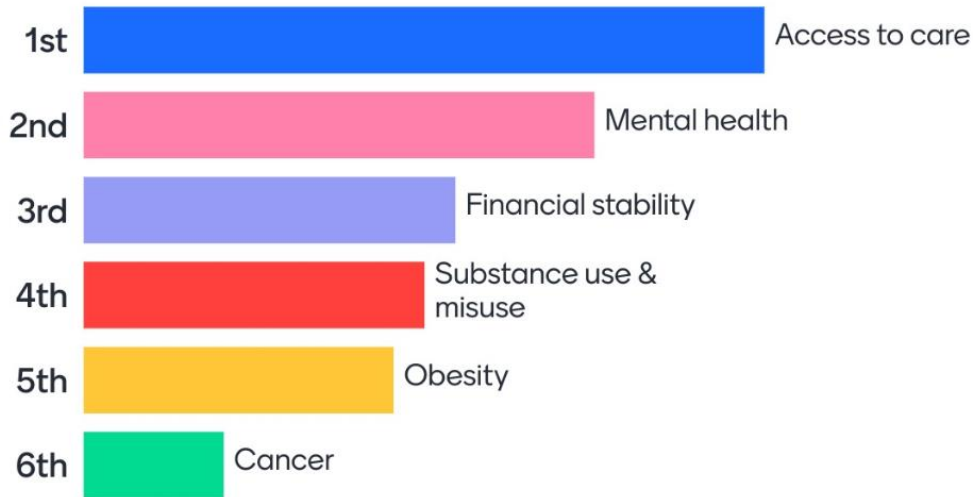
| Significant health need | Supporting data |
|-------------------------|--|
| Access to care | <ul style="list-style-type: none"> 25% of survey respondents were unable to see a doctor/community resource when they needed to in the last year. Top reasons include: <ol style="list-style-type: none"> Long wait time to schedule appointment Could not afford the cost Unable to take time off from work 84% of survey respondents has received health care services outside of Appanoose County in the last 2 years. Top services include: <ol style="list-style-type: none"> Dental OBGYN/Women's health Cardiology 42% of survey respondents state that health care & community services in Appanoose County are not meeting their needs. Women's health and primary care were the second and third top services identified as needing improvement on the community survey. In the individual interviews, transportation was identified as the top barrier for accessing health appointments. Secondary data indicates that the rate of primary care providers and dental providers in Appanoose County is significantly lower than state |

| | |
|------------------------|---|
| | <p>and national rates.</p> <ul style="list-style-type: none"> • Secondary data indicates that the infant mortality rate is significantly higher in Appanoose County than Iowa overall. • Secondary data indicates that the teen birth rate in Appanoose County is significantly higher than state and national rates. • Secondary data indicates that the child immunization rate at age 2 is lower than the state of Iowa. • Secondary data indicates that more Appanoose County residents experience poor physical health days and rate their health poor or fair overall than state and national rates. |
| Mental health | <ul style="list-style-type: none"> • Mental health was rated the most important community health concern by survey respondents. • Mental health was the rated the top service that could use improvement by survey respondents. • Limited access to mental health care was identified as the number one root cause of poor health by survey respondents. • Mental health was the top health concern of individual interviewees. Interviewees also reported that it was difficult to get an appointment/there are not enough resources. Stigma was also noted as a factor in seeking help. • Secondary data indicates that the rate of mental health providers in Appanoose County is significantly lower than state and national rates. • Secondary data indicates that more Appanoose County residents rate their mental health as poor than state and national rates. |
| Substance use & misuse | <ul style="list-style-type: none"> • Substance use & misuse was rated the second most important community health concern by survey respondents. • Substance use & misuse was the rated as the number four service that could use improvement by survey respondents. • Addiction was one of the top health concerns discussed during individual interviews. Interviewees stated that substance misuse contributes to crime and homelessness in the community. • Secondary data indicates that the rate of addiction/substance abuse providers in Appanoose County is significantly lower than state and national rates. • Secondary data indicates that the tobacco use rate in Appanoose County is higher than state and national rates. |
| Obesity | <ul style="list-style-type: none"> • Obesity was rated the third most important community health concern by survey respondents. • Secondary data indicates Appanoose County residents are less active than their Iowa and United States peers. • Secondary data indicates Appanoose County residents have lower access to parks than their Iowa and United States peers. • Secondary data indicates Appanoose County residents experience higher rates of the below compared to state and national rates: <ul style="list-style-type: none"> ○ Diabetes ○ High blood pressure ○ Heart disease |

| | |
|---------------------|---|
| | <ul style="list-style-type: none"> ○ Obesity ○ Coronary heart disease mortality |
| Cancer | <ul style="list-style-type: none"> • Cancer was rated the fifth most important community health concern by survey respondents. • Secondary data indicates Appanoose County has higher rates of cancer incidence and cancer mortality than state and national rates. • Secondary data indicates that, for the top five most commonly diagnosed cancer in Appanoose County, the County experiences higher rates than state or national rates: <ul style="list-style-type: none"> ○ Breast cancer ○ Colon & rectum cancer ○ Prostate cancer ○ Lung & bronchus cancer ○ Bladder cancer |
| Financial stability | <ul style="list-style-type: none"> • 43% of survey respondents identified having trouble paying for at least one of the below needs: <ul style="list-style-type: none"> ○ Housing ○ Food ○ Transportation ○ Childcare ○ Utilities ○ Medication ○ Medical bills • 6% of survey respondents stated they have a place to live today but are worried about losing it in the future. • Secondary data indicates that Appanoose County has significantly higher rates of food insecurity and households that are receiving SNAP benefits than state and national rates. • Secondary data indicates that the median household income in Appanoose County is significantly lower than the state and national medians. • Secondary data indicates that the percentage of the population below 200% FPL is significantly higher than state and national rates. |

Prioritized needs

The CHNA process identified six significant health needs for prioritization. At the Community Town Hall, attendees were briefed on six different broad health topics through a presentation and engaged in small and large group discussion around each topic. At the end of the meeting, individual participants ranked the six needs based on magnitude (how many people are impacted by the need), seriousness (how much does the need impact an individual's quality of life, livelihood, etc.), and feasibility (how well realistically can we address the need with our current resources). Results are below.



After the Community Town Hall, the Advisory Committee reconvened to debrief and finalize the prioritization of needs. The Advisory Committee was supportive of the ranking of needs that was conducted at the Community Town Hall.

The significant community health needs, ranked in order of priority, include:

1. Access to care
2. Mental health
3. Financial stability
4. Substance use & misuse
5. Obesity
6. Cancer

Community assets and resources

The Advisory Committee identified the following community resources and assets that may be available to address the highest priority health needs.

Access to care

- 10-15 Transit
- Appanoose County Public Health
- Appanoose County Veterans Affairs
- Chariton Valley Medical Center
- Haden Family Medicine
- Iowa Department of Health and Human Services

-
- Iowa Senior Advocates, Inc- CJ Templeton- Certified Medicaid Planner
 - MercyOne Centerville Medical Center
 - Milestones Area Agency on Aging
 - River Hills Community Health Center
 - Senior Life Solutions

Mental health

- Centerville Community Betterment
- Children & Families of Iowa
- De Vries Counseling and Consulting, PLLC
- Douglas Billingsley, LISW
- EveryStep
- Family Crisis Center
- First Resources Corporation
- Infinity Health
- Mental Health Agency of Southeast Iowa
- NAMI
- New Directions Counseling
- New Hope Counseling Center
- Optimae Behavioral Health Services
- Paula S. Gordy, LISW- LLC
- River Hills Community Health Center
- Senior Life Solutions
- Sieda Community Action

Financial stability

- Appanoose County General Assistance
- Centerville Community Betterment

-
- Central Iowa Shelter & Services - Rolling Hills Coalition
 - EveryStep
 - Iowa Department of Health and Human Services
 - Local schools
 - Mental Health Agency of Southeast Iowa
 - Sieda Community Action

Substance use & misuse

- Children & Families of Iowa
- First Resources Corporation
- Infinity Health
- Narcotics Anonymous
- River Hills Community Health Center
- Sieda Community Action

Obesity

- Appanoose County Conservation
- Kinetic Edge Physical Therapy
- MercyOne Centerville Medical Center
- MercyOne Centerville Medical Clinic
- Milestones Area Agency on Aging
- Rathbun Lake Area YMCA
- Snap Fitness

Cancer

- Appanoose County Public Health
- Iowa Cancer Consortium
- MercyOne Centerville Medical Center

Next steps

The Advisory Committee will reconvene in early 2025 to develop a multi-year strategy to address identified community health and social needs. The implementation strategy will be publicly available as a separate document.

Printed copies of this report are available upon request at MercyOne Centerville Medical Center (One St. Joseph's Drive, Centerville, IA 52544). This report is also available electronically at <https://www.mercyone.org/about-us/community-health-and-well-being/>

Please email questions, comments, and feedback to communityhealth@mercyhealth.com.

The next community needs assessment for MercyOne Centerville Center will be completed in fiscal year 2028.

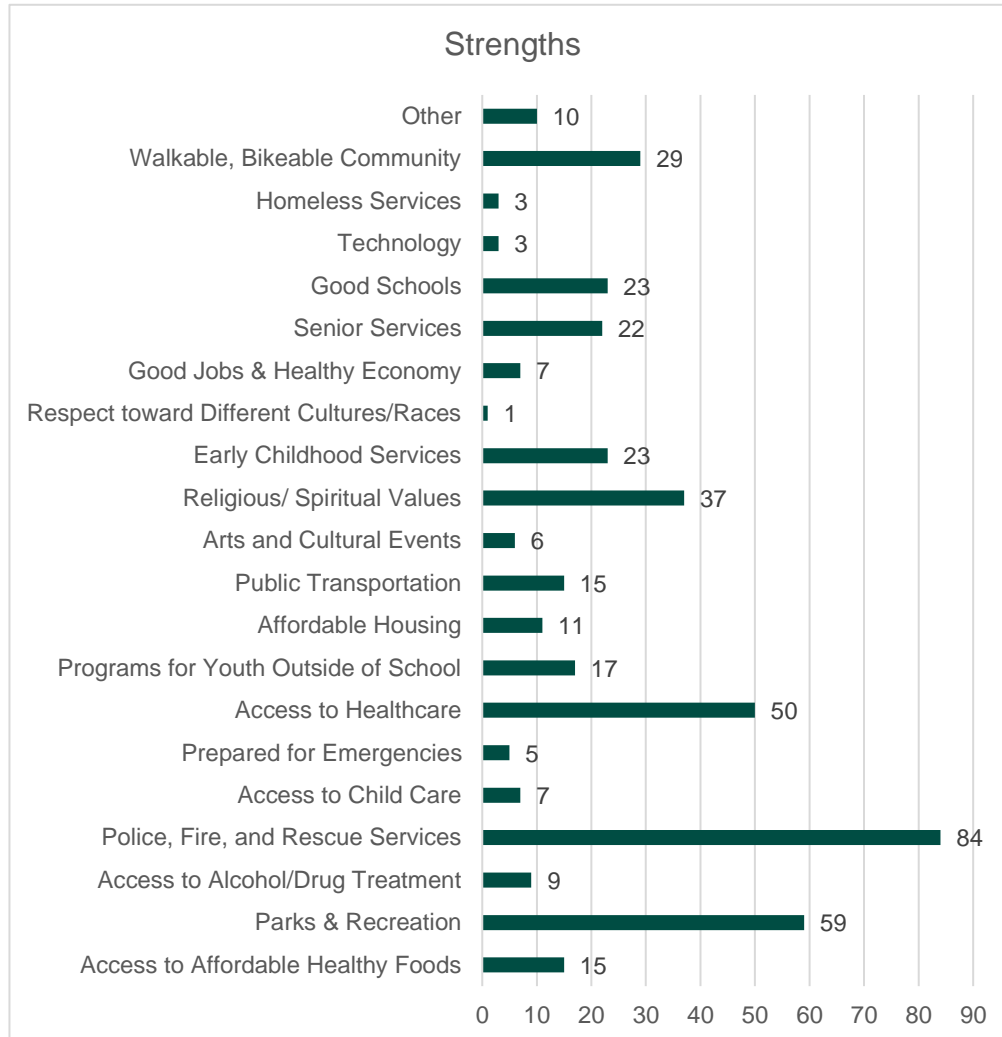
Appendix

Primary indicator data

COMMUNITY HEALTH

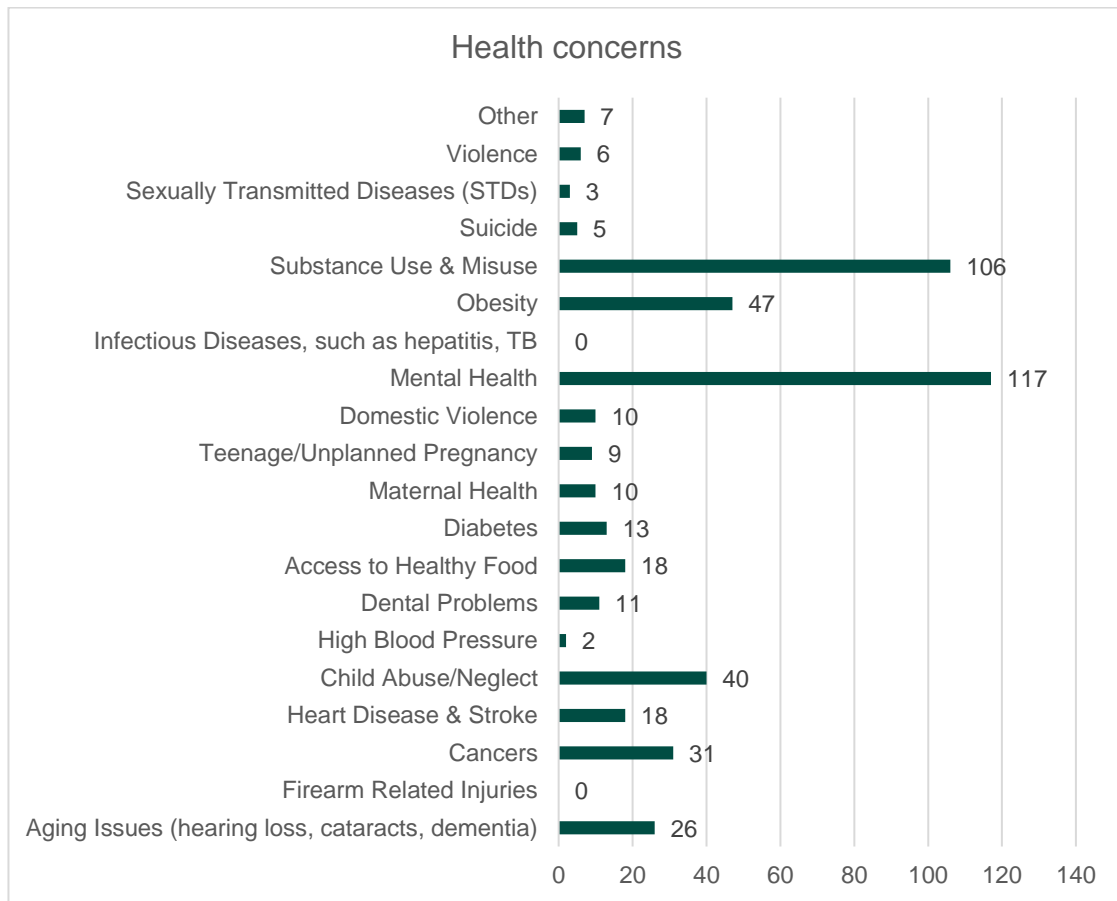
Community strengths

Question: What are the 3 greatest strengths of our community that help residents maintain or improve their overall health?



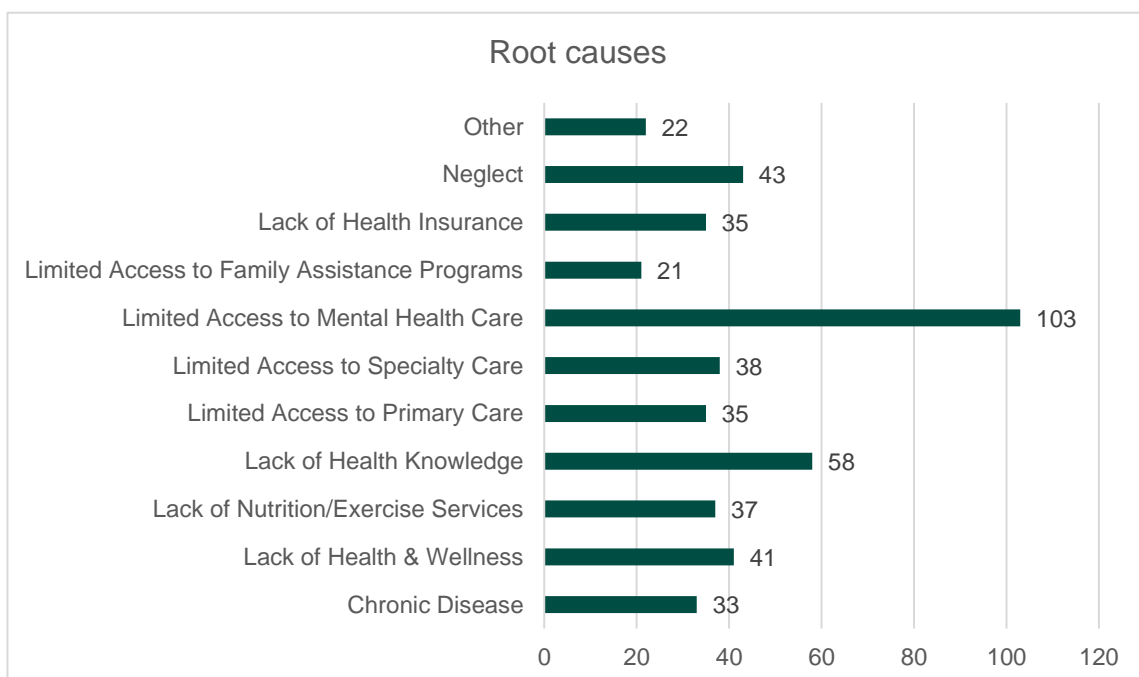
Community health concerns

Question: What are the 3 most important health concerns in our community? (Which 3 concerns have the greatest impact on overall community health)



Root causes of poor health

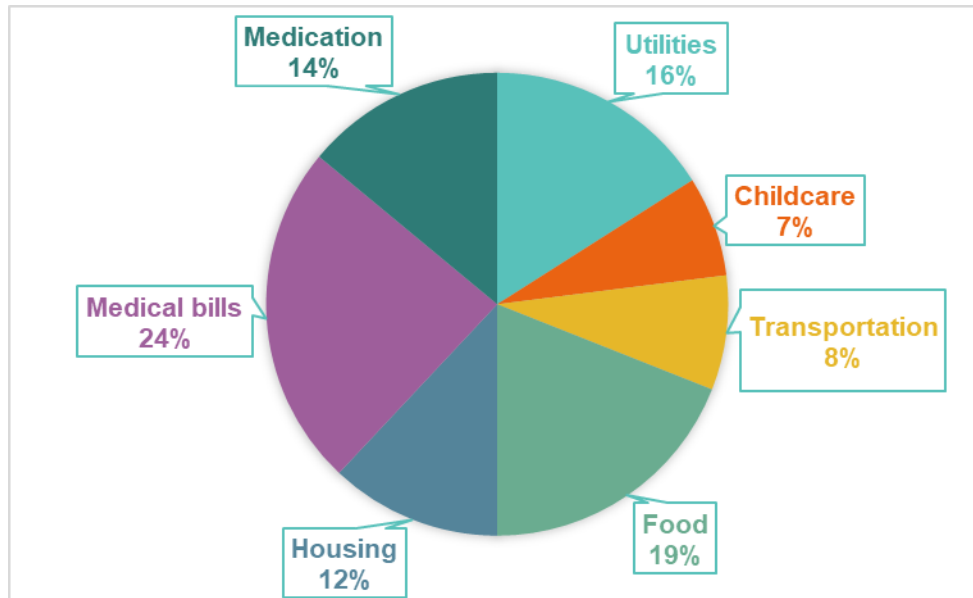
Question: In your opinion, what the root causes of poor health in our community?



