MercyOne Waterloo Medical Center & MercyOne Cedar Falls Medical Center

Community Health Needs Assessment

Adopted by the MercyOne Medical Center Board of Directors June 5, 2025.

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Executive summary

MercyOne Waterloo Medical Center and MercyOne Cedar Falls Medical Center, in collaboration with a steering committee of community and public health partners, conducted a comprehensive Community Health Needs Assessment (CHNA) for the geographic area of Black Hawk County and surrounding area. Any adult who works, lives, and plays here were encouraged to complete the survey. The CHNA was presented to and adopted by the MercyOne Northeast Iowa Board of Directors on June 5, 2025.

MercyOne Waterloo Medical Center and MercyOne Cedar Falls Medical Center completed the Community Health Needs Assessment with Black Hawk County Public Health, Unity Point Health, and People's Community Health Clinic.

Three significant health needs were identified based on the information gathered through analysis of data collection (both survey and focus groups) as well as reviewing secondary data. On January 14, 2025, the Community Health Improvement Priority Setting Meeting was held at Hawkeye Community College, Van G. Miller Adult Learning Center. Black Hawk County Health Department presented the group with detailed information, including data survey as well as secondary data on the 10 previously identified common themes (Economic Stability, Inequitable Food Access, Transportation Challenges, Behavioral Health: Treatment, Prevention, & Recovery, Access to Healthcare, Housing Stability, Chronic Disease, Infectious Disease, Cultural and Linguistic Inclusivity, and Health Literacy). Each theme had issue statements. Group discussion took place, and each group completed answered a series of questions, posting it for all to see. Individually we completed a ranking pole, identifying the top three needs in order of priority.

Top three Community Health Needs identified, in order of priority.

1. Economic Stability
2. Housing Stability
3. Transportation Challenges

We will reconvene early this spring to develop a multi-year strategy to address identified community health and social health needs.

Printed copies of this report are available upon request at MercyOne Waterloo Medical Center and MercyOne Cedar Falls 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

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 Waterloo Medical Center

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 Waterloo Medical Center and MercyOne Cedar Falls Medical Center are members of MercyOne, a faith-based, full-service community health system-serving residents of Black Hawk County and seven surrounding counties throughout northeast Iowa.

MercyOne Waterloo Medical Center is 366-bed, full service, multi-specialty hospital providing acute, sub-acute and outpatient health care, certified by joint commission. A full complement of facilities and services are available to support the community's health care needs, including intensive care, operating and recovery rooms for both inpatient and ambulatory surgery, diagnostic radiology services such as X-ray, magnetic resonance imaging, CT scanning, mammography, laboratory, respiratory therapy, electrophysiology, pharmacy, home health, and occupational medicine.

Complete Emergency Services
Waterloo Medical Center provides complete emergency services including ground and air ambulance transport services as needed.

Comprehensive Inpatient Medical Rehabilitation Program
Waterloo Medical Center also offers a comprehensive inpatient medical rehabilitation program. In addition to

specialized rehabilitation nursing, needed inpatient and outpatient rehabilitation therapies are offered including neuropsychology, physical therapy, occupational therapy, speech/language pathology, therapeutic recreation, cancer rehabilitation and various support services such as family counseling and nutritional care.

Level II Regional Neonatal Intensive Care Unit
The area's only Level II Regional Neonatal Intensive Care Unit is provided by MercyOne Waterloo Medical Center as well. As an extension of the Level II nursery, Waterloo sponsors a high-risk obstetrics clinic that provides physician, nursing, nutrition, counseling, -and other support services needed to help ensure healthy mothers and babies.

MercyOne Waterloo Cancer Center
MercyOne Waterloo Cancer Center is the only comprehensive, accredited and multidisciplinary cancer treatment center in the area exemplifying our commitment to fighting cancer. Cancer patients will find outpatient chemotherapy and radiation treatment services, along with a full range of support services including the only cancer rehabilitation and wellness program in the Midwest, nutritional support, family counseling and free transportation services.

Comprehensive Behavioral Health Program
Another service uniquely provided by MercyOne Waterloo Medical Center is its comprehensive behavioral health program. Psychiatric care for persons with mental illness is offered on both an inpatient and outpatient basis. Specialized nursing, counseling, and other support services are provided as needed. Inpatient and outpatient nursing and counseling are also provided for persons experiencing issues with chemical dependency. MercyOne Waterloo Medical center recently started an outpatient adolescent chemical dependency program, serving patients at a 1.0 level of care.

MercyOne Cedar Falls Medical Center

MercyOne Cedar Falls Medical Center is a 100-bed, full-service hospital providing acute, subacute, and outpatient care to the people living in and near the community. Hospital services include 24-hour emergency room and ambulance transportation, intensive care, general medical care, surgery, and ambulatory care. Support services include X-ray, MRI, CT scanning, mammography, ultrasound, laboratory, pharmacy, respiratory therapy, physical therapy, spiritual care, social services, and nutrition education.

MercyOne Waterloo Medical Center and MercyOne Cedar Falls Medical Center both participate in a clinically integrated network (CIN) where providers work together to improve health, increase patient satisfaction, and lower healthcare costs for members and the communities served. In addition, MercyOne Waterloo and MercyOne Cedar Falls Medical Centers share the same leaders and board members.

Black Hawk County Community Health Improvement Steering Committee

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

- Black Hawk County Public Health Department
- People Community Health Clinic
- UnityPoint Health
- Waterloo Public Library
- Cedar Valley United Way
- Iowa Total Health
- Molina Health Care
- Northeast Iowa Food Bank
- Pathways Behavior Services
- Refugee and Immigrant Youth Organization
- County Social Services
- One Cedar Valley
- Lutheran Social Services of Iowa
- University of Northern Iowa
- Iowa Northland Regional Council of Governments
- Northeast Iowa Agency on Aging
- Operation Threshold

Summary of previous needs assessment

The MercyOne Northeast Iowa Board approved the previous Community Health Needs Assessment (CHNA) on June 30th, 2022. The significant health needs identified in the FY22-24 CHNA, in order of priority, include:

1. Mental Health
2. Health Equity
3. Healthy Eating
4. Emerging Health Issues (gun violence, mental health, inflation, education, STD's, Covid-19 and healthcare costs/access)

A wide range of priority health and social issues emerged from the CHNA process. MercyOne Waterloo Medical Center and MercyOne Cedar Falls 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 Waterloo Medical Center and MercyOne Cedar Falls Medical Center, in collaboration with community partners, chose to focus on initiatives addressing the following needs:

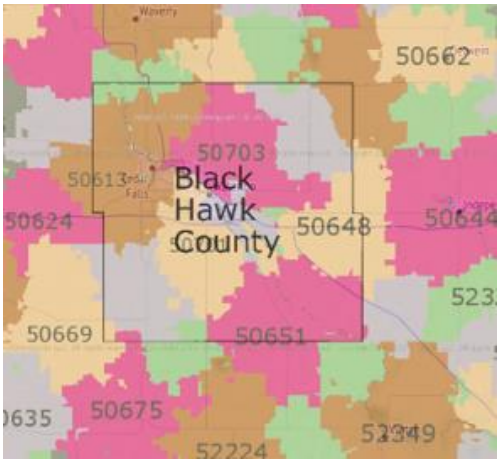
The below highlights actions taken over the succeeding three (3) years to address selected needs as well as the impact of those actions:

Prioritized Need	Progress
Mental Health	MercyOne has participated in community events, providing information and education on resources available. Our Community Health Workers are available to help patients with resources. Several MercyOne colleagues' participation the suicide prevention coalition, meeting monthly and coordinates reports on the number of QPR (Question, Persuade, Refer) trainings that were held each month as well as promotes gun locks and general suicide prevention awareness. In FY24, approximately 589 schools, businesses, and individuals were trained in QPR. In addition, MercyOne, Unity Point, and Black Hawk County Public Health collaborated with the Waterloo Youth City Council and Alive and Running to adapt the QPR training to reflect a student-led voice. The training will be conducted with student and adult leaders in the Cedar Valley in February 2025 with a goal of expanding this to all local high school students. MercyOne has partnered with healthcare providers in the Cedar Valley on a stigma reduction campaign. This was held during May 2024 for Mental Health Awareness Month. The campaign was adapted from the Iowa's Healthiest State Initiative's *Make it OK* campaign with a focus of building awareness about how to talk about mental illness, the prevalence of mental illness in our community, and mental illness should be treated just like a physical illness.
Health Equity	MercyOne participates in Advancing Equity in the Cedar Valley, addressing health inequities. In January they offered a poverty simulation. Several MercyOne colleagues participated in this event. MercyOne has offered free health screenings. Every fall MercyOne Waterloo and MercyOne Cedar Falls offer free mammography screening. FY23-FY25 77 women have participated in Waterloo and 37 women in Cedar Falls. Information has been provided at numerous community events on screenings, as well as information. MercyOne had 50 free A1C vouchers handed out at a community event, encouraging those at risk to come in for a free test. MercyOne Community Health Workers have participated in meetings with Black Hawk County Public Health & Unity Point Community Health Workers.
Healthy Eating/ Food Insecurity	MercyOne Waterloo and Cedar Falls continue to partner with University of Northern Iowa Center for Energy & Environmental Education (CEEE) by providing a restricted cash donation for the Veggie Voucher Program. MercyOne Community Health Workers distribute these vouchers to patients in need. Over the past 3 years the redemption rate has increased from 28.40% in 2022 to 57% in 2024. 768 vouchers worth $3,840 were distributed to MercyOne patients in 2024. Clients were spread across all zip codes. Overall, in 2024 $20,235 in veggie vouchers were redeemed by clients, 67% redemption rate. 532 households were served. Two food pantries have been added to MercyOne Waterloo. One is specific to cancer treatment patients and located at the Cancer Treatment Center and the other is in suite 210. Both MercyOne Waterloo and MercyOne Cedar Falls partnered with Cedar Valley Healthcare Workers for hosting food drives in all locations. All collected items were donated to the Northeast Iowa Food Bank.

Community served

Geographic area

The geographic area for this assessment is Black Hawk County. MercyOne Waterloo Medical Center and MercyOne Cedar Falls Medical Center are both located in Black Hawk County. 74% of MercyOne Waterloo Medical Center and MercyOne Cedar Falls Medical Center patients reside in Black Hawk County. This service area does not exclude low-income or underserved populations. Two high-priority zip codes have been identified in Black Hawk County, 50701 and 50702. The majority of patients are located in Black Hawk County.



Map Source: Zipmap.net

Population characteristics

The total population of Black Hawk County as recorded on the most recent census in 2023 is 130,471. Population per square mile is 231.8. There is nearly an even split between female and males in Black Hawk County, 50.7% female and 49.3% male. Person under 18 years old represent 21.9% of the population while 18% are persons 65 years and over. Most of the residents are white, 83.2%, while 9.9% are black. Over six percent (6.4%) are foreign-born. In Black Hawk County we have 5,918 veterans.

Owner-occupied housing makes up 65.3% of the population with a median value of owner-occupied housing is $182,400. The median monthly mortgage is $1,396 while the median rent in Black Hawk County is $962.

Over ninety percent (93.3%) of Black Hawk County residents are high school graduations. Nearly a third (30.1%) have a bachelor's degree or higher. The median household income is $64,581. Black Hawk County has 14.2% of residents living in poverty.

Of the 3,132 employer establishments in Black Hawk County, only 100 of these are minority-owned.

The below table summarizes the demographics of Black Hawk County using 2023 population estimates. U.S. Census Bureau QuickFacts: United States

Race and Hispanic Origin	
White alone	83.20%
Black or African American alone	9.90%
American Indian or Alaska Native alone	0.40%
Asian alone	2.70%
Native Hawaiian and Other Pacific Islander alone	0.80%
Two or more races	3%
Ethnicity	
Hispanic or Latino (of any race)	5.30%
Not Hispanic or Latino	78.70%
Age	
Under 5	6.10%
Under 18	21.90%
18-64	60.10%
65 and older	18%
Sex	
Male	49.30%
Female	50.70%
Population characteristics	
Foreign born population	6.40%
Population age 5+ with limited English proficiency	8.90%
Veterans	5,918
Population with disability	9.90%
Housing	
Owner-occupied housing unit rate	65.30%
Median value of owner-occupied housing units	$182,400
Median selected monthly owner cost with a mortgage	$1,396
Median gross rent	$962

Assessment process

Black Hawk County Health Improvement Steering Committee

The purpose of this committee is to be an active participant in building the foundations for community health based on the principals: equity, systems thinking, trusted relationships, community power, strategic collaboration and alignment, data and community informed action, flexible, continuous, and transparency. Provide guidance and oversight for the Community health Improvement process (assessment, plan, and action). The committee will ensure the process has adequate resources and will represent “Advancing Equity in the Cedar Valley” health sector.

The steering committee will have 4-6 meetings annually, one to two hours in length. Members will also need to allocate additional time for meeting preparation and follow-up. The Steering Committee also serves as the Health Sector for the “Advancing Equity in the Cedar Valley” initiative which may include participation in bi-annual meetings and subcommittees.

The committee has several responsibilities. Support the use of evidence-based frameworks to address root causes of inequities. Utilize data to define health issues in terms of scope and desired measurable outcomes. Identify specific contributing risk factors to be addressed by the plan. Identify resources available and suggest ways to overcome barriers. Continue to recruit the participation of organizations and individuals.

Contracted partners

N/A

Community input

Input was collected through community survey, community partner assessment, and community context assessment.

Black Hawk County Public Health Department played a key role in obtaining critical information from the community. Information was gathered through, community survey, community partner assessment, and a community context assessment.

The survey was open from August 5 through October 22, 2024, and was available through an on-line link and paper copies. A total of 1100 response; 355 paper copies were collected through community outreach. Outreach was done by press release, postcards & flyers, community partners, social media, targeted outreach events, and direct mail. Culturally and linguistically adapted survey translations: Bosnian, Burmese, French, Marshallese, and Spanish.

A copy of the survey is included in the Appendix.

The below zip codes are represented in the survey responses for Black Hawk County.

Zip Codes			
50613	50701	50707	50704
50626	50702	50634	50667
50647	50703	50651	

Written comments

MercyOne Waterloo Medical Center and MercyOne Cedar Falls Medical Center did not receive any written comments regarding the FY22-FY24 Community Health Needs Assessment or Implementation strategy. 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 Waterloo Medical Center and MercyOne Cedar Falls Medical Center.

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
- Health Resources and Services Administration
- Healthy People 2030
- Iowa Department of Public Health
- Iowa State University Extension
- Kids Count Data Center
- MercyOne Community Input Survey
- National Center for Health Statistics
- State Cancer Profiles
- Small Area Income and Poverty Estimates
- U.S. Census Bureau
- U.S. Department of Education
- U.S. Department of Health and Human Services
- U.S. Department of Labor
- U.S. Department of Health and Human Services
- U.S. Environmental Protection Agency

Secondary data summary table

Secondary data		Black Hawk	Iowa	United States
Access to Care				
Uninsured adults		6%	6%	10%
Uninsured children		1.76%	2.93%	5.34
Insured population receiving Medicaid		24.36%	20.73%	22.34%
Residents with a recent primary care visit		76.10%	77.40%	76.10%
Primary care providers per 100,000 population		1,050:1	1,390:1	1,330:1
Mental health providers per 100,000 population		420:01:00	500:01:00	320:01:00
Addiction/substance use providers per 100,000 population		36.6	29.21	28.43
Dentists per 100,000 population		1,260:1	1,410:1	1,360:1
Clinical Care and Preventive Services				
Preventable hospitalizations per 100,000 (Medicare)		2,324	2,364	2,666
30-Day hospital readmissions (Medicare)		15.20%	14.50%	17.80%
Diabetes management		11.40%	11.40%	12.00%
Blood pressure control		30.50%	31.10%	32.70%
Mammography screening		56%	53%	43%
Flu vaccine (Medicare enrollees)		62%	54%	46%
Child immunization		76.50%	69.60%	
blood lead testing (children)		8.08%	14.70%	
Mental Health				
Deaths of despair per 100,000 population		41.8	42	55.9
Deaths due to suicide per 100,000 population		41.80%	42.00%	55.90%
Depression (adult)		20.50%	19.30%	20.70%
Drug and Alcohol Use				
Deaths due to drug poisoning per 100,000 population		13.10%	14.50%	28.50%
Excessive drinking		22%	23%	18%
Alcohol-impaired driving deaths		19%	26%	26%
Economic Stability				
Labor force participation rate		66.53%	66.20%	63.47%
Unemployment rate		3.96%	3.10%	4.00%
Food insecurity rate		11.80%	10.60%	12.88%
Child food insecurity rate		20%	15.57%	18.03%
Homeless children and youth enrolled in school system		1.97%	1.28%	2.50%
Children eligible for free and reduced-price lunch		53.50%	41.70%	53.50%
Median household income		$62,329	$70,571	$75,149
Households at or below 200% of the FPL		34.18%	27.14%	28.80%
Social association		109.4	144.5	96.98
Head start programs per 10,000		36.57	14.21	11.26
Preschool enrollment		43.30%	43.19%	45.62%
Chronic absenteeism		32.20%	23.50%	27.20%
Student reading proficiency		39.10%	34.50%	60.10%
No High school diploma		7.10%	6.97%	10.86%
Bachelor's degree or higher		29.97%	30.28%	34.31%
Community Safety				
Incarceration rate		1.20%	0.70%	1.30%

Violent crimes per 100,000 people		464	283	416
Child abuse per 1,000 children		17.4	14.5	
Environment				
Air quality (fine particulate matter)		7.7	7.4	7.4
Drinking water violations		None		
Median radon levels in unmitigated households (pCi/L)		3.7		1.3
Housing and Transportation				
Households with no motor vehicle		7.29%	5.61%	8.33%
Housing cost burdened		27.63%	23.04%	30.51%
Renter occupied housing		16.89%	14.60%	17.89%
Overcrowded housing		2.53%	1.72%	4.74%
Substandard housing		28.57%	23.41%	31.70%
Broadband access		98.42%	96.45%	95.60%
Maternal, Infant, and Child Health				
Child mortality per 100,000 children		50	50	50
Infant mortality per 1,000 live births		6.41	5.2	
Low birth weight		8.00%	6.80%	8.30%
Infants ever breastfed		81%	84%	
Health Behaviors and Risk Factors				
Current smoker		17%	16%	15%
Obesity (adult)		37%	37%	34%
Physical inactivity		25%	24%	23%
Recreation and fitness facility access		89%	79%	84%
Park access		55.44%	45.28%	43.57%
Fast food restaurants (establishments per 100,000 people)		80.83%	65.38%	80.01%
Grocery store (establishment per 100,000 people)		22.11	19.28	18.9
Chlamydia cases per 100,000 population		661	448	
HIV disease per 100,000 population		119.9	119.4	386.6
Teen births (births per 1,000)		15.3	14.4	16.6
Chronic Disease				
Cancer incidence per 100,000 population		511.8	486.8	442.3
Cancer mortality per 100,000 population		191.1	199.2	182.7
Diabetes (adult)		11.40%	11.40%	12.00%
Chronic obstructive pulmonary disease (adult)		7.40%	7.00%	6.80%
Lung disease mortality per 100,000 population		64.30%	55.80%	46%
Coronary heart disease mortality per 100,000 population		97.1	139.4	112.5
Alzheimer's disease (Medicare)		9	9.60%	10.80%
High blood pressure (Medicare)		30.50%	31.10%	32.70%
Heart disease (Medicare)		21%	18%	21%
Quality and Length of Life				
Poor physical health days		12.30%	11.80%	12.70%
Poor or fair health		14.00%	12.50%	15.30%
Poor mental health		16.40%	14.90%	15.80%
Insufficient sleep		34.70%	32.50%	36%
Life expectancy		77.10%	78.10%	77.70%

Significant community health needs

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

Significant health need	Supporting data
Economic Stability	• Economic instability disproportionately affects residents in the top five Social Vulnerability Index census tracts, particularly in ZIP code 50703, including African American, Hispanic, and young adults aged 18-24. • Contributing factors such as low wages, lack of worker protections, limited childcare, and unreliable transportation make it difficult for many households to meet basic needs, increasing their vulnerability during emergencies and exacerbating health disparities.
Housing Stability	• Housing instability and lead exposure affect residents in east and central west Waterloo, particularly in ZIP codes 50703 and 50613, where rent burden is high, and older homes increase lead exposure risks. Rising housing costs, economic challenges, limited transitional housing, and zoning policies contribute to these issues, which mirror broader national and state trends.
Transportation Challenges	• Limited access to reliable transportation disproportionately affects Black/African American community members, immigrant and refugee communities, and individuals with median income less than $20,000 in downtown Waterloo. This issue arises due to transportation system primarily designed for car owners, compounded by newly revised public transit system, limited ride-sharing availability, and a lack of education on available routes and infrastructure, all of which create barriers to essential services for these communities.

Prioritized needs

Three significant health needs were identified based on the information gathered through analysis of data collection (both survey and focus groups) as well as reviewing secondary data. On January 14, 2025, the Community Health Improvement Priority Setting Meeting was held at Hawkeye Community College, Van G. Miller Adult Learning Center. Over 55 individuals attended this priority setting meeting representing the following: Black Hawk County General Assistance, Black Hawk County Public Health, Cedar Valley United Way, Child Care Resource and Referral, City of Cedar Falls, City of Waterloo, FRIENDS of the Community, Grow Cedar Valley, Habitat for Humanity, Hawkeye Community College, House of Hope, INROCOG, Iowa HeadStart, Iowa State Extension, Jesse Cosby Center, Love Inc., MercyOne, MET Transit, Molina Healthcare, Northeast Iowa Area Agency on Aging, Northeast Iowa Food Bank, One City United, Operation Threshold, Otto Schoitz, Pathways Behavioral Services, People's Clinic, Representative Ashley Hinson's Office, Salvation Army, Senator Joni Ernst's Office, Success Link, The River ARC, Together for Youth, Unity Point Cancer Center, UnityPoint Health, University of Iowa, University of Northern Iowa CEE, Veridian Credit Union, Veterans Administration, Waterloo Community School District, Waterloo Public Library. Foundation, Black Hawk County Health Department presented the group with detailed information, including survey data, as well as secondary data on the 10 previously identified common themes: Economic Stability, Inequitable Food Access, Transportation Challenges, Behavioral Health, Treatment, Prevention, & Recovery, Access to Healthcare, Housing Stability, Chronic Disease, Infectious Disease, Cultural and Linguistic Inclusivity, and Health Literacy. Each theme had issue statements. The group was asked to sit at the table with the theme that they most identified with. At this table participants were asked to discuss and write out responses to 5 questions.

1. Are there any recommended changes to the draft issue statement based on the following?
    a. The issue statement reflects what you see in the data or what you know.
    b. The issue statement reflects what the community has told us is important, i.e.., community surveys, organizational assessments, etc.
2. Discuss the root causes, contributing factors, or upstream issues for the issue statement (i.e. obesity rates, screen time, transportation, poverty, policies, etc. Write each one on a sticky note and place is on the "Root Causes & Contributing Factors" wall.
3. What are the community resources that are already mobilized to address the health challenges for the issue statement? Where are the gaps?
4. Availability and feasibility of solutions and strategies to address the issue statement? Why haven't they been implemented yet?
5. If we fix the problem described in the issue statement, what are the cascading effects on the other themes and issues?

This information was posted on the wall. Everyone was asked to review this information and ask any questions. Individuals were then asked to digitally pick our top 3, based on the above criteria, and rank them in order of priority.

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

1. Economic Stability
2. Housing Stability
3. Transportation Challenges

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.

Economic Stability:

- Peoples Clinic
- Immigrant Serving organizations
- Hawkeye Community College
- Housing focus
- Soft skills space – Leader Valley or employment coaching
- Comprehensive social support through organizations such as House of Hope, Center of Attention, Friends of the Family
- Employment support programs such as Iowa Works Title 1 Services
- Financial Education and Coaching/Employment support programs
- City of Waterloo and Cedar Falls
- Grow Cedar Valley

Housing Stability:

- Housing Coalition and local organizations such as Salvation Army, Habitat, etc.
- New program initiatives (Achieve, 2030 Vision)
- Friends of the Family
- House of Hope
- Peoples Clinic – emergency hotel program with Salvation Army
- BH Grundy PATH Program
- CHI
- Waterloo Mayor's Homeless Task Force
- BHCPH's Community Advisory Council – discussing housing issues this spring
- 24/7 Blac – Home-Ownership Program
- Catholic Worker House
- Waterloo & Cedar Falls Housing Authority
- Positive landlord relationships/partnerships between organizations

Transportation Challenges:

- Transit Authority Committee (TAC)
- INRCOG
- Met Transit Interactive Map
- Transportation for Hawkeye Community College students – in the process of adding an AmeriCorps member to help provide rides for medical appointments and access to essential resources
- Non-profits and Medicaid providers that offer transportation services, bus passes, taxi vouchers, etc.
- Limited ride sharing and van services for non-emergency transportation

Next steps

MercyOne Waterloo Medical Center and MercyOne Cedar Falls Medical Center will convene the Advisory Council, along with MercyOne Leaders 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 Waterloo Medical Center 3421 W. 9th St., Waterloo, IA 50702 and Cedar Falls Medical Center 515 College Cedar Falls, Iowa 50613. 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 Waterloo Medical Center and MercyOne Cedar Falls Medical Center will be completed in fiscal year FY28.

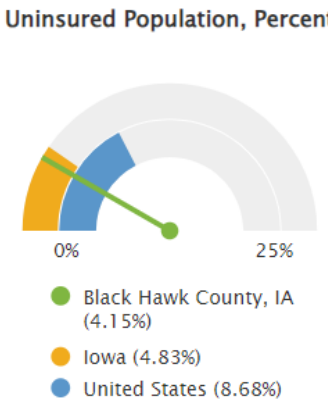
Secondary indicator data

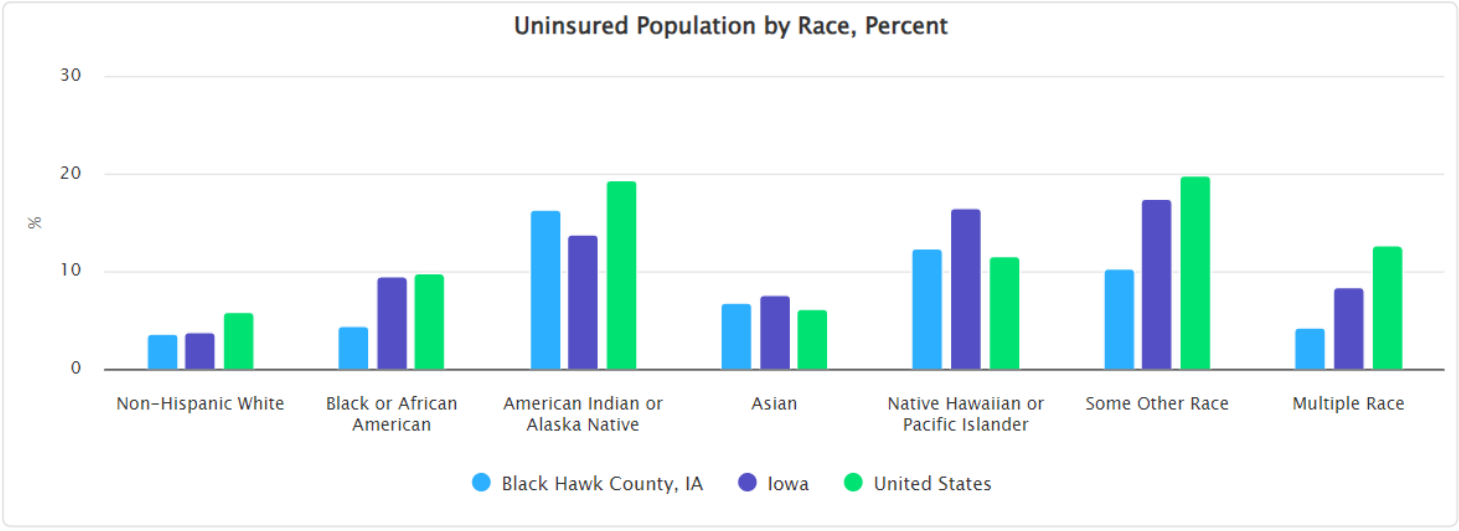
ACCESS TO CARE

Health insurance

The lack of health insurance is a key driver of health status. People without health insurance are less likely to get the care they need leading to poorer health outcomes. In Black Hawk County, more than 4% of residents have no health insurance.

- **Benchmark:** Insured rates in Black Hawk are higher than the state overall (95.17%).
- **Disparities:** More Non-Hispanic White are insured in comparison to other races.
- **Data source:** US Census Bureau, American County Survey. 2018-2022.

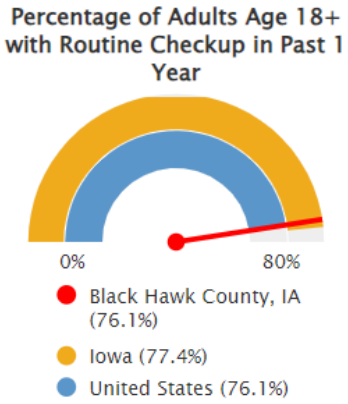




Recent primary care visit

Within Black Hawk County, 76.1% of adults had a routine checkup in the past year.

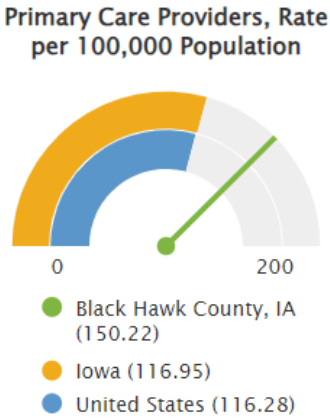
- **Benchmark:** Comparable to state (77.4%) and national (76.1%) rates.
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.



Primary care providers

In Black Hawk County, there are 150.22 primary care providers per 100,000 population.

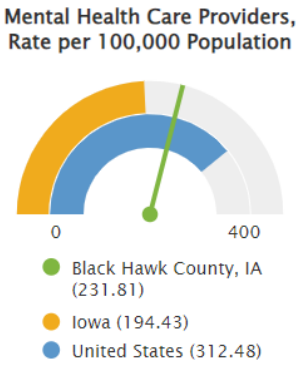
- **Comparison:** Black Hawk County has more primary care providers per 100,000 population (150.22) compared to state (116.95).
- **Data source(s):** Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). December 2024.



Mental health providers

Black Hawk County has 304 mental health providers, a rate of 231.81 providers per 100,000.

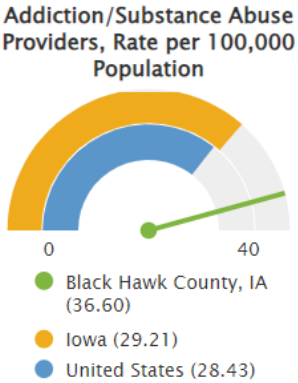
- **Benchmark:** Black Hawk County has more mental health providers per 100,000 compared to the state (194.43) but less than the nation (312.48).
- **Data Source(s):** Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). December 2024



Addiction/substance abuse providers

In Black Hawk County, there are 36.60 addiction/substance use providers per 100,000 population.

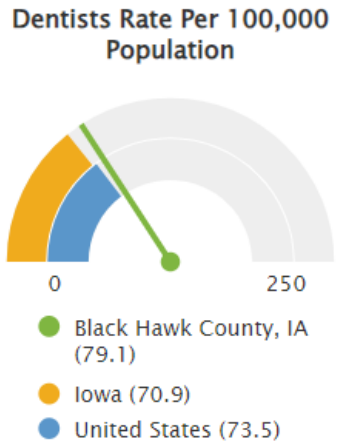
- **Benchmark:** Black Hawk County has more than both the state and national numbers.
- **Data source(s):** Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). January 2024.



Dentists

In Black Hawk County, there are 79.1 dentists per 100,000 population.

- **Benchmark:** Black Hawk County has more dentists per 100,000 population than state and nation.
- **Data Source(s):** County Health Rankings 2022.

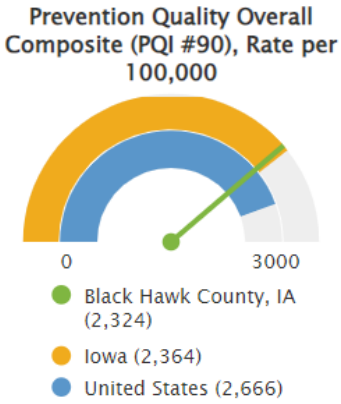


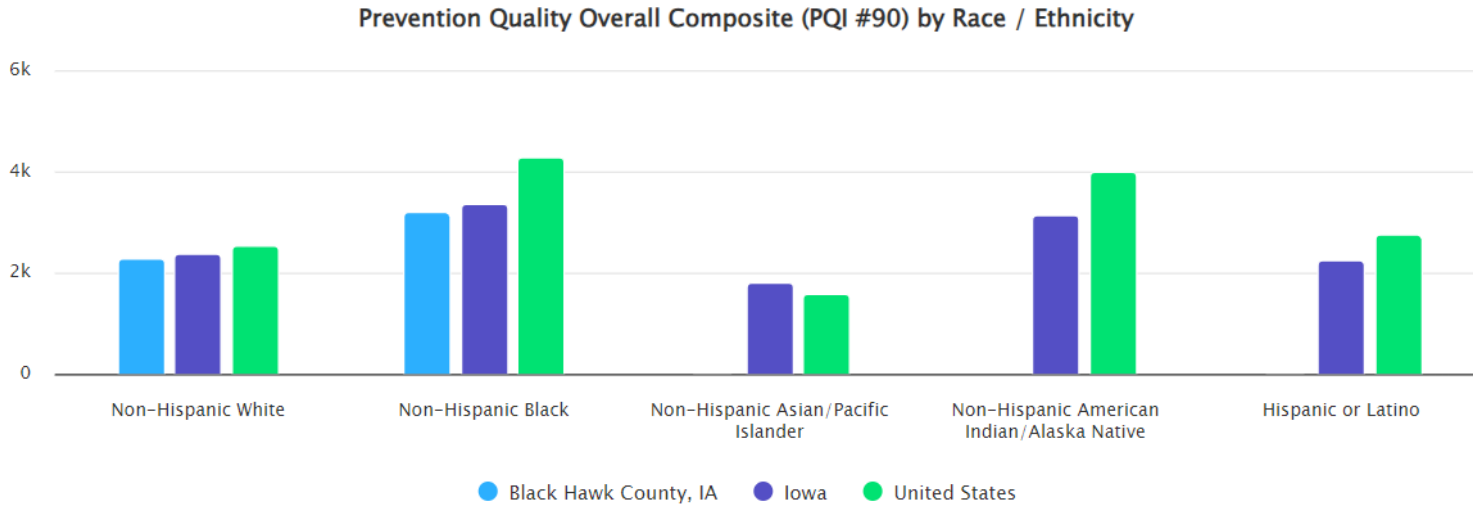
QUALITY OF CARE

Preventable hospitalizations

This indicator reports the unsmoothed age-adjusted rate of Prevention Quality overall Composite (PQI#90) for Medicare FFS population in 2022.

- **Benchmark:** The preventable quality overall composite rate in Black Hawk County is slightly lower than the state rate of 2,364.
- **Data Source(s):** Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

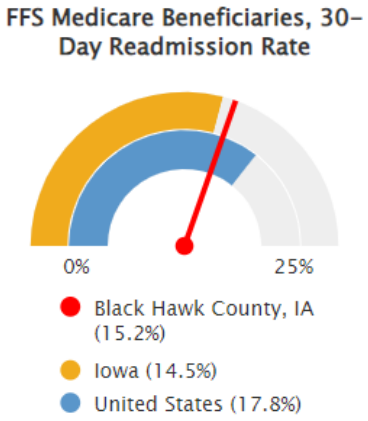




30-day hospital readmissions

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. Black Hawk County has a 30-day hospital readmission rate of 15.2%.

- **Benchmark:** The readmission rate in Black Hawk County higher than the state readmission rate of 14.5%.
- **Data Source(s):** Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File. 2022.



Mammography screening

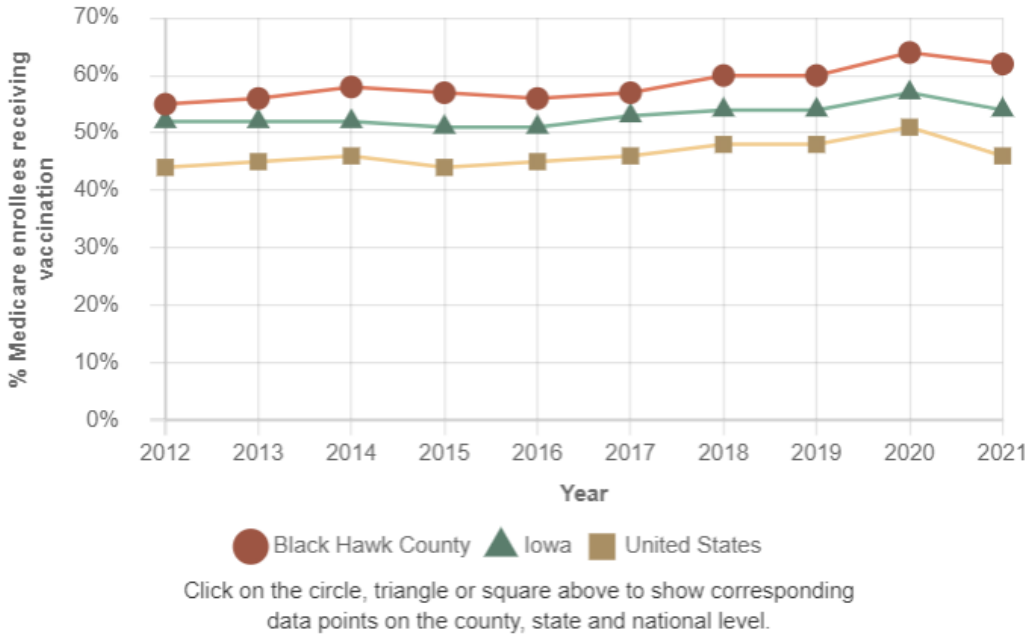
About half (56%) of female Medicare enrollees ages 65-74 in Black Hawk County received an annual mammography screening.

- **Benchmark:** Mammography screening rates in Black Hawk County are higher than the statewide screening rate (53%).
- **Data Source(s):** County Health Rankings. 2021.

Flu vaccine

In Black Hawk County, sixty-two percent (62%) of Medicare enrollees received an annual flu vaccine during the 2021 flu season.

- **Benchmark:** The percent of the population receiving the flu vaccine in Black Hawk County is higher than the statewide vaccination rate of 54%.
- **Data Source(s):** Center for Disease Control and Prevention. Flu & people 65 years and older. 2021.

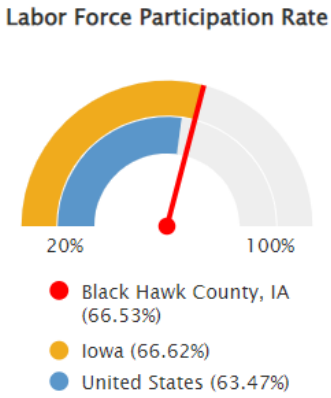


EMPLOYMENT AND INCOME

Labor force participation

Labor force participation rate measures the percentage of working age adults employed or seeking employment. The labor force participation rate in Black Hawk County is 66.53%.

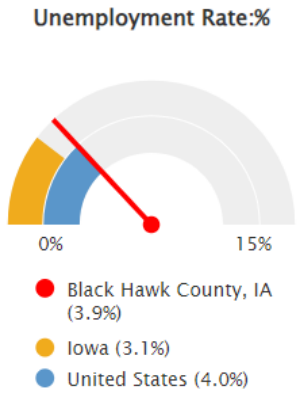
- **Benchmark:** Labor force participation in Black Hawk County is similar to the state participation rate (66.62%) and higher than the national participation rate (63.47%).
- **Data Source(s):** US Census Bureau, 2018-2022 American Community Survey; Healthy People 2030.



Unemployment rate

Total unemployment in the report area for the current month equals 2,629, or 3.9% of the civilian non-institutionalized population age 16 and older. 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.

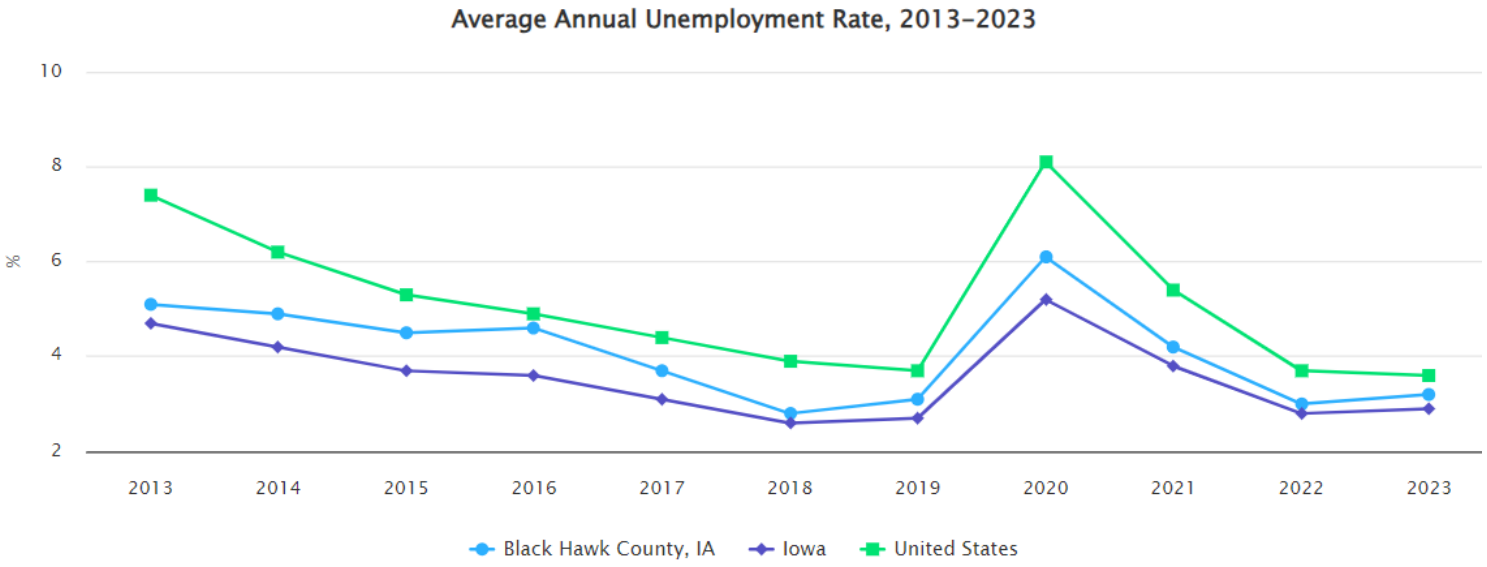
- **Benchmark:** The unemployment rate in Black Hawk County is slightly higher than the state (3.9%) unemployment rate and slightly lower than the nation (4.0%).
- **Data Source(s):** US Department of Labor, Bureau of Labor Statistics, November 2024; US Census Bureau, American Community Survey, November 2024.



Average Monthly Unemployment Rate, November 2023 - November 2024

Report Area	Nov. 2023	Dec. 2023	Jan. 2024	Feb. 2024	Mar. 2024	Apr. 2024	May 2024	Jun. 2024	Jul. 2024	Aug. 2024	Sep. 2024	Oct. 2024	Nov. 2024
Black Hawk County, IA	2.8%	2.9%	3.9%	3.3%	3.3%	2.4%	3.4%	3.6%	3.9%	4.0%	3.8%	4.5%	3.9%
Iowa	2.5%	2.6%	3.6%	3.3%	2.9%	2.2%	2.7%	3.0%	3.3%	3.2%	2.7%	3.1%	3.1%
United States	3.5%	3.6%	4.1%	4.2%	3.9%	3.5%	3.7%	4.3%	4.5%	4.4%	3.9%	3.9%	4.0%

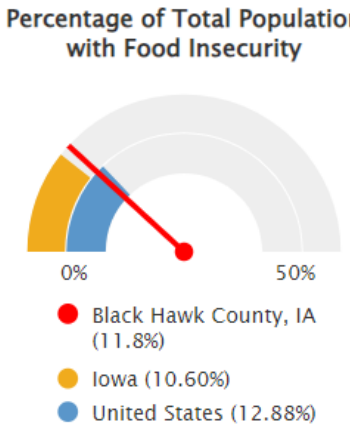
Data Source: US Census Bureau, American Community Survey. 2024 - November. → *Show more details*


Average Annual Unemployment Rate, 2013–2023
10
8
6
4
2
%
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
Black Hawk County, IA
Iowa
United States

Food insecurity rate

Food insecurity estimates the percentage of the population that experienced food insecurity at some point during the year. The food insecurity rate in Black Hawk County in 2022 was 11.8%.

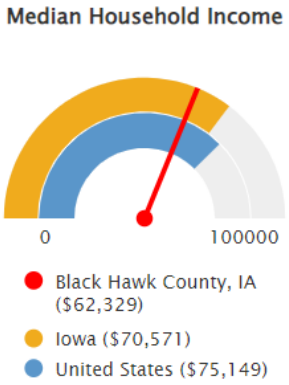
- **Benchmark:** The food insecurity rate in Black Hawk County is higher than the state rate of 10.6%.
- **Target:** Black Hawk County is not achieving the Healthy People 2030 target of 6%.
- **Disparities:** Food insecurity disproportionately affects children in Black Hawk County. The food insecurity rate among children is 20%, significantly higher than the state rate of 15.57%.
- **Data Source(s):** Feeding America 2022; Healthy People 2030.



Income

The median household income in Black Hawk County is $62,329 (2018-2022).

- **Benchmark:** The median household income in Black Hawk County is lower than the state median of $70,571.
- **Disparities:** Median household income is much lower among people of color in Black Hawk County.
- **Data Source(s):** US Census Bureau, American Community Survey. 2018-2022.



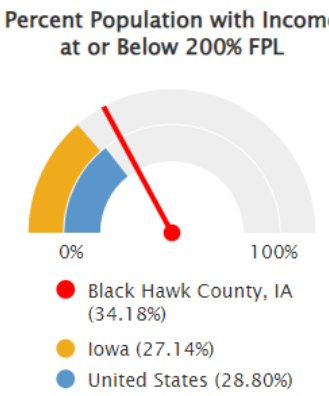
This indicator reports the median household income of the report area by race / ethnicity of householder.

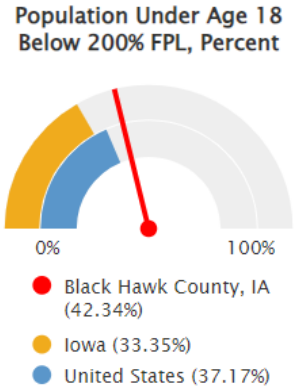
Report Area	Non-Hispanic White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race	Hispanic or Latino
Black Hawk County, IA	$66,805	$34,277	$73,224	$44,636	$49,653	$70,875	$60,338	$51,237
Iowa	$72,800	$40,592	$79,307	$45,000	$53,384	$62,382	$58,905	$58,899
United States	$81,423	$50,901	$107,637	$55,925	$76,568	$61,851	$70,596	$64,936

Poverty

More than a 34% of Black Hawk County residents live in households with income at or below 200% of the Federal Poverty Level (FPL). The population under 18 living in households below 200% FPL is 42.34%. This indicator is important since poverty creates barriers to access including health services, healthy food, stable housing, and opportunities for physical activity.

- **Benchmark:** The percentage of individuals living in poverty in Black Hawk County is significantly higher than the state (27.14%) and nation (28.8%) poverty rate. Population under 18 is significantly higher as well.
- **Target:** Black Hawk County is not meeting the 8.0% Healthy People 2030 target.
- **Data Source(s):** US Census Bureau, American Community Survey, 2018-2022; Healthy People 2030; 2021 Small Area Income and Poverty Estimates (SIAPE).

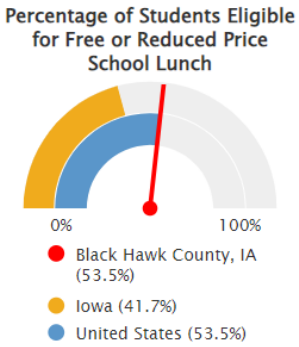




Children eligible for free/reduced-price lunch

Over half of public-school students in Black Hawk County were eligible for free or reduced-price lunch. Free or reduced-price lunches are served to qualifying students in families with income under 185% (reduced-price) or under 130% (free lunch) of the US federal poverty threshold as part of the National School Lunch Program (NSLP).

- **Benchmark**: The percentage of children eligible for free or reduced-price lunch is lower in Black Hawk County is higher than the state as a whole (41.7%).
- **Data Source(s):** National Center for Education Statistics, NCES-Common Core of Data. 2022-2023.



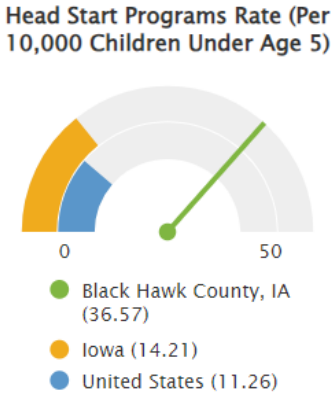
EDUCATION

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. Black Hawk County has twenty-nine (29) Head Start programs, a rate of 36.57 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:** Black Hawk County has a much higher rate of head start programs than the state as a whole (14.21).

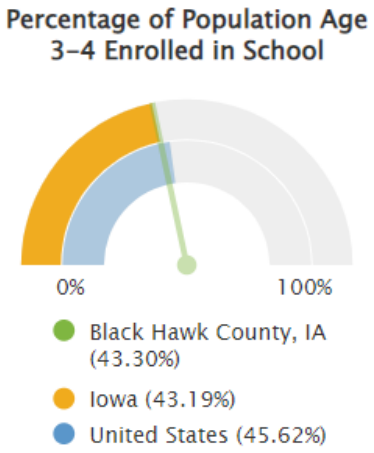
- **Data Source(s):** US Department of Health and Human Services (HHS) 2024 Head Start locator.



Preschool

Black Hawk County has 3,210 children age 3-4 enrolled in school, which is 43.30% of the county population age 3-4.

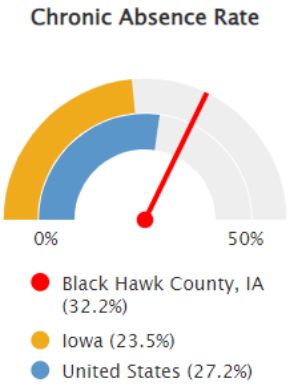
- **Benchmark:** Preschool opportunities in Black Hawk County are like Iowa as a whole (43.19%).
- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22.

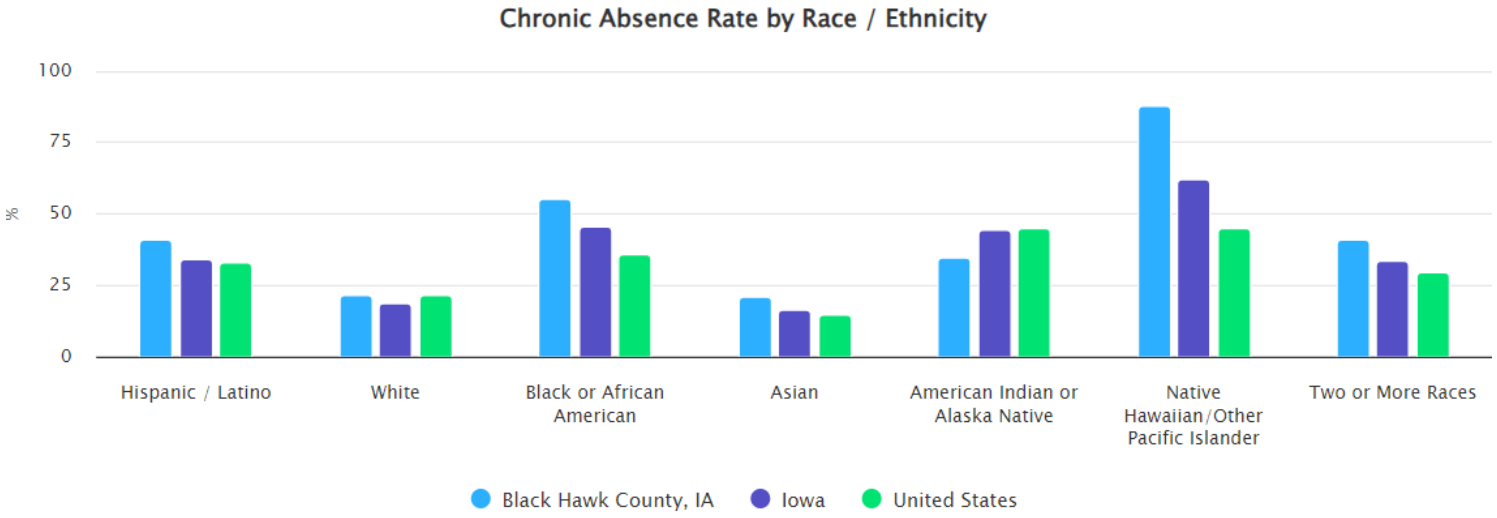


Chronic absenteeism

In Black Hawk County, 32.2% of children missed 15 or more school days during the 2022-23 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 Black Hawk County is significantly higher than Iowa as a whole (23.5%) and nation (27.2%).
- **Disparities:** Chronic absenteeism is higher among people of color in Black Hawk County.
- **Data Source(s):** U.S. Department of Education, US Department of Education – CARES, 2022-2023.

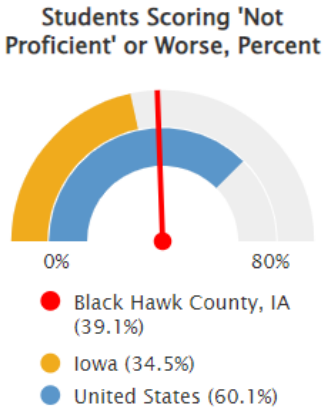




Student reading proficiency (4th grade)

In Black Hawk County, almost 40% of 4th grade students had reading skills at or above the proficient level.

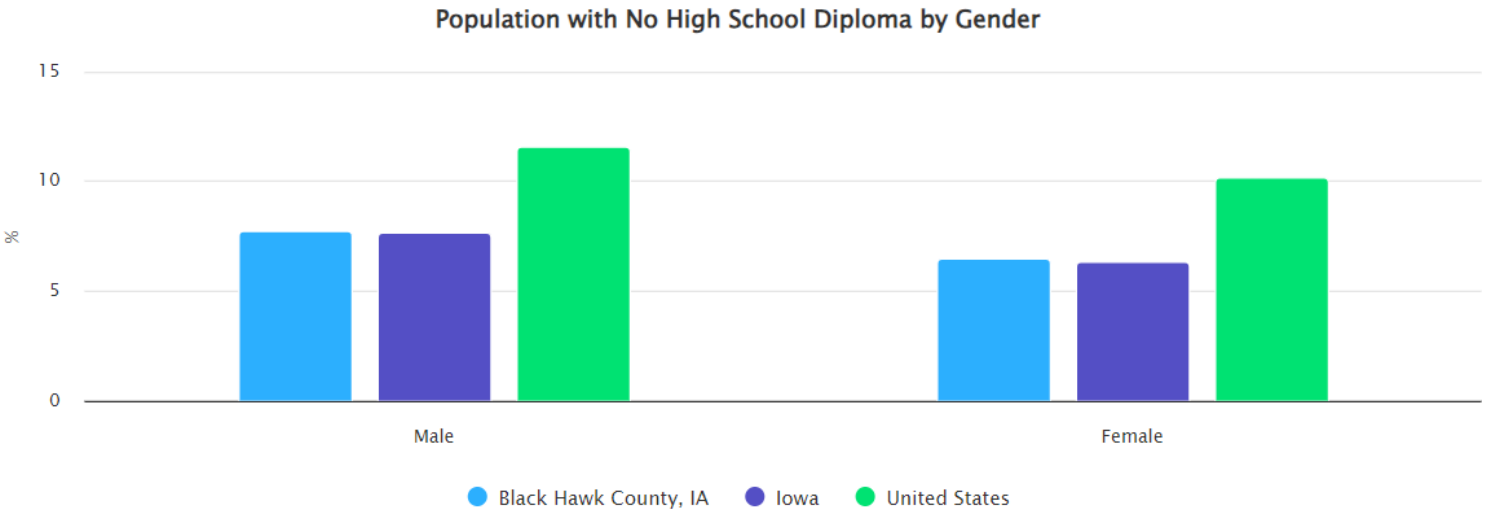
- **Benchmark:** Students in Black Hawk County (39.1%) performed less than students statewide (34.5%).
- **Target:** Black Hawk County is performing below the Healthy People 2030 target of 41.5%.
- **Data Source(s):** US Department of Education, EDFacts. Additional data analysis by CARES. 2020-21.

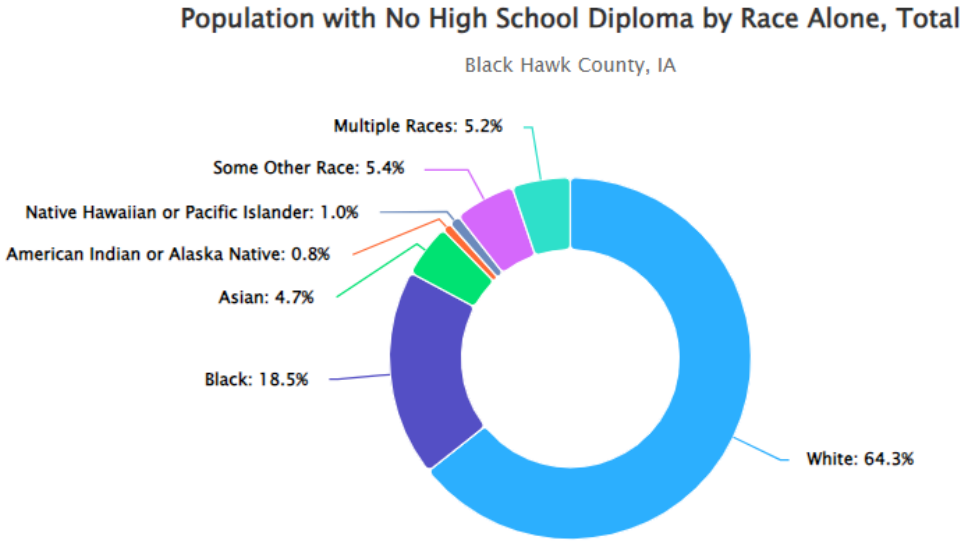


High school diploma

In Black Hawk County 7.1% of the population aged 25 or older does not have a high school diploma or equivalent. This indicator is important because educational attainment is linked to positive health outcomes.

- **Benchmark:** The number of 25 and older residents in Black Hawk County without a high school diploma or equivalent is slightly higher than the state as a whole (6.97%).
- **Disparities:** The percentage of the population without a high school diploma is higher in males than females and people of color.
- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22.

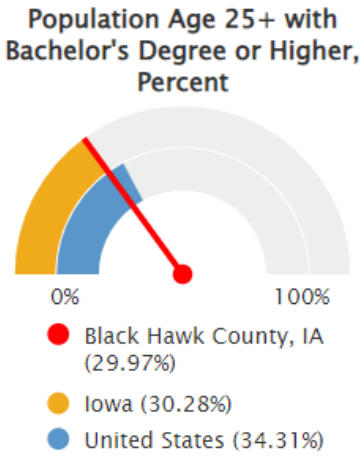




Bachelor's degree or higher

Nearly a thirty percent (29.97%) of Black Hawk County residents aged 25 or older have obtained a Bachelor's degree or higher. According to Healthy People 2030, higher education helps people secure better-paying jobs with fewer safety hazards. Income from these employment opportunities may improve health by increasing people's ability to accrue material resources, such as higher-quality housing, as well as psychosocial resources, such as higher social status.

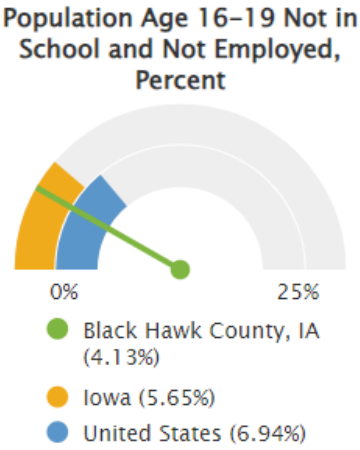
- **Benchmark:** The percentage of Black Hawk County residents with a bachelor's degree or higher is lower than the state (30.25%) and nation (34.31%).
- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22.



Young people not in school and not working.

This indicator reports the percentage of youth age 16-19 who are not currently enrolled in school and who are not employed. In Black Hawk County, 4.13% of youth are not in school and not employed.

- **Benchmark:** The percentage of youth who not enrolled in school and who are not employed is lower in Black Hawk County (4.13%) that the state of Iowa (5.65%).
- **Target:** The healthy people 2023 target is to decrease the number of adolescents and young adults aged 16 to 24 years who are enrolled in neither school nor working to 10.1%.
- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22; Health People 2030.

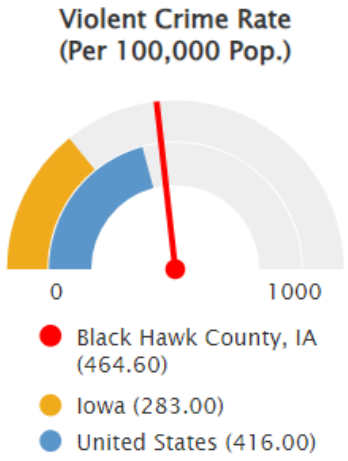


COMMUNITY SAFETY

Violent crime

Within Black Hawk County, the 2015-2017 three-year total of reported violent crimes was 1,859, which equates to an annual rate of 464.60 crimes per 100,000 people. Violent crime includes homicide, rape, robbery, and aggravated assault.

- **Benchmark:** The rate of violent crimes in Black Hawk County is higher than the state rate of 283.00.
- **Data Source(s):** Federal Bureau of Investigation, FBI Uniform Crime Reports.



Alcohol-impaired driving deaths

In Black Hawk County between 2017-2021 19% of motor vehicle crash deaths involved alcohol.

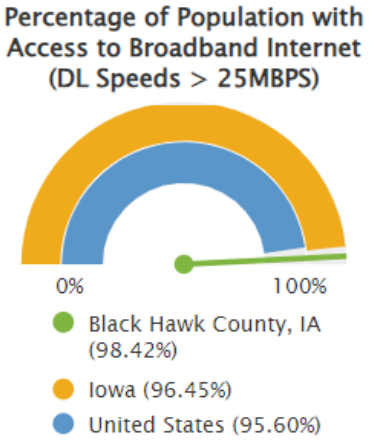
- **Benchmark:** More than a quarter (26%) of motor vehicle crash deaths in Iowa involved alcohol.
- **Data Source(s):** 2022 County Health Rankings, which utilizes figures from the 2017-2021 Fatality Analysis Reporting System.

SOCIAL AND COMMUNITY

Broadband access

Most (98.42%) Black Hawk County residents have 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.

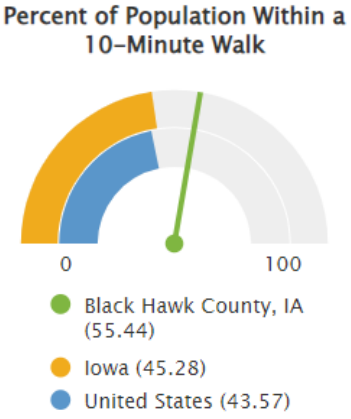
- **Benchmark:** Access to broadband in Black Hawk County is similar to the state as a whole (96.45%).
- **Data Source(s):** FCC FABRIC Data. Additional data analysis by CARES. June 2024.



Park access

Over half of the population in Black Hawk County (55.44%) live within a 10-minute walk of a park. This indicator is relevant because access to outdoor recreation encourages physical activity and other healthy behaviors.

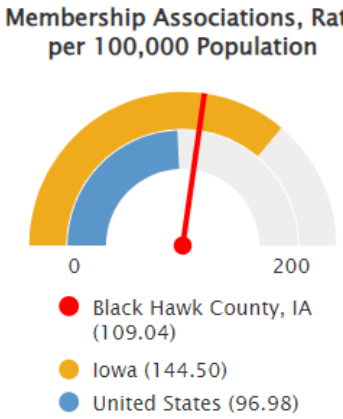
- **Benchmark**: A greater proportion of Black Hawk County residents have park access than Iowa as a whole (45.28%).
- **Data Source(s):** Trust for Public Land. 2020



Social associations

Black Hawk County has 109.04 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:** Black Hawk County has a much lower rate of social establishments than the state (144.50).
- **Data Source(s):** US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.

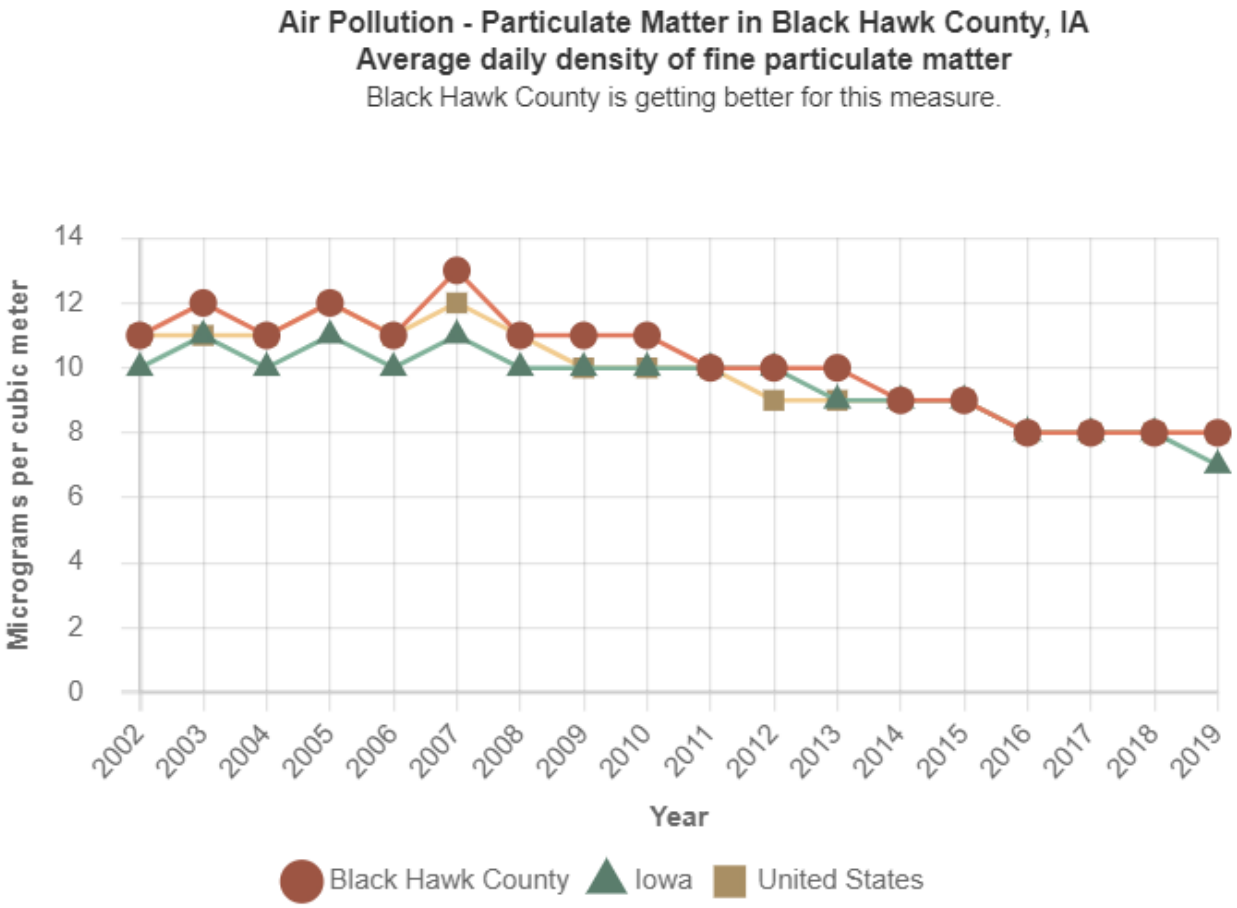


AIR AND WATER QUALITY

Air pollution

Black Hawk County has an annual average of 7.7 micrograms per cubic meter of fine particulate matter measured in the air.

