Scott County Health Department
Health Equity Assessment

January 2018

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Acknowledgements

Tacoma-Pierce County Health Department and its forward-thinking work in the area of health equity provided inspiration for the content and organization of this report. Their leadership in this area is acknowledged and greatly appreciated. In addition, thank you to George Washington University intern, Morgan, for countless hours of work on this report, prioritizing the health needs of Scott County residents.

Introduction to Health Equity

Overview

Scott County, an Iowa county comprised of both metropolitan and rural areas, is home to approximately 167,080 residents; 85.5% of residents live in urban areas and 13.5% of residents live in rural communities.[1] According to the 2010 Census, 12.4% of Scott County residents live in poverty.[2] The Scott County Health Department (SCHD) values efforts to ensure that all residents have the opportunities and resources they need to live a healthy life.

Health happens where you are. The question remains, why do people living in a similar geographic area such as Scott County, Iowa, experience differences in health outcomes? The answer? Health disparities. When one population experiences different health outcomes from another population, a disparity exists. This assessment will focus on health equity within Scott County. Which health inequities exist in the county and why? Determining where health inequities exist will be the first step in improving the health of our communities.

What is Health Equity?

According to the Centers for Disease Control and Prevention, healthy equity is "when every person has the opportunity to attain their highest level of health regardless of race, education, gender, sexual orientation, income or neighborhood".[3] The type of neighborhood a child is born into or grows up in should not affect their ability to live a healthy life. Characteristics such as race are out of a person's control and should not affect whether or not that individual can be healthy.

Health Equity vs. Health Equality

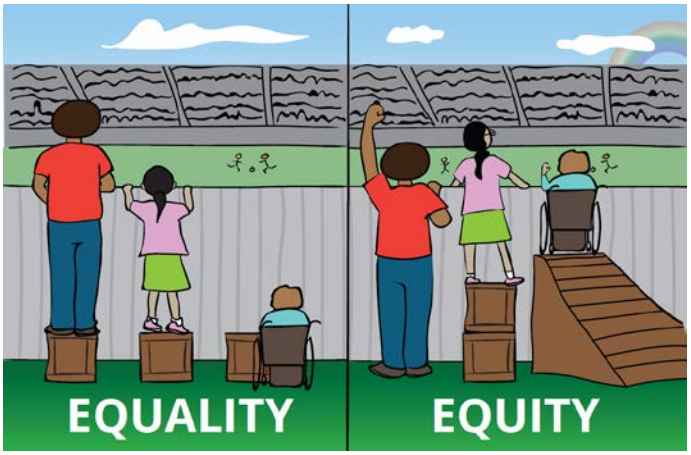


Figure 1: Visual example of equality vs. equity. Source: http://www.equitytool.org/wp-content/uploads/2015/06/Equity-vs-Equality.png

Health equity and health equality are different concepts. Health *equity* is focused on giving a person what he or she needs in order to be healthy. Health *equality* is focused on making sure everyone receives the same resources and opportunities.[4] The needs of every population group and individual are different, indicating a one-size-fits-all approach will not improve health equity. Providing each population group with the same resources may not provide positive outcomes in each scenario. The image above provides a visual explanation of equality vs. equity.

What are the Differences between Health Disparities and Health Inequities?

A health disparity is a difference that exists in health ratings, disease rates, or health outcomes between populations.[5] A health inequity is when differences in health ratings, disease rates or health outcomes are present due to differences in social, economic, environmental or healthcare resources.[5] Health inequities are unfair, unnecessary and avoidable. The existence of health inequities in a community indicates the vulnerability of some population groups to poor health outcomes compared to other population groups.[5]

The Importance of Health Equity

Understanding and implementing strategies for health equity will create healthier communities and improve the lives of Scott County residents. It allows public health decision makers to allocate limited resources efficiently in order to make the biggest impact. By addressing health equity, Scott County residents can expect better health outcomes and potentially longer life expectancy for all.

Role in Supporting Health Equity

The role of the Health Department in supporting health equity in Scott County is:

- Understand the issues. *What inequities exist? Where? Why?*
- Shape programs and services to address health inequities and improve outcomes for those with the fewest opportunities for good health.
- Work with partners to ensure agencies, organizations, and groups are working collaboratively to reduce inequities.
- Work with communities to support them in addressing the health issues they prioritize. This includes understanding not only barriers to health, but also strengths and assets. The goal is to empower communities to improve the conditions most important to them.
- Advocate for policies that would reduce health inequities by creating better opportunities for health.

Ultimately, SCHD plays a vital role in ensuring all Scott County residents have the opportunity to attain and maintain the best health possible.

Goals of This Assessment

This assessment serves as a first step in addressing health inequities in Scott County. SCHD will use the information in the assessment as a guide to improving health in Scott County. This assessment will:

- Identify where inequities occur
- Help the community understand the causes of health inequity
- Identify health outcomes that have the most severe inequities
- Identify populations that suffer inequitable health outcomes

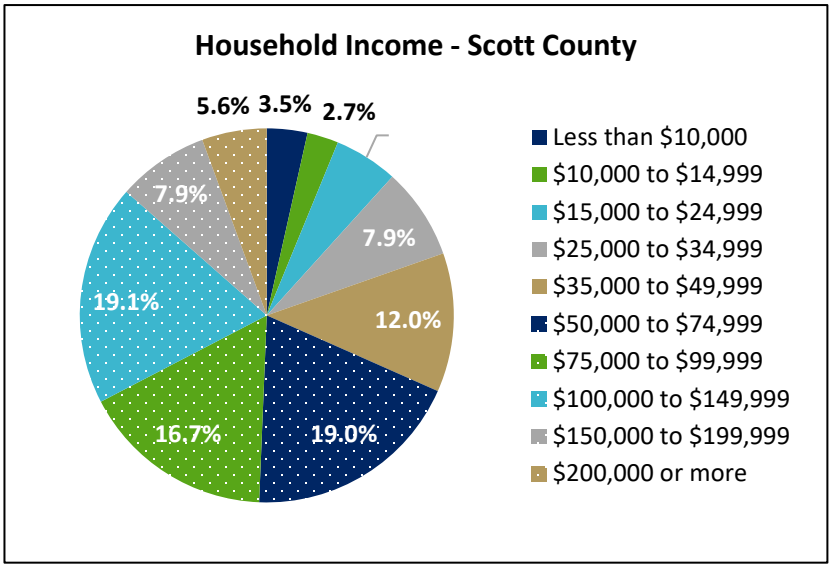
The assessment will offer the starting point needed to effectively work towards health equity in Scott County.

Determinants of Equity in Scott County

A variety of factors influence the ability of individuals to live healthy, safe, and productive lives. Societal factors can influence equity in a community and can cross-influence one another. These factors are known as determinants of equity and include housing, education, income and employment, among others. The following is an overview of these determinants in Scott County.

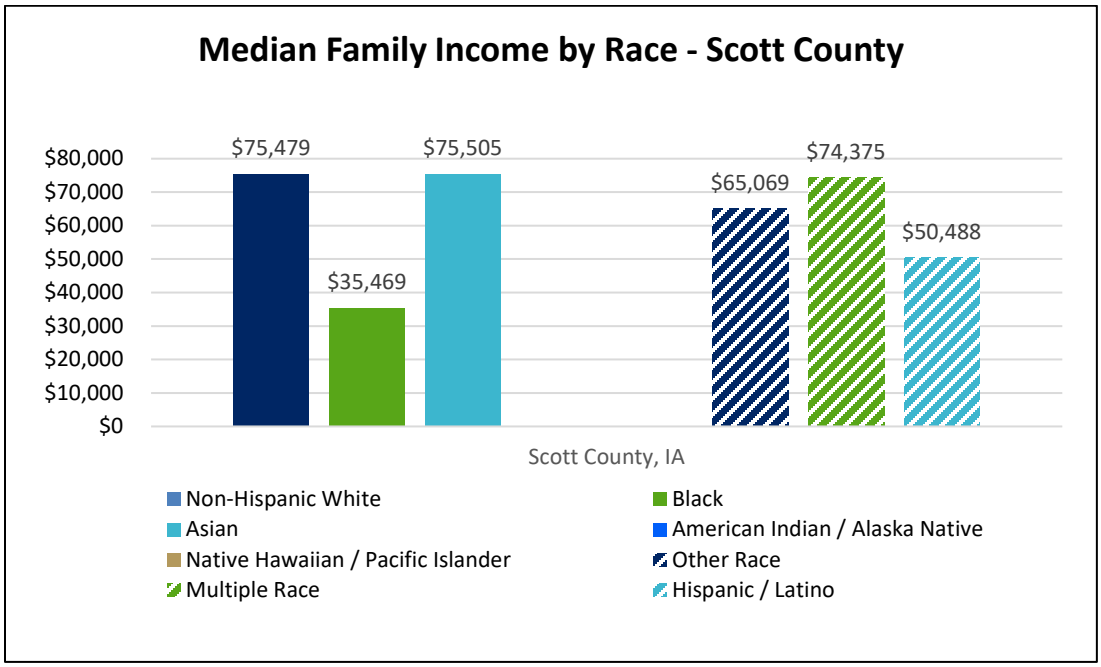
Income

Median household income is a basic economic indicator that can be used to measure economic standing. The US Census American FactFinder estimates the median household income of Scott County to be $56,454.[2] As noted in the graph below, the greatest percentage of Scott County households earn between $50,000 and $74,999 and $100,000 and $149,999.[7]



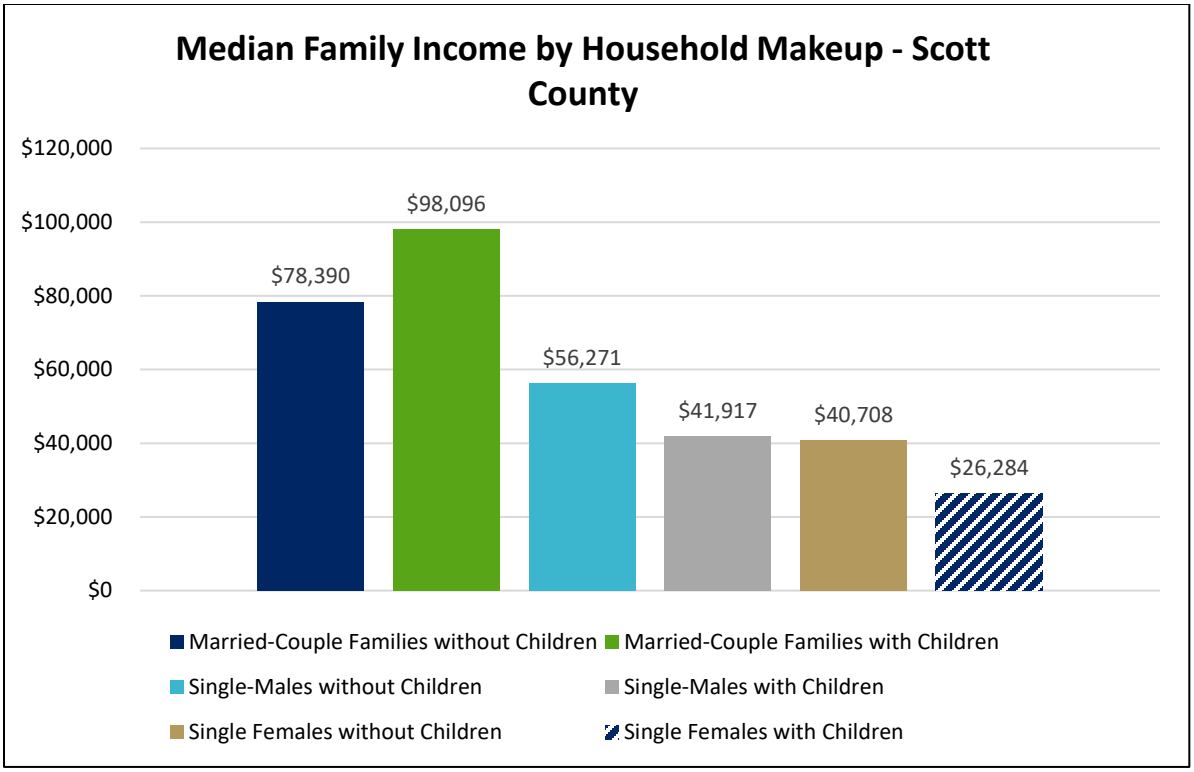
Graph 1: Household Income – Scott County; Source: 2015 Quad Cities Community Health Needs Assessment

While Scott County residents' income varies in monetary value, it also varies when broken down by race of residents and head of household make-up.



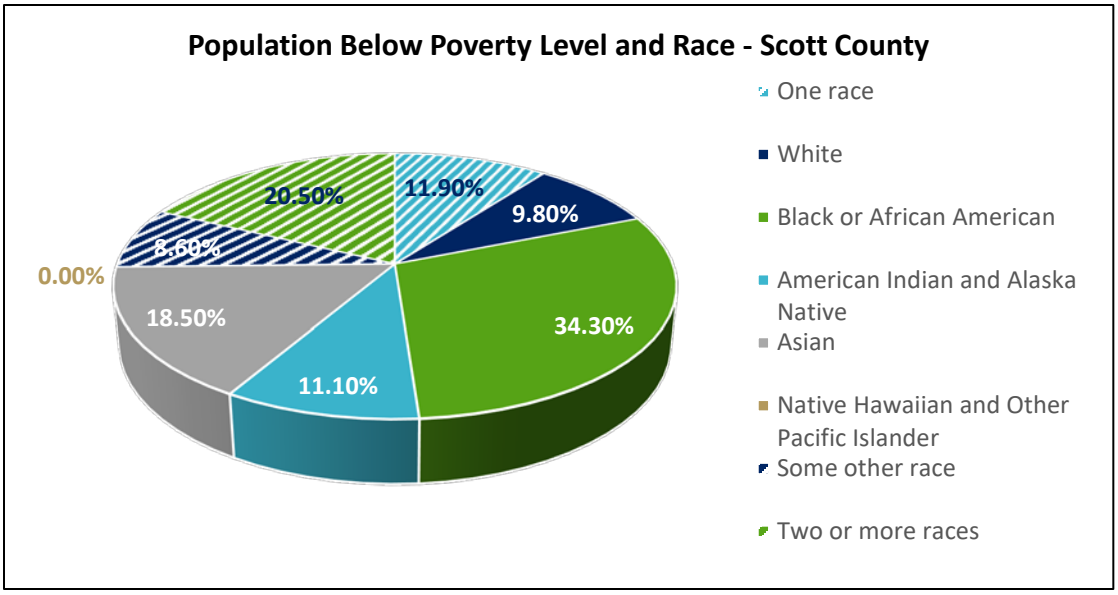
*No data is available for American Indian/Alaska Native and Native Hawaiian/Pacific Islander

Graph 2: Median Family Income by Race – Scott County; Source: Community Commons Scott County Community Health Needs Assessment Report



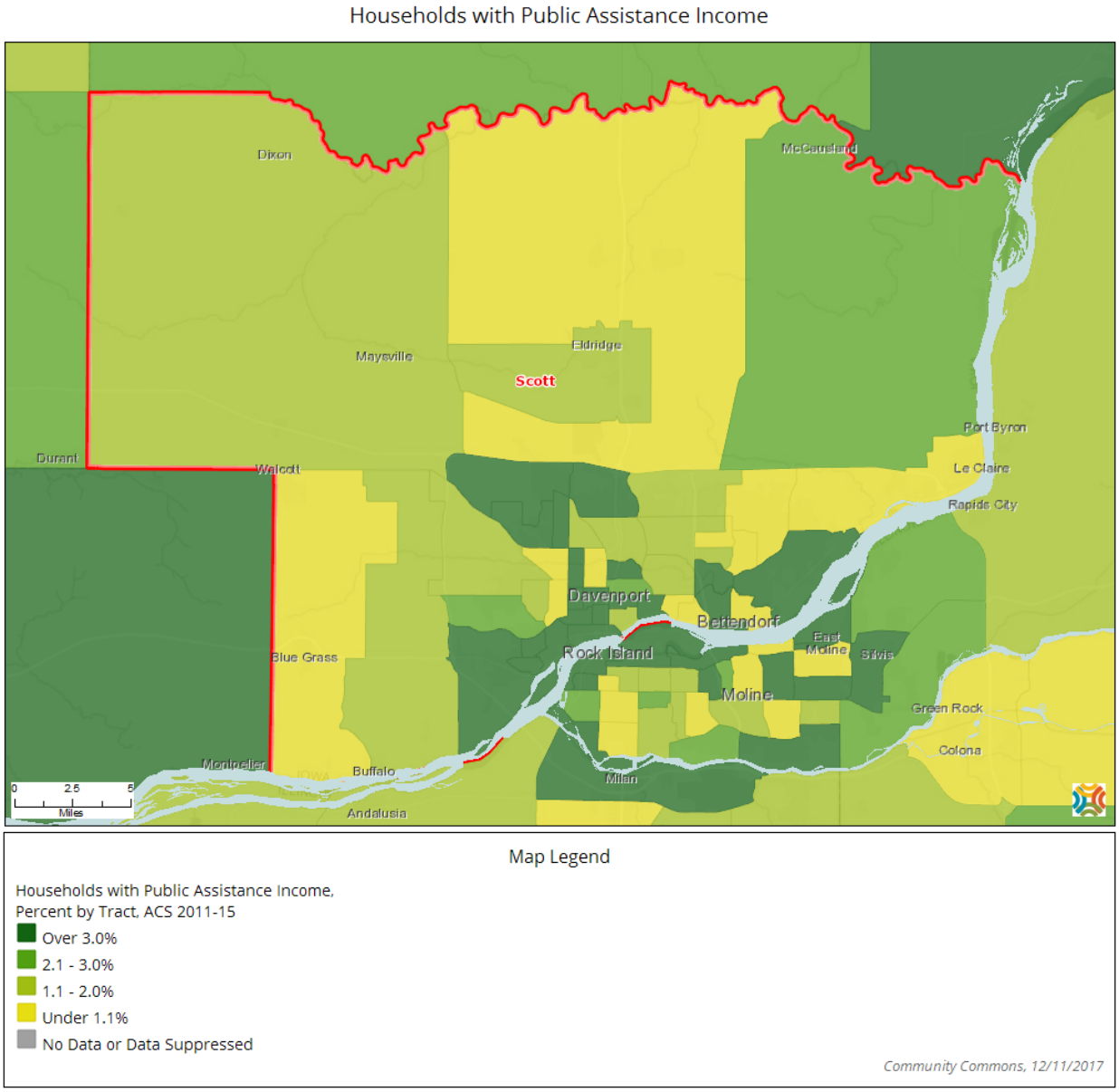
Graph 3: Median Family Income by Household Makeup – Scott County; Source: Community Commons Scott County Community Health Needs Assessment Report

