2020 Community Health Assessment

Community Health Status Assessment

Black Hawk County, Iowa





COMMUNITY HEALTH ASSESSMENT & COMMUNITY HEALTH IMPROVEMENT PLANNING

Our community works together so all people have equitable opportunities and resources to lead healthier, more fulfilled lives.

Black Hawk County Public Health

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Community Health Status Assessment

MAPP (Mobilizing for Action through Planning and Partnerships) is a community-wide strategic planning process for improving public health, as well as an action oriented process to help communities prioritize public health issues, identify resources for addressing them, and taking action. MAPP provides a framework, guidance, structure, and best practices for developing healthy communities. Black Hawk County Health Department, in collaboration with community stakeholders, is using the MAPP process to develop a community health assessment and community health improvement plan. This process was initiated in March of 2019 when representatives from the National Association of County & City Health Officials (NACCHO) led community stakeholders through a training and visioning process for Black Hawk County (BHC). The community health assessment is comprised of four assessments to understand the health issues and needs of the community.

The Community Health Status Assessment (CHSA) collects quantitative information on health status, quality of life, and risk factors. It is the only assessment of the 4 MAPP assessments that is purely quantitative. The health indicators listed in this CHSA will help decide the priorities for the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP). The CHSA was created in order to answer two questions:

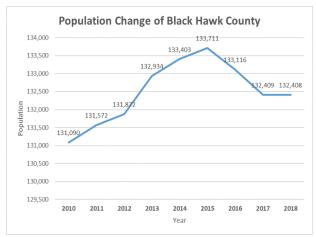
- 1. "How healthy are Black Hawk County residents?"
- 2. "What does the health status of Black Hawk County look like?"

Method

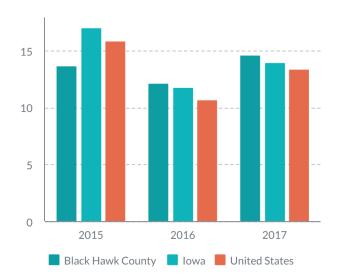
The data presented in this report was gathered from multiple sources. Some data in this report was obtained through a Data Sharing Agreement with the Iowa Department of Public Health (IDPH). This includes births, mortalities, Behavioral Risk Factor Surveillance System (BRFSS), and inpatient/outpatient primary diagnoses. Publically available data sources were used, including the U.S. Census Bureau, IDPH tracking portal, Iowa Secretary of State, County Health Rankings, Iowa Youth Survey, CDC Wonder, Iowa Department of Education, Iowa Department of Transportation, Iowa State University, and the CDC 500 Cities Project.

Demographic trend comparisons used local, state, and federal data to compare different health indicators. The goal was to demonstrate how Black Hawk County compared to the rest of lowa and the United States. County level data is available in table format to show trends in Black Hawk County over time. While some indicators have state and local level data, this section is focused on the local level. The main objective for this section is to show how the local level is progressing or regressing in various health outcomes through the years.

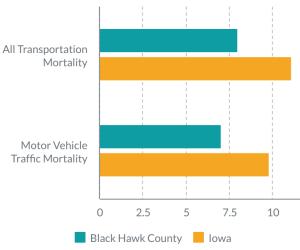
Executive Summary



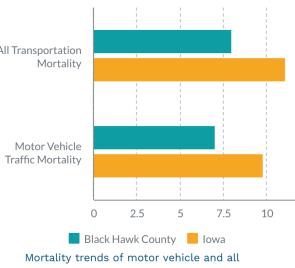
Population growth is starting to decline

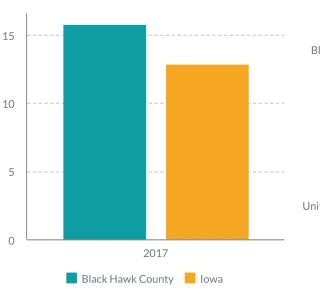


Population below federal poverty level is higher than the Iowa average and United States average.