- **Benchmark:** The average density of particulate matter in the air is higher in Black Hawk County than Iowa as a whole (7.4).
- **Data Source(s):** 2022 County Health Rankings, which utilizes 2019 figures from the Environmental Public Health Tracking Network.



Drinking water safety

This indicator reports 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 Black Hawk County reported a health-based drinking water violation.

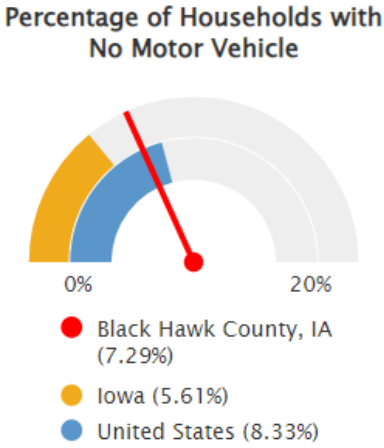
- **Data Source(s):** 2022 County Health Rankings, which utilizes figures from the 2020 Safe Drinking Water Information System (SDWIS).

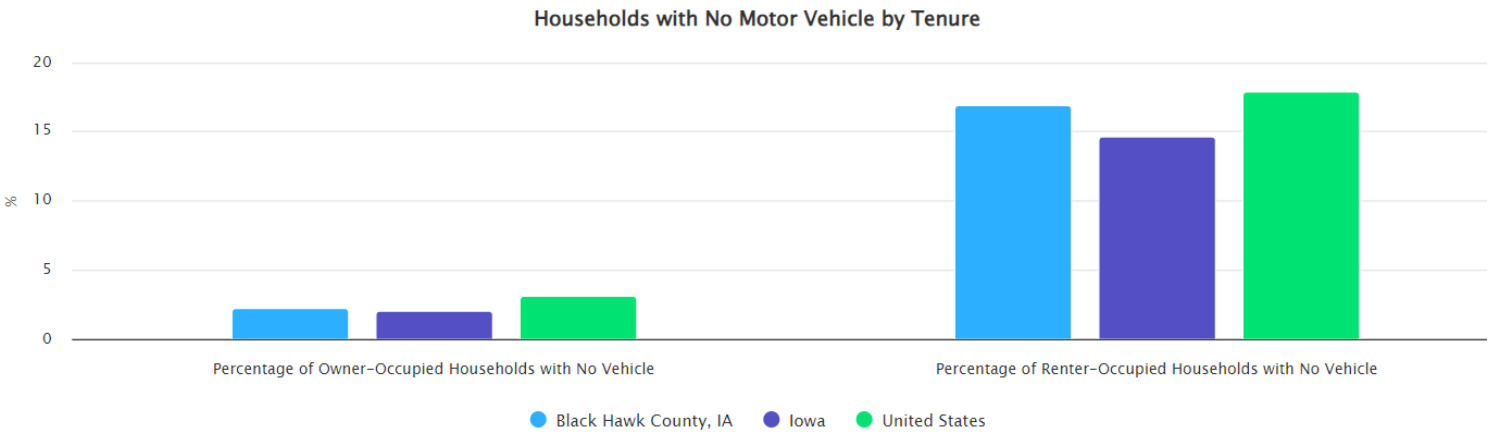
HOUSING AND TRANSPORTATION

Households with no motor vehicle

Over seven percent (7.29%) of households in Black Hawk County do not have a motor vehicle.

- **Benchmark:** A higher percentage of households in Black Hawk 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 (16.89%) than owner-occupied households (3.18%).
- **Data Source(s):** US Census Bureau, 2018-2022 American Community Survey.

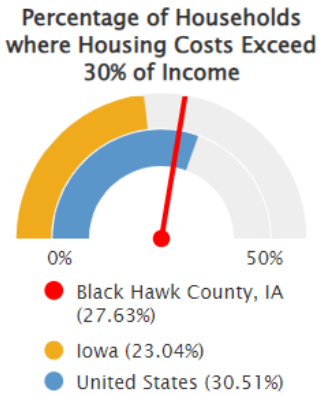


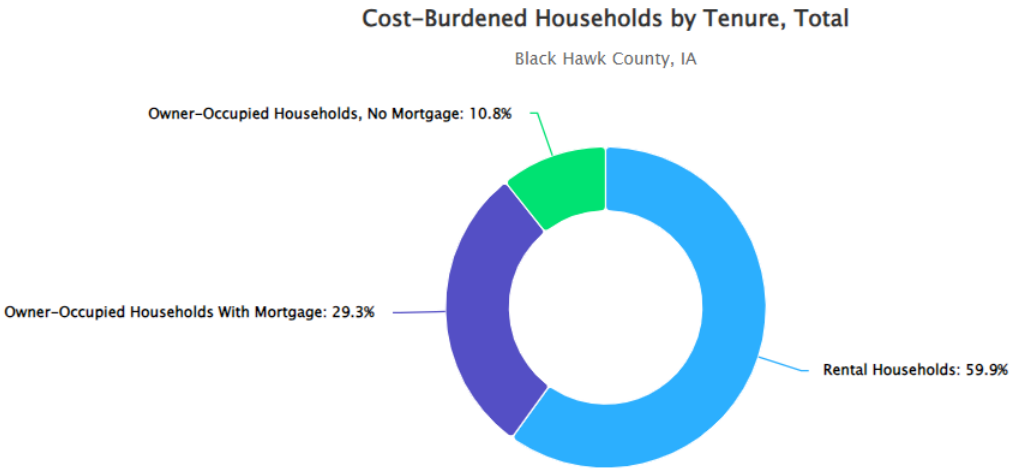


Housing costs

A total of 27.63% of households in Black Hawk 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 Black Hawk County is higher than the Iowa rate of 27.63%.
- **Disparities:** Rental households are more cost-burdened than owner-occupied households.
- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22.

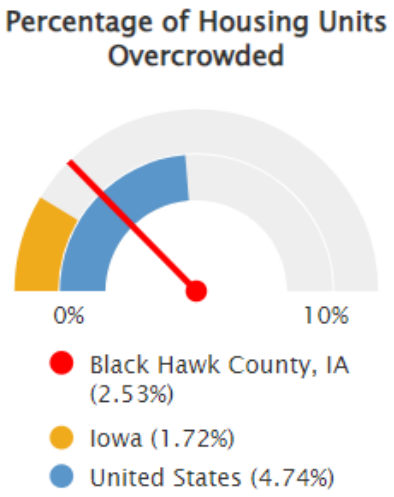


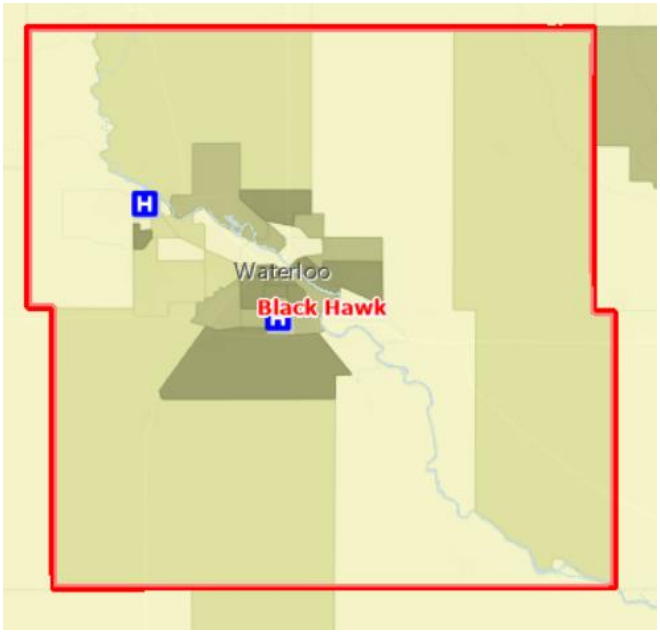


Overcrowded housing

A total of 2.53% of households in Black Hawk County are overcrowded. Overcrowding is defined as more than one occupant per room.

- **Benchmark:** The percentage of overcrowded households in Black Hawk County is higher than Iowa (1.72%).
- **Disparities:** There are several areas in Waterloo who have over 4% overcrowded housing.
- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22.

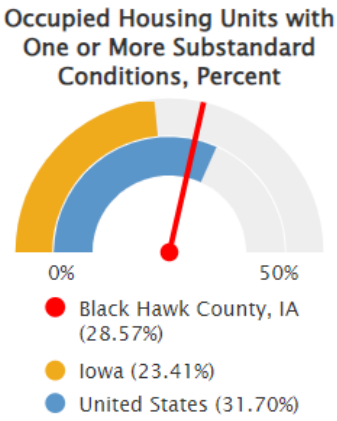




Substandard housing

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. Of the 53,691 total occupied housing units in the report area, 15,342 or 28.57% have one or more substandard conditions.

- **Benchmark:** The percentage of housing units with substandard conditions in Black Hawk County is higher than the Iowa rate of 23.41
- **Data Source(s):** US Census Bureau, American Community Survey. 2018-22.

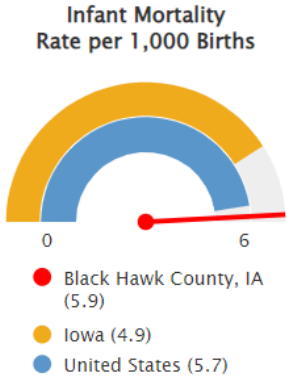


MATERNAL, INFANT, AND CHILD HEALTH

Infant mortality

There were 69 infants died during the 2015-21 seven-year period, representing 5.9 deaths per 1,00 live births in Black Hawk County.

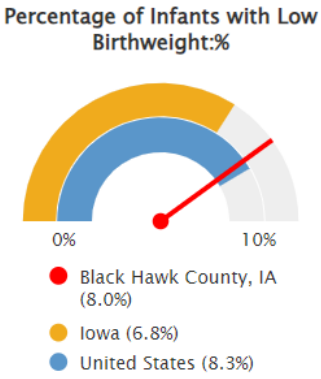
- **Benchmark:** The infant mortality rate is higher in Black Hawk County than the state of Iowa (4.9 per 1,000 live births).
  - **Data Source(s):** University of Wisconsin Population Health Institute, County Health Rankings. 2015-2021,

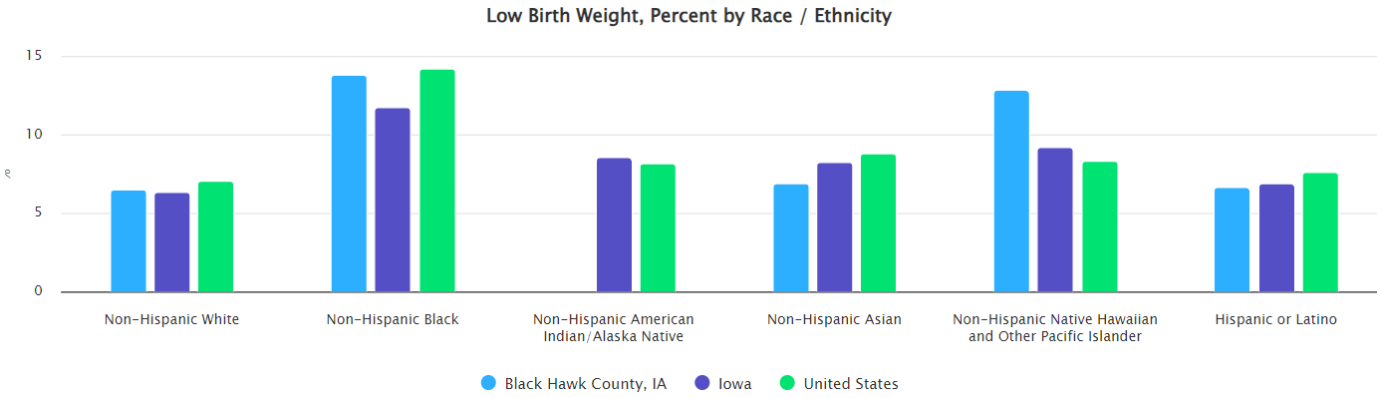


Low birth weight

Eight percent of infants born in Black Hawk County had a low birth weight. Low birth weight is defined as less than 2,500 grams (approximately 5 lbs., 8 0z.).

- **Benchmark:** The prevalence of infants born at a low birth weight is higher in Black Hawk County than Iowa as a whole (6.8%).
- **Disparity:** A greater proportion of Non-Hispanic Black and Non-Hispanic Native Hawaiian and other Pacific Islander infants in Black Hawk County are born at low birth weights than Non-Hispanic White infants.
- **Data Source(s):** University of Wisconsin Population Health Institute, County Health Rankings. 2016-2022.

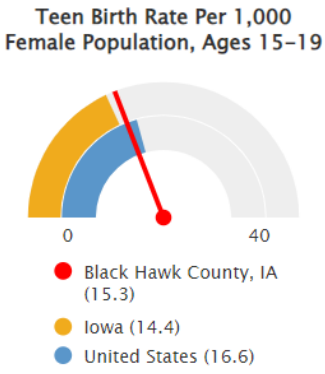




Teen births

This indicator reports the seven-year average number of births per 1,000 female population age 15-19. In Black Hawk County, the teen birth rate is 15.3 per 1,000.

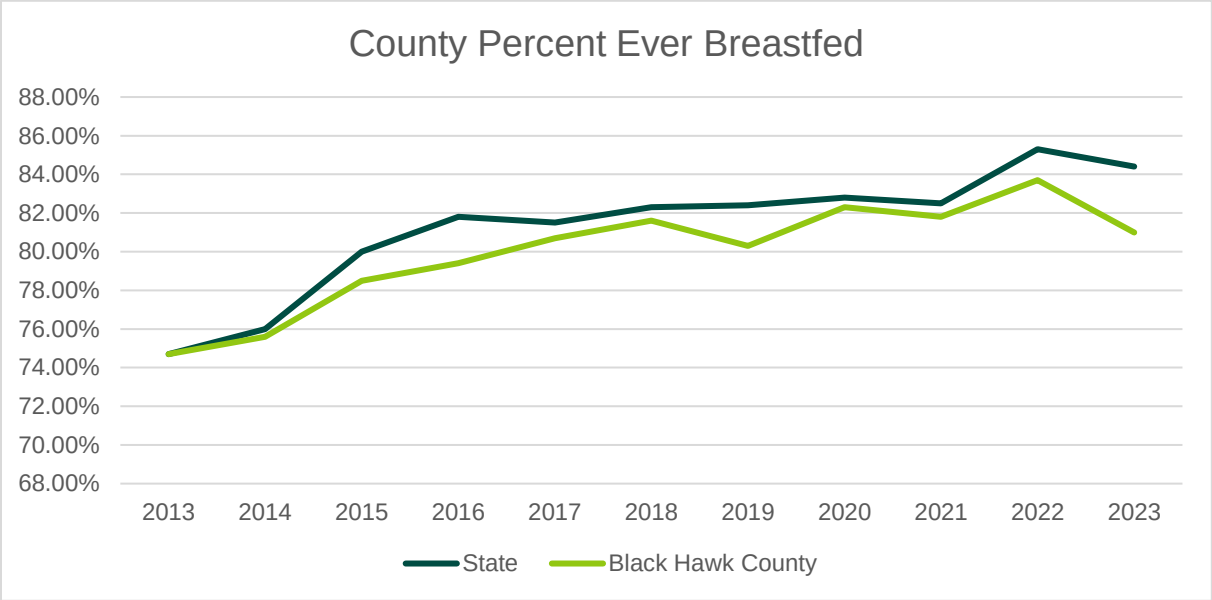
- **Benchmark:** The teen birth rate in Black Hawk County is higher than the state's teen birth rate of 14.4.
- **Disparity:** The teen birth rate among Non-Hispanic Native Hawaiian and Other Pacific Islander (107.4) is much higher than Non-Hispanic White Females (8.9).
- **Data Source(s):** County Health Rankings. 2016-2022.



Infants ever breastfed

The breastfeeding initiation rate in Black Hawk County was 81% in 2023. This indicator is defined as the percentage of births where breastfeeding was initiated prior to hospital discharge for the delivery.

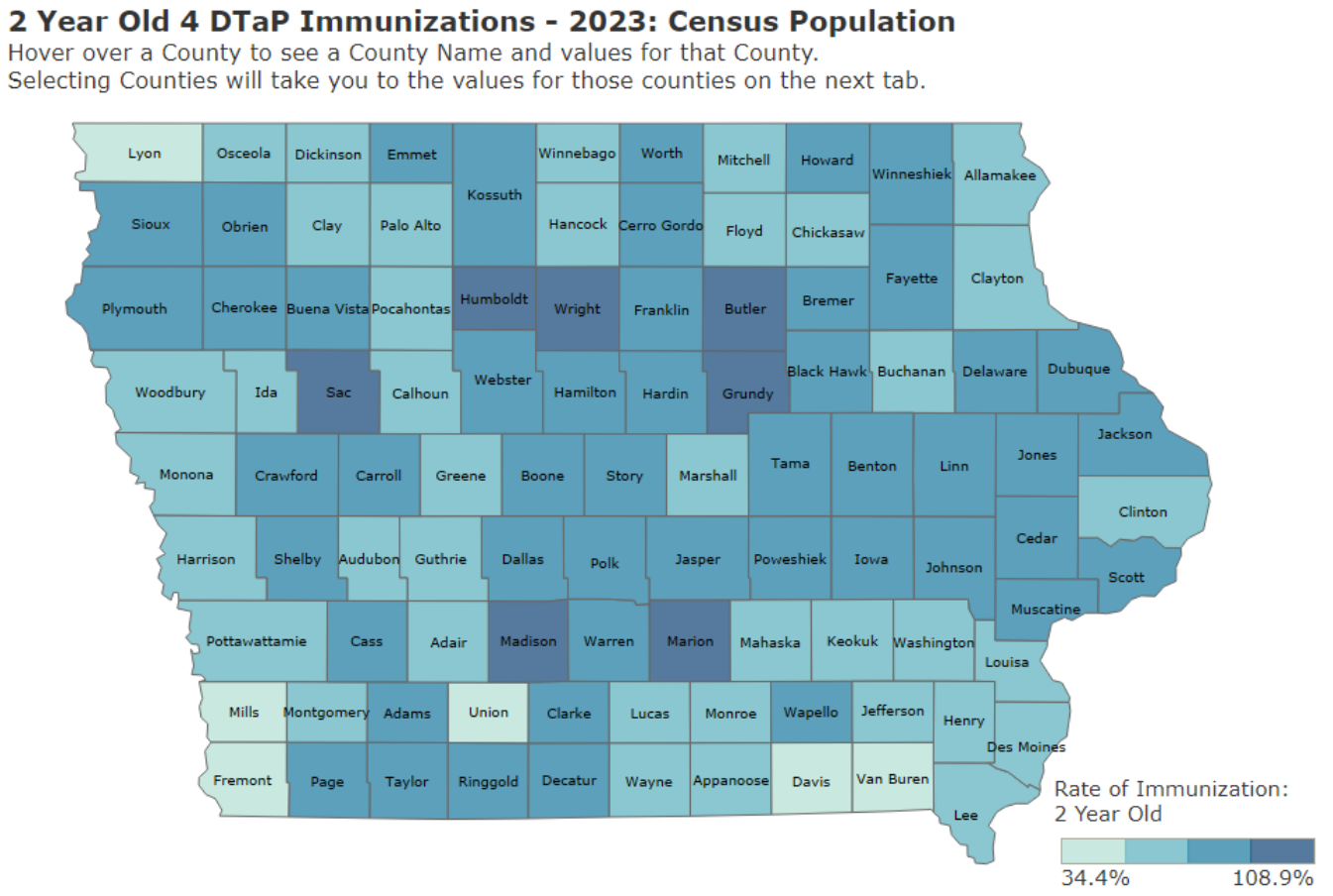
- **Benchmark:** Black Hawk County has a lower higher breastfeeding initiation rate than the state as a whole (84%).
- **Data Source(s):** Iowa Public Health Tracking Portal. Infants Ever Breastfed. 2023.



Child immunization

In Black Hawk County, 76.5% received the recommended doses of the 4:3:1:3:3:1:4 series by age 24 months.

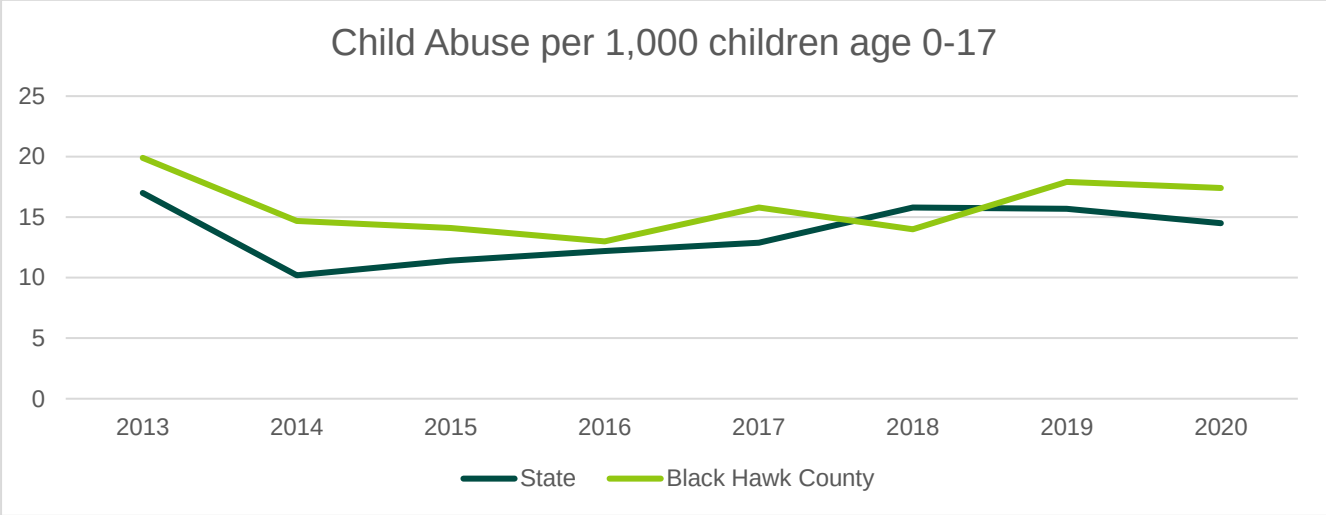
- **Benchmark:** The immunization rate in Black Hawk County is higher than the Iowa vaccination rate (69.6%).
- **Data Source(s):** Iowa Public Health Tracking Portal. Children: Immunization Data for 2-Year-Old. 2023.



Child abuse

Black Hawk County had a Child Abuse rate of 17.4 per 1,000 children in 2020.

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

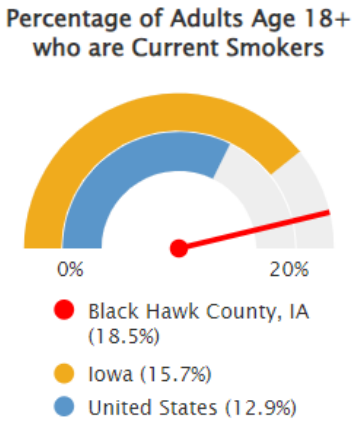


HEALTH BEHAVIORS AND RISK FACTORS

Current smokers

Within Black Hawk County, 18.5% of adults report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

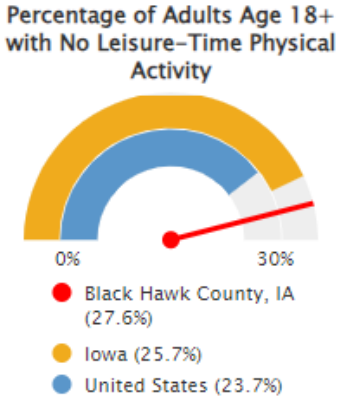
- **Benchmark:** The proportion of adults who are current smokers in Black Hawk County is higher than the state (15.7%).
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2022.



Physical inactivity

In Black Hawk County, 27.6% of adults reported no leisure-time physical activity outside of work (age- adjusted).

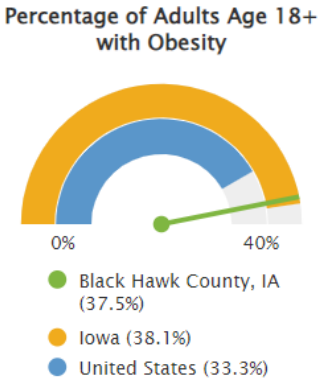
- **Benchmark:** Black Hawk County residents are less active than their Iowa peers (25.7%).
- **Data Source(s):** County Health Rankings. 2022.



Obesity

A total of 37.5% of Black Hawk County adults are obese, defined as having a BMI of ≥30.0 kg/m².

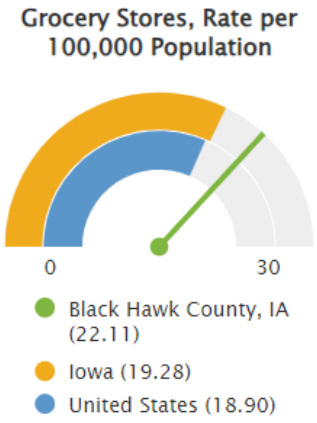
- **Benchmark:** Obesity is slightly lower in Black Hawk County than the state (38.1%).
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2022.



Grocery stores and supermarkets

Black Hawk County has 22.11 grocery establishments 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:** Black Hawk County residents have better access to grocery establishments than Iowans as a whole (19.29 per 100,000).
- **Data Source(s):** US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.



Excessive drinking

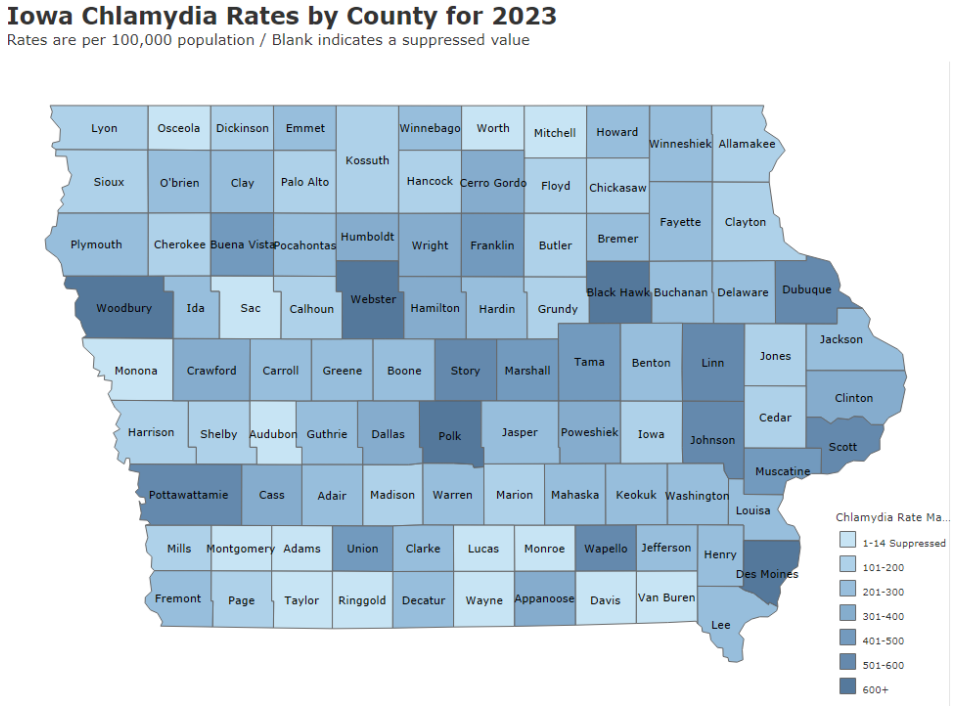
Nearly a quarter (22%) of Black Hawk County adults report binge or heavy drinking.

- **Benchmark:** Black Hawk County residents report slightly less binge/heavy drinking their Iowa peers (23%).
- **Data Source(s):** County Health Rankings. 2024.

Chlamydia

In Black Hawk County, 661 new cases of chlamydia were diagnosed per 100,000 population in 2023.

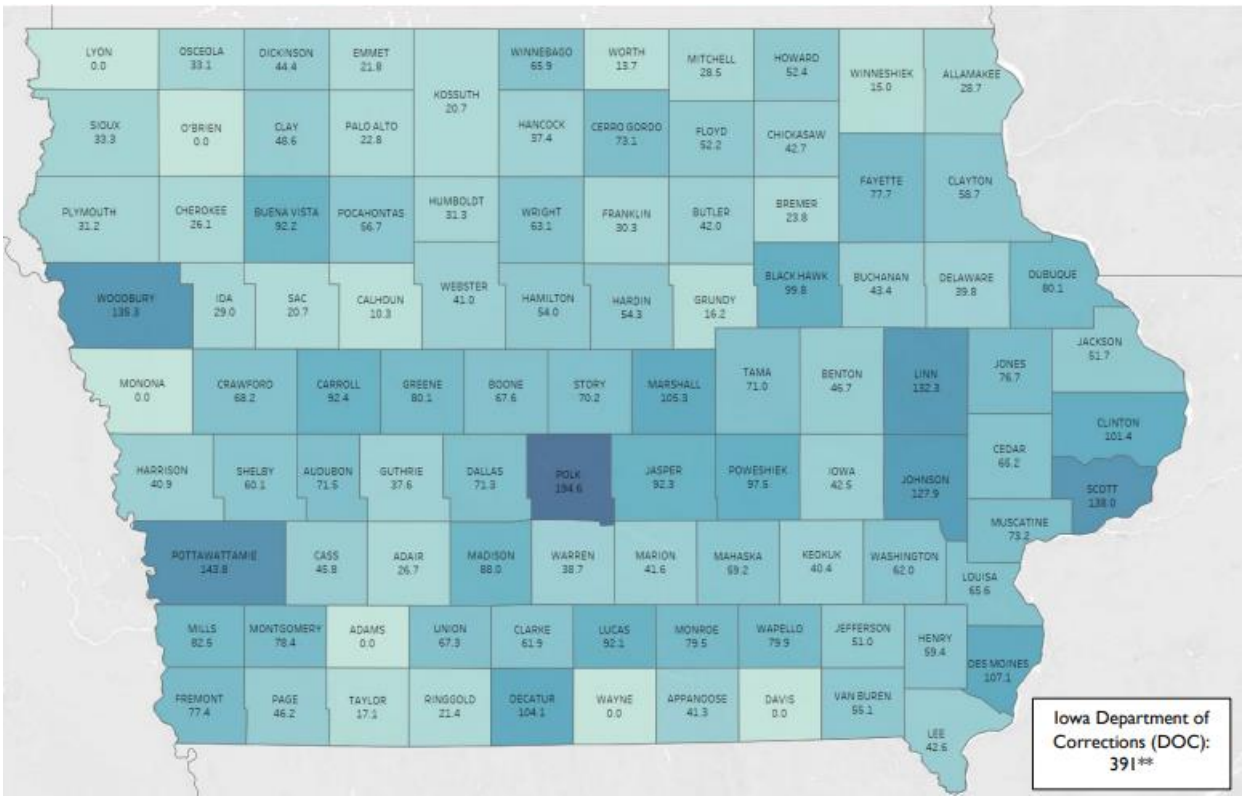
- **Benchmark:** The rate of chlamydia diagnosis in Black Hawk County is higher than the state rate (428 per 100,000 population).
- **Data Source(s):** Iowa Public Health Tracking Portal. Chlamydia Data. 2023.

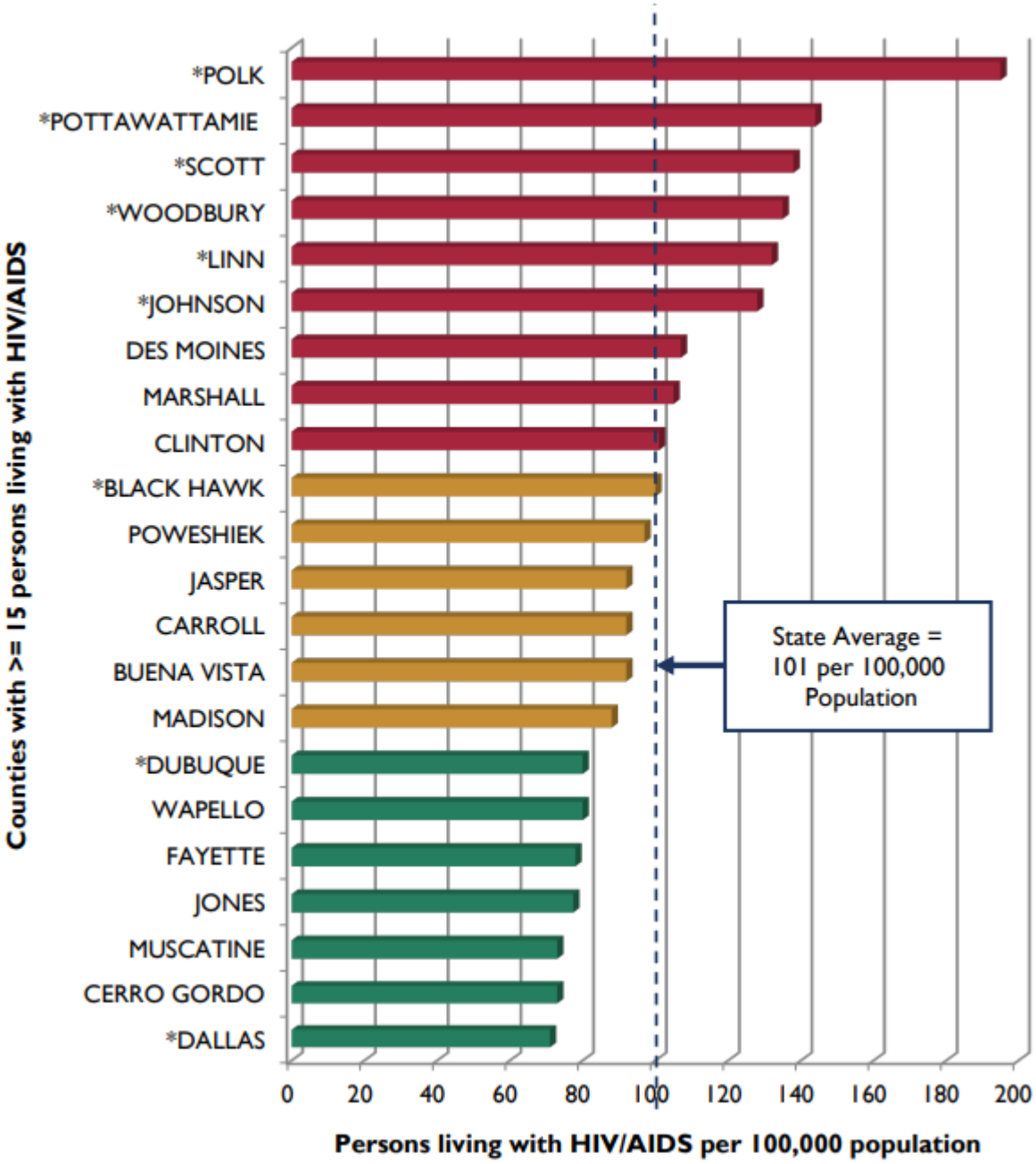


HIV diagnosis

The prevalence of HIV disease in Black Hawk County is 99.8 per 100,000 residents.

- **Benchmark:** The prevalence in Black Hawk County is about the same as the Iowa average, 101 per 100,000 population.
- **Data Source(s):** State of Iowa Department of Health and Human Services. State of Iowa HIV Disease End of Year 2022 Surveillance Report.



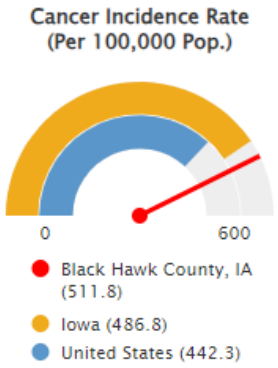

*POLK
*POTTAWATTAMIE
*SCOTT
*WOODBURY
*LINN
*JOHNSON
DES MOINES
MARSHALL
CLINTON
*BLACK HAWK
POWESHIEK
JASPER
CARROLL
BUENA VISTA
MADISON
*DUBUQUE
WAPELLO
FAYETTE
JONES
MUSCATINE
CERRO GORDO
*DALLAS
Counties with >= 15 persons living with HIV/AIDS
State Average = 101 per 100,000 Population
0
20
40
60
80
100
120
140
160
180
200
Persons living with HIV/AIDS per 100,000 population

CHRONIC DISEASES

Cancer incidence

The age-adjusted cancer incidence rate in Black Hawk County is 511.8 per 100,000 population. The top five most commonly diagnosed cancers in Black Hawk County include prostate cancer, breast cancer, lung & bronchus cancer, colon & rectal cancer, and bladder cancer.

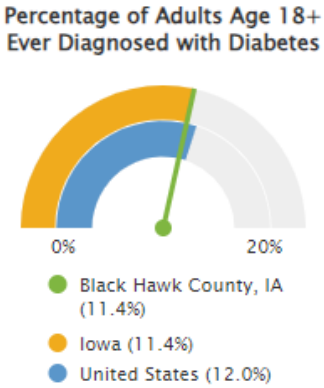
- **Benchmark:** The cancer incidence rate in Black Hawk County is higher than the state rate (511.8).
- **Data Source(s):** State Cancer Profiles. 2016-20.



Diabetes

Over 11% percent of adults in Black Hawk County have been told by a health care professional that they have diabetes (excludes gestational diabetes).

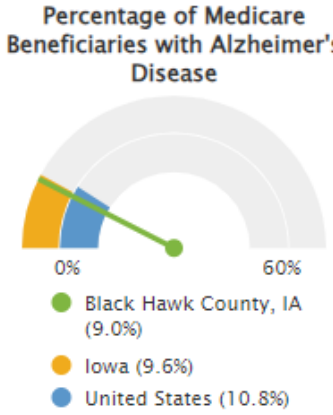
- **Benchmark:** The percentage of adults with diabetes in Black Hawk County (11.4%) is the same as Iowa and slightly lower than the nation (12%)
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2022



Alzheimer's disease

Nearly 9% percent of Medicare Fee-For-Service beneficiaries in Black Hawk County are living with Alzheimer's disease.

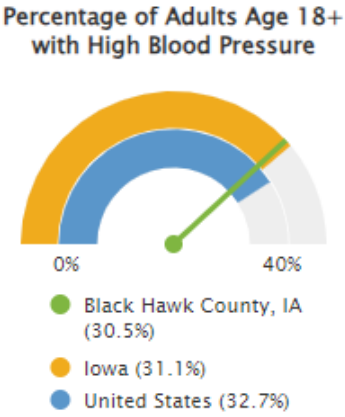
- **Benchmark:** The percentage of beneficiaries with Alzheimer's disease in Black Hawk County is slightly less than the state as a whole (9.6%).
- **Data Source(s):** Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.



High blood pressure

Just over thirty percent (30.5%) of adults aged 18 or older who report have been told by a doctor, nurse, or other health professional that they have high blood pressure.

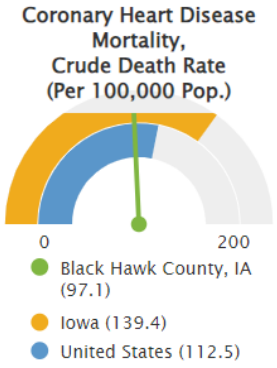
- **Benchmark:** The percentage adults with hypertension in Black Hawk County (30.5%) is slightly lower than the state as a whole (31.1%).
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021

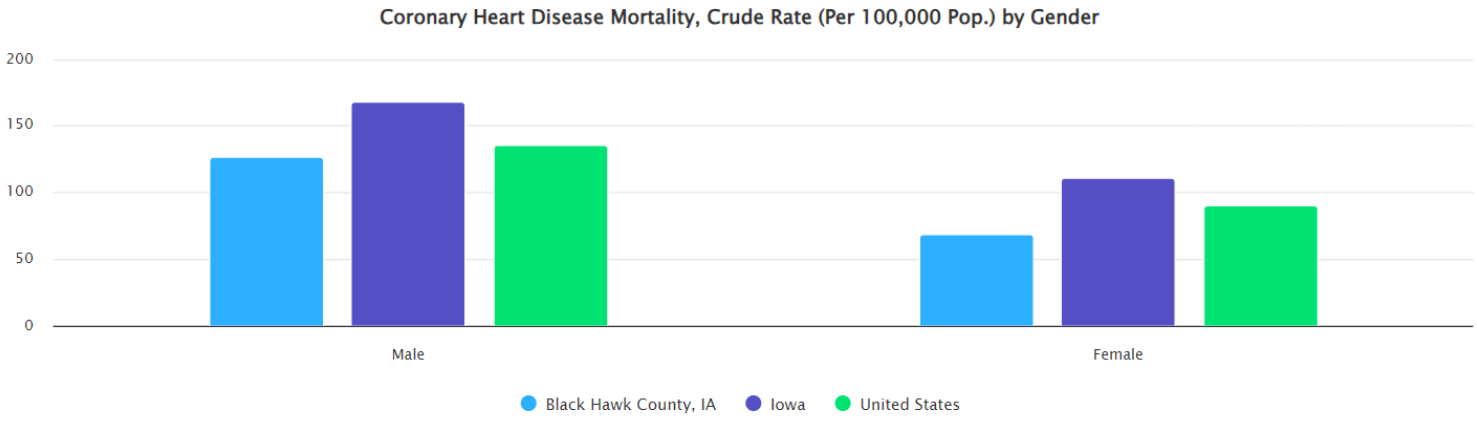


Heart disease

This indicator reports the five-year average rate of death due to coronary heart disease per 100,000. This is relevant because coronary heart disease is a leading cause of death in the United States.

- **Benchmark:** Black Hawk County has fewer deaths due to coronary heart disease (97.1) than the state (139.4).
- **Disparity:** Nearly twice as many males (126.8) suffer from coronary heart disease in Black Hawk County than females (68.3).
- **Data Source(s):** Centers for Disease Control and Prevention, CDC-National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



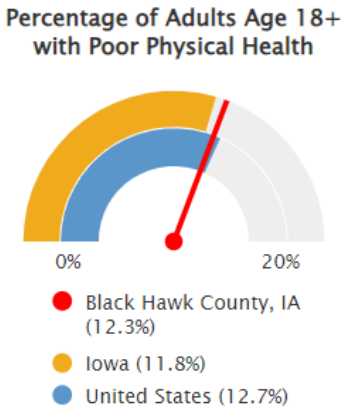


QUALITY OF LIFE

Poor physical health days

Within Black Hawk County, 12.3% of adults 18 and older, reported having 14 or more days during the past 30 days during which their physical health was not good.

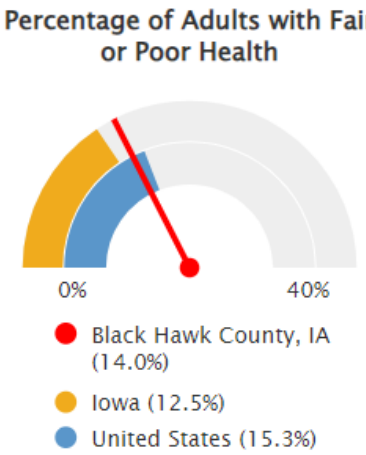
- **Benchmark**: A larger percentage of adults in Black Hawk County (12.3%) reported poor physical health days than Iowa (11.8%).
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2022.



Poor or fair health

Within Black Hawk County, 14% of adults report having poor or fair health.

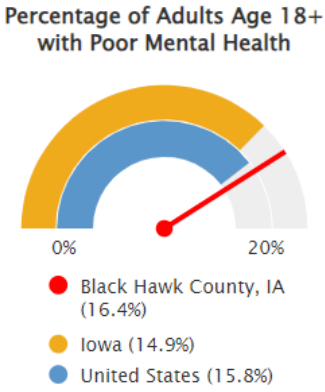
- **Benchmark:** The percentage of adults reporting poor or fair health in Black Hawk County is higher than the state rate (12.5%).
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2021.



Poor mental health

Within Black Hawk County, 16.4% of adults reported poor mental health in the past month.

- **Benchmark**: The percentage of adults reporting poor mental health in Black Hawk County is higher than the state rate (14.9%).
- **Data Source(s):** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2022.

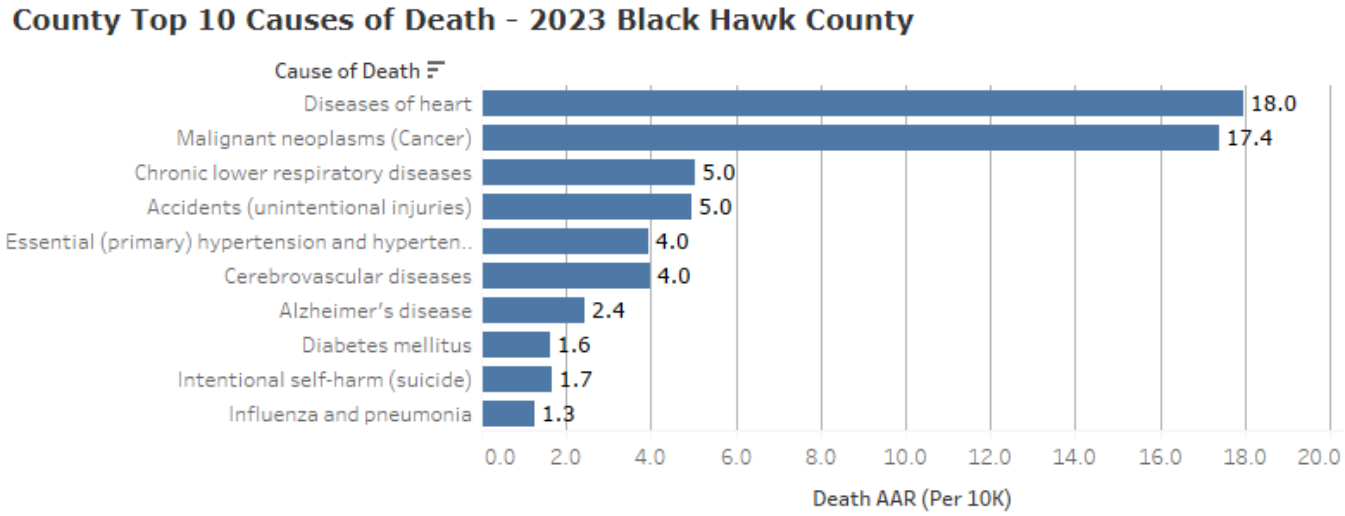


LIFE EXPECTANCY

Leading cause of death

The leading cause of death in Black Hawk County is disease of the heart at 18.0 per 10,000 followed by malignant neoplasm (cancer) 17.4 per 10,000.

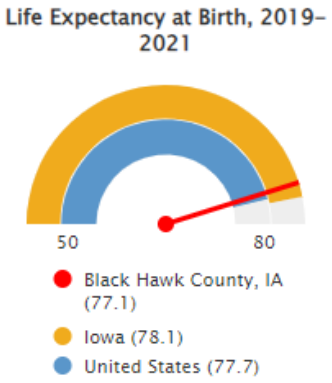
- **Benchmark**: Black Hawk County (18.0) and the state (17.4) are very similar with the number one cause of death being disease of the heart.
- **Data Source(s):** Iowa Public Health Tracking Tool. 2023.



Life expectancy

The average age-adjusted life expectancy at birth in Black Hawk County is 77.1 years.

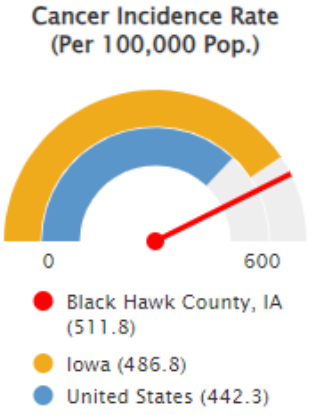
- **Benchmark:** The life expectancy in Black Hawk County (77.1) is lower than the state life expectancy (78.1 years).
- **Data Source(s):** County Health Rankings. 2019-2021



Cancer mortality

The age-adjusted death rate due to cancer in Black Hawk County is 511.8 per every 100,000 population.

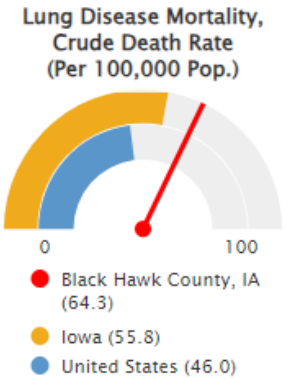
- **Benchmark:** The cancer mortality rate is higher in Black Hawk County than the state (486.8).
- **Data Source(s):** State Cancer Profiles. 2016-20

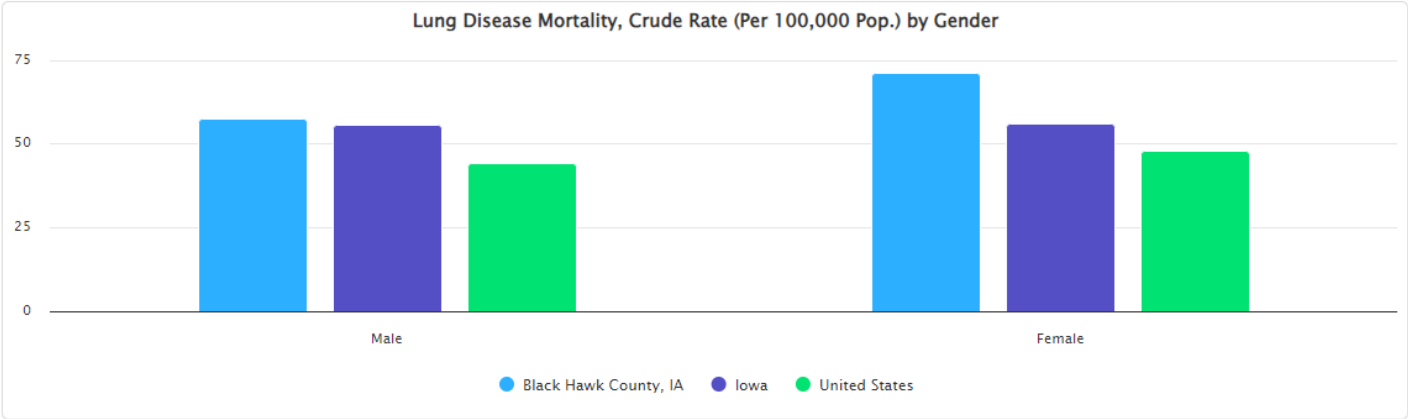


Lung disease mortality

The age-adjusted death rate due to lung disease in Black Hawk County is 64.3 per every 100,000 population.

- **Benchmark:** The lung disease mortality rate is higher in Black Hawk County than the state (55.8 per 100,000).
- **Disparity:** Lung disease mortality rate is higher among females (71) than males (57.3) in Black Hawk County.
- **Data Source(s):** Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

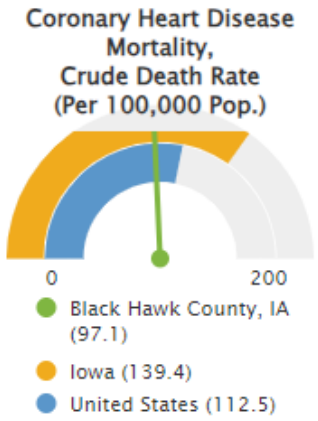


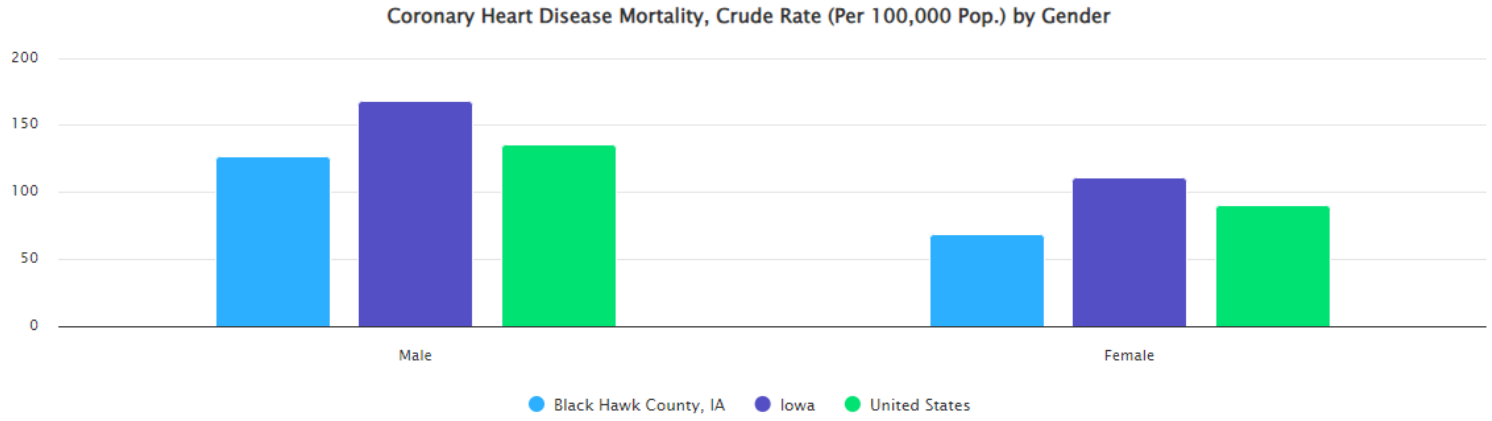


Coronary heart disease mortality

The age-adjusted death rate due to coronary heart disease in Black Hawk County is 97.1 per every 100,000 population.

- **Benchmark:** The heart disease mortality rate is lower in Black Hawk County than the state (139.4).
- **Disparity:** Nearly twice as many males (126.8) in Black Hawk County suffer from coronary heart disease compared to females (68.3).
- **Data Source(s):** Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.





Black Hawk County Public Health

Black Hawk County Community Context Assessment

March 2025

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Introduction

Framework

MAPP (Mobilizing for Action through Planning and Partnerships) is a method for community health improvement planning which encourages collaboration with community partners to increase the likelihood of long-lasting change. The community health assessment portion of MAPP 2.0 consists of 3 assessments. The Community Context Assessment (CCA) is a qualitative tool to assess and collect data. The CCA explores the strengths, assets, lived experiences, and forces of change. It is designed to answer the following questions:

- *What strengths and resources does the community have that support health and wellbeing?*
- *What current and historical forces of change locally, regionally, and globally shape political, economic, and social conditions for community members?*
- *What physical and cultural assets are in the built environment? How do these vary by neighborhood?*
- *What is the community doing to improve health outcomes? What solutions has the community identified to improve community health?*

Purpose

The CCA was conducted to provide a comprehensive understanding of the overall health landscape of Black Hawk County, Iowa. Its findings will be integrated with the results of the other two CHA assessments to identify priority health needs for the county. These insights will guide the development of the Community Health Improvement Plan (CHIP) for FY26-28.

Process and Timeline

The assessment took place between June 11 and July 2, 2024. The work was led by the Community Health Improvement (CHI) core team. This team consisted of a public health planner and two epidemiologists, working in collaboration with key area healthcare institutions: MercyOne, UnityPoint Health, and the Federally Qualified Health Center (FQHC) Peoples Community Health Clinic. Additional guidance was provided by a broader steering committee and an assessment design team. A student intern from the University of Northern Iowa also contributed to the CCA's implementation.

Methods

The CCA focused on ZIP Code 50703, an area identified through the Community Status Assessment as having the most significant health disparities, along with higher rates of poverty, food insecurity, and unemployment. Many of these neighborhoods also have historical ties to redlining, which has long-term effects on economic opportunities and chronic disease prevalence.

The initial phase of the assessment involved mapping community assets within ZIP Code 50703. This process identified key locations such as public transportation routes, educational institutions, healthcare facilities, non-profits, and government agencies. Data sources included United Way's 211 resource list and local resource lists compiled by Black Hawk County General
Assistance, The Salvation Army, Cedar Valley United Way, and the Community Partnership for
Protecting Children. Assets were analyzed for accessibility via current and upcoming public transit routes, with additional insight gained from proposed September 2024 Metropolitan Transit Authority route updates.
This data was used to define four regions for further study:

- Region A consists of the area surrounding the Northeast Iowa Food Bank, Operation Threshold, and Waterloo Women's Center for Change.
- Region B consists of the Black Hawk County Pinecrest Building
- Region C consists of the area surrounding the Black Hawk County Courthouse and Black Hawk County Sheriff's Office
- Region D consists of the area between the Salvation Army, Boy's and Girl's Club, and People's Community Health Clinic

From that point, the core team proceeded with two primary data collection methods to assess the built environment and forces of change within ZIP Code 50703:

1. **Key Informant Interviews:** Conducted with representatives from local government, transportation authorities, and service organizations to gain insights into community needs, accessibility challenges, and historical influences on the built environment.
2. **Walking/Windshield Surveys:** Conducted to observe transportation infrastructure, sidewalk conditions, and accessibility in four defined regions within ZIP Code 50703.

Key Informant Interviews

Key informant interviews were conducted to provide deeper insights into community needs and barriers. Interviews were held with representatives from the city of Waterloo, Iowa Northland Regional Council of Governments (INRCOG), Black Hawk County agencies, the Salvation Army, and the Northeast Iowa Food Bank.

The interview questions explored how community members access services, barriers related to the built environment, existing resources to mitigate these barriers, and opportunities for community-led solutions. Additionally, participants were asked to reflect on trends that may impact community health in the future, as well as historical factors that shape present-day conditions and disparities. INRCOG provided key reports, including the *Pedestrian Masterplan, 2050 Long Range Transportation Plan*, and the *2024 Downtown Walking Audit*. The city of Waterloo provided a document about sidewalk construction, inspections, and repairs showing the requirements for sidewalk repairs. They also provided a map of the sidewalk inspection zones showing the regions they inspect and what the next inspection year for that zone will be.

Walking/Windshield Survey

A walking/windshield survey was conducted on July 1, 2024, to observe built environment conditions, transportation access, and overall neighborhood infrastructure. A survey checklist was developed to systematically assess sidewalks, road conditions, and pedestrian accessibility across the four regions.

Findings

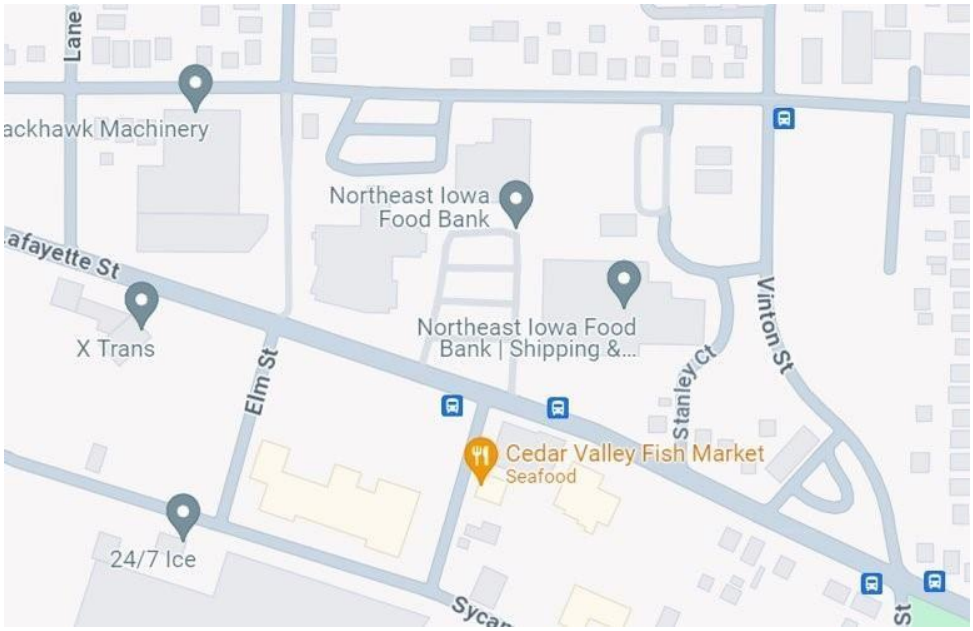
The following pages show the results of the key informant interviews and walking/windshield survey for each of the four regions.

Region A

Region A consists of the environs surrounding the Northeast Iowa Food Bank, Operation Threshold, and Waterloo Women's Center for Change.

Summarized Findings:

- Primary transportation mode: Personal vehicles or carpooling.
- Sidewalk conditions: Generally well-maintained but absent along Vinton Street.
- Environmental observations: Well-maintained buildings side by side with deteriorating industrial structures.
- Accessibility challenges: Inconsistent signage for some service locations.



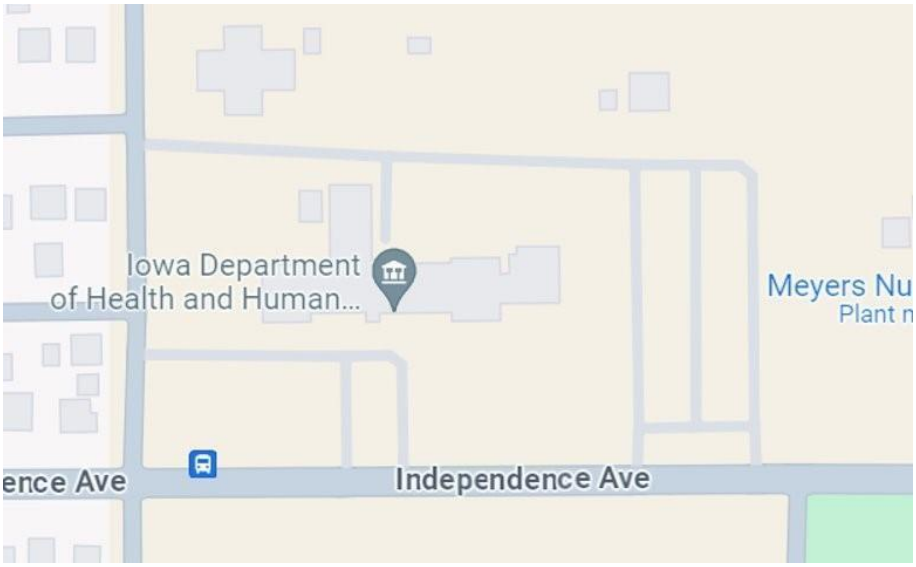
Region B

Region B consists of the Black Hawk County Pinecrest Building (1407 Independence Avenue)

Summarized Findings:

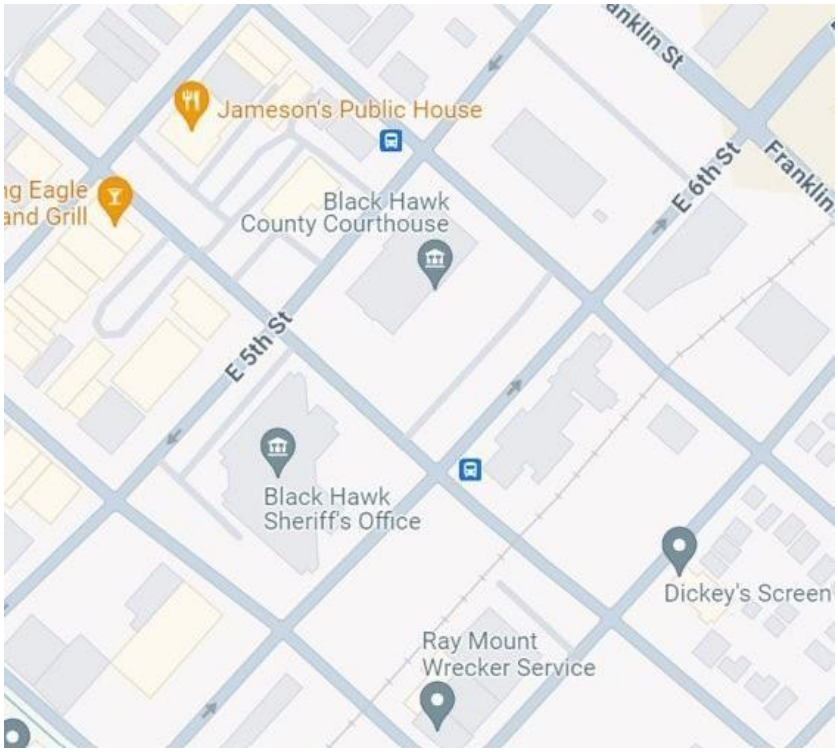
- Well-maintained building and parking facilities with clear signage.
- Sidewalk access along Independence Avenue is fair but becomes limited past Century Avenue.

- Public transit access includes a sheltered bus stop.
- Walkability limitations due to distance from key community resources.



Region C
Region C consists of the area surrounding the Black Hawk County Courthouse and Black Hawk County Sheriff's Office.
Summarized Findings:

- High walkability score (75/100) due to wide sidewalks, pedestrian crossings, and street lighting.
- Some curbs in disrepair, posing challenges for individuals with mobility devices.
- Mixed visibility of building signage, with the Sheriff’s Office sign appearing faded.