According to the U.S. Census, between 8 – 34% of Scott County residents live below 100% of the federal poverty level (FPL). The number of Scott County residents living below the federal poverty varies greatly by race and is more prevalent among minority racial groups. [2]



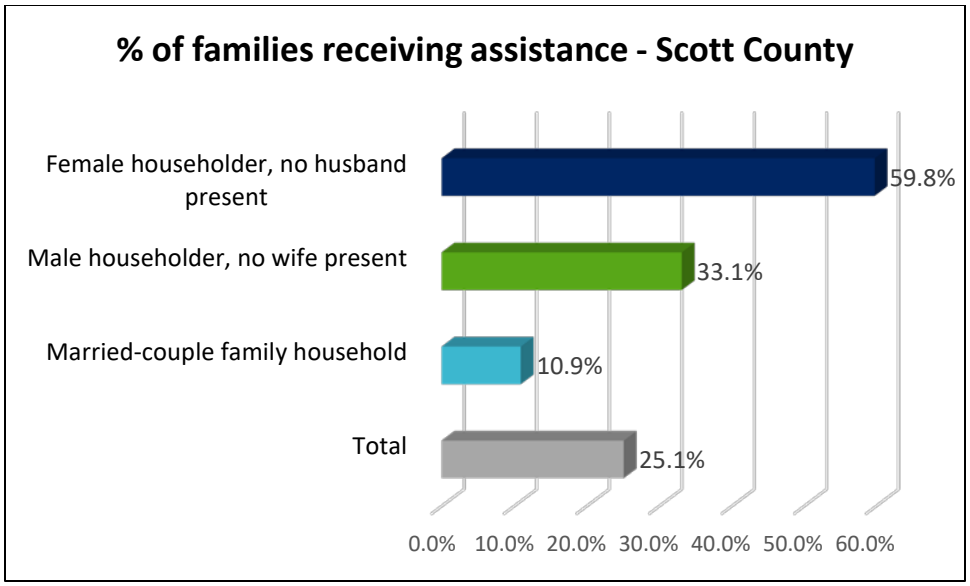
Graph 4: Population Below Poverty Level and Race – Scott County; Source: U.S. Census Bureau American FactFinder

Income variations can be noted geographically across Scott County. The following map indicates the variation of households living in poverty, shown by the distribution of residents receiving public assistance income:



Map 1: Households with Public Assistance Income; Source: Community Commons Scott County Community Health Needs Assessment

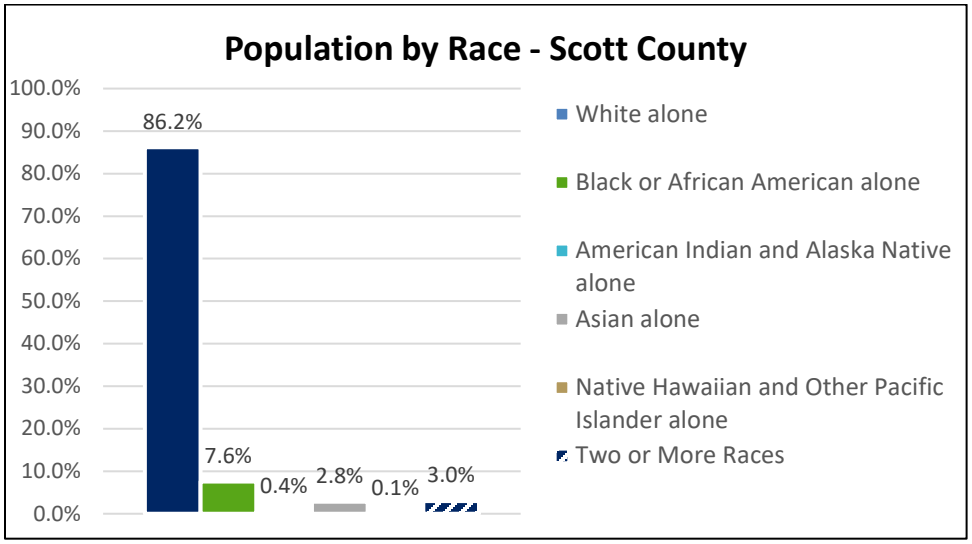
The incidence of families living in poverty is also influenced by gender. Of the 25% of households with children in Scott County receiving Supplemental Security Income, cash public assistance income, or Food Stamp/SNAP benefits, rates vary dependent on marital status and the gender of the head of household.[6]



Graph 5: Percentage of families receiving assistance – Scott County; Source: U.S. Census Bureau American Factfinder

Race and Ethnicity

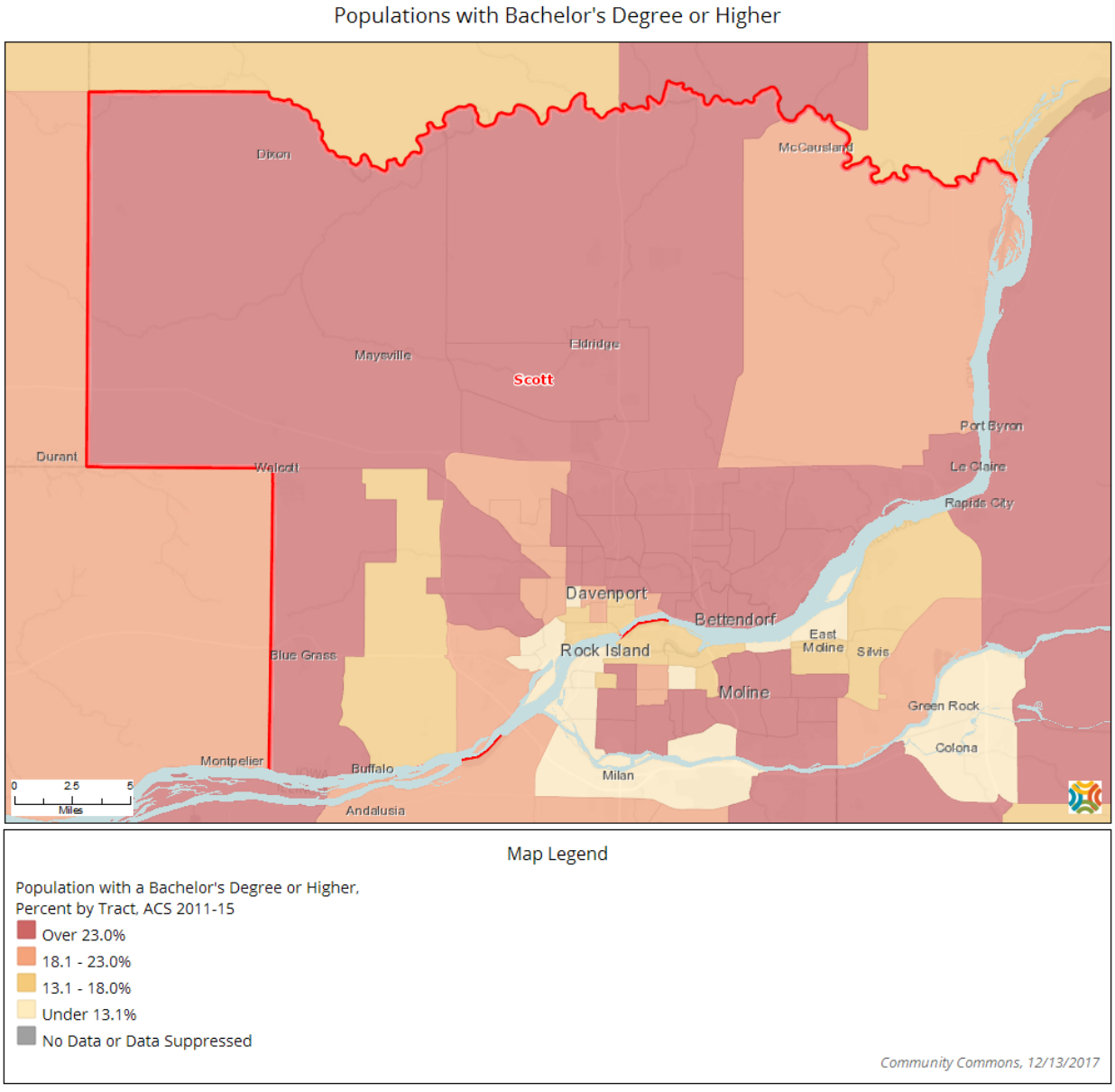
Race undeniably influences the equity of outcomes in all areas of life. Scott County remains a primarily homogeneous county, with Whites comprising 89.2% of the population. Blacks, American Indian/Alaska Natives, Asians, Native Hawaiian and Other Pacific Islanders, and individuals of more than one race make up the remaining 10.8%. In Scott County, 6.6% of residents identify themselves as Hispanic or Latino; they can be associated with any race. [2]



Graph 6: Population by Race – Scott County; Source: U.S. Census Bureau American Factfinder

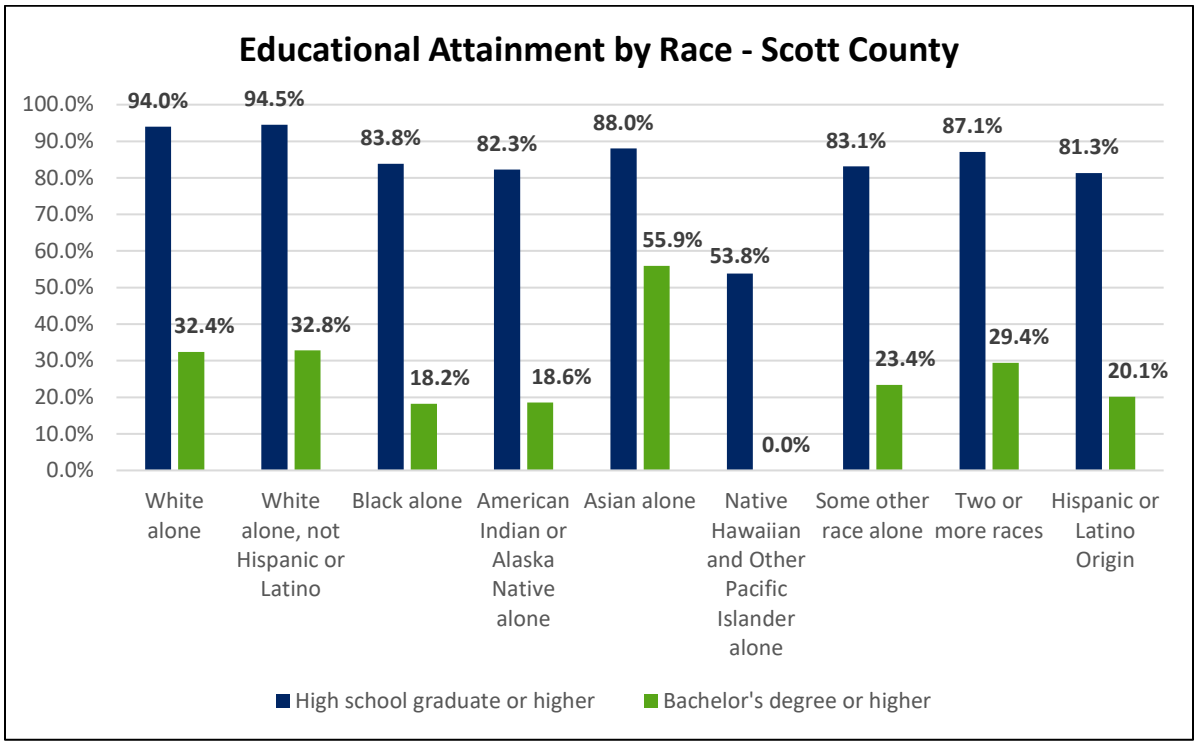
Educational Attainment

Education level is an indicator of economic equity. More educated populations tend to be more likely to prosper economically. In the more rural parts of Scott County, a higher portion of residents have earned a Bachelor's degree or higher when compared to the urban areas of the county.



Map 2: Population with Bachelor's Degree or Higher; Source: Community Commons Scott County Community Health Needs Assessment

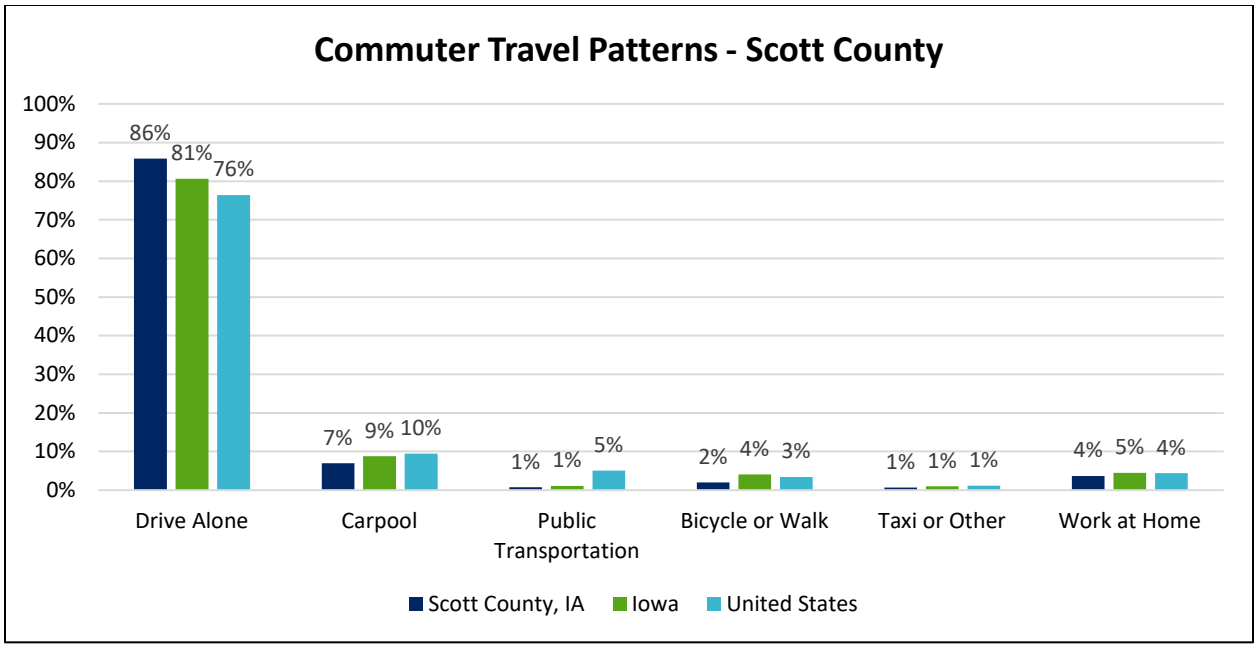
Education level attained also differs by race. Disparities are noted in Bachelor's degree educational attainment.



Graph 7: Educational Attainment by Race – Scott County; Source: U.S. Census Bureau American Factfinder

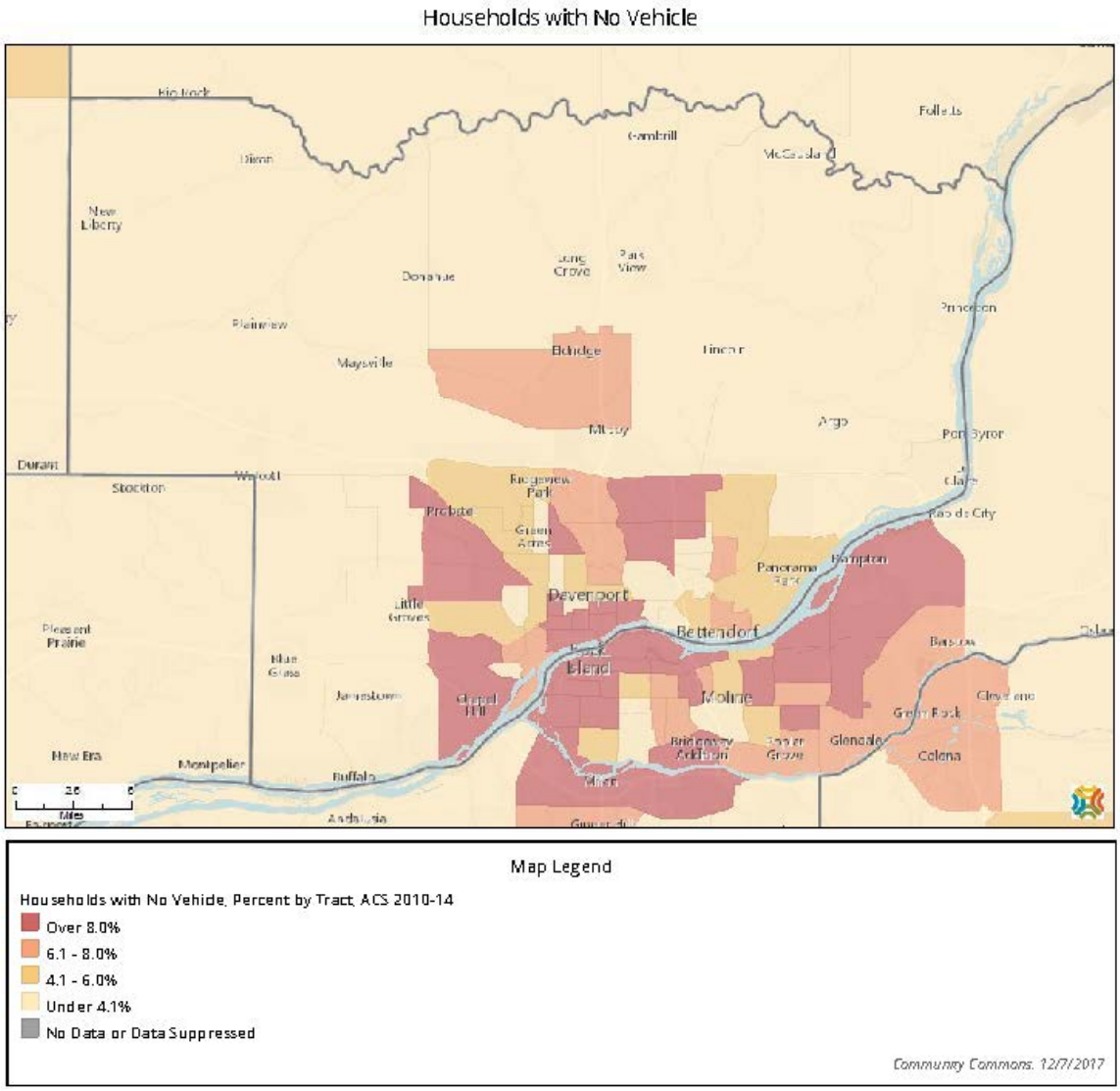
Access to Transportation

Transportation has a large impact on a person's ability to live, work, and participate in daily activities. The borders of Scott County encompass 458 square miles of land in both urban and rural community settings. The county is serviced by a number of public transportation options, including Davenport CitiBus, Bettendorf Transit, Greyhound Bus System, RiverBend Transit, and a number of private taxi and Uber options. A vast majority of individuals in Scott County utilize personal vehicles as their primary mode of transportation. This number is somewhat higher than the state average, with Iowans utilizing carpool and bicycles at a slightly higher rate.