SOCIOECONOMIC

Essential needs

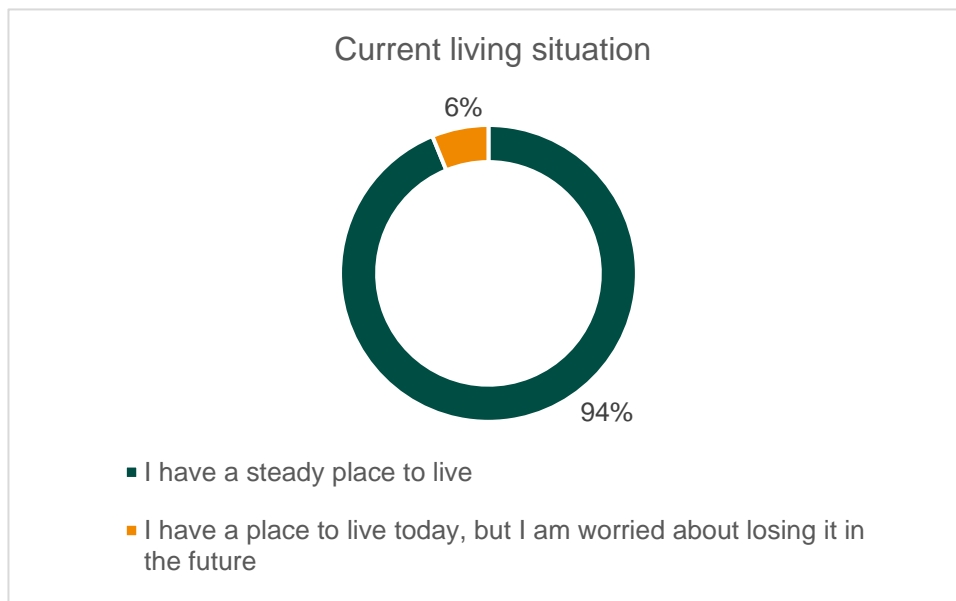
43% of respondents reported challenges paying for at least one essential need. The most reported domain was medical bills at 24% followed by food at 19% and utilities at 16%.



HOUSING

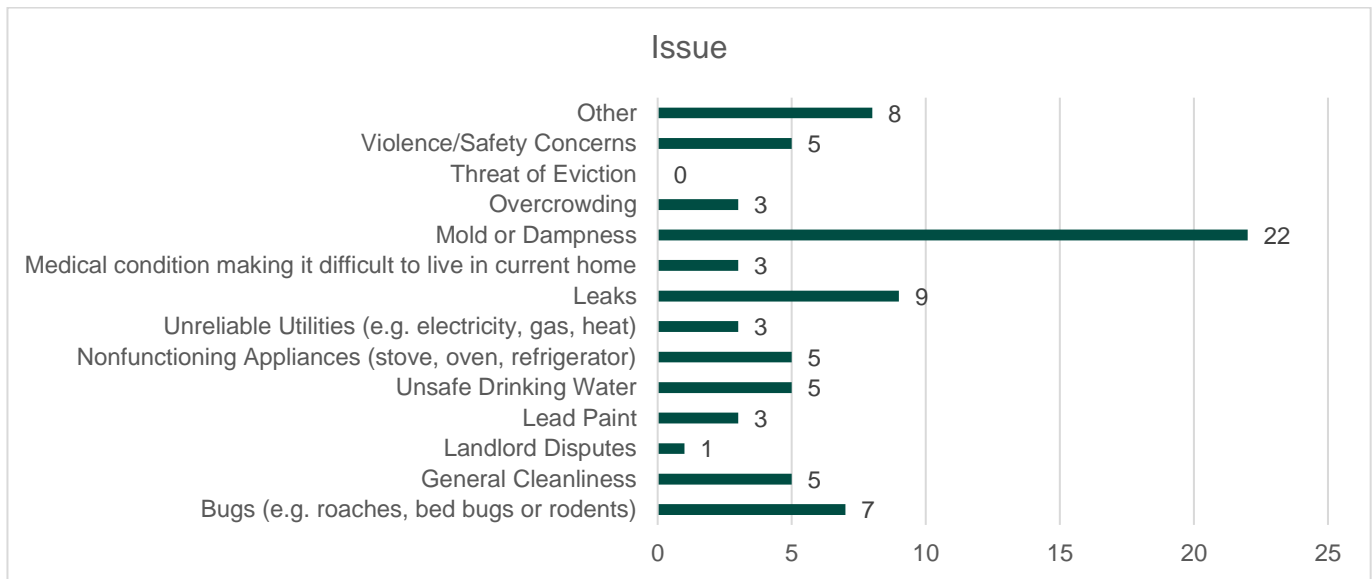
Living situation

The majority of respondents (94%) reported that they currently have a steady place to live.



Living arrangement issues

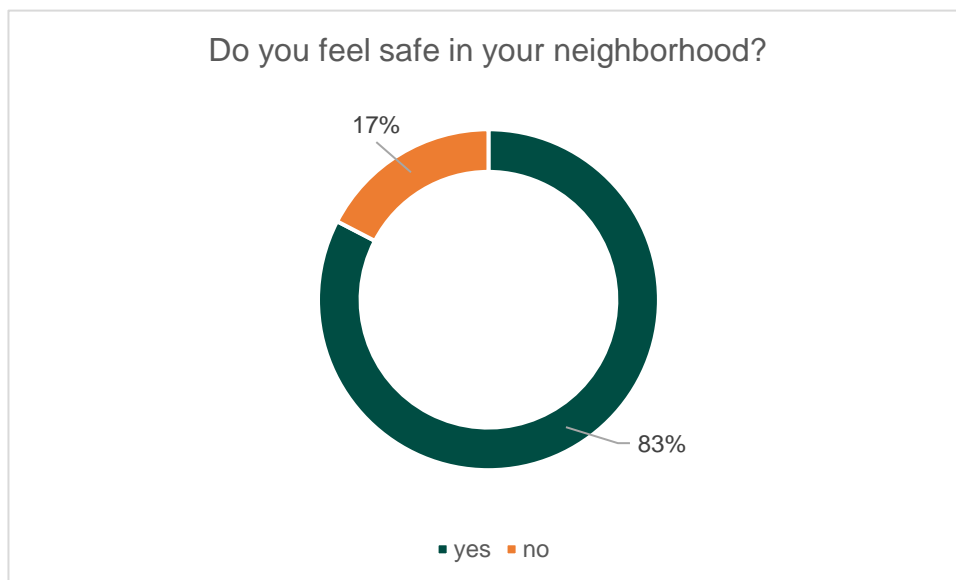
26% of respondents reported at least one of the below issues with their current living arrangement. Mold or dampness was the most reported issue.



SAFETY

Neighborhood safety

83% of respondents reported feeling safe in their neighborhood.



Reasons for feeling unsafe (free text)

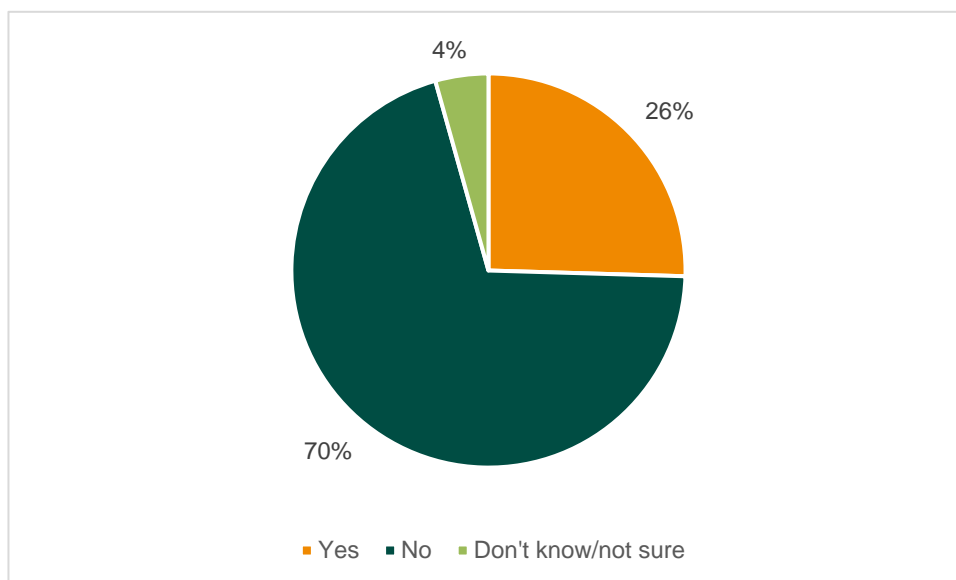
Of the 17% of respondents that reported feeling unsafe in their neighborhood, the top reasons listed include substance abuse (29%), crime (22%), and mental health (16%). (similar free text responses are grouped together and shortened for clarity).

| Reason for feeling unsafe | Count |
|---------------------------|-------|
| Substance abuse | 15 |
| Crime | 11 |
| Mental health | 8 |
| Law enforcement | 4 |
| Cleanliness | 3 |
| Homelessness | 2 |
| Traffic | 2 |
| Violence | 2 |
| Drinking water | 1 |
| Health care | 1 |
| Security | 1 |
| Walkability | 1 |

ACCESS TO CARE

Access to health care and community resources

Question: In the last 12 months, was there a time when you needed to see a doctor or community resource but could not?



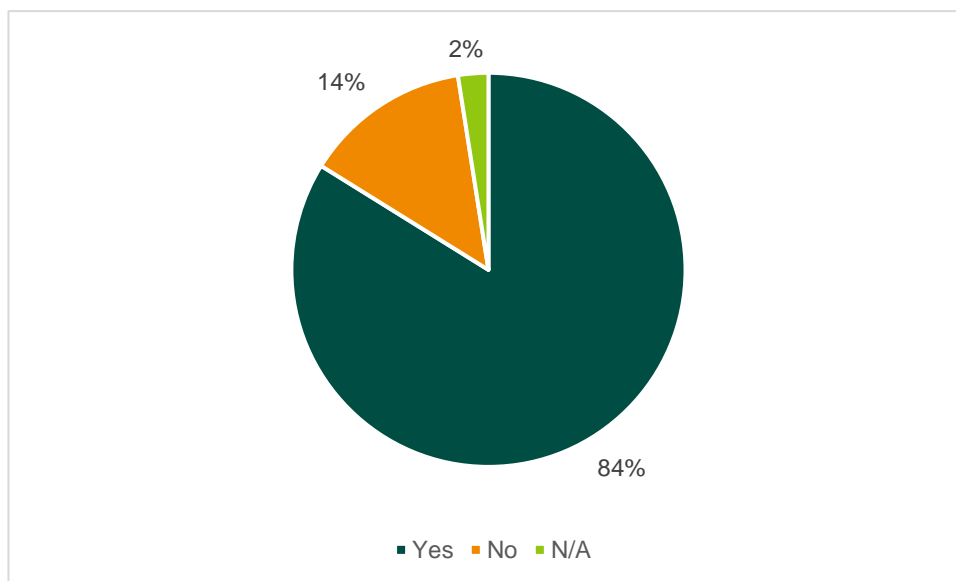
Barriers to health care and community resources

Of the 26% of respondents that answered yes to the question above, the top barriers selected included long wait time to schedule appointment (25%), could not afford the cost (19%), and unable to take time off from work (15%).



Care outside of county

The majority of respondents (84%) reported receiving health care outside of Appanoose County in the last two years.



Services received outside of county

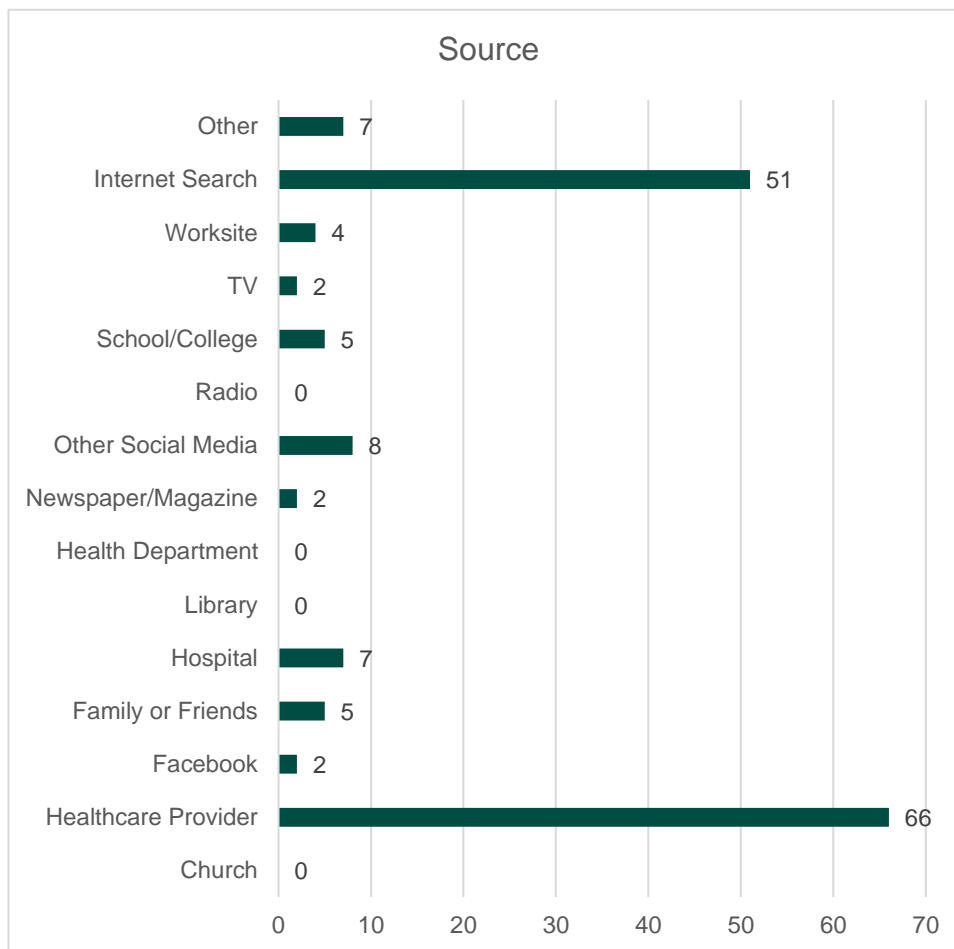
Of the 84% of respondents that reported receiving care outside of the county, the top services listed include dental (23%), OBGYN (21%), and cardiac services (13%). (similar free text responses are grouped together and shortened for clarity).

| Services | Count |
|------------------|-------|
| Dental | 30 |
| OBGYN | 27 |
| Cardiac | 17 |
| Specialty | 15 |
| Surgical | 12 |
| Orthopedics | 11 |
| Primary care | 9 |
| All services | 8 |
| ENT | 8 |
| Dermatology | 7 |
| Emergency | 7 |
| Optometrist | 7 |
| Cancer | 6 |
| Imaging | 6 |
| Mental health | 6 |
| Pediatrics | 6 |
| Urology | 5 |
| Pulmonology | 4 |
| Neurology | 3 |
| Hearing | 2 |
| Nephrology | 2 |
| Pain | 2 |
| Pharmacy | 2 |
| Physical therapy | 2 |
| Rheumatology | 2 |
| Speech therapy | 2 |
| Weight loss | 2 |
| Endocrinology | 1 |
| Oncology | 1 |
| Urgent care | 1 |

