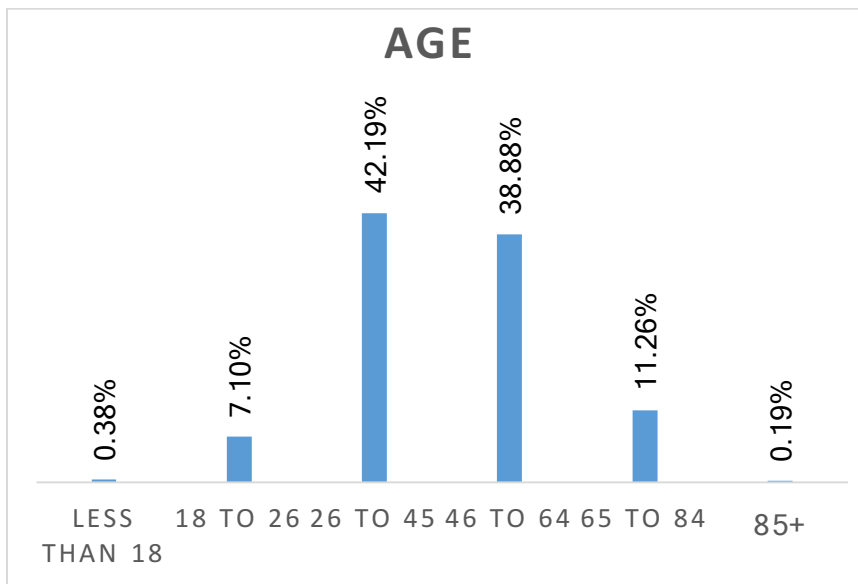# Great River Health System

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

COMMUNITY SURVEY RESULTS

Compiled and Analyzed by Jake Tanumihardjo

2019 Community Health Needs Assessment (CHNA) Survey Results

Demographics

AGE

| Age Group	%	N
Less than 18	0.38%	4
18 to 26	7.10%	75
26 to 45	42.19%	446
46 to 64	38.88%	411
65 to 84	11.26%	119
85+	0.19%	2
Answered		**1057**
Skipped		**5**

Data Highlights: The 2017 U.S. Census data estimates suggest that Des Moines County's less than 18 age group represented 22.6% of the total population and that the over 65 age group represented 20.2%.[1] The respondents to the 2019 CHNA survey were underrepresented in both of these age groups. The less than 18 age in the CHNA survey made up only 0.38% and the over 65 age group only represented 11.45% of the total sample.
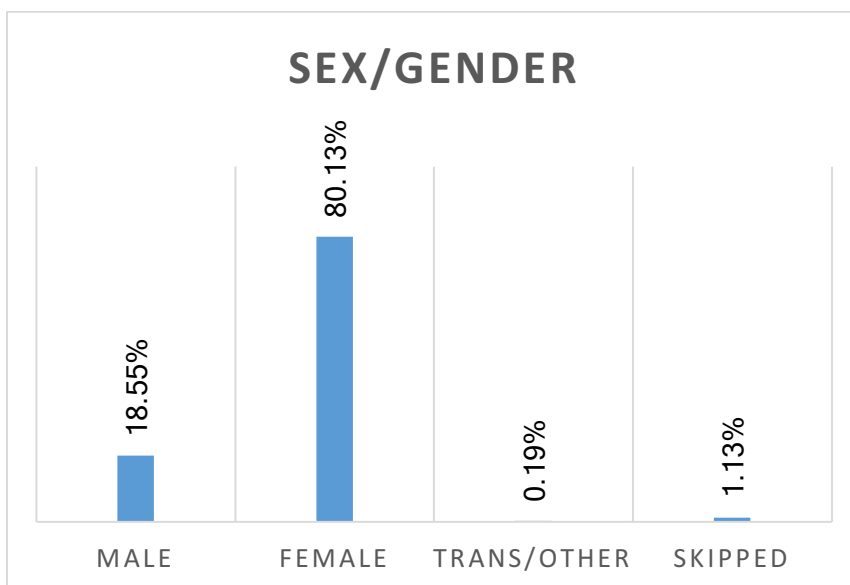
SEX/GENDER

| Sex/Gender	%	N
Male	18.55%	197
Female	80.13%	851
Trans/Other	0.19%	2
Skipped	1.13%	12
Answered		**1050**
Skipped		**12**

Data Highlights: The 2017 U.S. Census data estimates suggest that Des Moines County's female population represented 51.2% of the total population.[1] Women made up a large majority (80.13%) of the total respondents in the 2019 CHNA survey; a theme that was also present in the 2016 CHNA for Des Moines County. Sex/gender was surveyed differently in years past with the opportunity for respondents to answer in an open-ended response. In a 2016 June report, the Williams Institute estimated that the population of adults who identify as transgender in Iowa was 0.31%.[2] Survey responses that did not highlight a gender or sex-related response were coded as skipped.