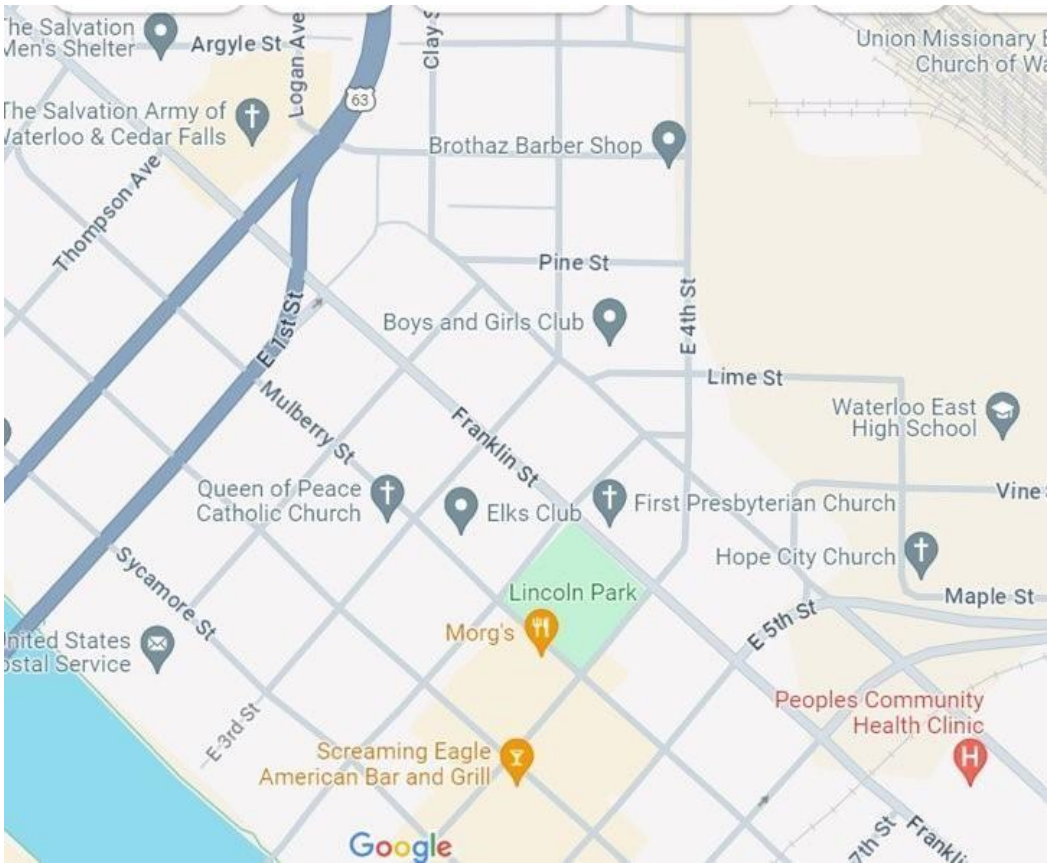


Region D

Region D consists of the area including and between the Salvation Army, Boy's and Girl's Club, and Peoples Community Health Clinic.

Summarized Findings:

- High-traffic intersections and diagonal roads create navigation challenges for pedestrians and cyclists.
- Documented safety concerns related to speeding and traffic signal adherence.
- The Salvation Army has improved pedestrian access with direct sidewalks from bus stops and bulk bus pass purchases for unhoused individuals.
- Planned road reconstruction (2026–2035) aims to enhance pedestrian and bicycle accessibility.



Conclusion

The findings from this CCA highlight key strengths, challenges, and opportunities within ZIP Code 50703. While the region has valuable community assets, there are still barriers related to transportation, walkability, and historical disinvestment. Key informant interviews and survey observations reinforced the need for improved sidewalk connectivity, pedestrian safety measures, and enhanced public transit accessibility. Organizations within the community are actively working to address these challenges, but broader systemic changes and investments will be required to create sustainable improvements. Key themes included:

- Transportation access remains a significant barrier, with many residents relying on public transit or carpooling.
- Sidewalk infrastructure varies, with some areas lacking connectivity or presenting safety concerns.
- Organizations are working to address mobility challenges by providing bus passes or adjusting service locations.
- Historical patterns of disinvestment continue to shape health disparities and economic conditions in ZIP Code 50703.

The insights from this assessment will be integrated with data from the other two MAPP 2.0 assessments to inform the development of the Community Health Improvement Plan (CHIP) for FY26-28. Moving forward, collaborative efforts among local agencies, policymakers, and community stakeholders will be essential to addressing these challenges and promoting equitable health outcomes for all residents in Black Hawk County. Limitations of this study included the timing with the transition between bus routes. It was not always clear if the qualitative data collected was in reference to the existing bus routes or proposed routes. In addition, the assessment did not include the collection of data for rural Black Hawk County, the city of Cedar Falls, or the west side of Waterloo.

References

Waterloo MET Transit Plan: Waterloo, Iowa's public transportation plan for the MET transit bus routes. https://mettransit.org/sites/default/files/PM%20Banner%20Page%201.pdf

United Way 211. 211 Iowa is a free, comprehensive information and referral system. https://ia211.c211.io/

Seguin RA, Morgan EH, Connor LM, Garner JA, King AC, Sheats JL, et al. Rural Food and Physical Activity Assessment Using an Electronic Tablet-Based Application, New York, 2013– 2014. Prev Chronic Dis 2015;12:150147. DOI: http://dx.doi.org/10.5888/pcd12.150147

The Nations Health, "More programs offering low-cost reliable transportation for healthcare visits", June 2024 https://www.thenationshealth.org/content/54/4/1.2

Nykiforuk CI, Vallianatos H, Nieuwendyk LM. Photovoice as a Method for Revealing Community Perceptions of the Built and Social Environment. Int J Qual Methods. 2011 Jan 1;10(2):103-124. doi: 10.1177/160940691101000201. PMID: 27390573; PMCID: PMC4933584.

Pedestrian Masterplan (INRCOG)

2050 Long Range Transportation Plan (INRCOG)

2024 Downtown Walking Audit (INRCOG)

Black Hawk County Public Health

Black Hawk County Community Partner Assessment

March 2025

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Introduction

Framework

MAPP (Mobilizing for Action through Planning and Partnerships) is a method for community health improvement (CHI) planning which encourages collaboration with community partners to increase the likelihood of long-lasting change. The community health assessment portion of MAPP version 2.0 consists of 3 assessments. The Community Partner Assessment (CPA) allows partners involved in community health improvement to look critically at their individual systems, processes, and capacities and look at the collective capacity as a network of community partners to address health inequities. The CPA has five goals:

- *Describe why community partnerships are critical to CHI and how to build or strengthen relationships with community partners and organizations.*
- *Name the specific roles of each community partner to support the local public health system and engage communities experiencing inequities produced by systems.*
- *Assess each CHI partner's capacity, skills, and strengths to improve community health, health equity, and advance CHI goals.*
- *Document the landscape of CHI community partners to summarize collective strengths and opportunities for improvement.*
- *Identify whom else to involve in CHI work and ways to improve community partnerships, engagement, and power building.*

Purpose

The CPA was conducted to provide a comprehensive understanding of the overall health landscape of Black Hawk County, Iowa. Its findings will be integrated with the results of the other two CHA assessments to identify priority health needs for the county. These insights will guide the development of the Community Health

Improvement Plan (CHIP) for FY26-28.

Process and Timeline

The assessment took place between October 3 through December 2, 2024. The work was led by the Community Health Improvement (CHI) core team. This team consisted of a public health planner and two epidemiologists, working in collaboration with key area healthcare institutions: MercyOne, UnityPoint Health, and the Federally Qualified Health Center (FQHC) Peoples Community Health Clinic. Additional guidance was provided by a broader steering committee and an assessment design team.

Methods

Community Partner Survey

The CPA replaces the MAPP 1.0 Local Public Health Systems Assessment (LPHSA). Black Hawk County completed a modified version of the LPHSA in 2019. The results were reviewed in order to incorporate lessons learned and inform the development of the 2024 CPA. Using the MAPP 2.0 handbook as a guide, the CHI core team developed an initial draft CPA focused on *Diversity, Access, and Community Engagement* as well as *Data Collection and Sharing* topics from the recommended CPA topics. The CHI steering committee and the assessment design team conducted a review of the updated survey to ensure its relevance and alignment with community needs. The survey was then uploaded to Alchemer, a HIPAA-compliant survey platform.

The survey was sent out by email to 52 organizations associated with Advancing Equity in the Cedar Valley multi-sector coalition. This approach was chosen based on the coalition's focus on removing barriers, mobilizing and connecting people and organizations, and supporting organizations and communities to develop equitable practices. Survey results would then be shared with the coalition to inform their strategic planning.

Facilitated Discussion

The initial survey results were shared with the Advancing Equity steering committee in October 2024 through a presentation followed by a facilitated discussion around the following topics:

- Next steps to increase participation in the CPA
- Initial discussion on how the CPA data could be used to inform the Advancing Equity workplan

The final CPA survey results were then shared with the CHI steering committee in December 2024 for any additional feedback.

Findings

Community Partner Survey

A total of 30 responses were received. The organizations who responded are listed below.

- Black Hawk County (overall and multiple departments)
- Black Hawk Grundy Mental Health
- Catholic Charities
- Cedar Valley United Way
- Childcare Resource and Referral Agency
- Community Foundation of Northeast Iowa
- City of Cedar Falls (overall and Housing Authority)
- Grow Cedar Valley
- Hawkeye Community College
- House of Hope
- Iowa Northland Regional Council of Governments
- Iowa Heartland Habitat for Humanity
- Lutheran Services of Iowa
- Northeast Iowa Food Bank
- ONE Cedar Valley
- Operation Threshold

- Pathways Behavioral Services, Inc.
- Peoples Community Health Clinic
- University of Northern Iowa (overall, Student Health Clinic, Center for Energy and Environmental Education)
- UnityPoint Health
- Veridian Credit Union
- World Grace Project
- Waterloo Public Library

Diversity, Access, and Community Engagement

The results of the CPA survey demonstrate that most organizations who are part of the Advancing Equity coalition have already taken steps to move toward ensuring that their publicly available materials are accessible as well as culturally and linguistically adapted. Some organizations were just beginning to explore translation with most survey respondents reporting that at least some of their materials are translated into Spanish. Other common responses for languages translated included French, Marshallese, Bosnian, and Burmese/Karen/Karenni. Spanish, French, and Bosnian were reported to be the most common languages spoken by staff employed at responding organizations. Only 13.8% reported that they have not translated publicly available materials into any other languages and 10% indicated that their materials were not accessible.

Challenges to increasing the accessibility as well as culturally and linguistically adapting materials included:

- Cost/funding was a major limitation for expanding capacity
- Resources for translation/interpretation
- Time
- Training

Survey results also indicated that language and interpretation needs were present throughout the community and that the need for these services was higher than most organizations' ability to provide accessibility, translation, and interpretation services.

Data Collection and Sharing

Most organizations were already sharing or open to discussing sharing data with the coalition. The most common types of data collected were:

- Quality improvement, performance management, evaluation
- Demographics of clients served
- Access and utilization of services by clients

See **Appendix A** for a copy of the survey tool and **Appendix B** for the complete survey results.

Facilitated Discussion

Initial CPA survey results were shared with the Advancing Equity in the Cedar Valley steering committee in October 2024 by the CHI core team for the purposes of obtaining feedback on increasing survey engagement and a discussion on how the CPA data could be used to inform the Advancing Equity workplan.

Most of the organizations at the meeting already completed the survey and the participants indicated that 28 responses out of 45 organizations who were sent the survey gave meaningful data to proceed. Based on limited feedback from other local public health agencies that had already conducted the CPA survey, the core team noted that the 63% rate of return was high compared to rates of return experienced by other agencies. Two additional responses were recorded when the survey closed on December 2, 2024, for a total response rate of 67%.

The CPA data was used to inform the coalition's activities related to mobilizing and connecting organizations and supporting them to develop equitable practices. The discussion was focused on how the steps the coalition could take to reduce the barriers related to accessibility, culture, and language. The participants discussed in greater detail the resources they currently use for translation and interpretation services. In addition, they discussed the potential to use artificial intelligence to reduce the cost barriers either for written translations or inexpensive headsets that allow participants to engage in a real-time conversation. It was noted by coalition members from immigrant and refugee communities that best practice should be to have a person familiar with the culture and language review the translation or be present for the conversation. Examples were given where words were translated that did not mean the same for specific communities or not even used even if there was a word that translated.

Items identified for action by the committee based on the CPA results and facilitated discussion included:

- Look for projects that could be piloted and replicated for greater impact.
- Build metrics related to each activity and the need for greater data sharing through the development of a data hub.
- Create forums designed to educate and increase engagement between the Cedar Valley's multicultural communities and organizations/employers. Leaders from immigrant and refugee communities noted that people in their communities are getting hired but get stuck when they have to complete all the human resource forms and aren't receiving culturally/linguistically focused orientations to their work.
- Develop a mentorship program to build leadership in the multicultural community. Existing staff and small non-profits are very active in this work but cannot meet all the needs.

Conclusion

This assessment helped quantify how organizations in the Cedar Valley are approaching accessibility, language, and culture of both publicly available materials and the current state of languages spoken by organizations. Steps are already underway by the Advancing Equity in the Cedar Valley coalition that were informed by the CPA. In addition, the survey results related to data sharing, type of data collected, and resources available will be used by the CHI assessment design team as they work to create a community data hub. These steps will be a starting point for the development of targeted, inclusive strategies that support the health and well-being of all community members.

References

Languages Spoken in Iowa: A report released from the Iowa State Extension Office that shows the languages spoken by English Language Learners in Iowa. https://indicators.extension.iastate.edu/DHR/languages.html#

NACCHO MAPP 2.0 Handbook, 2023: Guidebook for the MAPP 2.0 process.

New Americans in Iowa: A report released by the American Immigration Council that summarizes data available about immigrants in Iowa. https://map.americanimmigrationcouncil.org/locations/iowa/

Healthy Johnson County, Iowa 2022 Community Partner Assessment https://www.johnsoncountyiowa.gov/sites/default/files/202207/2022_Community_Partners_Assessment_Report.pdf

Healthy Teton County Community Health Needs Assessment https://www.tetoncountywy.gov/1750/Healthy-Teton-County

Appendix A

Community Partner Assessment

This survey helps to identify capacities and skills of organizations participating in the "Advancing Equity in the Cedar Valley" collaborative. Survey results will help us understand the strengths as a community and opportunities for greater impact. Results will be reported as summary statistics and de-identified comments only.*

Organization Details

1. **What is the full name of your organization? (Please complete only 1 survey per organization)**

2. **Why is your organization interested in the "Advancing Equity in the Cedar Valley" collaborative?**
    a. Access to data
    b. Connections to communities with lived experience
    c. Connections to other organizations
    d. Connections to decision-makers
    e. Connections to potential funders
    f. Positive publicity (e.g., our organization supports community health)
    g. Improving conditions for community members/constituents
    h. Other:

Diversity, Access, and Community Engagement

3. **Who are your priority or target populations?**

4. **What do you do to reach/engage/work with your clientele or community? (check all that apply)**
    a. We hire staff from specific racial/ethnic groups that mirror our target populations
We aim to provide facilities and services that are accessible to persons with disabilities
    b. We hire staff/interpreters who speak the language/s of our target populations
    c. We have access to translation and interpretation services (Propio, Language Line, etc.)
    d. We support leadership development in our target populations
    e. Our organization is physically located in neighborhood/s of our target populations
    f. We work closely with community organizations from our target populations g. Other:

5. **Which of the following methods of community engagement does your organization use? (check all that apply):**
    a. Billboards
    b. Video creation
    c. Focus groups
    d. Community forums/events

e. Surveys (Customer/patient satisfaction surveys, community input, etc.)
f. Advocacy/Lobbying
g. Memorandums of understanding (MOUs) with community-based organizations
h. Citizen advisory committees
i. Social media
j. Other:

6. **When you host community meetings, do you offer: (select one option per row)**

	Always	**Frequently**	**Sometime**	**Rarely**	**Never**
Stipends or gift cards for participation					
Interpretation/translation to other languages including sign language					
Food/snacks					
Transportation vouchers if needed					
Childcare if needed					
Accessible materials for low literacy populations					
Virtual ways to participate					
Not applicable					
Other:					

7. **What languages do staff at your organization speak? (check all that apply)** a. English
b. Spanish
c. Marshallese
d. Languages of Burma refugee community (Burmese, Karen, Karenni, etc.) e. Bosnian
f. Pohnpeian
g. Chinese (Mandarin, Cantonese, Hokkien, etc.)
h. Vietnamese
i. French
j. French Creole
k. Arabic
l. Sign language
m. Other:

8. **How do you aim to make your publicly available materials linguistically accessible?**
a. All publicly available materials are translated into other languages
b. Most publicly available materials are translated into other languages (e.g., when conducting outreach to various populations or when hosting events for various populations)
c. Few publicly available materials are translated into other languages (e.g., only when requested)
d. No publicly available materials are translated into other languages
e. Not applicable (we do not have publicly available materials)

9. **Which languages do you typically translate your available materials into?**

10. **How do you aim to make your publicly available materials accessible to all?**
    a. All publicly available materials are in accessible formats (e.g., Braille, large print, audio, accessible PDFs)
    b. Most publicly available materials are in accessible formats (e.g., when conducting outreach to various populations or when hosting events for various populations)
    c. Few publicly available materials are in accessible formats (e.g., only when requested)
    d. No publicly available materials are in accessible formats
    e. Not applicable (we do not have publicly available materials)

What methods do you use to make your publicly available materials linguistically and accessible to all, if applicable?
Provide alt text for pictures
Staff are available to assist patients/customers
Closed captioning for videos
Large print options
Audio readers
Assess readability for grade level
Accessible PDFs
Cultural respect
None of the above
Other:

Do you experience any barriers in translating materials or making accessible materials? Please explain.

Organizational Capacity

11. **Does your organization have an advisory board of community members, stakeholders, youth, or others who are impacted by your organization?** a. No
    b. Yes, please write 1 or 2 sentences describing the advisory board

12. **Does your organization have sufficient capacity to meet the needs of your clients/ members? For example, do you have enough staff/funding/support to do your work?**
    a. Yes
    b. No
    c. Unsure

13. **Please provide any additional comments about your organizational capacity.**

Data Collection and Sharing

14. **What data does your organization collect? (check all that apply)**

a. Demographic information about clients or members
b. Access and utilization data about services provided and to whom
c. Evaluation, performance management, or quality improvement information about services and programs offered
d. Data about health status
e. Data about health behaviors
f. Data about conditions and social determinants of health (e.g., housing, education, or other conditions)
g. Data about systems of power, privilege, and oppression
h. We don't collect data
i. Other:

15. **Can you share any of that data with the Advancing Equity collaborative?**
    a. Yes, already being shared
    b. Yes, can share
    c. Yes, willing to discuss sharing
    d. No
    e.
16. **What data skills does your organization have? (check all that apply)**
    a. Survey design and analysis
    b. Secondary data analysis
    c. Needs assessment
    d. Focus group facilitation
    e. Interviewing
    f. Participatory research
    g. Facilitators of community or town hall meetings
    h. Asset mapping
    i. Mapping/visualization skills
    j. Other quantitative or qualitative methods:

* Community: Our community includes all people who are connected to Black Hawk County, whether they live, work, play, worship, learn, or visit. Community can also mean people connected by common interests, values, cultural heritage, or area

Thank you for completing the survey. Results will be shared as summary statistics and deidentified comments only and will be incorporated into the Community Health Assessment conducted by Black Hawk County Public Health, MercyOne, Peoples Community Health Clinic, and UnityPoint Health.

Appendix B

Question 2: Why is your organization interested in the "Advancing Equity in the Cedar Valley" collaborative. (check all that apply)

Value	Percent	Responses
Access to data	66.7%	24
Connections to communities with lived experience	80.6%	29
Connections to other organizations	86.1%	31
Connections to decision-makers	72.2%	26
Connections to potential funders	52.8%	19
Positive publicity (e.g., our organization supports community health)	72.2%	26
Improving conditions for community members/constituents	94.4%	34
Other (click to view)	8.3%	3

Question 3: Who are your priority or target populations?

Responses generally fit into these categories:

- Underserved populations
- Immigrant and Refugees
- People living in poverty/low income
- Mental health or substance use disorder
- All who live, work, visit Black Hawk County
- All people in the region
- Homeless
- Families looking for childcare

Question 4: What do you do to reach/engage/work with your clientele or community? (check all that apply)

Value	Percent
We hire staff from specific racial/ethnic groups that mirror our target populations	57.1%
We aim to provide facilities and services that are accessible to persons with disabilities	78.6%
We hire staff/interpreters who speak the language/s of our target populations	46.4%
We have access to translation and interpretation services (Propio, Language Line, etc.)	67.9%
We support leadership development in our target populations	57.1%
Our organization is physically located in neighborhood/s of our target populations	50.0%
We work closely with community organizations from our target populations	96.4%
Other (click to view)	10.7%

Question 5: Which of the following methods of community engagement does your organization use? (check all that apply)

Value	Percent
Social media	89.3%
Community forums/events	85.7%
Surveys (customer/patient satisfaction surveys, community input, etc.)	71.4%
Video creation	64.3%
Memorandums of understanding (MOUs) with community-based organizations	60.7%
Advocacy/Lobbying	46.4%
Citizen advisory committees	42.9%
Focus groups	35.7%
Billboards	21.4%
Other (click to view)	21.4%

Question 6: When you host community meetings, do you offer:

Multiple options with a Likert scale for each option

- Most common response virtual meetings (always or frequently)
- Food and snacks (frequently or sometimes)
- Interpretation or translation was evenly split between always, sometimes, and rarely
- 59% rarely or never offer stipends or gift cards for participation

Question 7: What languages do staff at your organization speak? check all that apply)

Value	Percent
English	100.0%
Spanish	71.4%
French	28.6%
Bosnian	25.0%
Other (click to view)	21.4%
Marshallese	14.3%
Languages of Burma refugee community (Burmese, Karen, Karenni, etc.)	14.3%
American Sign Language	14.3%
French Creole	10.7%
Chinese (Mandarin, Cantonese, Hokkien, etc.)	3.6%
Vietnamese	3.6%

Other response included: Bulgarian, Haitian Creole, Portuguese, Lingala, Swahili, Hindi, Italian, Dari and Pashto

8: How do you aim to make your publicly available materials linguistically accessible?

Value	Percent
All publicly available materials are translated into other languages	13.8%
Most publicly available materials are translated into other languages (e.g., when conducting outreach to various populations or when hosting events for various populations)	31.0%
Few publicly available materials are translated into other languages (e.g., only when requested)	37.9%
No publicly available materials are translated into other languages	13.8%
Not applicable (we do not have publicly available materials)	3.4%

Question 9: Which languages do you typically translate your available materials into?

- Nearly every response included Spanish
- Other common responses
- French
- Marshallese
- Bosnian
- Burmese (also Karenni and Karen)
- Selected additional languages
- Haitian Creole
- Swahili
- Somalian
- Dari/Pashto
- Some variability based on community needs and grant requirements

10: What methods do you use to make your publicly available materials culturally and linguistically accessible appropriate and accessible to all?

Value	Percent
All publicly available materials are translated into other languages	13.8%
Most publicly available materials are translated into other languages (e.g., when conducting outreach to various populations or when hosting events for various populations)	31.0%
Few publicly available materials are translated into other languages (e.g., only when requested)	37.9%
No publicly available materials are translated into other languages	13.8%
Not applicable (we do not have publicly available materials)	3.4%

Question 11: What methods do you use to make your publicly available materials culturally and linguistically accessible appropriate and accessible to all?

Value	Percent
Staff are available to assist patients/customers	78.6%
Cultural respect	57.1%
Closed captioning for videos	46.4%
Accessible PDFs	42.9%
Provide alt text for pictures	28.6%
Assess readability for grade level	28.6%
Other (click to view)	28.6%
Large print options	21.4%
Audio readers	7.1%

Other responses: Google translate, graphics, accessibility application on website

12: Do you experience any barriers in translating materials or making accessible materials? Please explain.

- Range of responses
- Some organizations are just beginning to explore translation
- Some have translated documents and staff who speak languages other than English
- Others rely on partner organizations for assistance
- Challenges
- Cost/funding

- Resources for translation/interpretation
- Time
- Training
- Impacts to both language services and accessibility, although organizations are more likely to be able to access language services than have accessible materials

Notes

- Not everyone experiences barriers and not every organization has a need to translate their materials
- Receiving funding to support staff, price per document, Language Line
- Who or what organizations to send translations to, no ability to print materials in Braille
- Time to receive translations or find an interpreter
- Training staff to use accessible materials – difficult with current staffing

Question 13: Does your organization have an advisory board of community members, stakeholders, youth or others who are impacted by your organization?

Value	Percent
No	28.6%
Yes	71.4%

13.1: Please write 1-2 sentences describing the advisory board.

Variety of responses

Leaders/representatives from the communities served/target populations

Diverse community leaders

Question 14: Does your organization have sufficient capacity to meet the needs of your clients/members?

Value	Percent
Yes	35.7%
No	42.9%
Unsure	21.4%

Question 15: Please provide any additional comments about your organizational capacity.

- Funding was a major limitation for expanding capacity
- Language and interpretation needs throughout the community

- Workforce shortages in some professions
- Need for services is higher than the organization's ability to provide

Question 16: What data does your organization collect? (check all that apply)

Value	Percent
Demographic information about clients or members	81.5%
Access and utilization data about services provided and to whom	70.4%
Evaluation, performance management, or quality improvement information about services and programs offered	85.2%
Data about health status	33.3%
Data about health behaviors	37.0%
Data about conditions and social determinants of health (e.g., housing, education, or other conditions)	51.9%
We don't collect data	3.7%
Other (click to view)	14.8%

17: Can you share any of the data with the Advancing Equity Collaborative?

Value	Percent
Yes, already being shared	11.1%
Yes, can share	18.5%
Yes, willing to discuss sharing	59.3%
No	11.1%

Question 18: What data skills does your organization have? (check all that apply)

Value	Percent
Survey design and analysis	52.2%
Secondary data analysis	26.1%
Needs assessment	56.5%
Focus group facilitation	30.4%
Interviewing	47.8%
Participatory research	34.8%
Facilitators of community or town hall meetings	39.1%
Asset mapping	30.4%
Mapping/visualization skills	26.1%
Other quantitative or qualitative methods: (click to view)	13.0%

Black Hawk County Public Health

Black Hawk County Community Status Assessment

March 2025

Table of Contents

Introduction

Framework

MAPP (Mobilizing for Action through Planning and Partnerships) is a method for community health improvement planning which encourages collaboration with community partners to increase the likelihood of long-lasting change. The community health assessment portion of MAPP version 2.0 consists of 3 assessments. The Community Status Assessment (CSA) is the quantitative assessment. It includes both primary and secondary data elements and is designed to answer the following questions:

- *What does the status of your community look like, including health, socioeconomic, environmental, and quality of life outcomes?*
- *What populations experience inequities across health, socioeconomic, environmental, and quality of life outcomes?*
- *How do systems influence outcomes?*

Purpose

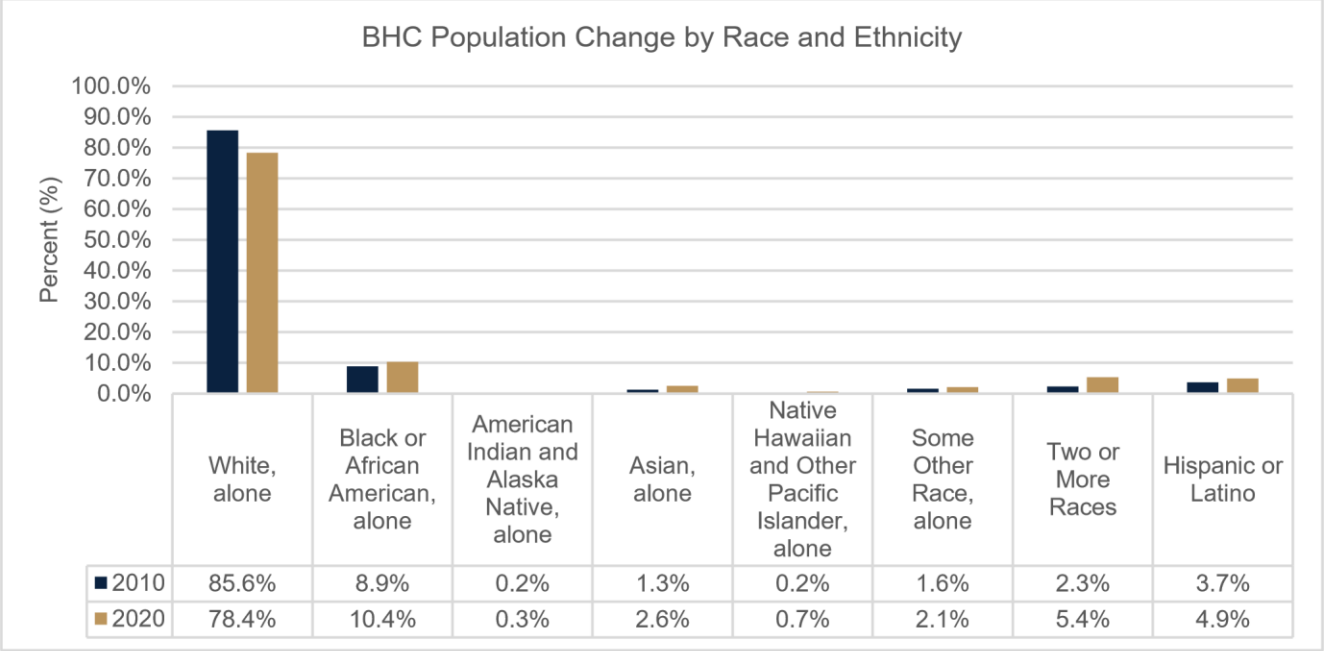
The CSA was performed to answer the previous questions to assess the overall health of Black Hawk County, Iowa. Results were intended to be used alongside the results of the other two assessments to identify the highest priority health needs for Black Hawk County, Iowa, and inform the development of the Community Health Improvement Plan (CHIP), for FY26-28.

Process and Timeline

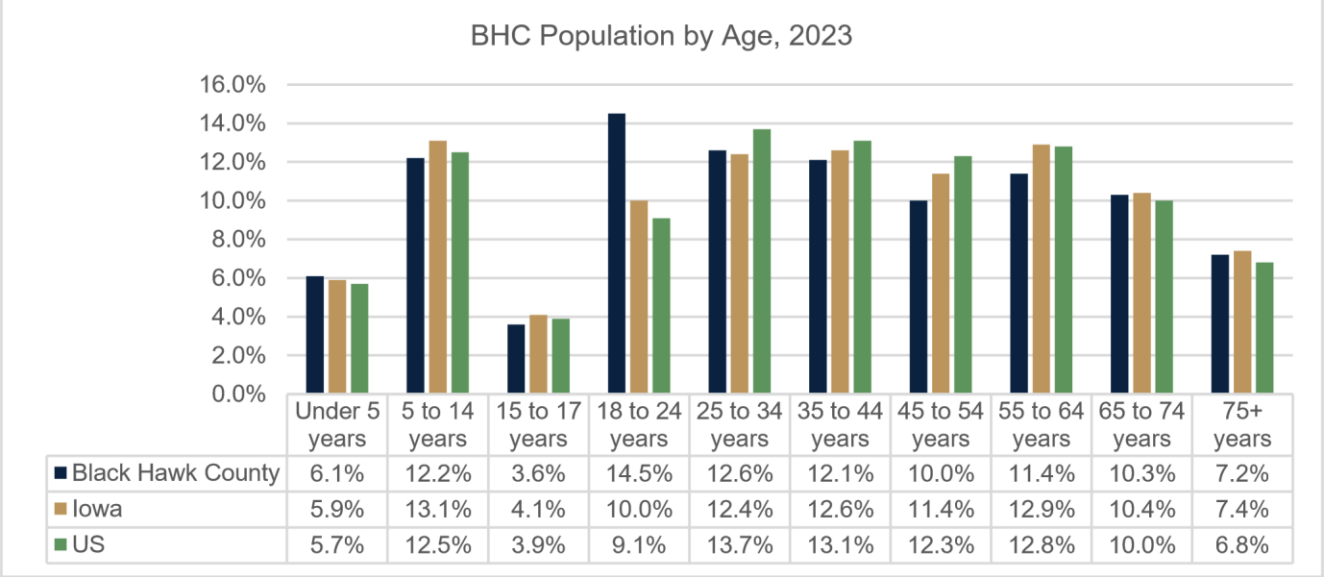
This CSA was conducted from February 2024 to December 2024. The work was led by the Community Health Improvement (CHI) core team, which includes a public health planner and two epidemiologists, in collaboration with area hospital systems, MercyOne and UnityPoint Health, and the Federally Qualified Health Center (FQHC) Peoples Community Health Clinic, as well as additional support from the broader steering committee and assessment design team. It consists of two parts, a community survey and secondary data analysis drawn from multiple sources (see References for details). The community survey was developed with the definition of community that the steering committee created, which includes individuals who live in, work in, or visit Black Hawk County (BHC), Iowa. The secondary data analysis includes individuals who are residents of BHC, Iowa. Although the secondary data analysis was started before the community survey was released, some data points were added after the community survey results were available.

Demographics

BHC is the fifth largest county in the state of Iowa. In 2023, the total population was 130,471 per the American Community Survey. The two largest cities in BHC are Waterloo and Cedar Falls, with several smaller towns and communities surrounding them. The population has become more diverse over time, as seen in the 2010 and 2020 Census data. Additionally, there is a larger proportion of 18- to 24-year-olds (14.5% in Black Hawk County compared to 10.0% in Iowa and 9.1% in the US), as seen in the 5-year American Community survey data. This can partially be explained with the presence of the public university, University of Northern Iowa (UNI) in Cedar Falls.



	White, alone	Black or African American, alone	American Indian and Alaska Native, alone	Asian, alone	Native Hawaiian and Other Pacific Islander, alone	Some Other Race, alone	Two or More Races	Hispanic or Latino
2010	85.6%	8.9%	0.2%	1.3%	0.2%	1.6%	2.3%	3.7%
2020	78.4%	10.4%	0.3%	2.6%	0.7%	2.1%	5.4%	4.9%



	Under 5 years	5 to 14 years	15 to 17 years	18 to 24 years	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75+ years
Black Hawk County	6.1%	12.2%	3.6%	14.5%	12.6%	12.1%	10.0%	11.4%	10.3%	7.2%
Iowa	5.9%	13.1%	4.1%	10.0%	12.4%	12.6%	11.4%	12.9%	10.4%	7.4%
US	5.7%	12.5%	3.9%	9.1%	13.7%	13.1%	12.3%	12.8%	10.0%	6.8%

According to the Iowa Immigration Council in 2023, 5.8% of Iowa's population are immigrants, and 3.0% are US born residents with at least 1 immigrant parent. The top countries of origin for immigrants in 2023 were Mexico (23.3%), Guatemala (6.8%), and India (5.7%). The top countries of origin for refugees were Democratic Republic of the Congo (DRC) (41.5%), Venezuela (8.6%), Afghanistan (6.0%), Myanmar (5.8%), and Eritrea (5.8%). In Black Hawk County, the foreign-born population was 6.4% of the total population (2023 5-year ACS), and originated from Europe (23.7%), Asia (26.0%), Africa (20.1%), Oceania (5.6%), and the Americas (24.6%). The Iowa Department of Education provides 2020-2021 data on English language learners (ELL) in public schools within BHC. The languages spoken by ELL students is shown in the word cloud below, with the size of the word corresponding to the number of ELL students that speak that language (the size of Spanish was reduced to make room for other languages).

Methods

Community Survey Methods

The 2024 Community Survey was developed from the 2019 survey, incorporating lessons learned while maintaining a consistent framework. The CHI steering committee and the assessment design team conducted a review of the updated survey to ensure its relevance and alignment with community needs. To promote accessibility and inclusivity, the survey was translated into Spanish, French, Bosnian, Marshallese, and Burmese, then uploaded to Alchemer, a HIPAA-compliant survey platform. The survey was distributed to the public using press releases, postcards, flyers, direct mail, community partners, social media, and targeted outreach.

An important lesson learned from the 2019 survey implementation was the importance of including community members in the planning process for outreach to vulnerable populations. Community health workers and community organizations, including RIYO, F.R.I.E.N.D.S. of Community Health, BHCPH community health workers, and Veterans Affairs, were consulted to determine appropriate incentives and effective methods for engagement. They also received the necessary resources to reach their community in ways they felt worked best.

The survey was launched online on August 5, 2024, and closed on October 22, 2024. Paper copies were made available at Black Hawk County Public Health and additional community venues. Members of the CHI core team attended local events to offer the survey in person. Completed paper copies were entered into the online platform by staff. Outreach locations and events included:

- African American Fest
- BHC Courthouse
- BHC Jail
- House of Hope
- Jessie Cosby Center
- Greens 2 Go
- KWWL Health Fair
- Lincoln Park
- Living Stone Church (Congolese)
- Marshallese Churches
- Pinecrest
- The Northeast Iowa Food Bank
- Peoples Community Health Clinic (Big Tent Event & Onsite)
- Salvation Army
- UNI
- Waterloo Eastside Churches, Apartment Complexes, Retail and Schools
- Veterans Health Fair
- Waterloo Public Library

When the survey closed, a report detailing preliminary results was exported from Alchemer. The data was also analyzed in Tableau. Data was broken down by race, ethnicity, age group, gender, income, highest level of education, country of birth, and ZIP code to highlight potential disparities. All valid responses were included in the analysis, and missing data was handled by

omitting only those questions left unanswered by individual respondents.

Secondary Data Analysis Methods

In addition to the survey, data was collected from a broad range of sources. Publicly available sources included the Census, the Iowa Public Health Tracking Portal, and Feeding America (see References). Most of the data was already aggregated by the data owner. This allowed for straightforward integration of results into Excel for visualization.

Additional data was shared through formal agreements with Iowa HHS and the Northeast Iowa Foodbank (NEIFB). Sources from Iowa HHS included the Behavioral Risk Factor Surveillance System (BRFSS), Iowa Hospital Association (IHA) Inpatient Outpatient data, Vital Records, and Barriers to Prenatal Care (see References for more details). The NEIFB shared local food insecurity data based on data from Feeding America. Excel, R, and Tableau were used for data cleaning and analysis. Missing answers or data values were treated the same way as they were for the community survey, by including all valid responses in the dataset but omitting individual missing values or unanswered questions.

Whenever possible, data was broken down by race, ethnicity, age group, and sex to highlight potential disparities. Income, highest level of education, and ZIP code were added when data allowed. This was done to assess any disparities among these groups. Individual years of data were displayed to show trends over time, but confidentiality remained a priority. In cases of low counts, multiple years were combined. Counts and numerators less than six or denominators less than 100 were suppressed for the same reason and are denoted by asterisks (**).

Selection Criteria

The data selection process for our final presentation was guided by a structured approach that ensured inclusivity, reliability, and a focus on identifying community strengths, weaknesses, and inequities. Our data came from two primary sources: the community survey and secondary data analysis.

All data sources were considered equally, without assigning different weights to various datasets. The focus was on pooling data together and identifying key points that highlighted disparities or trends that would be relevant for decision-making.

Once all data points were gathered, they were written on sticky notes. To categorize the information, we asked a guiding question for each data point: *does this data indicate an improvement, gap, or inequity?* If the answer was yes, the data point was included in an affinity diagram, where sticky notes were physically grouped into emerging themes. Two epidemiologists led the initial review process, analyzing the data, grouping it into themes, and creating visualizations of the data. The final secondary data points were presented in a PowerPoint alongside survey responses, with the intent of structuring the large amount of data in a digestible format.

Community Survey Findings

A total of 1,100 people participated in the community survey. Respondents varied in age, with a balanced distribution, and 71% of them were female. Most participants, about 74%, lived in BHC, ensuring that the results reflected local perspectives.

The survey included a diverse group of respondents. 1.9% identified as American Indian or Alaskan Native, 3.2% as Asian, 18.4% as Black or African American, 4.2% as Hispanic or Latino, and 70.7% as White. Additionally, 11.9% of participants were born outside the U.S., with origins from the Marshall Islands, the Democratic Republic of Congo, Burma, Mexico, and Bosnia. The survey also captured perspectives from different parts of our region, with 31.5% of

respondents living in rural areas outside of Waterloo and Cedar Falls. ZIP codes from Fayette, Bremer, Buchanan, and Grundy Counties were among the locations outside of BHC represented.

The first question on the survey asked how people felt about the health of their community over the past five years. More than half, 56.8%, said they believed their community had become less healthy. This was a significant jump from 2019 when 39.8% felt the same way. These results suggest growing concerns about overall well-being and the need for focused improvements.

When asked about what makes a community healthy, people said access to healthcare, affordable and safe housing, and jobs and a healthy economy were the most important. This was slightly different from what people said in 2019, when access to nutritional foods ranked higher. In 2024, access to nutritional foods was still important but was fourth overall. Lower income respondents and some foreign-born groups, especially those from Burma, the Democratic Republic of Congo, and the Marshall Islands, also pointed out that having a clean environment is important for a healthy community.

People also shared their thoughts on what the community is doing well and what needs improvement. The biggest improvements needed were affordable and safe housing, safe neighborhoods and lower crime, and jobs and a healthy economy. On the other hand, many felt the community was doing well in educational opportunities, arts and recreation, and physical activity or exercise opportunities. When looking at the data more closely, higher-income respondents were more likely to see educational opportunities and a clean environment as strengths, while lower-income respondents felt they needed improvement. Additionally, Marshallese and Burmese respondents highlighted access to transportation as one of the biggest areas that needs improvement.

Health concerns were a focus of the survey. The top three health issues for adults were mental illness, obesity, and aging or disability. When looking at the results by race and ethnicity, diabetes was the most common health concern for Black or African American, Marshallese, Burmese, and Congolese respondents.

Respondents felt the top health factors for children were too much screen time and social media use, bullying, and the lack of access to mental health services.

Overall, 85% of respondents reported receiving an annual health exam. By race, 88.6% of white, 86.9% of Black, 64.3% of Asian, 64% of Multiracial, and 61.3% of Native Hawaiian or Other Pacific Islander respondents reported having an exam. Among young adults (18–29 years), only 69.7% received an exam with rates increasing with age. Similarly, 75.4% of respondents earning less than $30,000 received an exam, with higher rates at higher income levels. When broken down by educational attainment, 73.8% of respondents with a high school diploma or less received an exam versus 92.3% of respondents with associate or trade school, bachelor's, or advanced degree. Differences were also noted by country of birth with 60% of respondents born in the Marshall Islands and 68.8% born in Burma received an exam.

Overall, 68.4% of respondents visited the dentist regularly (1–2 times per year). By race, 74.1% of white, 58.2% of Black, 32.1% of Asian, 54% of Multiracial, and 51.5% of Native Hawaiian or Other Pacific Islander respondents reported regular dental visits. Only 59.6% of 18–29-yearolds visited the dentist, though rates increased with age. When looking at income, 46.9% of respondents with incomes lower than $30,000 went to the dentist regularly, with proportions increasing as income increased. Educational differences were also apparent: 52.7% of respondents with a high school diploma or less visited the dentist regularly compared to 81.1% of respondents with associates or trade school, bachelor's degree, or advanced degree.

Additionally, 71.3% of U.S.-born respondents visited the dentist, versus 49.2% of those born outside the U.S.

Overall, the top 3 reasons that respondents didn't receive mental health services when they could have used them were feeling ashamed or uncomfortable talking about personal issues, services are too expensive, and being unable to find a provider that they can connect with. For respondents with incomes below $30,000, the primary issues were difficulty finding a provider, and a tie among lack of transportation, no insurance coverage, and discomfort discussing personal issues. The top 3 reasons for those born outside of the U.S. were services are too expensive, no insurance coverage, and feeling ashamed or uncomfortable talking about personal issues.

Overall, 42.6% of respondents were worried that food would run out before they had money to buy more. By race, this concern was expressed by 33.4% of white, 58.3% of Black, 75% of Asian, 70.8% of Multiracial, 84.6% of Native Hawaiian or Other Pacific Islander, and 68.2% of Hispanic respondents. Among 18–29-year-olds, 56.2% were worried, with concerns diminishing with age. 74.1% of respondents with incomes lower than $30,000 reported being worried food would run out, with increasing proportions as income increased. Educational attainment played a role as well, with 66% of respondents with a high school diploma or less expressed this worry compared to 25.7% of respondents with associates or trade school, bachelor's degree, or advanced degree. Finally, 68.1% of respondents born outside the U.S. were concerned, compared to 39.2% of U.S.-born respondents.

Overall, 39.8% of respondents felt that the food they bought didn't last and that they didn't have money to buy more. This concern was reported by 30.3% of white, 59.0% of Black, 63.0% of Asian, 61.4% of Multiracial, 89.7% of Native Hawaiian or Other Pacific Islander, and 63.6% of Hispanic respondents. In the 18–29 age group, 50.7% experienced this issue, with rates declining among older respondents. 74.1% of respondents with incomes lower than $30,000 answered sometimes or often true to the same question, with increasing proportions as income increased. 63.2% of respondents with educational attainment at a high school diploma or less compared to 23.4% of respondents with associates or trade school, bachelor's degree, or advanced degree. Additionally, 68.1% of respondents born outside the U.S. felt that food didn't last, compared to 36.4% of U.S.-born respondents.
While the community feels there are strong educational opportunities, arts and recreation, and physical activity or exercise opportunities, there are still needed improvements, including the need for more affordable safe housing, safer neighborhoods, and jobs and a healthy economy. The findings also highlight gaps that impact lower-income and immigrant communities the most, showing the need for focused solutions. More details on the survey and full results can be found in **Appendix A**.

Secondary Data Findings

Following the December 2024 meeting where the steering committee reviewed key data findings, results were organized into 10 themes. These themes also guide the structure of the sections, which are found in **Appendix B**. Each secondary data point will be described, including how it was disaggregated and any analyses for that question. When relevant, connections to the survey, CCA, and CPA are noted. Additional data will be made available in Tableau, scheduled for release in 2025.

Conclusion

This assessment identified ten main issues affecting our community: economic instability, inequitable food access, transportation challenges, behavioral health challenges, access to

healthcare, housing instability, chronic disease, infectious disease, cultural and linguistic inclusivity, and health literacy. Economic instability places a heavy burden on people in the top five Social Vulnerability Index census tracts, especially in ZIP code 50703 and among Black/African American, Hispanic, and young adult residents. Inequitable food access is a problem in ZIP code 50703 and nearby areas, where many struggle to find and afford healthy food. Limited access to reliable transportation poses a challenge for Black/African American residents, immigrant and refugee communities, and individuals with low incomes, making it harder to reach work, school, and healthcare. Behavioral health challenges impact certain groups more, including Black/African Americans, people aged 18–24 and 45–54, and those with lower incomes. Healthcare access barriers, such as cost, insurance, scheduling, transportation, and language support, delay care and lead to poorer outcomes.

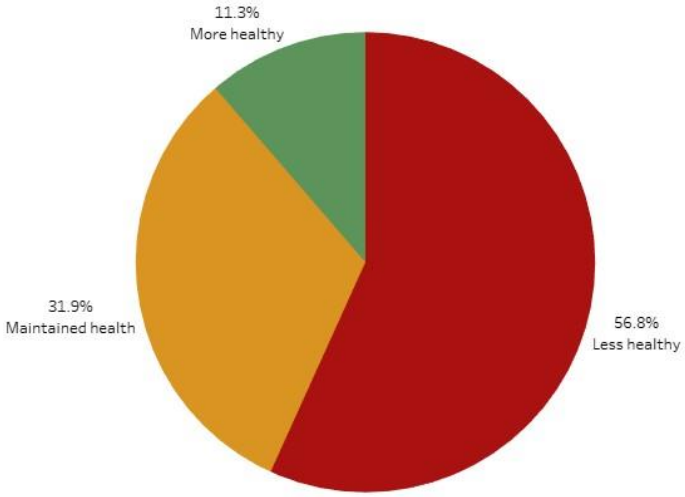
Housing instability and lead exposure put residents in east and central west Waterloo, particularly in ZIP codes 50703 and 50613, at greater risk of adverse health outcomes. Chronic diseases, including cancer, diabetes, and obesity, are especially common for Black/African American residents in ZIP code 50703. Infectious disease risks are increasing due to lower vaccination rates over time, along with a rise in syphilis and congenital syphilis cases. Cultural and linguistic inclusivity remains an important challenge, affecting education and community services, especially for those who need language or accessibility support. Health literacy concerns persist for individuals with lower education levels, young adults, Black/African American and Hispanic populations, and those in fair or poor health, potentially leading to worse health outcomes over time.

While these findings highlight urgent areas for improvement, there are some limitations. The amount of available data was large, so two epidemiologists selected what they believed to be the most important information based on selection criteria. Other analysts might have chosen different data. Whenever possible, data was broken down by specific demographics; however, if a group or sample size was too small, data was suppressed, and any breakdown of the data was limited to existing data points. Concerning the survey we conducted, the questions sometimes allowed for subjective interpretations, though vague options were reduced when possible. Finally, most of our responses were filled out electronically, so it may not have reached everyone equally. However, we made it a priority to work with community leaders and organizations to engage historically underrepresented voices.

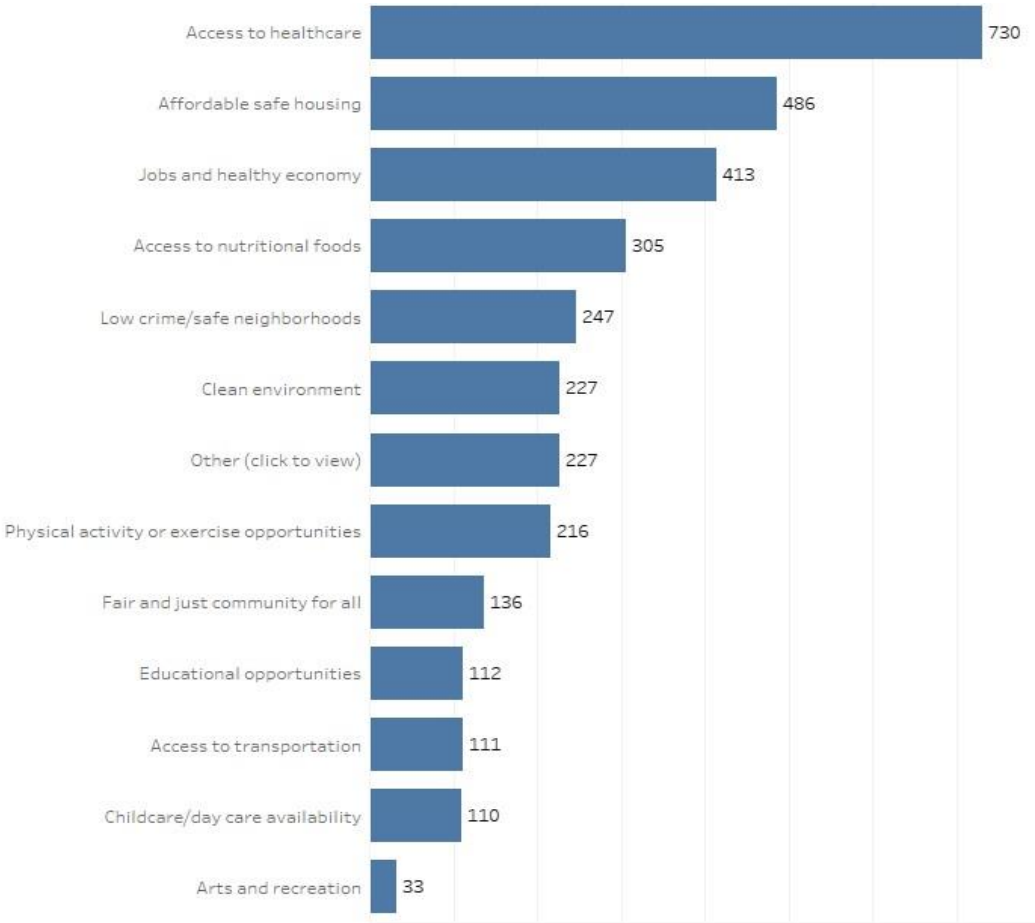
By understanding these ten issues and their impact on different groups, we hope this information guides efforts toward targeted, inclusive strategies that support the health and wellbeing of all community members.

Appendix A

1. Over the last 5 years, do you feel people in the community are:



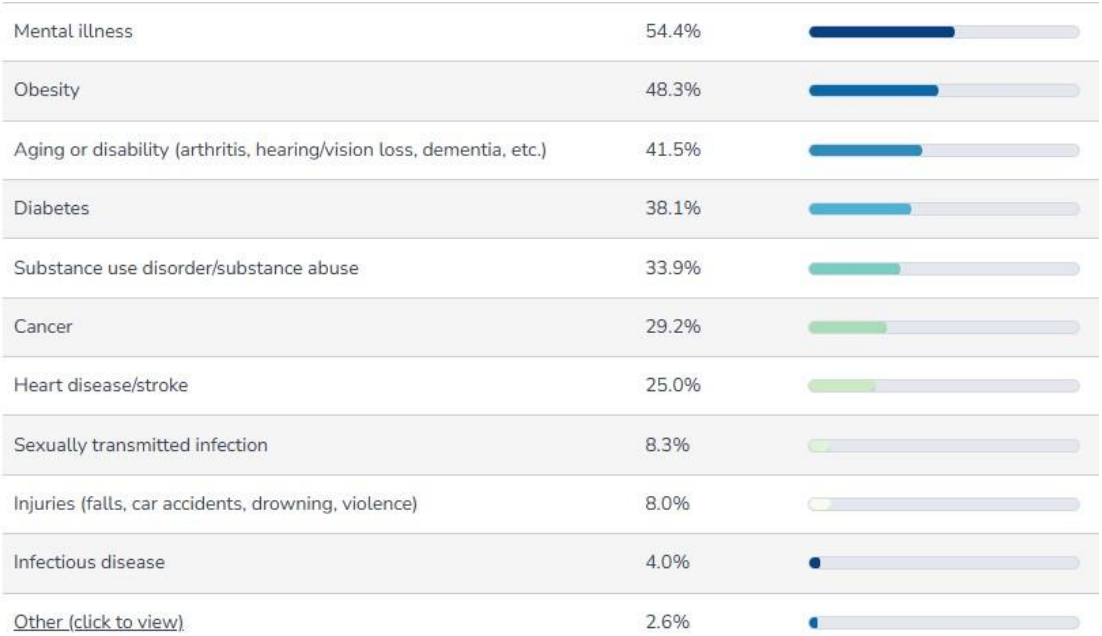
2. What are the three (3) most important factors for a healthy thriving community? (Select up to three (3) boxes)



3. For each factor listed below, are we as a community doing a good job or do we need to improve? (Select one (1) of the boxes below for each row)

Factor	High Importance	Good Job	Most in Need of Improvement
Access to healthcare	68%	44%	49%
Affordable safe housing	45%	14%	77%
Jobs and healthy economy	39%	25%	69%
Access to nutritional foods	29%	38%	58%
Low crime/safe neighborhoods	23%	23%	70%
Clean environment	22%	38%	56%
Fair and just community	13%	29%	61%
Access to transportation	11%	30%	61%
Childcare	10%	19%	62%
Arts and recreation	3%	52%	32%
Educational opportunities	11%	53%	39%
Physical activity or exercise opportunities	11%	51%	42%

4. What do you feel are the top three (3) health problems for adults in the community? (Select up to three (3) boxes below)

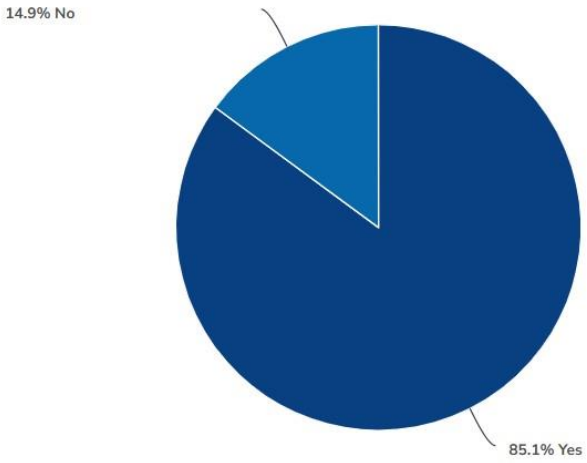


Mental illness	54.4%	
Obesity	48.3%	
Aging or disability (arthritis, hearing/vision loss, dementia, etc.)	41.5%	
Diabetes	38.1%	
Substance use disorder/substance abuse	33.9%	
Cancer	29.2%	
Heart disease/stroke	25.0%	
Sexually transmitted infection	8.3%	
Injuries (falls, car accidents, drowning, violence)	8.0%	
Infectious disease	4.0%	
Other (click to view)	2.6%	

5. What are the top three (3) factors affecting children's health? (Select up to three (3) boxes below)

Screen time/social media	47.3%	
Bullying	38.8%	
Access to mental health or substance use disorder services	37.3%	
Supportive family environment	33.4%	
Access to nutritional foods	29.8%	
Access to healthcare	23.6%	
Safe living environment	22.3%	
Access to dental care	19.7%	
Substance abuse	15.3%	
Physical activity opportunities	12.9%	
Sexual behavior	7.5%	
Educational opportunities	5.6%	

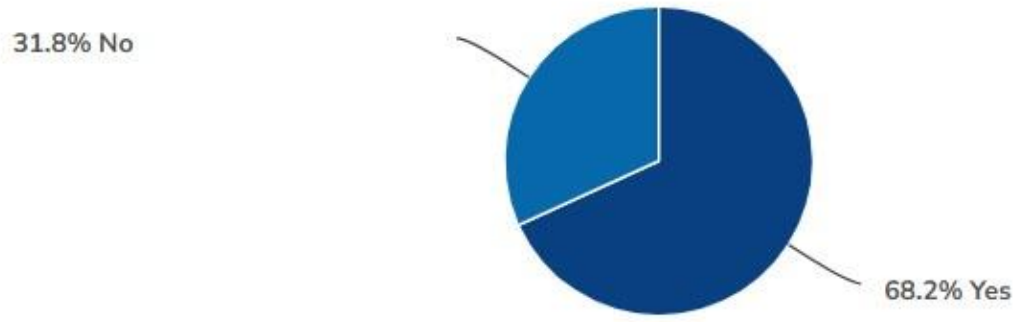
6. Do you receive an annual health exam (check-up/physical)?



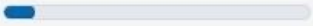
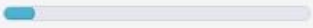
7. If no, why? (Select all that apply)

Can't get an appointment for a time that works best for you	18.5%	
Don't feel you need an annual health exam	28.8%	
Cost	33.6%	
Transportation	15.8%	
Childcare	8.2%	
Interpreter services	5.5%	
Other (click to view)	16.4%	

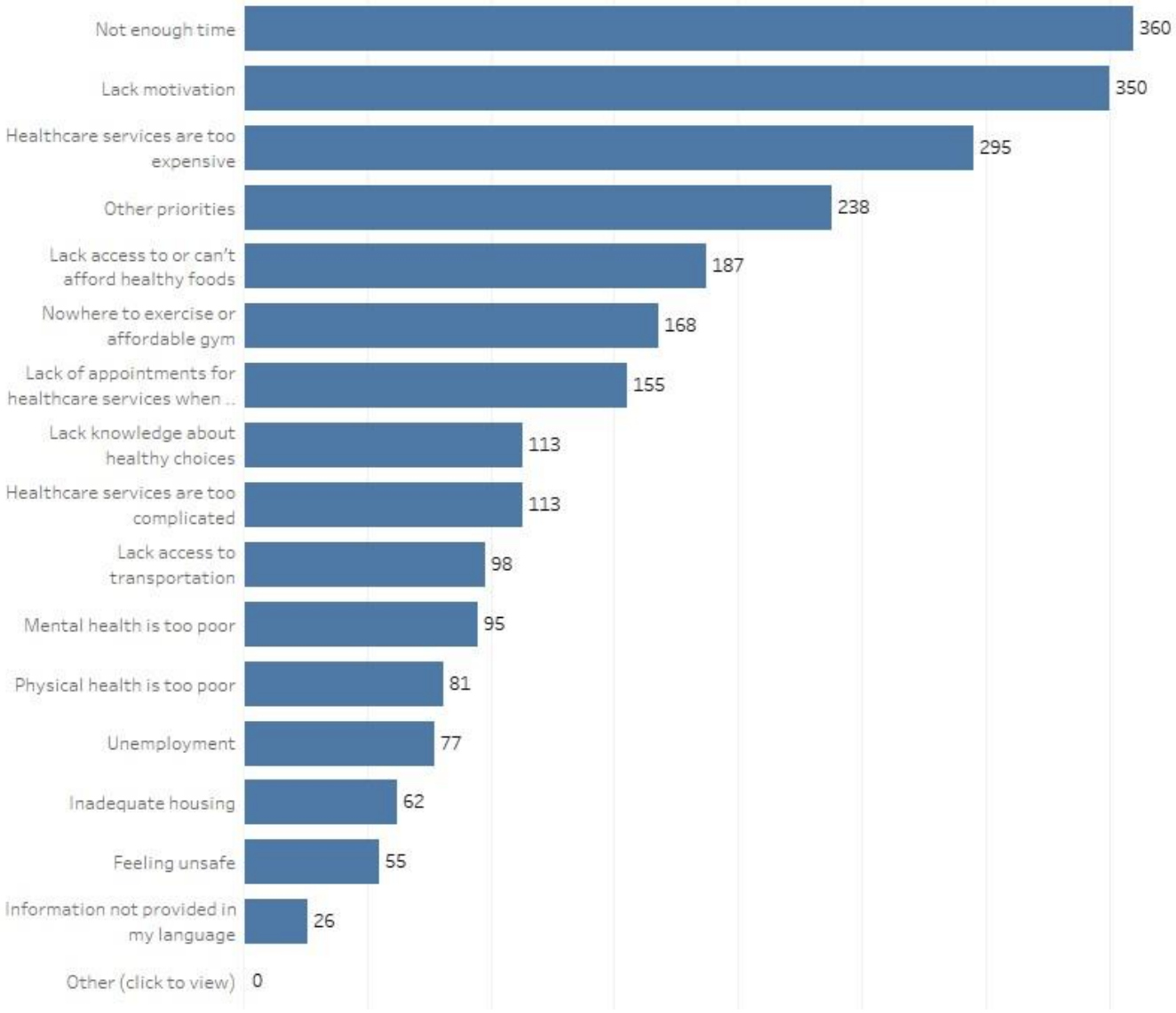
8. Do you visit the dentist regularly (1-2 times per year)?



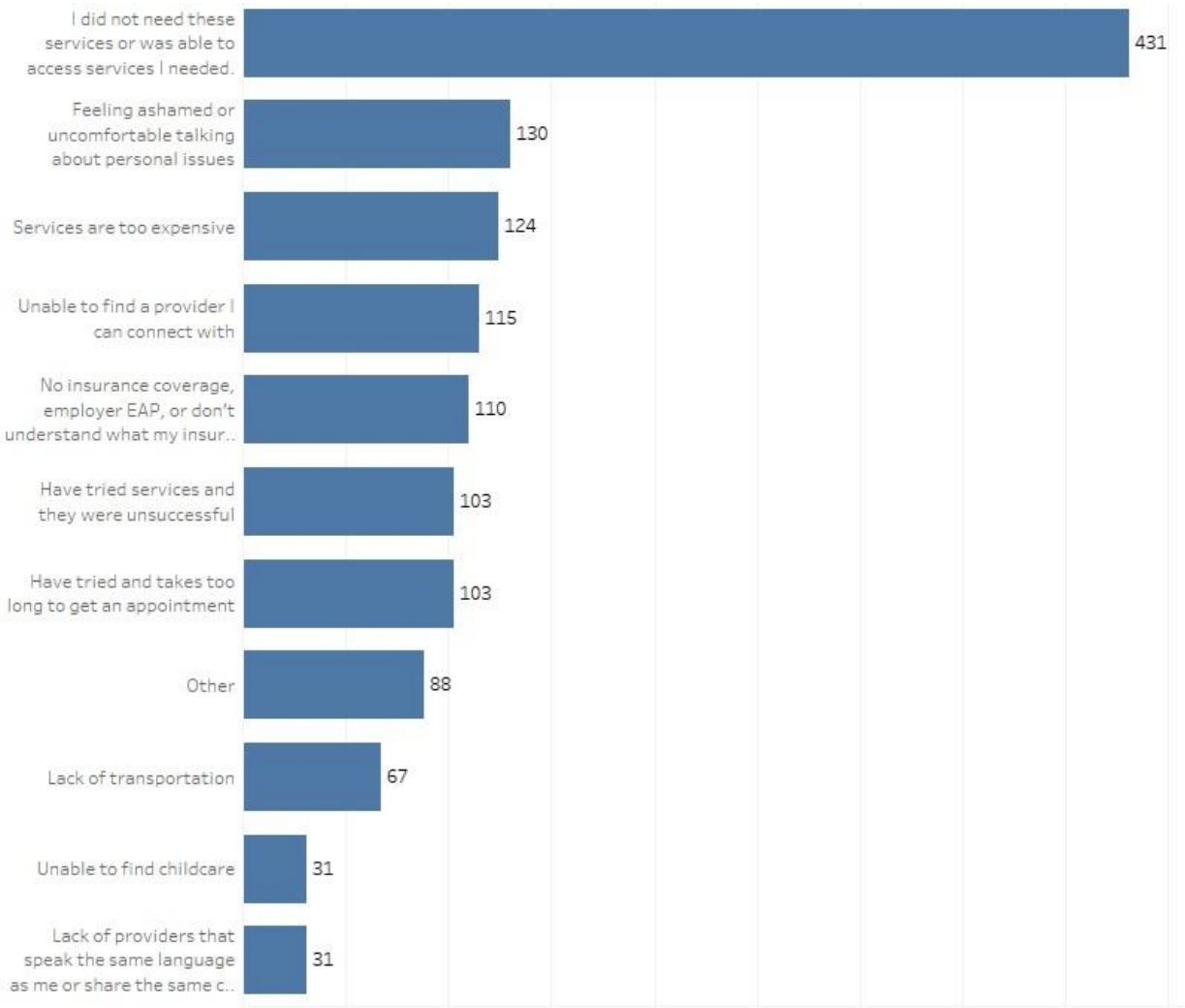
9. If no, why? (Select all that apply)

Can't get an appointment for a time that works best for you	18.7%	
Don't feel that you need to visit the dentist regularly	10.4%	
Cost	41.8%	
Transportation	10.1%	
Childcare	3.5%	
Interpreter services	3.5%	
Don't have dental insurance	27.5%	
Other (click to view)	22.8%	

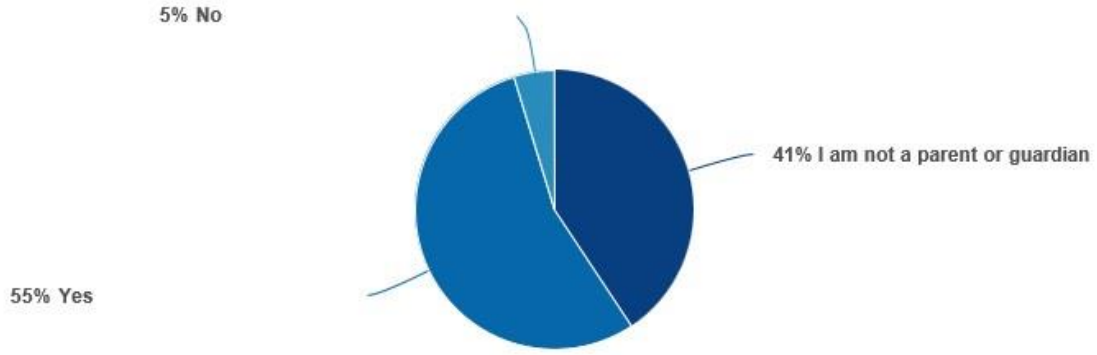
10. What prevents you from being healthier? (Select all that apply)



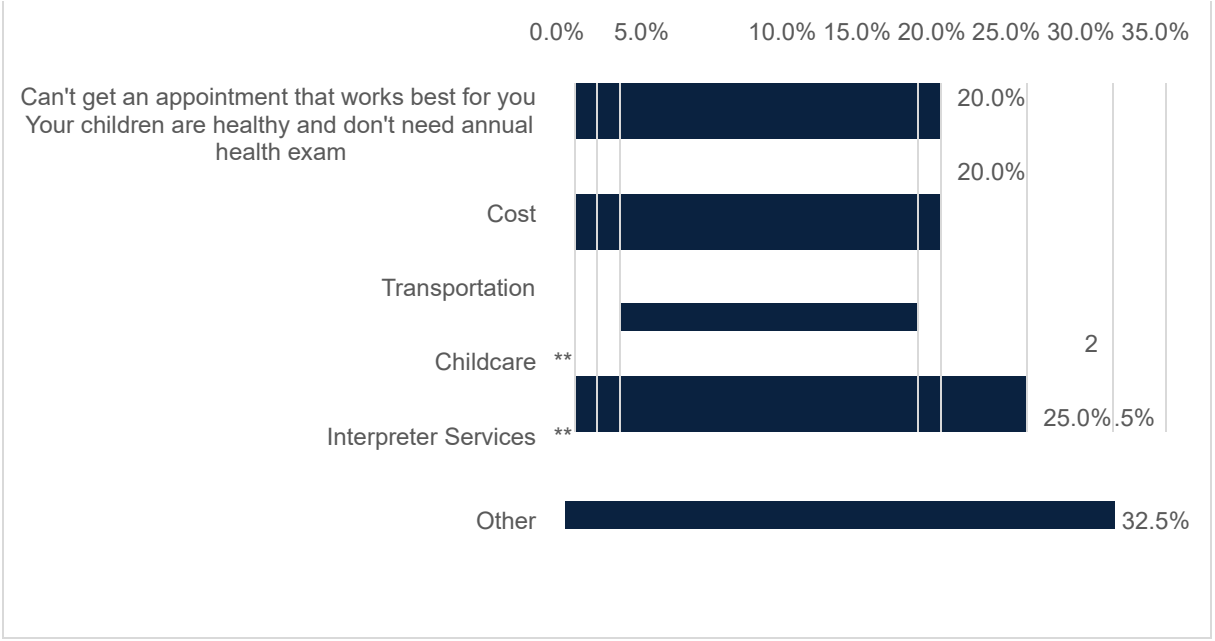
11. If you feel you could benefit from mental health or substance use disorder services but are not currently receiving them, please select your reason(s) for not accessing those services.