COMMUNITY RESOURCES

Receiving information

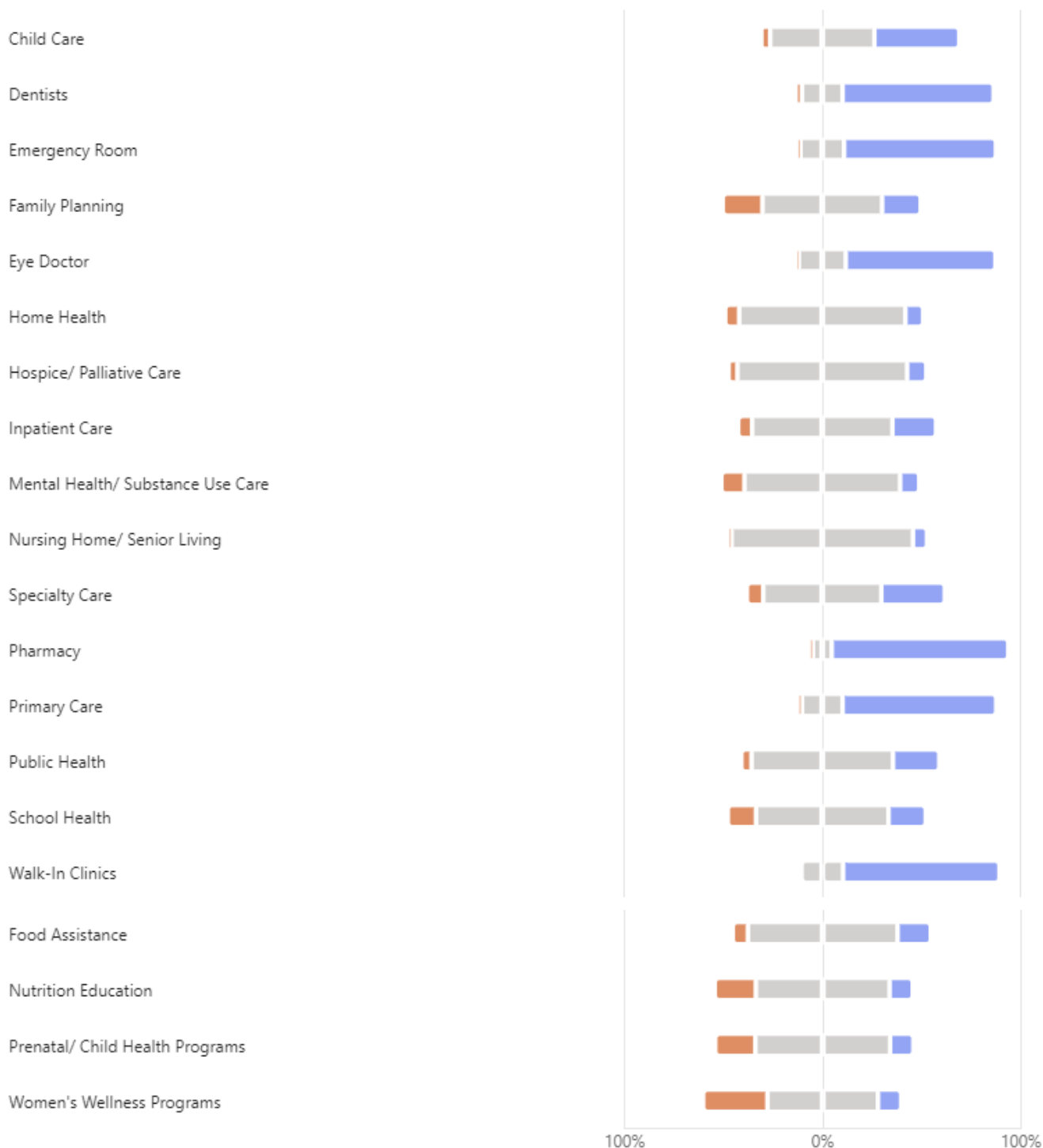
Question: Where do you get most of your personal health and wellness information?



Awareness of resources

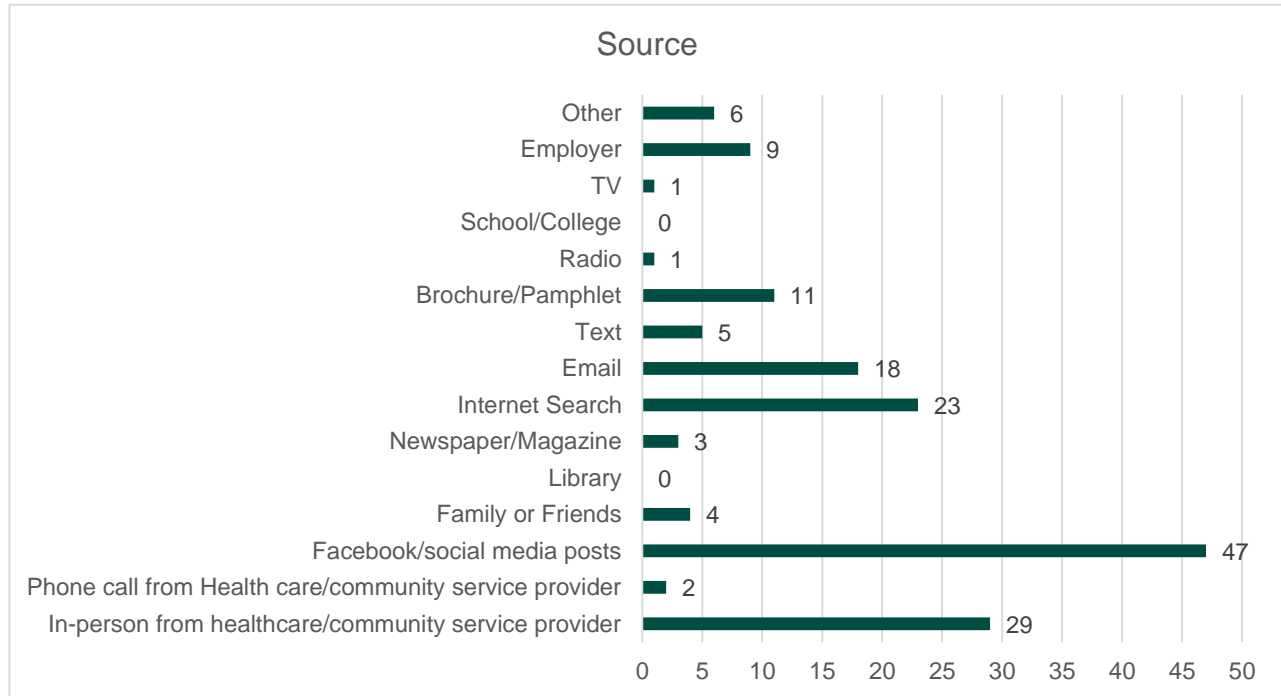
Question: How familiar are you with each of the below community resources?

● Never Heard of It
 ● I am Aware but Have Never Used It
 ● Have Used It



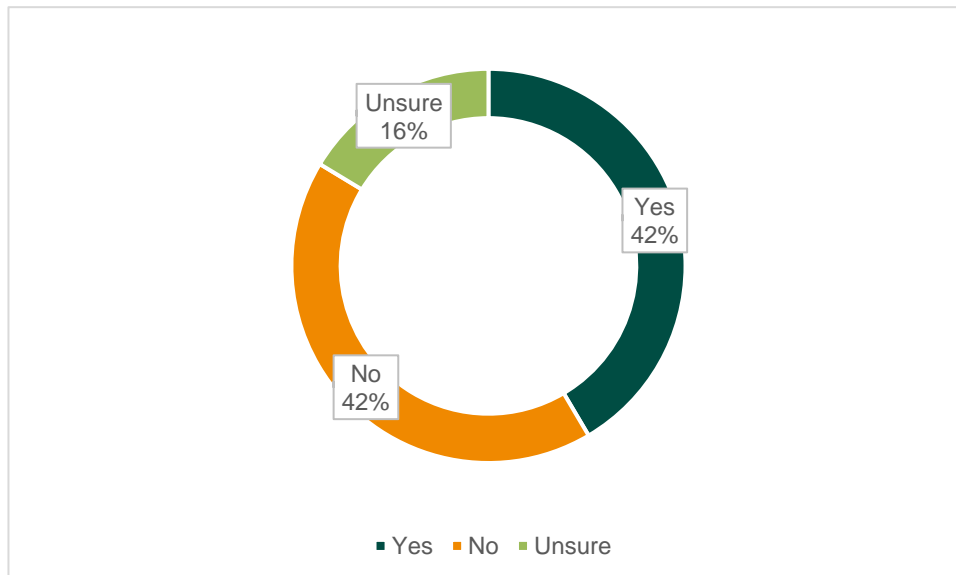
Receiving information preference

Question: How would you prefer to get information on available community resources?



Services meeting needs

Question: Are the health care and community services in Appanoose County meeting your needs?



Services needing improvement (free text)

Question: Are there any existing services that could use improvement or additional services you think should be available in our community to help residents maintain or improve their overall health? (similar free text)

responses are grouped together and shortened for clarity).

| Services | Count |
|-----------------------|-------|
| Mental health | 51 |
| Women's health | 23 |
| Primary care | 18 |
| Substance use | 14 |
| Community education | 9 |
| Specialty care | 9 |
| Homelessness | 7 |
| Parks and recreation | 7 |
| Senior care | 6 |
| Transportation | 6 |
| Dentists | 5 |
| Food access | 5 |
| Physical activity | 5 |
| Emergency room | 4 |
| Imaging | 3 |
| Dialysis | 2 |
| Inpatient care | 2 |
| Law enforcement | 2 |
| Pediatrics | 2 |
| Preventive care | 2 |
| Public health | 2 |
| Resource guide | 2 |
| Social services | 2 |
| Youth education | 2 |
| Adult daycare | 1 |
| All | 1 |
| Cancer care | 1 |
| Childcare | 1 |
| Diversity & inclusion | 1 |
| Dermatology | 1 |
| Employment assistance | 1 |
| Eye doctor | 1 |
| Health insurance | 1 |
| Occupational therapy | 1 |
| Prescriptions | 1 |
| Safety net clinics | 1 |
| Speech therapy | 1 |
| Urgent care | 1 |
| Veteran's services | 1 |
| Weight loss | 1 |

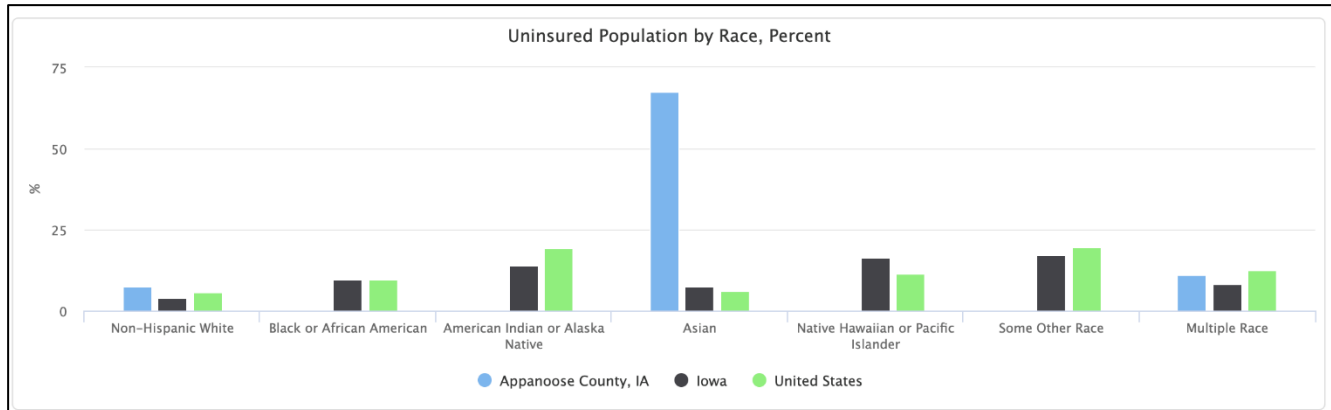
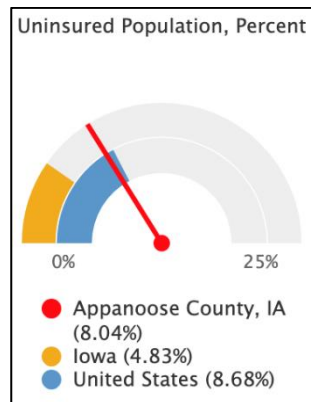
Secondary indicator data

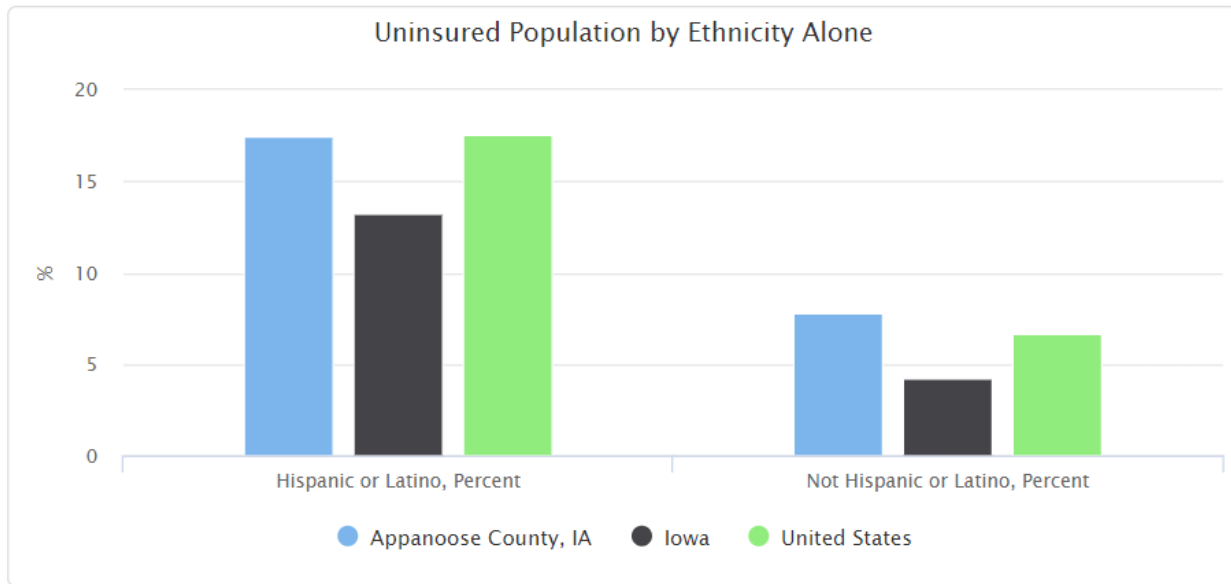
ACCESS TO CARE

Health Insurance

The lack of health insurance is a key driver of health status. Healthy People 2030 identified increasing the proportion of people with health insurance as a leading health indicator.

- **Benchmark:** Uninsured rates in Appanoose County (8.04%) are higher than the state (4.83%).
- **Disparities:** Uninsured rates are highest among people of color in Appanoose County.
- **Healthy People 2030 target:** The county's insured rate of 91.96% is lower than the Healthy People 2030 target rate of 92.4% of people having health insurance.
- **Data Source:** US Census Bureau, American Community Survey. 2018-22. Healthy People 2030.

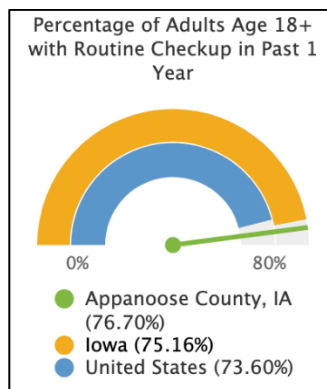




Recent Primary Care Visit

Within Appanoose County, 76.70% of adults had a routine checkup in the past year.

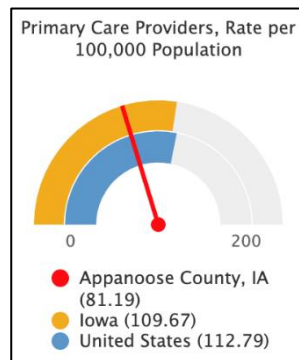
- **Benchmark:** Comparable to state (75.16%) and national (73.60%) rates.
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via Places Data portal. 2021.



Primary Care Providers

Primary health providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine, and pediatrics. In Appanoose County, there are 10 primary care physicians with a CMS National Provider Identifier (NPI) which translates to 81.19 per 100,000 population.

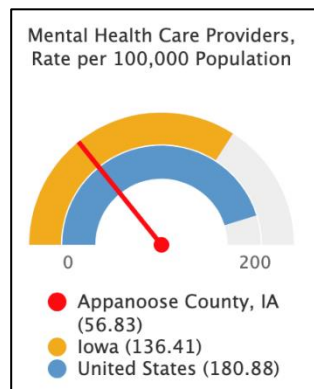
- **Benchmark:** The shortage in Appanoose County is more significant than state (109.67) and national shortages (112.79).
- **Data source(s):** Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). June 2024.



Mental Health Providers

Mental health providers include licensed clinical social workers and other credentialed professionals specializing in psychiatry, psychology, counseling, or child, adolescent, or adult mental health. The county has seven providers with a CMS National Provider Identifier (NPI) translating to a rate of 56.83 mental health providers per 100,000 population.

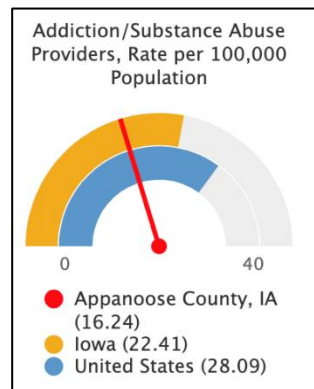
- **Benchmark:** The shortage in Appanoose (56.83) is much more significant than state (136.41) and national shortages (180.88).
- **Data Source(s):** Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). June 2024.



Addiction/substance abuse Providers

Providers include Doctor of Medicine (MDs), Doctor of Osteopathic Medicine (DOs), and other credentialed professionals with a Center for Medicare and Medicaid Services (CMS) and a valid National Provider Identifier (NPI). In Appanoose County, there are two addiction/substance use providers translating to a rate of 16.24 per 100,000 population.

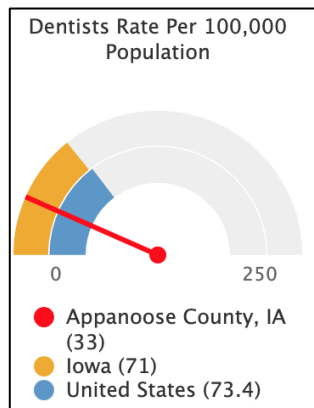
- **Benchmark:** The shortage in Appanoose (16.24) is much more significant than state (22.41) and national shortages (28.09).
- **Data Source(s):** Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). June 2024.