RACE/ETHNICITY
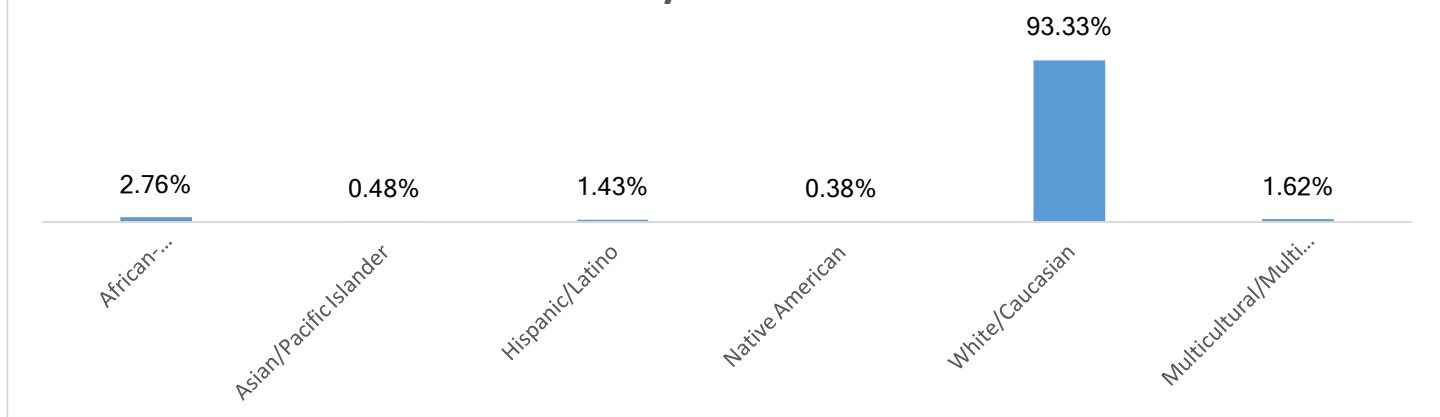
Race/Ethnicity	%	Census	N
African-American/Black	2.76%	5.9%	29
Asian/Pacific Islander	0.48%	1.0%	5
Hispanic/Latino	1.43%	3.1%	15
Native American	0.38%	0.3%	4
White/Caucasian	93.33%	90.0%	980
Multicultural/Multiracial	1.62%	2.7%	17
Other			4
		Answered	**1050**
		Skipped	**12**

Data Highlights: The 2017 U.S. Census data estimates suggest that Des Moines County's population by race was: 90.0% White alone, 5.9% Black or African-American alone, 0.3% American Indian and Alaska Native alone, 1.0% Asian alone, 0.1% Native Hawaiian and Other Pacific Islander alone, 2.7% Two or More Races, and 3.1% Hispanic or Latino. When comparing 2017 U.S. Census data estimates to the 2019 CHNA survey responses, minorities were underrepresented across all race or ethnic groups expect for Native American or American Indian. Survey responses that were categorized as other were not included in the proportion calculations.
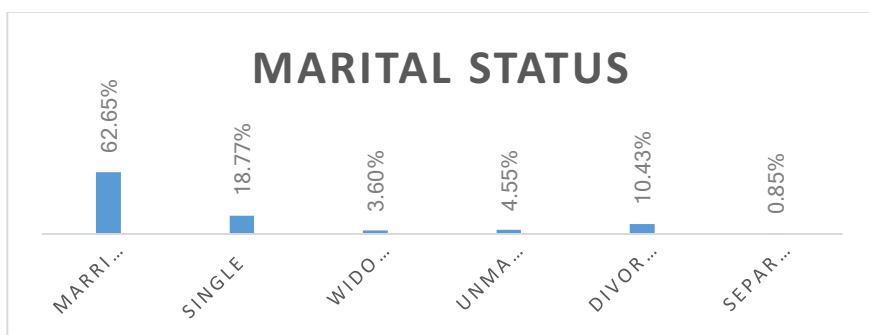

Marital Status	%	N
Married	62.65%	661
Single	18.77%	198
Widowed	3.60%	38
Unmarried couple	4.55%	48
Divorced	10.43%	110
Separated	0.85%	9
Answered		**1055**
Skipped		**7**