12. If you are a parent or guardian, do your children receive an annual health exam (checkup/physical/well child visit)?



13. If no, why? (Select all that apply)



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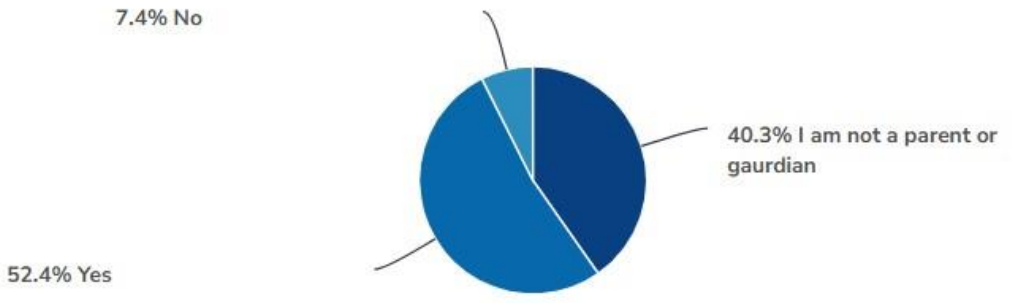
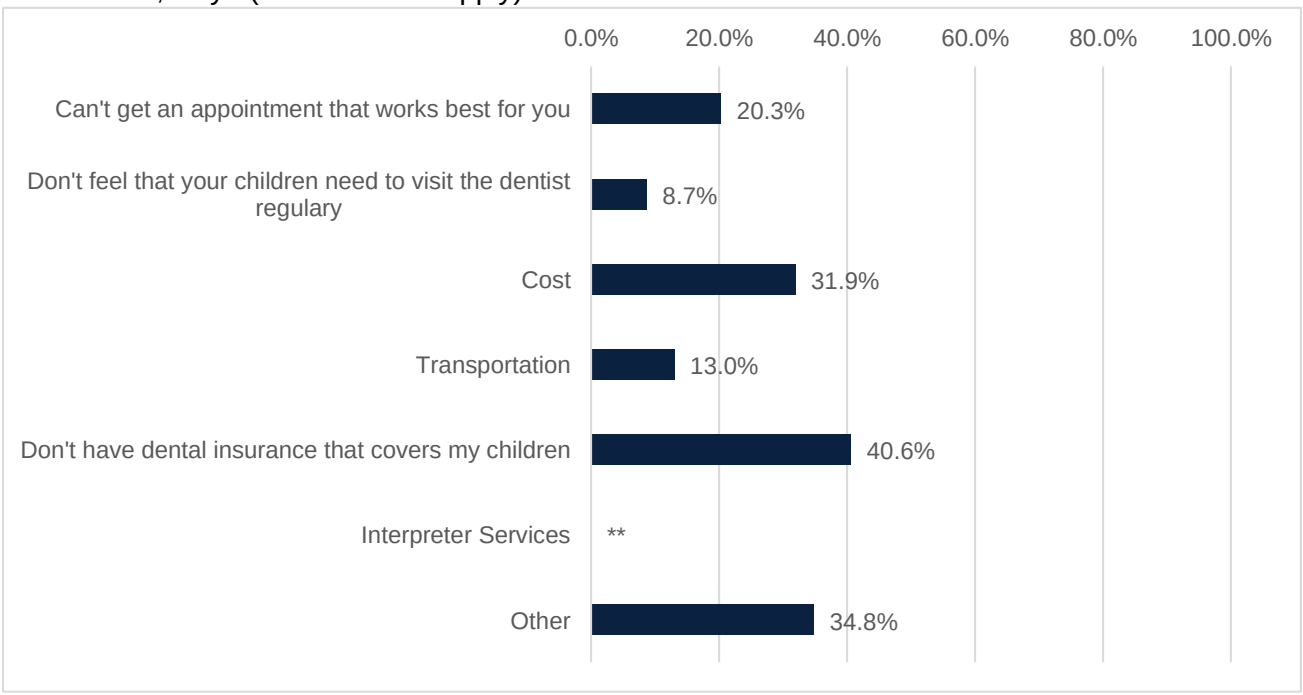
14. If you are a parent or guardian, do your children visit the dentist regularly (1-2 times per year)?



15. If no, why? (Select all that apply)



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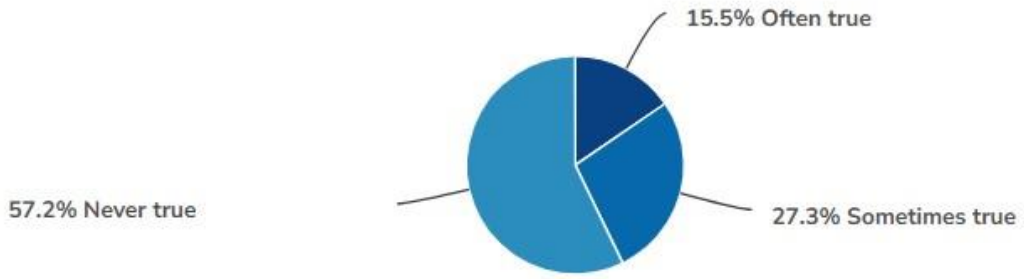
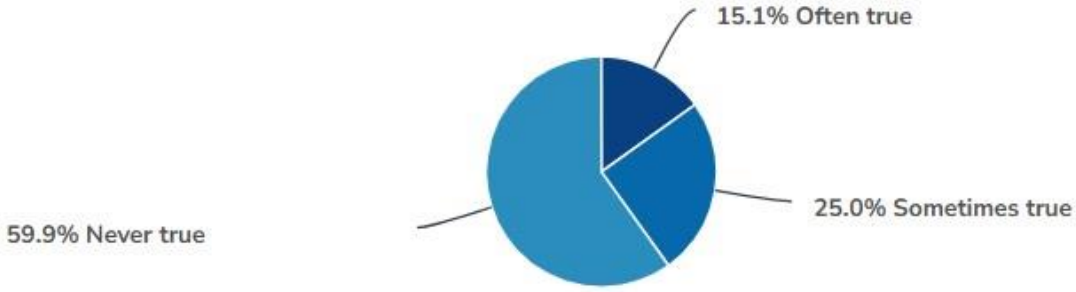
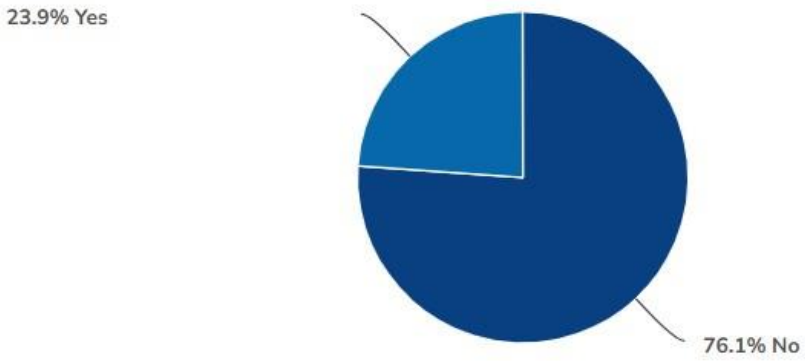
16. Within the past 12 months, you worried that your food would run out before you got money to buy more.



17. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.



18. Do you receive services from local agencies?



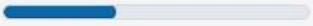
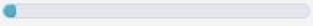
19. Select all the services that apply to you:

SNAP (food stamps)	66.4%	
Food assistance (pantry, community meals)	34.9%	
Free or reduced-cost health care services	24.5%	
WIC	23.7%	
Utility assistance	15.4%	
Housing assistance (rental or shelter)	13.7%	
Childcare assistance	9.1%	
Other (click to view)	6.6%	
Youth programming assistance (eg. Boys and Girls Club)	3.3%	
General financial assistance	3.3%	
Parent education services	2.5%	

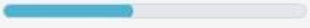
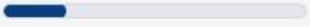
20. If you were in need of assistance from local agencies but didn't receive any, was there a reason? (Select all that apply)

I wasn't in need of assistance	56.3%	
They don't offer hours that are convenient to me	4.8%	
Information is not provided in my language	2.5%	
Transportation	7.5%	
Childcare	2.7%	
Interpreter services	3.4%	
My needs exceed the maximum amount of assistance	7.7%	
I don't meet eligibility criteria for assistance	27.4%	
Other (click to view)	9.4%	

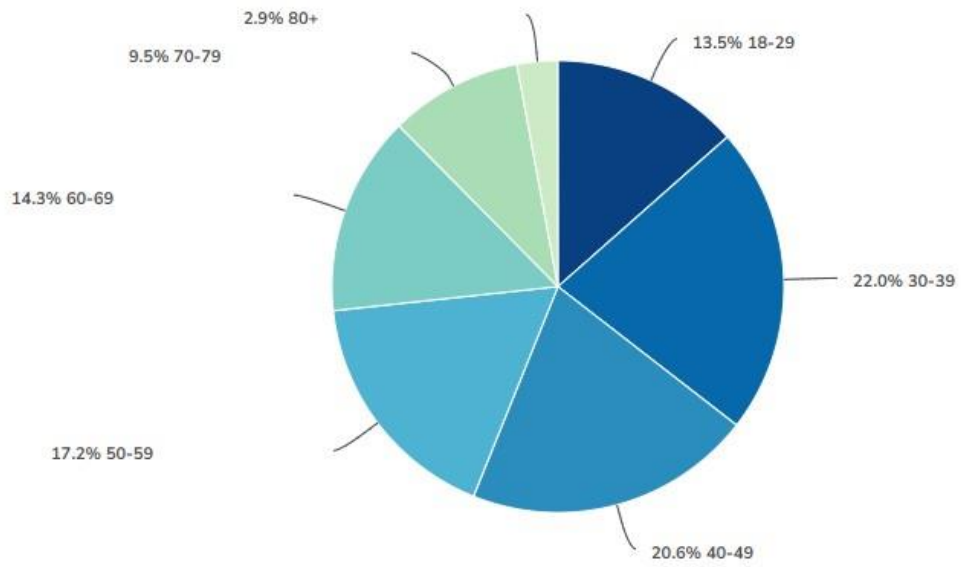
21. Who do you trust for health information? (Select all that apply)

Doctor or other health professional	89.3%	
Public Health Department	36.9%	
Television or newspaper	5.1%	
Social media	4.1%	
Internet	11.3%	
Family or friends	26.4%	
Other (click to view)	6.5%	

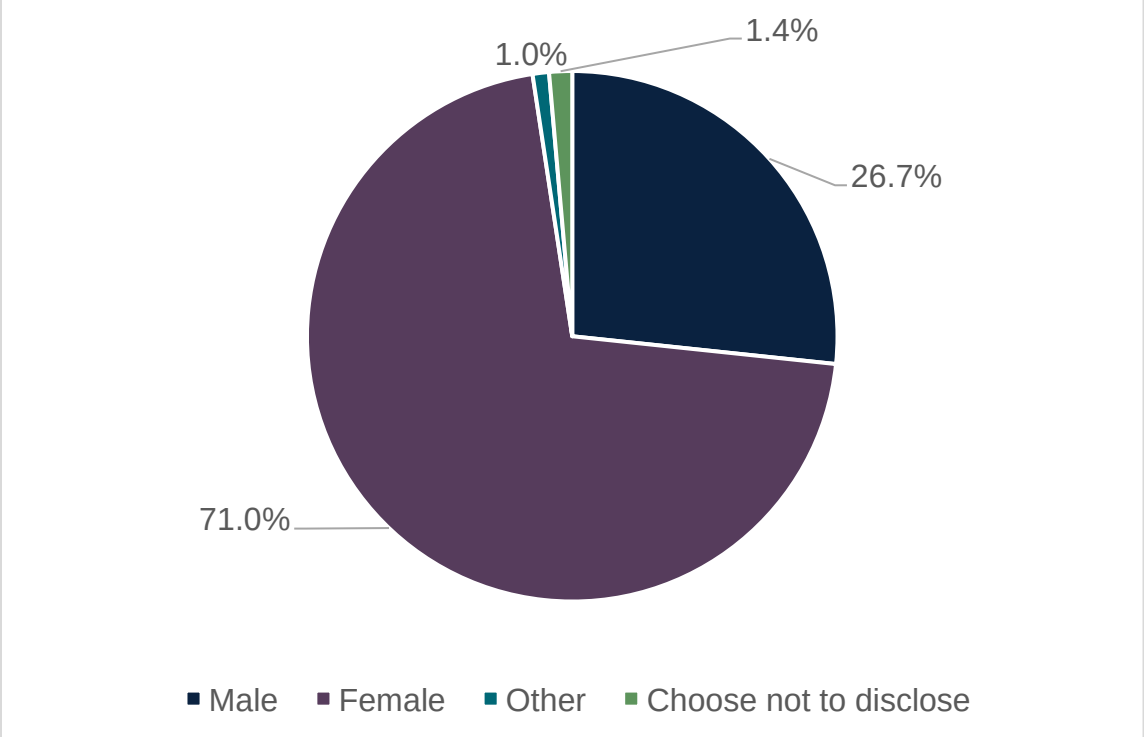
22. Which of the following emergency preparedness statements are true for you/your family? (Select all that apply)

My family has a cell phone with a charger	90.9%	
My family has a first aid kit	66.0%	
My family has signed up to obtain real-time alerts warning for disasters	46.7%	
My family has made a contact list for emergencies (kids know how to call another family member and how to use 911)	42.7%	
My family keeps a supply of bottled water and extra nonperishable food items on hand	41.4%	
My family has a weather radio, flashlight, and batteries in our home	40.7%	
My family keeps a list of current medications and important paperwork for each family member	31.5%	
My family has practiced a tornado drill at home	27.6%	
My family has discussed a central meeting place	26.0%	
My family has practiced a fire drill at home	21.0%	

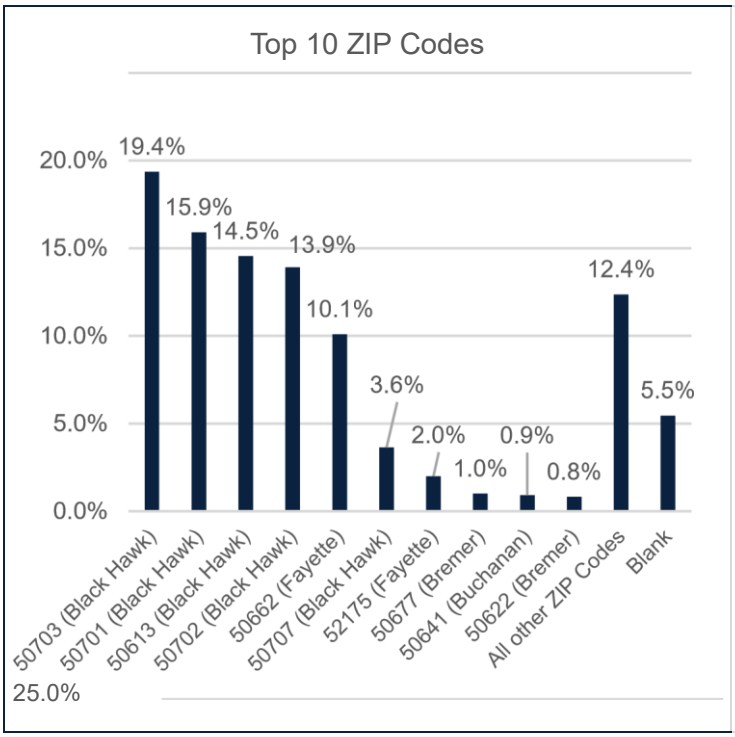
23. Age

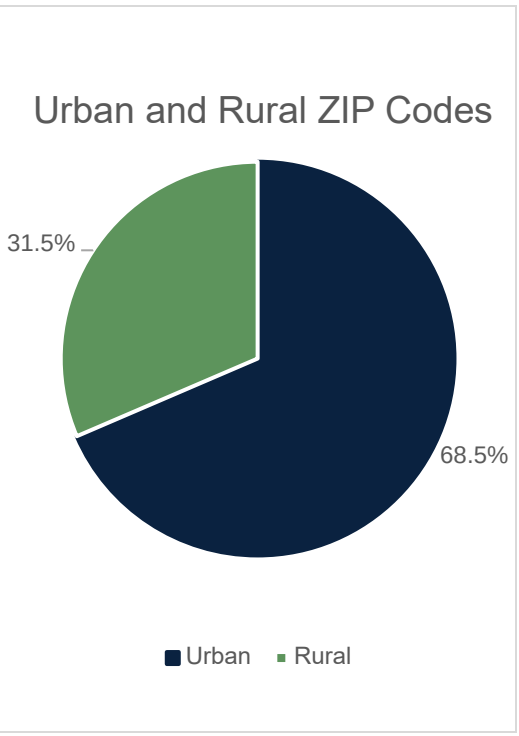


24. Gender (note: Other includes transgender male, transgender female, gender variant/nonconforming, and other – please specify to maintain confidentiality)

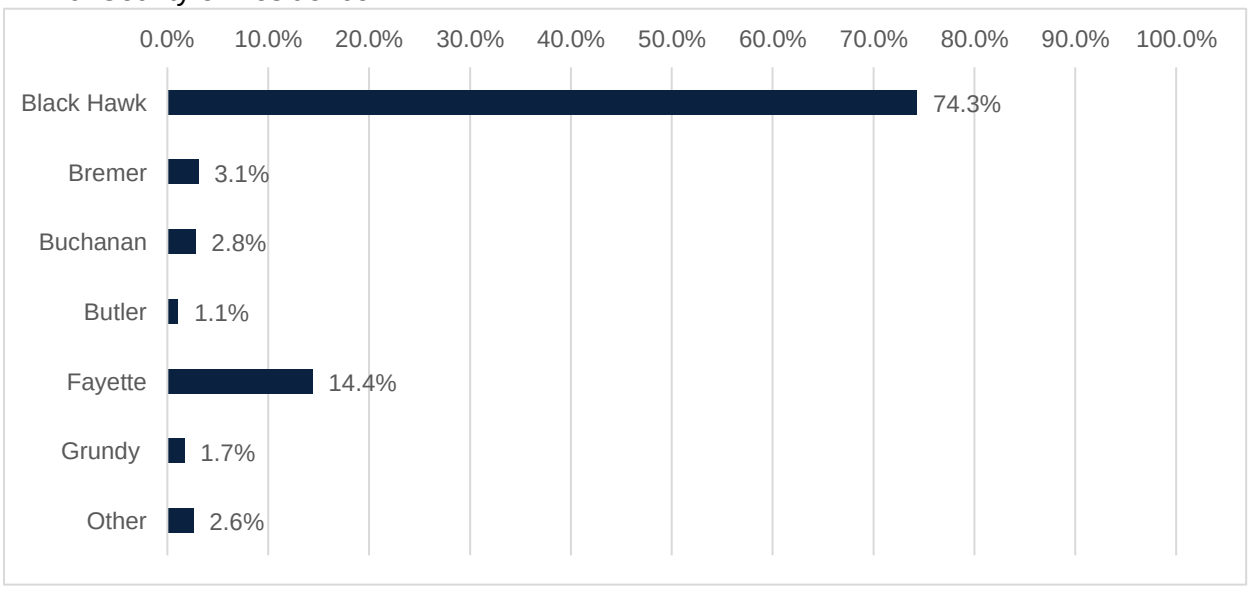


25. ZIP Code





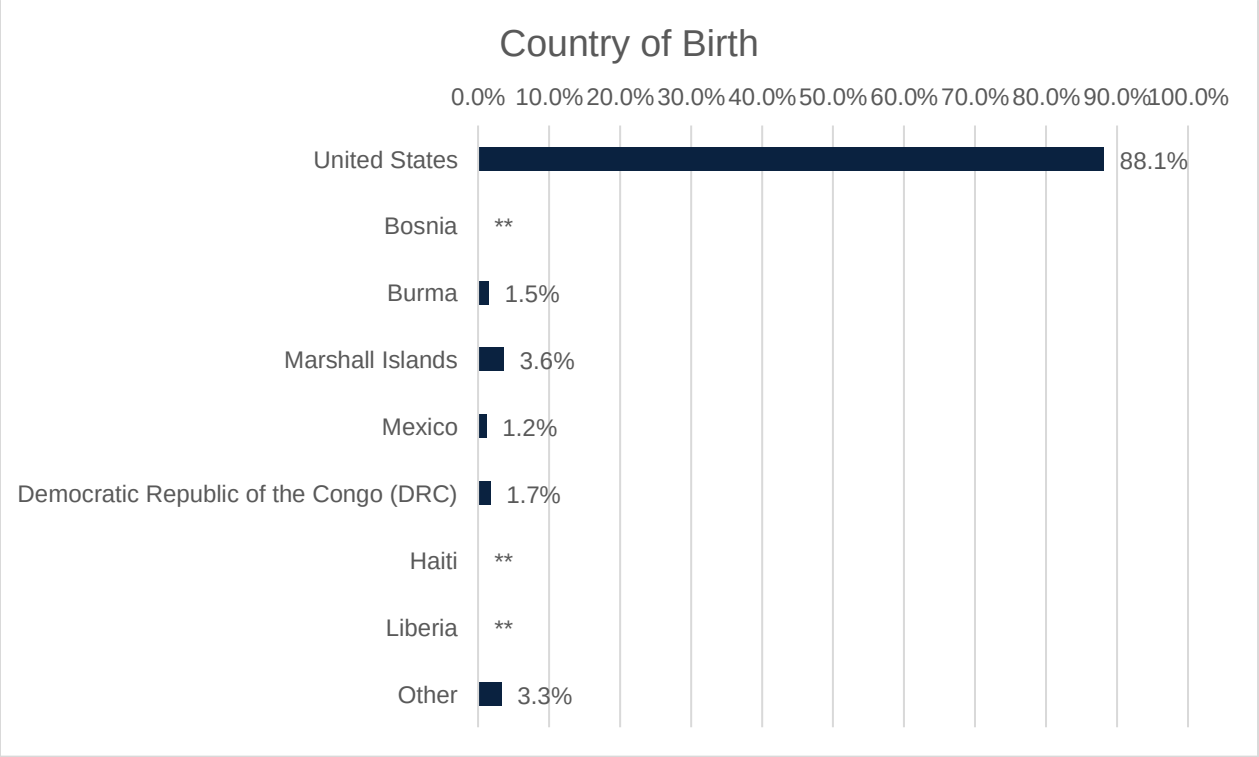
26. County of Residence



27. Race/Ethnicity (select all that apply)

American Indian or Alaskan Native	1.9%	
Asian	3.2%	
Black or African American	18.4%	
Hispanic or Latino	4.2%	
Native Hawaiian or Other Pacific Islander	3.7%	
White	70.7%	
Other (click to view)	2.0%	

28. Country of Birth



**Data suppressed if percentage represents value less than 6 to maintain confidentiality.

29. Education

Less than 8th grade	2.3%	
Some high school, no diploma	5.6%	
High school graduate	16.2%	
High school equivalent (GED)	6.1%	
Some college, no degree	16.4%	
Associate's degree or trade/technical school training or certificate	16.5%	
Bachelor's degree	20.9%	
Advanced degree	15.9%	

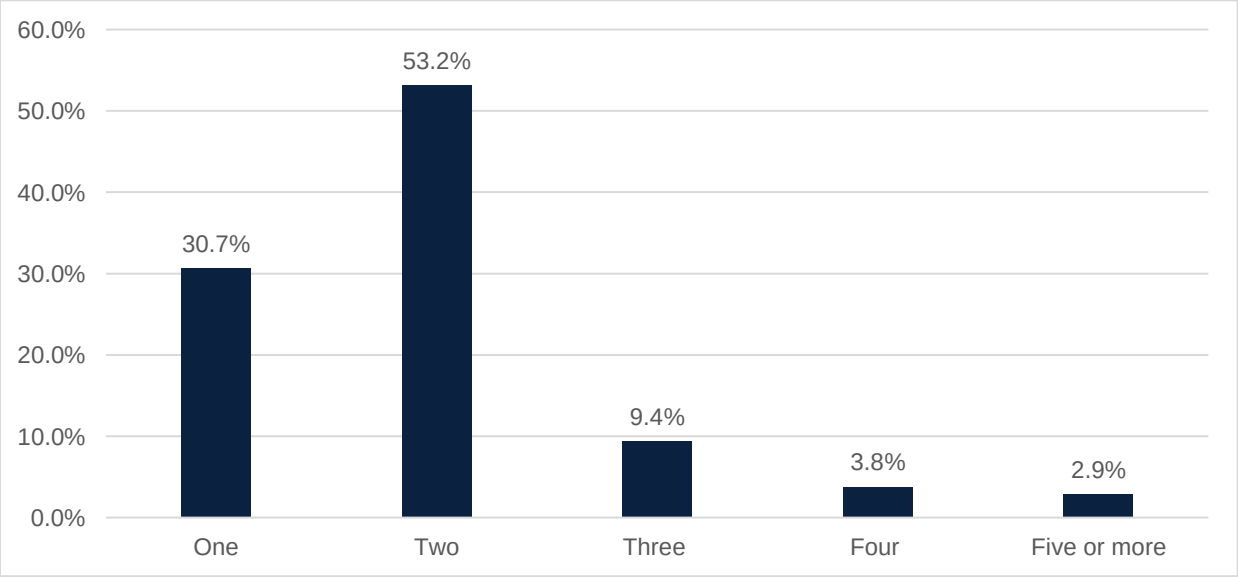
30. Health insurance status (select all that apply)

Insurance through a current or former employer (of yourself or family member)	55.7%	
Insurance purchased directly from an insurance company (by yourself or family member)	4.6%	
Insurance purchased from the Marketplace (by yourself or family member)	2.6%	
I am covered by Medicaid (Iowa Total Care, Molina, Wellpoint)	18.9%	
I am covered by Medicare	17.7%	
VA health care	2.3%	
I am not covered by health insurance	7.6%	
One or more of my children are not covered by health insurance	0.8%	

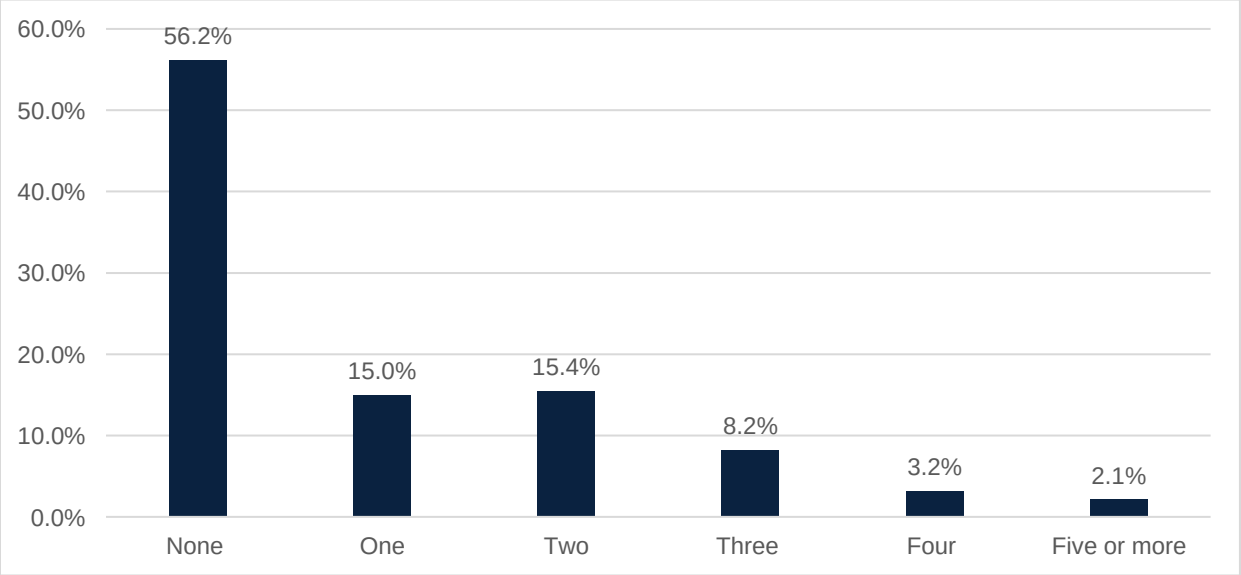
31. How well do you understand the benefits offered under your health insurance plan?

Very Well (5)	4	3	2	Not at All (1)
298 30.8%	294 30.4%	220 22.8%	109 11.3%	45 4.7%

32. Number of adults in home including yourself



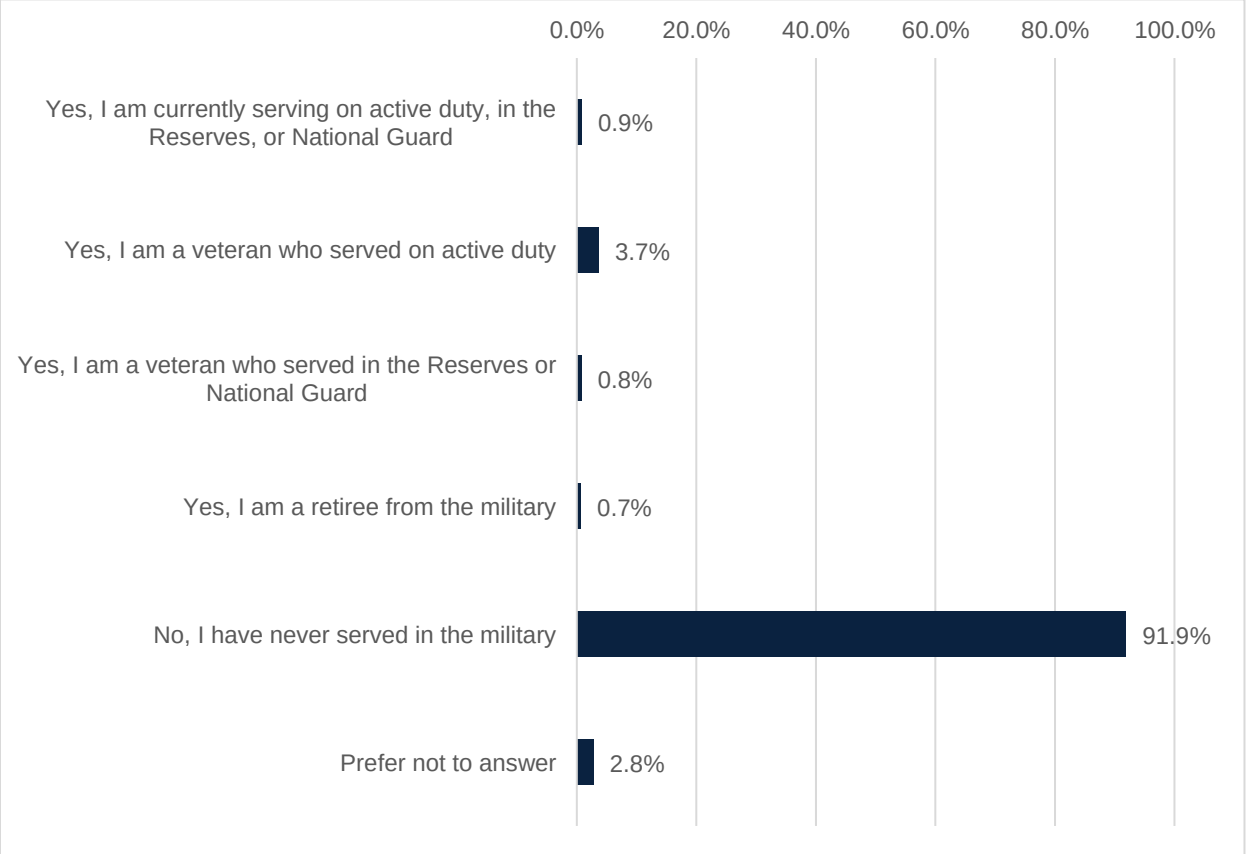
33. Number of children in home



34. What is your family's gross annual income before taxes?

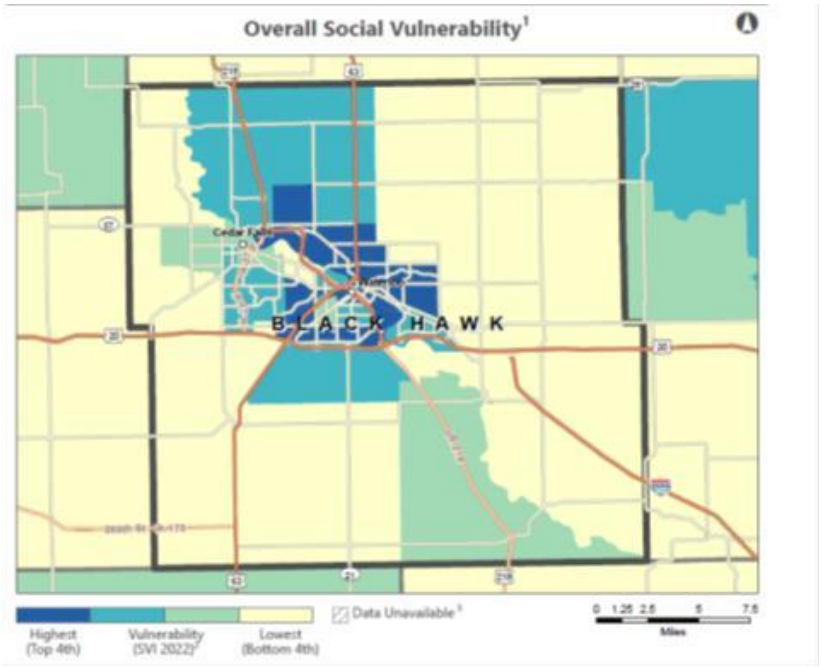
Under $15,000	17.6%	
Between $15,000 and $29,999	12.4%	
Between $30,000 and $49,999	16.1%	
Between $50,000 and $74,999	16.2%	
Between $75,000 and $99,999	13.0%	
Between $100,000 and $149,000	15.2%	
More than $150,000	9.5%	

35. Veteran/military status (select all that apply) (note: Yes, I am currently serving on active duty and Yes, I am currently serving in the Reserves or National Guard were combined to maintain confidentiality)

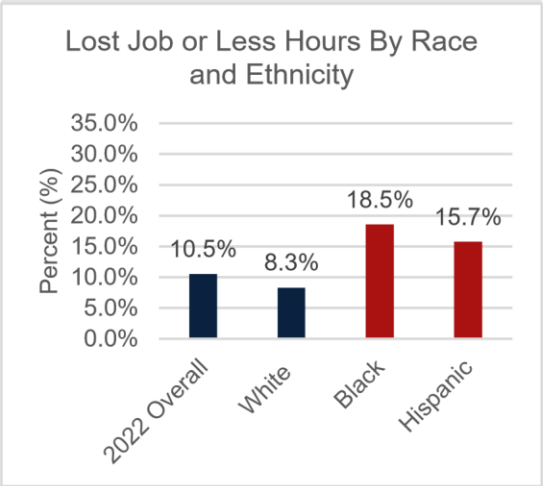


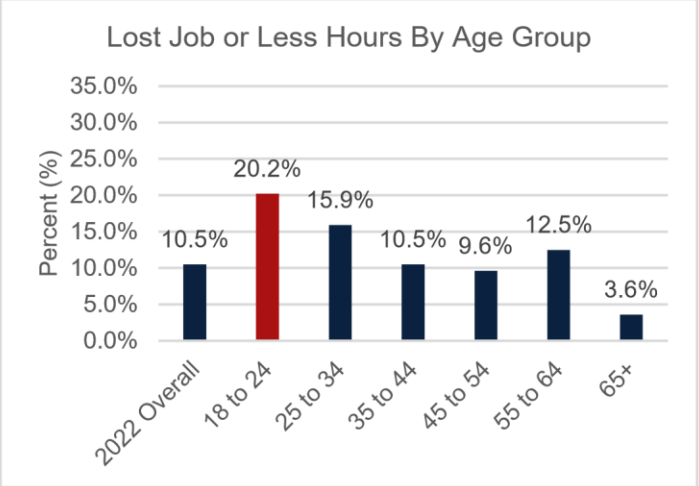
Appendix B

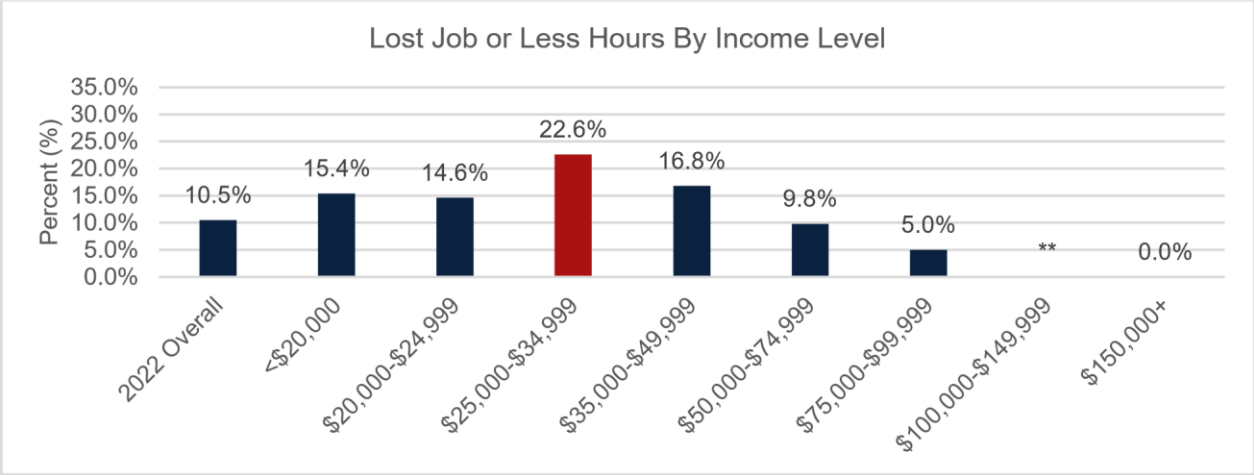
Economic Stability



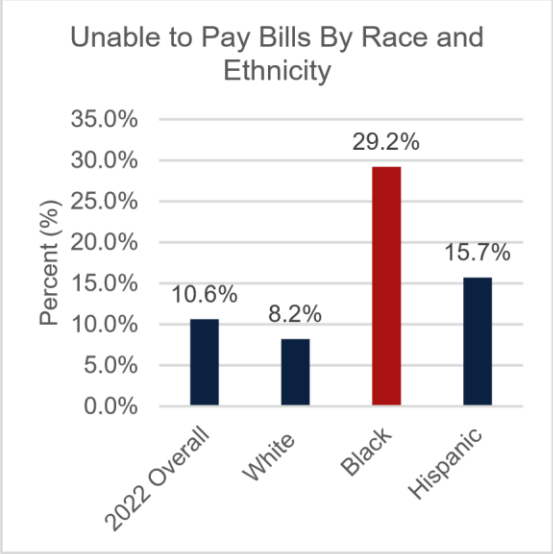
The Social Vulnerability Index measures how well communities can prepare for and respond to disasters and considers factors that affect a community's ability to recover. It focuses on four categories: socioeconomic status, household characteristics, racial and ethnic minority status, and housing type and transportation. In the map, darker colors indicate areas with higher social vulnerability.

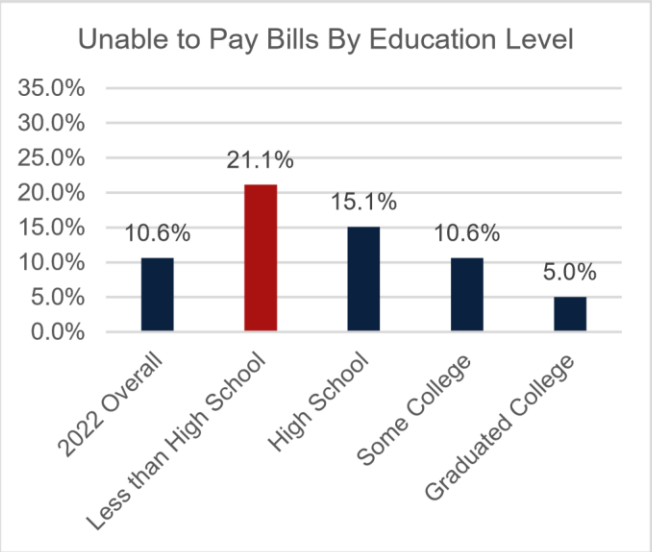


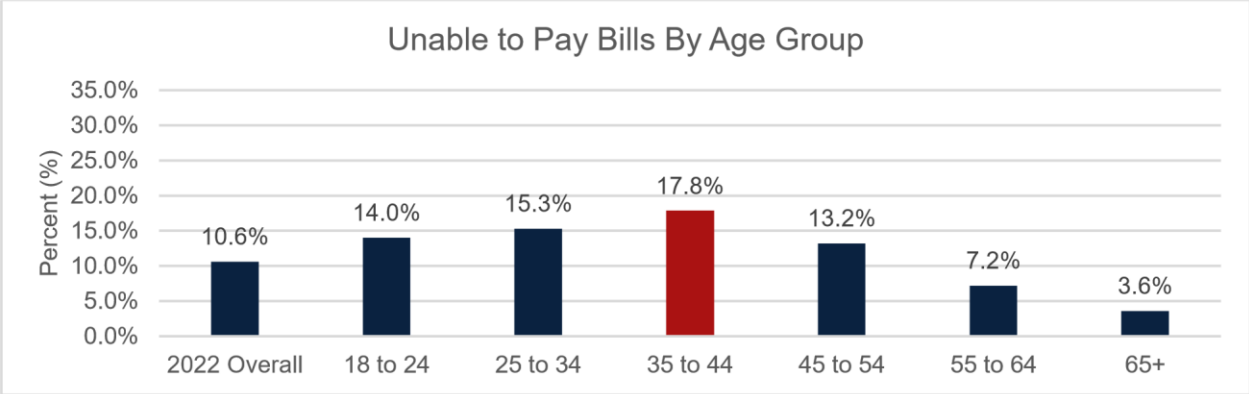


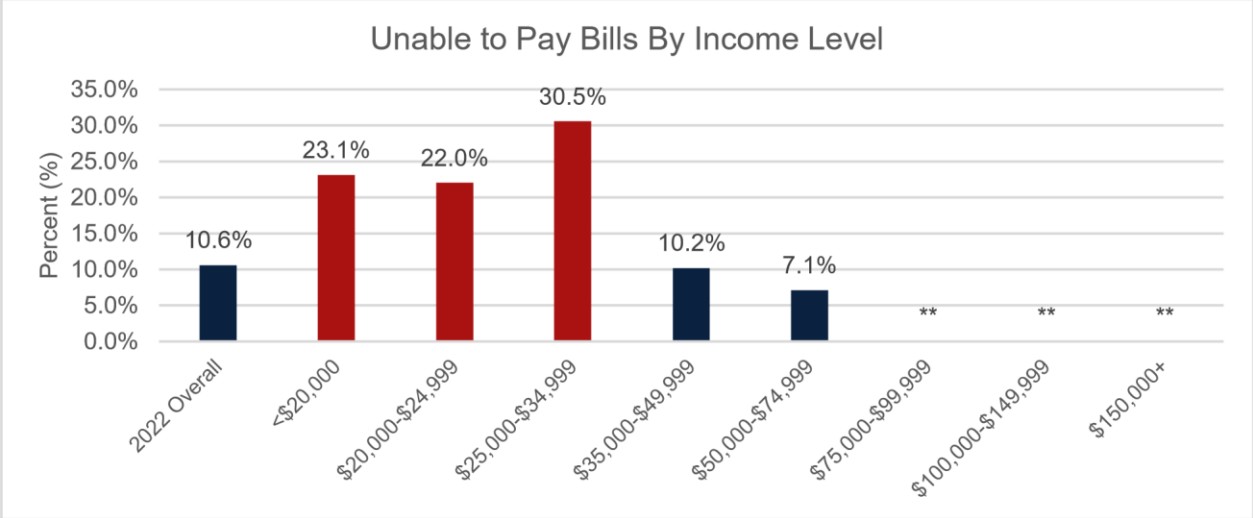


Data from the Behavioral Risk Factor Surveillance System (BRFSS) is shown above for a question about job loss or reduced work hours in the past 12 months. The figures shown reflect those who answered “Yes” and are broken down by race/ethnicity, age group, and income level. The results highlight disparities among Black and Hispanic respondents, individuals aged 18-34, and those with lower incomes. The highest proportion of job or hour reductions is within the $25,000-$34,999 income range; however, any household income under $50,000 exceeds the overall average of 10.5%.

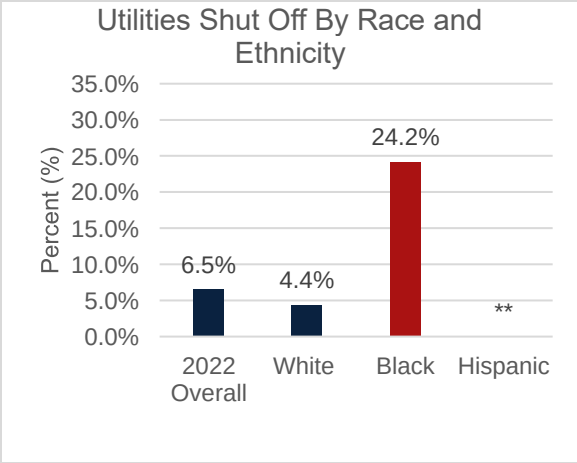


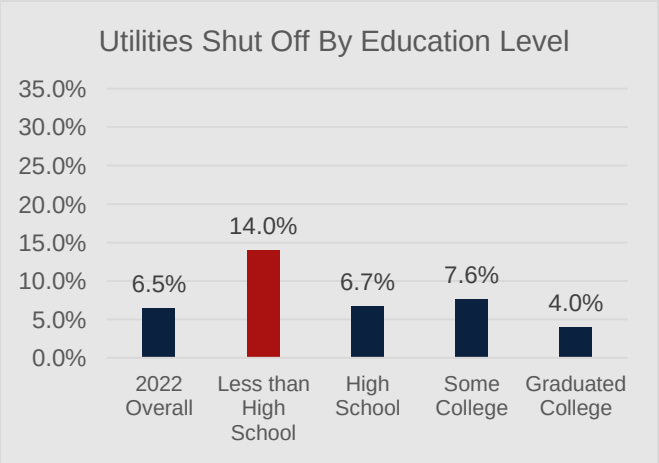


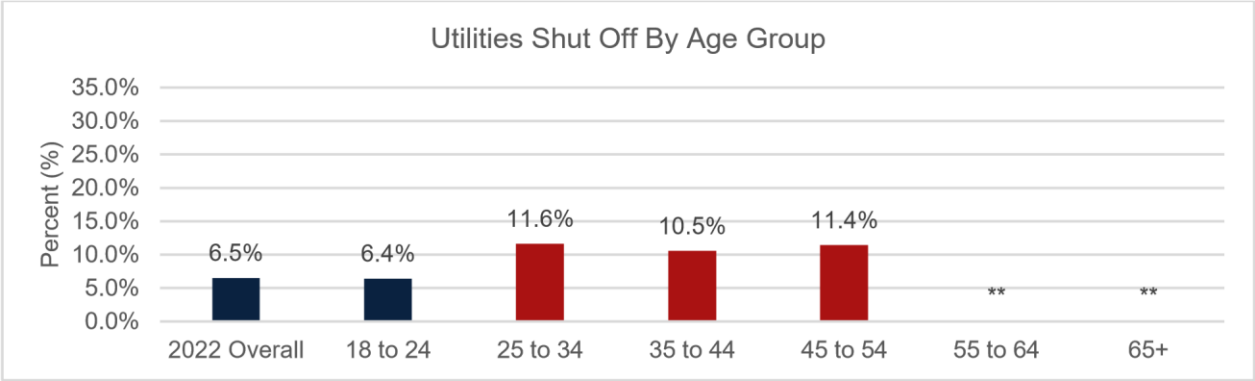


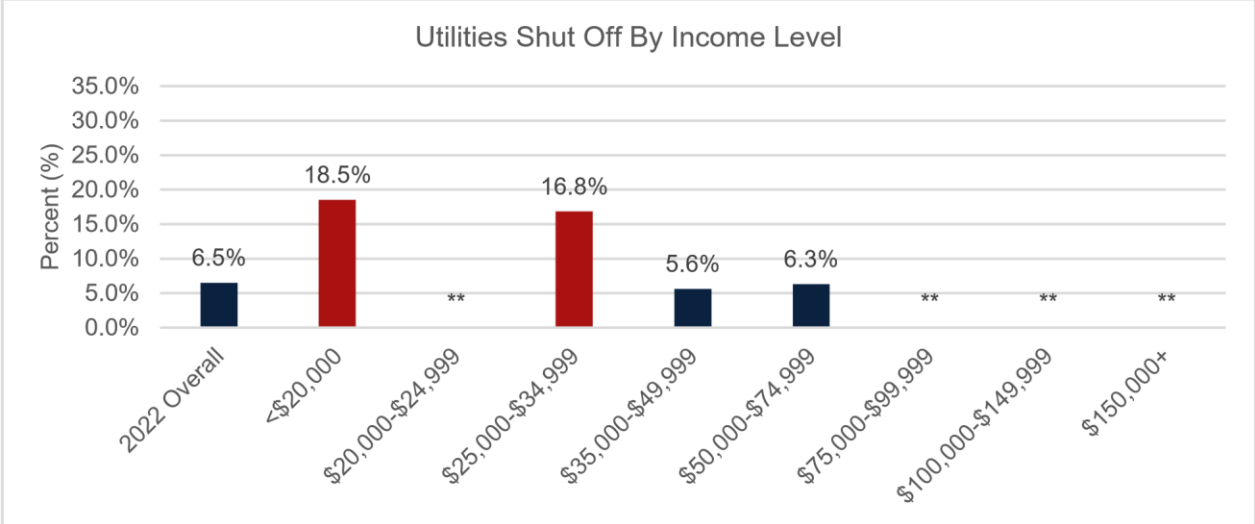


BRFSS respondents were asked if they were unable to pay their bills in the last 12 months. Results are shown for individuals who answered “Yes” to that question. Data was disaggregated by race and ethnicity, age group, income level, and education for each question. Black or African American individuals, income levels less than $34,999, those with less than a high school education, and those ages 18 to 54 were the groups showing disparities.

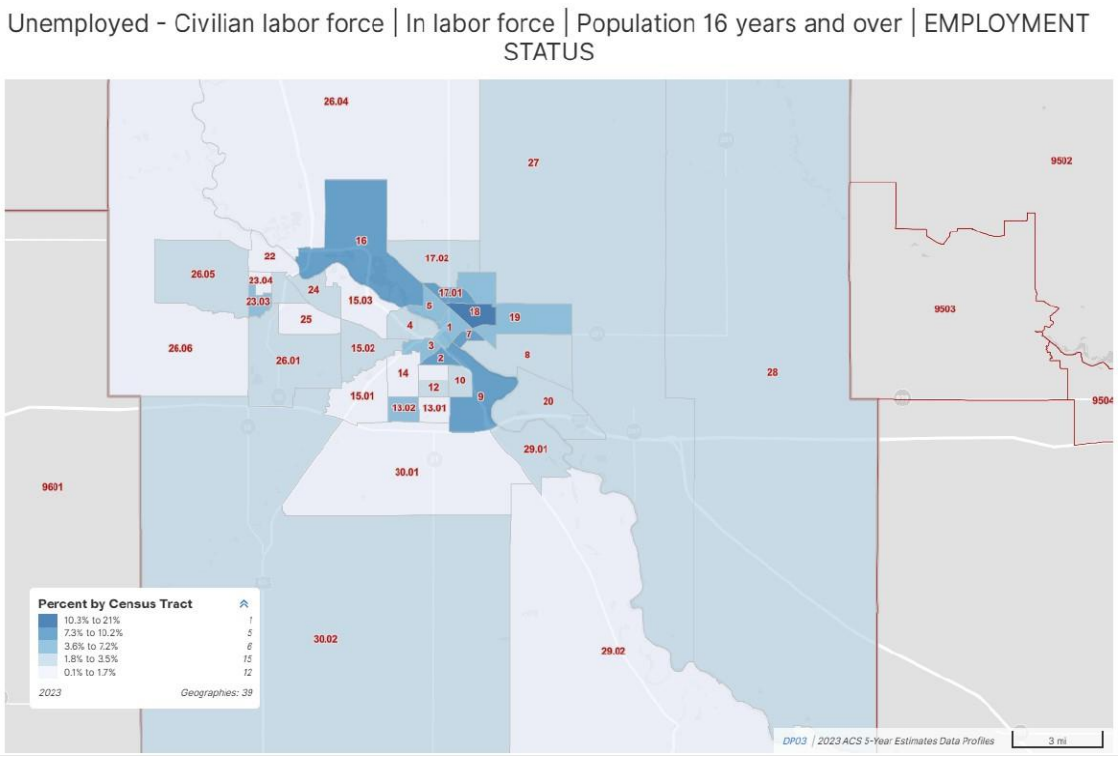




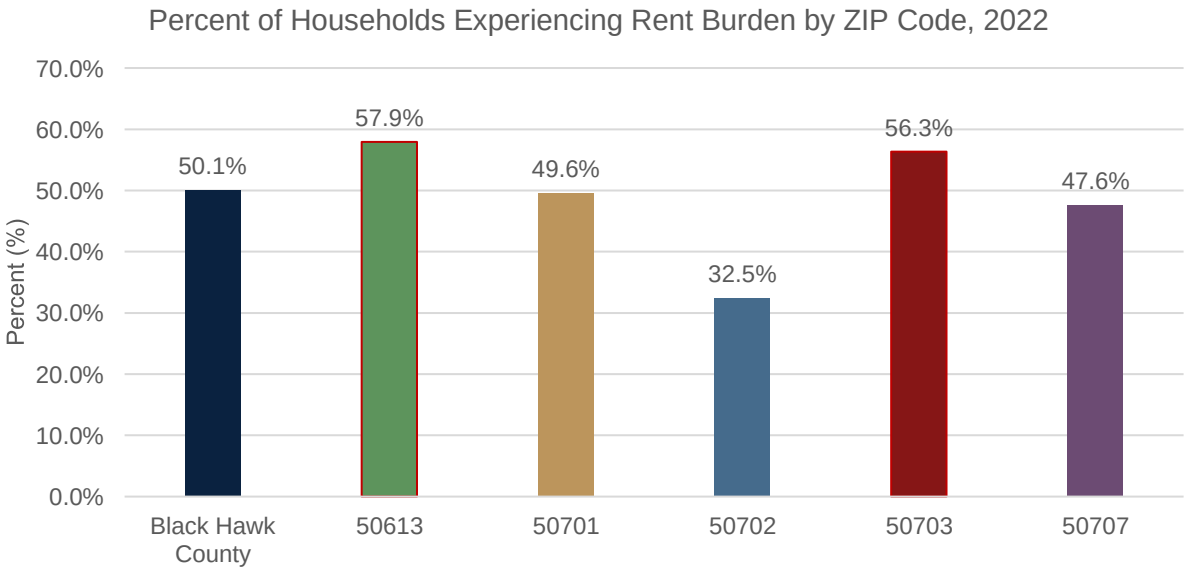




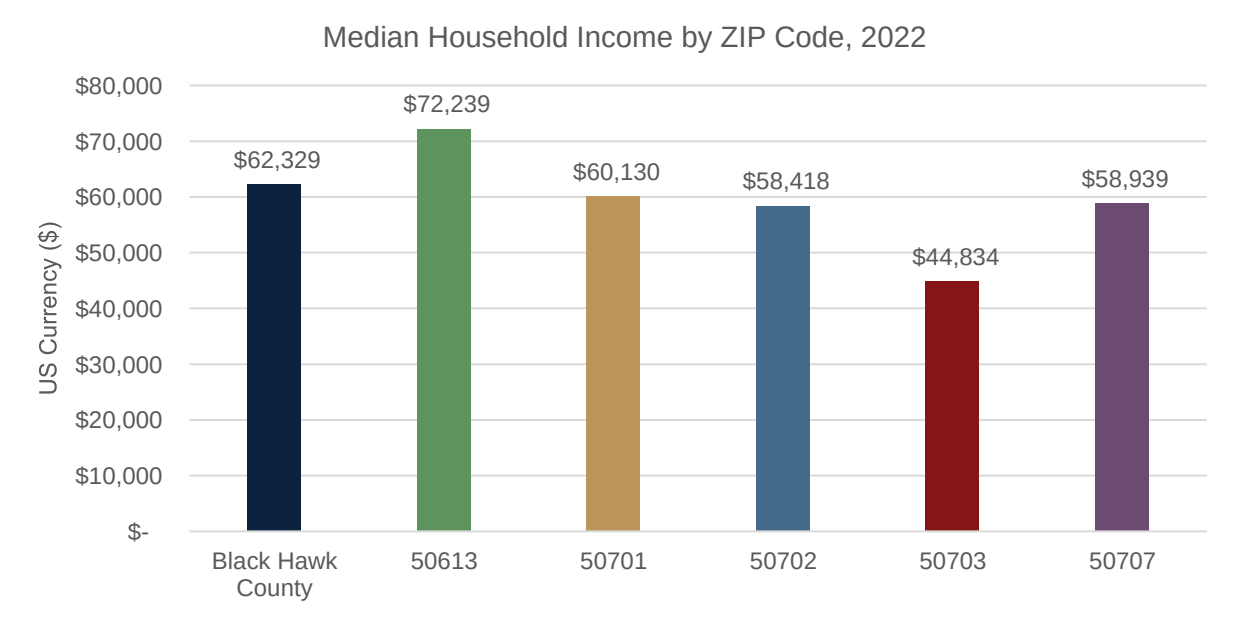
BRFSS respondents were also asked if their utilities were shut off in the last 12 months. Results are shown for individuals who answered “Yes” to that question. Data was disaggregated by the same groups as the question regarding being unable to pay the bills. The results were similar to those from the previous question, with Black or African American individuals, income levels less than $34,999, and those with less than a high school education showing disparities. The age groups affected had some slight differences with 25- to 54-year-olds more likely to have their utilities shut off.



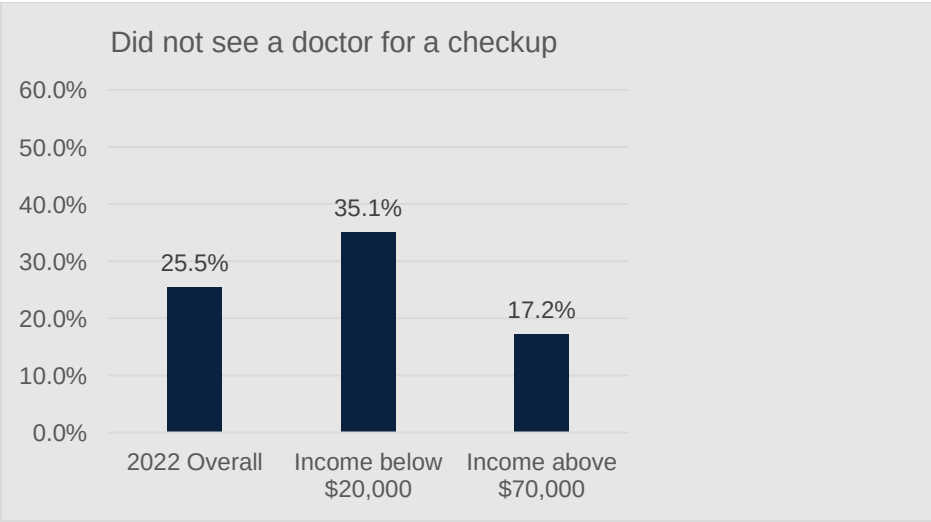
The map above displays Census data for individuals who are unemployed within the labor force, organized by census tract. Tracts 18 (21%), 9 (10.2%), 16 (9.9%), 17.01 (9.3%), 2 (9.2%), and 7 (9.2%) show the highest unemployment levels. Most of these tracts are in eastern, southern, and northern Waterloo.

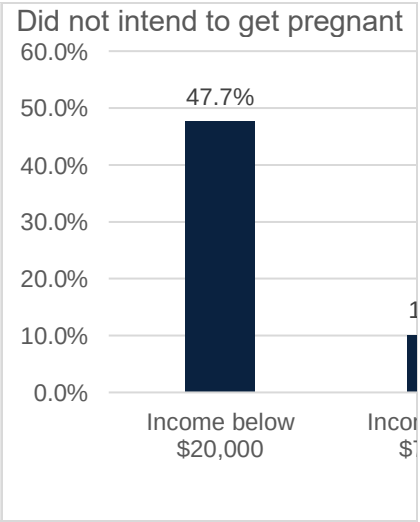


Rent burden is defined as spending 30% or more of household income on rent. According to five-year Census data for 2022, ZIP codes 50703 and 50613 have the highest rates of rent burden in the county. Overall, most ZIP codes experienced an increase in rent burden from 2021 to 2022, except for 50703. Despite a slight decrease, 50703 remains considerably high.



Median household income is also tracked by the Census. BHC has a lower median household income than the Iowa and U.S. averages. In BHC, median household income has risen across all ZIP codes from 2021 to 2022. However, ZIP code 50703 consistently had the lowest median household income.