Dentists

In Appanoose County, there are 33 dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

- **Benchmark:** The shortage in Appanoose County (33) is more significant than state (71) and national shortages (73.4).
- **Data Source(s):** US Department of Health & Human Services, Health Resources and Services Administration, HRSSA – Area Health Resource File. Accessed via County Health Rankings. 2022.

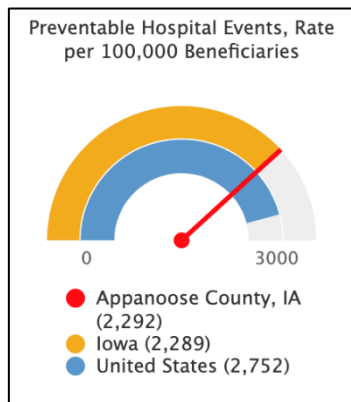


QUALITY OF CARE

Preventable hospitalizations

This indicator reports the preventable hospitalization rate among Medicare beneficiaries for the latest reporting period. Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. The preventable hospitalization rate in Appanoose County was 2,292 per 100,000 beneficiaries.

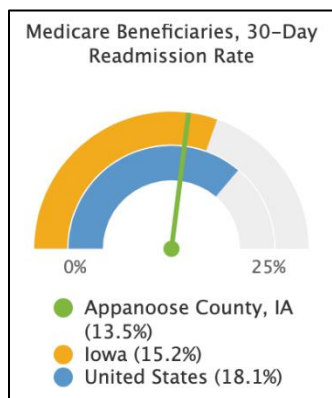
- **Benchmark:** The preventable hospitalization rate in Appanoose County is higher than the state rate of 2,289.
- **Data Source(s):** Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2021.



30-day hospital readmissions

This indicator reports the number and rate of 30-day hospital readmissions among Medicare beneficiaries age 65 and older. Hospital readmissions are unplanned visits to an acute care hospital within 30 days after discharge from a hospitalization. Patients may have unplanned readmissions for any reason, however readmissions within 30 days are often related to the care received in the hospital, whereas readmissions over a longer time period have more to do with other complicating illnesses, patients' own behavior, or care provided to patients after hospital discharge. Appanoose County has a 30-day hospital readmission rate of 13.5%.

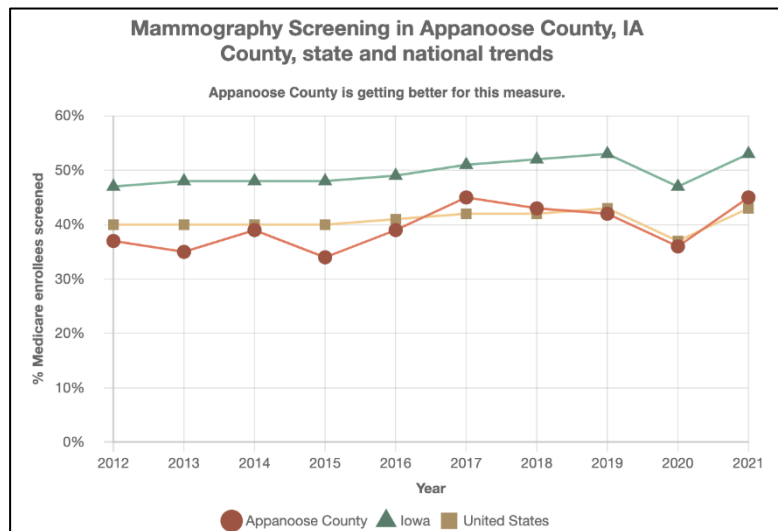
- **Benchmark:** The preventable hospitalization rate in Appanoose County is lower than the state rate of 15.2%.
- **Data Source(s):** Centers for Medicare and Medicaid Services, CMS – Geographic Variation Public Use File. 2020.



Mammography screening

About half (45%) of female Medicare enrollees ages 65-74 in Appanoose County received an annual mammography screening.

- **Benchmark:** The Mammography screening rate in Appanoose County is lower than the statewide screening rate (53%) and higher than the national screening rate (43%).
- **Data Source(s):** County Health Rankings. 2021.

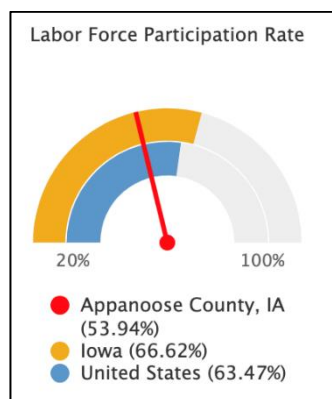


EMPLOYMENT AND INCOME

Labor Force Participation

Labor force participation rate measures the percentage of working age adults employed or seeking employment. Healthy People 2030 identifies increasing employment in working-age people as a leading health indicator. The labor force participation rate in Appanoose County is 53.94%.

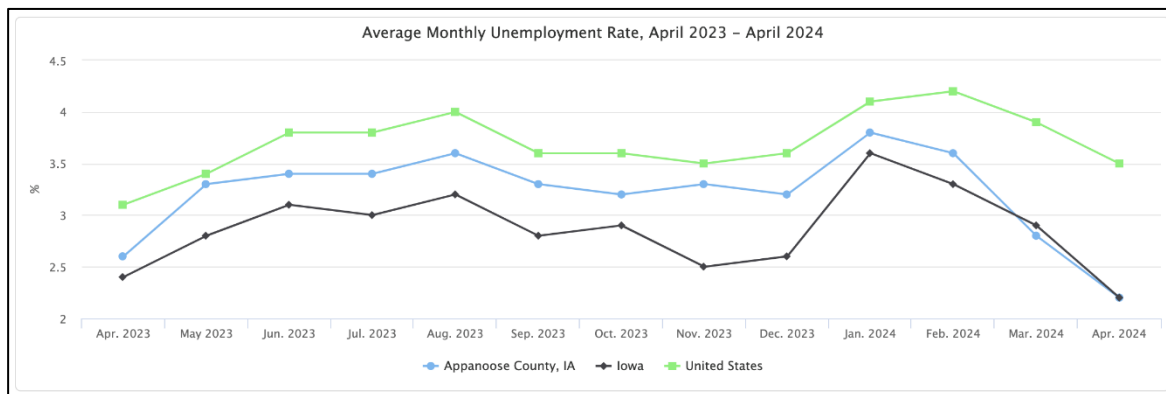
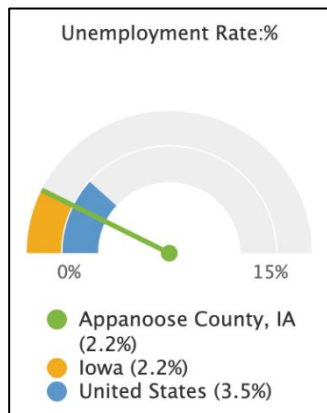
- **Benchmark:** Labor force participation in Appanoose County (53.94%) is lower than state (66.62%) and national rates (63.47%).
- **Target:** Labor force participation in Appanoose County is below the Healthy People 2030 target of 75%.
- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22. Healthy People 2030.



Unemployment rate

Total unemployment in the report area equals 134, or 2.2% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

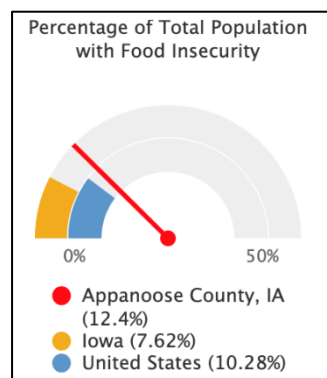
- **Benchmark:** The unemployment rate in Appanoose County is equal to the state rate (2.2%) and lower than the national rate (3.5%).
- **Data Source(s):** US Department of Labor, Bureau of Labor Statistics, April 2024.



Food insecurity rate

Food insecurity estimates the percentage of the population that experienced food insecurity at some point during the year. Thirty percent of the food insecure population is ineligible for assistance programs (SNAP, WIC, school meals, CSFP, and TEFAP). Food insecurity has been linked to negative health outcomes.

- **Benchmark:** The food insecurity rate in Appanoose County (12.40%) is higher than the state rate of 7.6%.
- **Target:** Appanoose county has not reached the Healthy People 2030 target rate of 6%.
- **Data Source(s):** Feeding America 2020; Healthy People 2030.

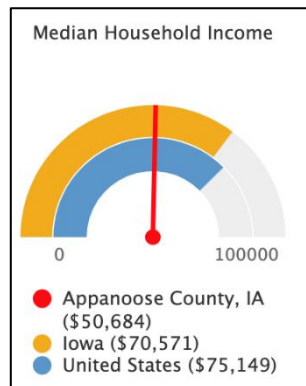


Median Household income

The median household income in Appanoose County is \$50,684 (2018-2022).

- **Benchmark:** The median household income in Appanoose County is lower than the state median of 70,571.

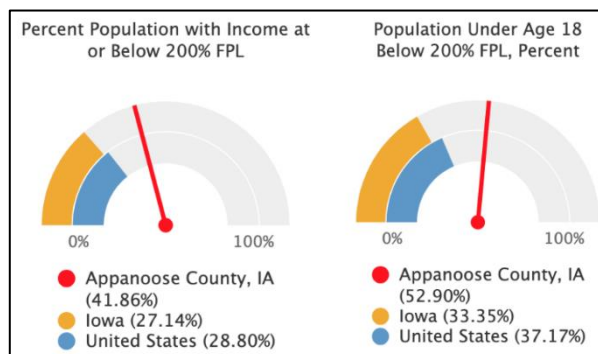
- Data Source(s): US Census Bureau, American Community Survey 2018-22



Poverty

In Appanoose County 41.86% or 5,077 individuals for whom poverty status is determined are living in households with income below 200% of the Federal Poverty Level (FPL). For those under the age of 18 it is at 52.90%. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

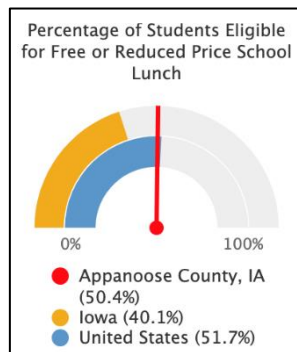
- Benchmark: The percentage of individuals living in poverty in Appanoose County is higher than Iowa as a whole (27.14%). For the population under 18 the percentage is also higher than Iowa as a whole (33.35%).
- Data Source(s): US Census Bureau, American Community Survey. 2018-22.



Children eligible for free/reduced-price lunch

Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130 percent (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP). Out of 1,883 total public school students in the report area, 949 were eligible for the free or reduced price lunch program in the latest report year.

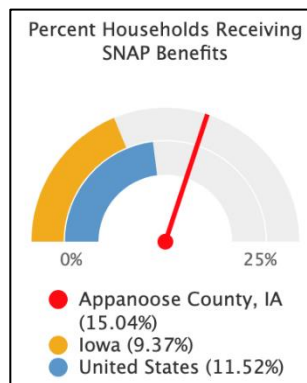
- Benchmark:** The percentage of children eligible for free or reduced-price lunch is higher in Appanoose County (50.4%) than in the state (40.1%).
- Data Source(s):** National Center for Education Statistics, NCES – Common Core of Data. 2021-2022.



Households receiving SNAP

In the report area, an estimate of 756 or 15.04% households receive Supplemental Nutrition Assistance Program (SNAP) benefits. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

- **Benchmark:** The value for the report area is greater than the national average of 11.52% and the state average of 9.37%.
- **Data Source(s):** US Census Bureau, American Community Survey. 2018-2022.

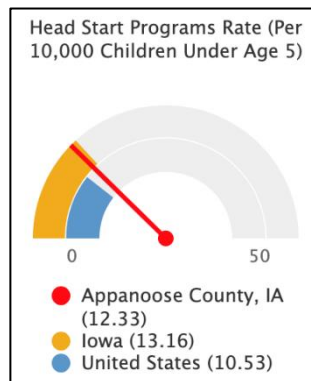


EDUCATION

Head Start

Head Start is a program designed to help children from birth to age five who come from families at or below poverty level. Appanoose County has one (1) Head Start program, a rate of 12.33 per 10,000 children. This indicator is important because the program's goal is to help children become ready for kindergarten while also providing the needed requirements to thrive, including health care and food support.

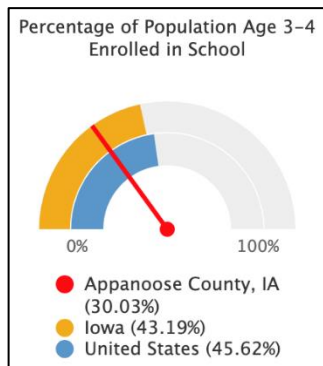
- **Benchmark:** Appanoose County has a lower rate of head start programs than the state (13.16).
- **Data Source(s):** US Department of Health and Human Services (HHS), HRSA – Administration for Children and Families, 2022.



Preschool enrollment

Appanoose County has 97 children aged 3-4 enrolled in school, which is 30.03% of the county population aged 3-4.

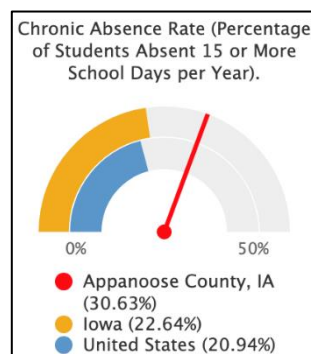
- **Benchmark:** Preschool opportunities are less available in Appanoose County than in Iowa as a whole (43.19%).
- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22.



Chronic absenteeism

In Appanoose County, 30.63% of children missed 15 or more school days during the 2020-2021 school year. This indicator is important because chronic absence can jeopardizes students' academic proficiency, social engagement, and opportunities for long-term success.

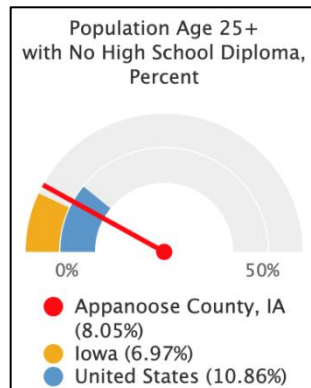
- **Benchmark:** Absenteeism in Appanoose County is higher than Iowa as a whole (22.64%).
- **Data Source(s):** U.S. Department of Education, US Department of Education - Civil Rights Data Collection. 2020-21.



No High school diploma

In Appanoose County there are 702 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 8.05% of the total population aged 25 and older.

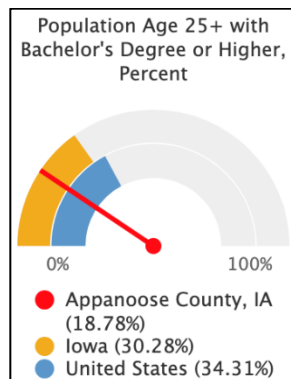
- **Benchmark:** The population aged 25 or higher with no High School Diploma percentage in Appanoose are slightly lower than in the state (6.97%).
- **Disparities:** The percentage of the population without a high school diploma is higher in the Hispanic or Latino population.
- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22.



Bachelor's degree or higher

Less than a quarter (18.78%) of Appanoose County residents aged 25 or older have obtained a Bachelor's degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

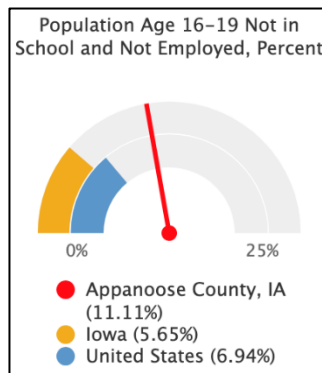
- **Benchmark:** The percentage of Appanoose County residents with a Bachelor's degree or higher is lower than the state (30.28%).
- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22.



Young people not in school and not working

This indicator reports the percentage of youth aged 16-19, who are not currently enrolled in school and who are not employed. 11.11% of youth in Appanoose County are not in school and not employed.

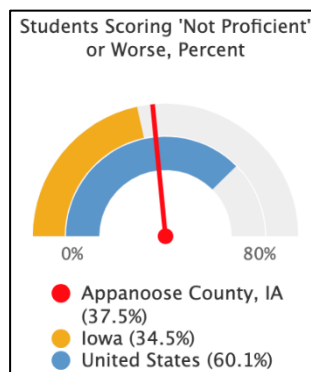
- **Benchmark:** The percentage of youth who are not enrolled in school and who are not employed is higher in Appanoose County (11.11%) than the state of Iowa (5.65%).
- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22.



Student reading proficiency (4th grade)

According to Healthy People 2030, children with poor reading skills are more likely to struggle in school and to take part in risky behaviors as adolescents. Increasing the proportion of 4th-graders with reading skills at or above the proficient level is a leading health indicator for Healthy People 2030. In Appanoose County, a total of 62.5% of 4th grade students had reading skills at or above the proficient level, with only 37.5% scoring not proficient or worse.

- **Benchmark:** Students in Appanoose County performed worse than students statewide (34.50%) but worse than United States (60.10%).
- **Target:** Appanoose County is performing above the Healthy People 2030 target of 41.5%.
- **Data Source(s):** US Department of Education, EDFacts. Additional data analysis by CARES. 2020-21.

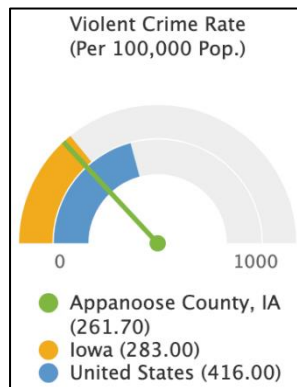


NEIGHBORHOOD AND COMMUNITY CONTEXT

Violent crime

Within the report area, the 2015-2017 three-year total of reported violent crimes was 98, which equates to an annual rate of 261.70 crimes per 100,000 people. Violent crime includes homicide, rape, robbery, and aggravated assault.