Data Highlights: Based on data from the 2012-2016 American Community Survey 5-Year Estimates[3], the marital status of Des Moines County's population (15 years or older) was: 49.6% now married (except separated), 27.4% never married, 13.6% divorced, 7.7% widowed, and 1.7% separated. When comparing the 2012-2016 American Community Survey to the 2019 CHNA survey data, married individuals were over-represented compared to other marital statuses.
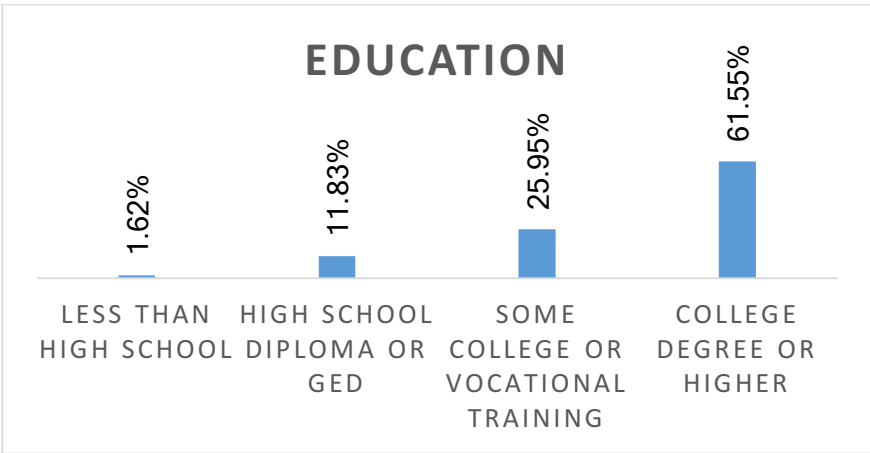
EDUCATION

Education	%	N
Less than high school	1.62%	17
High school diploma or GED	11.83%	124
Some college or vocational training	25.95%	272
College degree or higher	61.55%	645
Answered		**1048**
Skipped		**14**

Data Highlights: The 2012-2016 American Community Survey 5-Year Estimates data suggests that in Des Moines County, 19.6% of persons aged 25 or older had a bachelor degree or higher and that 7.8% of persons aged 25 or older were not high school graduates.[3] The respondents sampled in the 2019 CHNA survey were greatly skewed towards a population that had a college degree or higher and individuals with less than a high school education were underrepresented in the 2019 CHNA sampling.


HOUSEHOLD INCOME
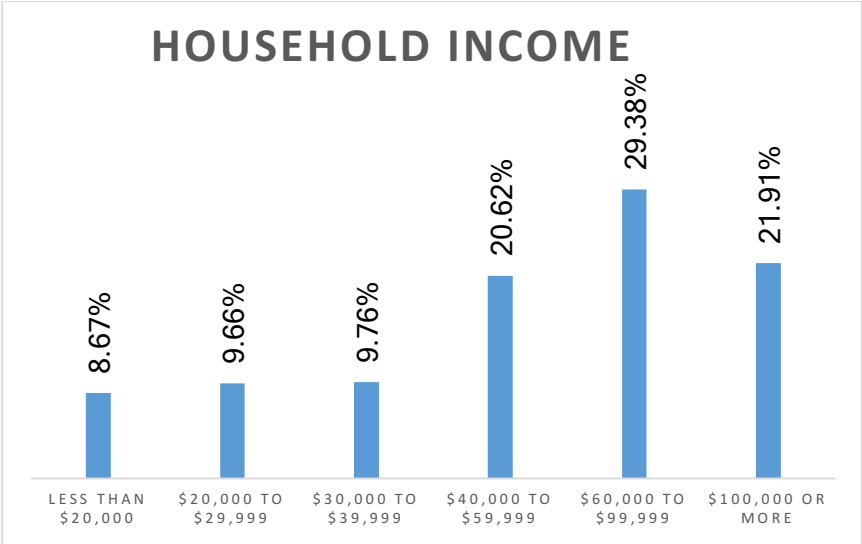
Income	%	N
Less than $20,000	8.67%	87
$20,000 to $29,999	9.66%	97
$30,000 to $39,999	9.76%	98
$40,000 to $59,999	20.62%	207
$60,000 to $99,999	29.38%	295
$100,000 or more	21.91%	220
Answered		**1004**
Skipped		**58**

Data Highlights: The 2012-2016 American Community Survey (ACS) provides estimations for household incomes in ranges that are different than what was highlighted in the 2019 CHNA survey. Below are a list of household income ranges from the ACS that are comparable to the ranges in the 2019 CHNA survey:

2012-2016 ACS 5-Year Estimates – Household Income[3]				
Less than $24,999	**$25,000 to $34,999**	**$35,000 to $49,999**	**$50,000 to $99,999**	**$100,000 or more**
25.0%	14.0%	17.2%	29.8%	14.1%