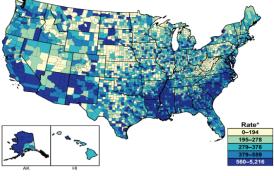
transportation deaths are much lower than lowa average





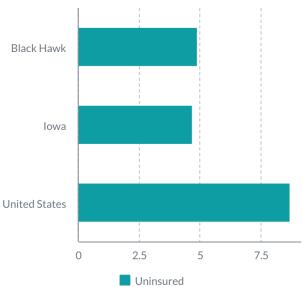
Cases of child abuse/neglect higher in Black Hawk County than in Iowa



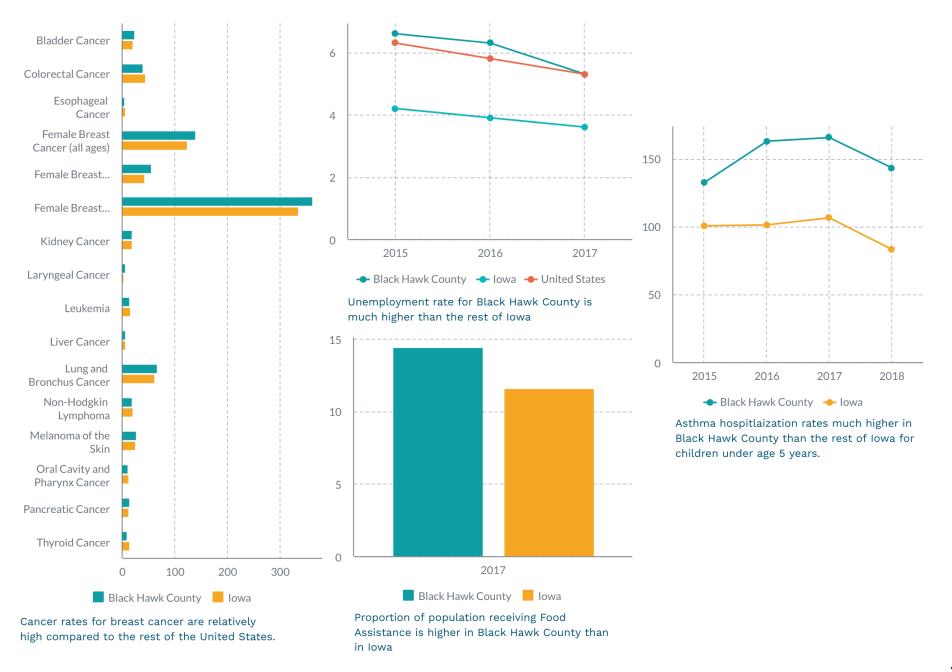


NOTE: See section A1.5 in the Appendix for more information on county-level rates.

Black Hawk County placed in the worst category for STD rates in the United States



Uninsured population in Iowa is one of the lowest in the country.



County Health Rankings & Roadmaps

The *County Health Rankings & Roadmaps* program is a partnership between the Robert Wood Johnson Foundation, a non-profit philanthropy that focuses its efforts on pressing health issues, and the University of Wisconsin Population Health Institute. The *County Health Rankings* project uses nationwide, statewide, and local data to create a ranking list that compares health outcomes between populations. The health outcomes analyzed include length of life, quality of life, health behaviors, clinical care, social and economic factors, and physical environment.

The annual health ranking snapshot of Black Hawk County is beneficial to health professionals and is used to compare our county to other counties in Iowa. With this information we can better understand the health needs of Black Hawk County and plan interventions to promote a healthier community. Data displayed in the *County Health Rankings* were released for 2019, which includes date ranges from 2010 to 2018. The table below displays Black Hawk County's health outcome, Iowa's average health outcome, Black Hawk County's ranking (out of 99 counties, with 1 being the best and 99 the worst), year range the data was obtained, and a description of the health outcome.

Black Hawk County's overall rank is 61st of 99 counties. This is worse than the previous year's ranking of 58th of 99 counties. The health outcomes that are worse in 2019 than in 2018 are length of life and quality of life. All other health outcomes (health behaviors 72nd, clinical care 18th, social and economic factors 89th, and physical environment 72nd) are ranked better in 2019 than in 2018.