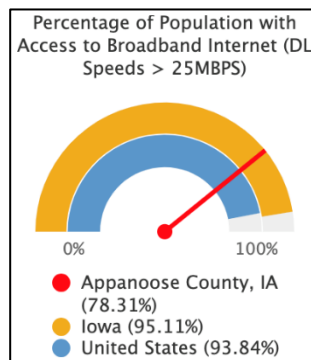
- **Benchmark:** The rate of violent crimes in Appanoose county is lower than the state rate of 283.00.
- **Data Source(s):** Federal Bureau of Investigation, FBI Uniform Crime Reports. [FBI](#) Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2015-2017.



Broadband access

This indicator reports the percentage of population with access to high-speed internet. Data is based on the reported service area of providers offering download speeds of 25 MBPS or more and upload speeds of 3 MBPS or more. These data represent both wireline and fixed/terrestrial wireless internet providers. Cellular internet providers are not included.

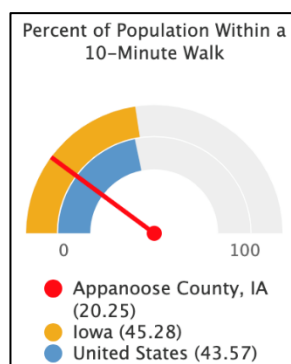
- **Benchmark:** Access to broadband in Appanoose County (78.31%) is lower than the state percentage rate (95.11%).
- **Data Source(s):** FCC FABRIC Data. Additional data analysis by CARES. 2023.



Park access

This indicator displays the number of people who live within a 10-minute walk from a park.

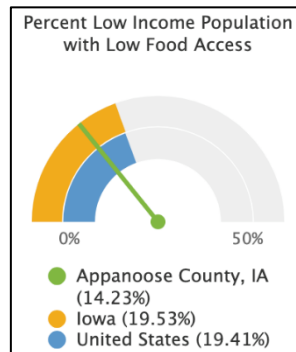
- **Benchmark:** People who live within a 10-minute walk from a park in Appanoose County (20.25%) is lower than the state percentage rate (45.28%).
- **Data Source(s):** Trust for Public Land. 2020.



Low income and low food access

This indicator reports the percentage of the low-income population with low food access. Low food access is defined as living more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

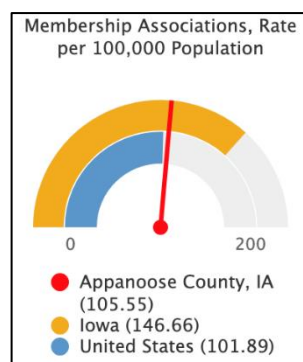
- **Benchmark:** The percentage of the low-income population with low food access in Appanoose County (14.23%) is lower than both the Iowa (19.53%) and United States rates (19.41%).
- **Data Source(s):** US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas. 2019.



Social associations

Appanoose County has 13 social establishments per 100,000 population. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, political organizations, labor organizations, business organizations, and professional organizations.

- **Benchmark:** Appanoose County (105.55) has a lower rate of social establishments than the state (146.66).
- **Data Source(s):** US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2021.



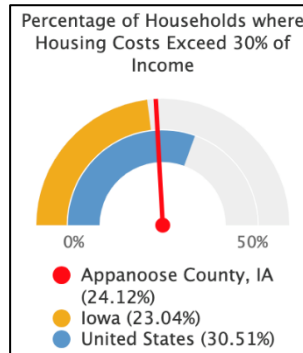
HOUSING AND TRANSPORTATION

Housing costs

A total of 24.12% of households in Appanoose County have housing costs exceeding 30% of their total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs.

- **Benchmark:** The percentage of cost-burdened households in Appanoose County is higher than the Iowa rate of 23.04%.

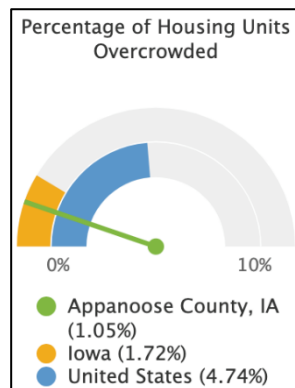
- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22.



Overcrowded housing

A total of 1.05% of households in Appanoose County are overcrowded. Overcrowding is defined as more than one occupant per room.

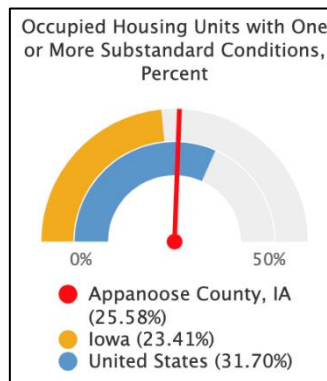
- **Benchmark:** The percentage of overcrowded households in Appanoose County is lower than Iowa (1.72%).
- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22.



Substandard housing

This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard.

- **Benchmark:** The percentage of housing units with substandard conditions in Appanoose County (25.58%) is higher than the Iowa rate of 23.41%. The two conditions where Appanoose County performs more poorly than the state are housing units lacking a complete kitchen and lacking complete plumbing. Housing units in Appanoose County (10.24%) that lack a complete kitchen is higher compared to Iowa (2.41%).
- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22.



Drinking water safety

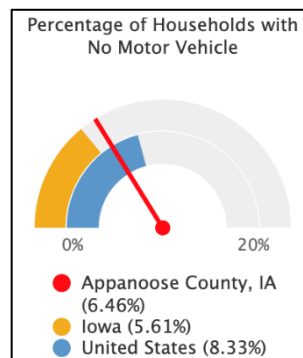
This indicator reports the presence or absence of one or more health-based violations in drinking water within community water systems that serve the community. No community water system in Appanoose County reported a health-based drinking water violation.

- **Data Source(s):** University of Wisconsin Population Health Institute, 2022 County Health Rankings, which utilizes figures from the 2020 Safe Drinking Water Information System (SDWIS).

Households with no motor vehicle

Almost seven percent (6.46%) of households in Appanoose County do not have a motor vehicle.

- **Benchmark:** A higher percentage of households in Appanoose County are without a motor vehicle than the state percentage (5.61%).
- **Disparities:** Within the service area, there are significantly more renter-occupied households with no vehicle (16.65%) than owner-occupied households (14.60%).
- **Data Source(s):** US Census Bureau, American Community Survey 2018-22.

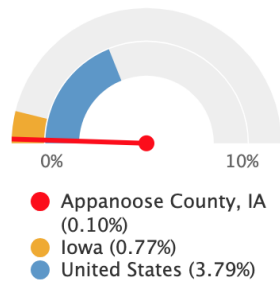


Commuter Travel Patterns – Public Transportation

This indicator reports the percentage of the population using public transportation as their primary means of commuting to work. Public transportation includes buses or trolley buses, streetcars or trolley cars, subway or elevated rails, and ferryboats.

- **Benchmark:** Appanoose county percentage of population using public transit for commute to work (0.10%) is lower than Iowa percent (0.77%).
- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22.

Percent Population Using Public Transit for Commute to Work

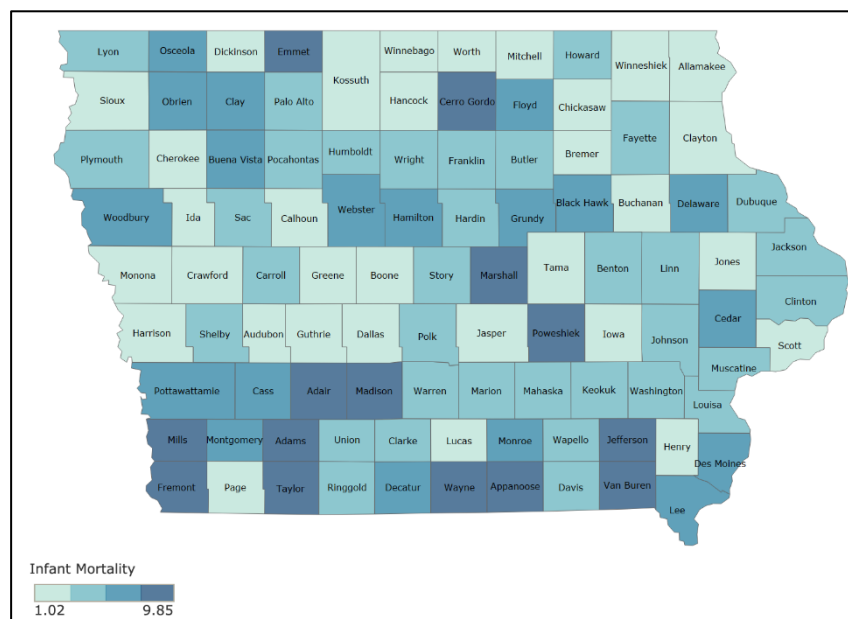


MATERNAL, INFANT AND CHILD HEALTH

Infant mortality

Infant mortality is defined as the measure of deaths that occur in infants younger than 1 year of age. Appanoose County has an infant mortality rate of 7.66 per 1,000 live births. The mortality rate is highest in infants between 28 days old and one year old. Healthy People 2030 has identified infant mortality as a leading health indicator.

- **Benchmark:** The infant mortality rate is higher in Appanoose County than the state of Iowa (4.64 per 1,000 live births).
- **Target:** Appanoose Counties infant mortality rate exceeds the Healthy People 2030 target rate of 5.0 per 1,000 live births.
- **Data Source(s):** Iowa Public Health Tracking Portal, Infant Mortality Data, 2018-2022. Healthy People 2030.

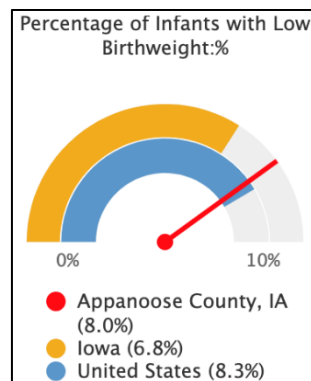


Low birth weight

Eight percent of infants born in Appanoose County had a low birth weight. Low birth weight is defined as less than 2,500 grams (approximately 5 lbs., 8 oz.).

- **Benchmark:** The prevalence of infants born at a low birth weight is higher in Appanoose County than Iowa as a whole (6.8%).

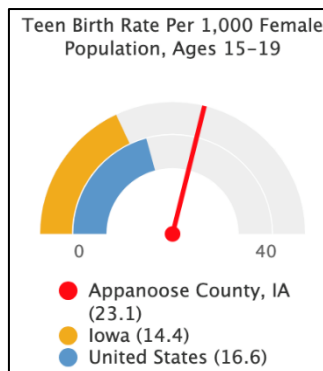
- **Data Source(s):** University of Wisconsin Population Health Institute. National Center for Health Statistics - Natality Files (2016-2022). County Health Ranking. 2016-22.



Teen births

This indicator reports the seven-year average number of births per 1,000 female population age 15-19. In Appanoose County, the teen birth rate is 23.1 per 1,000.

- **Benchmark:** The teen birth rate in Appanoose County is higher than the state's teen birth rate (14.4).
- **Data Source(s):** Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2016-2022.



Child immunizations

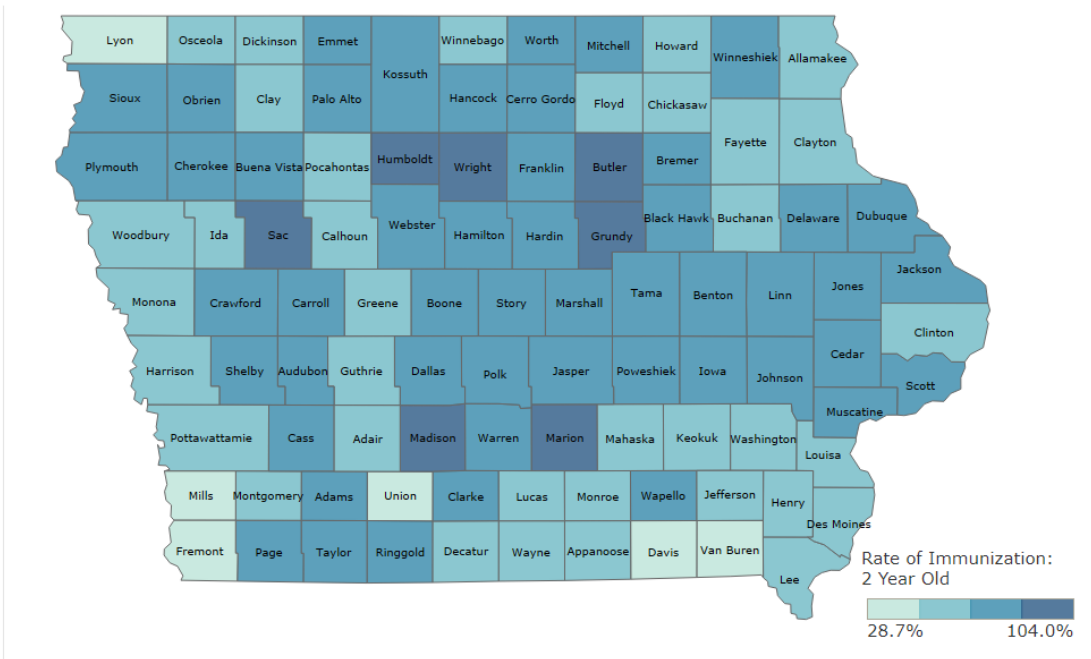
57.1% of children in Appanoose County received the recommended doses of the 4:3:1:3:3:1:4 series by age 24 months (about 2 years).

- **Benchmark:** The immunization rate in Appanoose County is lower than the Iowa vaccination rate (69.7%).
- **Data Source(s):** Iowa Department of Health and Human Services. Iowa Public Health Tracking Portal. Children: Immunization Data for 2-Year-Old. 2023.

2 Year Old 4-3-1-3-3-1-4 Immunizations - 2023: Census Population

Hover over a County to see a County Name and values for that County.

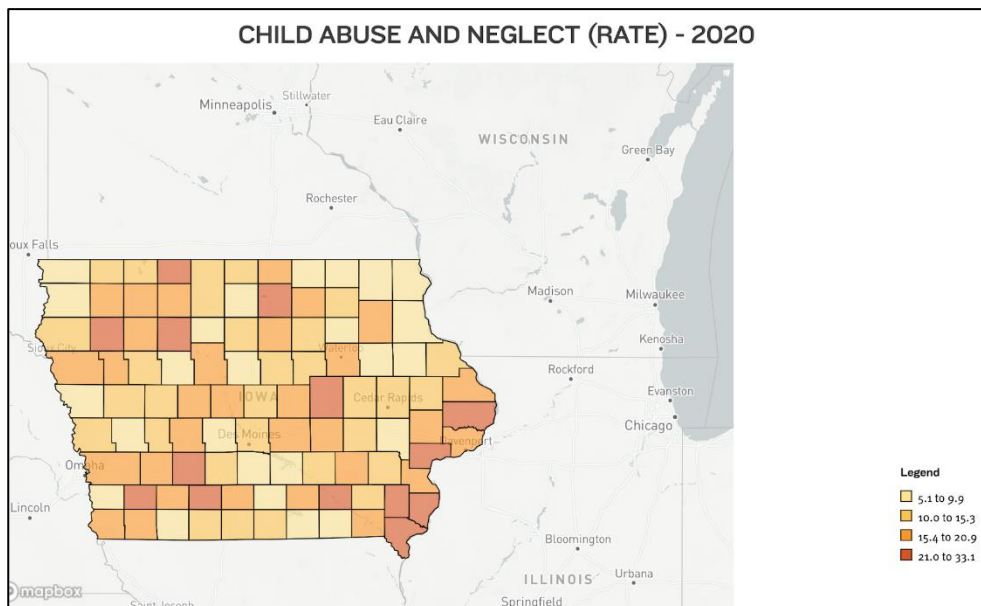
Selecting Counties will take you to the values for those counties on the next tab.



Child abuse and neglect

Appanoose County had a Child Abuse rate of 7.9 per 1,000 children in 2020.

- **Benchmark:** The child abuse rate in Appanoose County is lower than the statewide rate of 14.5.
- **Data Source(s):** Kids Count Data Center. Child abuse and neglect in Iowa. 2020.

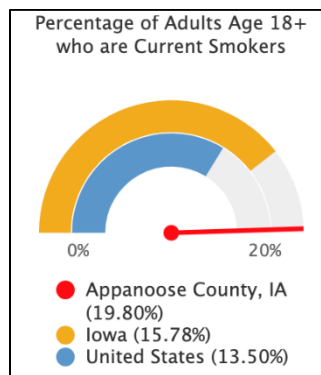


HEALTH BEHAVIORS AND RISK FACTORS

Tobacco Use

This indicator reports the percentage of adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. According to Healthy People 2030, cigarette smoking causes cancer and early death and is identified as a leading health indicator. Adults in the United States are more likely to use cigarettes than any other tobacco product.

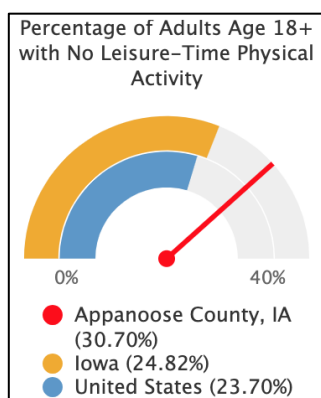
- **Benchmark:** The tobacco use rate of 19.80% in Appanoose County is higher than the statewide rate of 15.78%.
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Access via the PLACES Data Portal. 2021.



Physical inactivity

In Appanoose County, 30.70% of adults reported no leisure-time physical activity outside of work (age adjusted).

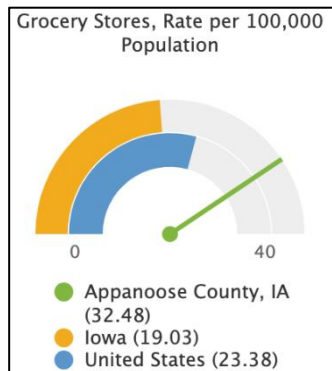
- **Benchmark:** Appanoose county residents are less active (30.70%) than their Iowa peers (24.82%).
- **Data Source(s):** County Health Rankings. 2021. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.



Grocery stores and supermarkets

Appanoose County has 4 grocery establishments with a rate of 32.48 per 100,000 population. Healthy dietary behaviors are supported by access to healthy foods, and grocery stores are a major provider of these foods. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.