Based on the data extrapolated from the 2012-2016 ACS survey and comparing it to results from the 2019 CHNA survey, the CHNA survey results were skewed toward households with higher incomes where lower household incomes were underrepresented.
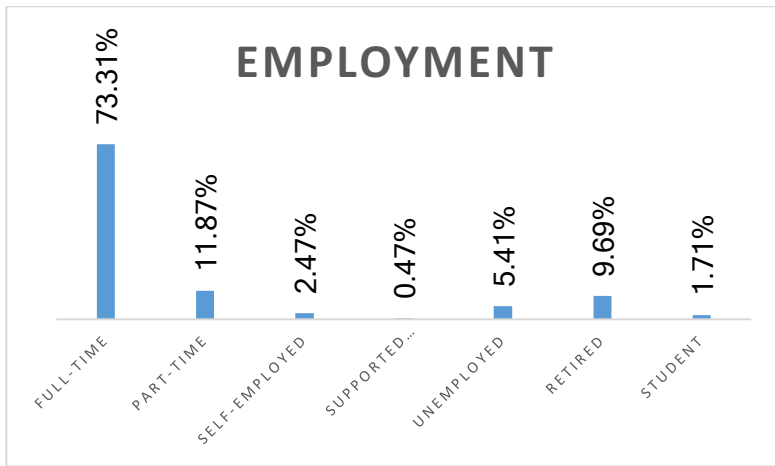
EMPLOYMENT

Employment	%	N
Full-time	73.31%	772
Part-time	11.87%	125
Self-employed	2.47%	26
Supported Employment	0.47%	5
Unemployed	5.41%	57
Retired	9.69%	102
Student	1.71%	18
Answered		**1053**
Skipped		**9**

Data Highlights: Data could not be found to compare most of the statuses highlighted in the 2019 CHNA Survey. Data from the U.S. Bureau of Labor Statistics states that the unemployment rate in Des Moines County in August, 2018 was 3.1%.[4] Unemployed people may be overrepresented in the 2019 CHNA survey but it likely does not have an effect on the information provided.
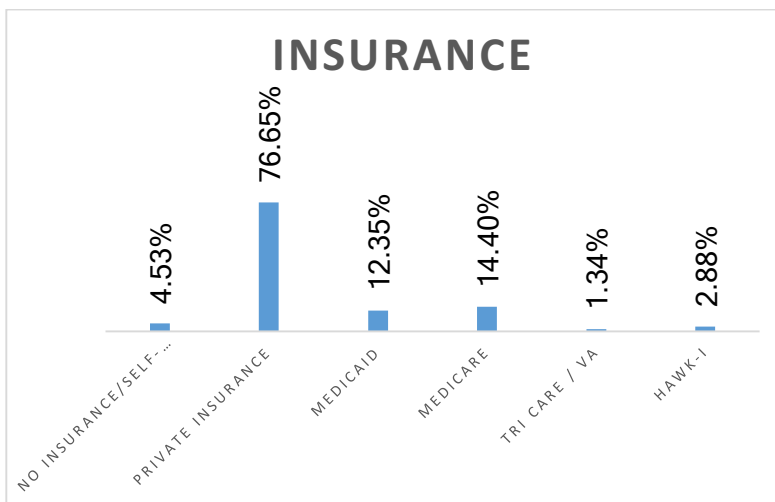
INSURANCE

Insurance Coverage	%	N
No insurance/self-pay	4.53%	44
Private insurance	76.65%	745
Medicaid	12.35%	120
Medicare	14.40%	140
Tri Care / VA	1.34%	13
Hawk-i	2.88%	28
Other		111
Answered		**972**
Skipped		**90**

Data Highlights: The 2012-2016 American Community Survey (ACS) data suggests that 68.9% of the civilian noninstitutionalized population are covered by private health insurance while 41.3% are covered by public insurance (e.g. Medicaid, Medicare, Hawk-I, VA).[3] These populations are not mutually exclusive – it is possible to be covered by both public and private health insurance. The ACS data also suggests that 6.8% of the population lacks any health insurance coverage. Data from the 2019 CHNA survey may underrepresent the population not covered by insurance as well as those covered by public insurance. Similarly, people covered by private insurance may be overrepresented.

Other Demographics

Survey respondent location: 81.1% of survey respondents lived in Des Moines County zip codes. This suggests that the sample is an accurate representation of the health issues in Des Moines County.

Permanent housing: 3.8% of survey respondents highlighted that they did not have permanent housing. It is possible that survey respondents misunderstood the question to include living in a rental home or living in a relative's/friend's home. This data does suggest that permanent housing could be an issue over several hundred people in the county.

Average Household Size: The average household size for the 2019 CHNA survey respondents was 2.87. This is higher than the 2.37 estimated by the ACS but less than the average family size of 2.92.[3]

Community Health

HOW WOULD YOU RATE THE HEALTH OF…?