County Health
Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

County Demographics	2019 County Health Ranking, Iowa: Black Hawk County = 61					
	Black Hawk	lowa	County Ranking	Year of Data	Description	
Health Outcomes	**	**	61			
Length of Life	**	**	64			
Premature death	6,800	6,200		2015- 2017	Years of potential life lost before age 75 per 100,000 population (ageadjusted)	
Quality of Life	**	**	58			
Poor or fair health	12%	13%		2016	Percentage of adults reporting fair or poor health (age-adjusted)	
Poor physical health days	2.8	2.9		2016	Average number of physically unhealthy days reported in past 30 days (ageadjusted)	
Poor mental health days	3.2	3.3		2016	Average number of mentally unhealthy days reported in past 30 days (ageadjusted)	
Low birthweight	7%	7%		2011- 2017	Percentage of live births with low birthweight (< 2,500 grams)	
Additional Health Outcomes (not included in overall ranking)						
Life expectancy	79	79.5		2015- 2017	Average number of years a person can expect to live	
Premature age- adjusted mortality	340	320		2015- 2017	Number of deaths among residents under age 75 per 100,000 population (age-adjusted)	
Child mortality	60	50		2014- 2017	Number of deaths among children under age 18 per 100,000 population	
Infant mortality	6	5		2011- 2017	Number of all infant deaths (within 1 year), per 1,000 live births	
Frequent physical distress	9%	9%		2016	Percentage of adults reporting 14 or more days of poor physical health per month	
Frequent mental distress	10%	10%		2016	Percentage of adults reporting 14 or more days of poor mental health per month	
Diabetes prevalence	11%	10%		2015	Percentage of adults aged 20 and above with diagnosed diabetes	

	Black Hawk	lowa	County Ranking	Year of Data	Description	
HIV prevalence	91	94		2015	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population	
Health Factors	**	**	75			
Health Behaviors	**	**	72			
Adult smoking	15%	17%		2016	Percentage of adults who are current smokers	
Adult obesity	31%	32%		2015	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2	
Food environment index	7.2	8.2		2015- 2016	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	
Physical inactivity	22%	23%		2015	Percentage of adults age 20 and over reporting no leisure-time physical activity	
Access to exercise opportunities	83%	83%		2010, 2018	Percentage of population with adequate access to locations for physical activity	
Excessive drinking	22%	22%		2016	Percentage of adults reporting binge or heavy drinking	
Alcohol-impaired driving deaths	13%	28%		2013- 2017	Percentage of driving deaths with alcohol involvement	
Sexually transmitted infections	717.8	415.6		2016	Number of newly diagnosed chlamydia cases per 100,000 population	
Teen births	18	20		2011- 2017	Number of births per 1,000 female population ages 15-19	
Additional Health B	ehaviors (n	ot included	in overall i	anking)		
Food insecurity	14%	12%		2016	Percentage of population who lack adequate access to food	
Limited access to healthy foods	11%	6%		2015	Percentage of population who are low-income and do not live close to a grocery store	
Drug overdose deaths	9	10		2015- 2017	Number of drug poisoning deaths per 100,000 population	
Motor vehicle crash deaths	8	11		2011- 2017	Number of motor vehicle crash deaths per 100,000 population	
Insufficient sleep	27%	28%		2016	Percentage of adults who report fewer than 7 hours of sleep on average	

	Black Hawk	lowa	County Ranking	Year of Data	Description	
Clinical Care	**	**	18			
Uninsured	5%	5%		2016	Percentage of population under age 65 without health insurance	
Primary care physicians	1,070:1	1,390:1		2016	Ratio of population to primary care physicians	
Dentists	1,380:1	1,520:1		2017	Ratio of population to dentists	
Mental health providers	660:1	700:1		2018	Ratio of population to mental health providers	
Preventable hospital stays	3,456	3,776		2016	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	
Mammography screening	52%	49%		2016	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening	
Flu vaccinations	56%	51%		2016	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination	
Additional Clinical C	Care (not inc	luded in ov	erall ranki	ng)		
Uninsured adults	6%	6%		2016	Percentage of adults under age 65 without health insurance	
Uninsured children	3%	3%		2016	Percentage of children under age 19 without health insurance	
Other primary care providers	834:1	1,085:1		2018	Ratio of population to primary care providers other than physicians	
Social & Economic Factors	**	**	89			
High school graduation	89%	91%		2016- 2017	Percentage of ninth-grade cohort that graduates in four years	
Some college	69%	70%		2013- 2017	Percentage of adults ages 25-44 with some post-secondary education	
Unemployment	3.8%	3.1%		2017	Percentage of population ages 16 and older unemployed but seeking work	
Children in poverty	17%	13%		2017	Percentage of people under age 18 in poverty	
Income inequality	4.4	4.3		2013- 2017	Ratio of household income at the 80th percentile to income at the 20th percentile	