- **Benchmark:** Appanoose County residents have better access to grocery establishments than Iowans as a whole (19.03 per 100,000).
- **Data Source(s):** US Census Bureau, County Business Patterns. Additional data analysis by CARES 2021.

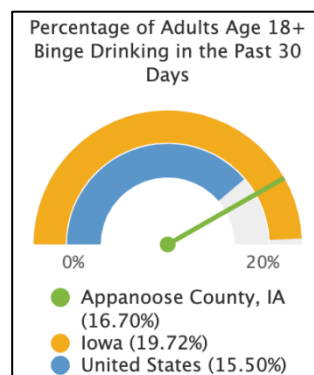


Binge drinking

This indicator reports the percentage of adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days.

In Appanoose County 16.70% of adults report binge or heavy drinking. Healthy People 2030 identified reducing the proportion of people aged 21 years and over who engaged in binge drinking in the past month as a leading health indicator.

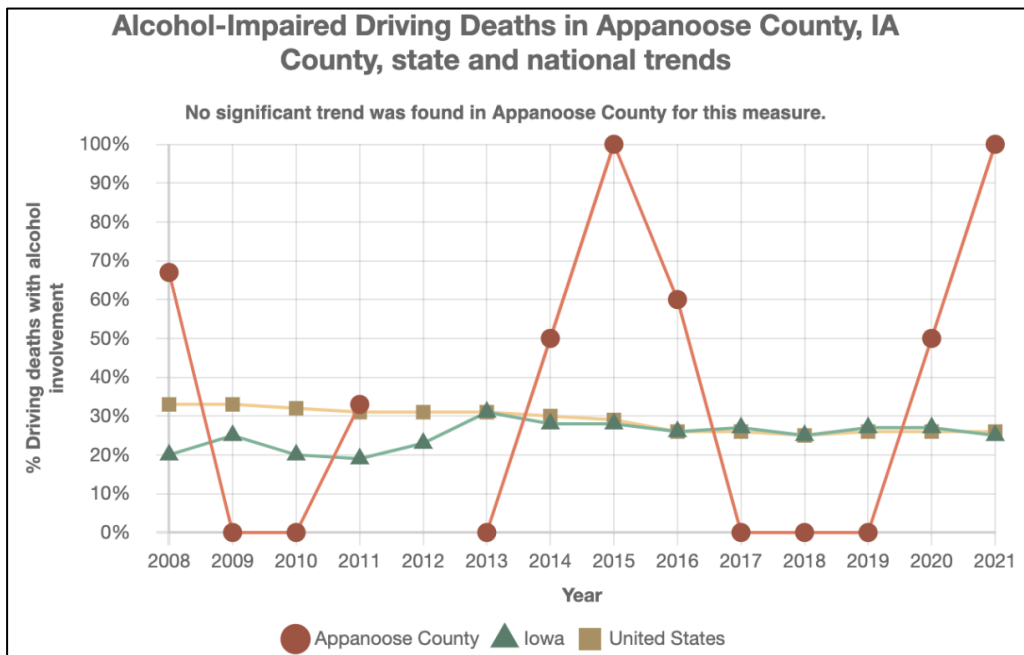
- **Benchmark:** Appanoose County residents report slightly less binge/heavy drinking than their Iowa peers (19.72%).
- **Target:** Appanoose County exceeds the Healthy People 2030 target rate of 25.4%.
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.



Alcohol-impaired driving deaths

In Appanoose County, Iowa, 25% of motor vehicle crash deaths between 2017-2021 involved alcohol.

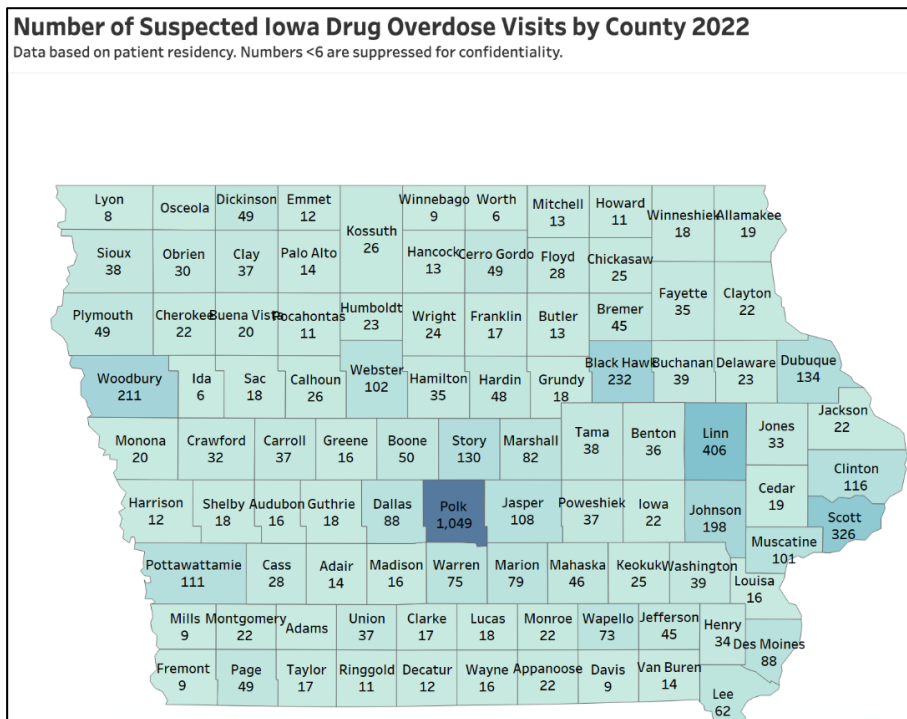
- **Benchmark:** More than a quarter (26%) of motor vehicle crash deaths in Iowa involved alcohol.
- **Data Source(s):** County Health Rankings, which utilizes figures from the 2017-2021 Fatality Analysis Reporting System.



Drug Overdose

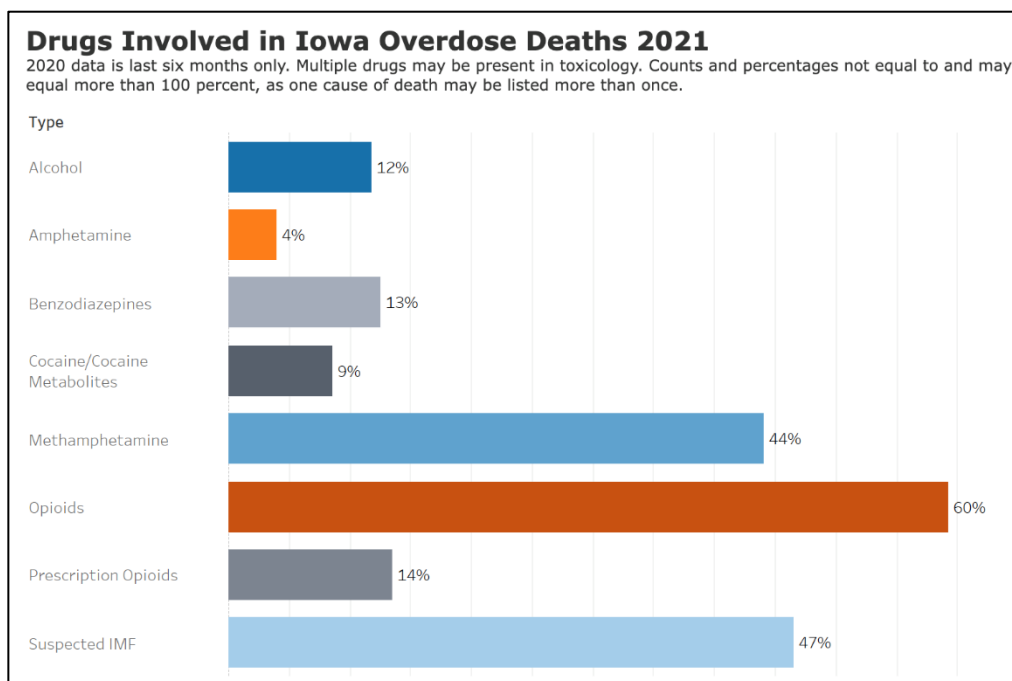
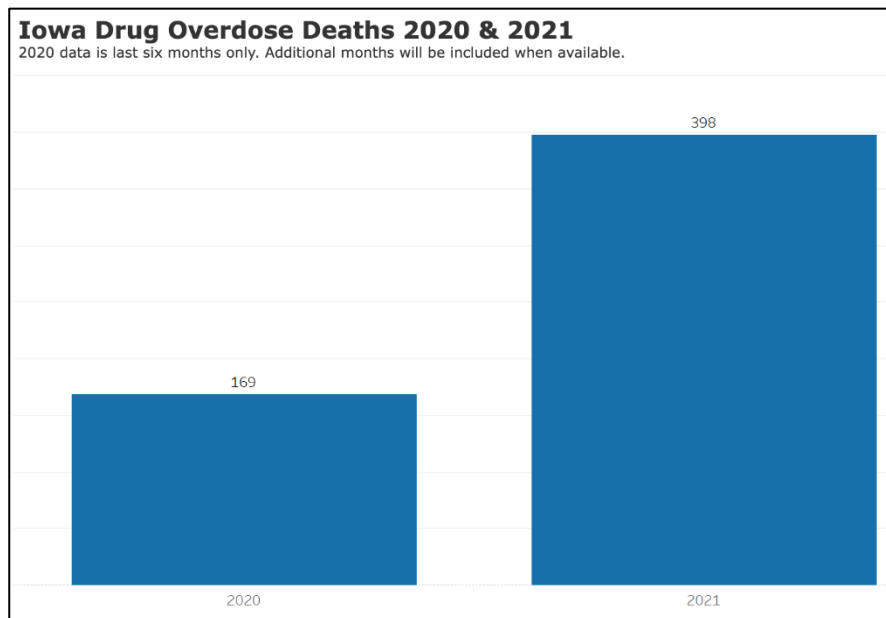
Drug overdose deaths continue to be a leading cause of mortality in the United States. According to the CDC, since 2009 an increasing proportion of drug overdose deaths have been caused by opioids, with overdose deaths involving opioids increasing 15% from 2020 to 2021. Tracking emergency department (ED) drug overdose data involves collecting data about the number of emergency hospital admissions due to a substance overdose. In Appanoose County, there were 22 suspected drug overdose visits in 2022. Healthy People 2030 has identified drug overdoses as a leading health indicator and a national public health emergency.

- **Data Source(s):** Centers for Disease Control and Prevention, Iowa Department of Health and Human Services. Healthy People 2030.



Drug Overdose Statewide

The State Unintentional Drug Overdose Reporting System (SUDORS) is a statewide surveillance system that collects information on overdose deaths. Overdoses that are unintentional or have an undetermined intent are included in the system. SUDORS is a unique multi-source data system combining information from death certificates, toxicology reports, and medical examiner reports. Cases that only involve alcohol, tobacco, or inhalants (such as organic solvents) are excluded. In 2021 there were 398 drug overdose deaths. The three primary drugs used in the overdose deaths included opioids, suspected IMF and methamphetamine.



Chlamydia

In Appanoose County, Iowa, 603.7 new cases of chlamydia were diagnosed per 100,000 people.

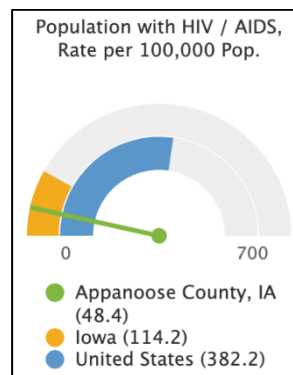
- **Benchmark:** Appanoose County has a higher rate than Iowa (489.2) and the United States (495.5).

- **Data Source(s):** County Health Rankings, 2021.

HIV prevalence

The prevalence of HIV disease in Appanoose County is 48.4 per 100,000 residents. Healthy People 2030 identifies increasing knowledge of HIV status as a leading health indicator as people are most likely to get HIV from people who don't know they have it.

- **Benchmark:** The prevalence in Appanoose County is much lower than the state (114.2 per 100,000 residents).
- **Data Source(s):** Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2021.

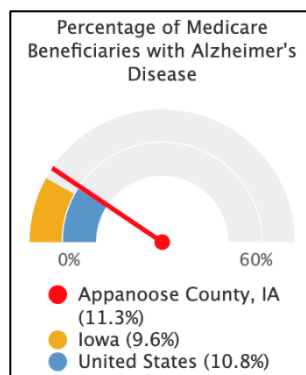


CHRONIC DISEASES

Alzheimer's disease (Medicare Population)

Close to 11% percent of Medicare Fee-For-Service beneficiaries in Appanoose County are living with Alzheimer's disease.

- **Benchmark:** The percentage of beneficiaries with Alzheimer's disease in Appanoose County (11.3%) is slightly higher than the state (9.6%) and United States (10.8%).
- **Data Source(s):** Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.

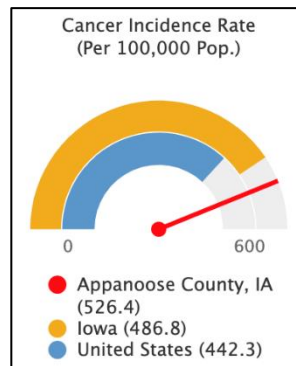


Cancer incidence – All Sites

The age-adjusted cancer incidence rate in Appanoose County is 526.4 per 100,000 population. The top five most

commonly diagnosed cancers in Appanoose County include prostate cancer, breast cancer, lung & bronchus cancer, colon & rectal cancer, and bladder cancer.

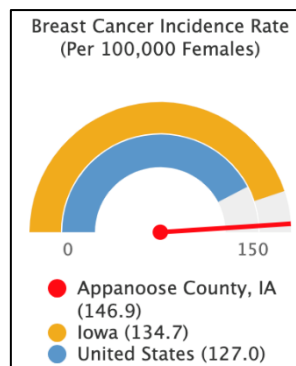
- **Benchmark:** The cancer incidence rate in Appanoose County is higher than the state rate (486.8) and national rate (442.3).
- **Data Source(s):** State Cancer Profiles. 2016-20.



Breast Cancer

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups (Under Age 1, 1-4, 5-9, ..., 80-84, 85 and older). In Appanoose County there were 13 new cases of breast cancer.

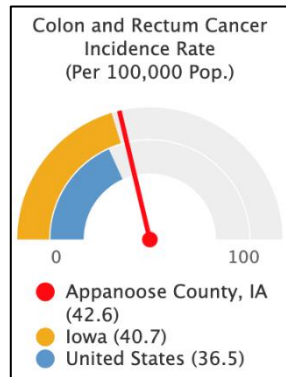
- **Benchmark:** The Breast Cancer incidence rate in Appanoose County (146.9) is higher than the state rate (134.7) and national rate (127.0).
- **Data Source(s):** State Cancer Profiles. 2016-20.



Colon and Rectum Cancer

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). In Appanoose County there were 9 new cases of Colon and Rectum Cancer. Healthy People 2030 identifies increasing the proportion of adults who get screened for colorectal cancer as a leading health indicator.

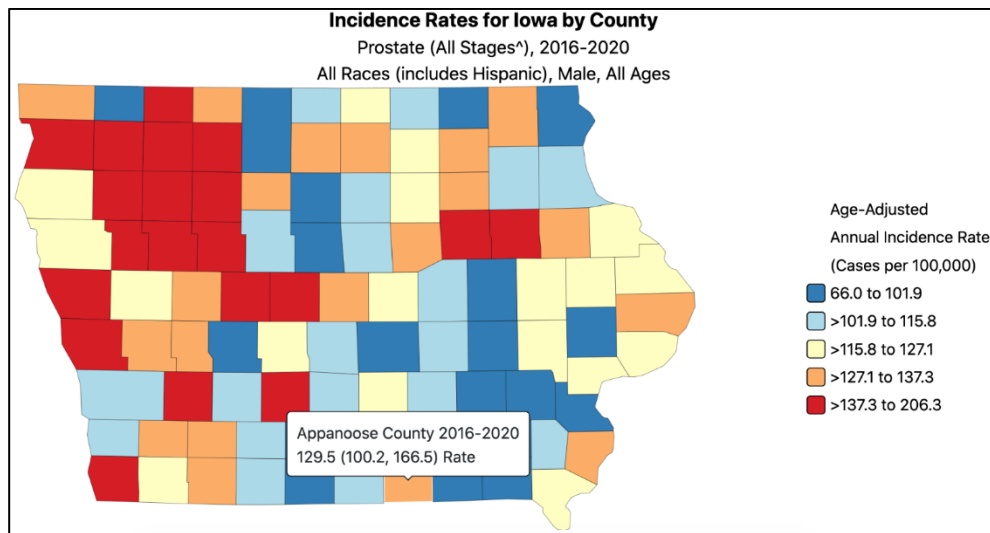
- **Benchmark:** The Colon and Rectum Cancer incidence rate in Appanoose County (42.6) is higher than the state rate (40.7).
- **Data Source(s):** State Cancer Profiles. 2016-20.

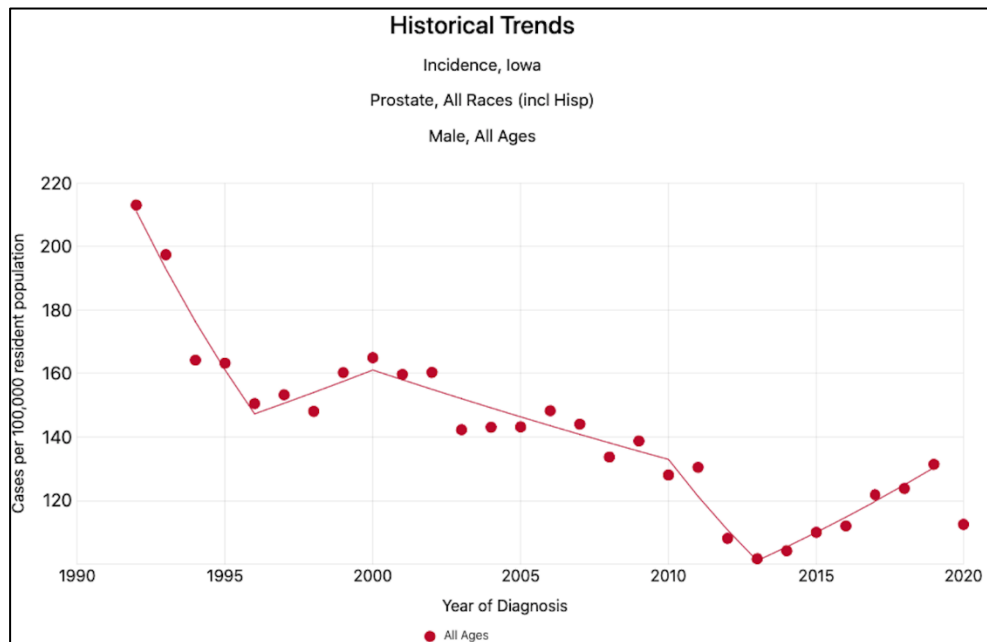


Prostate Cancer

The Prostate Cancer incidence rate for males is 120.4 in Iowa and 110.5 in United States from 2016-2020. In Appanoose County it is at 129.5 per 100,000 population.