■ Community Health ■ Personal Health
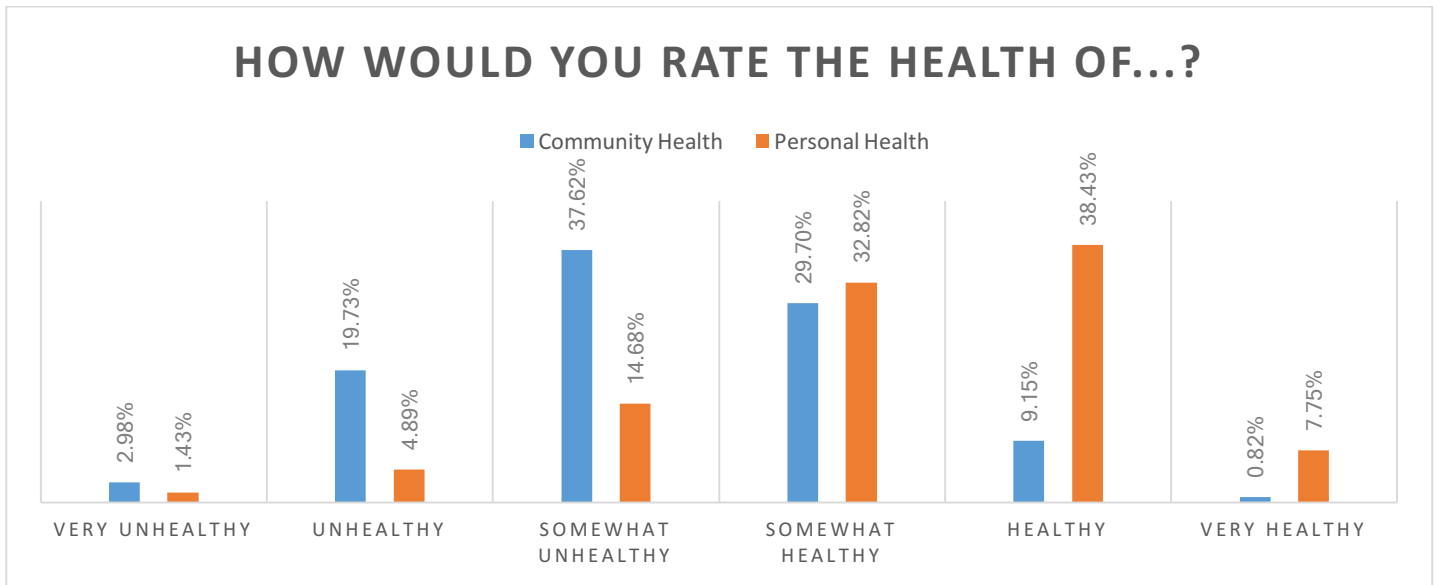
Health Rating	Community Health		Personal Health	
	%	N	%	N
Very unhealthy	2.98%	29	1.43%	14
Unhealthy	19.73%	192	4.89%	48
Somewhat unhealthy	37.62%	366	14.68%	144
Somewhat healthy	29.70%	289	32.82%	322
Healthy	9.15%	89	38.43%	377
Very healthy	0.82%	8	7.75%	76
Answered		**973**		**981**
Skipped		**89**		**81**

Data Highlights: When comparing how survey respondents rated the health of the community vs. their own personal health, an interesting theme begins to emerge. 79.0% of survey respondents considered themselves to be at least "Somewhat Healthy" vs. 60.3% of respondents who considered their community's health to be at least "Somewhat Unhealthy." A similar theme was highlighted in the 2016 CHNA survey where 57.2% of the respondents considered their own personal health to be "Healthy" or "Very Healthy" and 82.9% of the respondents considered their community's health to be "Very Unhealthy", "Unhealthy", or "Somewhat Unhealthy."

HOW MANY HOURS DO YOU VOLUNTEER?

Volunteer Hours	%	N
None	39.73%	387
1 to 5 hours	38.91%	379
6 to 10 hours	11.60%	113
more than 10 hours	9.75%	95
Answered		**974**
Skipped		**88**

Data Highlights: There were no significant changes in volunteerism between the 2016 CHNA survey and the 2019 CHNA survey.

Most Important Factors for a Healthy Community

Factors	%	N
Access to health care (family doctors, hospital services, public health services)	64.06%	622
Good jobs and healthy economy	56.13%	545
Access to health insurance	42.53%	413
Healthy behaviors or lifestyles	38.93%	378
Low crime rate and safe neighborhoods	28.42%	276
Affordable housing	20.70%	201
Good schools	16.07%	156
Good place to raise children	15.04%	146
Clean environment	12.98%	126
Religious and spiritual values	12.46%	121
Parks and recreation	6.90%	67
Access to day care/after-school programs	5.46%	53
Availability of positive teen activities	4.63%	45
Good race and ethnic relations	4.02%	39
Arts and cultural events	2.47%	24
Emergency preparedness	2.37%	23
Other		26
Answered		**971**
Skipped		**91**