	Black Hawk	lowa	County Ranking	Year of Data	Description
Children in single- parent households	32%	29%		2013- 2017	Percentage of children that live in a household headed by single parent
Social associations	12.6	15.1		2016	Number of membership associations per 10,000 population
Violent crime	511	282		2014, 2016	Number of reported violent crime offenses per 100,000 population
Injury deaths	60	67		2013- 2017	Number of deaths due to injury per 100,000 population
Additional Social &	Economic F	actors (not	included ir	overall ra	anking)
Disconnected youth	5%	5%		2013- 2017	Percentage of teens and young adults ages 16-19 who are neither working nor in school
Median household income	\$50,400	\$58,700		2017	The income where half of households in a county earn more and half of households earn less
Children eligible for free or reduced price lunch	50%	41%		2016- 2017	Percentage of children enrolled in public schools that are eligible for free or reduced price lunch
Residential segregation - Black/White	60	63		2013- 2017	Index of dissimilarity where higher values indicate greater residential segregation between black and white county residents
Residential segregation - non-white/white	50	47		2013- 2017	Index of dissimilarity where higher values indicate greater residential segregation between non-white and white county residents
Homicides	4	2		2011- 2017	Number of deaths due to homicide per 100,000 population
Firearm fatalities	8	9		2013- 2017	Number of deaths due to firearms per 100,000 population
Physical Environment	**	**	72		
Air pollution - particulate matter	9.4	9		2014	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)

	Black	Iowa	County	Year of	Description	
	Hawk		Ranking	Data		
Severe housing	15%	12%		2011-	Percentage of households with at least 1 of 4 housing problems:	
problems				2015	overcrowding, high housing costs, lack of kitchen facilities, or lack of	
•					plumbing facilities	
Driving alone to	82%	81%		2013-	Percentage of the workforce that drives alone to work	
work				2017		
Long commute -	8%	20%		2013-	Among workers who commute in their car alone, the percentage that	
driving alone				2017	commute more than 30 minutes	
Additional Physical	Additional Physical Environment (not included in overall ranking)					
Homeownership	66%	71%		2013-	Percentage of occupied housing units that are owned	
				2017		
Severe housing	13%	10%		2013-	Percentage of households that spend 50% or more of their household	
cost burden				2017	income on housing	

<u>Table Color Code</u>: <u>Green</u> indicates that Black Hawk County has a better health outcome (>1%) than the state of Iowa average. <u>Yellow</u> indicates that Black Hawk County has a similar (within 1%) health outcome as the state of Iowa average. <u>Red</u> indicates that Black Hawk County has a worse (>1%) health outcome than the state of Iowa average.

Source: County Health Rankings & Roadmaps program. A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. https://www.countyhealthrankings.org/

Green total: 17

Yellow total: 22

Red total: 20

Demographics

Population Trends

BHC, lowa was founded in 1843 with a total land area of 573 square miles. It is the fourth-most populated county in the state of lowa. As of the 2010 census, the population in BHC is 131,090, and a 2018 population estimate of 132,408. The population estimates through 2018 depict a fluctuation, but the population is increasing. BHC's population growth rate has varied over the years, but has an average growth rate of 0.14%. This is smaller than the lowa average growth rate of 0.44%.

Figure 2 compares the change in population of BHC to the State of Iowa. BHC's racial distribution shows that, in general, the population is becoming more diverse. White non-Hispanic or Latino percentages are decreasing, while all other racial and ethnic groups are increasing.

Recent census estimates show that the age distribution is slowly changing. There has been a decrease in the younger population, while the older population is increasing. BHC has a much higher population of individuals age 20 to 24 than the state and federal average, which may be due to student attendance to local universities. In the past, BHC had a much lower proportion of individuals age 35 to 54 compared to the state and federal average, however, the proportion in this age group has been increasing from 2015 to 2018. The gender distribution in BHC is almost 50% male and 50% female.