Graph 8: Commuter Travel Patterns – Scott County; Source: Community Commons; 2015 Quad Cities Community Health Needs Assessment

Geographic locations of households without a vehicle are reported below.

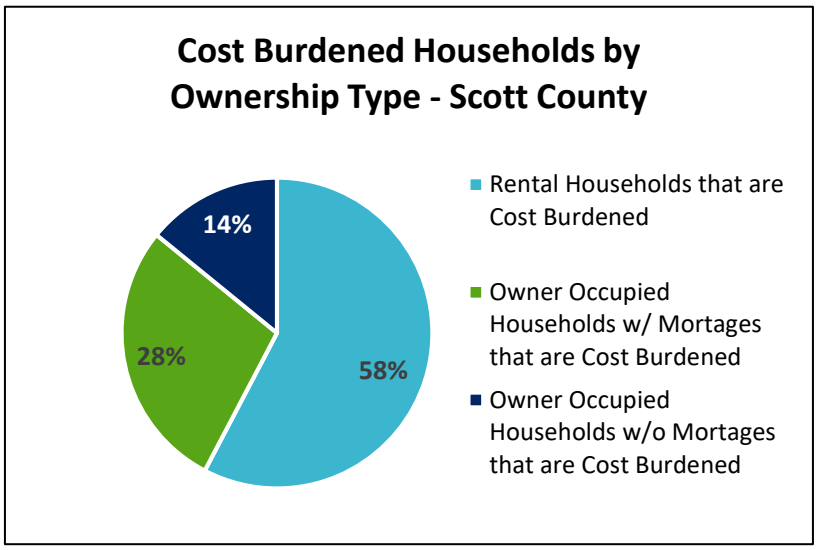


Map 3: Households with No Vehicle; Source: Community Commons Scott County Community Health Needs Assessment

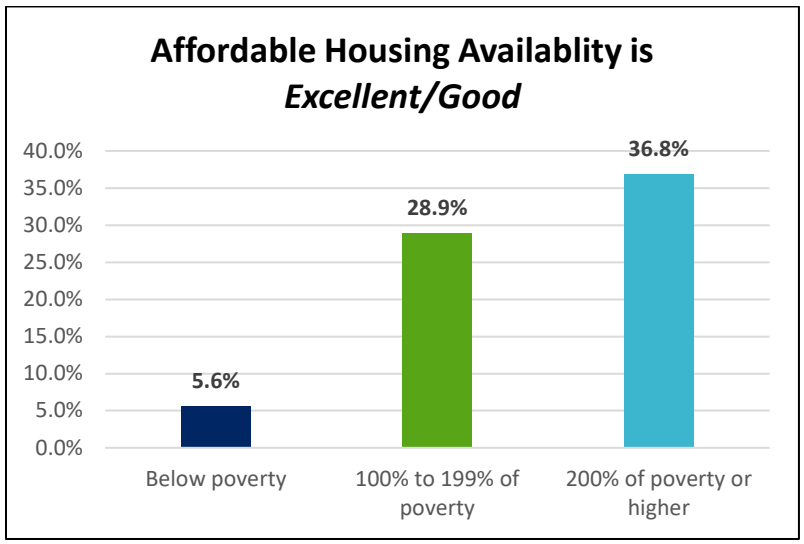
Affordable Housing

Housing quality and availability are factors connected with equity in a community. In Scott County, 69.3% of residents own the home they live in.[2] Housing costs often play a role in economic stability for families. On average, 25.6% of Scott County households are cost burdened. The data below shows households that are cost burdened, or spend more than 30% of the household income on housing costs, grouped by ownership type. [6]

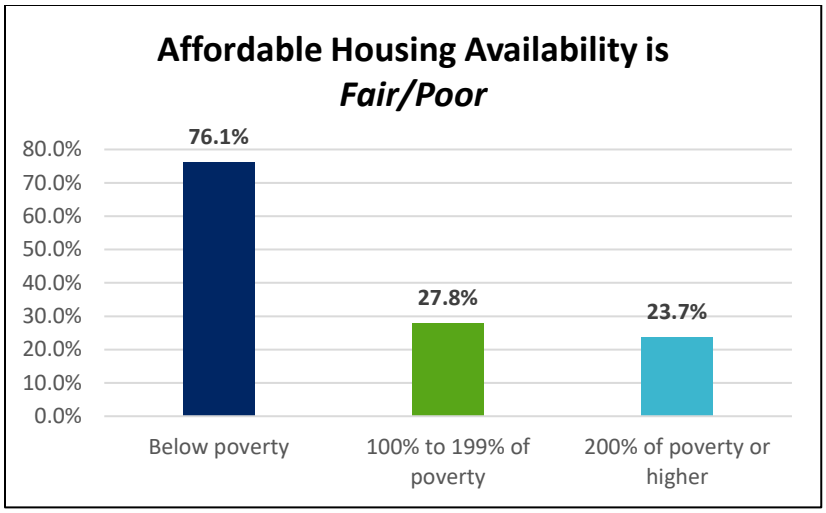
Residents of differing income levels report differing views on the availability of affordable housing in the community.[7]



Graph 9: Cost burdened Households by Ownership Type – Scott County; Source: Community Commons Scott County Community Health Needs Assessment



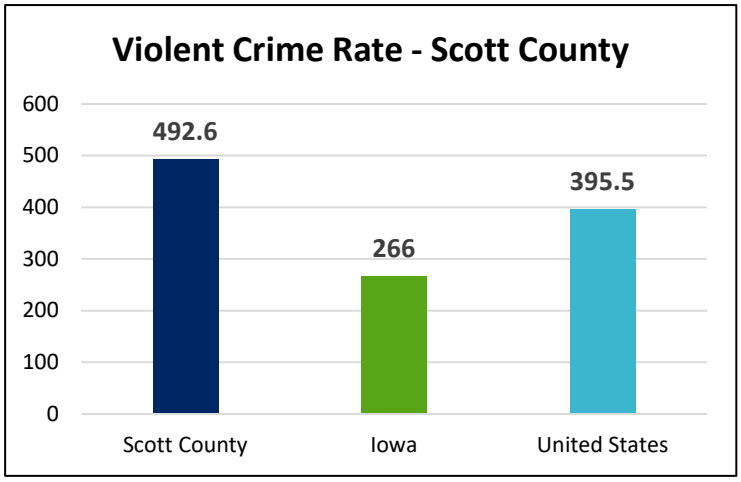
Graph 10: Affordable Housing Availability is Excellent/Good; Source: 2015 Quad Cities Community Health Needs Assessment



Graph 11: Affordable Housing Availability is Fair/Poor; Source: 2015 Quad Cities Community Health Needs Assessment

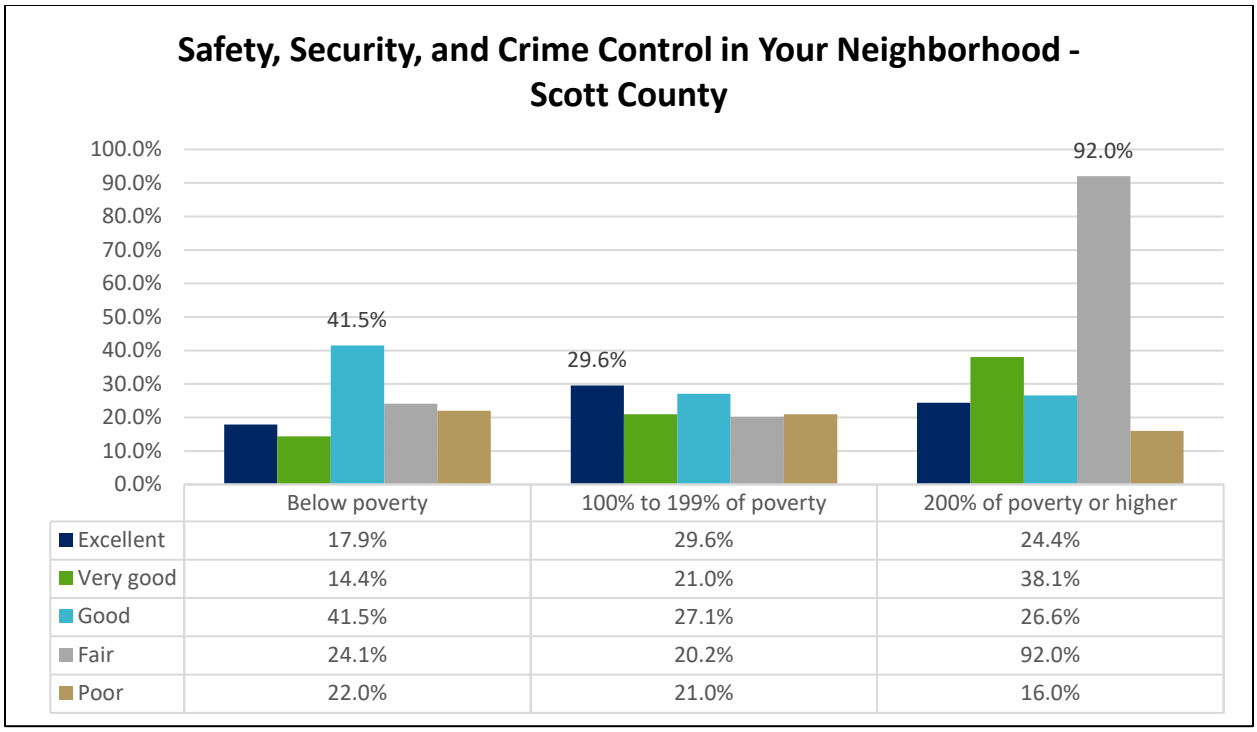
Safe Neighborhoods

Crime rates are another indicator of the well-being of a given community. Scott County's violent crime rate is 492.6 per 100,000 residents. The 2015 Quad Cities Community Health Assessment found Scott County's violent crime rate to be notably higher than the rate for the state of Iowa and the United States as a whole. [7]



Graph 12: Violent Crime Rate – Scott County; Source: 2015 Quad Cities Community Health Needs Assessment

The proceeding chart reflects differing views on crime within a community when broken down by the respondent's level of poverty level. The chart utilizes the 2014 Federal Poverty Level, $24,850 for a family of 4, the level referenced in the 2015 Quad Cities Community Health Assessment report.



	Below poverty	100% to 199% of poverty	200% of poverty or higher
Excellent	17.9%	29.6%	24.4%
Very good	14.4%	21.0%	38.1%
Good	41.5%	27.1%	26.6%
Fair	24.1%	20.2%	92.0%
Poor	22.0%	21.0%	16.0%

Graph 13: Safety, Security, and Crime Control in Your Neighborhood– Scott County; Source: 2015 Quad Cities Community Health Needs Assessment

Determinants of equity exist in every community and can impact an individual's ability to prosper and live a healthful life. The proceeding sections of this report will address the impact of these determinants of equity on a number of health indicators in Scott County.

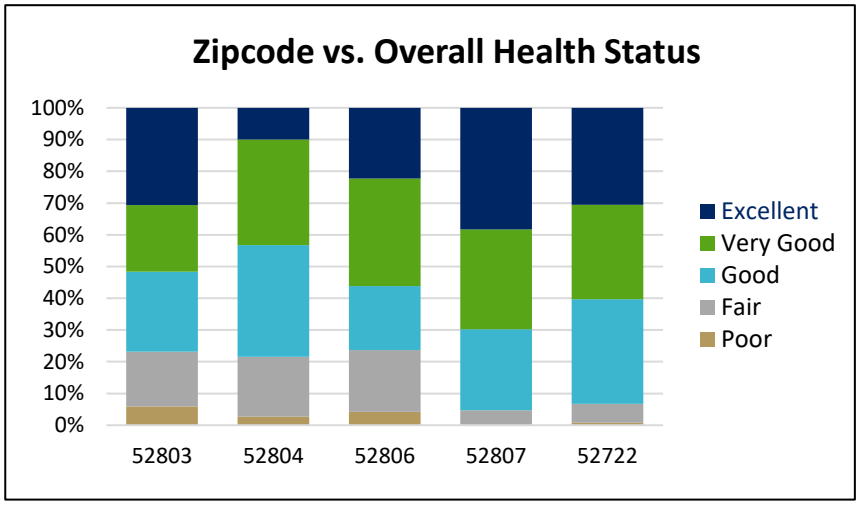
Economic and Social Conditions

Zip Code and Health

Economic and social conditions, such as the neighborhoods in which individuals live, attend school, and work have a large impact on health. Regular visits to the doctor and receiving medical care are not the only factors influencing whether a person is healthy. The above determinants of equity are found to impact health in a variety of ways.

According to the Build Healthy Places Network, "Health happens in neighborhoods." Dr. David Erickson of the Federal Reserve Bank of San Francisco made this statement to describe the impact of social and economic factors on health.[8]

The graph to the right shows the most populous zip codes in Scott County with residents' reported health ratings. The zip codes that have lower overall health ratings are noted to also have lower incomes.

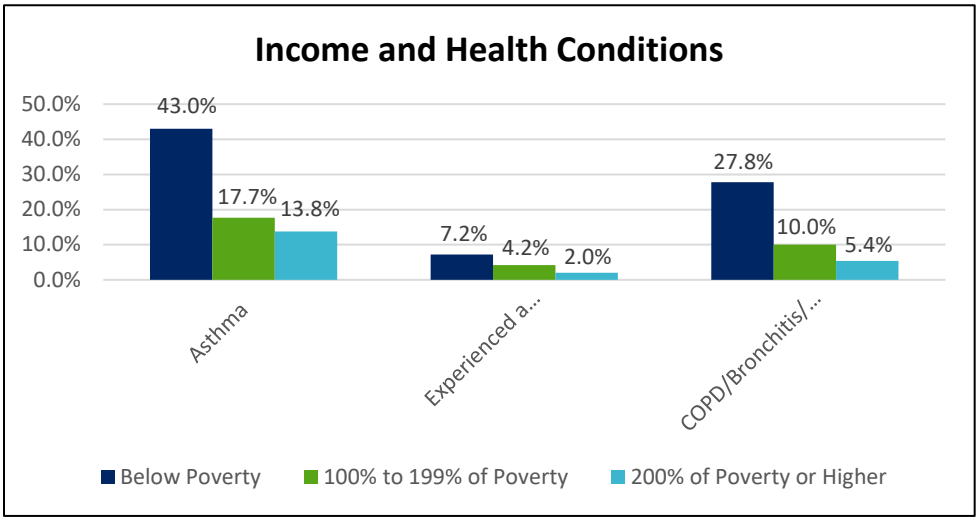


Graph 14: People living in 52807 report better overall health ratings than people living in other zip codes. Source: 2015 Quad Cities Community Health Needs Assessment

The bar graph highlights distinctions between zip codes, with zip code 52807 having residents with higher reporting of excellent and very good health, while zip code 52802 has higher reports of fair and poor health. Individuals living in different parts of Scott County have very different health ratings.