Most Important Health Problems in Our Community

Problems	%	N
Supporting individuals with mental health disorders/access to mental health services	45.16%	434
Substance abuse	44.85%	431
Obesity	42.87%	412
Poverty	30.07%	289
Cancers	23.31%	224
Diabetes/prediabetes	19.88%	191
Aging problems (e.g., arthritis, hearing/vision loss)	18.63%	179
Sexually transmitted diseases (such as gonorrhea, herpes, HIV)	16.34%	157
Heart disease and stroke	16.02%	154
Child abuse and neglect	10.51%	101
Domestic violence	7.80%	75
High blood pressure	7.39%	71
Firearm-related injuries	6.14%	59
Dental problems	4.47%	43
Respiratory/Lung disease	3.64%	35
Teenage pregnancy	3.43%	33
Suicide	2.81%	27
Homicide	2.29%	22
Rape/Sexual assault	2.08%	20
Motor vehicle crash injuries	0.83%	8
Other		33
Answered		**961**
Skipped		**101**

Most Important Unhealthy Behaviors in Our Community

Unhealthy Behaviors	%	N
Drug abuse	67.36%	648
Being overweight / Obese	55.72%	536
Poor eating habits	34.10%	328
Alcohol abuse	31.81%	306
Lack of exercise	23.80%	229
Violent behavior	20.27%	195
Tobacco use	16.74%	161
Unsafe sex	15.38%	148
Dropping out of school/unable to finish school	10.71%	103
Racism	7.07%	68
Unsecured firearms	6.13%	59
Not using birth control	4.78%	46
Not getting vaccines to prevent disease	3.12%	30
Discrimination based on sexual orientation or identity	1.87%	18
Not using seat belts and child safety seats	1.46%	14
Other		23
	Answered	**962**
	Skipped	**100**

Healthcare Access

PERSONAL DOCTOR/NURSE
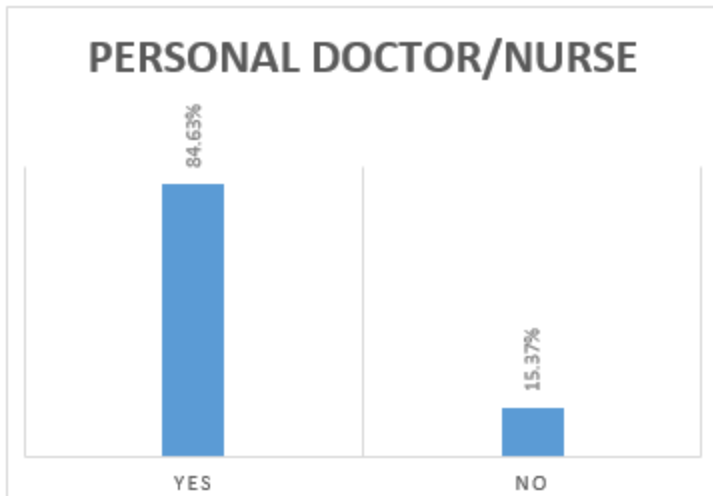
Personal Doctor/Nurse	%	N
Yes	84.63%	826
No	15.37%	150
	Answered	**976**
	Skipped	**86**

Data Highlights: This is a new question in the CHNA survey. It is difficult to compare this data to hospital-based data, at this time.