- **Benchmark:** The Prostate Cancer incidence rate in Appanoose County (129.5) is slightly higher than the state rate (120.4) and national rate (110.5).
- **Data Source(s):** State Cancer Profiles. 2016-20.

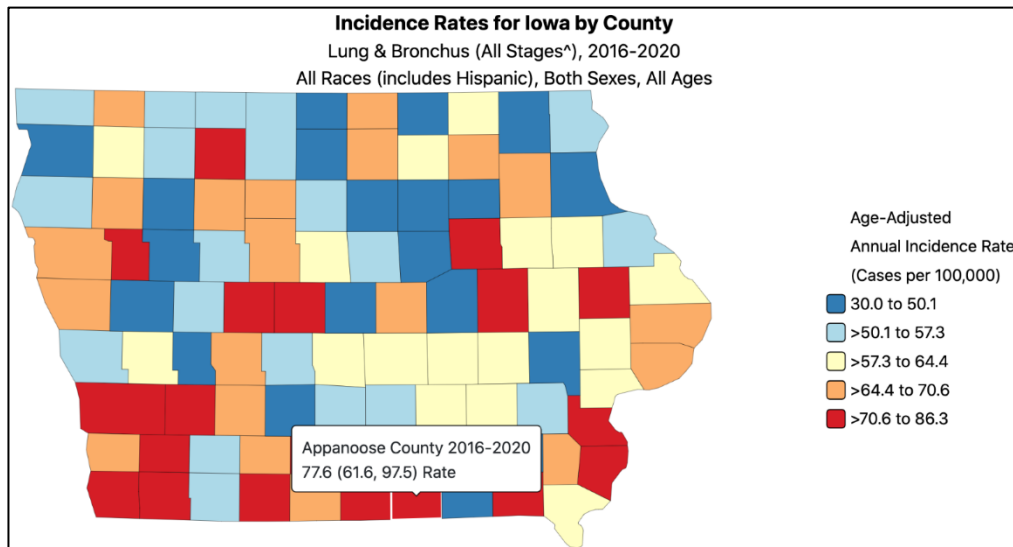


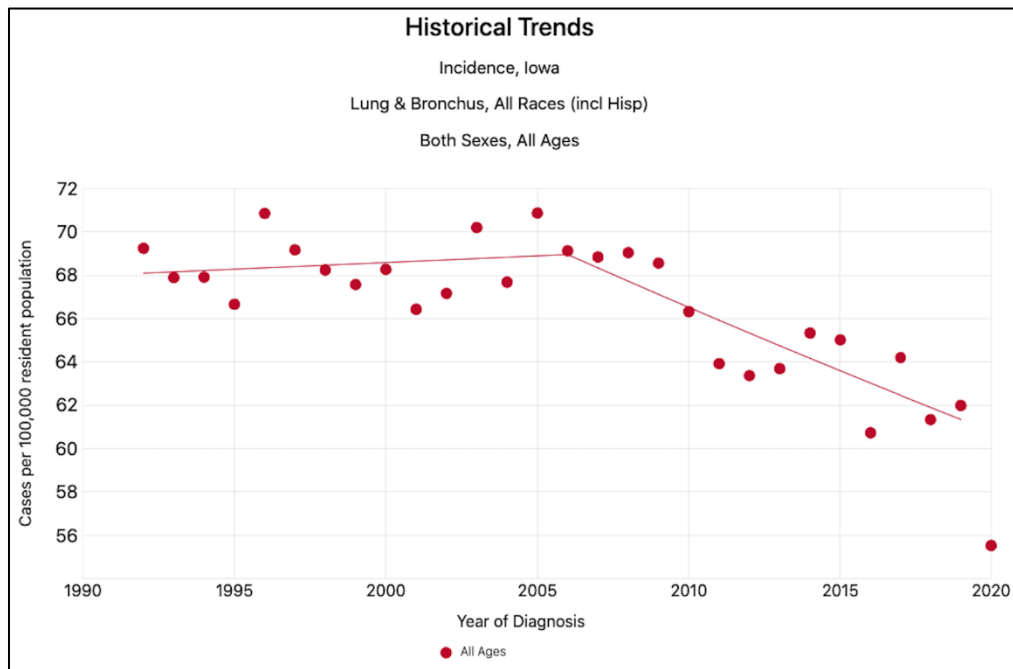


Lung and Bronchus Cancer

The Lung and Bronchus Cancer incidence rate for both males and females is 60.7 in Iowa and 54 in United States from 2016-2020. In Appanoose County it is 77.6 per 100,000 population.

- **Benchmark:** The Lung and Bronchus Cancer incidence rate in Appanoose County (77.6) is higher than the state rate (60.7) and national rate (54).
- **Data Source(s):** State Cancer Profiles. 2016-20.

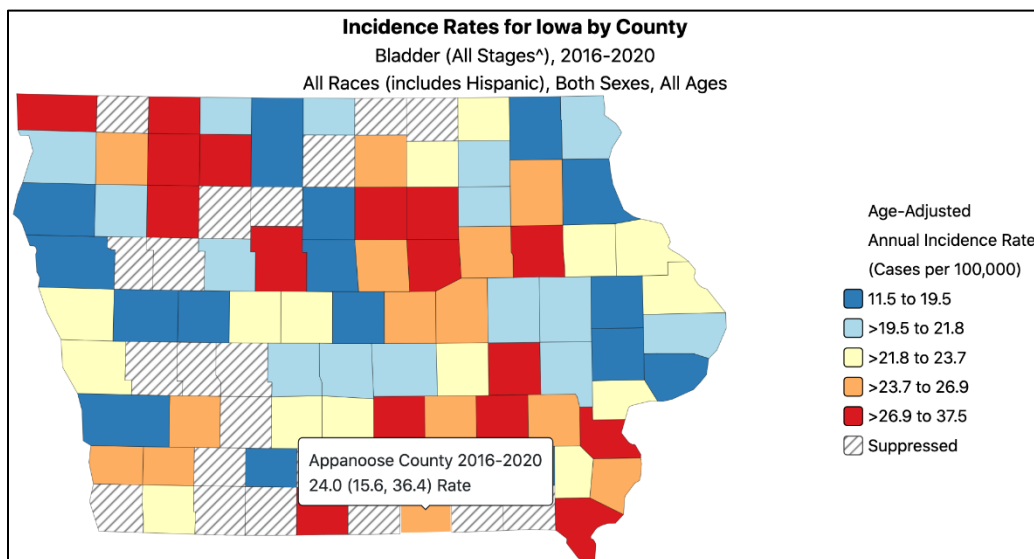


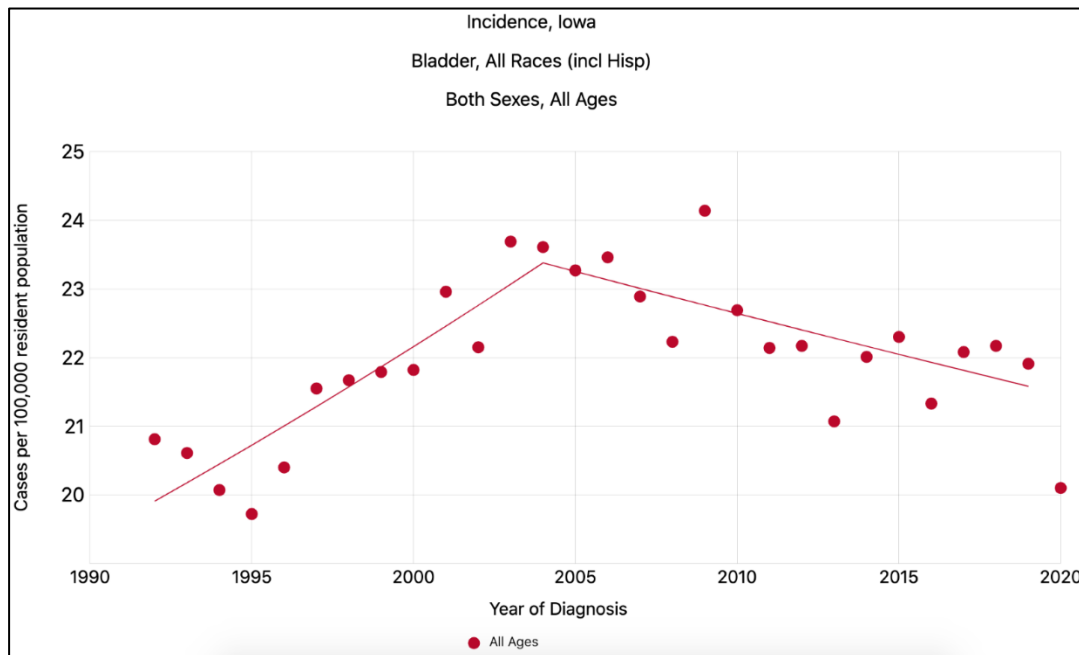


Bladder Cancer

The Bladder Cancer incidence rate for both males and females is 21.50 in Iowa and 18.90 in United States from 2016-2020. In Appanoose County it is 24.0 per 100,000 population.

- **Benchmark:** The Bladder Cancer incidence rate in Appanoose County (24.0) is higher than the state rate (21.50) and national rate (18.90).
- **Data Source(s):** State Cancer Profiles. 2016-20.

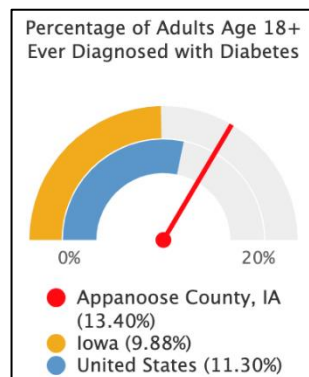




Diabetes (Adult)

In Appanoose County a total of 13.40% of adults have been told by a health care professional that they have diabetes (excludes gestational diabetes). Reducing the number of diabetes cases diagnosed yearly is a leading health indicator identified by Healthy People 2030.

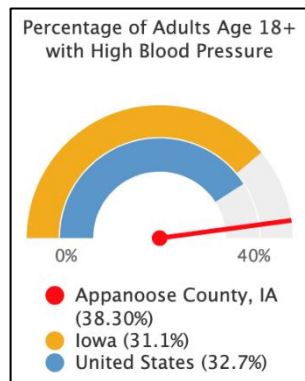
- **Benchmark:** The percentage of adults with diabetes in Appanoose County (13.40%) is higher than in the state (9.88%).
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System via Places Data Portal. 2021.



High blood pressure

A total of 38.30% of Medicare Fee-For-Service beneficiaries in Appanoose County have hypertension (high blood pressure). Healthy People 2030 identified Increasing control of high blood pressure in adults as a leading health indicator.

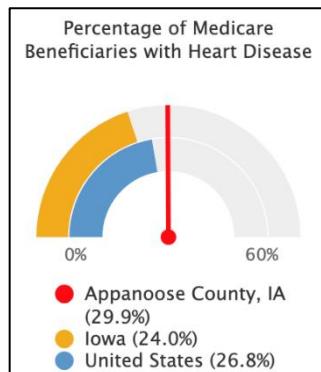
- **Benchmark:** The percentage of Medicare Fee-For-Service beneficiaries with hypertension in Appanoose County is higher than the state (31.10%).
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System accessed via Places Data Portal. 2021.



Heart disease

In Appanoose County a total of 29.9% of Medicare Fee-For-Service beneficiaries are living with ischemic heart disease.

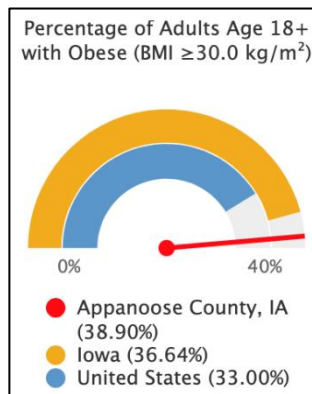
- **Benchmark:** The percentage of Medicare Fee-For-Service beneficiaries with ischemic heart disease in Appanoose County is higher in Iowa as a whole (24.0%).
- **Data Source(s):** Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.



Obesity

A total of 38.90% of Appanoose County adults are obese, defined as having a BMI of ≥ 30.0 kg/m², calculated from self-reported weight and height.

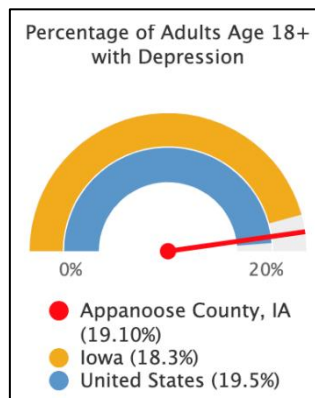
- **Benchmark:** Obesity is higher in Appanoose County than in the state (36.64%).
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System accessed via Places Data Portal. 2021.



Depression

This indicator reports the percentage of adults aged 18 and older who report having been told by a doctor, nurse, or other health professional that they had depressive disorder. Within Appanoose County there were 19.10% of adults aged 18 and older who reported having depressive disorder of the total population.

- **Benchmark:** Depression is slightly higher in Appanoose County than in the state (18.30%).
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System accessed via Places Data Portal. 2021.

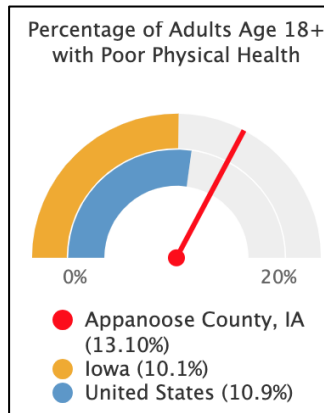


QUALITY OF LIFE

Poor physical health days

Within Appanoose County, 13.10% of adults reported having 14 or more days during the past 30 days during which their physical health was not good.

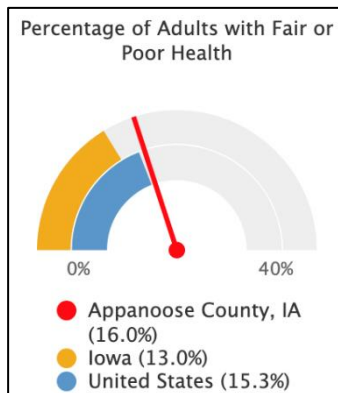
- **Benchmark:** A larger percentage of adults in Appanoose County (13.10%) reported poor physical health days than Iowa (10.1%).
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System accessed via Places Data Portal. 2021.



Poor or fair health

Within Appanoose County, 16.0% of adults report having poor or fair health.

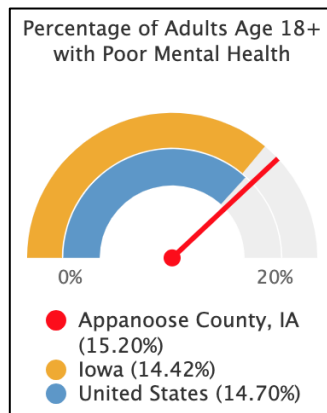
- **Benchmark:** The percentage of adults reporting poor or fair health in Appanoose County is higher than the state rate (13.0%).
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System accessed via County Health Rankings. 2021.



Poor mental health

Within Appanoose County, 15.20% of adults reported poor mental health in the past month.

- **Benchmark:** The percentage of adults reporting poor mental health in Appanoose County is slightly higher than the state rate (14.42%).
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System accessed via Places Data Portal. 2021.

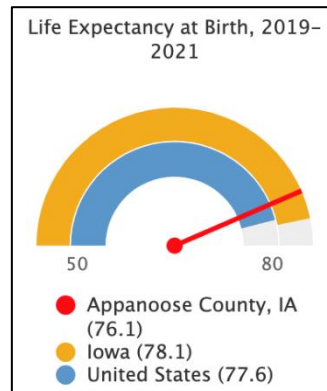


LIFE EXPECTANCY

Life expectancy

The average age-adjusted life expectancy at birth in Appanoose County is 76.1 years.

- **Benchmark:** The life expectancy in Appanoose County (76.1) is lower than the state life expectancy (78.1 years).
- **Data Source(s):** Centers for Disease Control and Prevention, CDC-National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



Cancer mortality

The age-adjusted death rate due to cancer in Appanoose County is 298.5 per every 100,000 population.

- **Benchmark:** The cancer mortality rate is higher in Appanoose County than the state (199.2 per 100,000) and United States (182.7 per 100,000).
- **Data Source(s):** Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020.

Lung disease mortality

The age-adjusted death rate due to lung disease in Appanoose County is 74.6 per every 100,000 population.

- **Benchmark:** The lung disease mortality rate is higher in Appanoose County than the state (55.8 per 100,000) and the United States (46.0 per 100,000).
- **Data Source(s):** Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

Suicide mortality

This indicator reports the 2018-2022 five-year average rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. There is no data for Appanoose County reported. This indicator is relevant because suicide is an indicator of poor mental health. Note: Data are suppressed for counties with fewer than 20 deaths in the time frame. Healthy People 2030 has identified reducing suicide rates as a leading health indicator and states that suicide rates have increased in almost every state over the last 2 decades.