Income and Health Conditions

Due to links between health inequities and income, an individual's income level can be an indicator of their health status and even life expectancy. Low-income American adults have higher rates of heart disease, diabetes, stroke, and other chronic disorders when compared to high-income adults.[9] Adults with lower incomes are

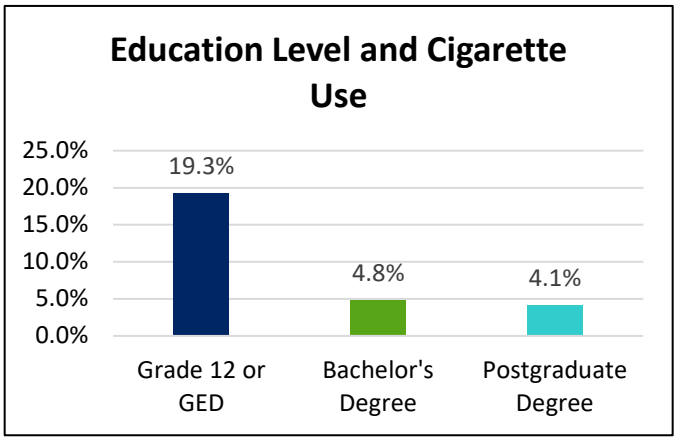


Graph 15: Selected health conditions and poverty levels. Source: 2015 Quad Cities Community Health Needs Assessment

more likely to report being in fair or poor health, which holds true in Scott County. Based on the 2015 Quad Cities Community Health Assessment data, 64.4% of people who reported having fair or poor health had a total family income of $35,999 or less. Low-income individuals often have limited access to health care because they may be underinsured or uninsured and/or do not have to means the pay for health services.[9] High income individuals and/or families have more resources available to them. They can afford to purchase healthier foods and are most likely insured or have the money to pay for necessary health services.[9]

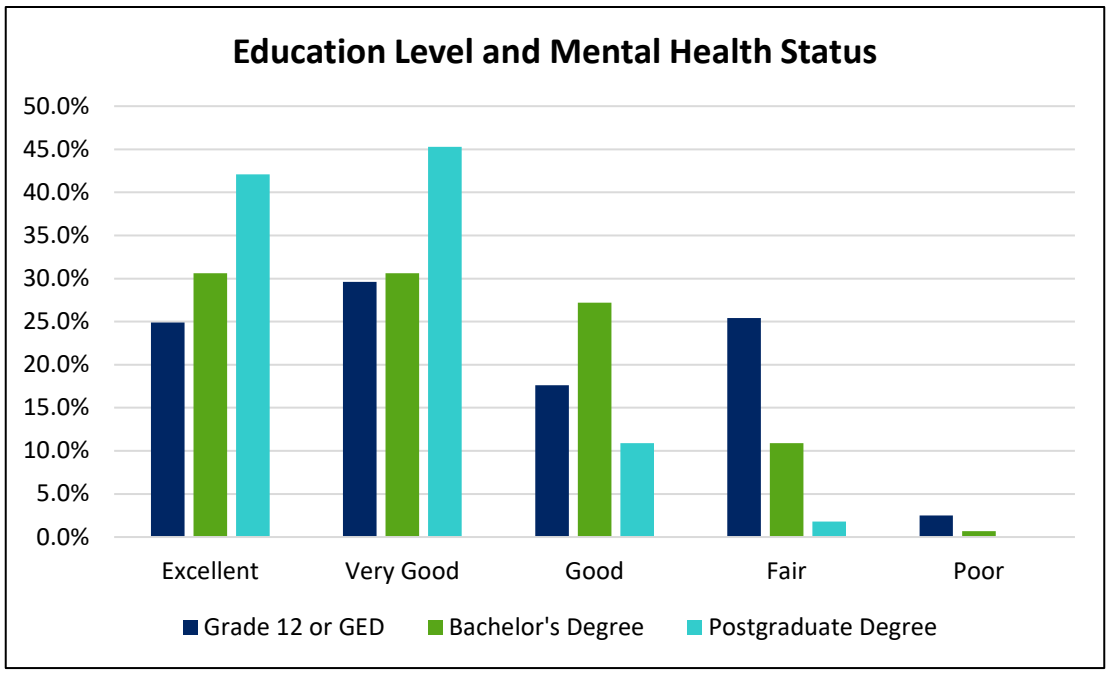
Education and Health

Data shows that individuals with higher education levels tend to have better jobs and higher incomes, which can make education an indicator of overall health.[10] Individuals with higher education levels have access to more resources, such as healthier foods, transportation, money to pay for health services and places to exercise regularly.[11] According to the CDC, individuals with lower education and income levels have higher rates of chronic disease, such as obesity, when compared to people with higher education and income levels.[10]



Graph 16: Education Level and Cigarette Use. Source: 2015 Quad Cities Community Health Needs Assessment

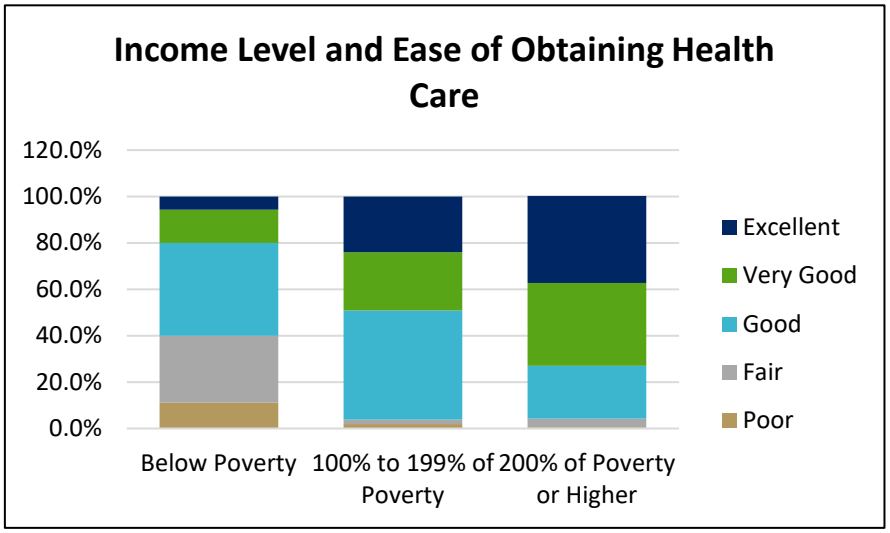
Scott County data reflects this statement and is supported by data gathered from the 2015 Quad Cities Community Health Assessment. Data shows that individuals with lower education levels have higher rates of tobacco use, as well as worse self-ratings of mental health status. Both of these can lead to future health issues.



Graph 17: Education Level and Mental Health Status. Source: 2015 Quad Cities Community Health Needs Assessment

Access to Care and Health

A number of factors can affect obtaining quality care, including cost, lack of transportation, inconvenient office hours, lack or providers and insurance status. These factors may delay, or even prevent, individuals in the community from accessing health services, which may lead to poor health outcomes.

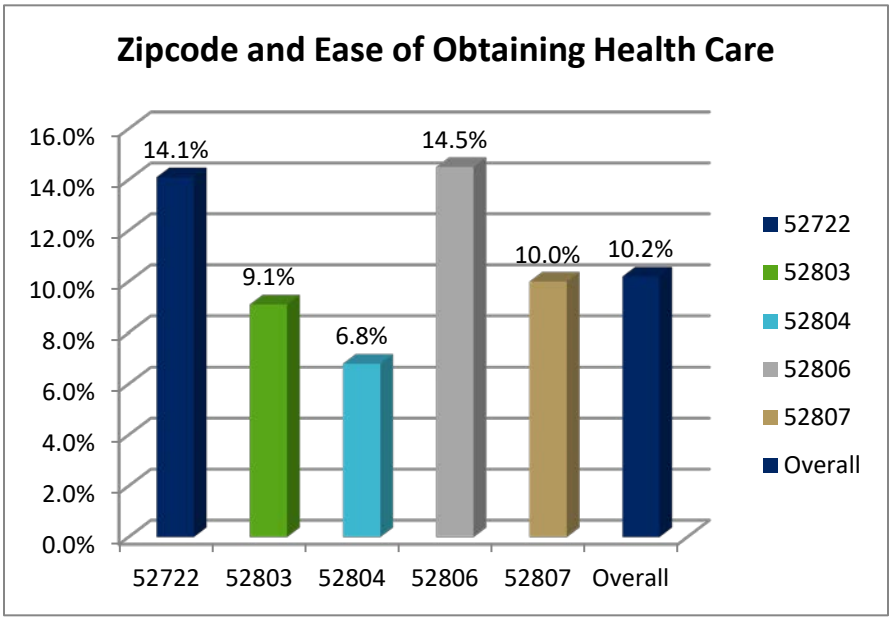


Graph 18: Income Level and Ease of Obtaining Health Care. Source: 2015 Quad Cities Community Health Needs Assessment

In 2015, 37.3% of adults in Scott County reported a difficulty or delay in accessing health care services in the last year.[7] The three most common barriers reported were getting a doctor's appointment, inconvenient office hours, and the cost of prescriptions. It was also found that 40.0% of individuals living below the poverty level considered the ease of obtaining health care services to be "Fair/Poor" instead of "Good", "Very Good" or "Excellent".[7] The individuals who are having difficulty obtaining health care services are the same individuals who may be at a

higher risk of poor health outcomes. Improving access to health care services and providers can have a great positive impact on community members' health.

The perceived ease in accessing care also differs according to geography. Data from the 2015 Community Health Needs Assessment highlights disparities in perceived ease in finding a doctor by zip code.



Graph 19: Zip code and Ease of Obtaining Health Care. Source: 2015 Quad Cities Community Health Needs Assessment

Chronic Diseases

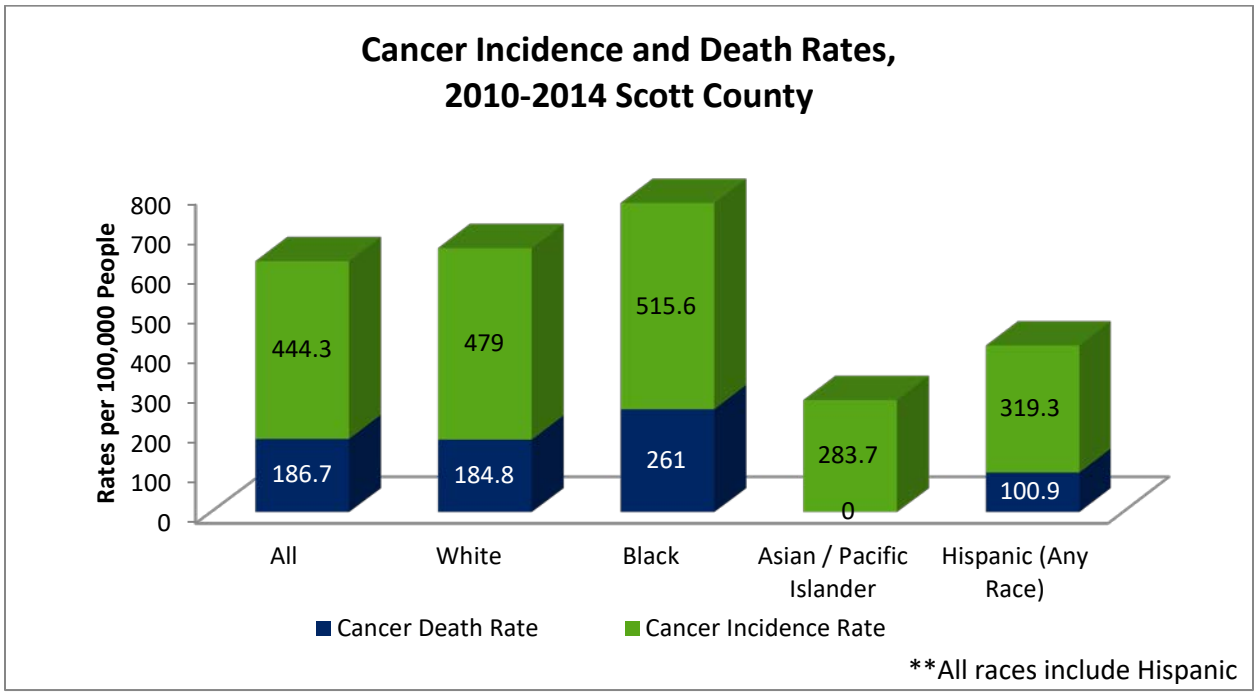
Overview

A chronic disease is a long lasting health condition, classified as lasting more than three months. Chronic diseases are not passed from person to person. Of the top ten causes of death in Scott County, a majority are classified as chronic diseases. This includes cancer, heart disease, and diabetes.

Chronic disease rates vary depending on neighborhoods, income levels, educations levels and race/ethnicity. Income can have a significant impact because it affects factors such as where a person lives. The neighborhood an individual lives in can either support or create barriers to achieving a healthy life. Individuals with higher income levels often have more opportunities, such as access and money for healthy foods and safe areas to exercise.

Cancer

Racial/ethnic groups in the United States vary in their risk of developing or dying of cancer.[12] This may be related to minority racial/ethnic groups in the US being more likely to be low-income and therefore medically underserved than Whites. Compliance with recommended cancer screenings is often lower for low-income and underinsured/uninsured individuals, so they are more likely to be diagnosed with late-state cancer.[12] There are fewer treatment options and a poorer prognosis for individuals diagnosed with advanced cancer.

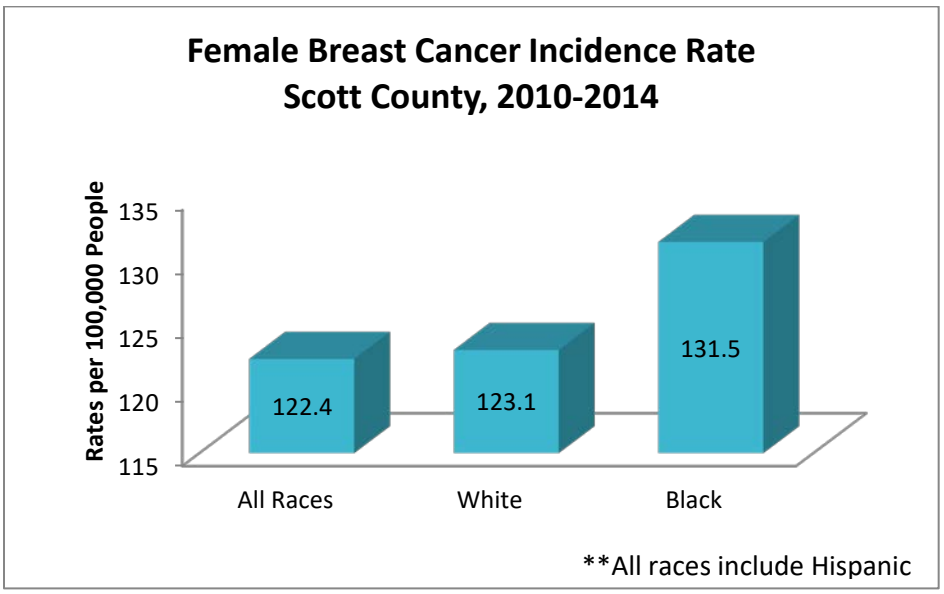


Graph 20: Cancer incidence rates are higher among Blacks in Scott County. Source: National Cancer Institute & Centers for Disease Control and Prevention's "State Cancer Profiles"

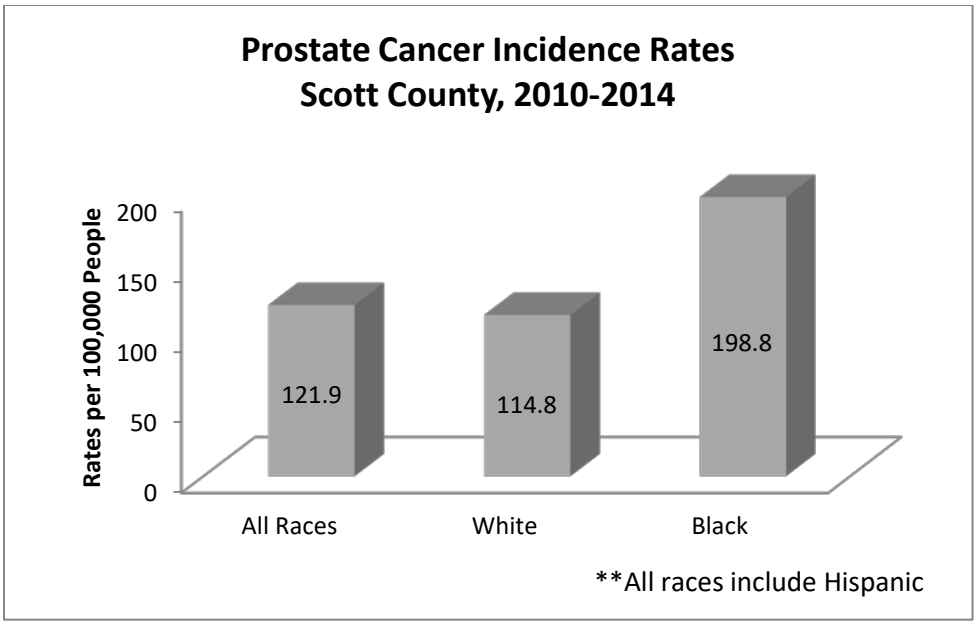
Blacks have higher mortality rates than all other racial groups for most types of cancer.[12] Graph 20 shows the overall cancer incidence and cancer death rates in Scott County.

Cancer inequities:

- Black women are almost twice as likely as White women to be diagnosed with triple-negative breast cancer, a more aggressive and hard to treat subtype of breast cancer.[12]
- Black males are more than twice as likely to die of prostate cancer in comparison to White males.[12]
- Blacks have the highest cancer incidence and death rates in Scott County when compared to other races.[13]



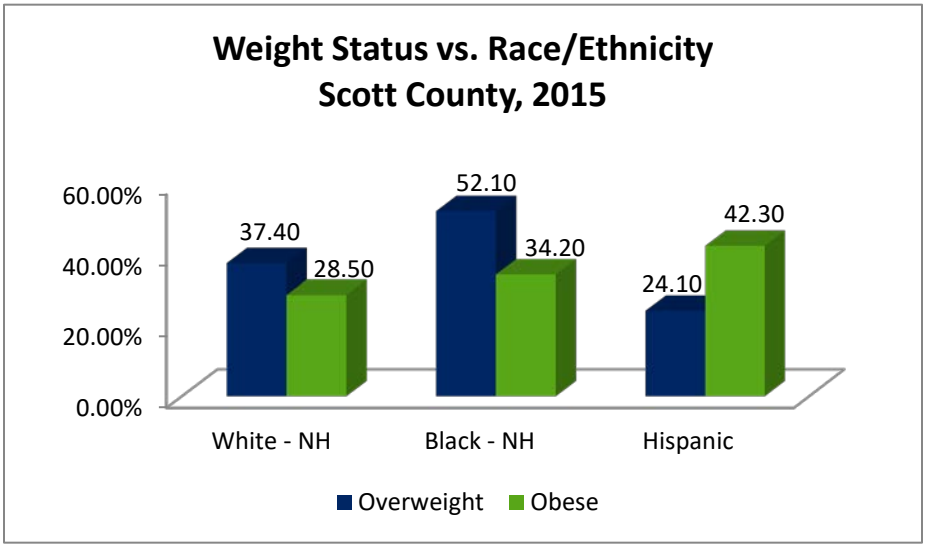
Graph 21: Black women have higher incidence rates of female breast cancer in Scott County when compared to White females. Source: National Cancer Institute & Centers for Disease Control and Prevention's "State Cancer Profiles".



Graph 22: Black men have high incidence rates of prostate cancer in Scott County when compared to White men. Source: National Cancer Institute & Centers for Disease Control and Prevention's "State Cancer Profiles".