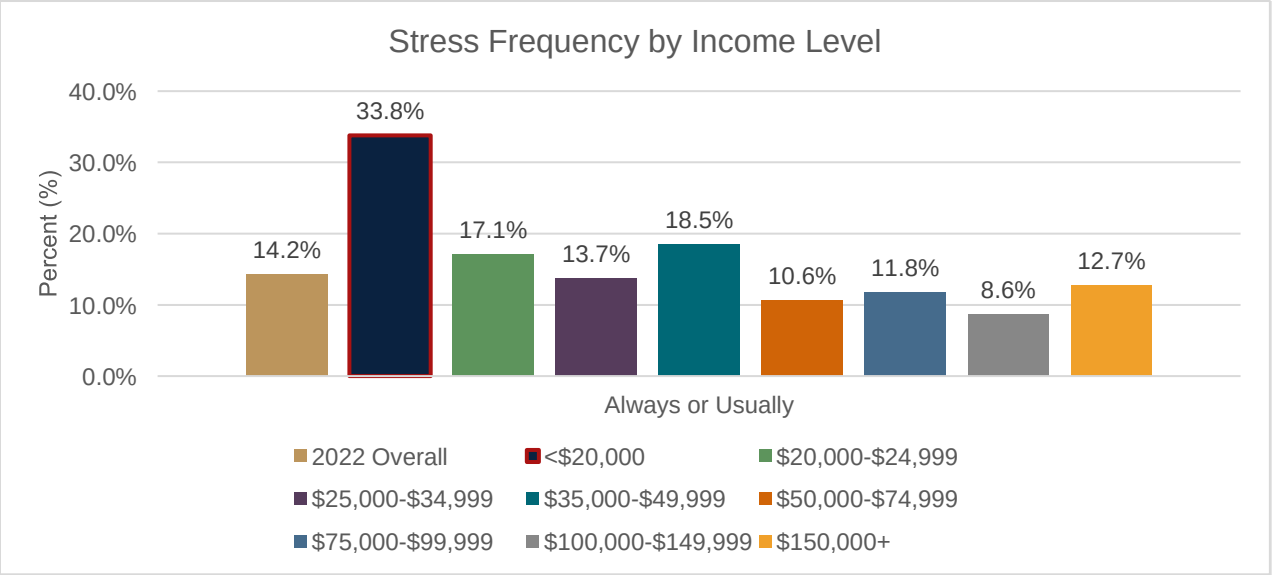


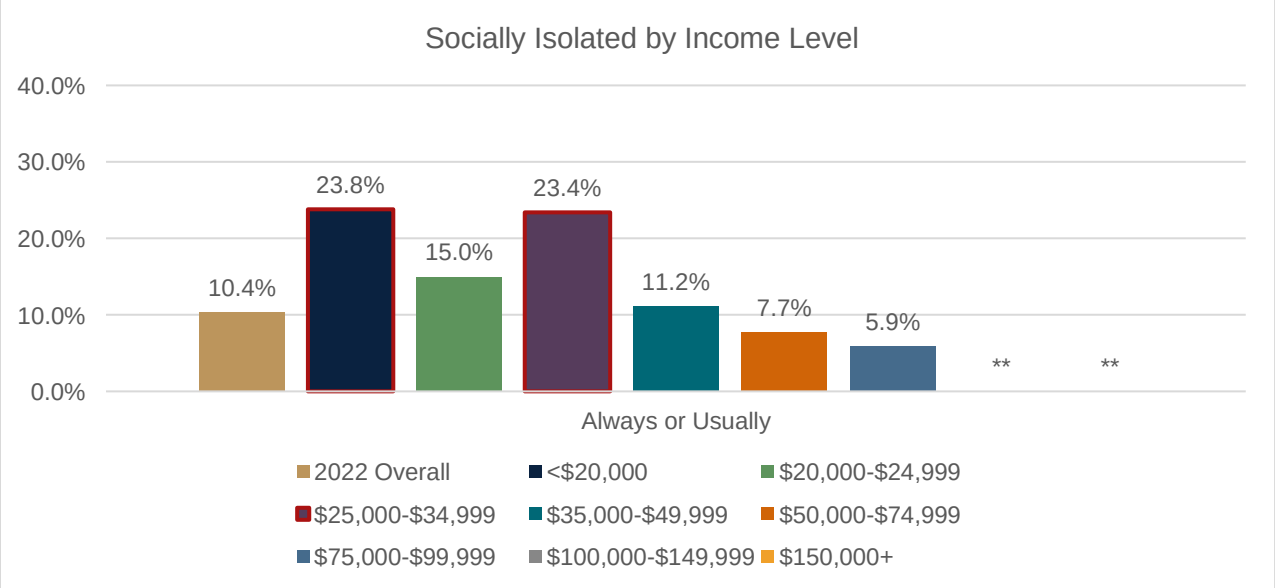


The Iowa Barriers to Prenatal Care Survey is conducted at Iowa hospitals to understand the care new mothers receive during pregnancy. In 2022, 25.5% of BHC mothers surveyed did not see a doctor for a check-up 12 months before pregnancy. When looking at household incomes below $20,000, 35.1% of mothers did not see a doctor beforehand, and 47.7% of mothers at this income level reported an unintended pregnancy, compared to 10.2% of those with incomes above $70,000. Further, mothers in the lowest income bracket consistently reported the highest number of stressors. Options given for stressors included:

- A close family member was very sick and had to be hospitalized
- A family member or close friend died
- A family member or close friend had a bad problem with drinking or drugs

- I argued with my husband or partner more than usual
- I got separated or divorced from my husband or partner
- I had a lot of bills I couldn't pay
- I lost my job
- I moved to a new address
- I was homeless
- My husband or partner lost their job
- My husband or partner or I went to jail
- My husband or partner said they didn't want me to be pregnant



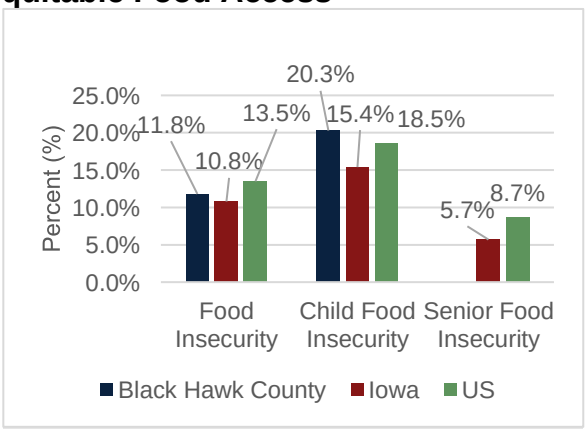


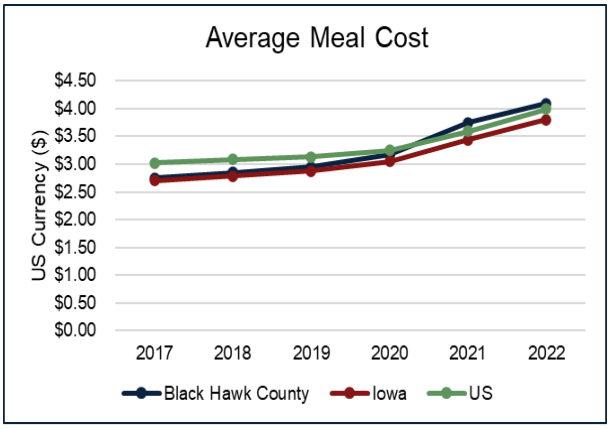
The BRFSS has four questions related to stress and social determinants of health. The graphs above focus on two of the questions: stress frequency in the past 30 days and perceived social isolation. Both were measured using five-point scales ranging from “Never” to “Always”.

Responses of “Always” and “Usually” were combined, as were “Rarely” and “Never.” Data was broken down by race/ethnicity, age group, sex, and income level. Households earning under $20,000 had the highest proportion of “Always” or “Usually” responses for both questions. Differences by race/ethnicity and age group were present but less pronounced, and sex differences were minimal.

Community survey data shows that 69.1% of respondents believe that jobs and a healthy economy require improvement, ranking it third among the most important factors for a healthy community. *no image

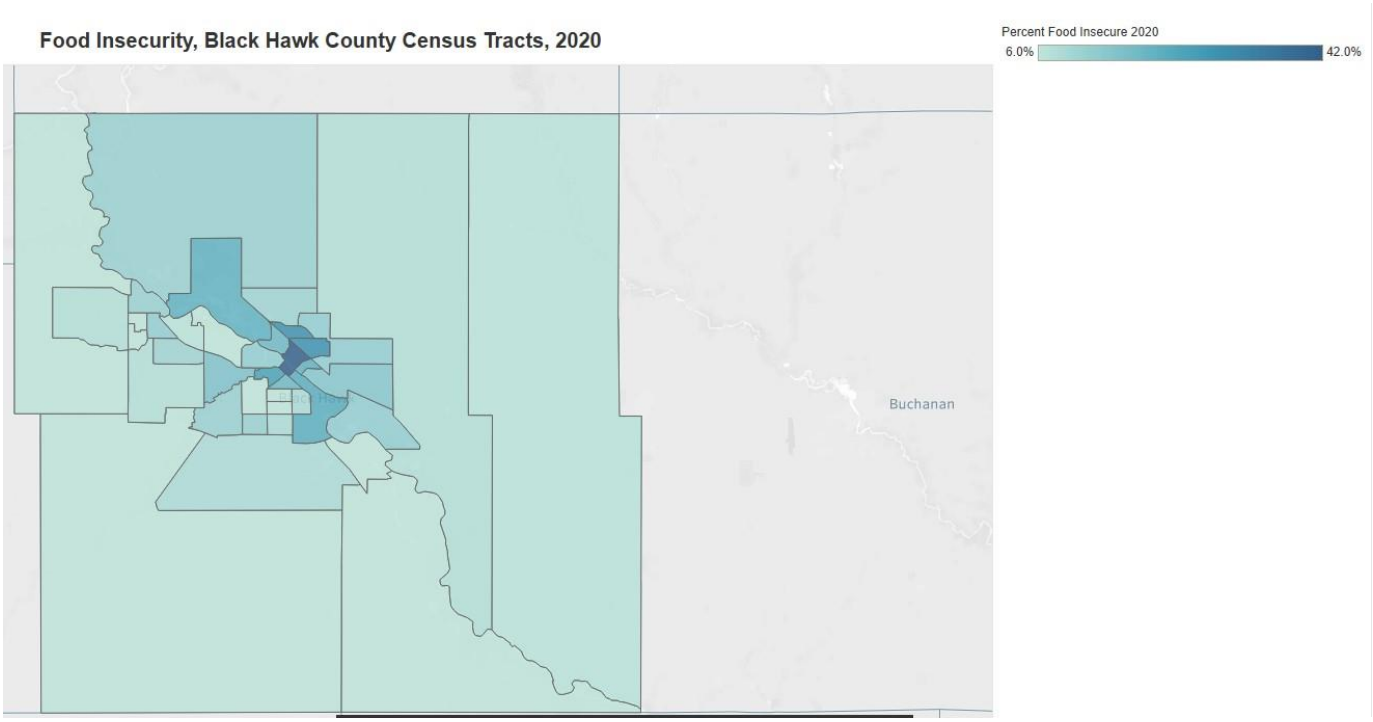
Inequitable Food Access





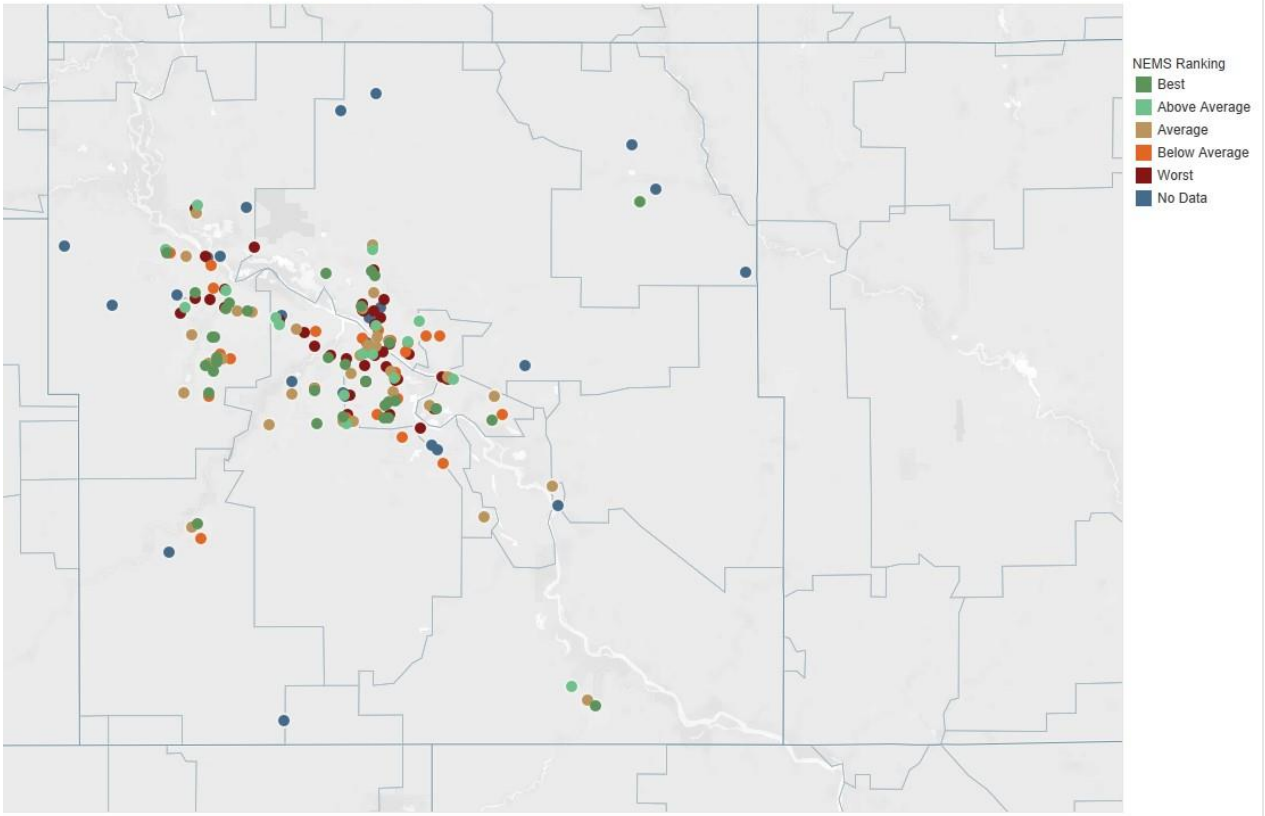
Food Insecurity, 2022

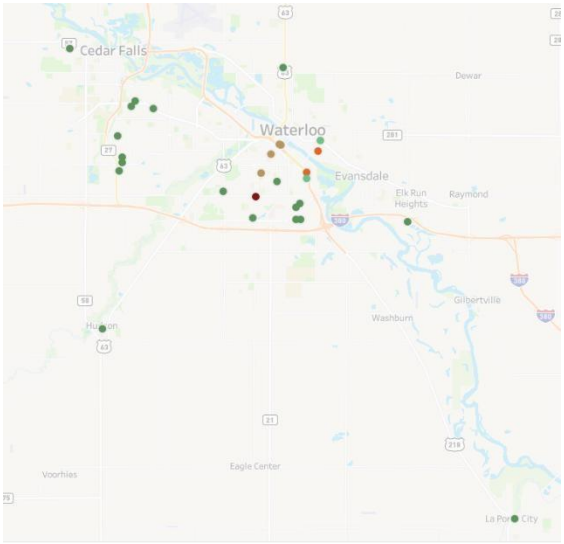
Data on food insecurity for BHC by age group and average meal cost was retrieved from Feeding America’s Map the Meal Gap webpage. The average meal cost has been increasing over time since 2017, but even more since 2020. In 2022, BHC food insecurity data for children and all ages were higher than the Iowa level. While child food insecurity decreased in Iowa from 2018 to 2021, it increased in BHC from 2018 to 2020. Both overall and child food insecurity increased in 2022 at local, state, and national levels.



Food insecurity was also shown by census tract from data by Feeding America in partnership with NEIFB. Food insecurity in BHC census tracts ranged from 6% to 42%. The census tract with the highest impact is census tract 1 (42%), which is in east Waterloo.

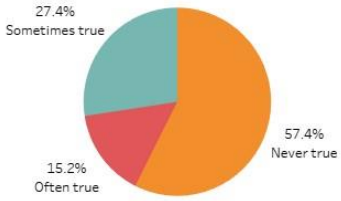
NEMS Scores, Black Hawk County, Iowa





NEMS was a survey performed by UNI that assessed the foods being offered at local establishments selling food, such as grocery stores and gas stations, but not restaurants. Based on the foods that were offered, each establishment received an overall rating of "Worst" to "Best." The first map shows the locations and overall rating for each store assessed based on color, and the second map shows the location and overall ratings of grocery stores only. Since this data was collected, two grocery stores have closed in east Waterloo, or ZIP code 50703.

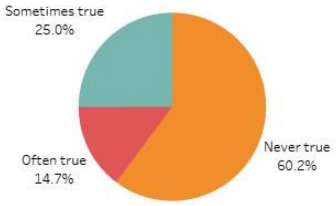
Food Would Run Out



Concerned food would run out (Sometimes or Often True)

- Ages 18 to 29: 56.2%
- Black: 58.3%
- Burma: 81.3%
- DRC: 62.5%
- Marshall Islands: 84.9%
- Income under $15k: 82.3%
- Receiving local services: 76.5%

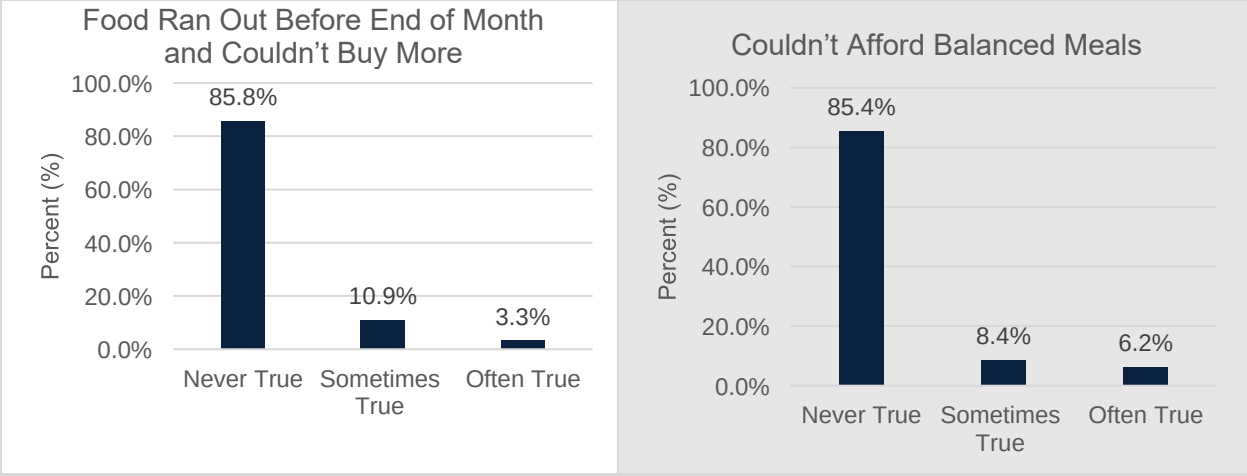
Food Didn't Last



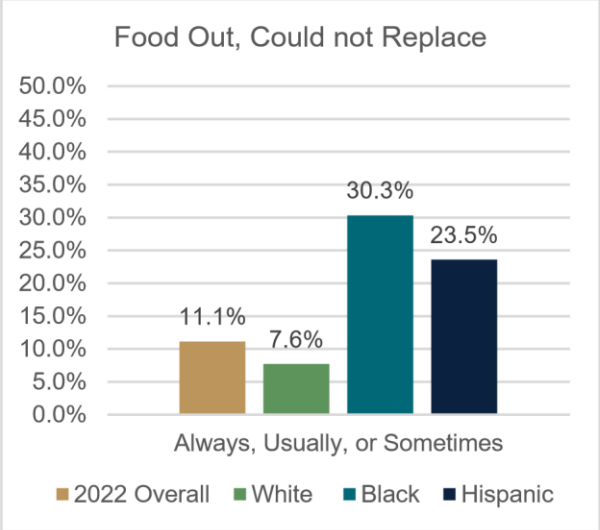
Food did run out, and I didn't have money to buy more (Sometimes or Often True)

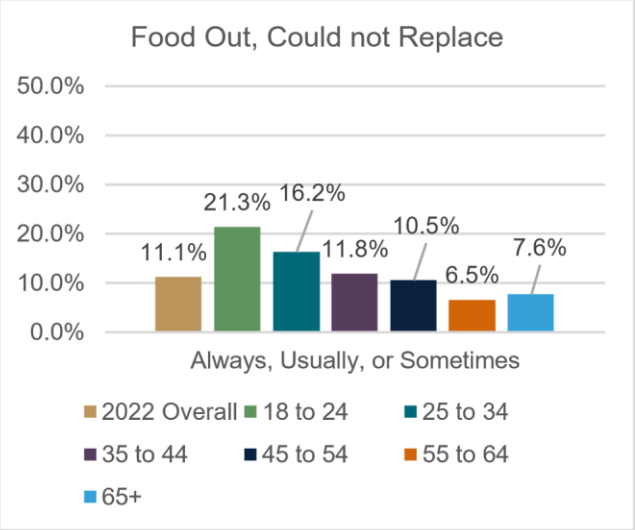
- Ages 18 to 29: 50.7%
- Black: 59%
- Burma: 73.3%
- DRC: 62.5%
- Marshall Islands: 90.3%
- Income under $15k: 80.8%
- Receiving local services: 74.2%

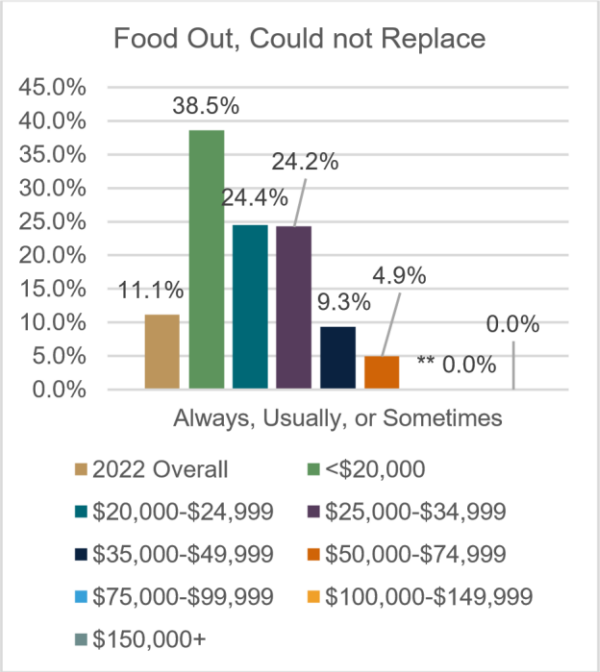
Food insecurity was assessed in the community survey through two questions, and each question was disaggregated by age, race and ethnicity, country of birth, and income level. Results shown are for individuals who answered "Sometimes True" or "Often True" for either question.

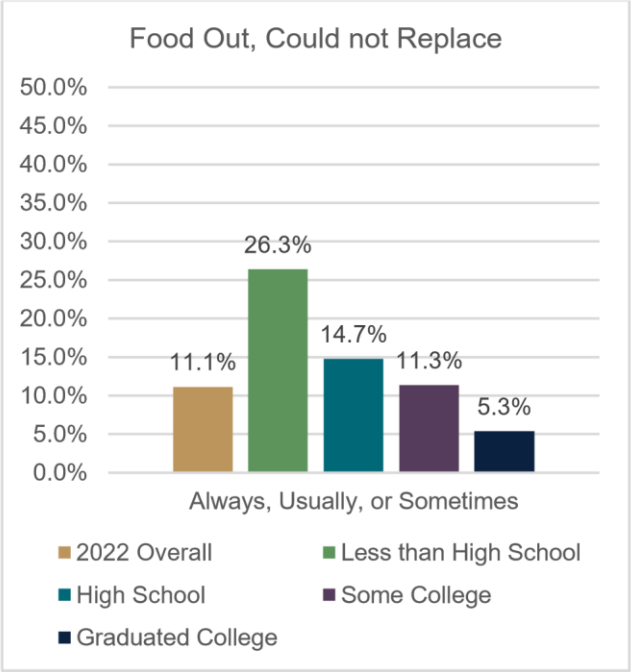


BRFSS respondents were asked similar questions in 2021 and 2022. In 2021, 14.2% answered "Sometimes True" or "Often True" to a question asking the if their food ran out before then end of the month and they couldn't buy more. Additionally, 14.6% of respondents said that it was "Sometimes True" or "Often True" that they could not afford balanced meals. Data could not be disaggregated due to a lower BRFSS sample size in 2021.

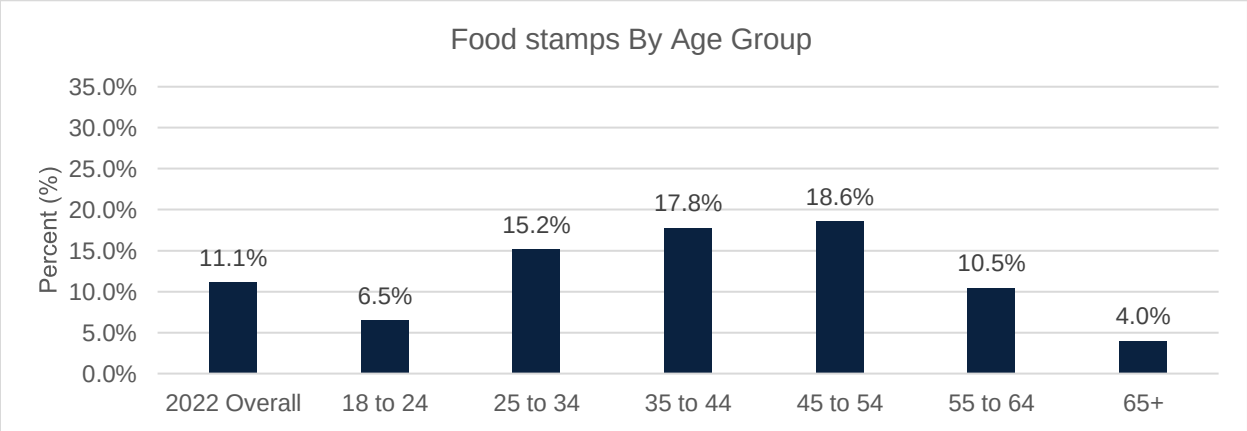


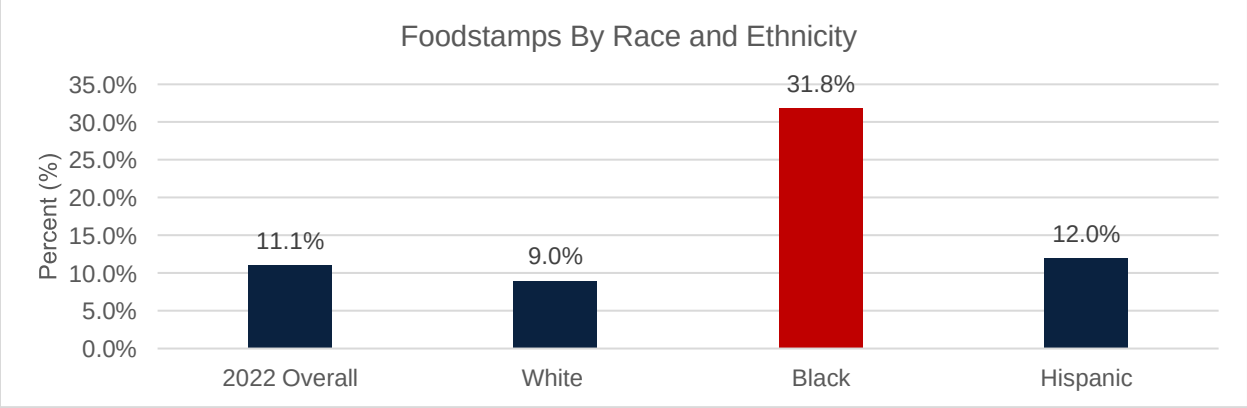


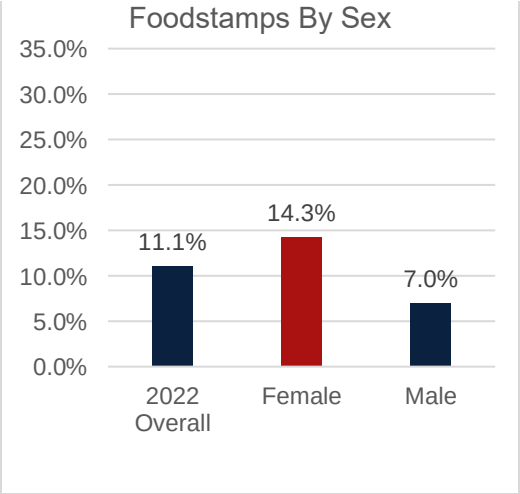


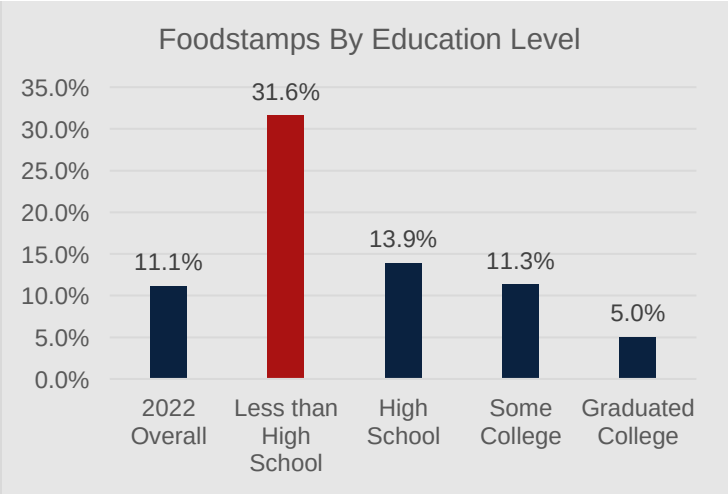


In 2022, participants were just asked if food ran out during the last 12 months, and they could not afford to buy more. Response options were a 5-point Likert scale. Those who answered Always, Usually, or Sometimes were more likely to be Black or African American, Hispanic, ages 18-24, have a lower income level, and have a lower education level. Differences by sex were minimal.

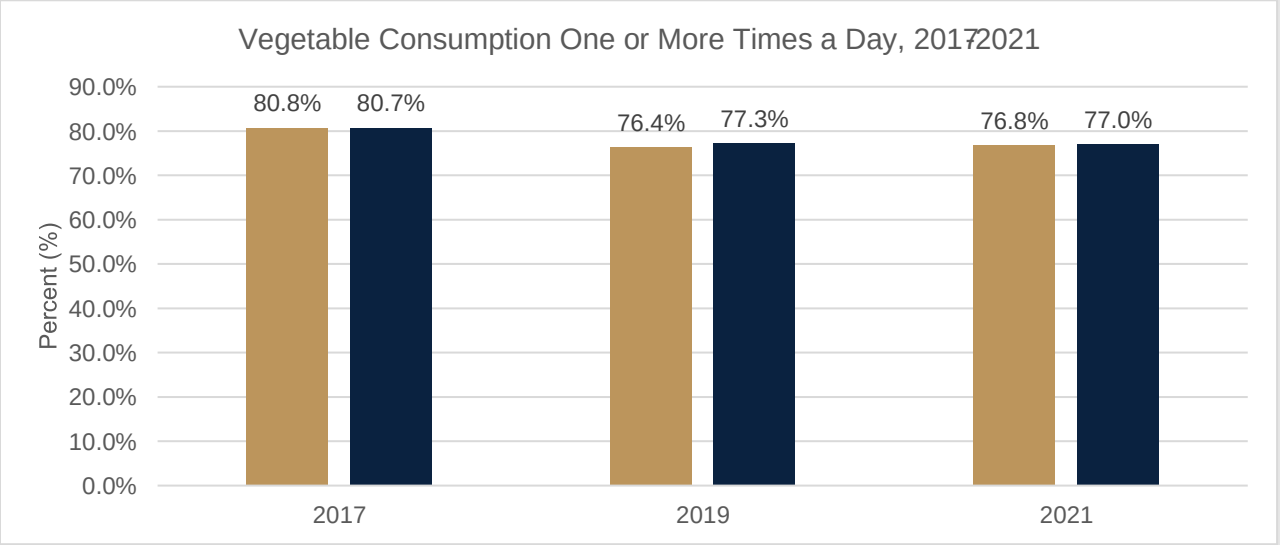


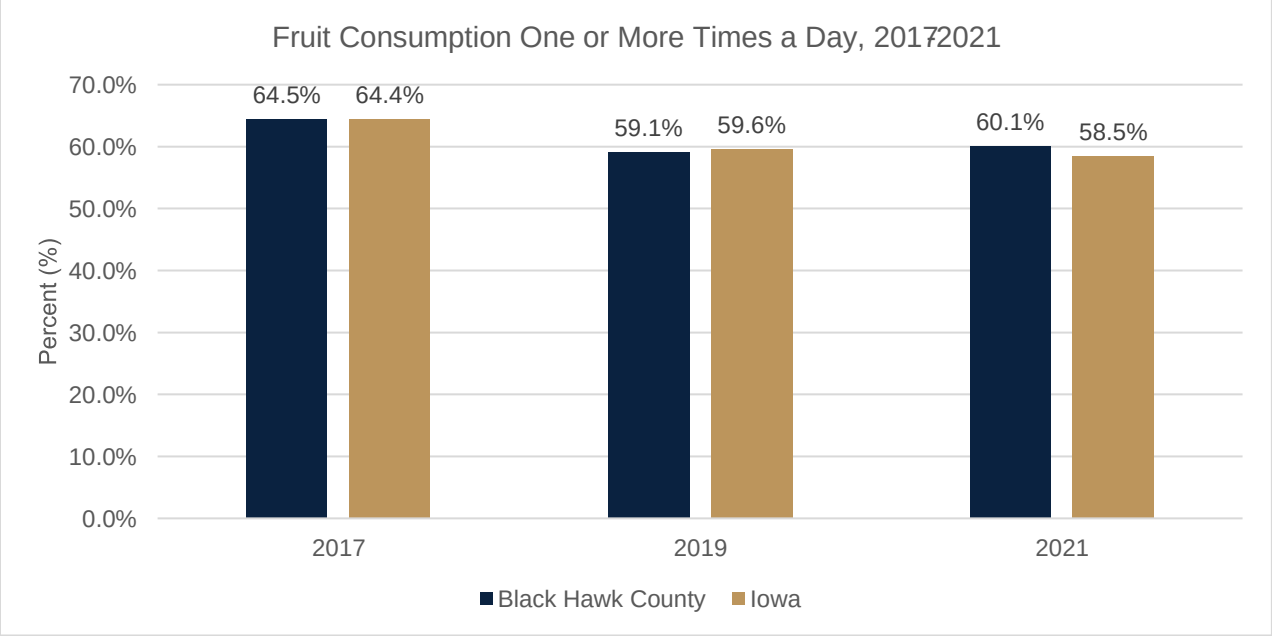






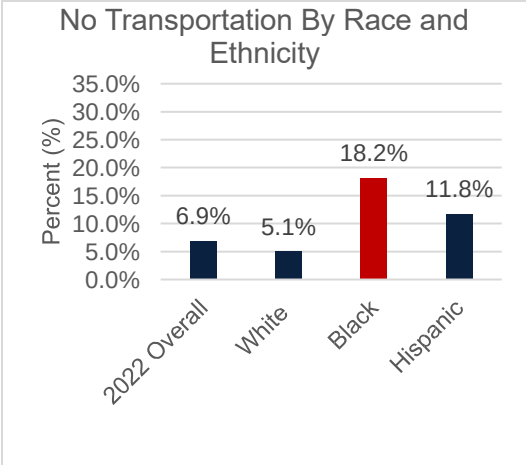
BRFSS participants were also asked if they had received any food stamps in the last 12 months. Proportions shown are the individuals who answered “yes” to that question. They were more likely to receive food stamps, if they were Black or African American, ages 25 to 54, female, or had a less than high school education. Income results were as expected, with those with lower income more likely to receive food stamps.

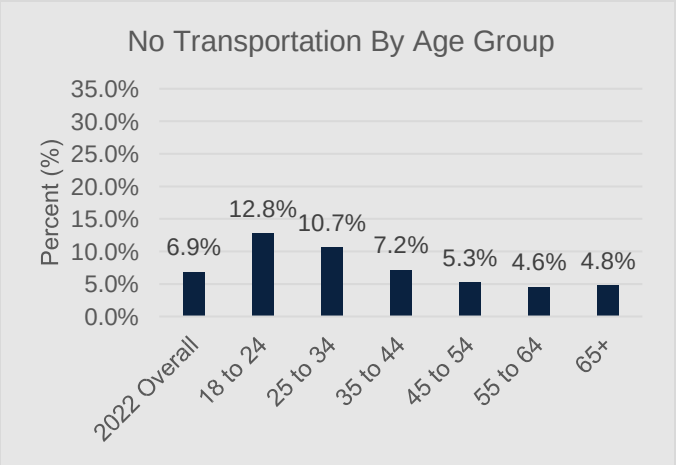


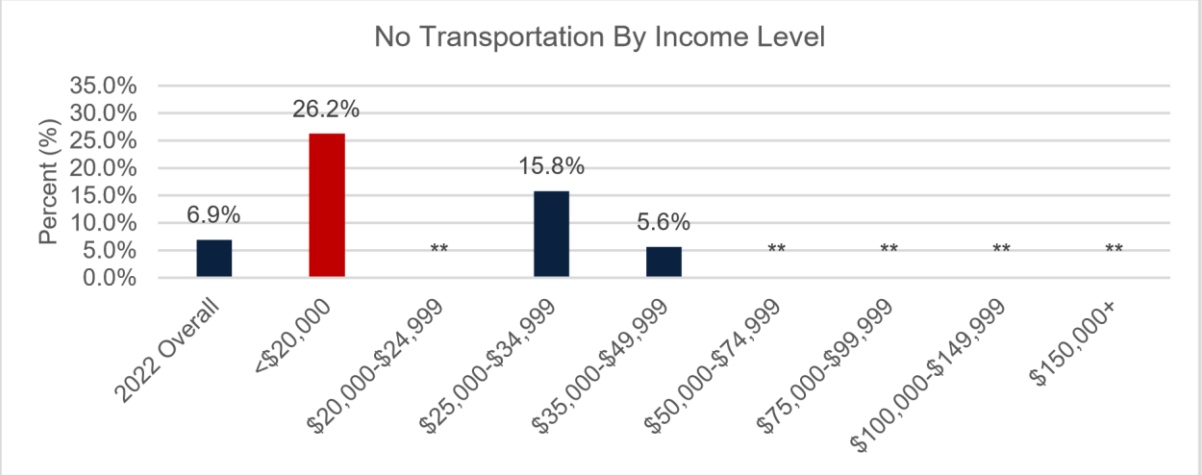


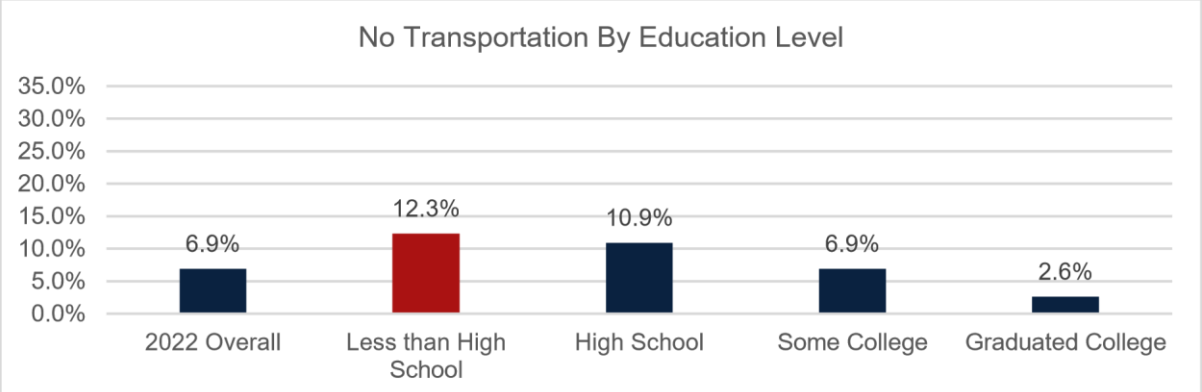
BRFSS participants were also asked how many servings of fruits and vegetables they ate daily. Data is shown for 2017, 2019, and 2021, but is not able to be disaggregated due to lower counts for each of these years. Overall, year-to-year responses for BHC and Iowa have not changed much. However, people were more likely to say that they were eating vegetables daily than fruits.

Transportation Challenges

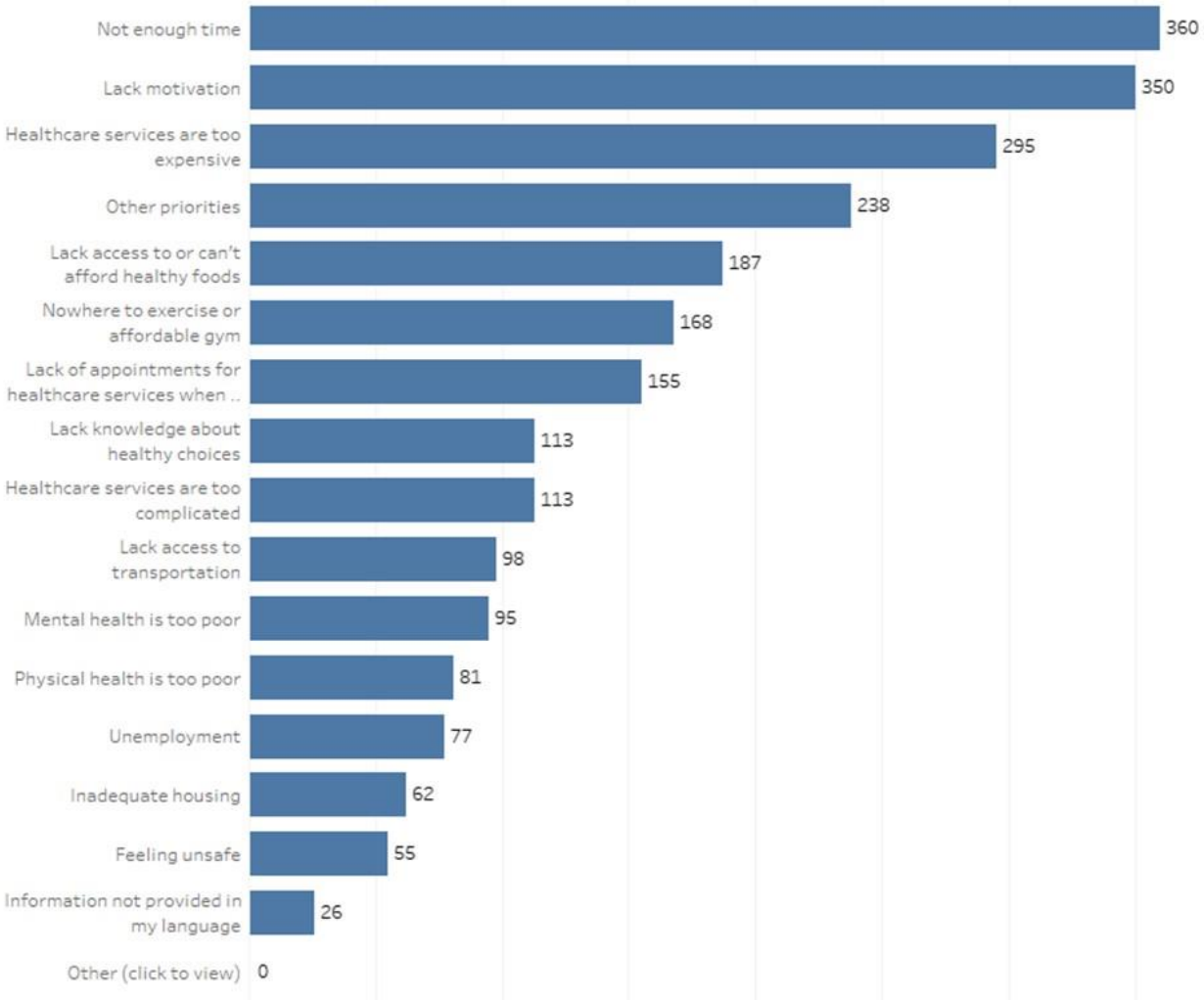




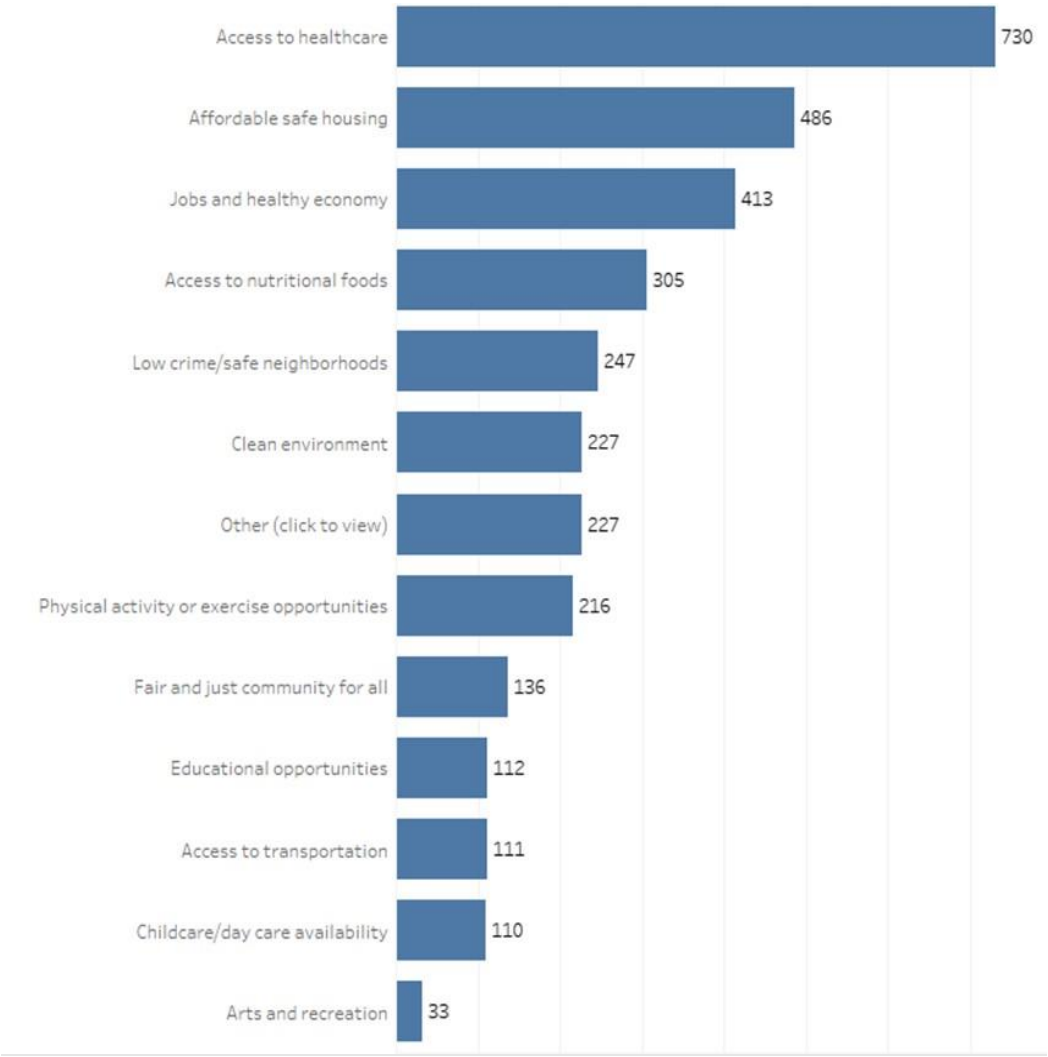




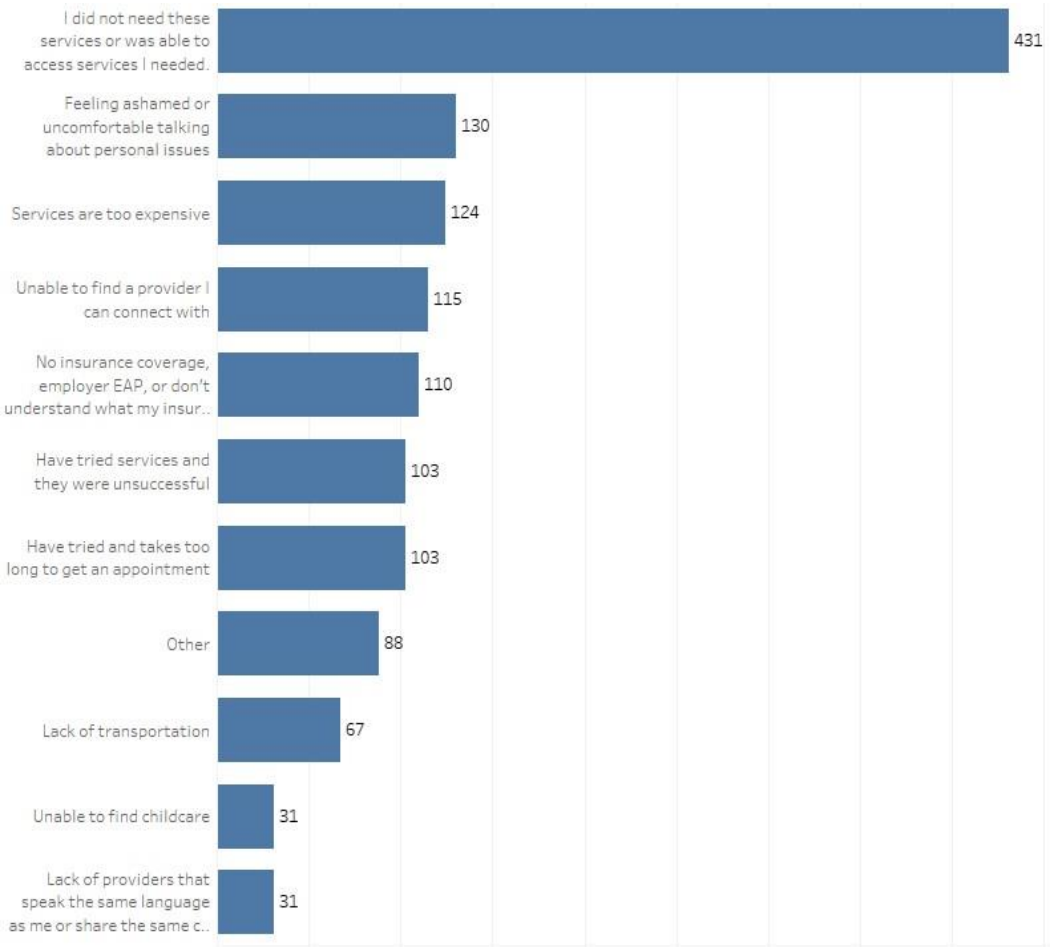
BRFSS respondents were asked if they had any problems accessing transportation in the past year for work, appointments, and any activities needed for daily living. Results shown individuals who answered “Yes” to that question. Data was disaggregated by race and ethnicity, age group, income level, and education level with disparities shown in all categories. The largest disparity was for people who make less than $20,000. Black individuals, those ages 18-24, and those with less than a high school education were also more likely to be affected.



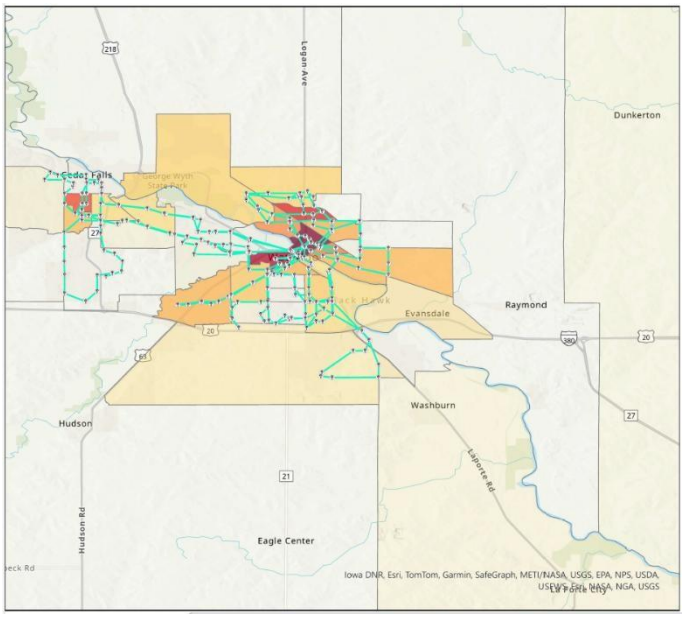
In the community survey, respondents were asked if there was anything that prevented them from being healthier. While transportation was ranked 10 of 16 in the overall results, it was the second most important factor for those with an income under $15,000.



Another question in the community survey displays issues needing improvement in order of importance. Transportation was ranked 11 of 13 in the overall results, but respondents who identified as Marshallese or Burmese indicated that it was the most needed improvement.



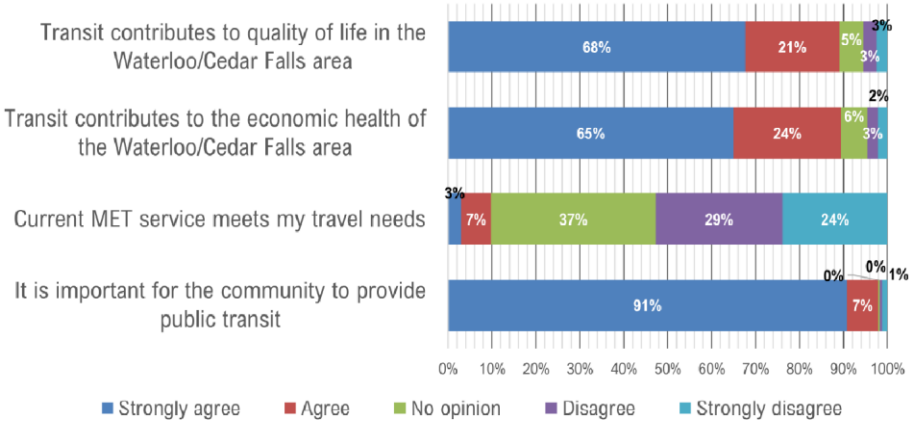
Respondents were also asked in the community survey reasons why they didn't access needed mental health services. Transportation was ranked #9 in the overall results, but it was the top reason for those with an income less than $15,000.



This map above shows the proposed new bus routes for late 2024 into 2025, which were changed in response to a survey performed by MET Transit in 2023, in which most respondents stated that current service did not meet their needs. The map also shows census tracts with the proportion of individuals with an income less than $15,000. Red census tracts have a higher proportion of with a median income of <$15,000. The map highlights that census tracts with the highest proportion of median incomes of <$15,000 have routes available.

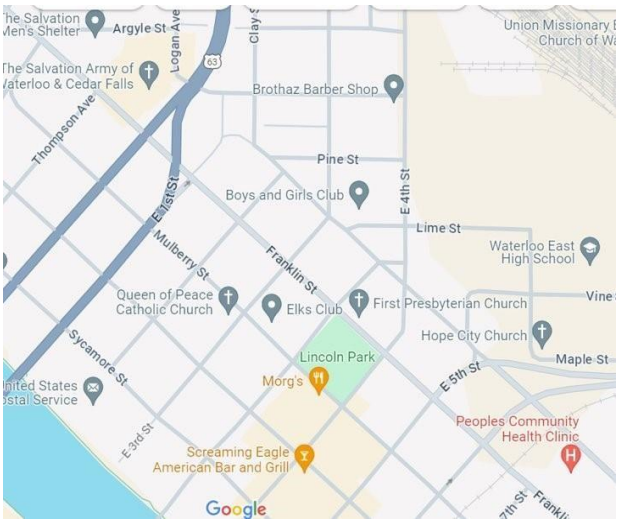
TRANSIT IS IMPORTANT TO THE COMMUNITY

Responses from March 2023 Community Survey

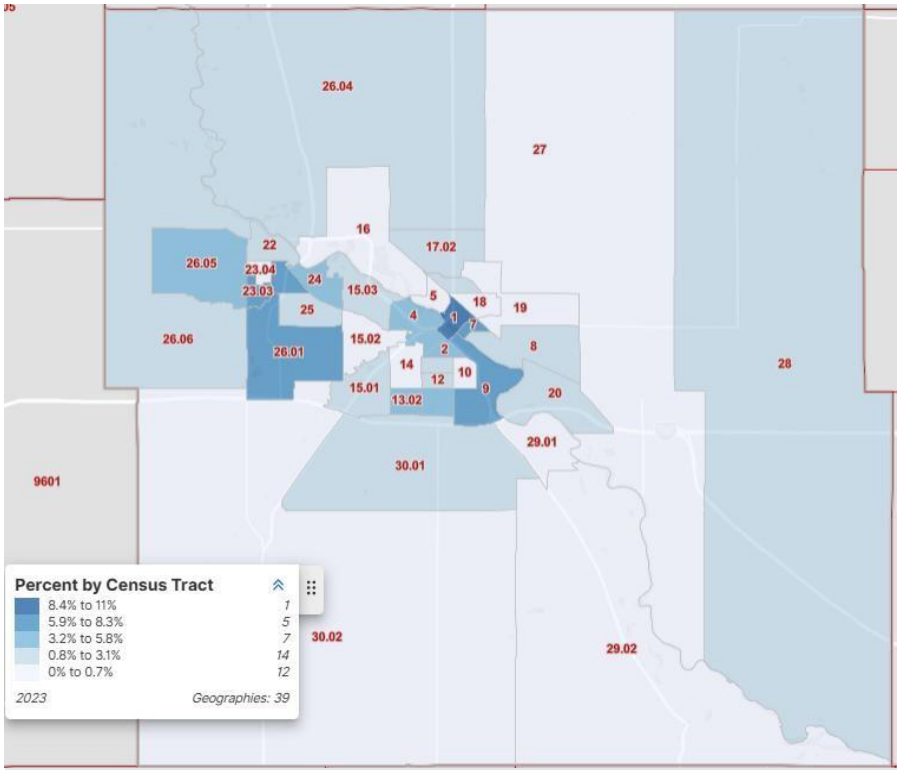


Gaps/Conflict:

- Too Few Hours
- Not Enough City Coverage
- Cannot Get Paratransit Reservation at Preferred Time (Not Enough Capacity)
- Cannot Afford the Fare
- Funding for Expansion

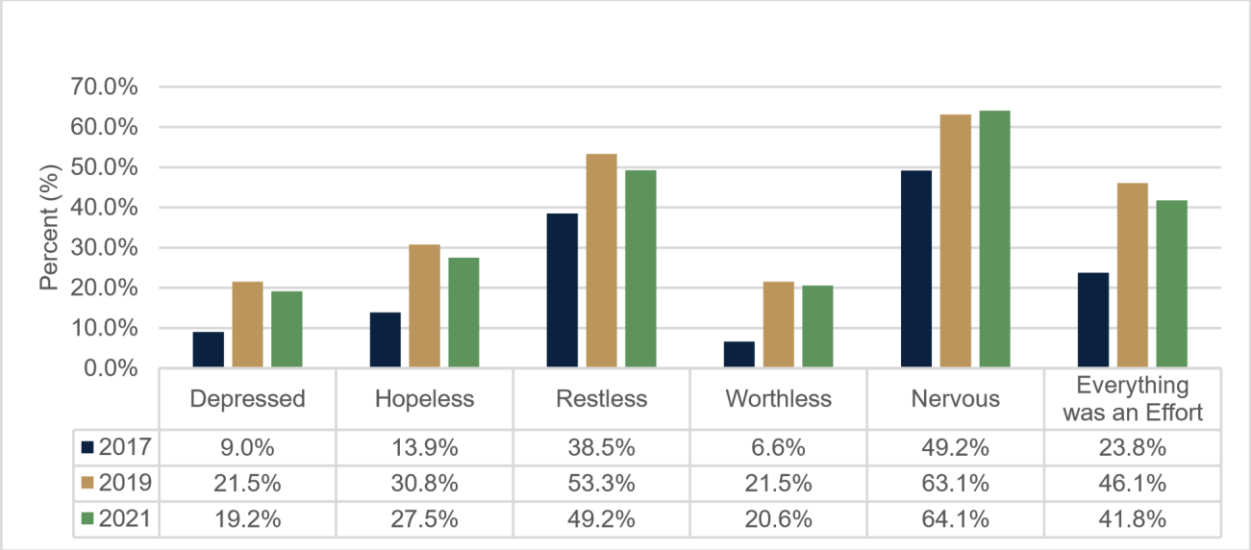


For the Community Context Assessment, pedestrian access to different frequently accessed resources in east Waterloo was assessed. Full results can be found in the Community Context Assessment Summary. It was noted that due to high-speed traffic at a busy intersection (Franklin Street and Mullen Ave), there were pedestrian safety concerns around the Salvation Army. Both the Salvation Army and Franklin Street are undergoing construction to improve safety. These actions include creating a new parking lot entrance for the Salvation Army and a sidewalk from the bus stop. Upgrades to Franklin Street will improve safety for both pedestrians and bikers.



The map shows Census tracts where individuals have no vehicle available. The darker the blue, the higher the likelihood individuals had no vehicle available to them. Census tracts ranged from 0% to 11% with no vehicles available. Census tract 1 in Waterloo had the highest proportion (11%).

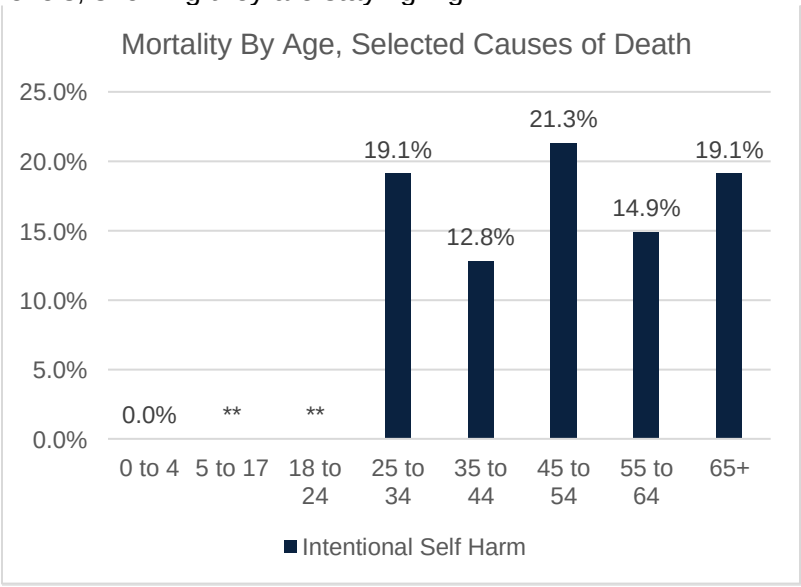
Behavioral Health: Treatment, Prevention, and Recovery

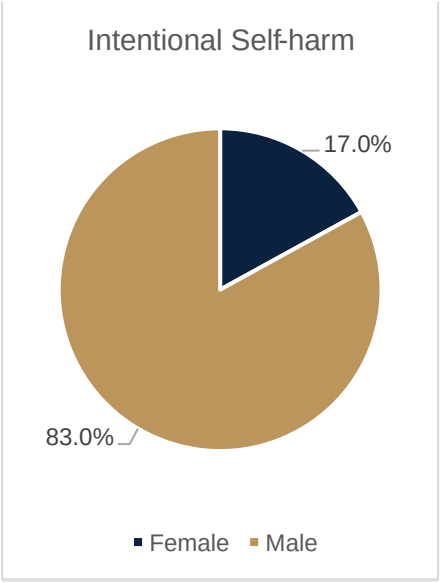


	Depressed	Hopeless	Restless	Worthless	Nervous	Everything was an Effort
2017	9.0%	13.9%	38.5%	6.6%	49.2%	23.8%
2019	21.5%	30.8%	53.3%	21.5%	63.1%	46.1%
2021	19.2%	27.5%	49.2%	20.6%	64.1%	41.8%

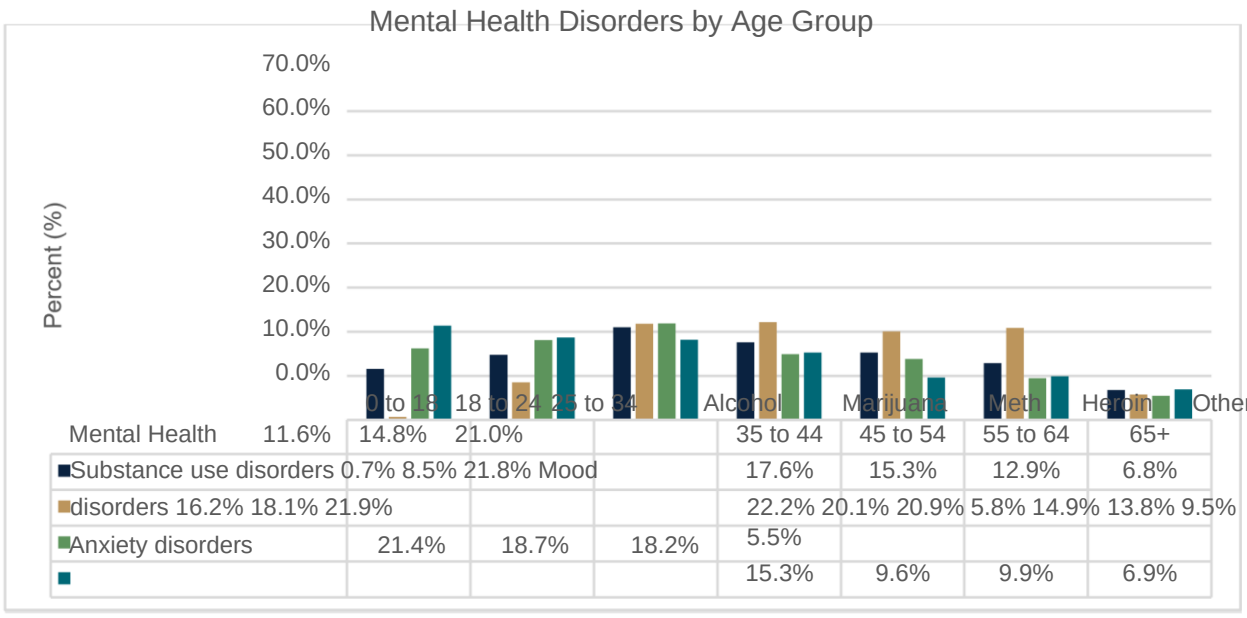
Mental Health Symptoms in the Last 30 Days, 2017-2021

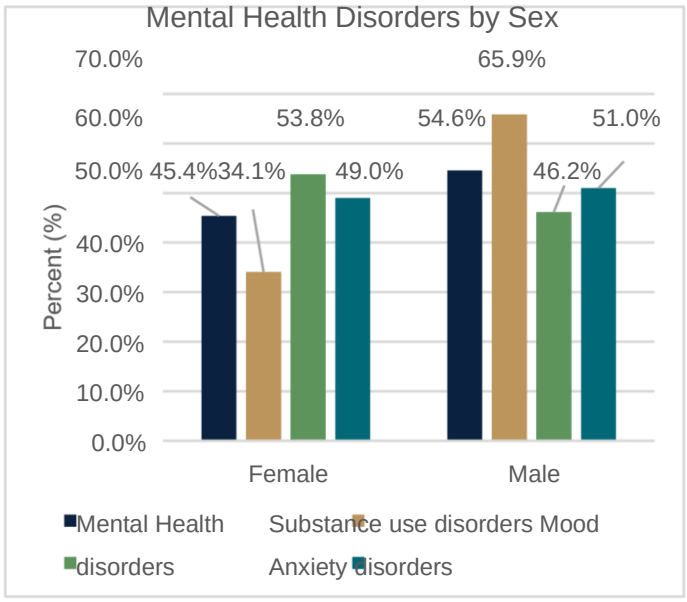
BRFSS participants were asked if they had experienced certain mental health symptoms in the last 30 days. Symptoms included feeling depressed, hopeless, restless, worthless, nervous, and feeling that everything was an effort. Between 2017 and 2019 there was a jump for every symptom. In 2021, proportions decreased slightly, except for nervousness which slightly increased. However, the decreases weren't significant enough to drop down again to 2017 levels, showing they are staying high.