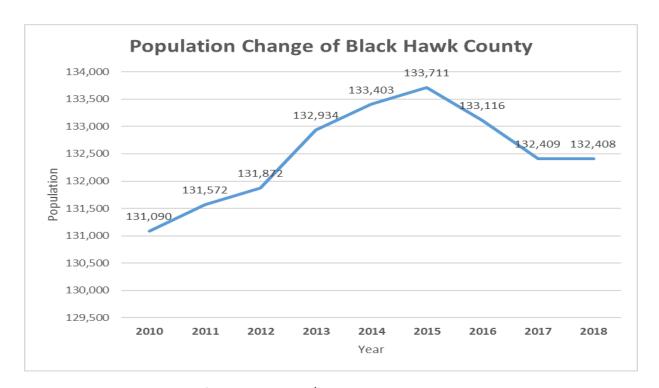


Figure 1. Population estimates from 2010 census.¹

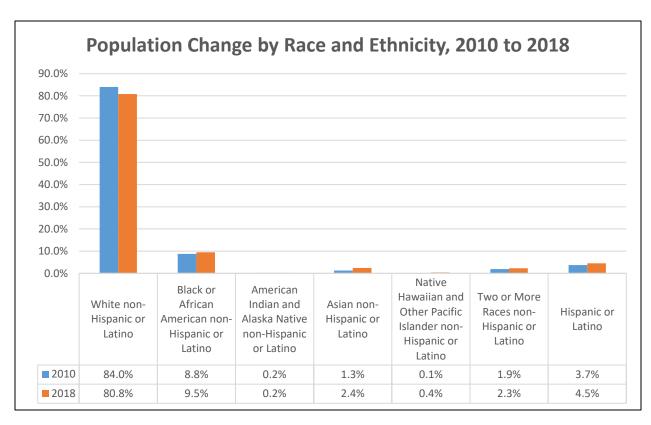


Figure 2. Population change for Black Hawk County by race and ethnicity.¹

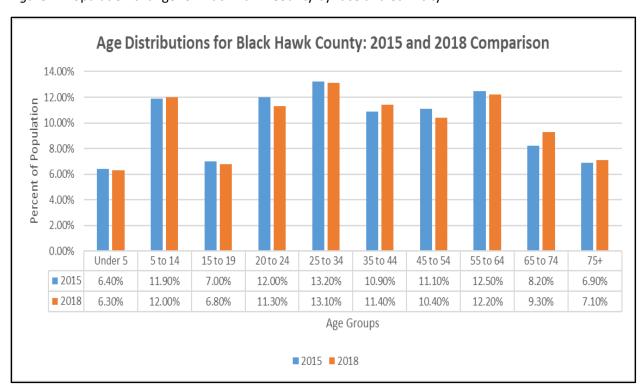


Figure 3. Comparison of age categories in Black Hawk County for years 2015 and 2018.1

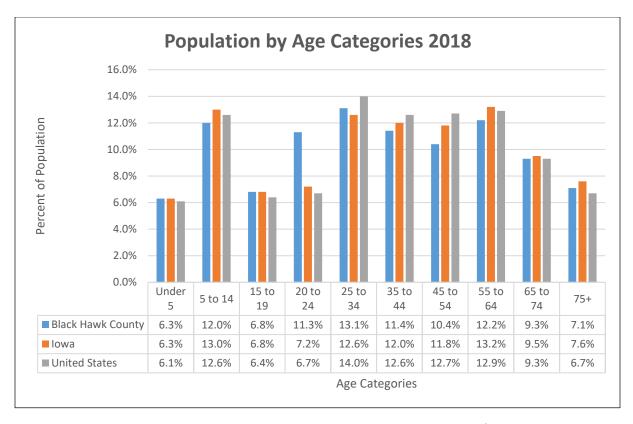


Figure 4. Comparison of age categories by local, state and federal level for 2018.¹

Immigrant Distribution

According to the American Immigration Council, nearly 5% of Iowa's population was born in another country and over 4% of residents are native-born Americans who have at least one immigrant parent in 2017.¹⁵ The top countries of origin for immigrants were Mexico (29.3%), China (7.7%), India (7.1%), Vietnam (4.5%), and Bosnia and Herzegovina (3.3%). In BHC, 5% of the population is foreign born. This includes Europe (34.3%), Asia (29.6%), Africa (10.8%), and the Americas (23.5%).

From 2010 to 2014 26% of the immigrant population (1.3% of Iowa population) were undocumented immigrants. As of 2015, 37.4% of the immigrants in Iowa were naturalized. The total immigrant-led households in Iowa paid \$348.9 million in state and local taxes in 2014. It was estimated that undocumented immigrants paid \$36.7 million in state and local taxes in 2014.