Obesity

Obesity is a health disorder that involves having an excessive amount of body fat. [14] More than one third of adults in the United States are classified as obese, which means they are at risk for developing conditions such as heart disease, stroke, type 2 diabetes and certain cancers.[15] Nationally, obesity rates are highest among Blacks, followed by Hispanics.[15] In 2015, 34.5% of adults (aged 18+) in the state of Iowa are classified as overweight and 32.1% of adults as obese.[15]



Graph 23: Blacks have highest rate of being overweight and Hispanics have highest rate of obesity in Scott County. Source: 2015 Quad Cities Community Health Needs Assessment.

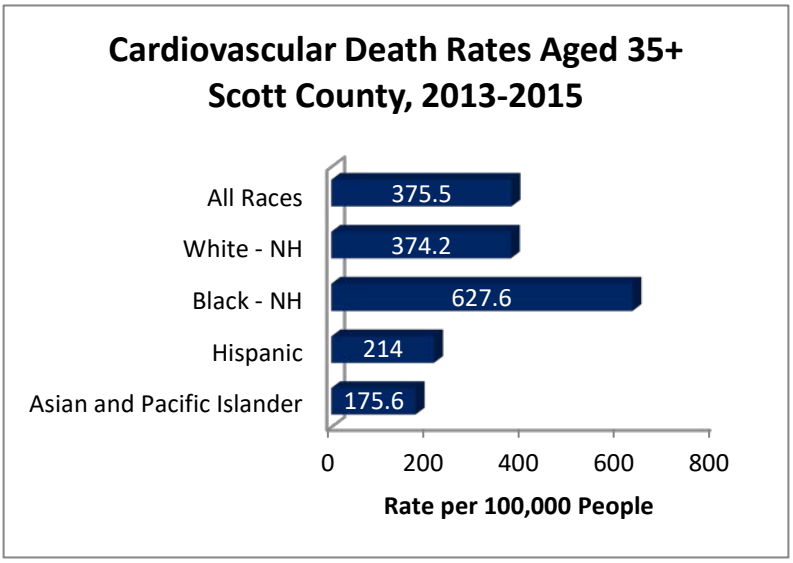
Based on the 2015 Quad Cities Community Health Assessment, 12.4% of residents reported obesity as their top health concern. The data shows

that 67% of adults reported being overweight, which is higher than the national average of 63.1%.[7] In Scott County, Blacks have the highest percentage of being overweight and Hispanics have the highest rate of obesity.

Cardiovascular Disease

Cardiovascular disease is the leading cause of death in the United States. On average, 610,000 Americans die of heart disease each year.[16] A number of different conditions are categorized under the term "heart disease". Many heart disease-related problems are caused by atherosclerosis, which is the build-up of plaque inside the arteries.[17] The build-up of plaque narrows the arteries and makes it harder for blood to flow through. If a blood clot forms, it stops blood flows, which causes a heart attack or stroke.[17]

High blood pressure, high cholesterol and smoking are key risk factors for developing cardiovascular disease.[16] Certain lifestyle factors and medical conditions, such as obesity, poor diet, physical inactivity and diabetes, can make individuals more susceptible to developing heart disease.[16]

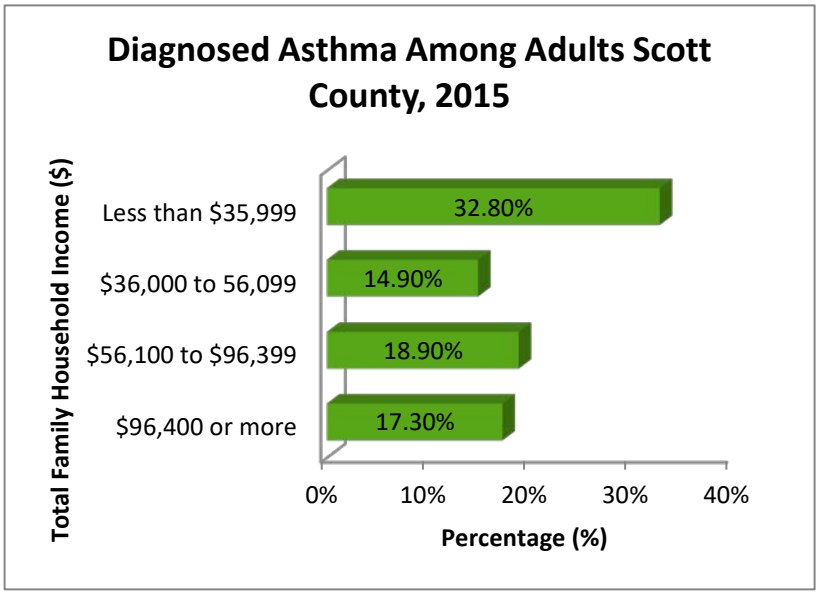


Graph 24: Blacks have highest cardiovascular death rates in Scott County. Source: Centers of Disease Control and Prevention.

Heart disease is the leading cause of death for people of most races in the United States, including Blacks, Hispanics and Whites.[16] Heart disease is ranked number two in the top ten causes of death in Scott County.[18] Blacks have the highest rate of mortality in the county, followed by Whites and Hispanics.

Asthma

Asthma is a chronic lung disease causing inflammation and narrowing of the airways, leading to difficulty breathing. Symptoms include a tight feeling in the chest, shortness of breath, coughing and wheezing.[19] If symptoms are not monitored and treated they can worsen and cause a severe asthma attack, requiring emergency care and can be fatal.[19] Over 25 million people in the United States have been diagnosed with asthma.[17] Based on 2015 Quad Cities Community Health Assessment data, 18.7% of Scott County adults reported having been told by a doctor or other health professional that they had asthma, the majority of whom were women. Individuals with a total family household income of less than $36,000 have the highest prevalence of asthma among adults in Scott County.



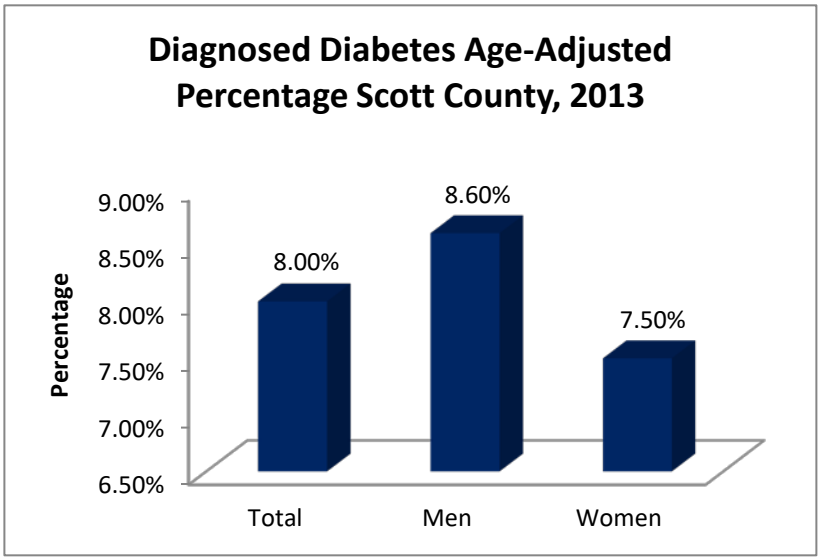
Graph 25: Adults with total family household incomes of less than $35,999 have the highest rates of diagnosed asthma. Source: 2015 Quad Cities Community Health Needs Assessment.

Diabetes

Diabetes affects a body's ability to regulate glucose (sugar) levels. When a person has diabetes, his/her pancreas either does not produce enough insulin or does not use the insulin well, which causes glucose to build up in the blood.[20] Uncontrolled diabetes can lead to severe health complications, such as heart disease, eye problems, kidney disease, limb amputations, and death).[20]

Diabetes is the sixth leading cause of death in Scott County.[18] This corresponds with national data that names diabetes the seventh leading cause of death in the United States. 30.3 million Americans currently live with diabetes, 7.2 million of those being undiagnosed.[20]

Prevalence of diabetes tends to be higher among minorities, including Blacks and Hispanics. Prevalence also varies significantly by education level, which is an indicator of socioeconomic status (SES).[20] This inequity holds true for diabetes prevalence in the state of Iowa. 13% of adults with less than a high school education had diagnosed diabetes compared with 7.9% of those with a high school education and 6.6% of those with more than a high school education.[21]



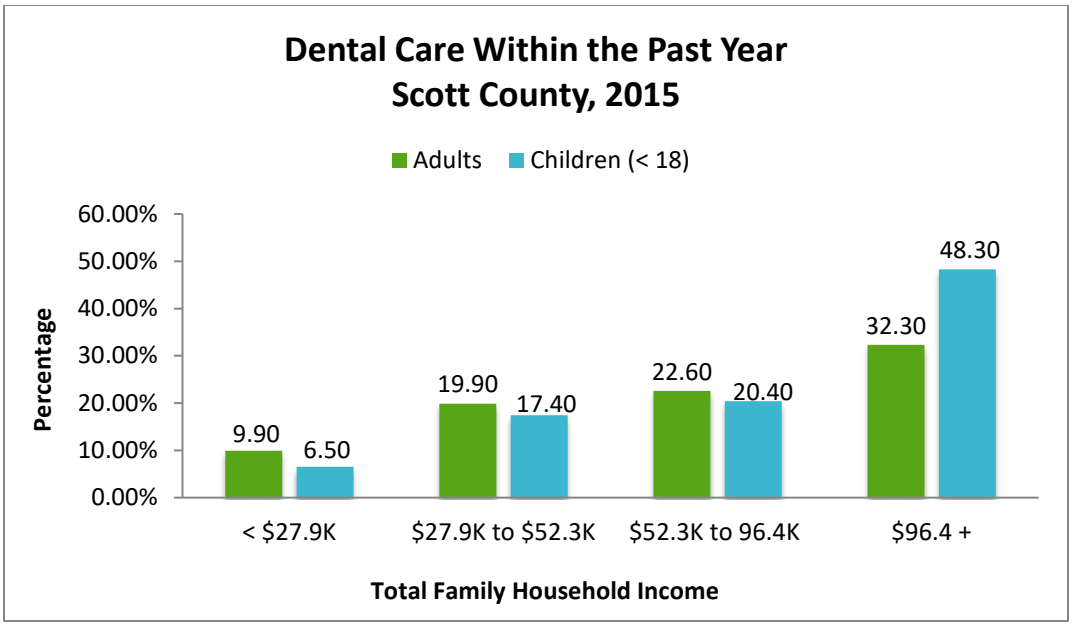
Graph 26: Diagnosed diabetes rates higher among men in Scott County. Source: Centers for Disease Control and Prevention.

The percentage of diagnosed diabetes in Scott County differs based on gender. The graph above displays diagnosed diabetes age-adjusted percentages among males and females in Scott County. The percentage is higher among males in Scott County at 8.6%, while the percentage among females is 7.5%.[22]

Oral Health

Oral health, which refers to the health of teeth, gums, and entire oral-facial system, is an important part of good overall health.[21][22] Diseases that affect a person's oral health are tooth decay, gum disease, and oral cancer. Poor oral health is preventable; however, cavities are one of the most common chronic conditions among children in the United States.[23] Children with poor oral health tend to miss more days of school and receive lower grades than children with good oral health.

Income levels contribute to inequities in oral health and people with higher income levels are more likely to visit the dentist and have good oral health. Children who grow up in low-income homes are twice as likely to have cavities when compared to children who grow up in higher-income families.[23] As a person's income level increases, so does his/her likelihood to visit a dentist, which can be seen in the following graph. People with lower education levels are also less likely to visit the dentist regularly, which puts them more at risk for poor oral health. Low income and low education level neighborhoods may not have the necessary resources, such as nutritious food options, to maintain good oral health.



Graph 27: Lower income families are less likely to have visited the dentist in the past year. Source: 2015 Quad Cities Community Health Needs Assessment.

Communicable (Infectious) Disease

Overview

Communicable diseases, also called infectious diseases, are illnesses that are caused by infectious organisms, such as bacteria, viruses, fungi or parasites.[24] These illnesses can be spread directly from person-to-person, through the air, contact with contaminated objects, consuming contaminated food or water, and bites from insects or animals.[24] Some communicable diseases, like measles and chickenpox, can be prevented by receiving the necessary vaccine.

Chlamydia

Chlamydia is the most common sexually transmitted disease (STD) in the United States.[25] It is a bacterial STD that can affect both men and women. Once detected, chlamydia can be easily treated with a broad spectrum antibiotic, which is inexpensive. If left untreated, the infection can lead to health issues, such as ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain in women.[25] However, the majority of people diagnosed with chlamydia do not have long term health consequences.

Table 1: Sexually Transmitted Infection Cases, Scott County, 2016

Race/Ethnicity	Chlamydia Cases
Black	335
American Indian or Alaska Native	5
Asian	16
Native Hawaiian or Other Pacific Islander	1
Hispanic	65
Multiple Races	25
Unknown	32
White	514
All Races	984

Source: Iowa Department of Public Health - STD Morbidity Demographic Report Source: Iowa Disease Surveillance System

Chlamydia has been the most common reported STD in Scott County. There were a total of 984 cases of chlamydia in Scott County during the year of 2016. The highest number of cases can be seen in the White population with 514 cases, followed by the Black population with 335 cases.

Women in Scott County had chlamydia infection levels (668 cases) more than twice as high as men (316 cases) in 2016. Additionally, young people between the ages of 15-24 were disproportionately affected.

Gonorrhea

Gonorrhea is a bacterial STD that affects both men and women and is the second most common STD in Scott County. Infection is common among young people aged 15-24. Individuals, especially women, may be asymptomatic and not even know that they are infected

with gonorrhea. If symptoms are present they include burning sensation when urinating and abnormal discharge.[26] Gonorrhea is curable; however, if left untreated it can result in serious and permanent health issues.

Racial inequities exist in the number of cases of gonorrhea in Scott County in 2016. There were a total of 226 cases of gonorrhea in 2016; the highest number of cases being among Blacks in Scott County with 120 cases followed by 84 cases among the White population.

Slight gender inequities exist with there being 97 cases of gonorrhea among men in Scott County during 2016 and 129 cases among women.

Table 2: Sexually Transmitted Infection Cases, Scott County, 2016

Race/Ethnicity	Gonorrhea Cases
Black	120
American Indian or Alaska Native	3
Asian	2
Native Hawaiian or Other Pacific Islander	0
Hispanic	9
Multiple Races	4
Unknown	4
White	84
All Races	226

Source: Iowa Department of Public Health - STD Morbidity Demographic Report Source: Iowa Disease Surveillance System

Hepatitis

Hepatitis refers to inflammation of the liver. The most common types of hepatitis are hepatitis A, hepatitis B, and hepatitis C.[27] They are all viruses that can cause acute (short-term) infection; however, hepatitis B and hepatitis C can cause chronic infection as well. Chronic hepatitis is a long-term infection, which can sometimes be life-long and lead to cirrhosis, liver failure and liver cancer.

Acute hepatitis B is most often asymptomatic and in the United States it is most commonly transmitted through sexual activity.[27] The virus can also be transmitted through sharing needles, childbirth and needle sticks. There is a vaccination available for hepatitis B.

Acute hepatitis C can be difficult to detect since individuals usually do not show symptoms. The virus is spread through infected blood, most often through injection drug use.[27] It is also

transmitted through needle sticks in health care settings and donated blood or organ transplants; however, this is now rare due to the implementation of blood screening.[27]

In 2015 there were 16 new cases of acute hepatitis B in Scott County and a total of 1,309 existing hepatitis C cases.

Table 3: Hepatitis B and C Rates per 100,000 Population, Scott County, 2015	Acute Hepatitis B		Hepatitis C	
	Cases	Rate	Cases	Rate
Scott County	16	9.3	1,309	763.77

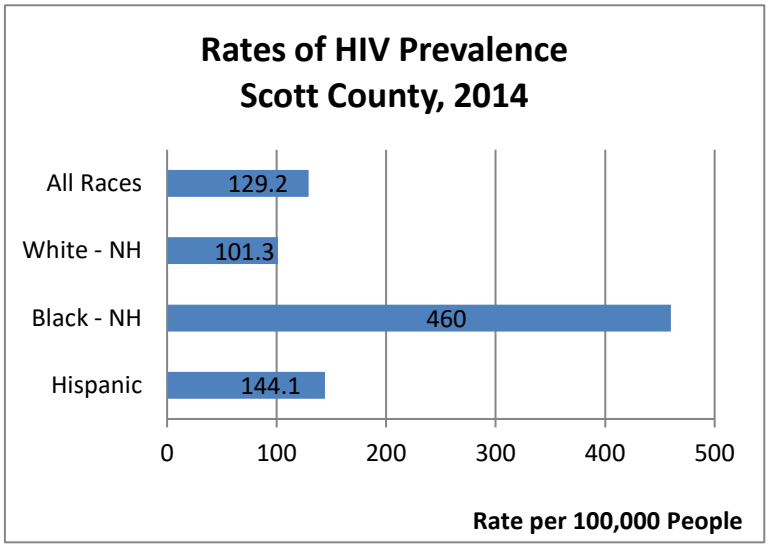
Source: Iowa Department of Public Health - Iowa Surveillance of Notifiable and Other Disease
Source: Iowa Department of Public Health - Epidemiological Profile of Hepatitis C in Iowa

Certain racial groups experience higher rates of hepatitis B and hepatitis C than others. Nationally, Asian Americans and Pacific Islanders account for more than 50% of Americans living with chronic hepatitis B.[27] The Black population has higher rates of infection and hepatitis C related death when compared to the population as a whole.[28] In the 20-59 year old age group, Blacks are 1.6 times more likely to be infected with chronic hepatitis C when compared to other racial groups.[28] Blacks aged 60 years and older are 10 times more likely to be infected with chronic hepatitis C when compared to other races.[28]

HIV / AIDS

Human Immunodeficiency Virus (HIV) affects a person's immune system and weakens his/her ability to fight infections, which can cause life-threatening illnesses.[29] If left untreated, HIV can lead to Acquired Immunodeficiency Syndrome (AIDS).[29] Having another STD (e.g., gonorrhea, syphilis, and herpes) or using intravenous drugs can increase a person's risk of contracting HIV.