HOW MANY TIMES HAVE YOU VISITED...
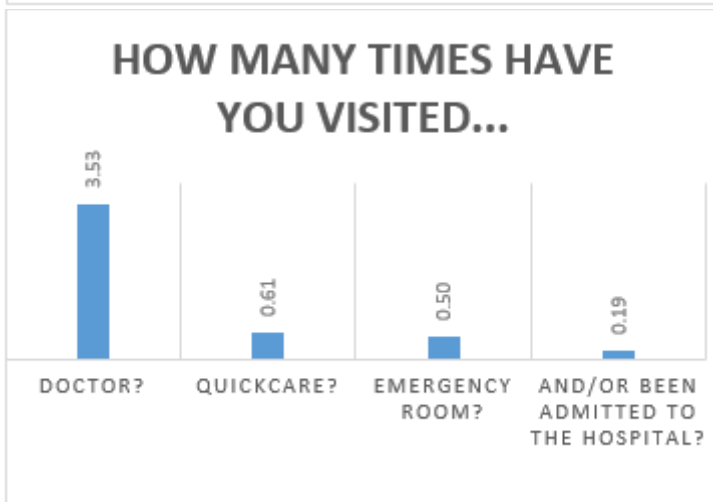
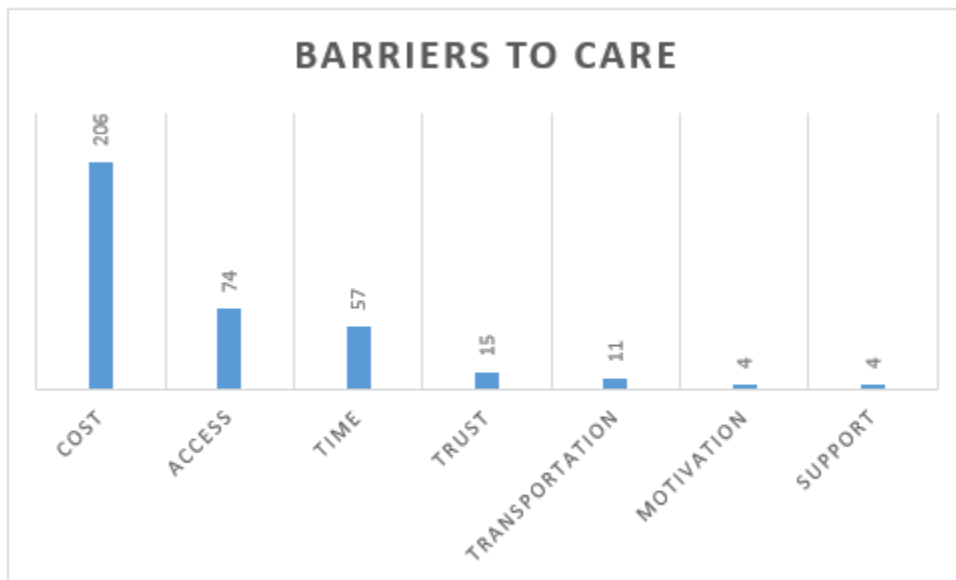| Healthcare Location	Average Number	Total Number	N
Doctor?	3.53	3315	940
QuickCare?	0.61	479	786
Emergency room?	0.50	406	808
Admitted to the hospital?	0.19	144	756
		Answered	**961**
		Skipped	**101**

Data Highlights: This is a new question in the CHNA survey. It is difficult to compare this data to hospital-based data, at this time.

BARRIERS TO CARE

Barriers to Care	Mentioned
Cost	206
Access	74
Time	57
Trust	15
Transportation	11
Motivation	4
Support	4
Answered	**647**
Skipped	**396**

Specific quotes that represent the themes highlighted:

- "1. Not enough time to get away from work. 2. Fear of not knowing what I will end up having to pay. Never quite clear." (Time/Cost/Trust)
- "The fear of high costs. My wife had a headache and we went to the ER room last year. The doctor thought she was having a stroke and flew her to Iowa City. They said she had a migraine (sic) and the costs were over 70,000 without insurance and they sent her home 24 hours later. Shame on your hospital." (Cost/Trust)
- "My primary physician is always booked out advance. I needed a school physical for August (I went in March to make an appointment for this) and the next opening was not until mid-November. And this physician is listed on my insurance card as my primary which makes it difficult to go elsewhere." (Access)
- "I am fortunate to have insurance and transportation and access to other resources for information. One local limit that I have seen is a lack of child psychiatry. Mental health medication often requires families to go to Iowa City for children. Because there are no beds for children with mental health needs locally, these children must wait for long periods and then be sent wherever a bed is open which can be far from the support of their family. That situation prevents children from getting the medical care that they need for mental health." (Access)
- "Lethargy, but I end up going in." (Motivation)
- "[I] have no family/friends to take/pick-up myself from surgeons-scalpels and major-procedures; thus major life/quality-of-life are [relentless] in taking me down; greatly increasing anxiety and clinical depression. As my health accelerates downward (mentally, emotionally, physically), my living-space and house and yard have significantly deteriorated. Found no help to do needed house repairs with home resale value quickly declining." (Transportation/Support)
- "Difficult to make appt with MD same day and if you do it's probably not with your doctor. Also my health care coverage is not great and have a 12,000 deductible." (Access/Cost)
- "Time. Exceptionally busy this year, two kids, Mom comes last..." (Time/Support)
- "Doctors not believing my pain; doctor's inability to understand chronic pain; doctors ignoring/dismissing women's pain." (Trust)
- "Outrageous prices, insurance doesn't cover a lot of things, and I don't trust most of the doctors and doctor assistants." (Cost/Trust)
- "My PCP having too many patients and it taking weeks to get in to see him. Other "on call" doctors are in my opinion incompetent." (Access/Trust)

Specific quotes about GRMC/GRHS:

- "[C]ost and it's burdensome to go through the process of referral after referral. GRMC is about process and number of patients not patient care." (Cost)
- "[C]urrently GRMC does not have an internal medicine, GI doctor. Otherwise, my work schedule." (Access/Time)
- "I have insurance provided by my employer GRMC but still have deductibles which I was able to pay off directly from my paycheck in the past. I now have been turned over to collections by my employer. So I am not able to take care of health issues that my family currently have." (Cost)
- "No VA Outpatient clinic at GRMC, and most providers dont have (sic) contracts with the "Choice" program." (Access)
- "Horrible insurance for self (Insurance provided by GRMC) and high cost of healthcare. Also I know that if there is any imaging, Davis Radiology will immediately turn me into collections, which pisses me off." (Cost)
- "Deductibles too high. GRMC no longer allowing payroll deduct for medical bills." (Cost)
- "The community needs to have the emergent care center open when the Dr. Offices are closed. May be even 24/7." (Access)

Selected quotes from comments and suggestions in the CHNA Survey:

- "I would like to see a more seamless process from local healthcare providers to allow students to job shadow, tour, and learn about healthcare careers, healthcare options, and more. If we do not invest in our youth now then what will our future be for Burlington and the surrounding areas? We need to empower our youth about their health and how it coincides with their education, training, and work."
- "Working with local employers to encourage healthy workplaces and preventative health maintenance for employees, especially in factories, could go a long way in promoting healthy a healthy community."
- "Our community services are largely in silos, and there is unnecessary competition and territorialism (where expanded services would be meaningful). Levels of collaboration need to increase, and so joint community projects and development of services that include different types of professionals / disciplines / agencies."
- "We need a long term plan (20-30 years) to revitalize and maintain communities. Economic development other than (sic) restaurants & other service based jobs with low pay."
- "I love this community, but feel it has slipped away from what it once was economically. The good paying jobs (careers) are being replaced by retail and fast food positions (part-time jobs) with little skill required. The only way to get this area to prosper again is to find a way to keep the younger (skilled labor/college educated) individuals in the community. It sounds harsh, but were seeing the future leaders of the community leaving and being replaced by individuals from other communities looking to start over. The community cannot "heal" itself if its growth is coming from outside the community rather than within."

Community Perceptions

- Please see table on page 11 to review responses to questions that relate to community perception.

Citations

1. Vintage 2017 Population Estimates Program – U.S. Census Bureau. https://www.census.gov/quickfacts/desmoinescountyiowa
2. Flores et al. The Williams Institute. How many adults identify as transgender in the United-States? June, 2016. https://williamsinstitute.law.ucla.edu/wp-content/uploads/How-Many-Adults-Identify-as-Transgender-in-the-United-States.pdf
3. 2012-2016 American Community Survey (ACS) 5-Year Estimates. https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/2016/
4. U.S. Bureau of Labor Statistics.

Community Perceptions	1 (Not at all)		2		3		4		5 (Very much)		Avg (2019)	Avg (2016)
Q24: Are you satisfied with the quality of life in our community? Consider your sense of safety, well-being, and participation in community life and associations.	34	3.64%	115	12.30%	339	36.26%	348	37.22%	89	9.52%	3.37	3.26
Q25: Are you satisfied with the health care system in the community? Consider access, cost, availability, quality and options in health care.	48	5.12%	109	11.63%	256	27.32%	338	36.07%	180	19.21%	3.53	3.56
Q26: Is this community a good place to grow old? Consider elder-friendly housing, transportation to medical services, churches, shopping, elder day care, social support for elderly living alone and home-delivered meals.	47	5.04%	134	14.36%	299	32.05%	310	33.23%	113	12.11%	3.34	3.45
Q27: Is this community a safe place to live? Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks and the mall. Do neighbors know and trust one another?	70	7.50%	227	24.33%	371	39.76%	217	23.26%	40	4.29%	2.92	3.04
Q28: Are there networks of support for people and families (neighbors, support groups, faith community outreach, agencies and organizations) during times of stress and need?	30	3.24%	126	13.61%	333	35.96%	301	32.51%	107	11.56%	3.37	3.48
Q29: Is there a sufficient number of health and social services in the community?	59	6.36%	149	16.07%	341	36.79%	285	30.74%	75	8.09%	3.18	3.24
Q30: Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	46	5.03%	143	15.63%	365	39.89%	259	28.31%	57	6.23%	3.16	3.19

Data Highlights: For the purpose of this analysis, the lower number answers, 1 (Not at all) and 2, were considered negative perceptions while higher number answers, 4 and 5 (Very much), were considered positive. An answer of 3 is considered neutral. Overall, survey participants were satisfied with the community's: quality of life, health care system, a good place to grow old, networks of support for people and families, and mutual trust and respect. Positive answers outweighed negative answers for Q24, Q25, Q26, Q28, Q29, and Q30. This is also reflected in the average which is above 3 (neutral) for each question. Q27 was the only question where negative responses outweighed positive responses (Negative - 31.83% vs. Positive - 27.55%). When comparing data from the 2016 CHNA survey to the 2019 CHNA survey, the community's perceptions decreased in each area except for Quality of Life. It is unclear if these changes are statistically significant but the trend should be noted.