Socioeconomic Status

Economic Trends

The Median Household Income (MHI) for BHC is only 88.3% of the Iowa average, and 86.2% of the United States average (BHC = \$50,916, Iowa = \$58,570, US = \$60,336). The MHI has increased at the local, state, and federal level over the years, even after adjusting for inflation. BHC has more households that make \$0 to \$49,999 than state or federal averages. In 2017, the federal poverty level was \$12,060 for a household with 1 individual, \$12,240 for 2 people, and \$20,420 for a household of 3. This puts the MHI groups of \$0 - \$24,000 at risk of falling below the federal poverty level. Census data suggests that BHC has an increasing population that falls below the poverty level, and has a higher percentage below the federal poverty level than the state and federal averages.

Unemployment rates across the United States have been decreasing since 2010, and have dropped to less than 5% by the end of 2018. Although this drop has also occurred in BHC, we are still much higher than the state average. In 2017, the Iowa average for unemployment rate was only 67.9% of BHC's (BHC = 5.3%, Iowa = 3.6%). BHC's unemployment rate and housing tenure is similar to the United States average, so the difference between Iowa and BHC could be due to other geographic and demographic factors. One explanation is the large cities within BHC and local universities in Cedar Falls and Waterloo. However, according to the U.S. Department of Agriculture, rural unemployment rates are higher than urban². A comparison between other Iowa counties and BHC is a potential health indicator to look at in future assessments.

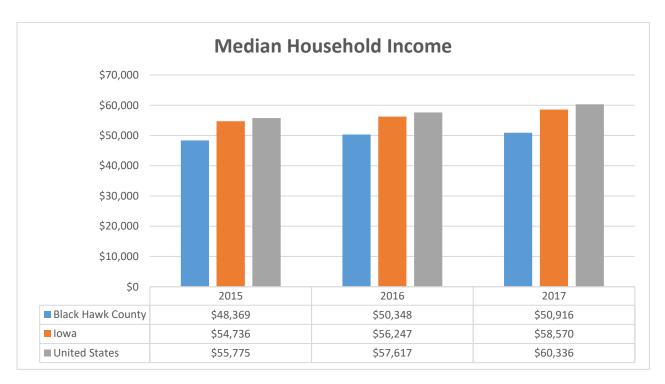


Figure 5. Median Household Income comparison between local, state, and federal averages.¹

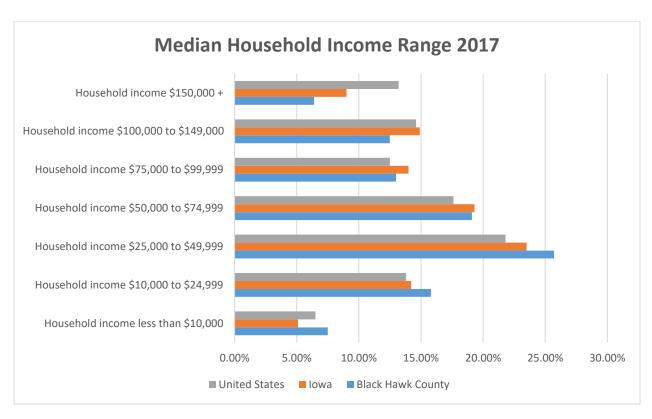


Figure 6. Proportions of population broken down by Median Household Income range for 2017.1

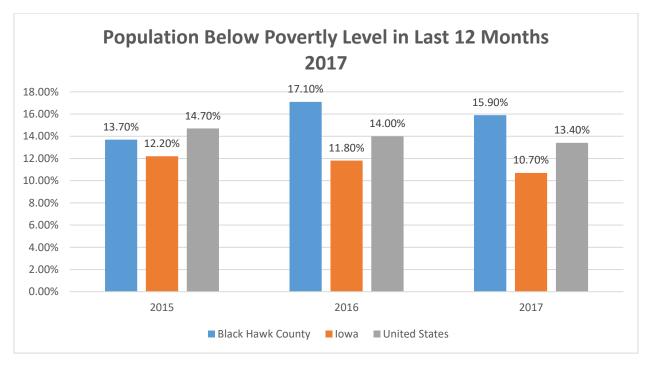


Figure 7. Population with income below the federal poverty level within the last 12 months in 2017.1