Certain groups of people are disproportionately affected by HIV. Men who have sex with other men (MSM) and Black heterosexuals are at higher risk for becoming infected with HIV.[29] As of December 31, 2016, there were 220 people living with HIV in Scott County.[30] When compared to the 2016 HIV prevalence rates among all the counties in Iowa, Scott County



Graph 28: Blacks have highest HIV prevalence rates when compared to Whites and Hispanics in Scott County. Source: Centers for Disease Control and Prevention.

is ranked the third highest.[30] Blacks in Scott County had the highest rate of HIV prevalence when compared to Whites and Hispanics. Whites had the lowest HIV prevalence rate among the three groups. When comparing HIV prevalence rates between males and females in Scott County, the ratio is approximately 4:1.

Tuberculosis

Tuberculosis (TB) is an infectious disease caused by bacteria. The bacteria is spread from person to person through the air and most often affects the lungs, though it can spread to others parts of the body, such as the brain, kidneys, or spine.[31] Symptoms of TB include weakness, weight loss, fever and night sweats. Lung specific symptoms are coughing, chest pain, and coughing up blood.[31]

In the United States, TB rates among the Black population are more than eight times higher than the rate of TB among the White population.[31] Of all of the US born people reported to have TB, 36% of those were Black.[31]

Tuberculosis is a serious international public health issue and is a leading cause of death worldwide. When looking at TB cases in the state of Iowa, internationally born individuals accounted for 71% of reported TB cases from 2007-2016, while only accounting for 4% of the Iowa population.[32] In 2016, Scott County had one case of TB and a rate of 0.58 per 100,000.[32] From 2005-2014 Scott County had 18 confirmed cases of TB.[32] Groups of people that are affected by TB more than others include:

- Immigrants from areas of the world with high rates of TB.
- Children less than 5 years of age who have a positive TB test.
- Groups with high rates of TB transmission, such homeless people, injection drug users, and people with HIV infection.
- People who work or reside with others who are at high risk for TB in facilities or institutions such as hospitals, homeless shelters, correctional facilities, nursing homes, and residential homes for those with HIV.

Environmental Health

Overview

Health starts where individuals live, learn, work, and play. Environmental health is about making neighborhoods healthier by protecting natural resources and creating fair opportunities that help individuals and families thrive. It is also about preventing exposure to chemical, biological, and physical hazards that can make individuals sick.

Health and well-being depend on the health of the environment in which someone lives. For a safe and healthy environment, communities must have:

- Good indoor and outdoor air quality
- Safe and reliable drinking water
- Safe food from restaurants, grocery stores, and schools
- Minimal exposure to current and historical pollution
- Convenient access to physical activity, community resources, and healthy foods
- Community safety (reduced injury)
- The social bonds of a strong community and decreasing mental health stresses
- Access to housing, employment, education, and community services

Supporting healthful environments for everyone in Scott County helps create a foundation for equity. Contaminated sites are disproportionately located in poorer neighborhoods – areas already stressed with health inequities.[33] It has been shown that communities of color are disproportionately exposed to pollution and environmental toxins.[33]

In order to help all communities ensure that they have access to health environments, environmental health programs aim to *equitably*:

- Develop and enforce regulations and other policies.
- Help local planners and elected officials build healthy communities through comprehensive planning and community engagement.
- Collect and communicate information so people can make better personal and policy decisions.
- Work with other organizations and individuals to promote health equity and reduce health inequities.

Air Quality

Air quality refers to the levels of pollution in the air; whether it is high presence of pollution or lack of pollution. Fine particulate matter (PM2.5), or particulate pollution, are extremely tiny particles that accumulate in the air from various sources and are then inhaled by members of

the population. The inhalation of PM2.5 can lead to serious health conditions due to the fact that the particles have the ability to get deep into the lungs and maybe even the blood stream.[34] The possible health conditions include heart conditions, asthma and chronic obstructive pulmonary disorder (COPD).[34]

PM2.5 can come from hundreds of different chemicals and can be emitted directly from sources, such as construction sites, unpaved roads, fields, smokestacks or fires.[34] Particulate matter is a concern in the Quad City region, with the main source of PM2.5 coming from vehicles/transportation.[35] In 2015 Scott County was one of the most polluted counties in Iowa due to the fact that it had only 112 days with an Air Quality Index (AQI) in the "good" range.[36]

Drinking Water Quality

Drinking water quality refers to whether water is safe to drink. Good drinking water quality means that the water is safe and healthy. Poor drinking water quality means that contaminants are present in the drinking water. Some contaminants can occur naturally, like arsenic; other contaminants, like E. coli bacteria and nitrogen, are present because of human activity (wastewater, run-off or spills).

Safe drinking water is essential for good health. Consuming contaminated water can cause serious health effects such as parasitic infection, gastrointestinal illness, cancers, skin disorders, blood disorders and organ damage. Children and the elderly are at a higher risk of becoming sick from drinking unclean water. In addition to health, many other facets of modern society depend on safe and reliable sources of water, including: commercial businesses, industry, recreation, medical facilities, food resources, and the contribution to quality of life knowing that safe water is available.

Safe drinking water can also have properties found to benefit teeth. Fluoride is a naturally occurring mineral released from rocks in the soil, water, and air. While all water contains some fluoride, the fluoride levels are often not strong enough to prevent tooth decay, a naturally occurring benefit of adequately fluoridated water. The U.S. Public Health Service has established the recommended level for community water fluoridation at a concentration of 0.7 mg/L (parts per million) to maintain the prevention of caries.[7] Community water fluoridation is the process of adjusting the amount of fluoride in public water systems to provide the appropriate level of fluoride to prevent tooth decay. Fluoride levels in drinking water vary among communities, including those in Scott County. The following graph describes the variability of fluoride levels in community water supplies in Scott County.

Table 4: Municipal Water Supplies	Fluoride Concentration	Fluoridation Levels Adjusted to Optimal Level	Population Served
Blue Grass Water Supply	0.25mg	No	1,452
Buffalo Water Supply	0.30mg	No	1,270
Dixon Water Works	0.20mg	No	247
Donahue Municipal Water System	0.45mg	No	346
Eldridge Water Supply	*0.70mg	Yes	5,651
Iowa American Water Company – (Bettendorf, Davenport)	*0.70mg	Yes	137,201
Long Grove Municipal Water Supply	0.61mg	Yes	808
Park View Water and Sanitary District	0.50mg	No	2,389
Princeton Water Supply	0.15mg	No	886
Walcott Water Works	0.25mg	No	1,629
Private Community Water Supplies with Fluoridation	*0.7mg	Yes	1,463
Private Community Water Supplies without Fluoridation	0.31mg (avg)	No	4,130

Source: Centers for Disease Control and Prevention, Community Water Fluoridation: https://www.cdc.gov/fluoridation/index.html
Source: Scott County FFY17 I-Smile™ Needs Assessment, Dental Disease and Community Water Fluoridation

Lead

Lead is a poisonous gray metal that used to be commonly used in many items found in and around homes. This poison can have a serious effect on young children if they are exposed. Having high amounts of lead in a child's body can cause learning problems, brain damage, damage to the kidneys and nerves and even death.[38] Once lead poisoning has occurred and damage is done it cannot be repaired or reversed.

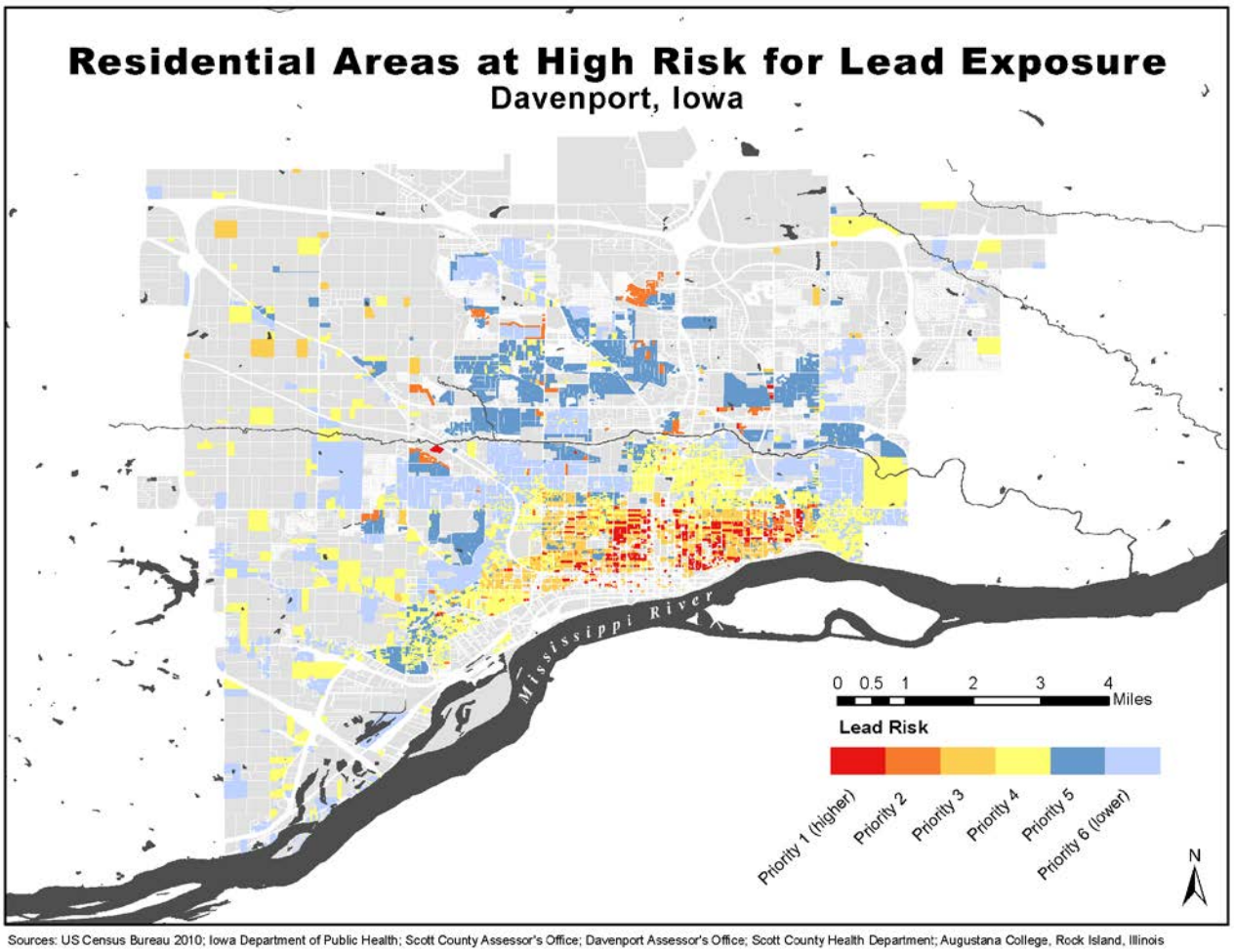
The most common cause of lead poisoning among young children is lead paint, specifically lead paint that is peeling, chipping or dusty.[38] Although lead paint is no longer used, many houses built before 1978 still contain lead paint. Beginning in 2016, Scott County has partnered with Augustana College to develop innovative methods to address lead poisoning in Scott County. 1,600 children in Scott County have been poisoned by lead paint since 2000.[39] The incidence of lead poisoning in Scott County is 2.2%, which is more than twice the national average of 1.0%.[44] 81% of the housing units in Scott County were built prior to 1978 and over 30% were built prior to 1950, increasing the likelihood they contain lead paint.[39] The City of Davenport estimates more than 2,000 homes in the area with the older homes are in substandard condition needing substantial repairs.[39] Through the partnership with Augustana, Scott County is working on identifying homes that contain lead hazards and preventing poisoning from occurring among young children. Through analysis of risk factors related to the likelihood of a home containing lead paint, students and faculty in Augustana's Sustainable Working Landscapes Initiative

developed a predictive model to help isolate those homes posing the greatest risk of lead paint poisoning. Factors determined to influence risk of lead poisoning in a home include:

- ***Housing age (pre-1955 homes highest risk)*****
- ***Socio-economic status (lower median family incomes and single-parent households at highest risk)*****
- Ownership status (renter-occupied at highest risk)
- Race/ethnicity (Black neighborhoods at highest risk)
- Rural/urban status (depends on location)
- Nutritional status (low calcium diets at higher risk)

Factors with an ** indicate the most significant predictors of lead exposure.[40]

The following map highlights the geographic differentiations in risk for lead exposure.



Map 4: Residential Areas at High Risk for Lead Exposure; Source: Augustana Sustainable Living Landscapes Initiative.

Predicted Child Lead Exposure Risk Categories	Number of Parcels	Percent of Pre-1978 Housing Stock	Home Age	% Renter Occupancy	% African American	Combined Risk using only significant predictors
Priority 1	1321	**4**	1902	60%	59%	**197**
Priority 2	1267	**4**	1960	45%	44%	**107**
Priority 3	3342	**10**	1900	55%	15%	**149**
Priority 4	6505	**19**	1917	24%	4%	**89**
Priority 5	8337	**25**	1960	43%	3%	**63**
Priority 6	13042	**39**	1964	14%	6%	**35**
	33814					

Graph 29: Priority Zones and Risk Levels. Source: Augustana Sustainable Living Landscapes Initiative.

When combined, the highest risk zones, Priority Zones 1-3, constitute 18% of pre-1978 homes, but have the oldest housing stock, greatest percentage of renter occupied housing, and greatest percentage of Blacks. [40]

Maternal and Child Health

Overview

Healthy pregnancies and healthy families begin long before conception. Good nutrition and a healthy lifestyle are the foundation of maternal and child health. During pregnancy, it is critical to support a mother and baby's health with accessible and appropriate prenatal care. After birth, the mother, baby, and family need on-going support to ensure the best opportunity possible for health.

The ideal result is a full-term pregnancy without unnecessary interventions, the delivery of a healthy baby, and a healthy postpartum period in a positive environment that supports the physical and emotional needs of the mother, baby, and family.[41]

Pregnancy-related health outcomes are influenced by a woman's health and other factors like race, ethnicity, age, and income. When looking at low birth weight, infant mortality, and teen pregnancy, significant disparities exist between different population groups. These differences are rooted in the social, economic, and environmental factors that influence day-to-day lives.[42] Additional stresses such as those caused by racism and other forms of discrimination can also affect the health of the mother and future child.[43]

Low Birth Weight

Low birth weight is a term defining infants born too small. Birth weight acts as an indicator for health during pregnancy. Although natural variation between infant weights exists, there are thresholds for what a healthy birth weight is considered to be. Low birth weight is the percent of live births for which the infant weighed less than 5 pounds, 8 ounces (2,500 grams).

Table 5: Low Birth Weight Births and Total Births by Race/Ethnicity

	% of Low Birth Weight 2012-2013	# Total Births 2012-2013
Black - NH	10.0%	302
Asian/Pacific Islander - NH	5.3%	77
Hispanic	3.8%	160
American Indian/Alaska Native - NH	0.0%	S
White - NH	4.1%	1,688

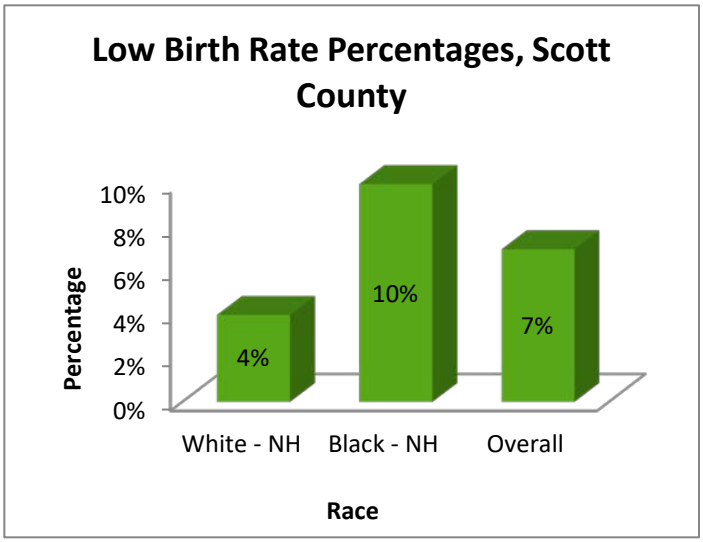
Source: Diversity Data Kids, Scott County, IA Highlights; S=Suppressed (Places where an annual of less than 10 live births to specified group were reported over specified two year period).

A developing baby, or fetus, takes energy and building blocks (or nutrients) to build organs. But if the mother does not have enough nutrients to share, then the growing fetus does not get enough and has to make tradeoffs. These tradeoffs help the fetus meet needs in the short term

of pregnancy, but problems show up later in life. Babies that are born too small are more likely to need special, intensive care in the hospital in the first months of life. They are more likely to die before their first birthday (see Infant Mortality section below) and are more likely to have serious, lifelong health problems like heart disease, breathing problems, diabetes, obesity, and high blood pressure. They are also more likely to have behavior and learning problems and struggle in school.

Table 6: Low Birth Weight Rate, 2015		
	Scott County	**Iowa**
Low Birth Weight	7.2%	6.4%
Source: Iowa Department of Public Health Bureau of Health Statistics, 2015 Vital Statistics of Iowa		

In Scott County, Black infants are more than twice as likely to be born at a low birth weight when compared to White infants and the county overall. In Scott County, the overall, White, and Black low birth weight percentages were 7.2%, 4.1%, and 10%, respectively.[44,45] Low birth weight rates have remained fairly stable for most race/ethnic groups in Scott County from 2009-2013.[45]



Graph 30: 2013 and 2015 Scott County Data from Iowa Department of Public Health and Diversity Data Kids

Infant Mortality

Infant mortality refers to the death of an infant before his/her first birthday. The infant mortality rate is an estimate of the number of infant deaths for every 1,000 live births. The national Healthy People 2020 objective is to reduce the infant mortality rate to no more than 6.0 infant deaths per 1,000 live births.[46] In 2015 in Scott County, there were 2.7 deaths per 1,000 live births compared to the infant mortality rate for the state of Iowa of 3.7 deaths per 1,000 live births for the same time period.[44] Average rates for all births in Scott County and the state of Iowa met the national Healthy People 2020 objective of 6.0 infant deaths per 1,000. As a whole, the United States had a rate of 5.8 deaths per 1,000 live births.[47] Comparatively, this is lower than Mexico's rate (12.23 deaths per 1,000 live births) but higher than Canada's rate (4.65 deaths per 1,000 live births).[47]

Infant mortality rate is connected to mother and baby health, the economy, public health, access to good medical care, and other social determinants of health. Most infant deaths are due to birth defects, from being born too early or too small to death from a syndrome called Sudden Unexpected Infant Death (SUID).