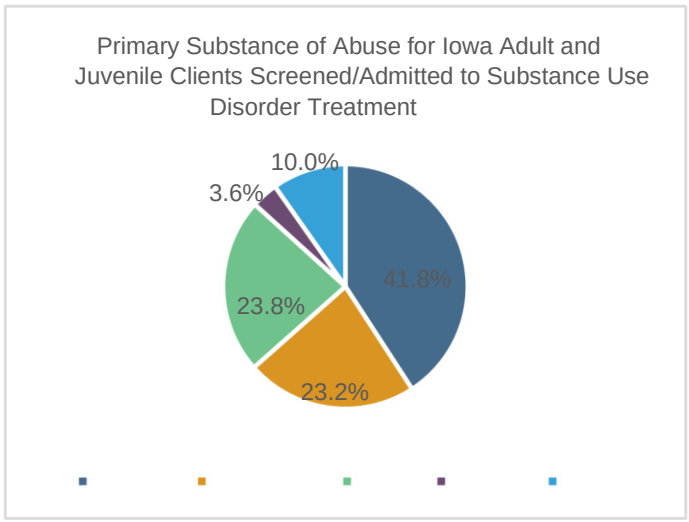


The Iowa Vital Records mortality data was broken down by the top 15 causes of death by ICD10 code, and shown here are the results for intentional self-harm (suicide), using ICD-10 codes X60 to X84. The data showed that 83% were men. When broken down by age, there was limited data for those younger than 25. The age group with the highest proportion was 45 to 54 years, as they represent 21.3% of the intentional self-harm (suicide) numbers but make up 10% of the population based on Census counts.

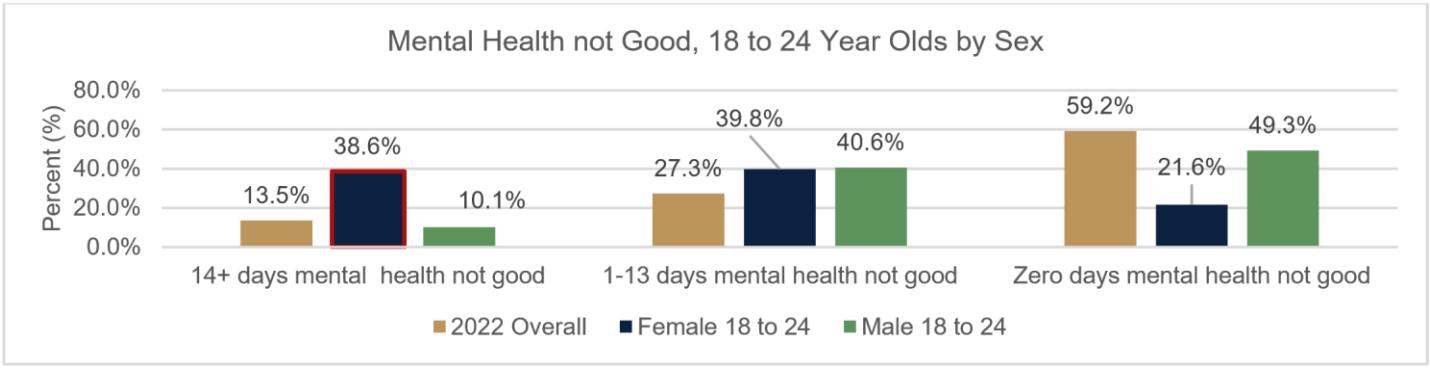


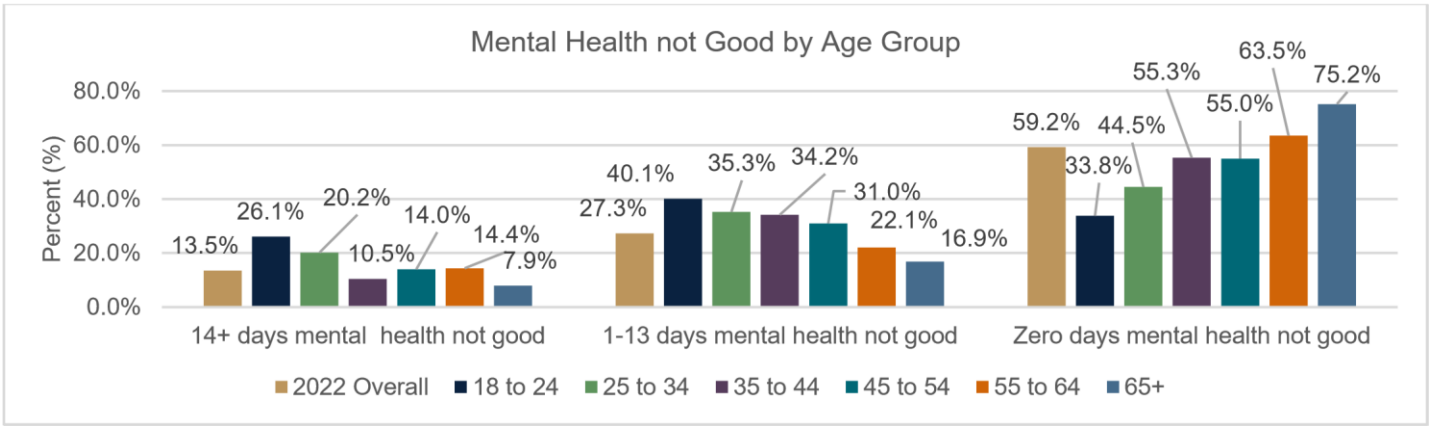


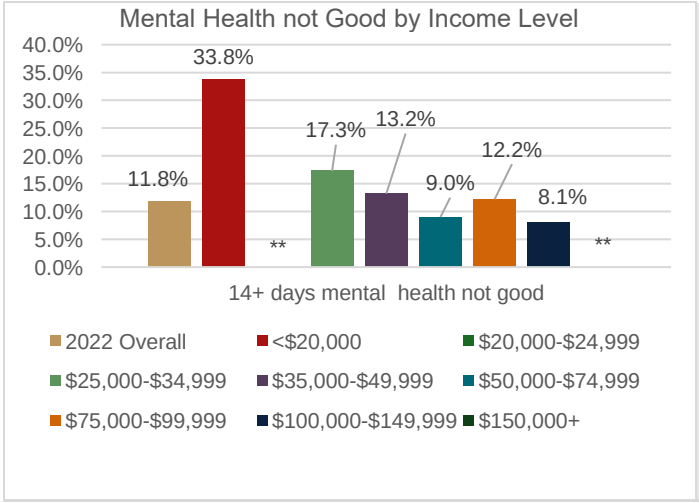
The IHA is a network of hospitals in Iowa that report data to the state based on reporting requirements. We reviewed ICD-10 codes for mental health disorders and broke them down by age and sex. For anxiety disorders (codes starting with F4), patients aged 0 to 18 made up the largest proportion. Mood disorders (codes starting with F3) had a right skewed distribution with more diagnoses in the age groups younger than 35. Substance use disorder diagnoses (codes starting with F1) were low in ages younger than 25, and higher in ages 45 to 64. Males made up 65.9% of the substance use disorder patients.

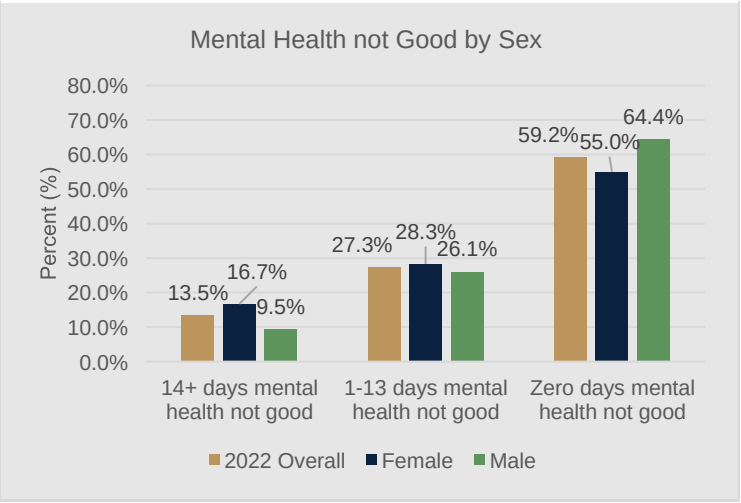


Data from the Iowa Drug Control Strategy and Drug Use Profile showed the primary substance of abuse for Iowa adult and juvenile clients screened or admitted to substance use disorder treatments. The highest proportion was alcohol at 41.8%, followed by meth at 23.8%, and marijuana at 23.2%. Heroin accounted for 3.6% and 10% for other substances.

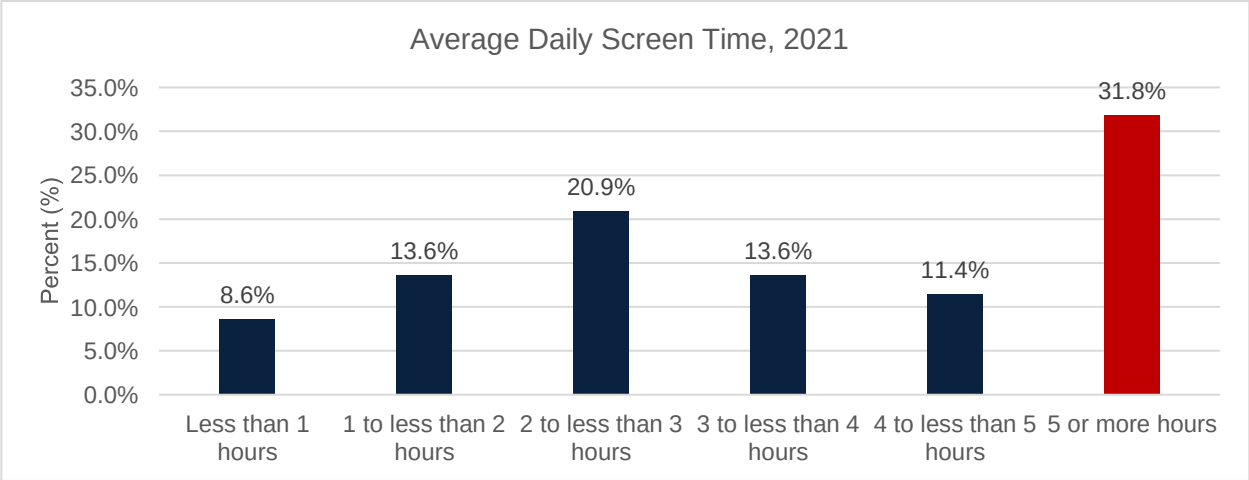




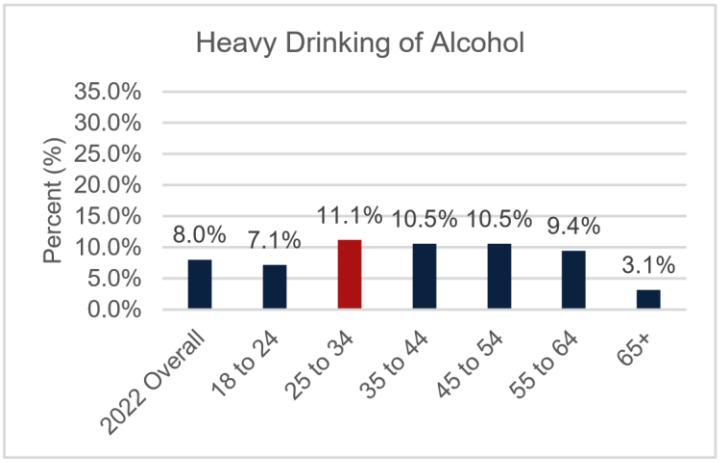


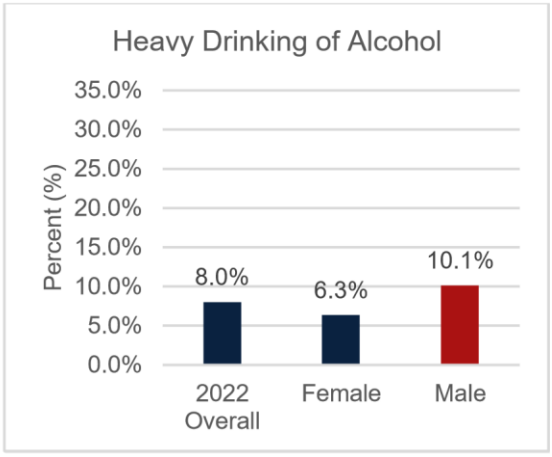


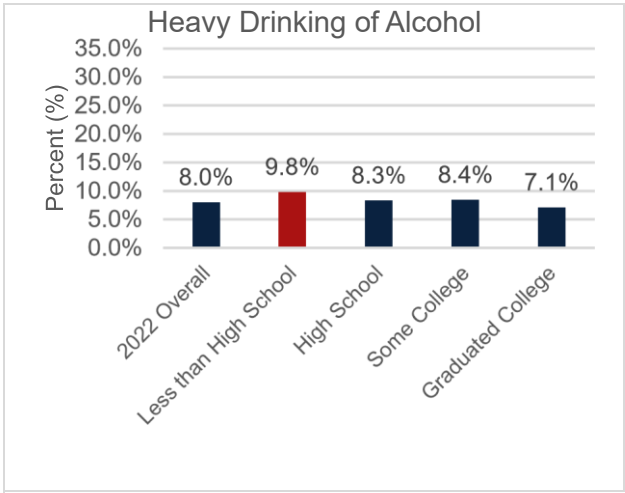
BRFSS respondents were asked if their mental health was not good, and for how many days if it was not good in the last month. Most respondents report that they had 0 days their mental health was not good. Women had more days where mental health was not good compared to men, and the same was seen for those ages 18 to 24 compared to other age groups. The demographic group that had the highest proportion for 14 or more days mental health was not good was women aged 18 to 24 at 38.6% compared to the overall proportion of 13.5%. 10.1% of men aged 18 to 24 responded with 14 or more days mental health was not good. Those with an income less than $20,000 were also more likely to say that their mental health was not good (33.8%).



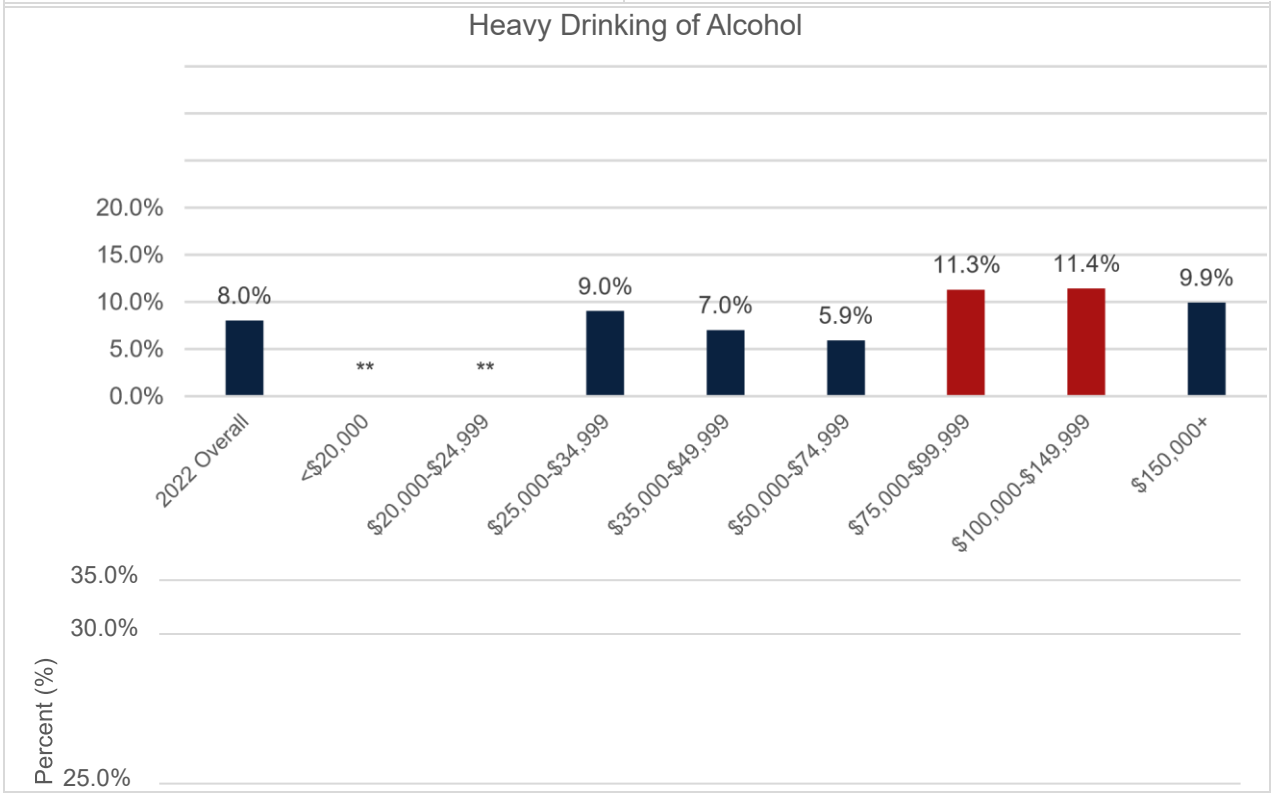
BRFSS respondents were asked about their average daily screentime (TV, phone, computer, etc.). The highest proportion is 5 or more hours (not including work time). This concern also came up in the community survey for the top health factor for children.

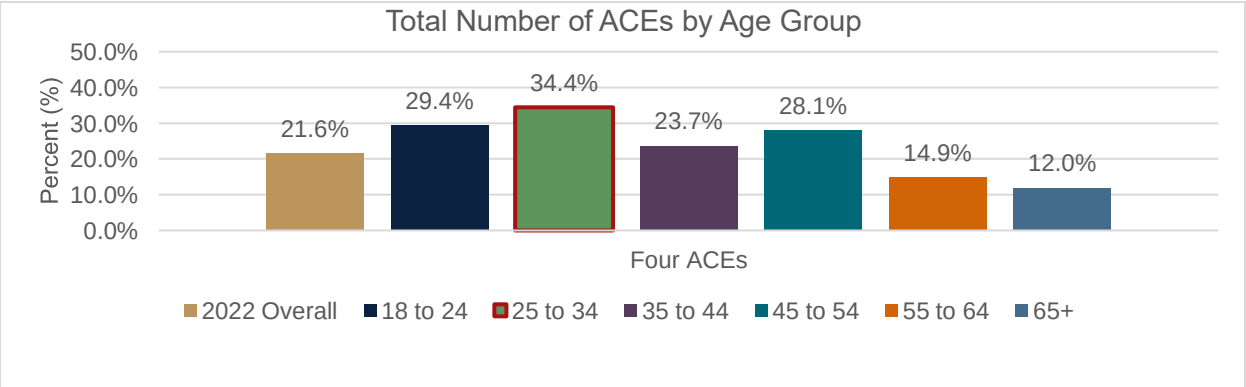


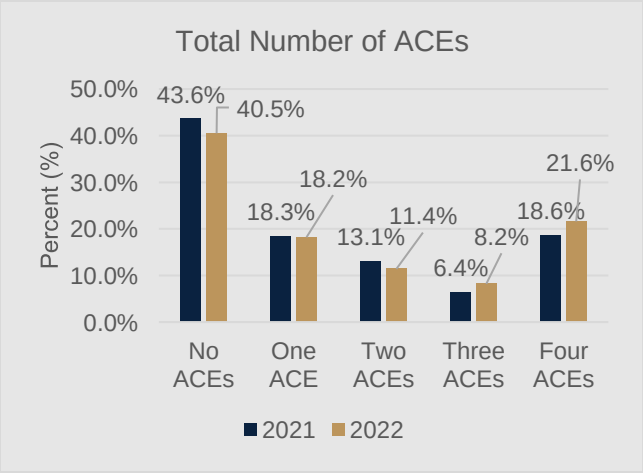


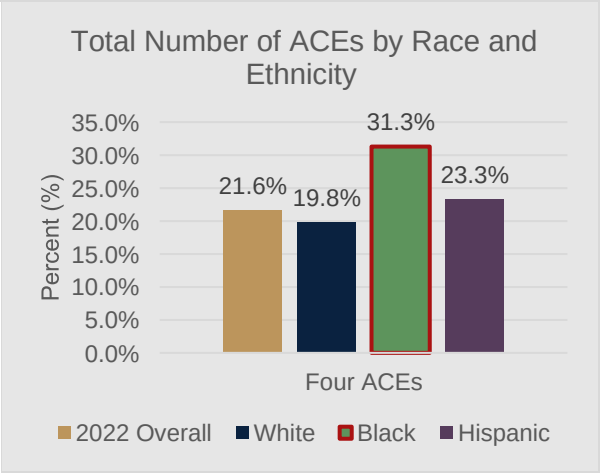


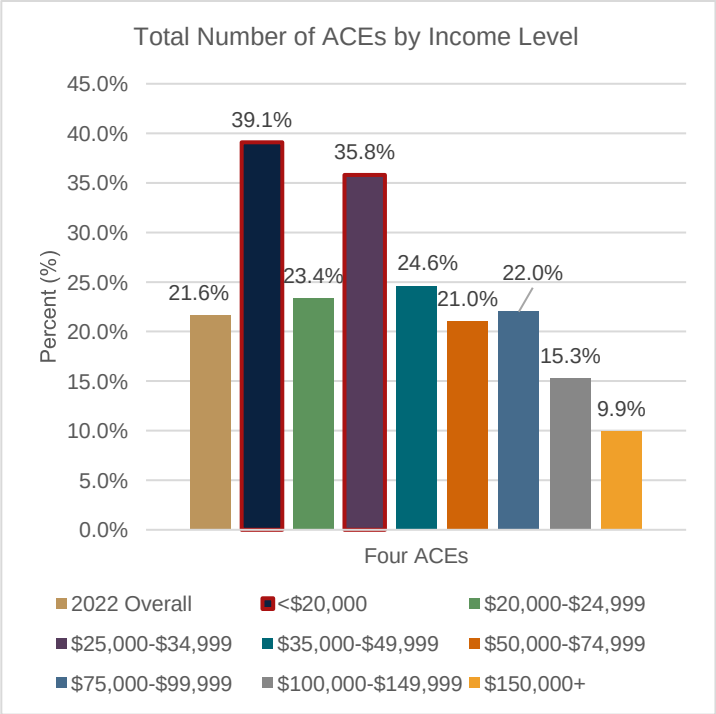
BRFSS respondents were asked about their alcohol consumption, and data displayed is for heavy drinking. The definition of heavy drinking (per BRFSS) for men is having more than 14 drinks per week, and women having more than drinks per week. Additionally, women having 1 o more drinks per day and men having 2 or more drinks per day should be considered, although this definition was not used in the BRFSS data. Higher income ($75,000+) appeared to have higher proportions than incomes lower than that threshold. Men are also more likely to say that they drank heavily compared to women.



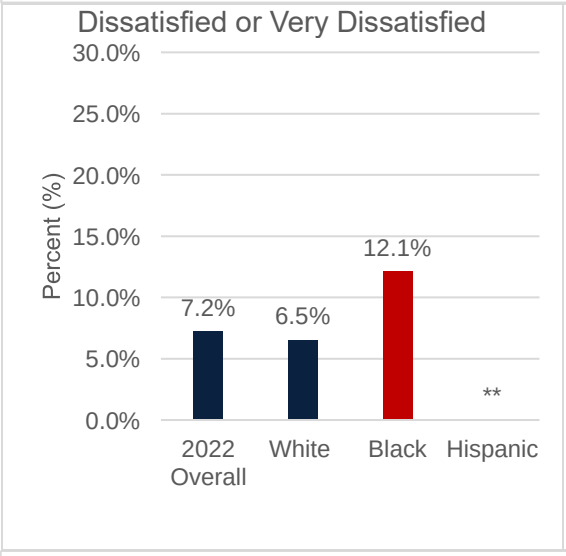

Total Number of ACEs by Age Group
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
Percent (%)
21.6%
29.4%
34.4%
23.7%
28.1%
14.9%
12.0%
Four ACEs
2022 Overall
18 to 24
25 to 34
35 to 44
45 to 54
55 to 64
65+

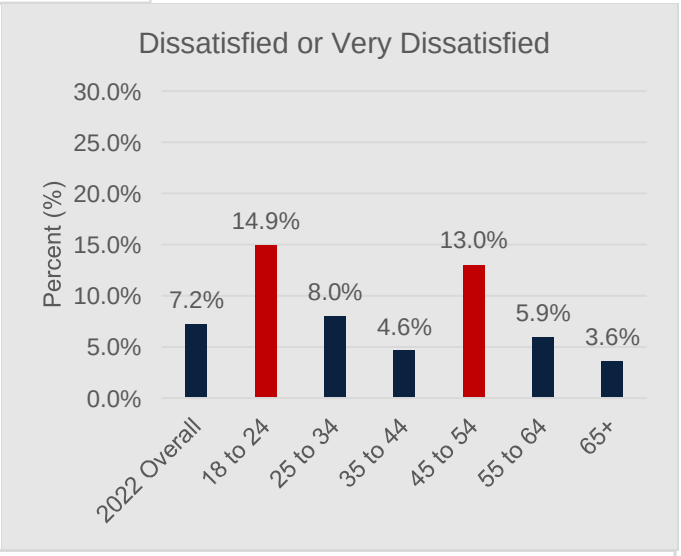

Total Number of ACEs
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
Percent (%)
43.6%
40.5%
18.3%
18.2%
13.1%
11.4%
6.4%
8.2%
18.6%
21.6%
No ACEs
One ACE
Two ACEs
Three ACEs
Four ACEs
2021
2022

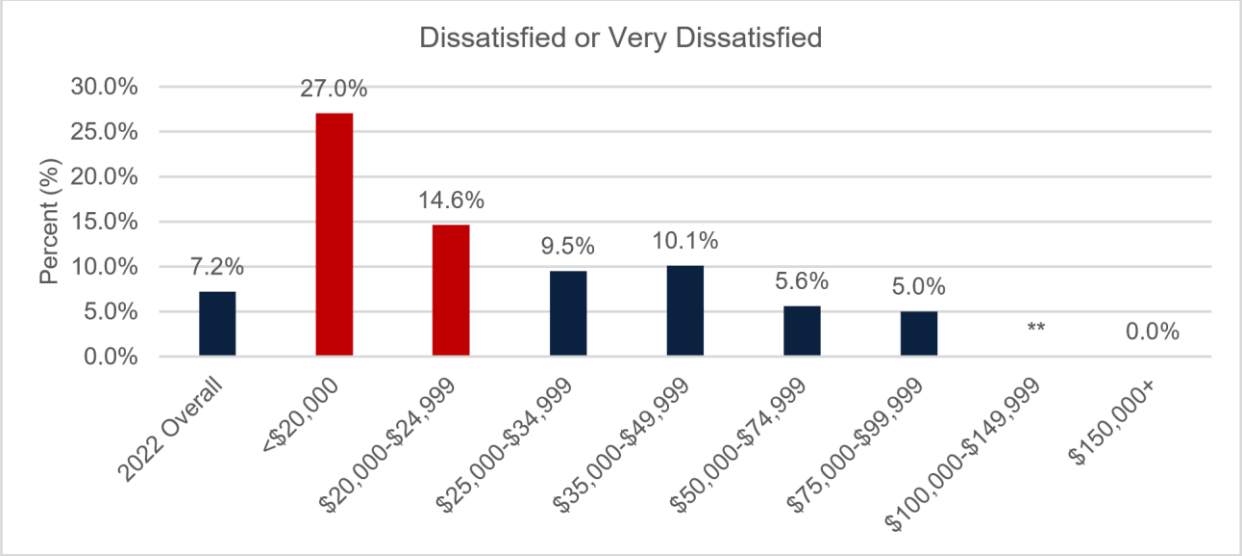

Total Number of ACEs by Race and Ethnicity
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
Percent (%)
21.6%
19.8%
31.3%
23.3%
Four ACEs
2022 Overall
White
Black
Hispanic



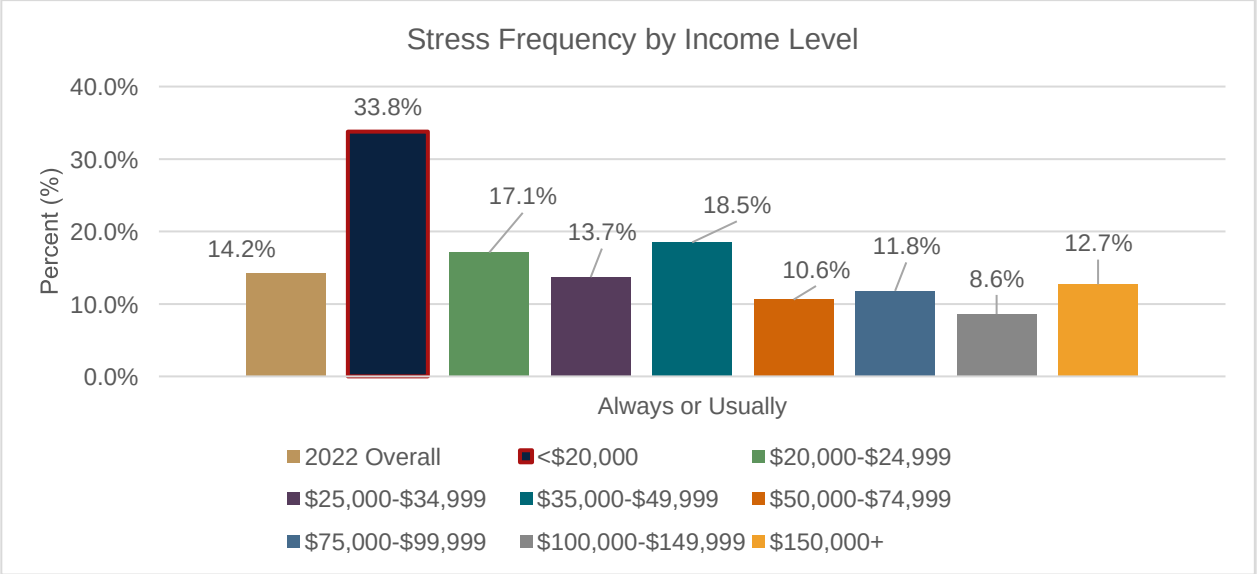
BRFSS participants were asked if they had experienced one or more adverse childhood experiences (ACEs). Those who have experienced 4+ ACEs are more at risk for adverse health outcomes. 2022 ACEs data was disaggregated by race and ethnicity, age group, and income level. Those most affected were those who were Black or African American, ages 25 to
34, and those with an income less than $20,000, followed by those with an income between $25,000 and $34,999.

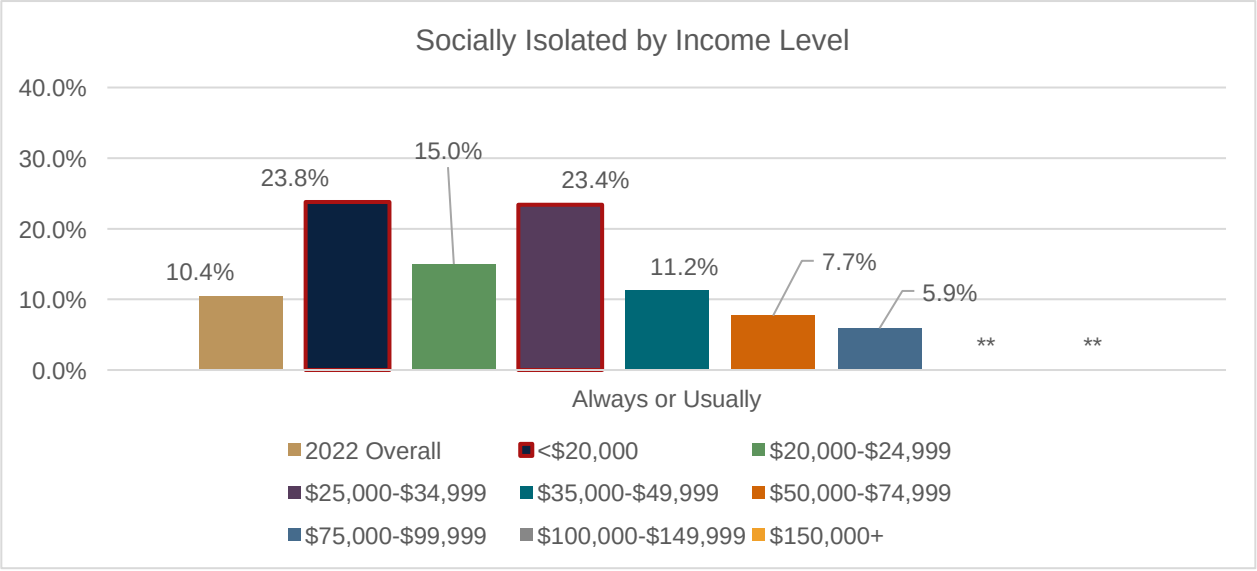






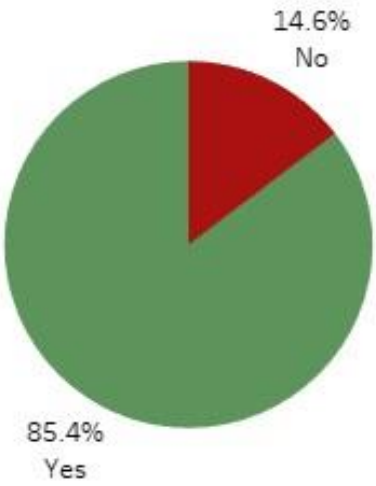
BRFSS respondents were asked if they were satisfied with their life, and response options were on a 4-point Likert scale. What is shown is the proportion of those who said that their life was dissatisfying or very dissatisfying. Those who were most affected included those who identified as Black, who were ages 18 to 24 or 45 to 64, or had an income less than $25,000. When disaggregated by sex, the difference was negligible.



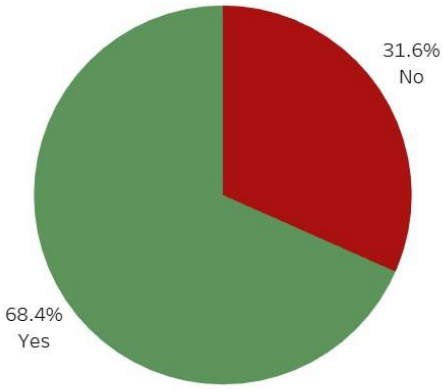


BRFSS has 4 questions related to stress and social determinants of health. The two questions shown are stress frequency within the last 30 days and how often the person felt socially isolated, both of which were represented by 5-point Likert scales. The responses representing Always and Usually were combined, as well as Rarely or Never to reduce data suppression and make the analysis more meaningful. Disaggregation was done for race and ethnicity, age group, sex, and income level. The Always or Usually response combination for income level is shown as it had some of the highest disparity levels. For both questions, income levels of <$20,000 had the highest proportion for the Always or Usually responses. For race and ethnicity and age group, while there were some differences, they were less extreme than the income level responses. Differences by sex were minimal.

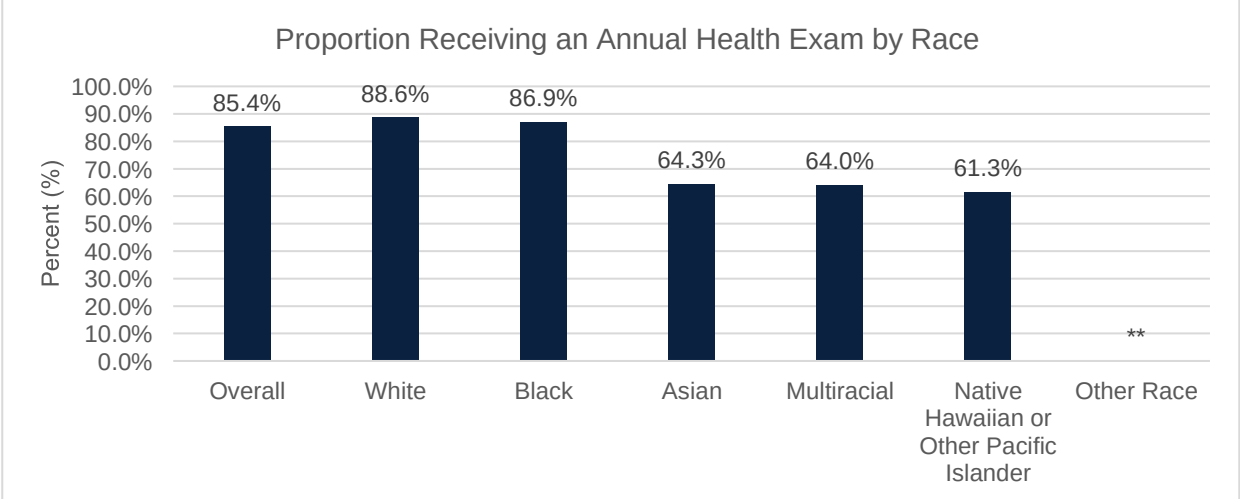
Access to Healthcare

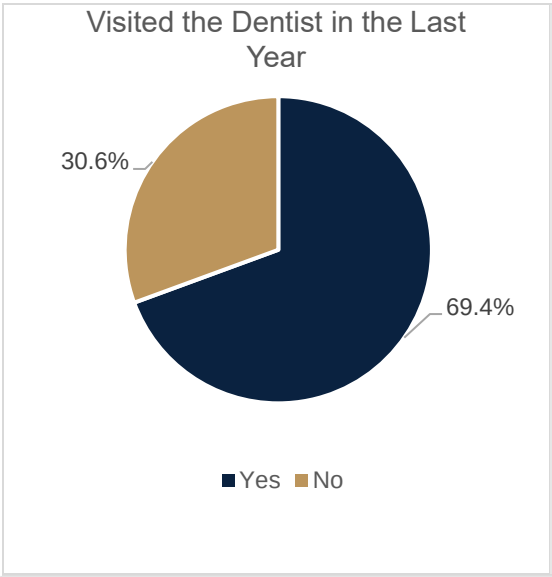


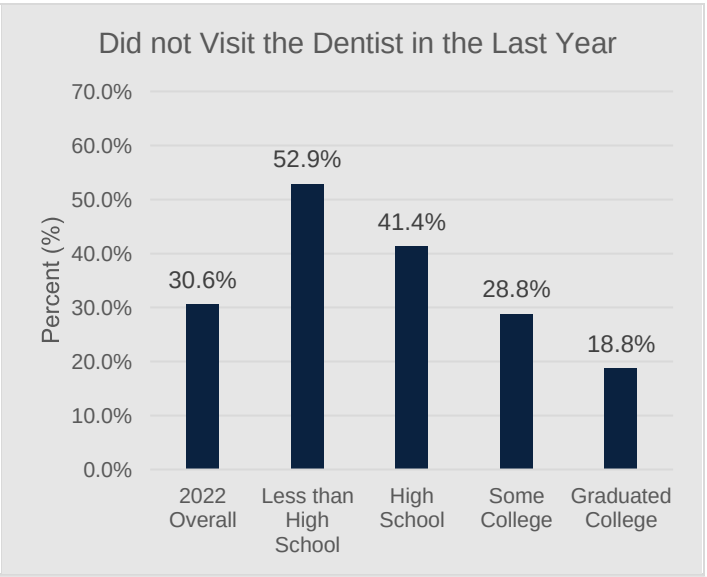
Respondents to the community survey were asked if they receive an annual health exam. If they were unable to, they had an additional question to understand their barriers. Younger age groups and people with lower income levels were less likely to visit a doctor, as well as respondents born in Burma and respondents born in the Marshall Islands. Some of the top reasons given were cost, that they don't feel like they need an annual health exam, and that they were unable to get an appointment at a time that works best for them.

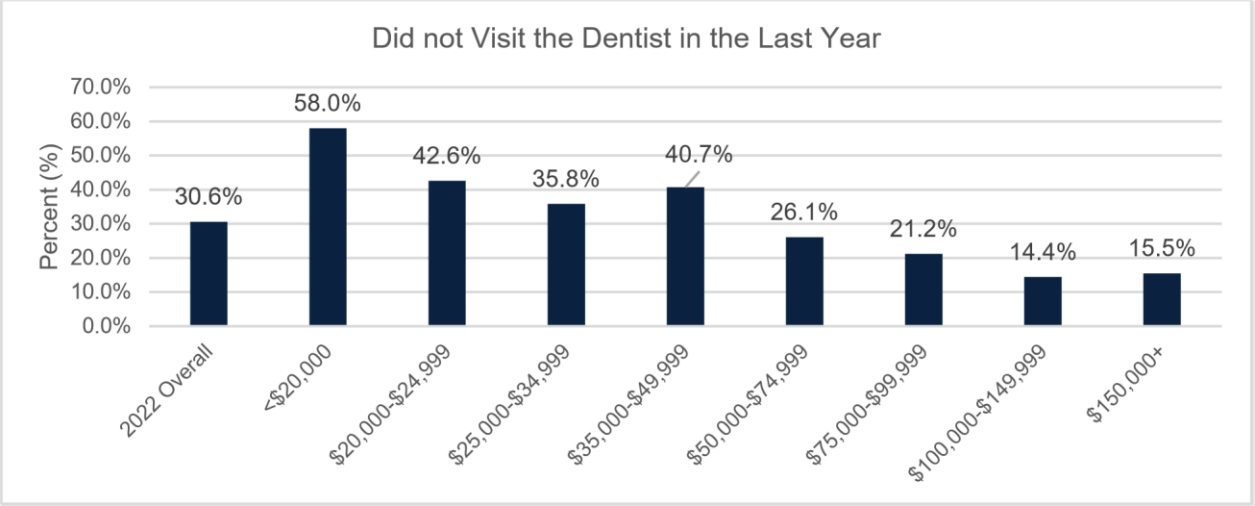


Community survey participants were also asked if they visited the dentist regularly (1-2 times a year) and what the barriers were if they had not. The groups affected the most were the same as those who were less likely to visit a doctor. The top barriers were cost, not having dental insurance, and not being able to get an appointment at a time that works best for them.

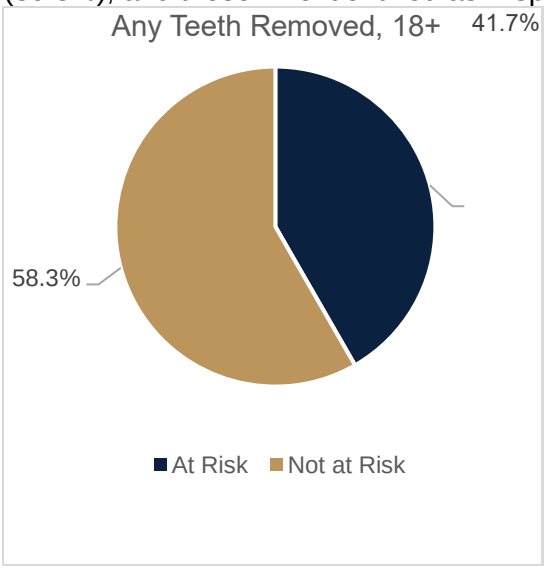


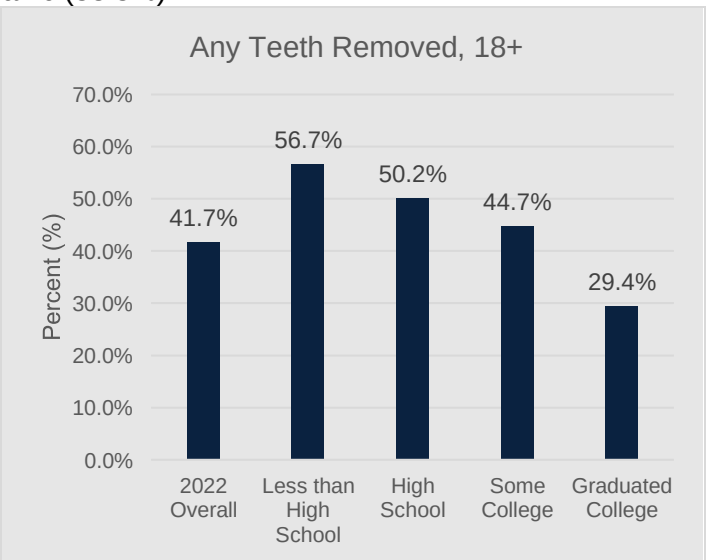


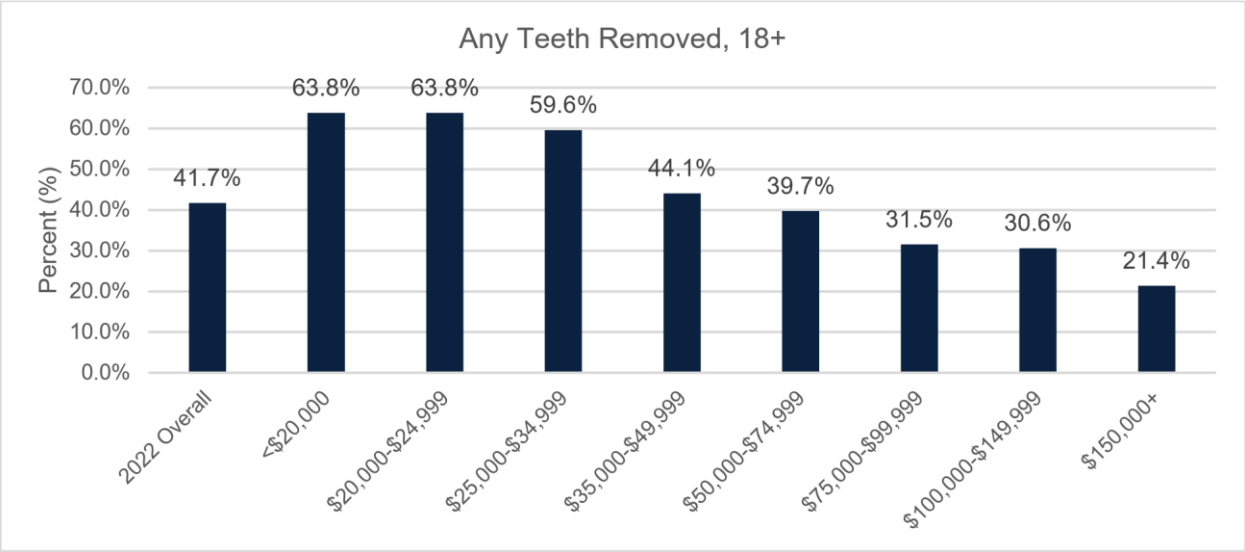




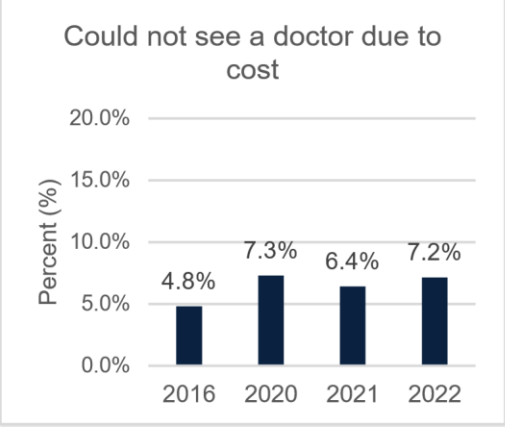
A similar question was asked in BRFSS if participants had been able to visit the dentist in the past year, with nearly the same proportion saying no. When disaggregated, the groups most affected were lower income levels and lower levels of educational attainment. Other populations that were impacted but not as significantly were: people ages 18 to 34 (39.2%), those who identified as Black (39.8%), and those who identified as Hispanic (38.3%).

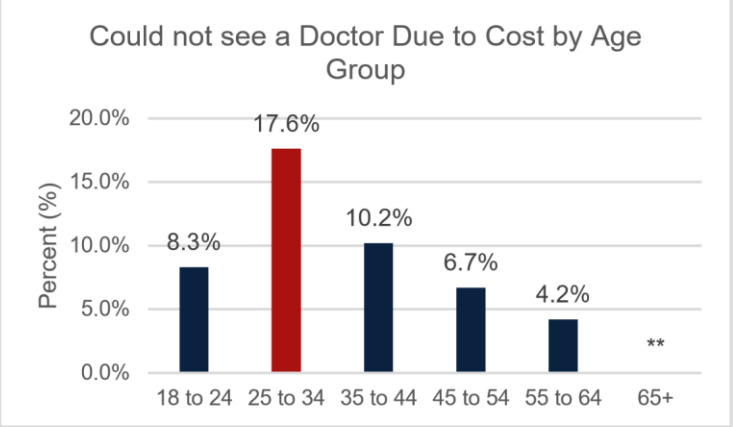


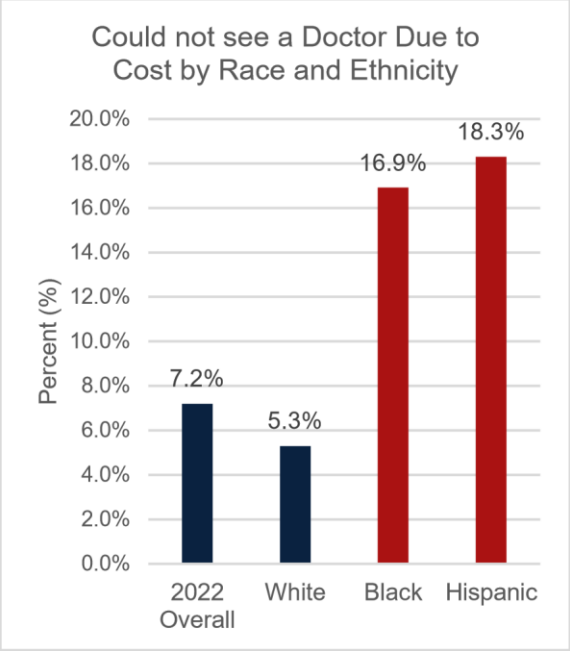


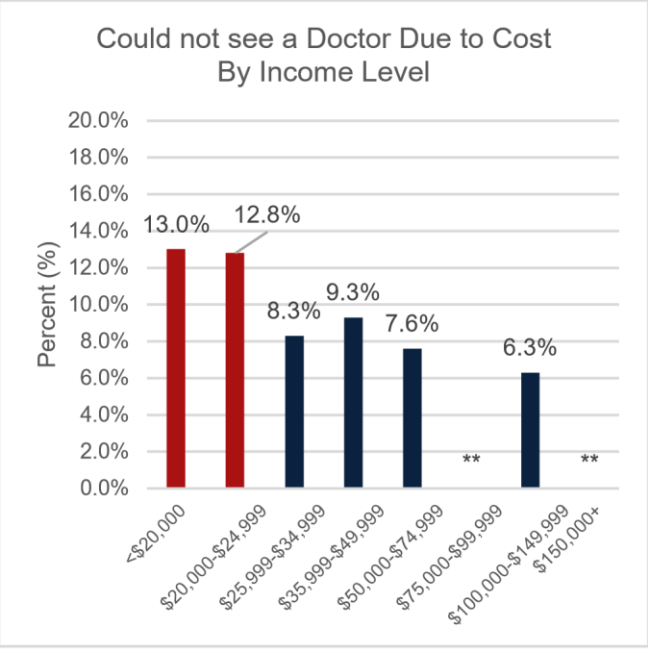


BRFSS respondents were asked if they ever had any teeth removed due to decay or gum disease (orthodontics and other causes were excluded). Those who had teeth removed for those reasons were “at risk.” Those who had less than a high school education and an income below $25,000 were the most likely to be affected. No significant differences were seen by sex or race and ethnicity. The age group most likely to be affected was 65+.

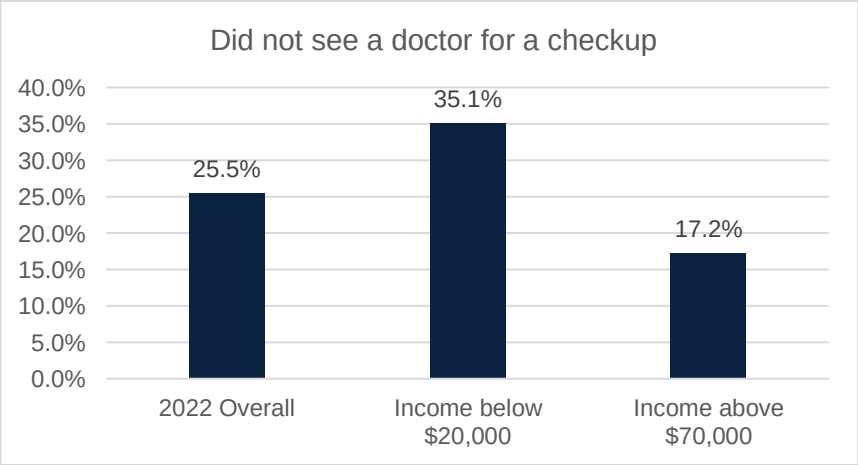




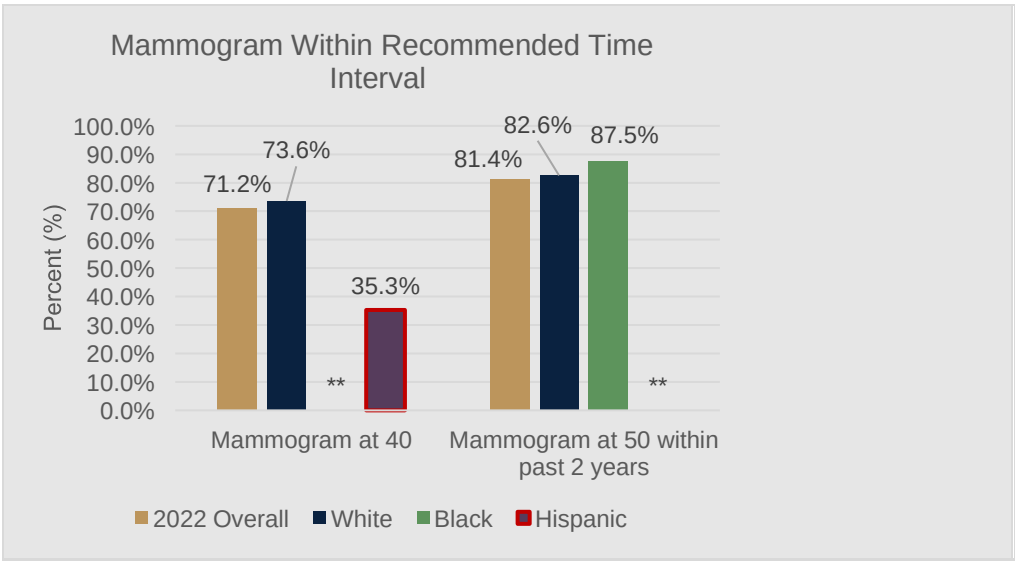


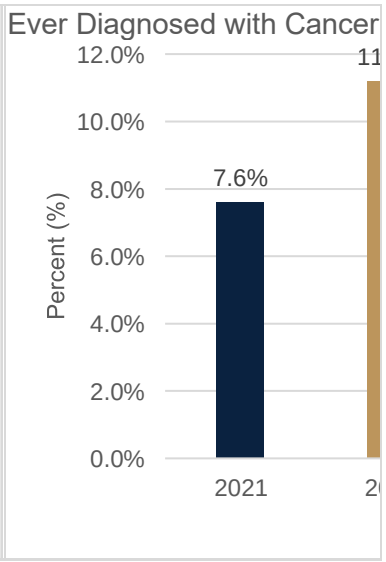


BRFSS respondents were asked if they could not see a doctor due to cost in the last year. The largest disparities were by race and ethnicity (Black or African American and Hispanic), age group (25-34), and income level (less than $25,000).

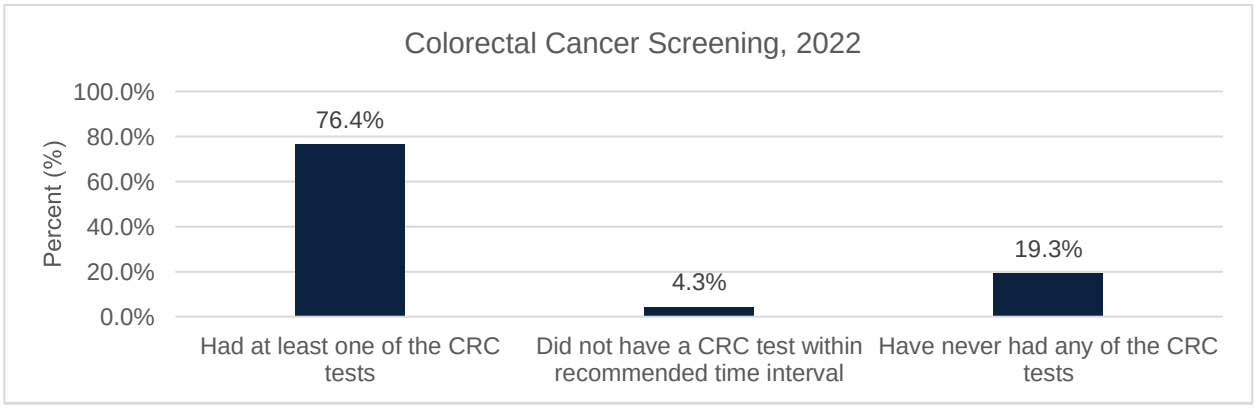


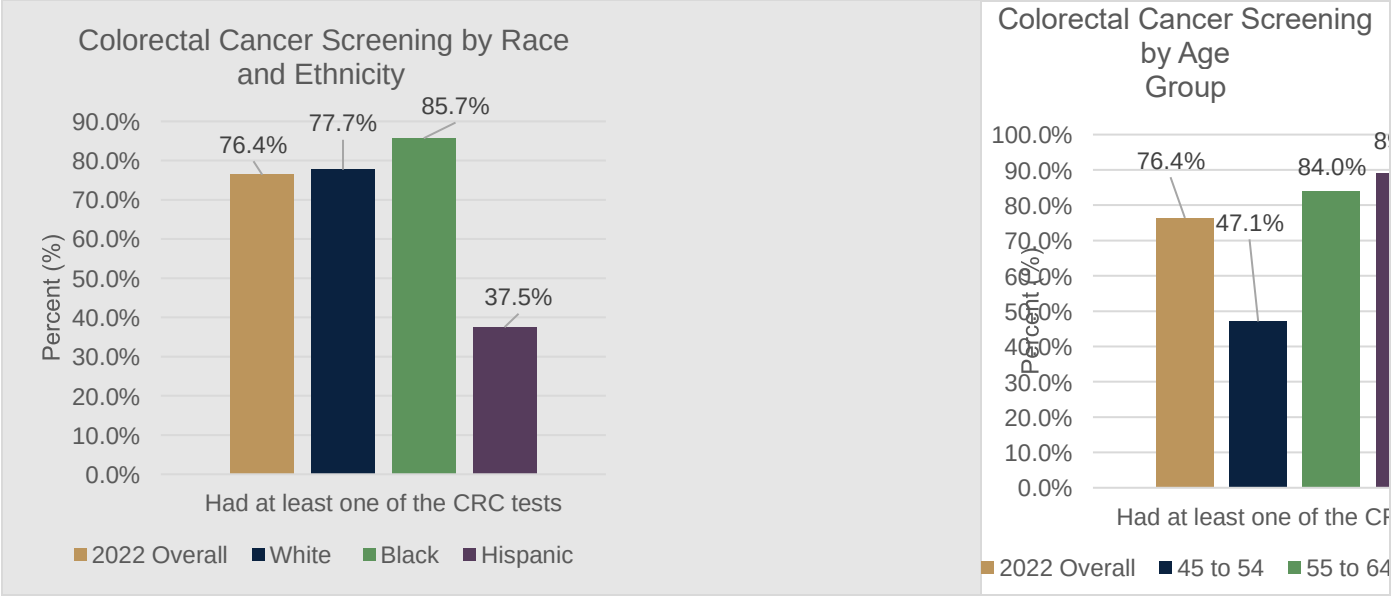
In the Barriers survey, participants were asked if they were able to see a doctor 12 months before pregnancy. On average, 25.5% were not able to see a doctor. When disaggregated by income, 35.1% of those with an income below $20,000 did not see a doctor 12 months before pregnancy compared to 17.2% for those earning above $70,000.





There was an increase in the proportion of BRFSS respondents diagnosed with cancer from 2021 to 2022. Respondents identifying as female were asked in 2022 if they had a breast cancer screening at ages 40 and 50 within the past 2 years. When disaggregated by race and ethnicity, Hispanic individuals were less likely to have breast cancer screening performed at age 40 than individuals of other races. No significant difference by race and ethnicity was noted for breast cancer screenings performed at 50.

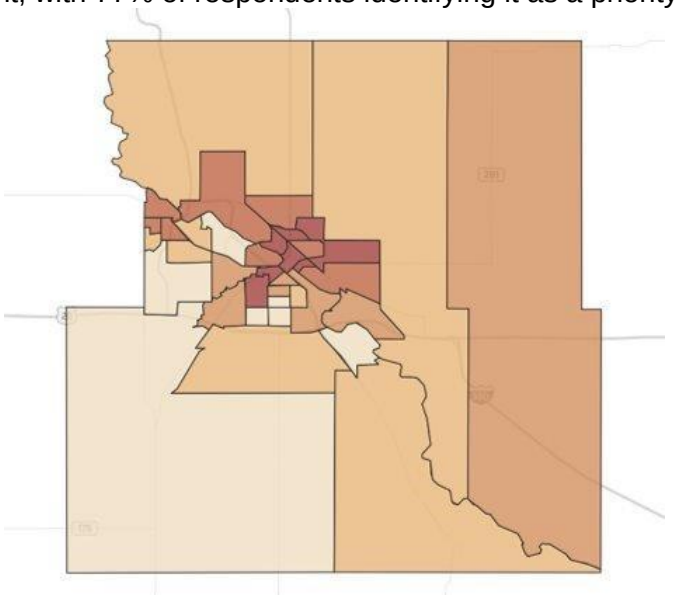




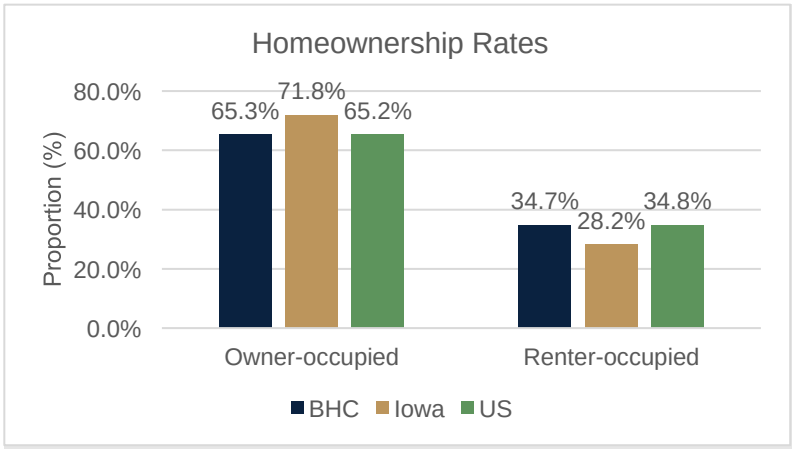
BRFSS participants were asked if they had any colorectal cancer screening in 2022. 76.4% of individuals had at least 1 test within the recommended time interval. Hispanic individuals and those aged 45-54 were the least likely to have had at least 1 screening within the recommended time interval, 37.5% and 47.1% respectively. No significant difference was shown by income level. Those with less than a high school education was the least likely to receive a screening (66.7% compared to overall average of 76.4%), but the difference was less extreme than those by race and ethnicity and age.

Housing Stability

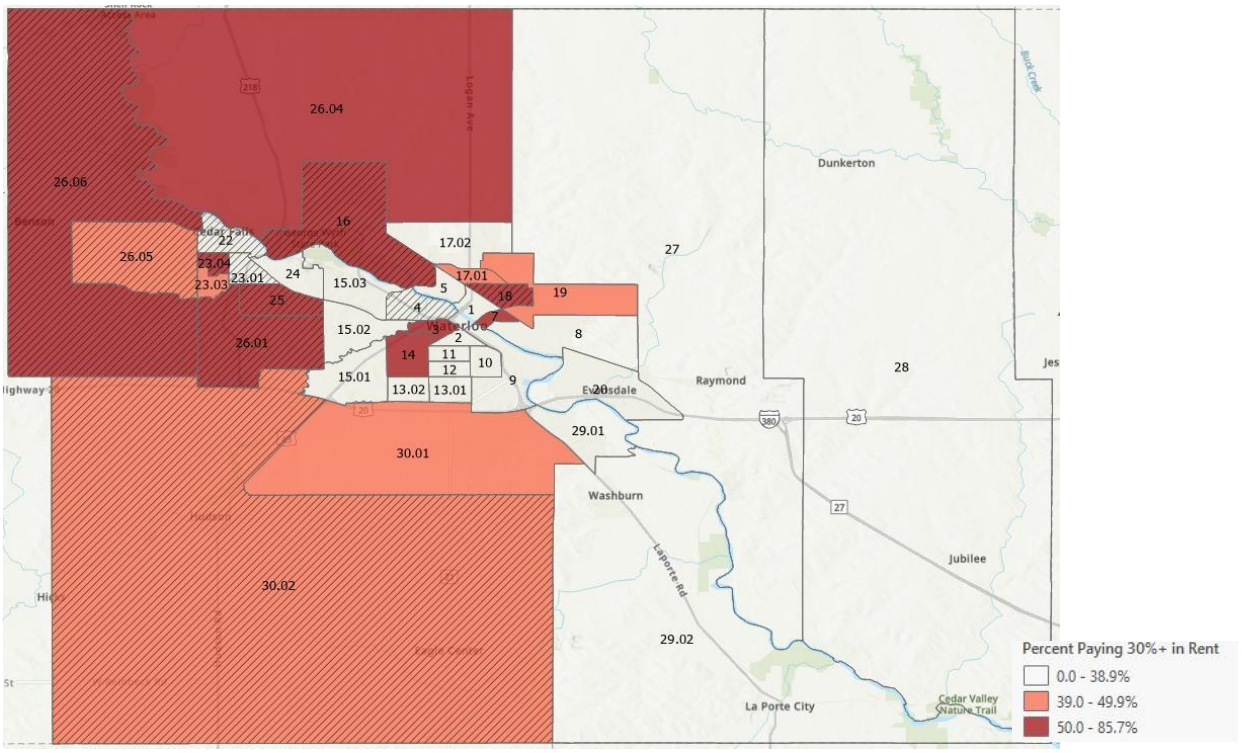
According to the community survey, safe and affordable housing ranked second among areas most in need of improvement, with 77% of respondents identifying it as a priority.