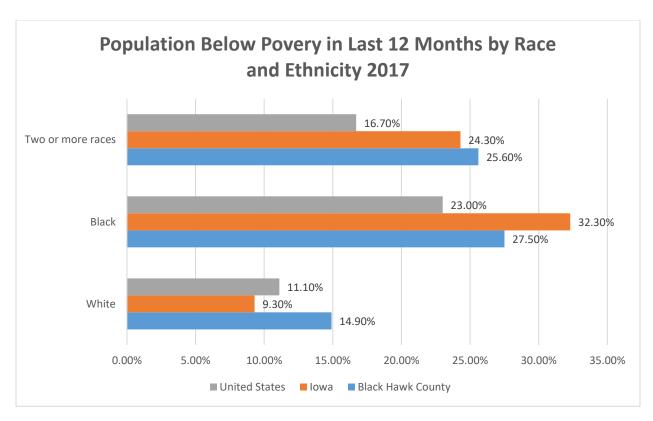


Figure 8. Population with income below the federal poverty level within the last 12 months broken down by race. Races and ethnicities not displayed (Asian, American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, Two or more races, and Hispanic or Latino) are due to data suppression.¹

Percentage of Families and People Whose Income in the Past 12 Months is Below Poverty Level 2017								
Black Hawk County Iowa United States								
All Families	9.8%	6.7%	9.5%					
Families (with children under 18 years)	16.4%	10.9%	15.0%					
Married Couple (with children under 18 years)	6.5%	4.2%	6.6%					
Single Female (with children under 18 years)	39.5%	31.7%	35.7%					

Table 1. Proportion of families that had income within the last 12 months below the federal poverty level in 2017. Families with children under 18 were chosen to show differences between overall families and those with children.¹



Figure 9. United States unemployment rate from 2010 to 2019.3

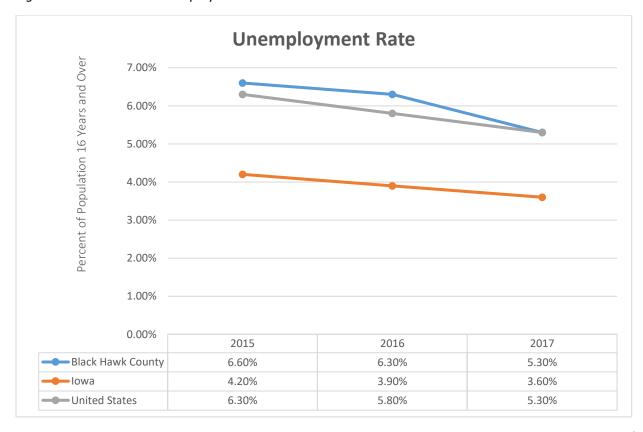


Figure 10. Trends of population proportions above age 16 years that were unemployed within the year.¹

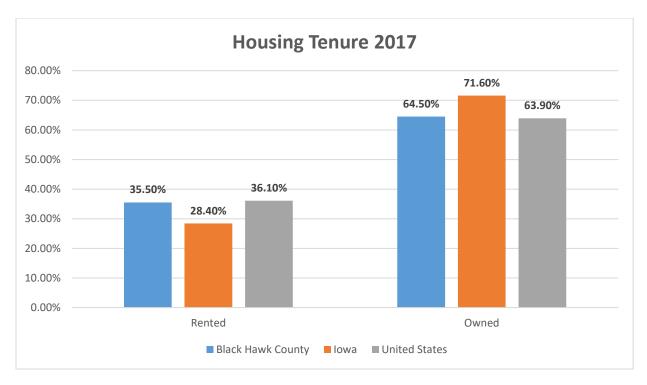


Figure 11. Comparison of population proportions at the local, state, and federal levels in 2017. Owned properties include homes with and without a mortgage.¹

Health Insurance Trends

Lack of health coverage has been a growing problem in the United States. It affects a person's medical decisions, and has been associated with overall health.⁴ In 2010, the date that the Affordable Care Act came into effect, there were 46.5 million uninsured Americans under age 65.⁴ This number dropped to about 27 million by 2016.⁴ Recent trends show that the uninsured population is no longer decreasing. From 2016 to 2018 there has been an increase in the uninsured by 1.2 million.⁴ Data collected on the uninsured population showed that barriers to obtaining health care coverage affect some population groups more than others. The majority of individuals without insurance are low-income adults and people of color, and most claim they are unable to afford the insurance rates.⁴

The average percentage of uninsured Iowans was only 54% of the United States average (Iowa = 4.7%, US = 8.7%). In 2018, Iowa was one of 9 States (10 states including Washington D.C.) that had less than 7% uninsured Americans below 65 years of age.⁵ BHC has a slightly higher percentage of uninsured compared to the Iowa average, but is still much lower than the United States average. In Iowa, Black or African American populations have a higher percentage of uninsured compared to the White or Caucasian population.