- **Benchmark:** Iowa's crude death rate (17.1 per 100,000) is higher than the United States crude death rate (14.5 per 100,000).
- **Data Source(s):** Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

Coronary heart disease mortality

The age-adjusted death rate due to coronary heart disease in Appanoose County is 207.6 per every 100,000 population.

- **Benchmark:** The heart disease mortality rate is higher in Appanoose County than the state (139.4 per 100,000).
- **Data Source(s):** Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

Community input survey

Appanoose County Community Health Needs Assessment Survey

Every three years MercyOne Centerville Medical Center and Appanoose County Public Health complete a Community Health Needs Assessment (CHNA) to evaluate the changing health and social needs of the community we serve. The purpose of this survey is to collect your input on the health and quality of life in Appanoose County. Once complete, the CHNA will be shared publicly on our websites and used to develop a health improvement plan.

You must be 18 years of age or older to participate in this survey.

Thank you for your time and feedback.

1. What are the 3 greatest STRENGTHS of our community that help residents maintain or improve their overall health?

Please select at most 3 options.

- ☐ Access to Affordable Healthy Foods
- ☐ Parks & Recreation
- ☐ Access to Alcohol/Drug Treatment
- ☐ Police, Fire, and Rescue Services
- ☐ Access to Child Care
- ☐ Prepared for Emergencies
- ☐ Access to Healthcare
- ☐ Programs for Youth Outside of School
- ☐ Affordable Housing
- ☐ Public Transportation
- ☐ Arts and Cultural Events
- ☐ Religious/ Spiritual Values
- ☐ Early Childhood Services
- ☐ Respect toward Different Cultures/Races
- ☐ Good Jobs & Healthy Economy
- ☐ Senior Services
- ☐ Good Schools
- ☐ Technology
- ☐ Homeless Services
- ☐ Walkable, Bikeable Community
- ☐ Other

2. What are the 3 most important health concerns in our community? (Which 3 concerns have the greatest impact on overall community health)

Please select at most 3 options.

- ☐ Aging Issues (ex. hearing loss, cataracts, dementia)
- ☐ Firearm Related Injuries
- ☐ Cancers
- ☐ Heart Disease & Stroke
- ☐ Child Abuse/Neglect
- ☐ High Blood Pressure
- ☐ Dental Problems
- ☐ Access to Healthy Food
- ☐ Diabetes
- ☐ Maternal Health
- ☐ Teenage/Unplanned Pregnancy
- ☐ Domestic Violence
- ☐ Mental Health
- ☐ Infectious Diseases, such as hepatitis or tuberculosis
- ☐ Obesity
- ☐ Substance Use & Misuse (alcohol or other drugs)
- ☐ Suicide
- ☐ Sexually Transmitted Diseases (STDs) Including HIV/Aids
- ☐ Violence
- ☐ Other

3. In your opinion, what the root causes of poor health in our community? (select 3)

Please select at most 3 options.

- ☐ Chronic Disease
- ☐ Lack of Health & Wellness
- ☐ Lack of Nutrition/Exercise Services
- ☐ Lack of Health Knowledge
- ☐ Limited Access to Primary Care
- ☐ Limited Access to Specialty Care
- ☐ Limited Access to Mental Health Care
- ☐ Limited Access to Family Assistance Programs
- ☐ Lack of Health Insurance
- ☐ Neglect
- ☐ Other

4. Within the past 12 months, have you or anyone on your household had trouble paying for any of the following? (check all that apply)

- ☐ Childcare
- ☐ Transportation
- ☐ Food
- ☐ Housing
- ☐ Medical Bills
- ☐ Medication
- ☐ Utilities
- ☐ None of these

5. What is your current living situation?

- ☐ I have a steady place to live
- ☐ I have a place to live today, but I am worried about losing it in the future
- ☐ I do not have a steady place to live and I am temporarily staying with others
- ☐ I am staying in a shelter, living outside, in a car, in an abandoned building, bus or train station, or in a park

6. Are you experiencing any of the following issues with your current living arrangement? (check all that apply)

- ☐ Bugs (e.g. roaches, bed bugs or rodents)
- ☐ General Cleanliness
- ☐ Landlord Disputes
- ☐ Lead Paint
- ☐ Unsafe Drinking Water
- ☐ Nonfunctioning Appliances (stove, oven, refrigerator)
- ☐ Unreliable Utilities (e.g. electricity, gas, heat)
- ☐ Leaks
- ☐ Medical condition that makes it difficult to live in current home
- ☐ Mold or Dampness
- ☐ Overcrowding
- ☐ Threat of Eviction
- ☐ Violence/Safety Concerns
- ☐ None of the above
- ☐ Other

7. Do you feel safe in your neighborhood?

- ☐ Yes
- ☐ No

8. If no, what makes you feel unsafe?

9. In the last 12 months, was there a time when you needed to see a doctor or community resource but could not?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

10. If yes, what were the reasons that you could not see a doctor or community resource? (select all that apply)

- ☐ Afraid or do not like going
- ☐ Could not afford the cost
- ☐ Office was not open at a convenient time
- ☐ Office was too far away
- ☐ Difficulty filling out forms
- ☐ I did not have childcare
- ☐ I did not have transportation
- ☐ I did not think anything serious was wrong/expected problem to go away
- ☐ Long wait time to schedule appointment
- ☐ Too busy
- ☐ Unable to take time off from work
- ☐ Language barrier
- ☐ Discrimination
- ☐ Other

11. Over the past 2 years, did you or someone in your household receive healthcare services outside of Appanoose county?

- ☐ Yes
- ☐ No
- ☐ N/A

12. If yes, what service did you receive?

13. Where do you get most of your personal health and wellness information?

- ☐ Church
- ☐ Healthcare Provider
- ☐ Facebook
- ☐ Family or Friends
- ☐ Hospital
- ☐ Library
- ☐ Health Department
- ☐ Newspaper/Magazine
- ☐ Other Social Media
- ☐ Radio
- ☐ School/College
- ☐ TV
- ☐ Worksite
- ☐ Internet Search
- ☐ Other

14. How familiar are you with each of the below community resources?

| | Never Heard of It | I am Aware but Have Never Used It | Have Used It |
|---|-----------------------|-----------------------------------|-----------------------|
| Child Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dentists | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Emergency Room | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family Planning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Eye Doctor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Home Health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hospice/ Palliative Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Inpatient Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental Health/ Substance Use Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Nursing Home/ Senior Living | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Specialty Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pharmacy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Primary Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Public Health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| School Health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Walk-In Clinics | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Food Assistance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Nutrition Education | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Prenatal/ Child Health Programs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Women's Wellness Programs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

15. How would you do prefer to get information on available community resources?

- ☐ In-person from healthcare/community service provider
- ☐ Phone call from Health care/community service provider
- ☐ Facebook/social media posts
- ☐ Family or Friends
- ☐ Library
- ☐ Newspaper/Magazine
- ☐ Internet Search
- ☐ Email
- ☐ Text
- ☐ Brochure/Pamphlet
- ☐ Radio
- ☐ School/College
- ☐ TV
- ☐ Employer
- ☐ Other

16. Are the healthcare and community services in Appanoose County meeting your needs?

- ☐ Yes
- ☐ No
- ☐ Unsure

17. Are there any existing services that could use improvement or additional services you think should be available in our community to help residents maintain or improve their overall health?

18. What city do you live in?

19. What is your age?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65+

20. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Other

21. Are you of Hispanic, Latino, or Spanish origin?

- ☐ Yes
- ☐ No
- ☐ Unsure

22. What is your race? (Check all that apply)

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other

23. Do you speak a language other than English at home?

- ☐ Yes
- ☐ No

24. If yes, what language other than English do you speak?

25. What kind of healthcare coverage do you have? (Check all that apply)

- ☐ Through employer
- ☐ Alaska Native, Indian Health Service, Tribal Health Services
- ☐ Privately purchased
- ☐ Dental
- ☐ Medicare
- ☐ Vision
- ☐ Medicaid or other state program
- ☐ I do not have healthcare coverage
- ☐ TRICARE, VA, or Military
- ☐ Other

26. What is your household income?

- ☐ \$0 to \$15,000
- ☐ \$16,000 to \$24,999
- ☐ \$25,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$100,000
- ☐ Over \$100,000

27. What is the highest level of school you have completed?

- ☐ Less than high school degree
- ☐ High school graduate or GED
- ☐ Some college
- ☐ Associate degree
- ☐ Bachelor degree
- ☐ Graduate degree

Individual Interview Questions

Introduction/Consent

My name is _____. I would like to ask you some questions about health and well-being in Appanoose County. We are gathering community feedback as part of our Community Health Needs Assessment, and this conversation is a part of our information gathering and will allow us to learn more about several topics that impact our well-being.

We WILL incorporate your thoughts and ideas as we plan community health improvement activities over the next 3 years. We WILL NOT use your names, address, or other identifying information in reports or other materials related to this conversation. You can choose whether or not to participate in this conversation and can stop at any time.

Demographic Questions (voluntary and anonymous)

1. What city do you live in?
2. What is your age?
3. What is your gender?
 - ☐ Male
 - ☐ Female
 - ☐ Other (please specify): [Click or tap here to enter text.](#)
4. Are you of Hispanic, Latino, or Spanish origin?
 - ☐ Yes
 - ☐ No
 - ☐ Unsure
5. What is your race?
 - ☐ Asian
 - ☐ American Indian/Alaska Native
 - ☐ Black/African American
 - ☐ Native Hawaiian/Pacific Islander
 - ☐ White/Caucasian
 - ☐ Other (Specify): [Click or tap here to enter text.](#)
6. What is your total estimated household income?
 - ☐ Under \$15,000
 - ☐ \$16,000 to \$24,999
 - ☐ \$25,000 to \$49,999
 - ☐ \$50,000 to \$74,999
 - ☐ \$75,000 to \$100,000
 - ☐ Over \$100,000
7. Which is the highest grade or year of school you have completed?
 - ☐ Less than high school degree
 - ☐ High School Graduate or GED
 - ☐ Some College
 - ☐ Bachelor's Degree
 - ☐ Graduate Degree

Interview Questions

1. What do you think is the biggest health concern in our community?
2. (Thinking of your answer to Question 1) What is the one thing you would most like to see happen to address this health concern in our community?
3. When we ask people about their top health concerns, mental health is always towards the top of the list. What does mental health mean to you?
 - a. What do you do to take care of your mental health, or the mental health of your family?
 - b. What makes it difficult for people to take care of their mental health?
4. How does substance misuse impact our community?
5. To whom would you reach out to if you were looking for help accessing healthy foods, employment, health insurance, housing, and medical services?
6. A visit to the doctor is only helpful if we can get there. What makes it difficult to get to a health appointment?
7. Is there anything else you would like to say about what could make your community a better place to live?

Data presented at the Community Prioritization Townhall

Access to Care

Survey Highlights

- Existing services that could use improvement:
 1. Mental Health
 2. Women's Health
 3. Primary Care
- 25%** of respondents were **unable to see a doctor/community resource** when they needed to in the last year. Top reasons:
 1. Long wait time to schedule appointment
 2. Could not afford the cost
 3. Unable to take time off from work
- 84%** of survey respondents has **received healthcare services outside of Appanoose County** in the last 2 years. Top services:
 1. Dental
 2. OBGYN/Women's health
 3. Cardiology
- 42%** of survey respondents state that **healthcare & community services in Appanoose county are not meeting their needs**

| Secondary Data | | Appa- noose | IA | US |
|---|--|----------------|--------|--------|
| HEALTHCARE ACCESS | | | | |
| Uninsured population | | 8.04% | 4.83% | 8.68% |
| Residents with a recent primary care visit | | 76.70% | 75.16% | 73.60% |
| Primary care providers per 100,000 population | | 81.19 | 109.67 | 112.79 |
| Dentists per 100,000 population | | 33 | 71 | 73.4 |
| MATERNAL, INFANT AND CHILD HEALTH | | | | |
| Infant mortality per 1,000 live births | | 7.66 | 4.64 | |
| Low birth weight | | 8.00% | 6.80% | 8.30% |
| Teen births per 1,000 female population | | 23.10 | 14.40 | 16.60 |
| Child immunization (age 2) | | 62.90% | 69.70% | |
| QUALITY OF LIFE | | | | |
| Poor physical health days | | 13.10% | 10.10% | 10.90% |
| Poor or fair health | | 16.00% | 13.00% | 15.50% |

Mental Health

Survey Highlights

- Mental health was the **#1 most important community health concern**
- Mental health was the **#1 service that could use improvement**
- Limited access to mental health care was identified as the **#1 root cause of poor health**

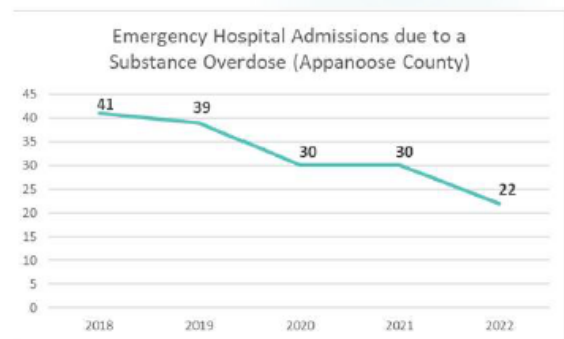
| Secondary Data | | Appa- noose | IA | US |
|--|--|----------------|--------|--------|
| MENTAL HEALTH | | | | |
| Mental health providers per 100,000 population | | 56.83 | 136.41 | 180.88 |
| Depression (adult) | | 19.10% | 18.30% | 19.50% |
| Poor mental health | | 15.20% | 14.42% | 14.70% |
| Suicide mortality (per 100,000 population) | | No data | 17.10 | 14.50 |

Substance Use & Misuse

Survey Highlights

- Substance use & misuse was the **#2 most important community health concern**
- Substance use & misuse was the **#4 service that could use improvement**

| Secondary Data | | Appa- noose | IA | US |
|--|--|----------------|--------|--------|
| Substance Use & Misuse | | | | |
| Addiction/substance abuse providers per 100,000 population | | 16.24 | 22.41 | 28.09 |
| Current smokers | | 19.80% | 15.78% | 13.50% |
| Binge drinking in the past 30 days | | 16.70% | 19.72% | 15.50% |
| Alcohol-impaired driving deaths | | 25% | 26% | 26% |



Obesity

Survey Highlights

- Obesity was the **#3 most important community health concern**
- Items mentioned for improvement:
 - Increased opportunities for physical activity
 - Parks and recreation

| Secondary Data | | Appa- noose | IA | US |
|---|--|----------------|--------|--------|
| HEALTH BEHAVIORS & RISK FACTORS | | | | |
| Physical inactivity | | 30.70% | 24.82% | 23.70% |
| Grocery stores (establishments per 100,000 people) | | 32.48 | 19.03 | 23.38 |
| Diabetes (adult) | | 13.40% | 9.88% | 11.30% |
| High blood pressure (Medicare) | | 38.30% | 31.10% | 32.70% |
| Heart disease (Medicare) | | 29.90% | 24.00% | 26.80% |
| Obesity (adult) | | 38.90% | 36.64% | 33.00% |
| Coronary heart disease mortality (per 100,000 population) | | 207.6 | 139.4 | 112.5 |
| Park access | | 20.25% | 45.28% | 43.57% |

Cancer

Survey Highlights

- Cancer was the **#5** most important community health concern

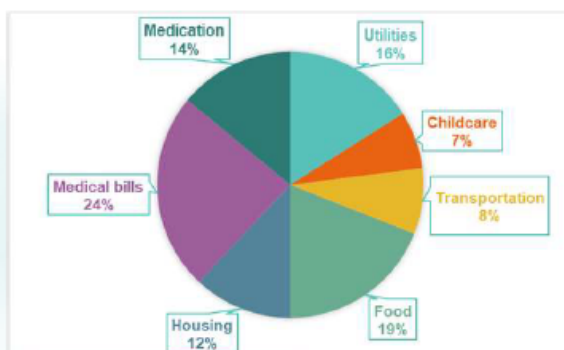
Top five most commonly diagnosed cancers in Appanoose County

| Secondary Data | | Appanoose | IA | US |
|---|--|-----------|--------|--------|
| CANCER | | | | |
| Cancer incidence (per 100,000 population) | | 526.40 | 486.80 | 442.30 |
| Mammography screening (Medicare) | | 45.00% | 53.00% | 43.00% |
| Breast cancer (per 100,000 females) | | 146.90 | 134.70 | 127.00 |
| Colon & rectum cancer (per 100,000 population) | | 42.60 | 40.70 | 36.50 |
| Prostate cancer (per 100,000 population) | | 129.50 | 120.40 | 110.50 |
| Lung & bronchus cancer (per 100,000 population) | | 77.60 | 60.70 | 51.00 |
| Bladder cancer (per 100,000 population) | | 24.00 | 21.50 | 18.90 |
| Cancer mortality (per 100,000 population) | | 298.50 | 199.20 | 182.70 |

Financial Stability

Survey Highlights

- 43%** of respondents identified having trouble paying for at least one of the below needs:



- 6%** of survey respondents stated they have a place to live today but are worried about losing it in the future

| Secondary Data | | Appanoose | IA | US |
|--|--|-----------|----------|----------|
| ECONOMIC STABILITY | | | | |
| Labor force participation rate | | 53.94% | 66.62% | 63.47% |
| Unemployment rate | | 2.20% | 2.20% | 3.50% |
| Food insecurity rate | | 12.40% | 7.62% | 10.28% |
| Median household income | | \$50,684 | \$70,571 | \$75,149 |
| Poverty (population below 200% FPL) | | 41.86% | 27.14% | 28.80% |
| Children eligible for free/reduced-price lunch | | 50.40% | 40.10% | 51.70% |
| Households receiving SNAP | | 15.04% | 9.37% | 11.52% |
| HOUSING & TRANSPORTATION | | | | |
| Housing cost burdened | | 24.12% | 23.04% | 30.51% |
| Overcrowded housing | | 1.05% | 1.72% | 4.74% |
| Substandard housing | | 25.58% | 23.41% | 31.70% |
| Households with no motor vehicle | | 6.46% | 5.61% | 8.33% |
| Commuter travel patterns – public transportation | | 0.10% | 0.77% | 3.79% |