Table 7: Infant Death Rate per 1,000 Live Births 2015

	Scott County	Iowa
Infant Death Rate	2.7	3.7

Source: Iowa Department of Public Health Bureau of Health Statistics, 2015 Vital Statistics of Iowa

The Scott County infant death rate is considerably lower when compared to the infant mortality rate of the United States as a whole. There were six infant deaths in the year 2015 in Scott County. Table 8 displays the infant death rate per 1,000 live births in Scott County and the state of Iowa.

Teen Birth Rate

The teen birth rate refers to the number of births among mothers age 15 to 19. Although pregnancy can occur from a relatively young age, having a child during the teenage years can present challenges to the mother and baby different from the challenges of having a child at an older age.

In 2015, Scott County's teen birth rate for mothers under the age of 20 was 52.8 births per 1,000. This rate is higher than the rate in the state of Iowa at 41.4 births per 1,000 females under the age of 20.[48]

Table 8: Teen Live Birth Rate per 1,000 Live Births, 2015		
	Scott County	**Iowa**
Teen Live Births	52.8	41.4
Source: Iowa Department of Public Health Bureau of Health Statistics, 2015 Vital Statistics of Iowa		

Teen births indicate an increased likelihood of poor health outcomes. Although individual teen mothers may provide great opportunities for health for their children, the number of babies born to teen moms tells us something about the health of the mom, the baby, and the community that they live in.

Native, Hispanic and Black teens are more likely to have babies in Scott County. Wide disparities in teen birth rates by race and ethnicity persist in Scott County, with rates among American Indian/Alaska Native, Hispanic, and Blacks remaining almost three times as high as among their non-Hispanic White peers.[45]

Table 9: Teenage Mother Births by Race/Ethnicity, Scott County		
	% of Teen Births 2012-2013	**% of Teen Births 2009-2010**
Black - NH	16.70%	22.60%
Asian/Pacific Islander - NH	2.60%	5.90%
Hispanic	16.60%	17.50%
American Indian/Alaska Native - NH	18.80%	27.30%
White - NH	5.90%	8.10%
Source: Diversity Data Kids, Scott County, IA Highlights		

From 2012 to 2013, American Indians/Alaska Natives had the highest teen birth rate across the major race/ethnic groups at 18.8%, follow by Hispanics (16.6%), Black (16.7%), White (5.9%), and Asian/Pacific Islander (2.6%).[45]

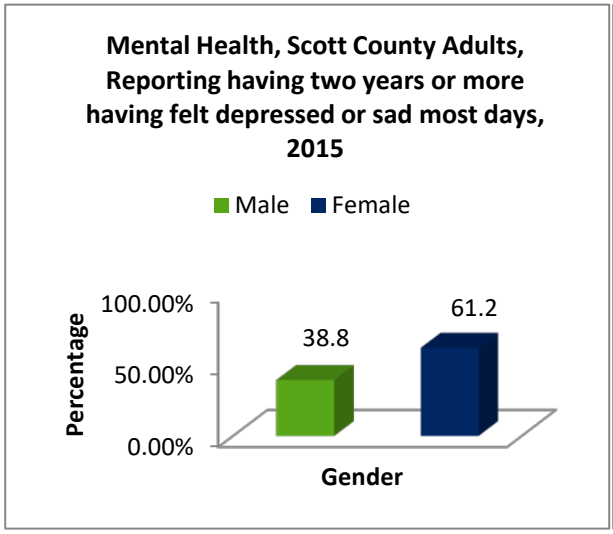
Scott County and the state of Iowa rates reflect a national trend in decreasing teen births. Over the last decade, there have been significant reductions in the teen birth rate for all races except American Indian/Alaskan Native teens. Black teens had the sharpest decline in the teen birth rate, followed by American Pacific Islanders, whites and Hispanics. The teen birth rate for American Indian/Alaskan Native has remained the same over the last decade. Evidence indicates that more and better contraceptive use has been the main factor driving the long-term decline in teen pregnancy.[49]

Behavioral Health:
Mental Health and Substance Misuse

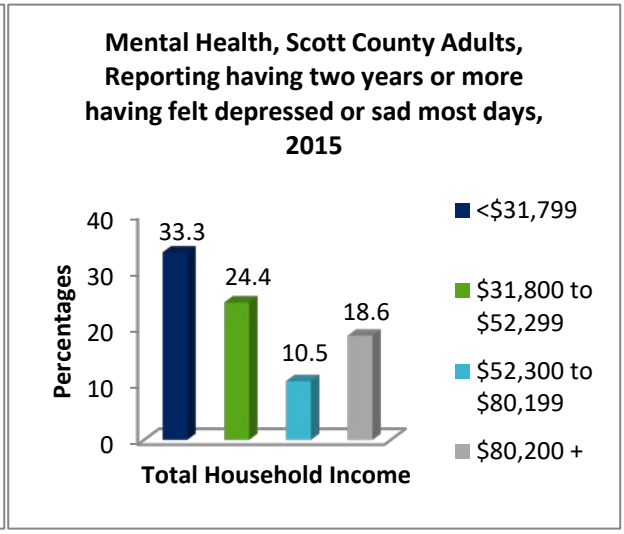
Mental Health

Poor mental health remains a concern for Scott County residents. Mental health is defined in a number of ways, from mood swings to disturbing and intrusive thoughts. No matter how it is defined, Scott County residents consistently cite untreated mental health as a concern. This concern was reflected in the most recent Scott County Community Health Improvement Plan priorities, where access to mental health care is one of the four main priorities to be addressed in Scott County.

The mental health data in Graph 30 and Graph 31 come from the 2015 Quad Cities Community Health Assessment. Scott County residents were asked if they have had two years or more in their life when they felt depressed or sad most days, even if they felt okay sometimes. These results were then crossed with demographics variables to determine groups most affected.



Graph 31: Mental health among adults based on gender, 2015 Quad Cities Community Healthy Needs Assessment



Graph 32: Mental health among adults based on income, 2015 Quad Cities Community Healthy Needs Assessment

29.8% of Scott County adults reported having two years or more of feeling depressed or sad most days.[7] Poor mental health days are not just emotionally costly, but also financially. They can affect someone's ability to get, maintain, and succeed in their employment and can present barriers for low-income workers who may not have the supports afforded by paid sick leave or the ability to absorb financial losses from missed work.

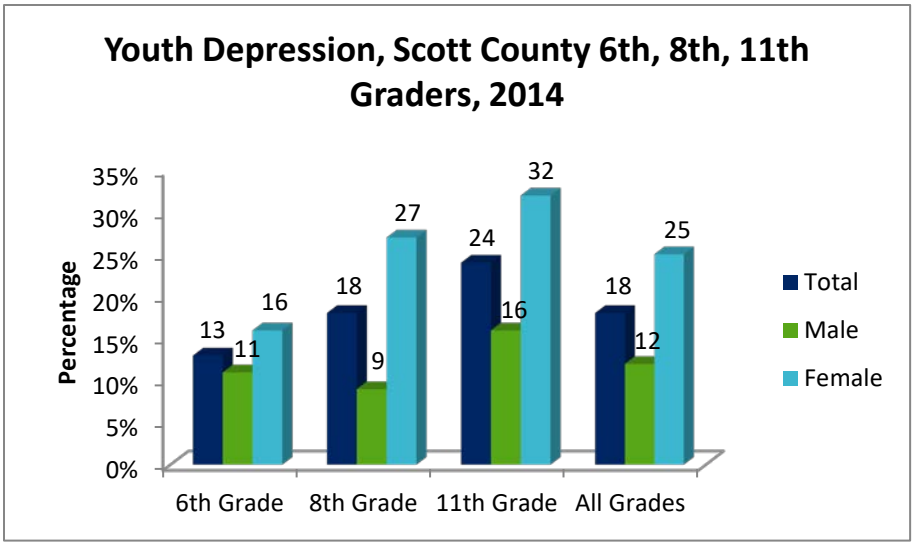
Like many other health outcomes, poor mental health is not equal across groups in Scott County. Scott County women are almost twice as likely to report having felt depressed or sad most days compared to Scott County men. Individuals with a total household income of less

than $31,799 had a higher percentage of poor mental health days compared to those with a total household income above $31,799.[7]

Youth Depression

Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest, which can lead to youth stopping their usual activities. Feelings of depression can lead to other negative health behaviors such as substance abuse, eating unhealthy foods, and physical inactivity. This can lead to even worse health outcomes for those experiencing depression.

The Iowa Youth Survey was distributed to all students in 6th, 8th, and 11th grade in 2014 in order to collect development data for youth in Scott County. Various topics were covered, including alcohol use, tobacco use, and mental health. Youth were asked "During the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks or more in a row that you stopped doing some usual activities?" 18% of 6th, 8th, and 11th graders in Scott County answered yes to this question regarding depression. The results can be seen in Graph 15.[50]



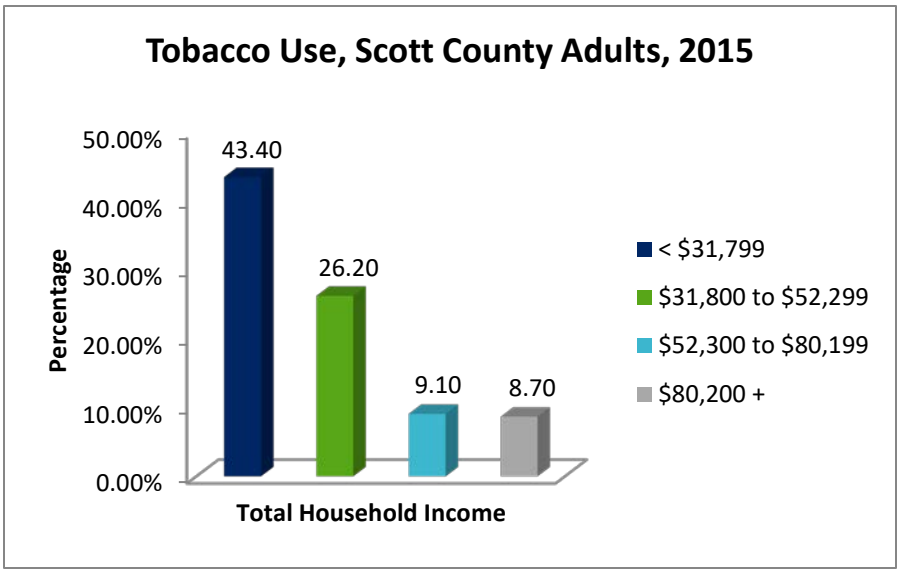
Graph 33: Youth Depression; Source: Iowa Youth Survey data, 2014

An inequity in youth depression occurs between genders. Females have higher rates of feeling depressed or sad in 6th, 8th, and 11th grades in Scott County.[50]

Tobacco Use

Tobacco use is the leading cause of preventable death in the United States. Tobacco use and secondhand smoke contribute to health conditions such as asthma, lung cancer and heart disease.

According to County Health Rankings, in 2014, 18% of adults in Scott County report being a current smoker, compared to 18.1% statewide.[51] The rate for Scott County is above the Healthy People 2020 goal of reducing the rate of adults who smoke to 12%, as well as the goal for Healthy Iowans of 15%. The U.S. rate for adult smokers is 19%.

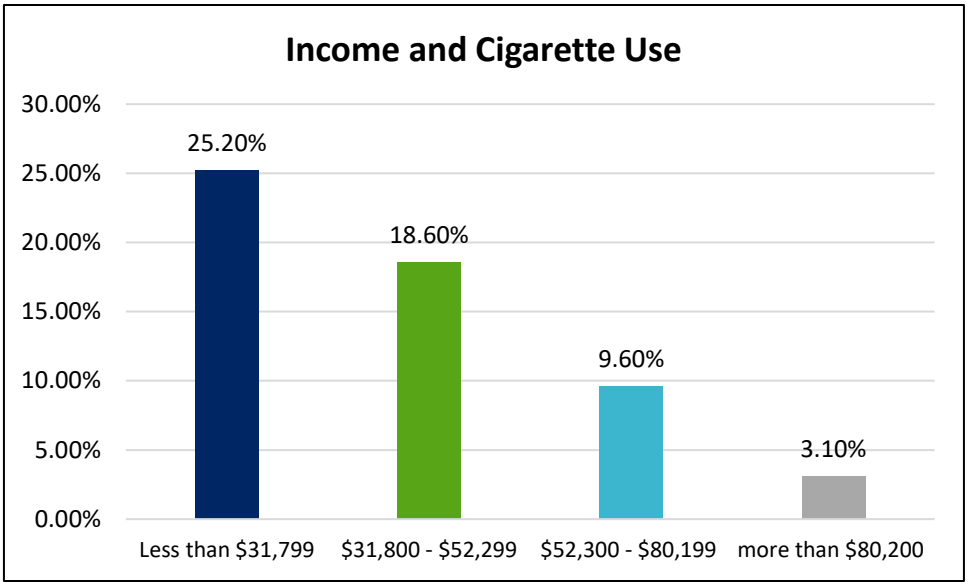


Graph 34: Adults who reported smoking every day divided by income, data from 2015 Quad Cities Community Healthy Needs Assessment

Youth tobacco use is also a significant health concern in Scott County. Results from the 2014 Iowa Youth Survey, show 3% of 6th graders, 7% of 8th graders and 21% of 11th graders in Scott County reported ever having smoked tobacco or used any tobacco products (not including electronic cigarettes). Tobacco use rates are highest among 11th graders. When comparing genders, rates are fairly equal between males and females in each grade.[50]

The use of electronic smoking devices (e-cigs or vapes) has become increasingly popular among youth. E-cigs contain unregulated levels of nicotine and other substances harmful to the developing brain. E-cigs are heavily marketed youth as a healthy alternative to smoking and come in a variety of flavors appealing to youth.

Variations in income exist among smoking rates in Scott County. Households with an income less than $31,799 have a smoking rate of 25.2%, compared with 18.6% for those making $31,800 - $52,299. Households making $52,300 - $80,199 have a smoking rate of 9.6%, and households making more than $80,200 have the lowest smoking rate at 3.1%.[7] This information was collected from the 2015 Quad Cities Community Health Assessment from adults who answered "every day" when asked "Do you NOW smoke cigarettes?".



Graph 35: Income and cigarette use; Source: 2015 Quad Cities Community Healthy Needs Assessment

Opportunities for health differ by place and population group, and one of the factors that contribute to these significant differences is how tobacco advertising practices differ by population group. Tobacco companies focus advertising efforts on low-income communities, locating sales opportunities disproportionately in those communities, and targeting sales and products specifically to certain populations.[52]

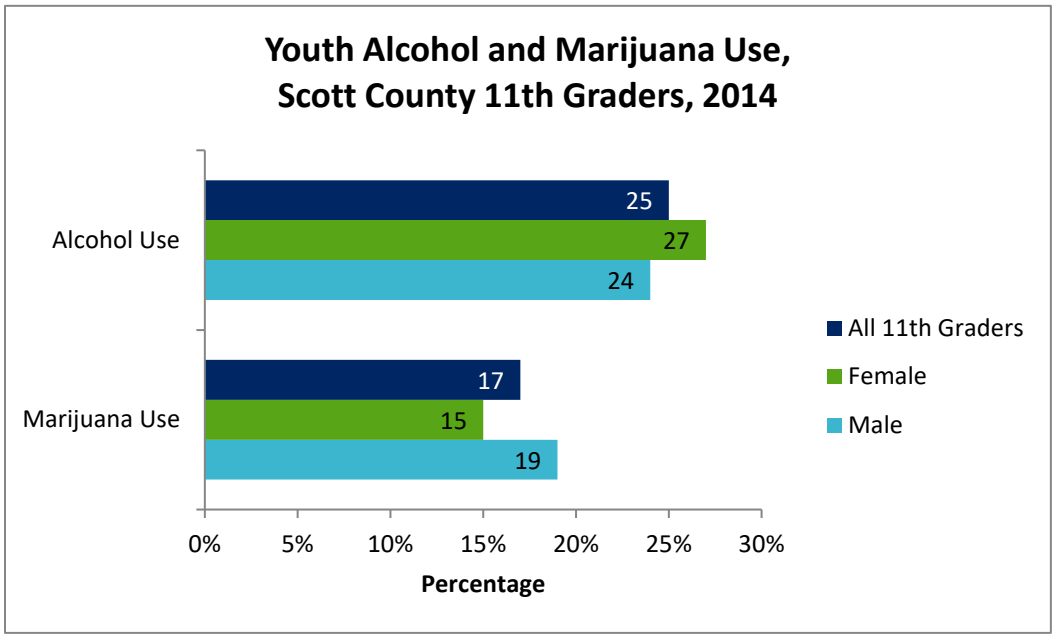
Alcohol Use

Youth alcohol use in Scott County is a public health concern. In 2014, 25% of 11th graders in Scott County had an alcoholic beverage in the past 30 days.[50] Young people who start drinking before the age of 15 are five times more likely to develop alcohol problems later in life, four times more likely to develop alcohol dependence, and are six times more likely to get in a physical fight right after drinking.[53] In addition, teen drinkers perform worse in school, are more likely to fall behind, and have an increased risk of social problems, depression, suicidal thoughts, and violence. Alcohol use among youth increases long-term risks of brain damage, stoke, high blood pressure, and permanent liver damage. Alcohol use can also lead to driving under the influence (DUI) and the many injuries, including death, which can results for both the driver and victims.[53]

The 2014 Iowa Youth Survey identifies significant gender inequity in alcohol use in Scott County. In 2014, 11th grade girls consumed alcohol at a higher rate (27%) compared to 11th grade boys (24%).[50]