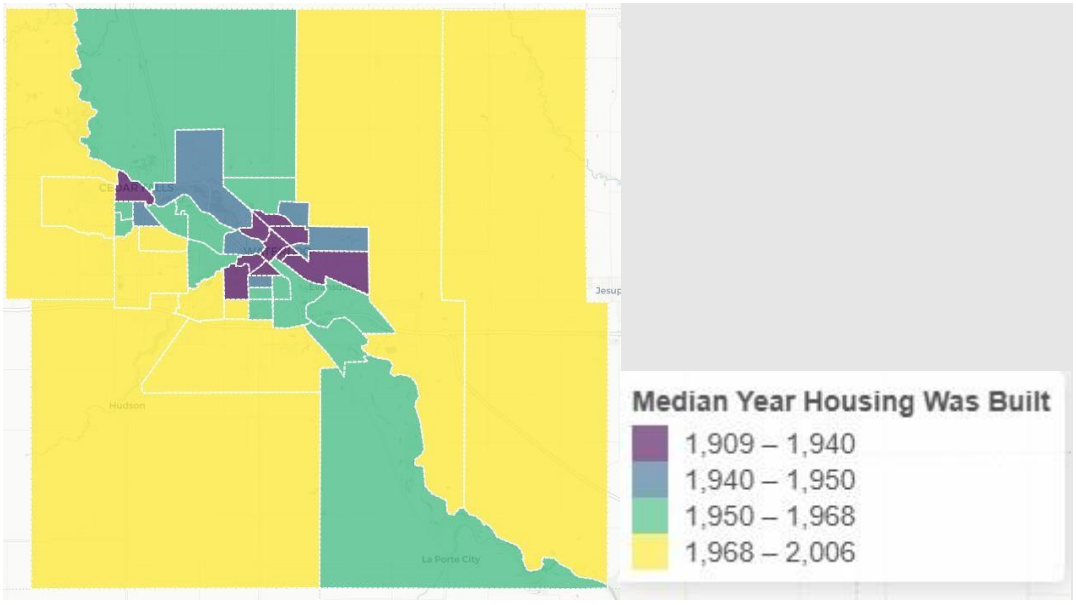
Iowa HHS created a map depicting lead exposure risk. This map highlights areas at higher risk based on age of housing (houses built before 1949) and childhood poverty. Parts of Waterloo show the highest risk. Cedar Falls has regions with moderate risk. Rural regions generally exhibit lower risk, except for the eastern portion of the county, which is at a moderate risk.



Census data shows that BHC's owner-occupied housing rate (65.3%) is lower than Iowa's (71.8%) but is similar to the U.S. average (65.2%). Census tract 23.03, encompassing UNI's campus, and tract 1 in downtown Waterloo have the lowest rates of owner-occupied housing rate (tract 23.03 at 12.5%, tract 1 at 14.5%).

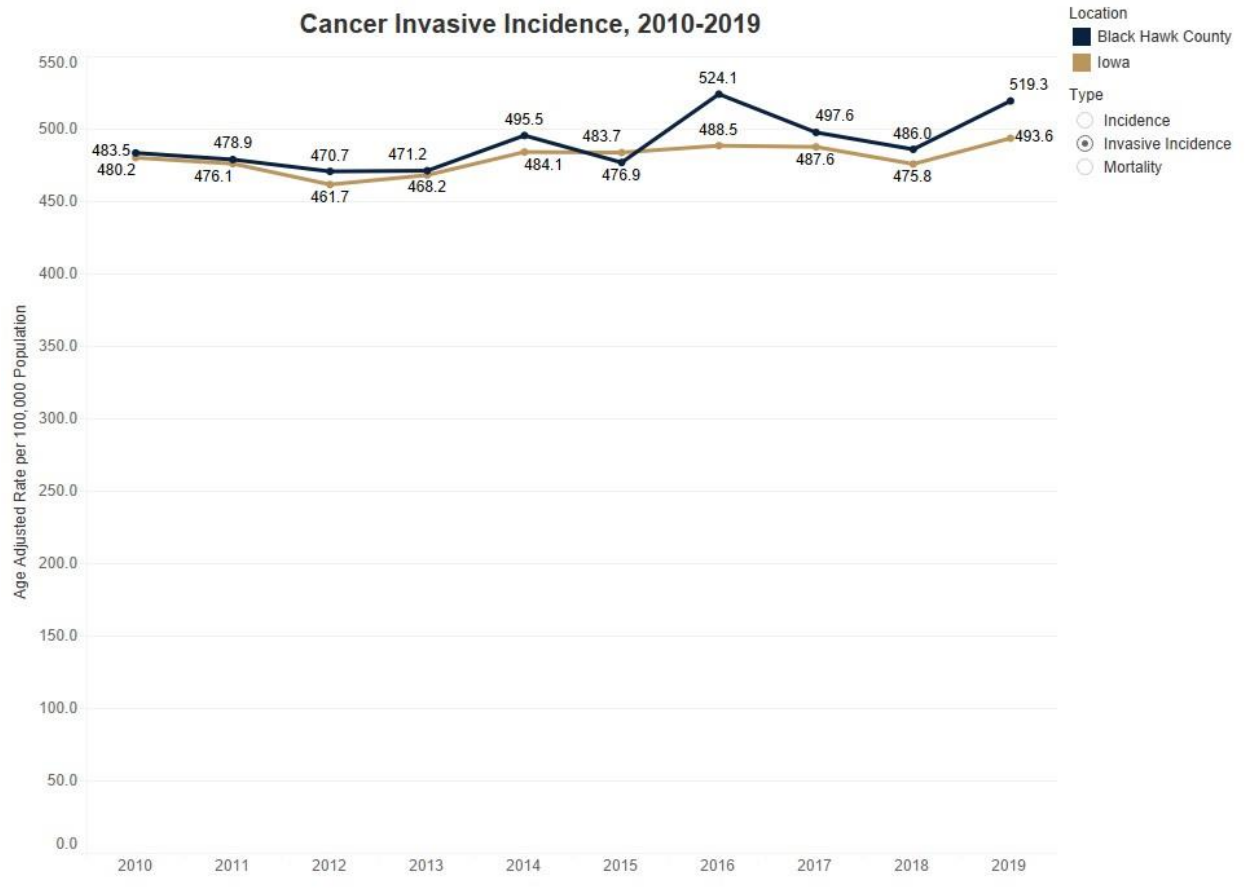


Rent burden, defined as spending over 30% of household income on rent, is prevalent in central and northwestern parts of the county. On the map, dark colors signify a higher proportion of rent burden, and census tracts with diagonal lines are tracts where rent is $1000 or higher for median rent. When examining rent burden alongside median rent by census tract, it becomes clear that even areas with lower median rent can experience significant rent burden.

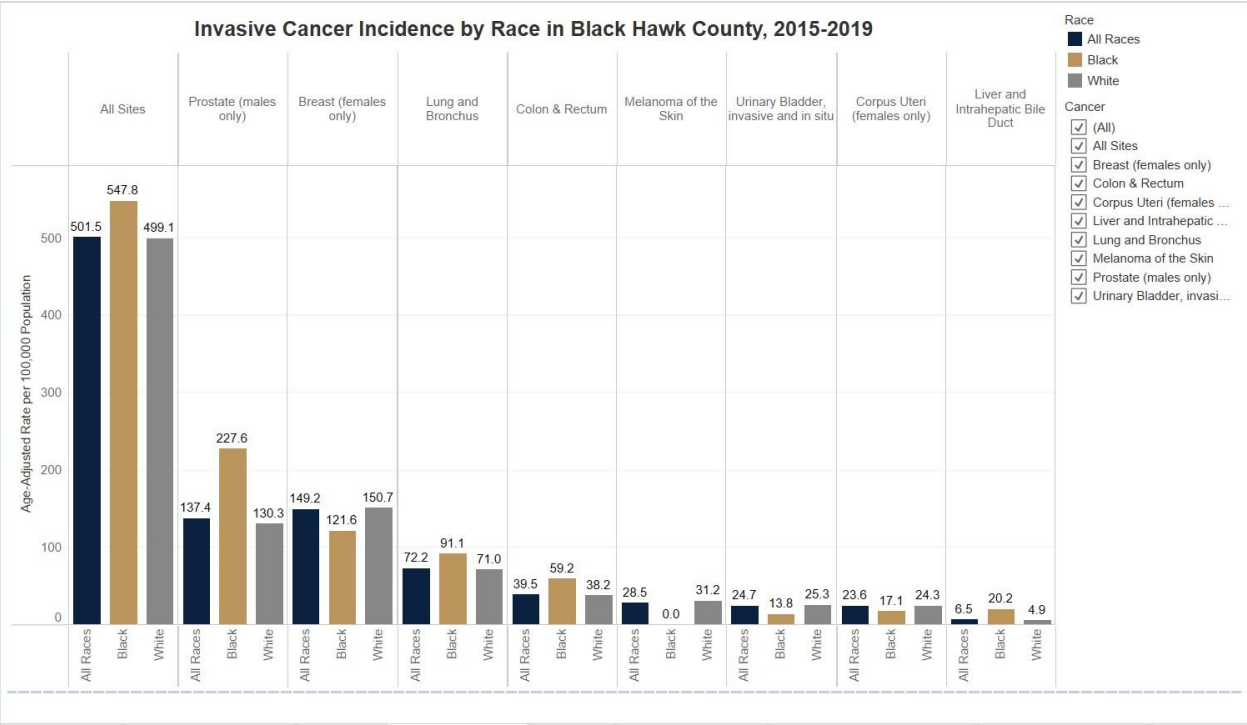


Data from the BHC assessor's office shows the median construction year of residential properties in each census tract. Housing in Waterloo tends to be older, aligning with the higher risk for lead exposure map created by Iowa HHS.

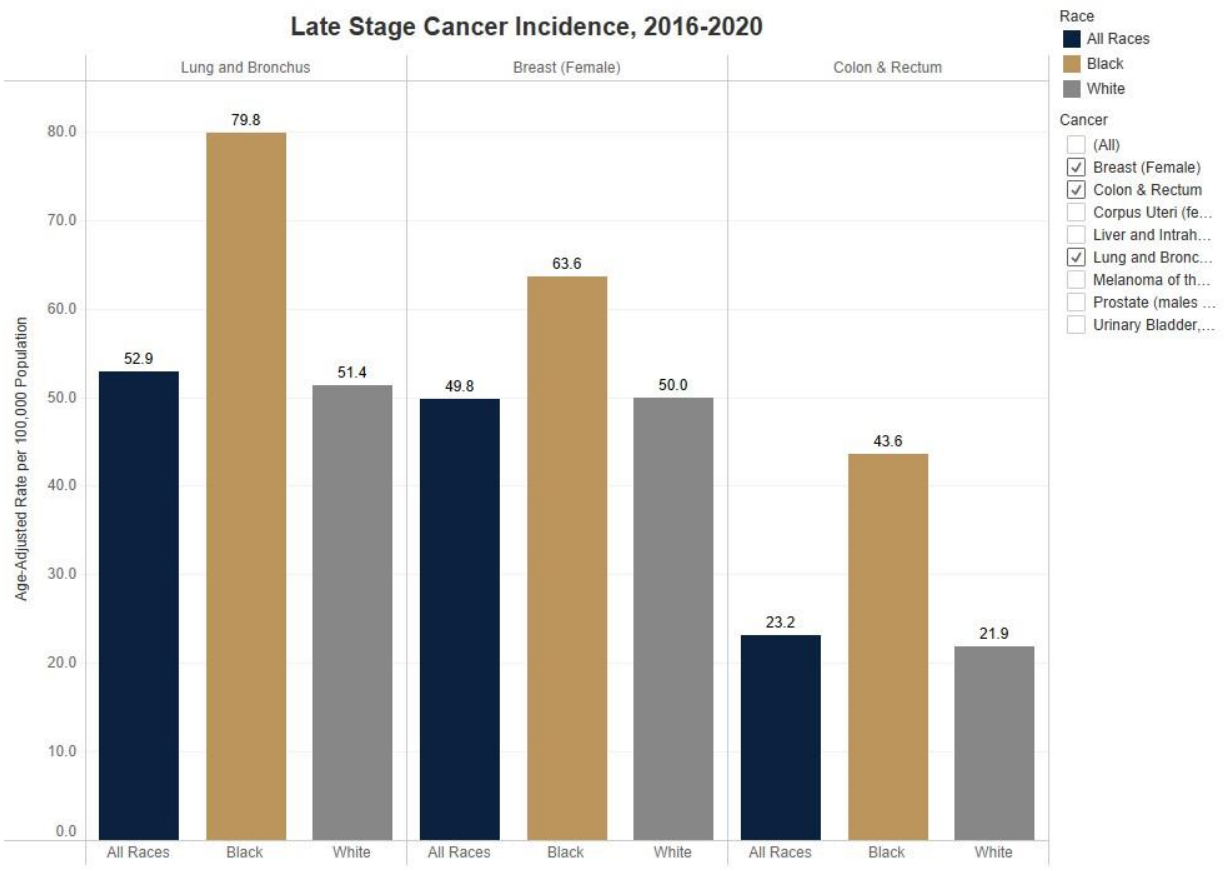
Chronic Disease



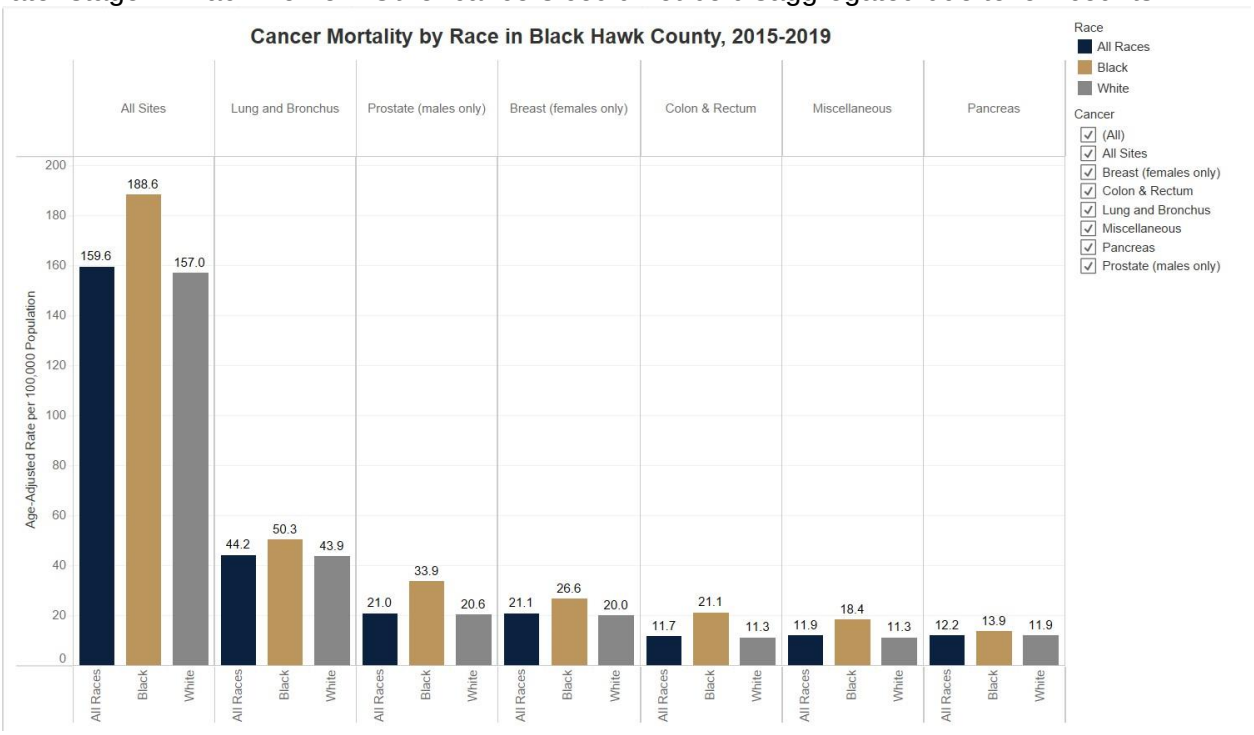
The Iowa Surveillance, Epidemiology, and End Results (SEER) Cancer Registry is a database with information on cancers diagnosed in Iowa. The data available was analyzed by the SEER Cancer Registry and released publicly. The graph above shows invasive cancer incidence (cancers diagnosed at stages 1-4) from 2010 to 2019, demonstrating an overall increase in invasive cancer incidence over time.



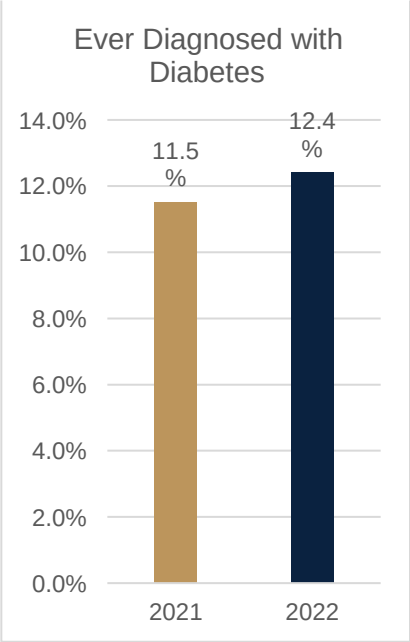
The top 6 invasive cancer rates for each race are shown above. Disparities can be seen for Black individuals for the following groups: all cancers, prostate cancer, lung and bronchus cancer, colorectal cancer, and liver and bile duct cancer.

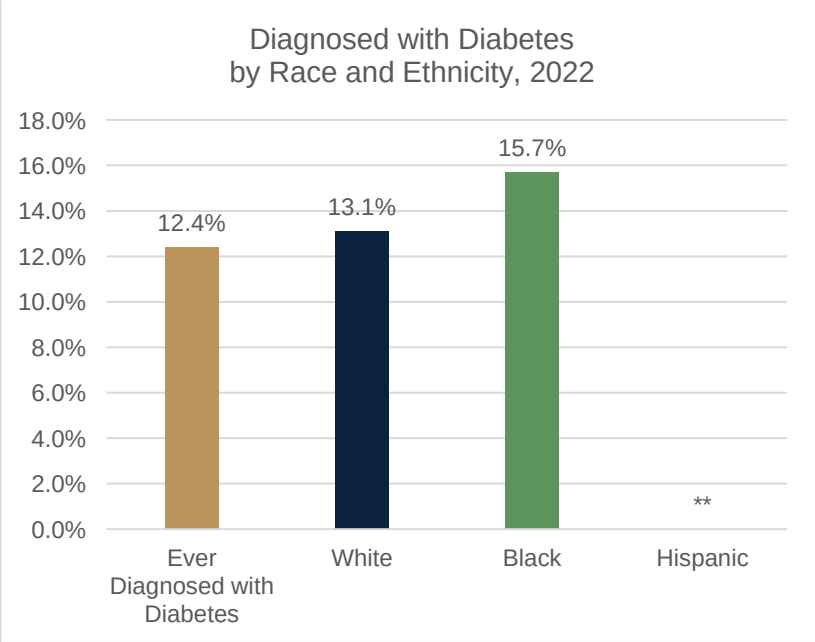


Late-stage cancer incidence was also shown for selected cancers. This data was reported to the National Institutes for Health (NIH) by the Iowa SEER cancer registry, and analyzed by the NIH, who also released it publicly. As with invasive cancer incidence, disparities can be seen for Black individuals for lung and bronchus cancer as well as colorectal cancer. While breast cancer (female) is more likely to be diagnosed among white women, it is more likely to be diagnosed at a later stage in Black women. Other cancers could not be disaggregated due to low counts.

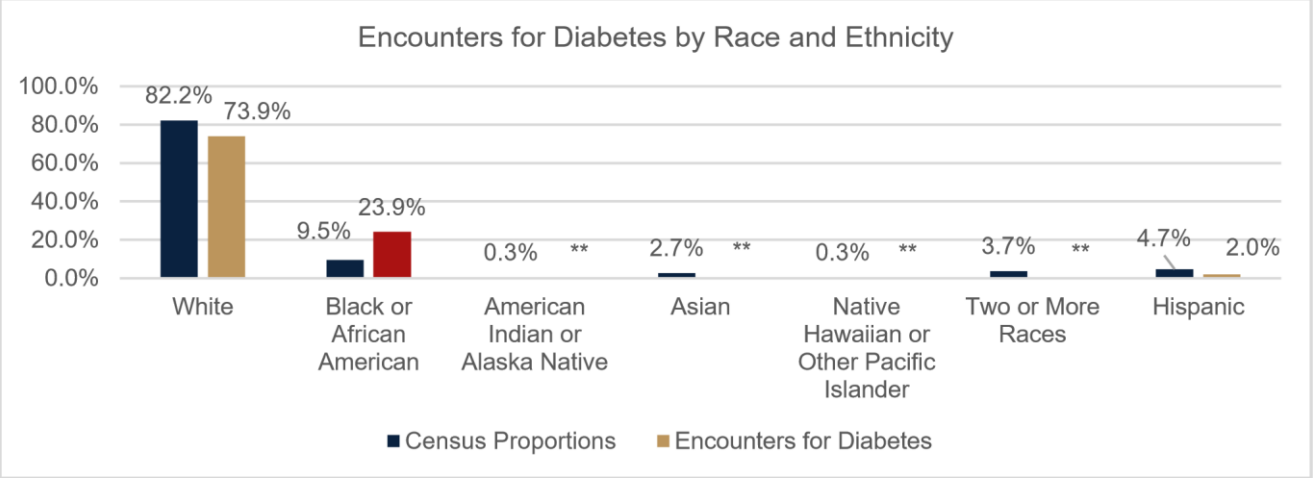


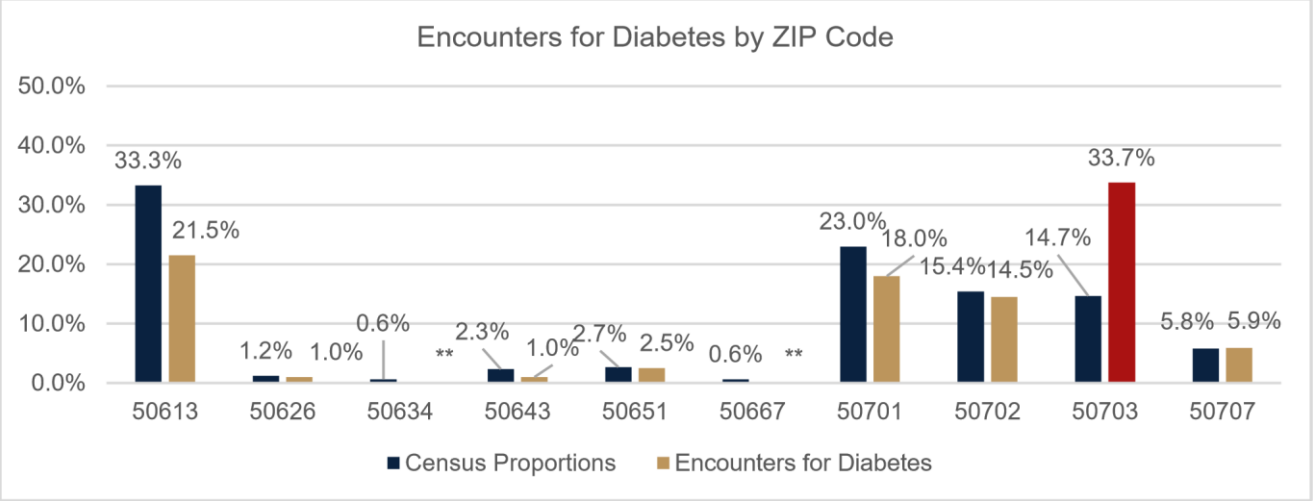
The graph above shows the top 6 cancer mortality rates disaggregated by race. Disparities for Black individuals compared to White individuals and All Races are seen for all cancers shown.



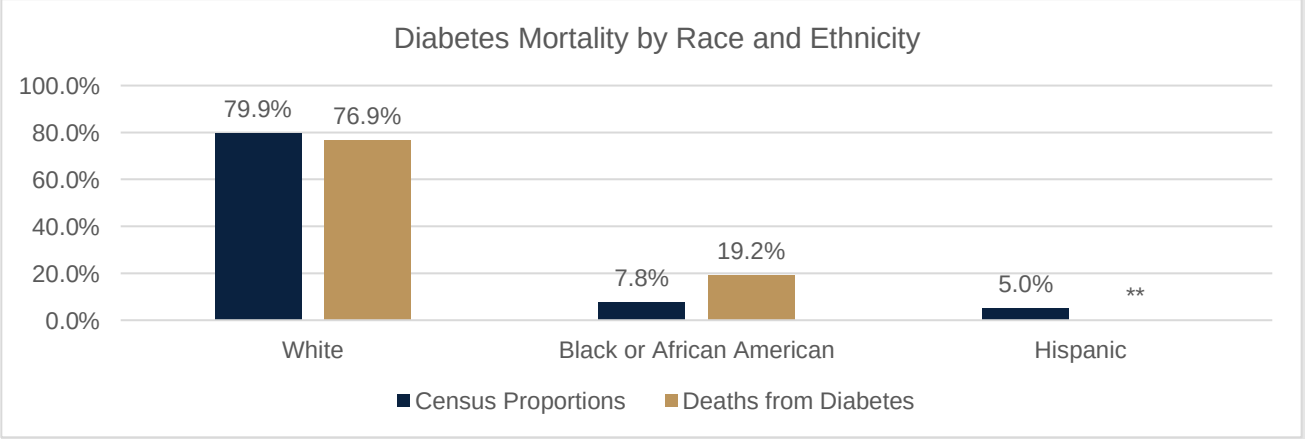


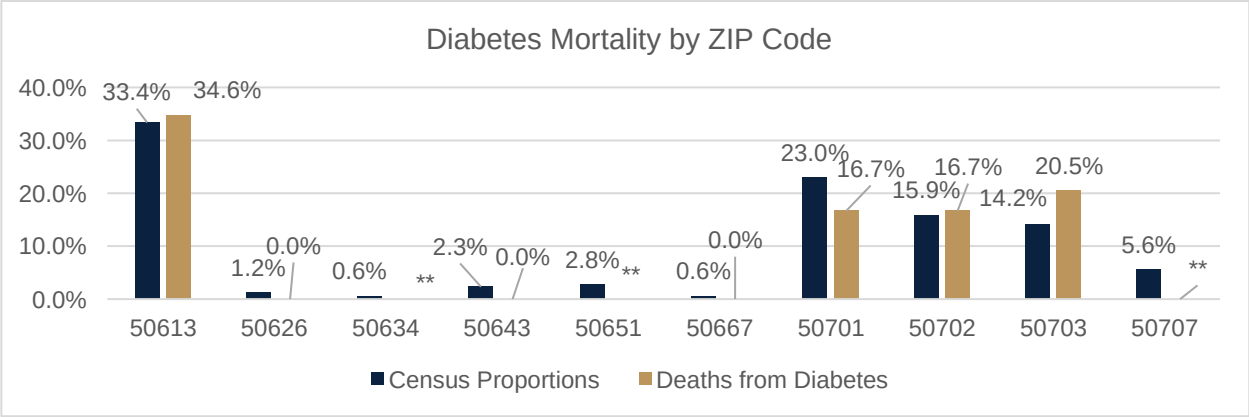
More BRFSS respondents reported having been diagnosed with diabetes from 2021 to 2022. Diabetes diagnoses were also disaggregated by race and ethnicity, as diabetes came up as a chronic disease concern in the community survey for Black or African American respondents as well as a few other groups. The graph above on the right shows that Black individuals were more likely to report having been diagnosed with diabetes. This BRFSS data highlights the concern identified in the community survey.



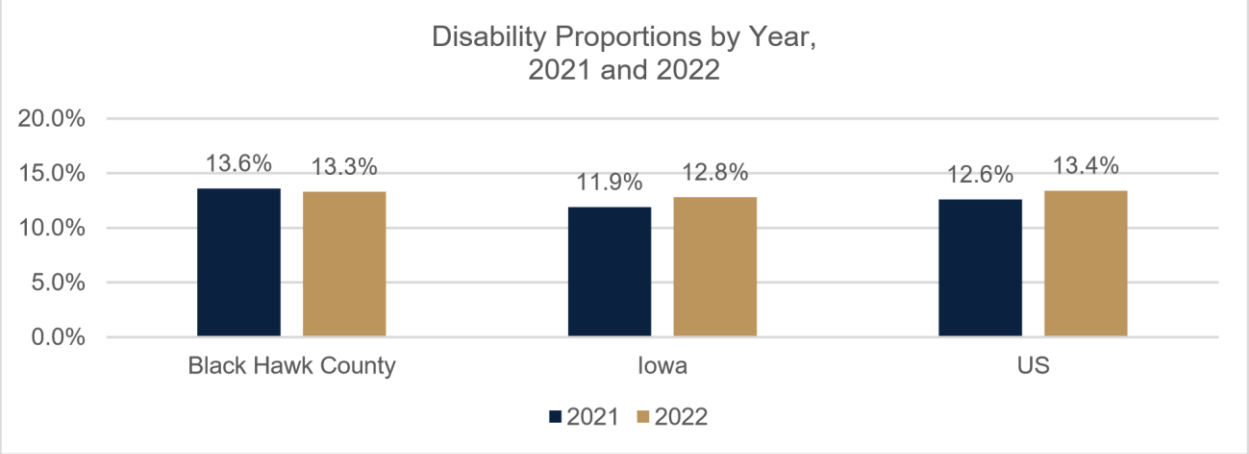


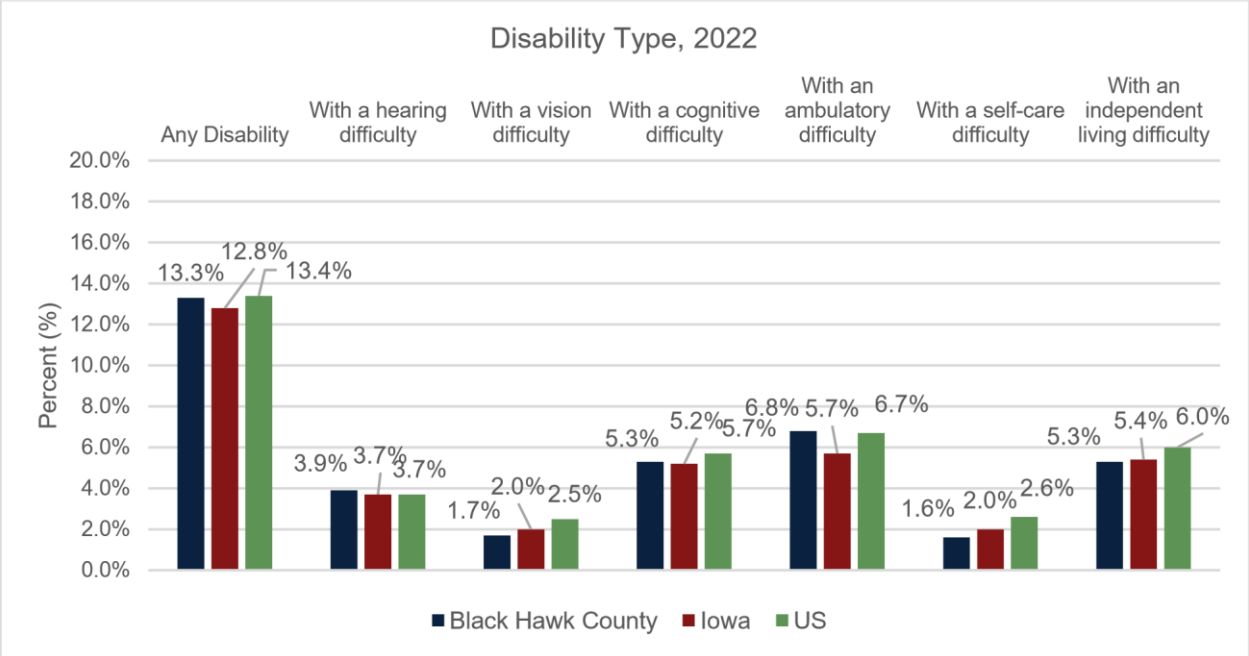
Type 2 Diabetes (ICD-10 Code E11) was also a diagnosis assessed in the IHA inpatient data, as it made up the largest proportion of all diabetes diagnoses. Data was disaggregated by race and ethnicity as well as ZIP code. Proportions for Black or African American individuals as well as those from ZIP code 50703 were larger than Census proportions, highlighting an impact on these groups.

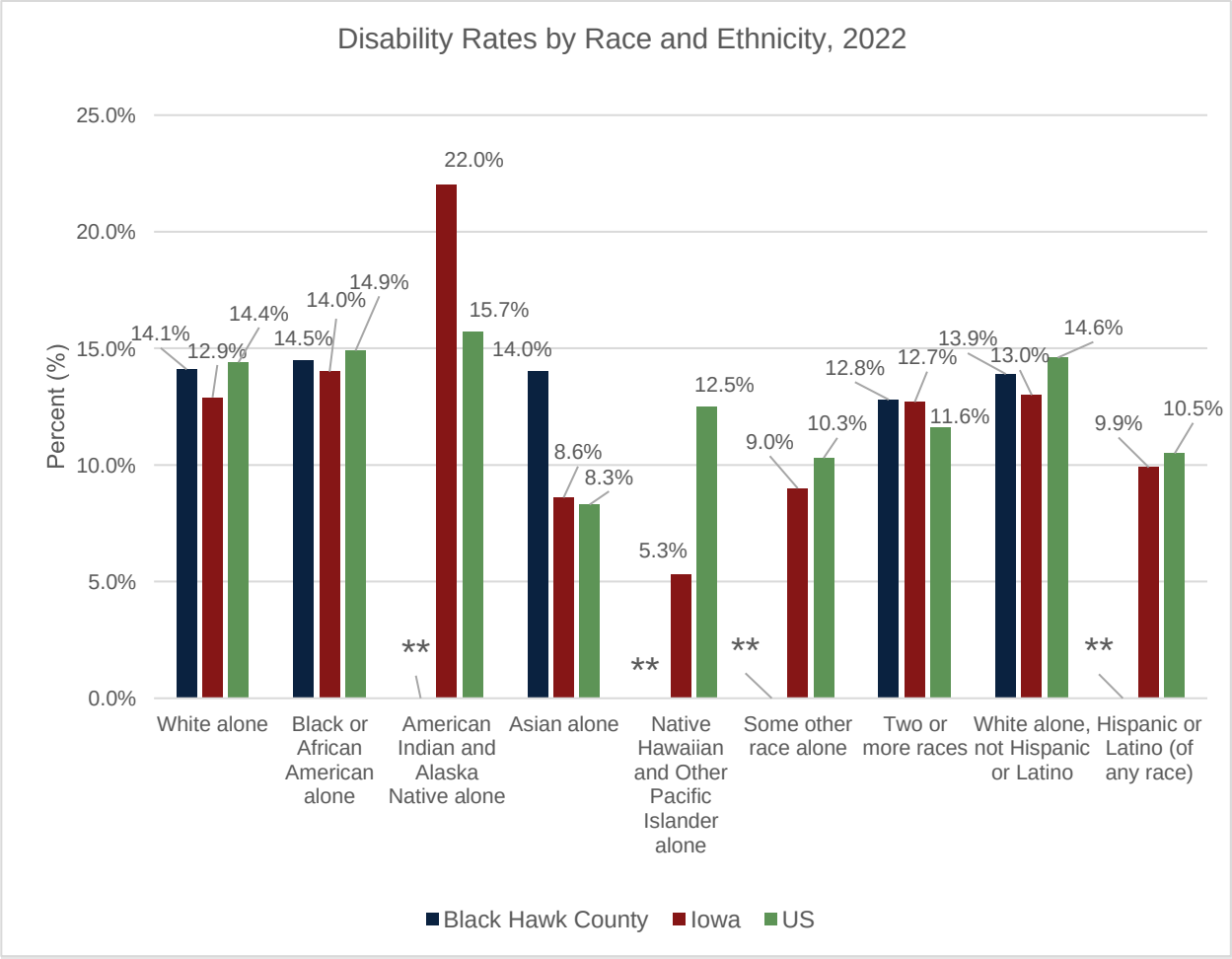




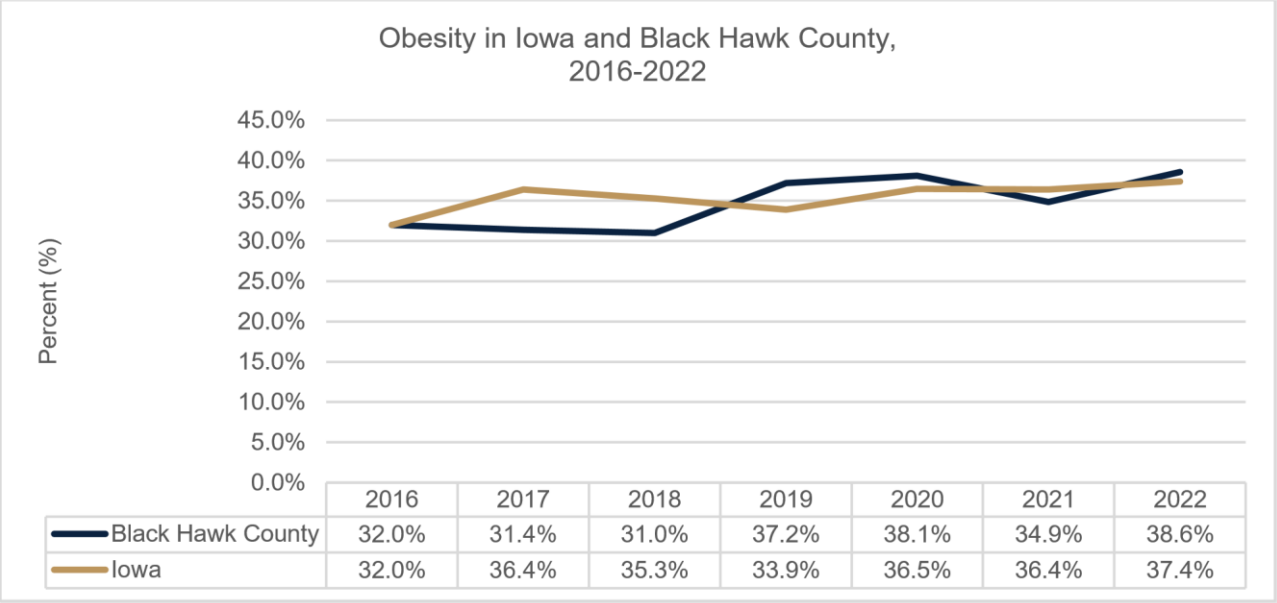
Diabetes mortality from the Vital Records- Mortality data (ICD-10 Codes E08-14) by race and ethnicity and ZIP code is shown above. Trends can be seen for both Black or African American individuals and those from 50703. These trends are similar to the IHA inpatient data.

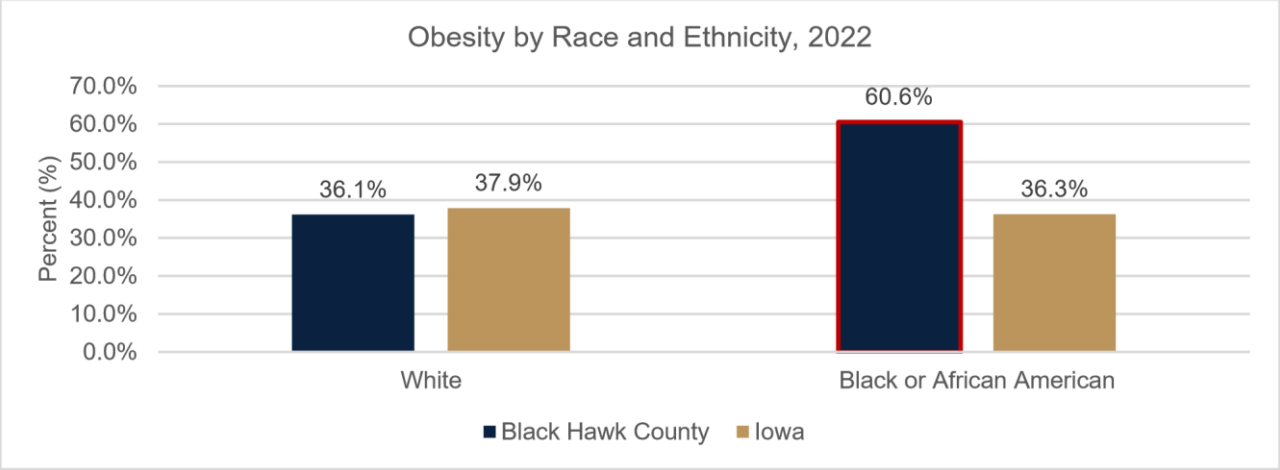






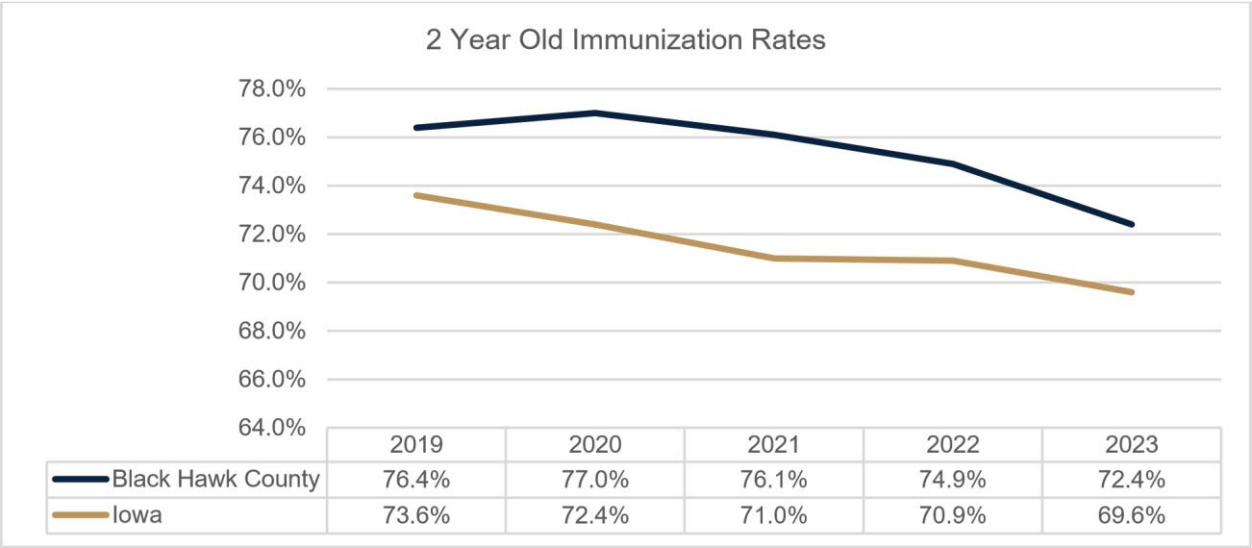
Disability rates for BHC, Iowa, and the US were similar between 2021 and 2022. However, in 2021, the BHC proportion was higher than both the Iowa and US proportions, while in 2022 it was similar to the US proportion. When disaggregated by disability type, the most common disabilities in BHC were cognitive difficulties, ambulatory difficulties, and independent living difficulties. When disaggregated by race and ethnicity, proportions for BHC were more like the US level in most cases, with the Iowa level being lower. For Asian individuals, the proportion was higher than both the US and Iowa levels. For Two or More Races, the BHC level was more like the Iowa level, with the US level being lower.



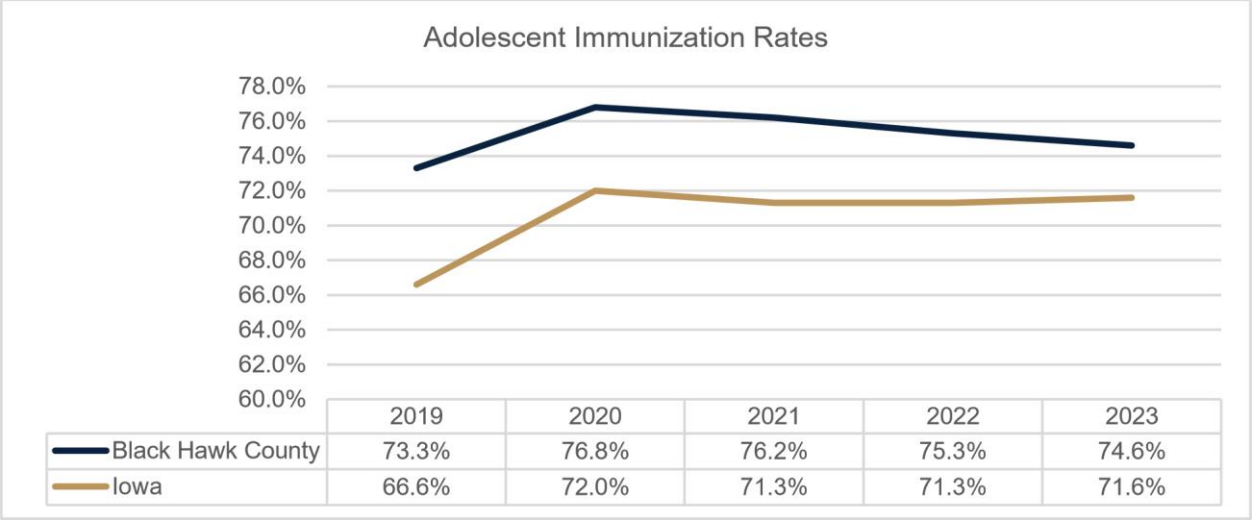


BRFSS respondents were asked questions about their height and weight, and from this information, Body Mass Index (BMI) was calculated to find obesity proportions. BHC data was calculated using BRFSS respondent data, and Iowa data was collected from the Iowa HHS Public Health Tracking Portal. From 2016 to 2022, obesity proportions in both BHC and Iowa increased at similar rates, with the proportions in 2022 being the highest. Additionally, when disaggregated by race, the proportion of Black respondents who were obese was higher than the proportion of white respondents who were obese for BHC. For Iowa, however, the proportions were similar between Black or African American and white respondents who were obese.

Infectious Disease

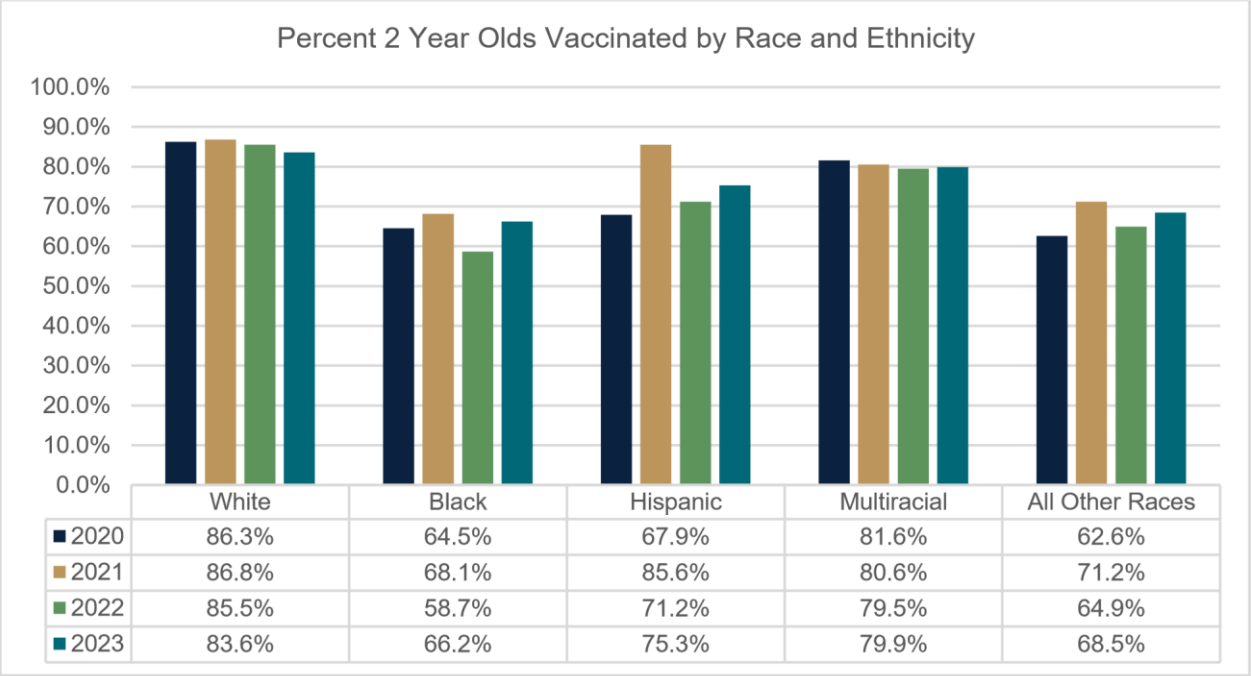


	2019	2020	2021	2022	2023
Black Hawk County	76.4%	77.0%	76.1%	74.9%	72.4%
Iowa	73.6%	72.4%	71.0%	70.9%	69.6%

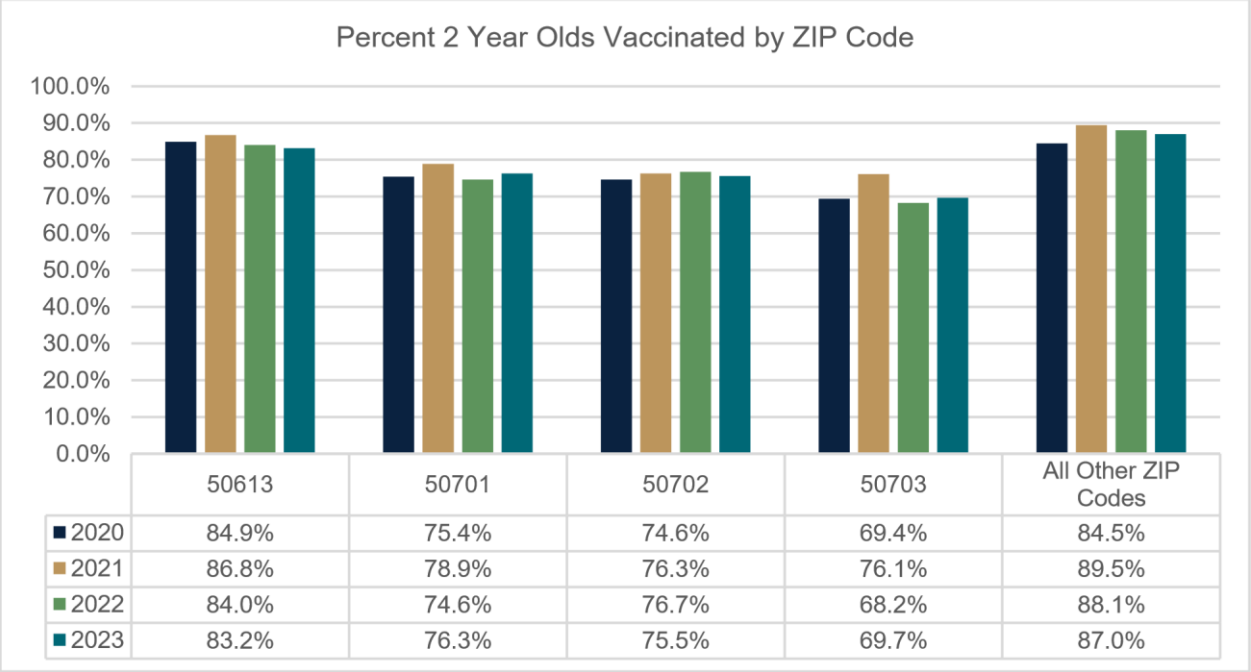


	2019	2020	2021	2022	2023
Black Hawk County	73.3%	76.8%	76.2%	75.3%	74.6%
Iowa	66.6%	72.0%	71.3%	71.3%	71.6%

Immunization rates for BHC and Iowa were retrieved from the Iowa Public Health Tracking Portal. Two age groups, 2-year-olds and adolescents are typically assessed to see if they have received the full vaccine series for their age group. For two-year-olds, they are expected to have 4 DTaP, 3 Polio, 4 Pneumococcal, 3 Hib, 3 Hepatitis B, 1 MMR, and 1 varicella. If all these are present, they are considered to have a completed vaccine series. Adolescents are defined as individuals aged 13 to 15 and are expected to have 1 Tdap, 3 Hep B, 1 meningococcal, 2 MMR, and 2 varicella. The trend for two-year-olds shows that the vaccination rate has been declining over the last several years, for both Iowa and BHC. However, the vaccination rate in BHC remains a little higher than the state of Iowa. The trend for adolescents shows a slight decrease overall from 2020 to 2023; however, the rates in 2019 for both BHC and Iowa were lower than the rates in 2023. Again, the rates for BHC remain higher than Iowa's.

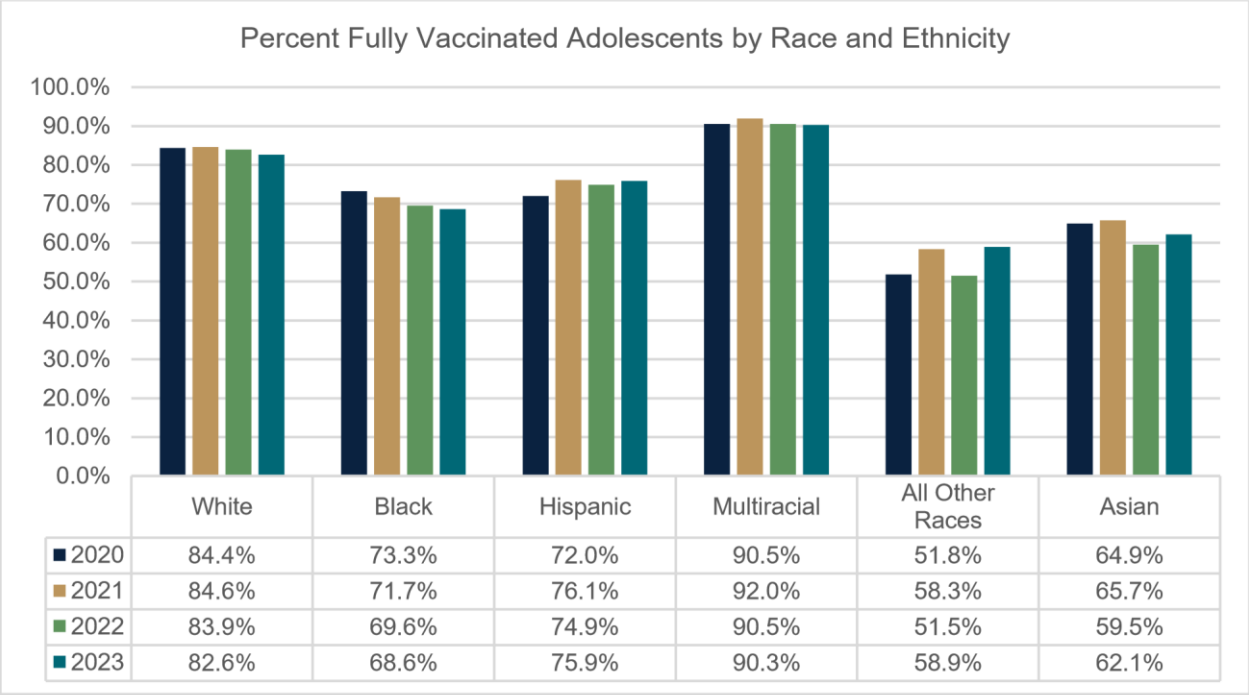


	White	Black	Hispanic	Multiracial	All Other Races
2020	86.3%	64.5%	67.9%	81.6%	62.6%
2021	86.8%	68.1%	85.6%	80.6%	71.2%
2022	85.5%	58.7%	71.2%	79.5%	64.9%
2023	83.6%	66.2%	75.3%	79.9%	68.5%

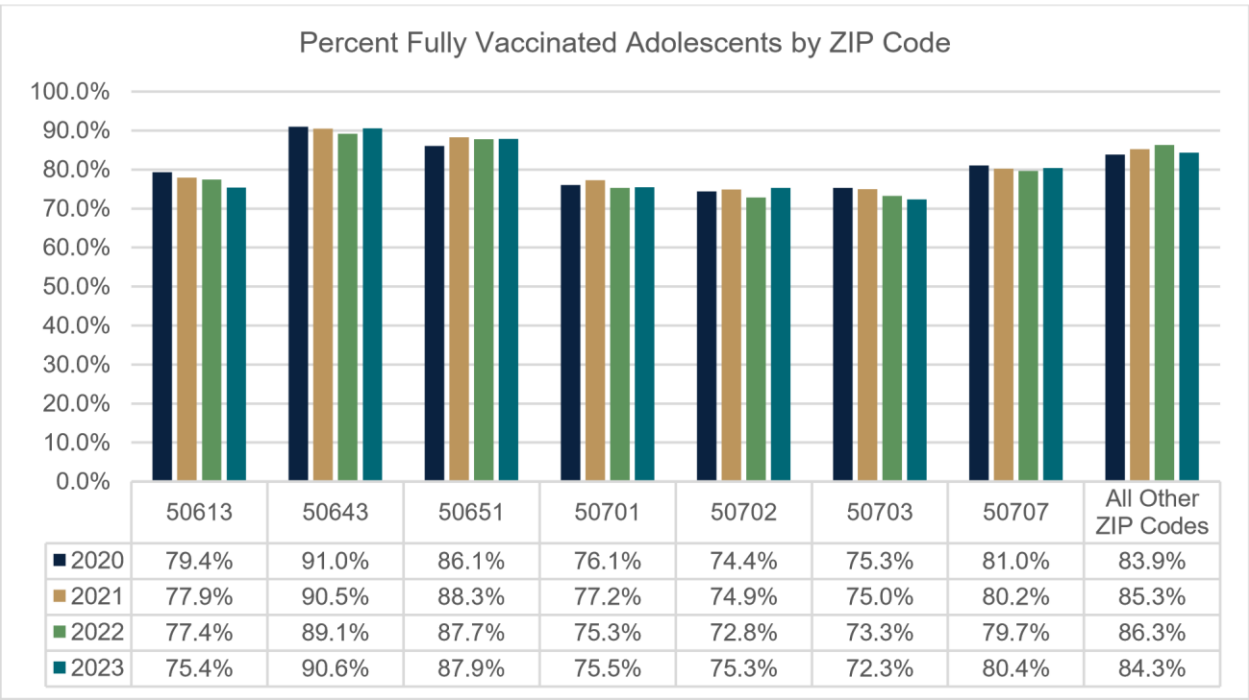


	50613	50701	50702	50703	All Other ZIP Codes
2020	84.9%	75.4%	74.6%	69.4%	84.5%
2021	86.8%	78.9%	76.3%	76.1%	89.5%
2022	84.0%	74.6%	76.7%	68.2%	88.1%
2023	83.2%	76.3%	75.5%	69.7%	87.0%

Data for immunizations of two-year-olds was pulled from Immunization Registry Information System (IRIS). Disaggregation was performed by race and ethnicity and ZIP code. Population groups for races that had less than 100 total individuals (American Indian/Alaska Native, Native Hawaiian/Pacific Islander, Asian, and Other Race) were combined into the All-Other Races category. A similar method was used for ZIP codes. The groups that consistently had the lowest proportions for race and ethnicity were Black and All Other Races. There were fewer disparities across ZIP codes than by race and ethnicity, but generally children from rural ZIP codes were vaccinated at slightly higher proportions than urban ZIP codes. The proportion of children vaccinated in ZIP code 50703 was slightly lower than for other ZIP codes.

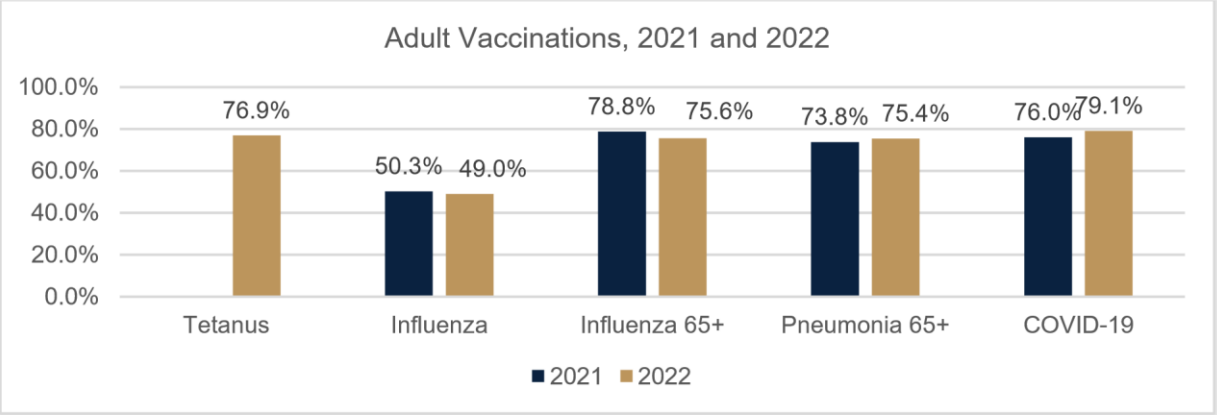


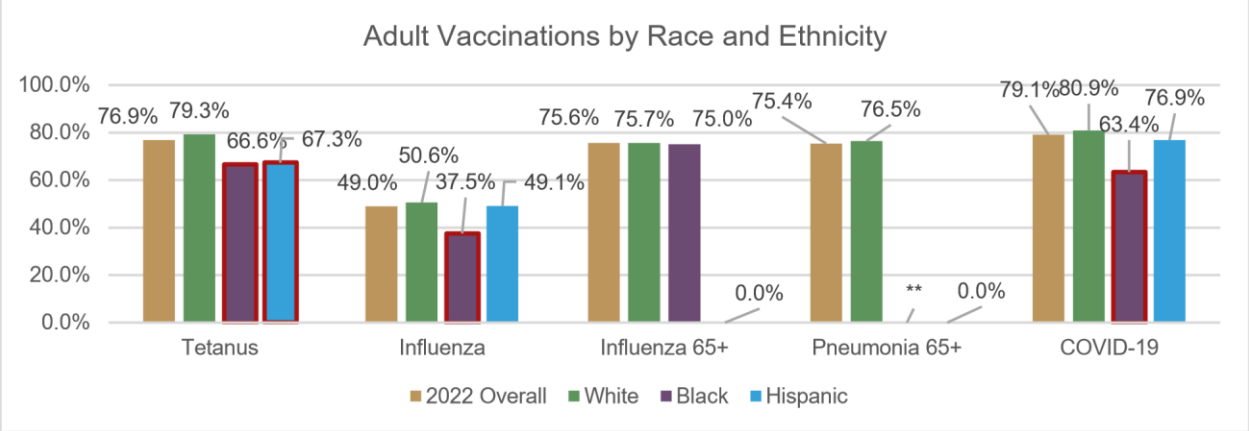
	White	Black	Hispanic	Multiracial	All Other Races	Asian
2020	84.4%	73.3%	72.0%	90.5%	51.8%	64.9%
2021	84.6%	71.7%	76.1%	92.0%	58.3%	65.7%
2022	83.9%	69.6%	74.9%	90.5%	51.5%	59.5%
2023	82.6%	68.6%	75.9%	90.3%	58.9%	62.1%



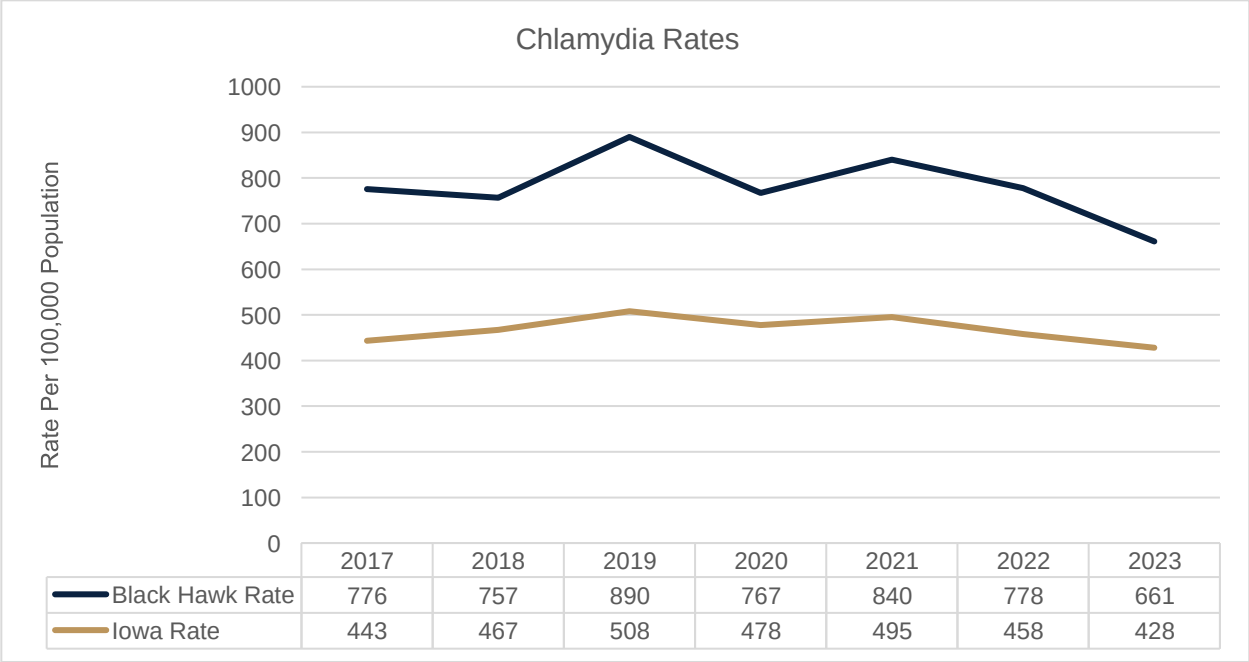
	50613	50643	50651	50701	50702	50703	50707	All Other ZIP Codes
2020	79.4%	91.0%	86.1%	76.1%	74.4%	75.3%	81.0%	83.9%
2021	77.9%	90.5%	88.3%	77.2%	74.9%	75.0%	80.2%	85.3%
2022	77.4%	89.1%	87.7%	75.3%	72.8%	73.3%	79.7%	86.3%
2023	75.4%	90.6%	87.9%	75.5%	75.3%	72.3%	80.4%	84.3%

Data for the adolescent age group was similar to the two-year-olds, with the exception that the All Other Races category does not include Asian individuals, as there were more than 100 total in this group. Some smaller ZIP codes (50643, 50651, and 50707) also had more than 100 individuals and were included in the graph. The race and ethnicity groups that had the lowest vaccination proportions were All Other Races and Asian. For ZIP codes, the trend was similar to the two-year-olds: there were less disparities across ZIP codes, and those from rural ZIP codes were vaccinated at higher proportions compared to urban ZIP codes.





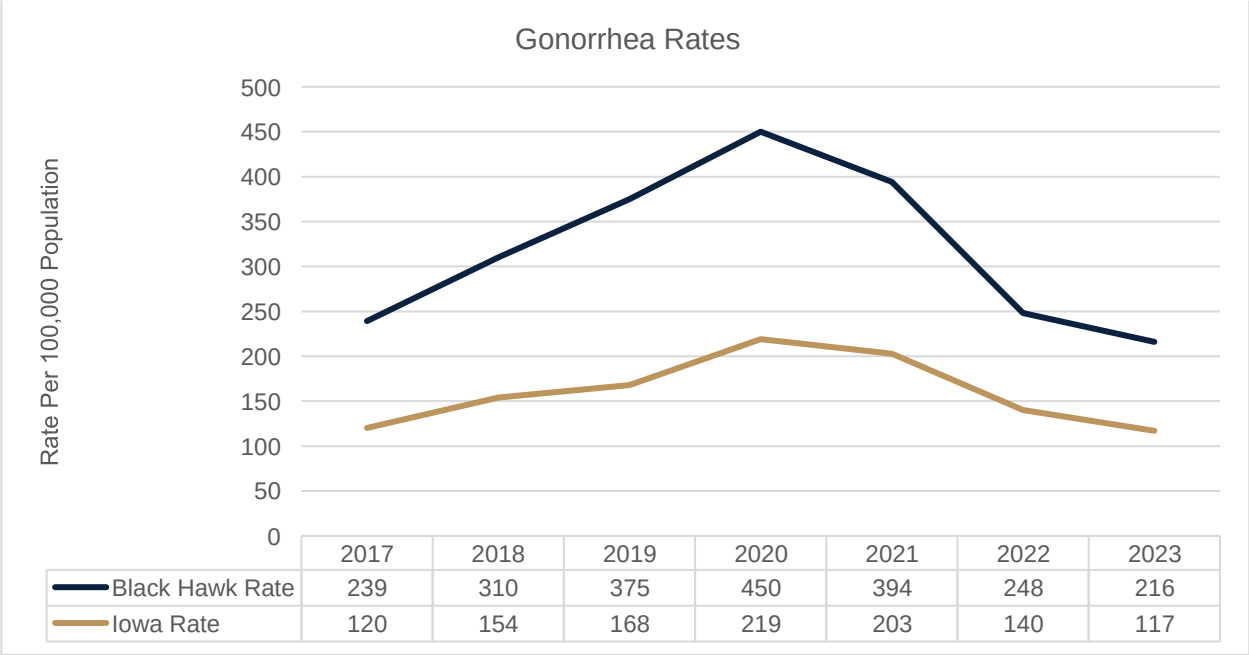
BRFSS respondents were asked about immunizations they had received as an adult including influenza, pneumonia, and COVID-19 in 2021 and 2022. Questions about tetanus vaccines were only asked in 2022. Influenza vaccines were assessed for adults 18 and older and 65 and older, while pneumonia shots were only assessed for adults 65 and older. Proportions of those vaccinated were similar from 2021 to 2022. When disaggregated by race and ethnicity, Black or African American respondents were less likely to be immunized for tetanus, COVID-19, and influenza 18+. Hispanic individuals were less likely to have received a tetanus shot.



	2017	2018	2019	2020	2021	2022	2023
Black Hawk Rate	776	757	890	767	840	778	661
Iowa Rate	443	467	508	478	495	458	428

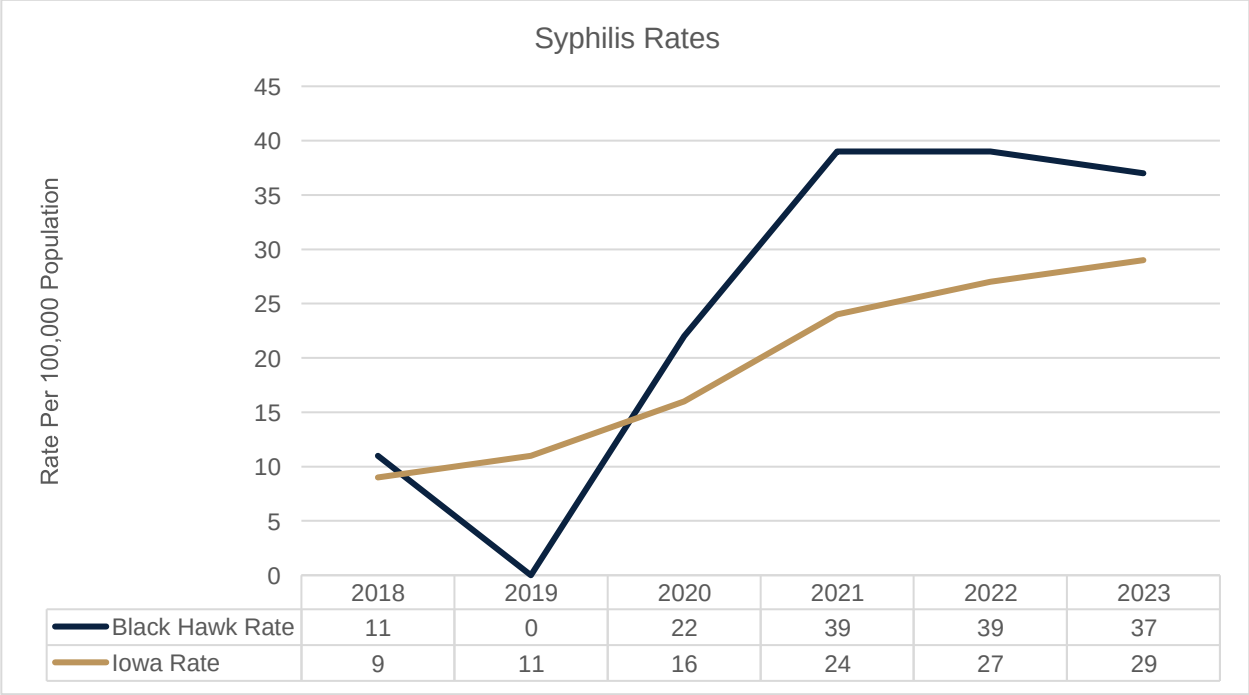
Iowa Public Health Tracking Portal data on chlamydia shows rates for Iowa and BHC from 2017 to 2023. The trend appears to be decreasing for both BHC and Iowa since 2021; however, BHC still

has a higher rate compared to Iowa. The most recent year of data shows a difference of 661 per 100,000 in BHC and 428 per 100,000 in Iowa.



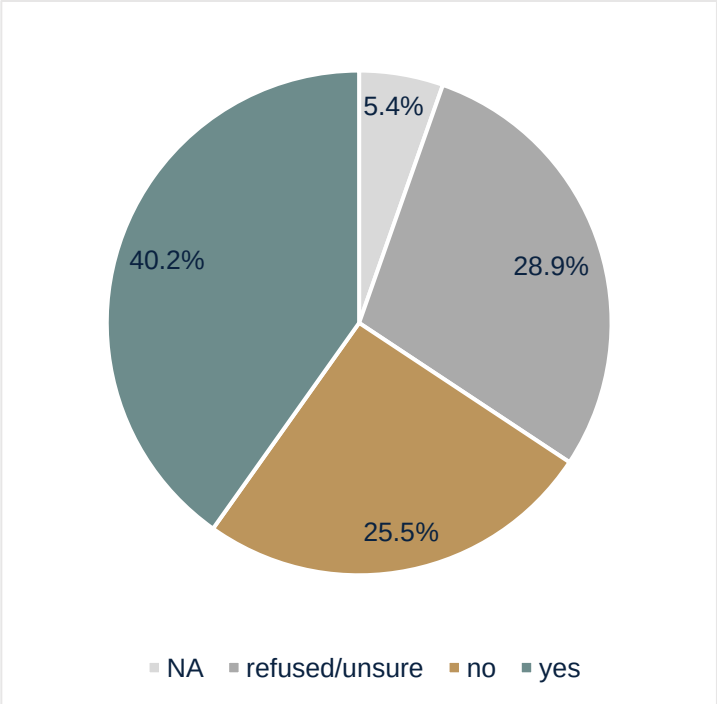
	2017	2018	2019	2020	2021	2022	2023
Black Hawk Rate	239	310	375	450	394	248	216
Iowa Rate	120	154	168	219	203	140	117

Iowa Public Health Tracking Portal data on gonorrhea shows rates for Iowa and BHC from 2017 to 2023. The trend for both Iowa and BHC has increased from 2017 to 2020, and decreased from 2020 to 2023. The rate in BHC in 2023 was 216 per 100,000 compared to Iowa with 117 per 100,000.



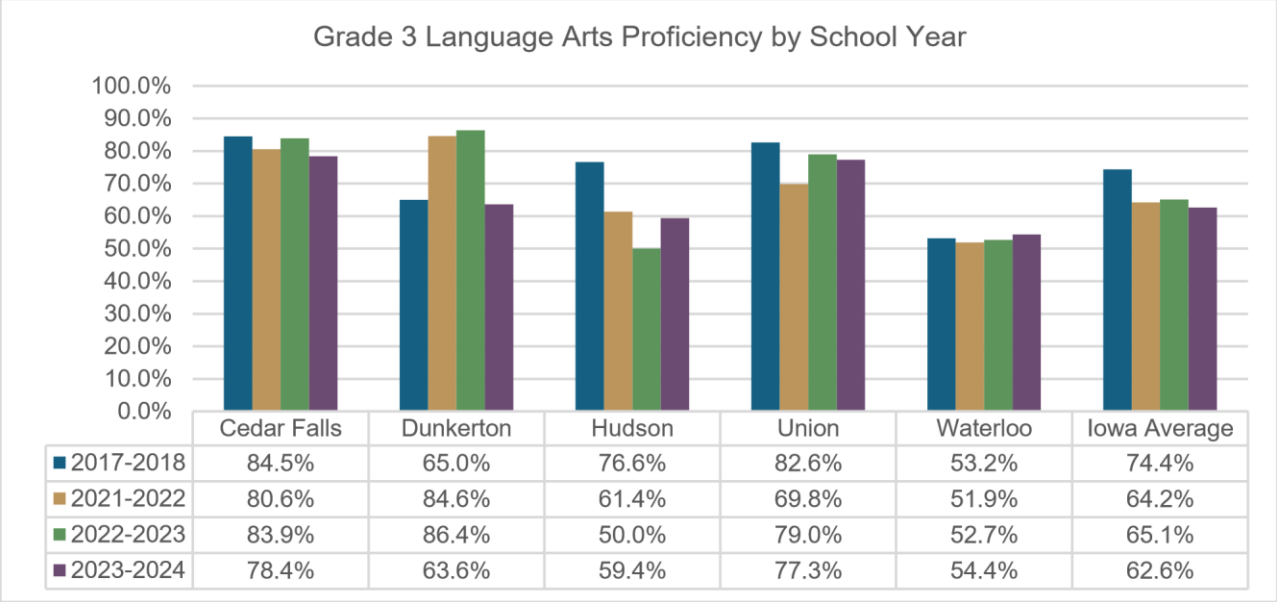
	2018	2019	2020	2021	2022	2023
Black Hawk Rate	11	0	22	39	39	37
Iowa Rate	9	11	16	24	27	29

Iowa Public Health Tracking Portal data on syphilis shows rates for Iowa and BHC from 2018 to 2023. The syphilis rate has been increasing for the past several years at the state level. Although the BHC rate is higher than Iowa's, the case rates from 2021 to 2023 have been steady while the Iowa rate is increasing.



Due to increased rates of congenital syphilis, the CDC recommends that all women who are pregnant be tested for syphilis at multiple points during pregnancy if they live in a county where the primary and secondary syphilis rate among women ages 1544 is 4.6 per 100,000 population or higher (see References). In 2022, the Barriers to Prenatal Care survey asked mothers if they were tested for syphilis during their pregnancy. 40.2% said they were. It should be noted that this is a new recommendation implemented in 2024, and BHCPH plans to monitor this metric to see if more mothers indicate they were tested during pregnancy.

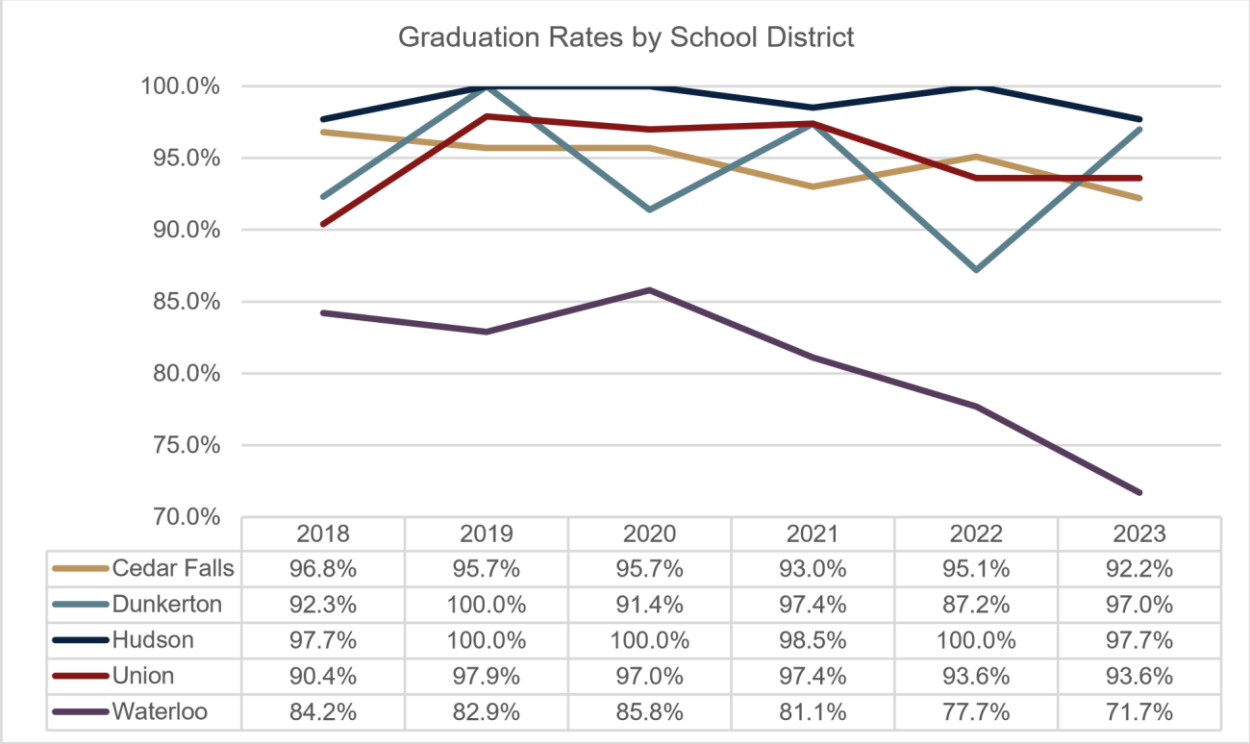
Cultural and Linguistic Inclusivity



	Cedar Falls	Dunkerton	Hudson	Union	Waterloo	Iowa Average
2017-2018	84.5%	65.0%	76.6%	82.6%	53.2%	74.4%
2021-2022	80.6%	84.6%	61.4%	69.8%	51.9%	64.2%
2022-2023	83.9%	86.4%	50.0%	79.0%	52.7%	65.1%
2023-2024	78.4%	63.6%	59.4%	77.3%	54.4%	62.6%

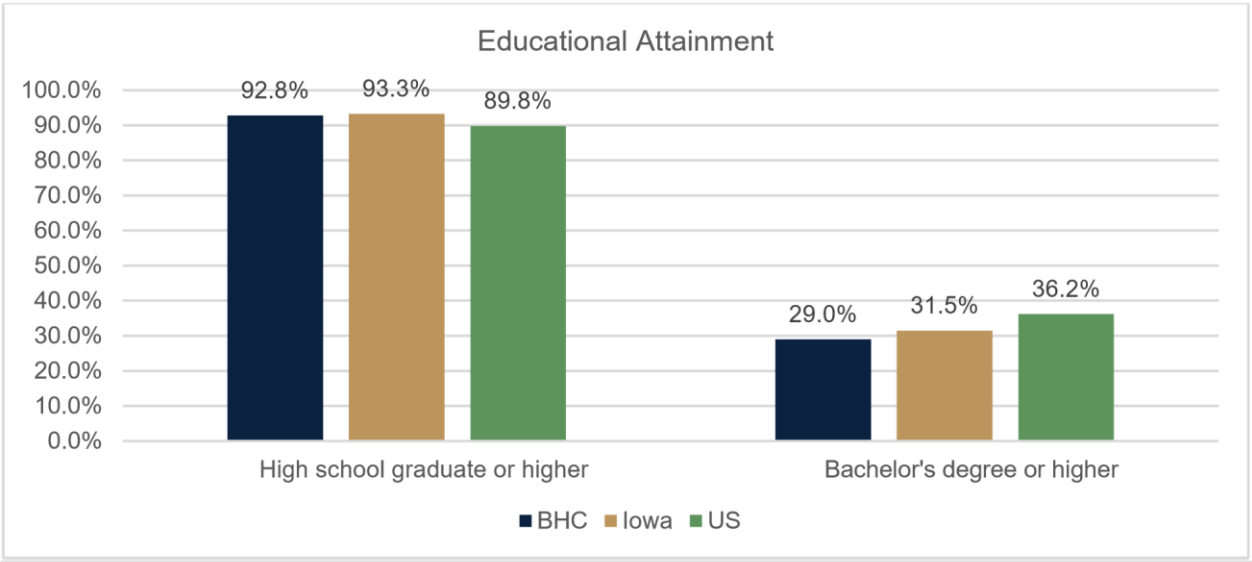
The Iowa Department of Education gathers data on grade 3 language arts proficiency for each public school. There are disparities by race and ethnicity and program, but all groups reflect the district disparity with Waterloo schools having consistently lower proficiency and Cedar Falls having higher proportions. Dunkerton and Union schools vary but have a similar average to Iowa or above. Another observation is that Hudson schools' proficiency has dropped in recent years. Note: no data was released for 2018-2019, 2019-2020, and 2020-2021 school years.

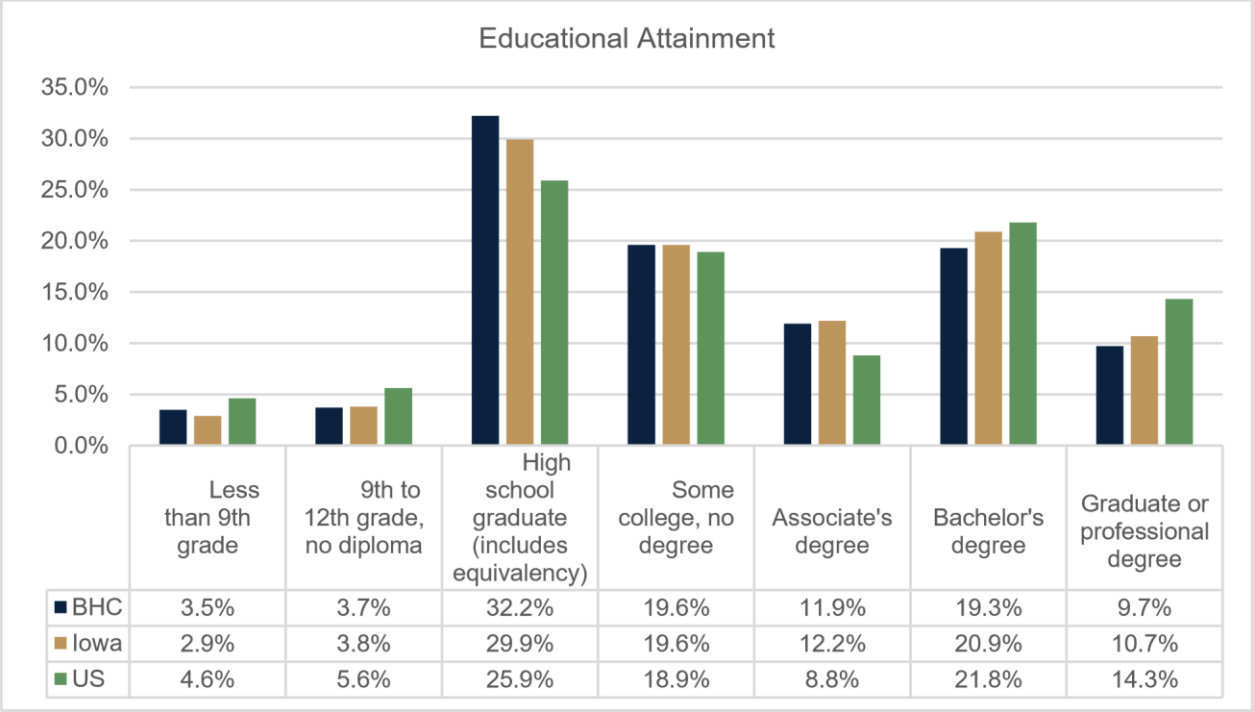
The Iowa Department of Education collects data on ELL in public schools. The word cloud above shows languages spoken by ELL students across Iowa. Locally, many languages are spoken by ELL students including Bosnian, Burmese, Creole-Haitian, French, Karen languages, Marshallese, and Spanish.



	2018	2019	2020	2021	2022	2023
Cedar Falls	96.8%	95.7%	95.7%	93.0%	95.1%	92.2%
Dunkerton	92.3%	100.0%	91.4%	97.4%	87.2%	97.0%
Hudson	97.7%	100.0%	100.0%	98.5%	100.0%	97.7%
Union	90.4%	97.9%	97.0%	97.4%	93.6%	93.6%
Waterloo	84.2%	82.9%	85.8%	81.1%	77.7%	71.7%

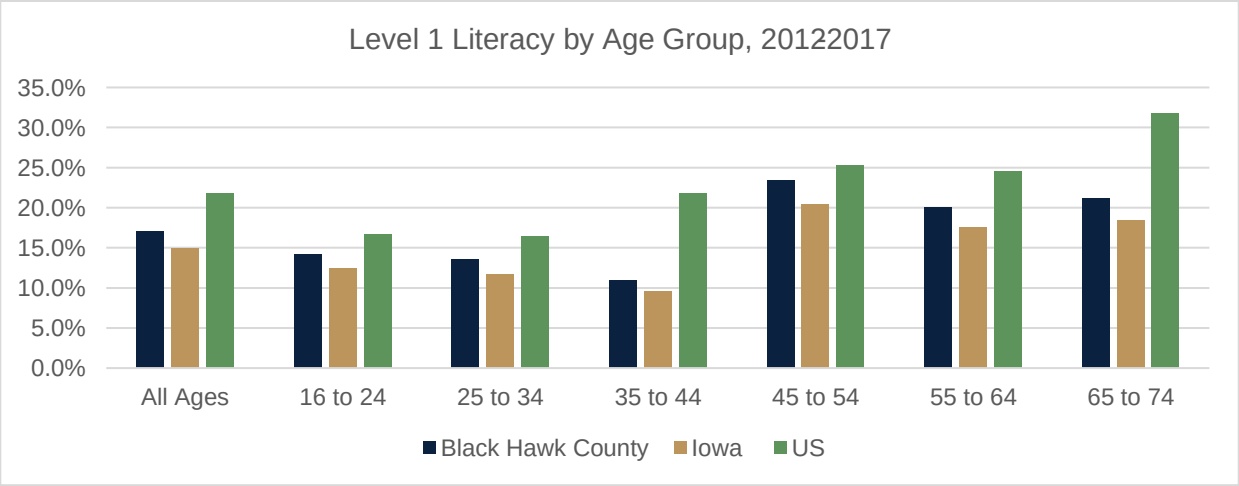
The Iowa Department of Education collects data on graduation rates. Data on the public-school districts from 2018 to 2023 show that graduation rates vary across years. However, there is a disparity between the rates of the other school districts and Waterloo. Waterloo schools averaged 80.6% graduation rate between 2018 and 2023 while other public-school districts averaged at or above 94.2%. Most graduation rates decreased from 2022 to 2023.

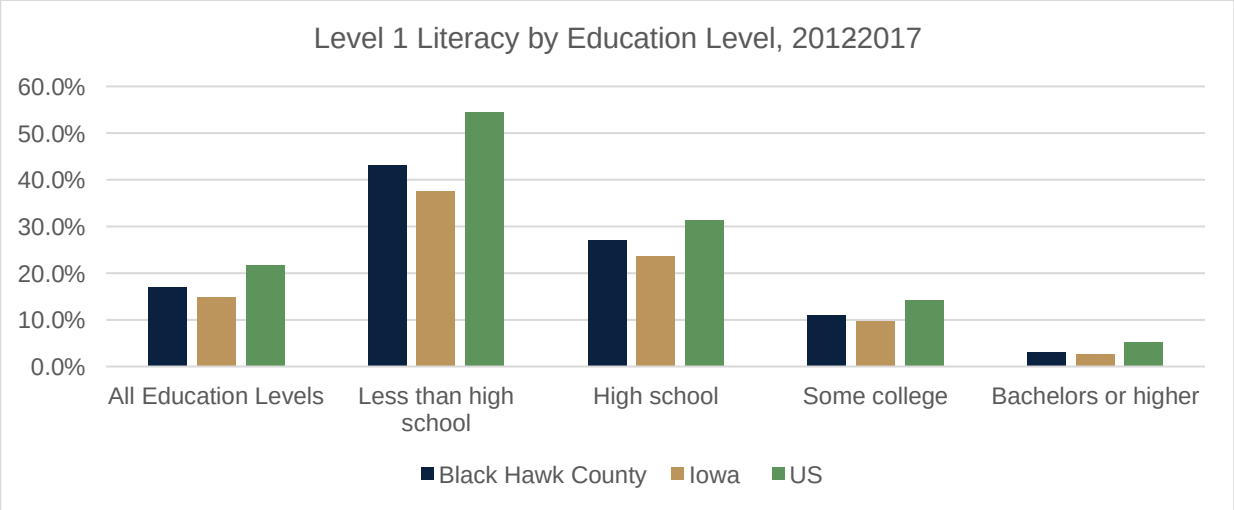




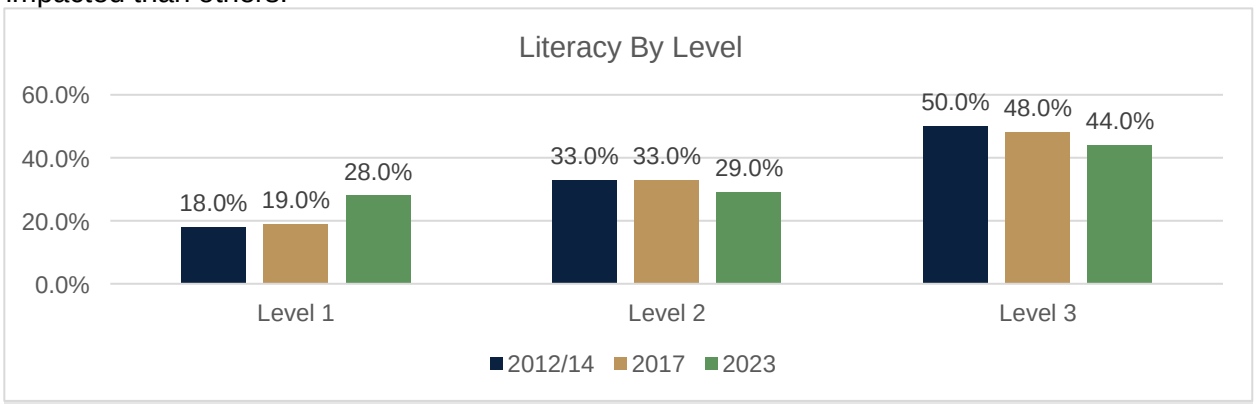
	Less than 9th grade	9th to 12th grade, no diploma	High school graduate (includes equivalency)	Some college, no degree	Associate's degree	Bachelor's degree	Graduate or professional degree
BHC	3.5%	3.7%	32.2%	19.6%	11.9%	19.3%	9.7%
Iowa	2.9%	3.8%	29.9%	19.6%	12.2%	20.9%	10.7%
US	4.6%	5.6%	25.9%	18.9%	8.8%	21.8%	14.3%

Census data on educational attainment shows that while HS graduate proportions are higher in BHC, the proportion of those with a Bachelor's degree or higher is lower in BHC than in Iowa and the US.



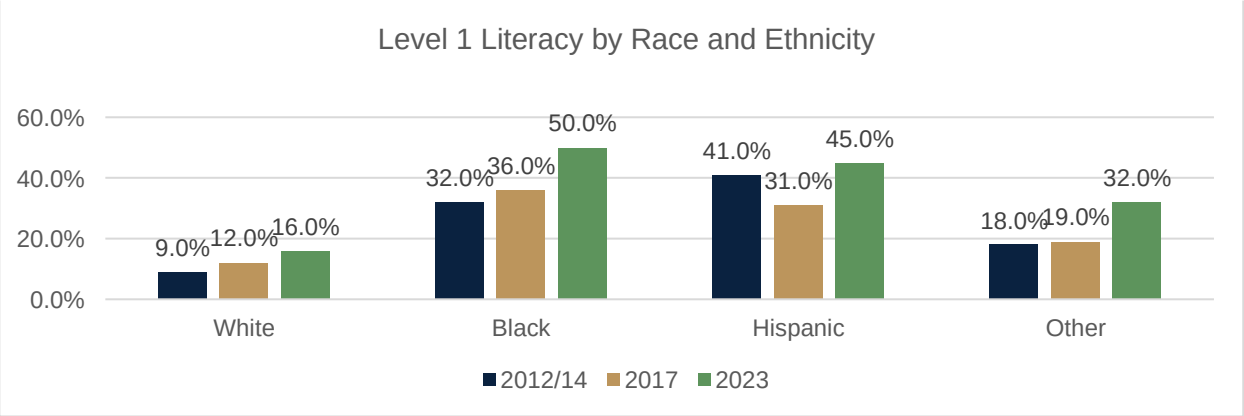


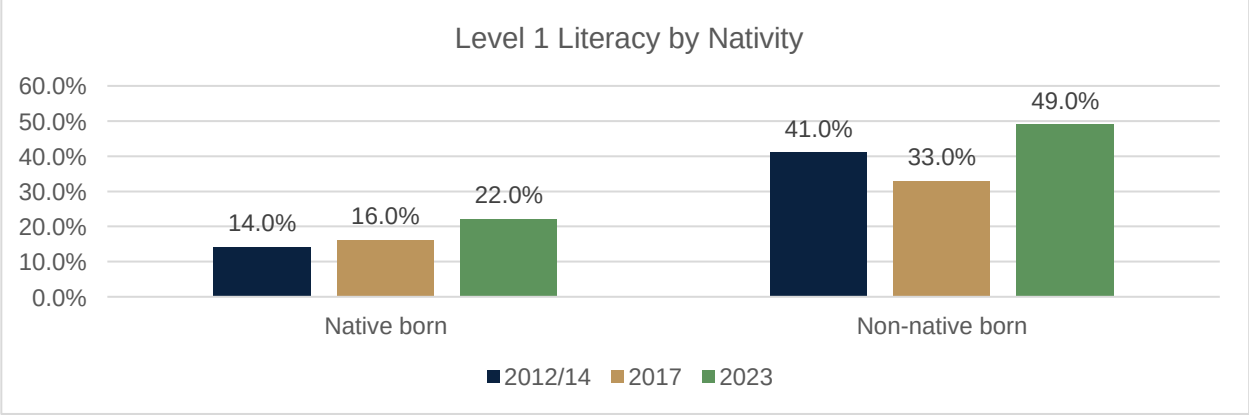
The Program for the International Assessment of Adult Competencies (PIAAC) is a test administered about every 5 years to assess proficiency in different areas including adult literacy. Results from 2012/14 (results from these two specific years are always combined to form one group) and 2017 were combined in a model to produce small area estimates at the state and county levels. In the PIAAC framework, there are levels 0 through 5, with 0 being the lowest level and 5 being the highest. Level 1 represents adults that can read short, clearly organized texts or web pages with few distractions, easily spot obvious details like a key word or link and finish simple one-step tasks. Proportions of those at or below level 1 literacy levels are shown by age group and educational attainment and demonstrate that older age groups (45 and older) and lower educational attainment (less than high school education and high school education) are more impacted than others.



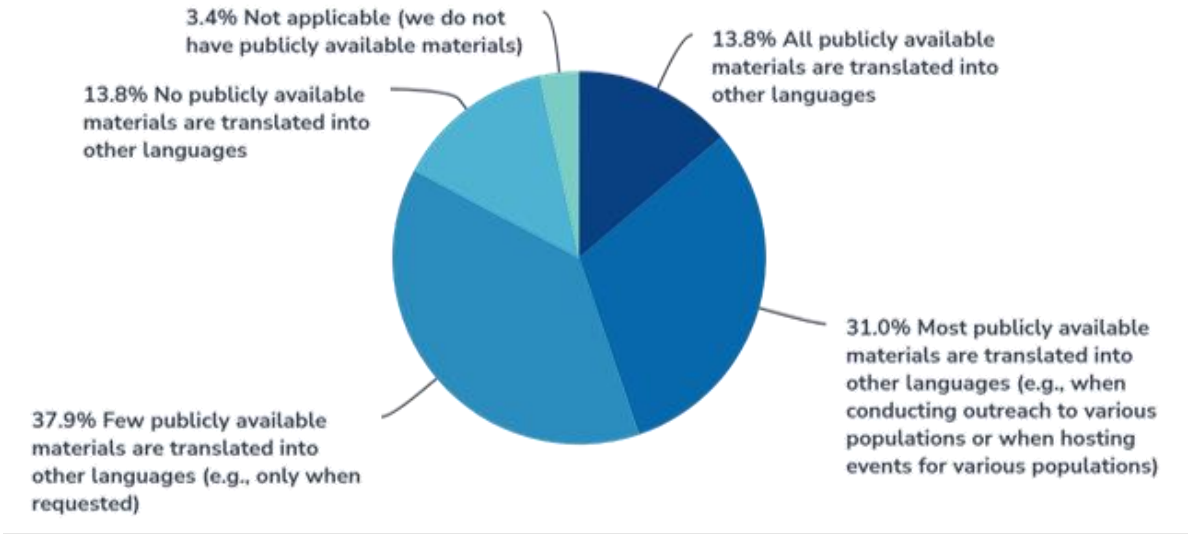
PIAAC literacy national results are shown by level and year. Proportions of adults testing at level 1 has been increasing from 2012/14 (combined to form one group) to 2023, and proportions of adults

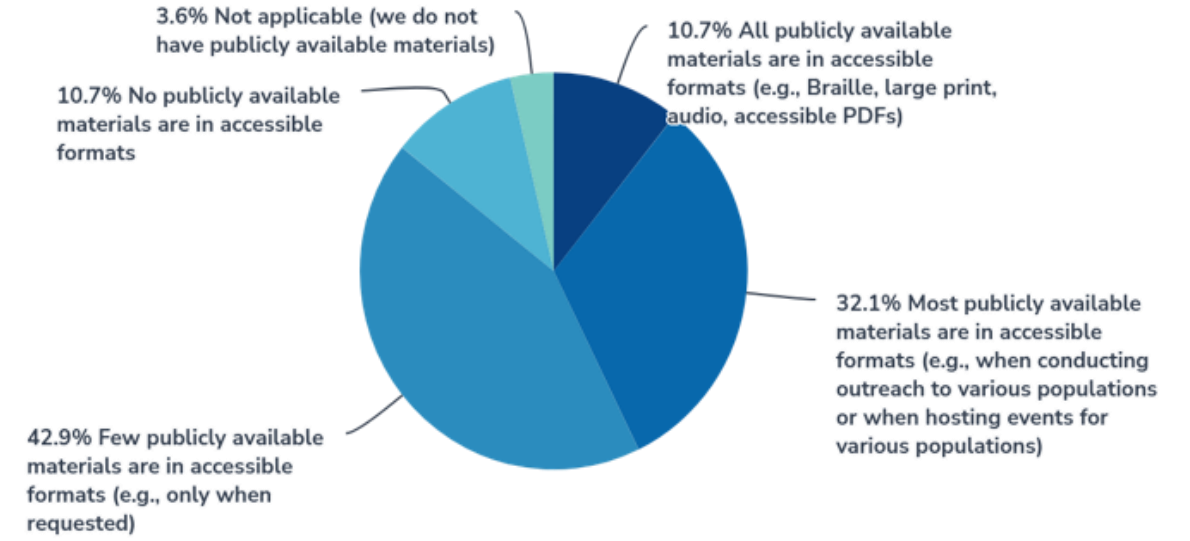
testing at level 3 is decreasing during the same time period.





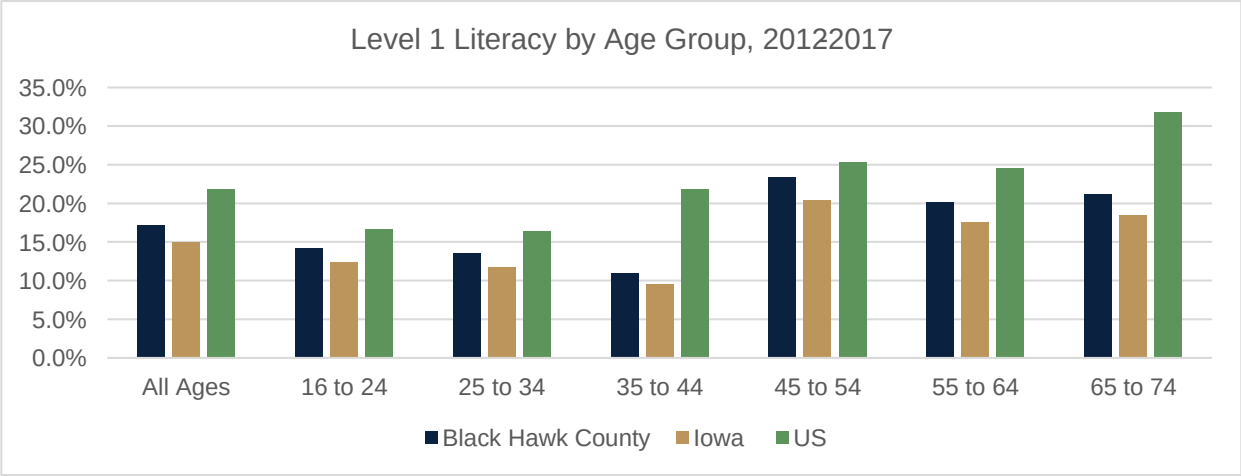
National PIAAC results were also disaggregated by race and ethnicity and nativity status. Those who identify as Black, Hispanic, or Other Race are more likely to be at or below level 1 than those who identify as white. All racial and ethnic groups were more likely to test at or below level 1 in 2023 than in previous years. The same trend is seen for nativity status. Foreign born respondents were more likely to test at or below level 1 than native born respondents. Both groups were more likely to test at or below level 1 than in previous years.
In the community survey, 2.8% of respondents said that they did not receive mental health services due to a lack of providers that speak the same language or share the same culture. Also, 10.5% of respondents said they did not receive services due to being unable to find a provider that they connect with. *no image

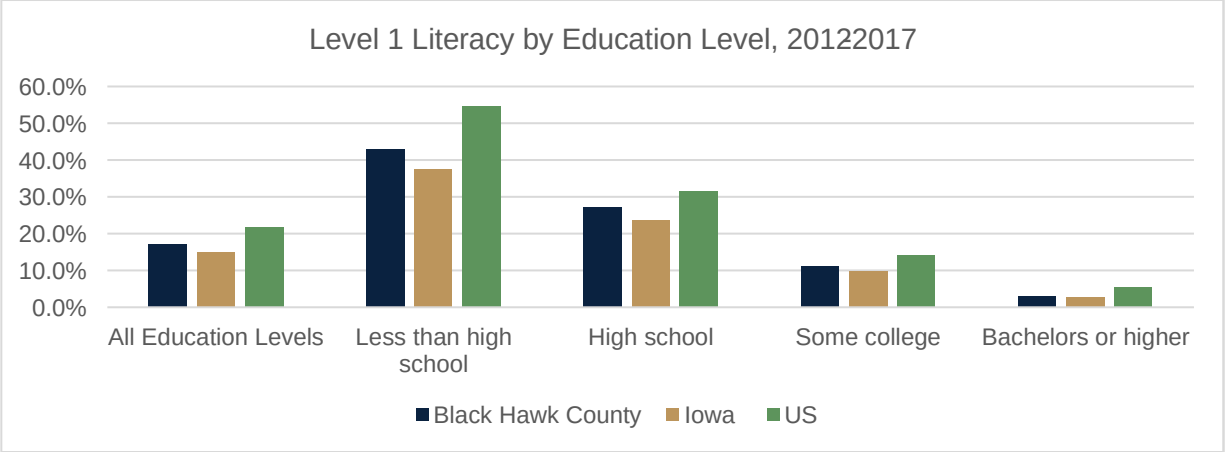




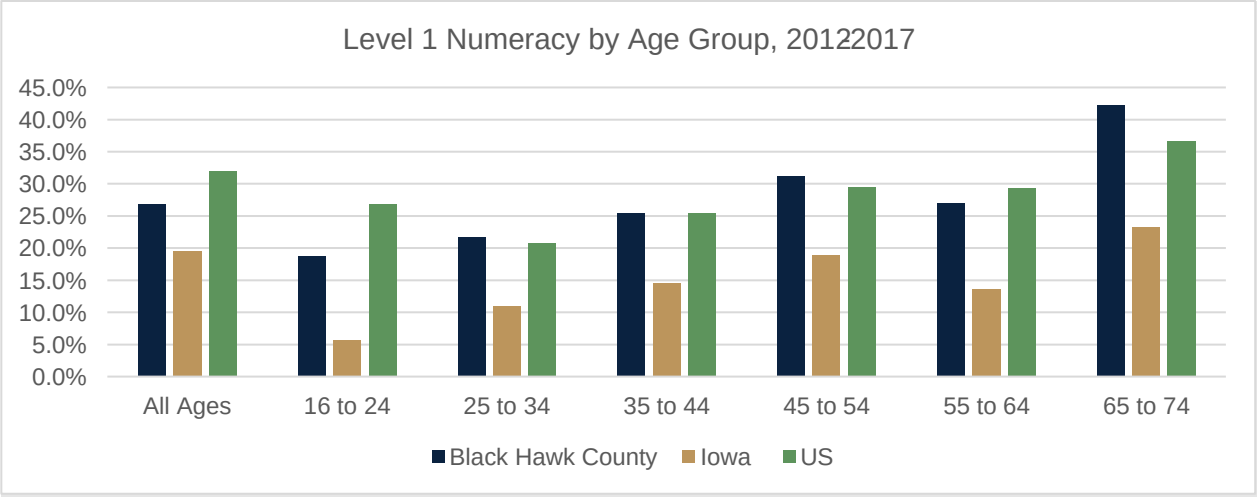
The Community Partner Assessment (CPA) survey contained several questions about culturally and linguistically accessible materials and methods. This included accessibility, availability, and translations. A little under half of respondents indicated that all or most publicly available materials were translated into other languages. A little over half answered few or none. Similar results were noted for materials available in accessible formats. While not every agency experienced barrier when providing these services, a few challenges were cost/funding, resources, time, and training. There were impacts to both language services and accessibility, although agencies were more likely to be able to access language services than have accessible materials. The full results can be found in the CPA full report.

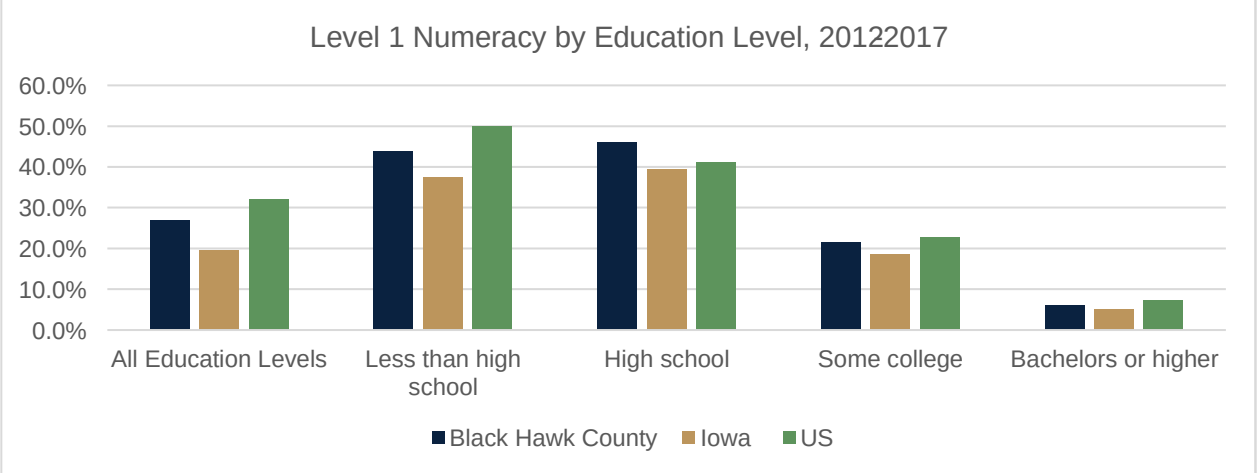
Health Literacy



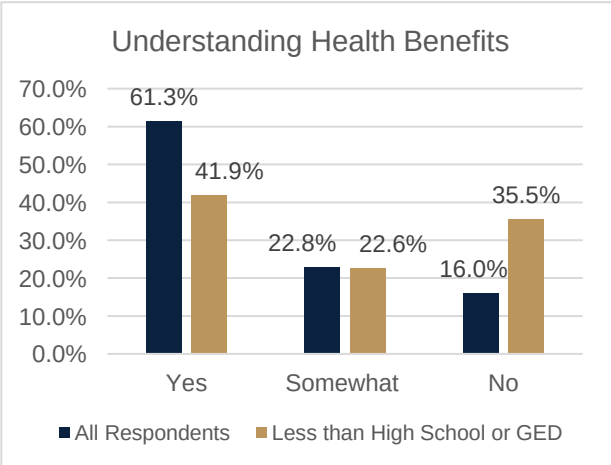


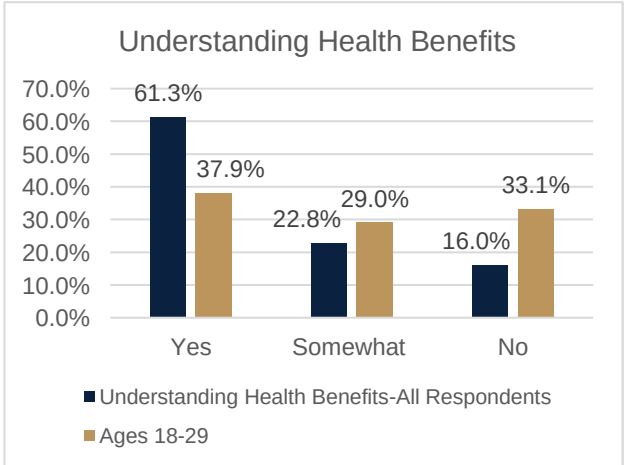
Data from PIAAC for at or below level 1 literacy results from 2012/14 (combined to form one group) and 2017 were combined to produce small area estimates at both the state and county levels. The data, broken down by age group and education, shows that individuals aged 45 and older and those with a high school diploma or less are more likely to fall at or below level 1 literacy.



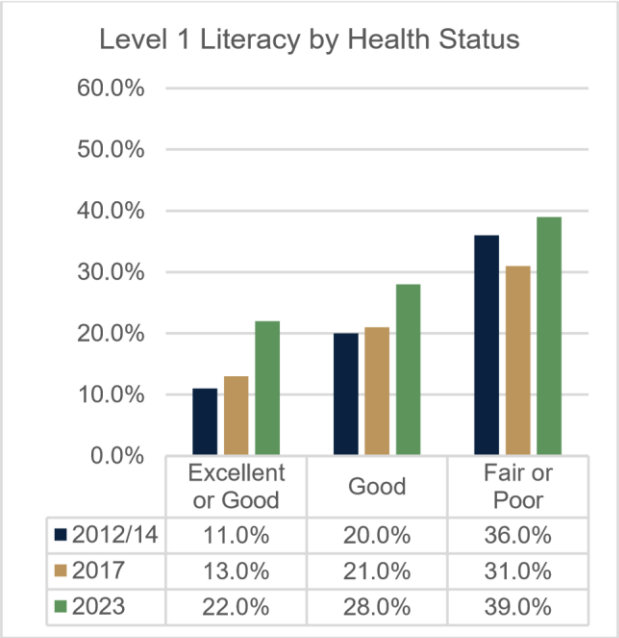


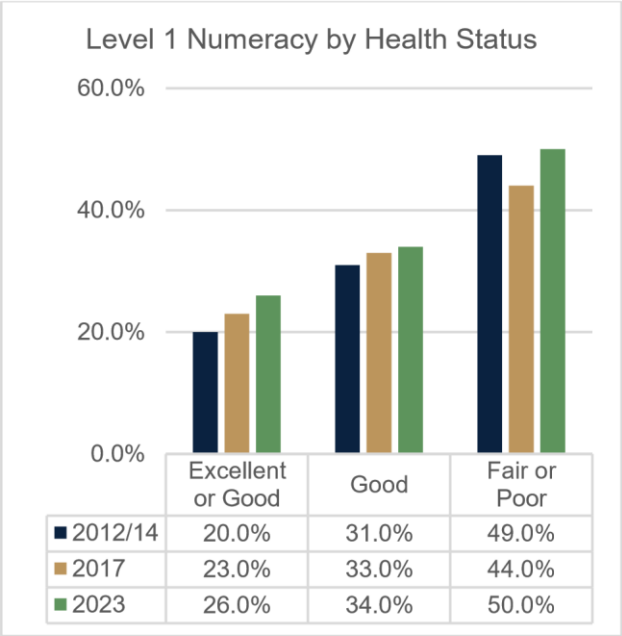
Numeracy, which is the ability to understand and make decisions based on numeric information, is also measured by PIAAC. Similar small area estimates for 2012/14 and 2017 indicate that older adults, 45 and older, and those with lower levels of education, less than high school or only a high school diploma, are more likely to score at or below level 1 numeracy.

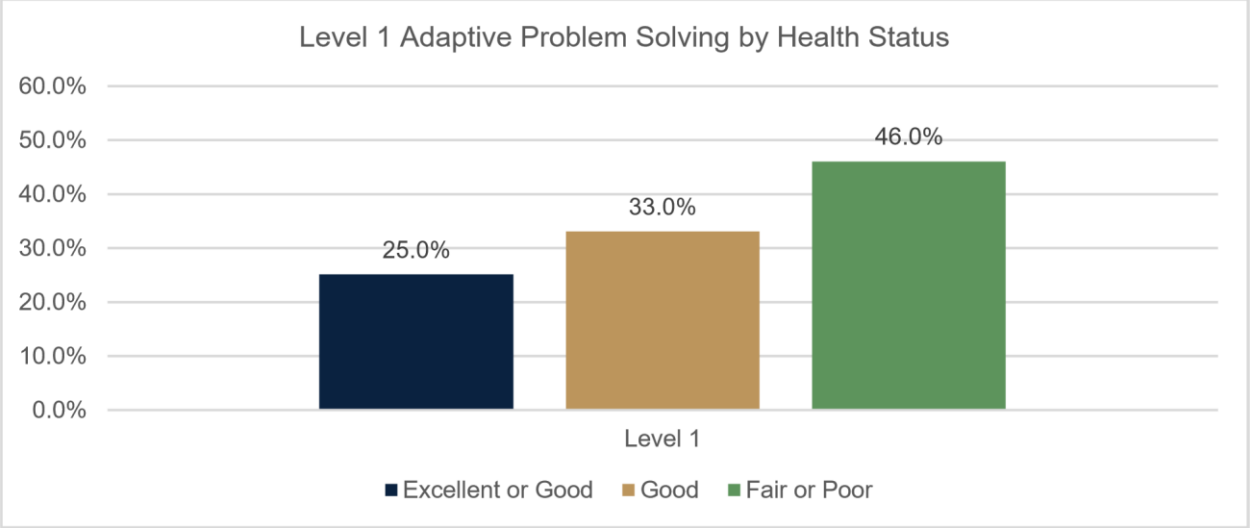




Data from the community survey showed that 61.3% of respondents reported understanding their health benefits. An answer was considered they understood their benefits by answering either a 4 or 5 on a 5-point Likert scale, an answer of 1 or 2 indicated they didn't understand their health benefits, and 3 was somewhat understand their health benefits. Among those with less than a high school education, only 41.9% felt they understood their benefits. A similar pattern emerges for individuals aged 18–29, with 37.9% indicating they understood their health benefits.







National PIAAC results are also separated by health status. Individuals in fair or poor health are more likely to test at or below level 1 literacy, numeracy, and adaptive problem solving compared to previous years. Adaptive problem solving was first included in 2023, and the data suggests that all demographic groups are more prone to test at or below level 1 for literacy and numeracy than in previous assessment cycles.

References

Barriers to Prenatal Care: A survey administered to individuals who have given birth at hospitals in the state of Iowa. Questions are related to prenatal care and pregnancy/pre-pregnancy risk factors. https://hhs.iowa.gov/programs/programs-and-services/family-health/maternalhealth/data-reports

Behavioral Risk Factor Surveillance System: A phone survey administered at the state level to adults 18 and over to learn about health conditions and risk factors experienced. https://hhs.iowa.gov/performance-and-reports/brfss

CDC Social Vulnerability Index: This is a metric designed to enhance preparedness and response and includes several factors that would affect a community's ability to respond to disasters. The four categories included are socioeconomic status, household characteristics, racial and ethnic minority status, and housing type and transportation. https://data.cdc.gov/Health-Statistics/CDC-Social-Vulnerability-Index-SVI-/u6k2-rtt3/about_data

CDC Vital Signs: Missed Opportunities for Preventing Congenital Syphilis — United States, 2022. A *Morbidity and Mortality Weekly Report* (MMWR) discussing recommendations relating to increasing rates of congenital syphilis in the US. Released November 17, 2023. https://www.cdc.gov/mmwr/volumes/72/wr/mm7246e1.htm?s_cid=mm7246e1_w

Feeding America: Feeding America produces data related to food insecurity. Data is publicly available at the state, national, and county level. https://map.feedingamerica.org/

Iowa Drug Control Strategy & Drug Use Profile Annual Report, 2021: A report released from the Governor's Office of Drug Control Policy that includes data on substances used by Iowa residents as well as several goals for that include reducing substance use and increasing service utilization.

Iowa HHS Vital Records: Data from all Iowa birth and death records. https://hhs.iowa.gov/vitalrecords

Iowa Hospital Association Inpatient Outpatient Data: Data from hospital system inpatient and outpatient visits. This report includes data for residents of Black Hawk County. https://www.legis.iowa.gov/law/iowaCode/sections?codeChapter=135

Iowa's Immunization Registry Information System (IRIS): Database for all immunizations given to Iowans. https://hhs.iowa.gov/immunization/immunization-registry-information-system-iris

Iowa Public Health Tracking Portal: Publicly available health data for the state of Iowa. https://hhs.iowa.gov/data

Iowa School Performance Profiles: Data from the Iowa Department of Education for the state, school districts and individuals schools on graduation rates, performance metrics, and related topics. https://www.iaschoolperformance.gov/ECP/Home/Index
Iowa SEER Cancer Registry: Registry for all cancers reported in the state of Iowa. https://www.cancer-rates.info/ia/

Languages Spoken in Iowa: A report released from the Iowa State Extension Office that shows the languages spoken by English Language Learners in Iowa. https://indicators.extension.iastate.edu/DHR/languages.html#

NACCHO MAPP 2.0 Handbook, 2023: Guidebook for the MAPP 2.0 process.

New Americans in Iowa: A report released by the American Immigration Council that summarizes data available about immigrants in Iowa.
https://map.americanimmigrationcouncil.org/locations/iowa/

NIH National Cancer Institute: Reports data on cancers nationwide, with state and county level data available.
https://statecancerprofiles.cancer.gov/incidencerates/index.php?stateFIPS=19&areatype=county&cancer=001&race=00&sex=2&age=001&type=incd&sortVariableName=rate&sortOrder=default&output=0#results

Northeast Iowa Food Bank: Local food bank in Black Hawk County that has a 16-county service area. https://www.neifb.org/

Program for the International Assessment of Adult Competencies: An objective assessment of adult literacy, numeracy, and adaptive problem solving administered approximately every 5 years. Results are available at the national level.
https://nces.ed.gov/surveys/piaac/2023/national_results.asp

US Census Bureau: Produces the decennial census data and 1 and 5 year American Community Survey (ACS) results on a variety of topics. https://data.census.gov/

US PIAAC: U.S. Skills Map: State and County Indicators of Adult Literacy and Numeracy: A model based on the national results to produce estimates for states and counties.
https://nces.ed.gov/surveys/piaac/skillsmap/

Waterloo MET Transit Plan: Waterloo, Iowa's public transportation plan for the MET transit bus routes. https://mettransit.org/sites/default/files/PM%20Banner%20Page%201.pdf

2024 Community Health Survey

Introduction

Welcome to the 2024 Community Health Survey. Thank you for participating in this important work. All the information you provide is completely anonymous and confidential. If a question does not relate to you, please skip to the next question.

Community Health

1. Over the last five (5) years, do you feel people in the community are:

- ☐ More Healthy
- ☐ Less Healthy
- ☐ Maintained Health

2. What are the three (3) most important factors for a healthy thriving community? (Select up to three (3) boxes)

- ☐ Access to healthcare
- ☐ Affordable safe housing
- ☐ Arts and recreation
- ☐ Clean environment
- ☐ Fair and just community for all
- ☐ Jobs and healthy economy
- ☐ Educational opportunities
- ☐ Access to nutritional foods
- ☐ Physical activity or exercise opportunities
- ☐ Low crime/safe neighborhoods
- ☐ Access to transportation
- ☐ Childcare/day care availability
- ☐ Other _____

3. For each factor listed below, are we as a community doing a good job or do, we need to improve? (Select one (1) of the boxes below for each row)

	Good Job	Needs Improvement	I Don't Know
Access to healthcare	☐	☐	☐
Affordable safe housing	☐	☐	☐
Arts and recreation	☐	☐	☐

Clean environment	☐	☐	☐
Fair and just community for all	☐	☐	☐
Jobs and healthy economy	☐	☐	☐
Educational opportunities	☐	☐	☐
Access to nutritional foods	☐	☐	☐
Physical activity or exercise opportunities	☐	☐	☐
Low crime/safe neighborhoods	☐	☐	☐
Access to transportation	☐	☐	☐
Childcare/day care availability	☐	☐	☐
Other _____	☐	☐	☐

4. What do you feel are the top three (3) health problems for adults in the community? (Select up to three (3) boxes below)

☐ Aging or disability (arthritis, hearing/vision loss, dementia, etc.)
☐ Cancer
☐ Diabetes
☐ Heart disease/stroke
☐ Infectious disease
☐ Injuries (falls, car accidents, drowning, violence)
☐ Obesity
☐ Sexually transmitted infection
☐ Mental illness
☐ Substance use disorder/substance abuse
☐ Other _____

5. What are the top three (3) factors affecting children's health?

☐ Access to healthcare
☐ Access to mental health or substance use disorder services
☐ Access to dental care
☐ Access to nutritional foods
☐ Bullying
☐ Physical activity opportunities
☐ Sexual behavior
☐ Screen time/social media
☐ Safe living environment
☐ Substance abuse
☐ Supportive family environment
☐ Educational opportunities

Personal Health

6. Do you receive an annual health exam (check-up/physical)?

☐ Yes
☐ No If no, why? (Select all that apply)
  ☐ Can't get an appointment for a time that works best for you
  ☐ I feel that I am healthy and don't need an annual health exam

☐ Don't feel you need an annual health exam
☐ Cost
☐ Transportation
☐ Childcare
☐ Interpreter services
☐ Other _____

7. Do you visit the dentist regularly (1-2 times per year)?

☐ Yes
☐ No If no, why? (Select all that apply)
☐ Can't get an appointment for a time that works best for you
☐ Don't feel that you need to visit the dentist regularly
☐ Cost
☐ Transportation
☐ Childcare
☐ Interpreter services
☐ Don't have dental insurance
☐ Other _____

8. What prevents you from being healthier? (Select all that apply)

☐ Lack of appointments for healthcare services when I need them
☐ Healthcare services are too expensive
☐ Healthcare services are too complicated
☐ Lack access to transportation
☐ Lack motivation
☐ Lack knowledge about healthy choices
☐ Not enough time
☐ Nowhere to exercise or affordable gym
☐ Other priorities
☐ Physical health is too poor
☐ Mental health is too poor
☐ Lack access to or can't afford healthy foods
☐ Unemployment
☐ Inadequate housing
☐ Information not provided in my language
☐ Feeling unsafe
☐Other _____

9. If you feel you could benefit from mental health or substance use disorder services but are not currently receiving them, please select your reason(s) for not accessing those services.

☐ Have tried services and they were unsuccessful
☐ Have tried and takes too long to get an appointment
☐ No insurance coverage, employer EAP, or don't understand what my insurance covers ☐ Services are too expensive
☐ Lack of transportation
☐ Feeling ashamed or uncomfortable talking about personal issues
☐ Unable to find a provider I can connect with
☐ Lack of providers that speak the same language as me or share the same culture ☐ Unable to find childcare

Other _____

10. If you are a parent or guardian, do your children receive an annual health exam (checkup/physical/well child visit)?

☐ I am not a parent or guardian
☐ Yes
☐ No, If no, why? (Select all that apply)
☐ Can't get an appointment for a time that works best for you
☐ Your children are healthy and don't need annual health exam ☐ Cost
☐ Transportation
☐ Childcare
☐ Interpreter services
☐ Other _____

11. If you are a parent or guardian, do your children visit the dentist regularly (1-2 times per year)? ☐ I am not a parent or guardian
☐ Yes
☐ No, If no, why? (Select all that apply)
☐ Can't get an appointment for a time that works best for you ☐ Don't feel that your children need to visit the dentist regularly
☐ Cost
☐ Transportation
☐ Interpreter services
☐ Don't have dental insurance that covers my children
☐ Other _____

12. Within the past 12 months, you worried that your food would run out before you got money to buy more.

☐ Often true
☐ Sometimes true
☐ Never true

13. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

☐ Often true
☐ Sometimes true
☐ Never true

14. Do you receive services from local agencies?

☐ No
☐ Yes, if yes, select all that apply.
☐ SNAP (food stamps)
☐ Food assistance (pantry, community meals)
☐ WIC
☐ Housing assistance (rental or shelter)
☐ Utility assistance
☐ Childcare assistance
☐ Youth programming assistance (eg. Boys and Girls Club)
☐ Parent education services

☐ General financial assistance
☐ Free or reduced-cost health care services
☐ Other _____

15. If you were in need of assistance from local agencies but didn't receive any, was there a reason? (Select all that apply)

☐ I wasn't in need of assistance
☐ They don't offer hours that are convenient to me
☐ Information is not provided in my language
☐ Transportation
☐ Childcare
☐ Interpreter services
☐ My needs exceed the maximum amount of assistance
☐ I don't meet eligibility criteria for assistance
☐ Other _____

16. Who do you trust for health information? (select all that apply)

☐ Doctor or other health professional
☐ Public Health Department
☐ Television or newspaper
☐ Social media
☐ Internet
☐ Family or friends
☐ Other _____

17. Which of the following emergency preparedness statements are true for you/your family?

☐ My family has a cell phone with a charger
☐ My family has a first aid kit
☐ My family has discussed a central meeting place
☐ My family has made a contact list for emergencies (kids know how to call another family member and how to use 911)
☐ My family has practiced a fire drill at home
☐ My family has practiced a tornado drill at home
☐ My family has a weather radio, flashlight, and batteries in our home
☐ My family keeps a supply of bottled water and extra nonperishable food items on hand
☐ My family keeps a list of current medications and important paperwork
☐ My family has signed up to obtain real-time alerts warning for disasters

About You

18. Age

☐ 18-29
☐ 30-39
☐ 40-49
☐ 50-59
☐ 60-69
☐ 70-79
☐ 80+

19. Gender

☐ Male
☐ Female
☐ Transgender Male
☐ Transgender Female
☐ Gender Variant/Non-Conforming
☐ Choose not to Disclose
☐ Other _____

20. ZIP Code

_____

21. County of Residence ☐

Black Hawk
☐ Bremer
☐ Buchanan
☐ Butler
☐ Benton
☐ Delaware
☐ Tama
☐ Fayette
☐ Grundy
☐ Marshall
☐ Other _____

22. Race/Ethnicity (select all that apply)

☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other _____

23. Country of birth

☐ United States
☐ Bosnia
☐ Burma
☐ Marshall Islands
☐ Mexico
☐ Democratic Republic of the Congo (DRC)
☐ Haiti
☐ Liberia
☒ Other _____

24. Highest Level of Education

☐ Less Than 8th Grade
☐ Some High School, No Diploma

☐ High School Graduate
☐ High School Equivalent (GED)
☐ Some College, No Degree
☐ Associate Degree or Trade School Certificate/**Technical**
☐ Bachelor's Degree
☐ Advanced Degree

25. Health insurance status (select all that apply)

☐ Insurance through a current or former employer (of yourself or family member)
☐ Insurance purchased directly from an insurance company (by yourself or family member)
☐ Insurance purchased from the marketplace (by yourself or family member)
☐ I am covered by Medicaid (Iowa Total Care, Molina, Wellpoint)
☐ I am covered by Medicare
☐ VA health care
☐ I am not covered by health insurance
☐ One or more of my children are not covered by health insurance

26. How well do you understand the benefits offered under your health insurance plan (If Applicable)?

Very Well (5)	4	3	2	Not at All (1)
☐	☐	☐	☐	☐

27. Number of adults in home including yourself

_____

28. Number of children in home

_____

29. What is your family's gross annual income before taxes?

☐ Under $15,000
☐ Between $15,000 and $29,999
☐ Between $30,000 and $49,999
☐ Between $50,000 and $74,999
☐ Between $75,000 and $99,999
☐ Between $100,000 and $149,999
☐ More Than $150,000

30. Veteran status (select all that apply)

☐ Yes, I am currently serving on active duty
☐ Yes, I am currently serving in the Reserves or National Guard
☐ Yes, I am a veteran who served on active duty
☐ Yes, I am a veteran who served in the Reserves or National Guard
☐ Yes, I am a retiree from the military
☐ No, I have never served in the military
☐ Prefer not to answer

THANK YOU for completing the survey. Results will be released in early 2025 and used to develop community-wide action plans.

To learn more, visit bhcpublichealth.org.