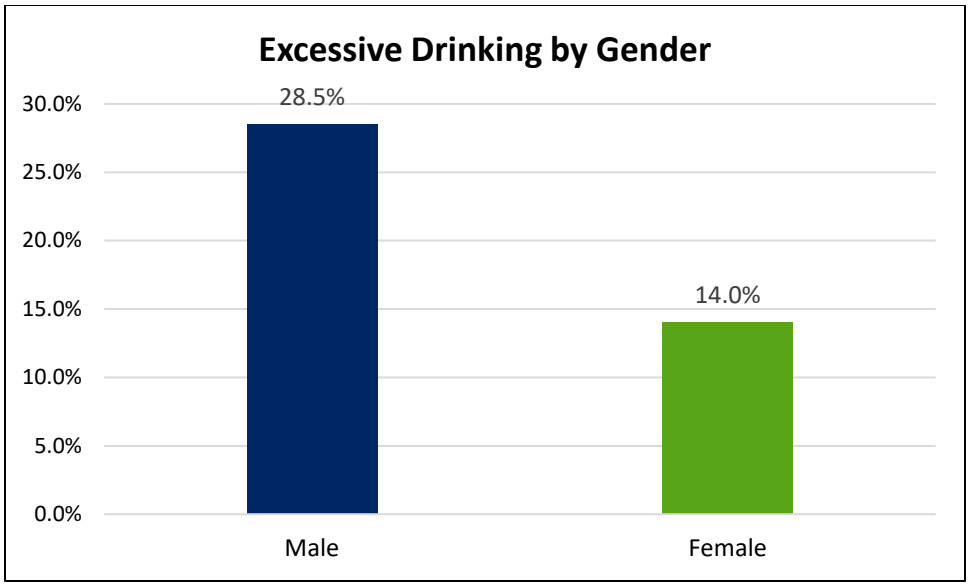
Similar to tobacco products, alcohol products tend to be disproportionately advertised in low-income communities.[54,55] Several products are also specifically geared towards particular population groups. Research acknowledges that the majority of alcohol billboards in Black communities advertise malt liquor and distilled spirits, compared to the majority of billboards in Latino communities advertising beer and wine. These differences support inequities in what kind of alcohol is promoted, sold, consumed, and to what degree it is consumed in different communities.[54]

These differences may also contribute to the social and cultural differences in alcohol and drug use among youth of different racial and gender groups. Graph 35 highlights significant differences in how alcohol and marijuana are used by youth in Scott County by gender. Similar to the inequity in alcohol use, gender inequity exists in marijuana use in Scott County. In 2014, 11th grade boys used marijuana at a higher rate (19%) compared to 11th grade girls (15%).[50]

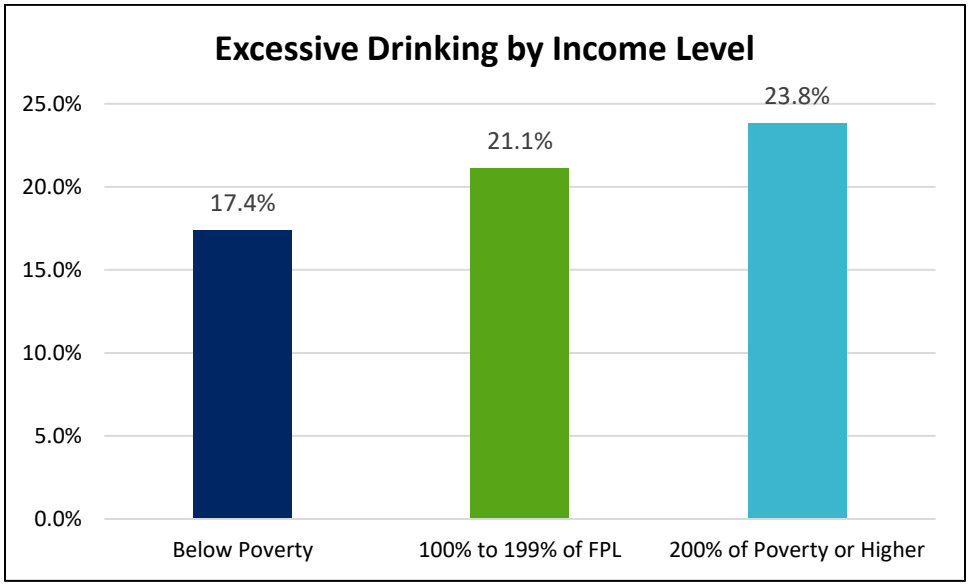


Graph 36: Students who reported alcohol or marijuana use in the past 30 days, Iowa Youth Survey, 2014

The 2015 Quad Cities Community Health Assessment reported on adult alcohol use. Use varied by gender and income level of the respondent.



Graph 37: Excessive Drinking by Gender; Source: 2015 Quad Cities Community Healthy Needs Assessment



Graph 38: Excessive Drinking by Gender; Source: 2015 Quad Cities Community Healthy Needs Assessment

Addressing Health Equity in Scott County

Current Efforts to Address Health Equity - Scott County Health Department

Health Factor	Indicator/Data		SCHD Efforts to Address Health Equity
	Indicator	*Source*	
Social Determinants of Health	Race	U.S. Census Bureau Community Commons	• Communication materials use culturally competent language and look like the target population and/or population of Scott County
	Income	U.S. Census Bureau Community Commons	• Immunization and sexually transmitted disease/HIV services are provided regardless of ability to pay
	Education	U.S. Census Bureau Community Commons	• Health Literacy Advisor software is utilized to ensure education materials developed are at a 5th grade reading level
	Language		• Provide interpretation services to clients • Creation of health and education materials in languages spoken in Scott County • Health Literacy Advisor software is utilized to ensure education materials developed are at a 5th grade reading level
Access to Care	Ease of obtaining health care services (primary care, mental health, dental care, prenatal care)	Quad Cities Community Health Needs Assessment	• Participation in Community Mental Health Initiative, implementing target strategies to improve access to mental health care • Title V Maternal Health Services contractor, providing services to assist women in accesses prenatal care, mental health screenings, breastfeeding support • Early and Periodic Screening, Diagnosis and Treatment/Title V Children and Adolescent Health Program provider; linking children to primary care, vision, and dental care providers
	Barriers to care (primary care, mental health, dental care, prenatal care)	Quad Cities Community Health Needs Assessment	
	Number of physicians	Community Mental Health Initiative	

			• Vaccines for Children Program provider; providing access to immunizations for uninsured, under-insured, Medicaid-insured, and Native American/Alaska Native children
Cancer	Cancer Incidence	National Cancer Institute Centers for Disease Control and Prevention	• Provider of federal Breast and Cervical Cancer program serving underinsured and uninsured women of all races, ethnicities • Provider of local tobacco program to prevention initiation, encourage cessation, and promote policy change through state health department's Tobacco Use Prevention and Control Program
Obesity	Obesity Rates	Quad Cities Community Health Needs Assessment	• Provider of local Community Transformation Program aimed at community wellness initiatives and workplace wellness initiatives • Participating member of Be Healthy QC Initiative, coalition dedicated to increasing physical activity and promoting health eating in Scott County community
Chronic Disease (Cardiovascular Disease, Asthma, Diabetes,	Cardiovascular Disease	Quad Cities Community Health Needs Assessment	• Provider of local Community Transformation Program aimed at community wellness initiatives and workplace wellness initiatives • Participating member of Be Healthy QC Initiative, coalition dedicated to increasing physical activity and promoting health eating in Scott County community
	Asthma		• Provider of local tobacco program to prevention initiation, encourage cessation, and promote policy change through state health department's Tobacco Use Prevention and Control Program; efforts in recent years

			have promoted smoke-free housing, specifically smoke-free/tobacco-free multi-unit housing policies
	Diabetes		• Provider of local Community Transformation Program aimed at community wellness initiatives and workplace wellness initiatives • Participating member of Be Healthy QC Initiative, coalition dedicated to increasing physical activity and promoting health eating in Scott County community
Oral Health	Dentists accepting Iowa Medicaid insurance	I-Smile™ Dental Needs Assessment	• I-Smile™ Dental Home Initiative grantee; providing outreach and education to dental professionals to improve the dental system for children in Scott County • I-Smile™ Silver grantee; providing outreach and education to dental professionals to improve the dental system for older adults in Scott County
	Children with a dental home	TAV Connect Child Health Database	• Early and Periodic Screening, Diagnosis and Treatment/Title V Children and Adolescent Health Program provider; linking children to primary care, vision, and dental care providers and encouraging regular, preventive visits • I-Smile™ Dental Home Initiative grantee; providing care coordination and education to families in Scott County and outreach and education to dental professionals to improve the dental system
	Children with a preventive dental service	Centers for Medicare and Medicaid Services (CMS 416 Report)	• Early and Periodic Screening, Diagnosis and Treatment/Title V Children and Adolescent Health Program provider; linking children to

			primary care, vision, and dental care providers and encouraging regular, preventive visits • I-Smile™ Dental Home Initiative grantee; providing care coordination and education to families in Scott County and outreach and education to dental professionals to improve the dental system • Contract with local federally qualified health center to provide dental screenings during Women, Infant, and Children clinics to improve number of children in Scott County with preventive dental service
HIV/Sexually Transmitted Diseases (STD)	Positive HIV tests	Iowa Department of Public Health Centers for Disease Control and Prevention	• Provide weekly STD/HIV clinics to provide free, confidential testing for HIV on site; testing events also provided at various locations within the community; also provide contact tracking to reduce new HIV infections • Integrated HIV and Viral Hepatitis Counseling, Testing, and Referral (CTR) Services grantee for Scott County; providing outreach services to improve HIV testing rates and counseling, testing, and referral following HIV testing • Maintain free condom distribution sites throughout Scott County
	STDs reported	Iowa Department of Public Health	• Provide weekly STD/HIV clinics to provide free, confidential testing for STDs; also provide contact tracing to reduce spread of STDs • Maintain free condom distribution sites throughout Scott County
Fluoridation	Communities with fluoride at recommended levels	Centers for Disease Control and Prevention (My Water's Fluoride	• Support water fluoridation efforts in the community by providing information and

		database)	education, as needed
Lead Poisoning	Children with positive lead tests	Iowa Department of Public Health	• Provide weekly lead poisoning testing and walk-in clinic; Childhood Lead Poisoning Prevention Program grantee, providing outreach and education to prevent lead poisoning, and case management services for lead poisoned children • Contract with local federally qualified health center to provide blood lead testing during Women, Infants, and Children appointments to promote early detection of lead poisoning
	Homes testing positive for lead that are remediated	To Be Determined (ongoing effort at this time)	• Partnership with Augustana College to utilize lead risk maps developed to target and remediate home with highest risk of lead poisoning • Financial commitment of Scott County Board of Supervisors to support establishment of revolving loan fund to finance lead home remediation
Infant Health	Rate of low weight births	Diversity Data Kids Iowa Department of Public Health	• Title V Maternal Health Services contractor, providing services to assist women in accesses prenatal care, mental health screenings, breastfeeding support • Early and Periodic Screening, Diagnosis and Treatment/Title V Children and Adolescent Health Program provider; provide developmental screenings to children to monitor development
	Infant mortality rate	Iowa Department of Public Health	• Title V Maternal Health Services contractor, providing services to assist women in accesses prenatal care, mental health screenings,

			breastfeeding support • Early and Periodic Screening, Diagnosis and Treatment/Title V Children and Adolescent Health Program provider; provide developmental screenings to children to monitor development
	Teen live birth rate	Iowa Department of Public Health	• Title V Maternal Health Services contractor, providing services to assist women in accesses prenatal care, mental health screenings, breastfeeding support
Mental Health & Substance Misuse	Incidence of depression (adult/youth); self-reported	Quad Cities Community Health Needs Assessment Iowa Youth Survey	• Participation in Community Mental Health Initiative, implementing target strategies to improve access to mental health care; includes focus on access to mental health care providers • Participant in Scott County Kids School Health Committee; Committee has implemented universal social-emotional screenings of 4th graders in Scott County for early detection of emotional disorders
	Tobacco Use	Quad Cities Community Health Needs Assessment Iowa Youth Survey	• Provider of local tobacco program to prevention initiation, encourage cessation, and promote policy change through state health department's Tobacco Use Prevention and Control Program • Member of Tobacco-Free QC Coalition, dedicated to reducing impact of tobacco use in Scott County, IA and Rock Island County, IL; focus on policy change, cessation, and education
	Alcohol Use	Iowa Youth Survey	• Provide funding to local substance abuse

		Quad Cities Community Health Needs Assessment	agency to provide substance abuse services in Scott County

Where to Go from Here

Take Actions to Reduce Health Inequities

Recognition that health is not fair across places in Scott County is the first step. With knowledge comes a responsibility to take action. It will take many people working together to make changes that will improve health for those who suffer most from poor health.

SCHD has taken steps to look at internal processes and ensure procedures are in place to address health equity. This takes the form of program design, focusing limited resources in places with the highest need, examining hiring practices, and working to improve how the department engages with and collaborates with the community. SCHD is committed to providing and supporting opportunities for health to everyone in Scott County, especially those who currently have the fewest opportunities. Only through sustained collaboration between SCHD, community partners, and the public can health equity be realized.

What Can You Do?

To build on the work of this report and to achieve health equity in Scott County, you can:

- Learn and understand what creates and supports health.
- Understand how health differs across Scott County communities.
- Allow your understanding of health inequities and their root causes to impact and shape your work.
- Partner with SCHD and others to affect the root causes of health inequities.

Where we go from here depends on you. The best and most effective solutions to complex problems like health inequities come directly from the affected communities. The solutions to these issues will depend largely on the assets, resources, and culture unique to each neighborhood. SCHD is eager to work with communities and organizations that are engaged in improving inequities. Whether you have an interest in providing input, joining efforts currently taking place, or would like to simply learn more, we want to hear from you.

Please contact us at health@scottcountyiowa.com or (563) 326-8618.

APPENDIX A: Introduction to Scott County

Formed in 1837, Scott County is part of the Quad Cities Metropolitan Statistical Area (MSA), which is located in eastern Iowa and western Illinois on the Mississippi River, 165 miles west of Chicago. According to the 2010 Census, Scott County is home to more than 165,000 residents and it the third most populous county in Iowa.

Scott County is socioeconomically diverse and is comprised of urban, suburban, and rural communities.

Multiple universities are located within Scott County, including St. Ambrose University and Palmer College of Chiropractic. The county also has two large health care systems, which are Unity Point Health and Genesis Health that provide medical services to a large portion of the county.

Scott County Demographics	
Population	
Total 2010 Population	165,224
Estimated 2011 Military Veteran Population	12,268
Age	
0-17	40,566
18-24	14,762
25-34	22,093
35-49	32,846
50-64	33,352
65+ years	21,605
Gender	
Female	84247 (51%)
Male	80977 (49%)
Race and Ethnicity	
Hispanic or Latino	9,197
White	142,267
Black	11,728
Asian	3,332
American Indian/Alaska Native	496
Native Hawaiian/Pacific Islander	68
Other race	2,428
Multiple races	4,905
Source: 2010 US Census	

APPENDIX B: Cancer Incidence Tables

Table C1: Cancer Incidence and Death Rates, 2010-2014

	Cancer Incidence		Cancer Death	
Racial/Ethnic Group	Avg. Annual Count	Rate	Avg. Annual Count	Rate
All	78	482.5	354	186.7
White	846	479.0	332	184.8
Black	43	515.16	19	261
American Indian/Alaska Native	3 or less	*	3 or less	*
Asian/Pacific Islander	8	283.7	3 or less	*
Hispanic as a Race	18	319.3	5	100.9

Source: State Cancer Profiles, National Cancer Institute and Centers for Disease Control and Prevention, 2010-2014

Table C2: Breast Cancer Incidence and Death Rates in Females, 2010-2014

	Breast Cancer Incidence		Breast Cancer Death	
Racial/Ethnic Group	Avg. Annual Count	Rate	Avg. Annual Count	Rate
All	123	122.4	21	19.6
White	23	123.1	20	20.1
Black	6	131.5	3 or less	*
American Indian/Alaska Native	3 or less	*	3 or less	*
Asian/Pacific Islander	3 or less	*	3 or less	*
Hispanic as a Race	3 or less	*	3 or less	*

Source: State Cancer Profiles, National Cancer Institute and Centers for Disease Control and Prevention, 2010-2014

Table C3: Lung Cancer Incidence and Death Rates, 2010-2014

	Lung Cancer Incidence		Lung Cancer Death	
Racial/Ethnic Group	Avg. Annual Count	Rate	Avg. Annual Count	Rate
All	128	67.7	96	50.8
White	122	68.2	92	51.1
Black	5	59.7	4	43.8
American Indian/Alaska Native	3 or less	*	3 or less	*
Asian/Pacific Islander	3 or less	*	3 or less	*
Hispanic as a Race	3 or less	*	3 or less	*

Source: State Cancer Profiles, National Cancer Institute and Centers for Disease Control and Prevention, 2010-2014

APPENDIX B: Cancer Incidence Tables (Cont.)

Table C4: Colon Cancer Incidence Rates, 2010-2014				
	Colon Cancer Incidence Males		Colon Cancer Incidence Females	
Racial/Ethnic Group	Avg. Annual Count	Rate	Avg. Annual Count	Rate
All	40	47.0	38	34.9
White	36	45.9	35	34.3
Black	3 or less	*	3 or less	*
American Indian/Alaska Native	3 or less	*	3 or less	*
Asian/Pacific Islander	3 or less	*	3 or less	*
Hispanic as a Race	3 or less	*	3 or less	*
Source: State Cancer Profiles, National Cancer Institute and Centers for Disease Control and Prevention, 2010-2014				

Table C5: Prostate Cancer Incidence and Death Rates in Men, 2010-2014				
	Prostate Cancer Incidence		Prostate Cancer Death	
Racial/Ethnic Group	Avg. Annual Count	Rate	Avg. Annual Count	Rate
All	111	121.9	18	24.7
White	99	114.8	17	23.5
Black	8	198.8	3 or less	*
American Indian/Alaska Native	3 or less	*	3 or less	*
Asian/Pacific Islander	3 or less	*	3 or less	*
Hispanic as a Race	3 or less	*	3 or less	*
Source: State Cancer Profiles, National Cancer Institute and Centers for Disease Control and Prevention, 2010-2014				

*Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).

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