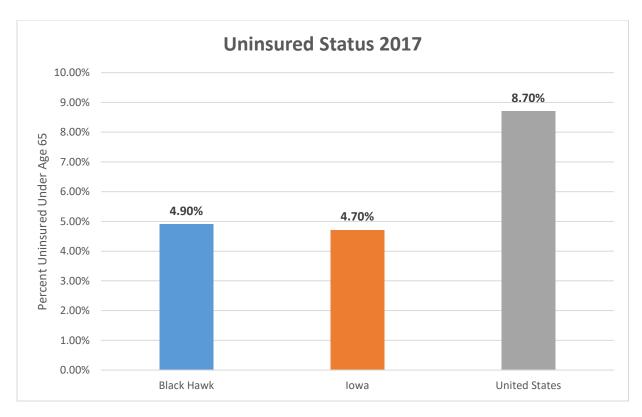
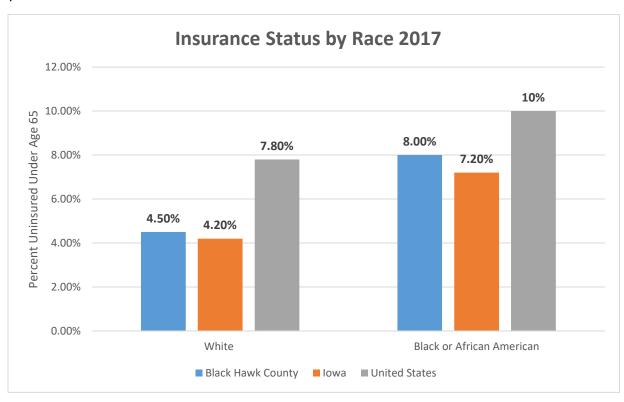


Figure 12. Proportion of population below age 65 that did not have insurance coverage within the last year in 2017.¹



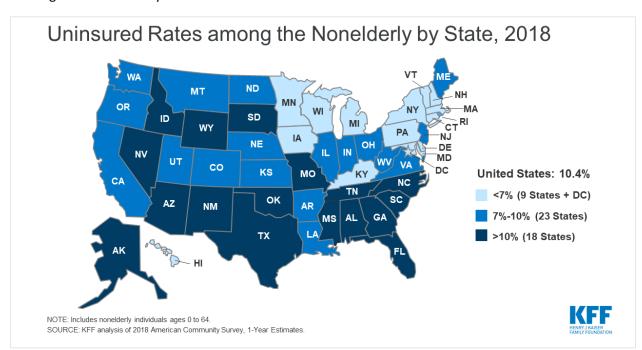


Figure 13. Proportion of population below age 65 broken down by race that did not have insurance coverage within the last year in 2017.¹

Figure 14. Map of population proportions below age 65 that did not have insurance coverage within the last year in 2018.⁵

Education Trends

Educational attainment has been associated with unemployment rate, income, and at some level health.^{6,7} *Figure 20* depicts the association of education to economic factors. Although the correlation is not completely understood between education and health outcomes, studies have shown that increasing education also increases health.⁷

State and local populations have a higher percentage of individuals with some college (no degree) or an Associate's degree. The federal average that attained Bachelor's degrees or post undergraduate is larger than local levels. One explanation could be that the large proportion of university students fall within the "some college (no degree)" and "Associate's degree", but have not attained a Bachelor's degree. BHC has a higher percentage of individuals age 25 and older that have not attained a High School diploma. The association between education and health can be further looked at within BHC in future assessments.

The graduation rates of BHC public schools are similar to each other with an average graduation rate of 92.3% in 2018. The Waterloo school district graduation rates are about 10% lower than the other school districts (Waterloo = 84.2%, Union = 90.4%, Hudson = 97.7%, Dunkerton = 92.3%, and Cedar Falls = 96.8% in 2018). This rate has been increasing in recent years from 80% to 84%. The 4 year trend shows

Cedar Falls, Hudson, and Waterloo school districts have increasing high school graduation rates, while Union and Dunkerton school districts have decreasing high school graduation rates.

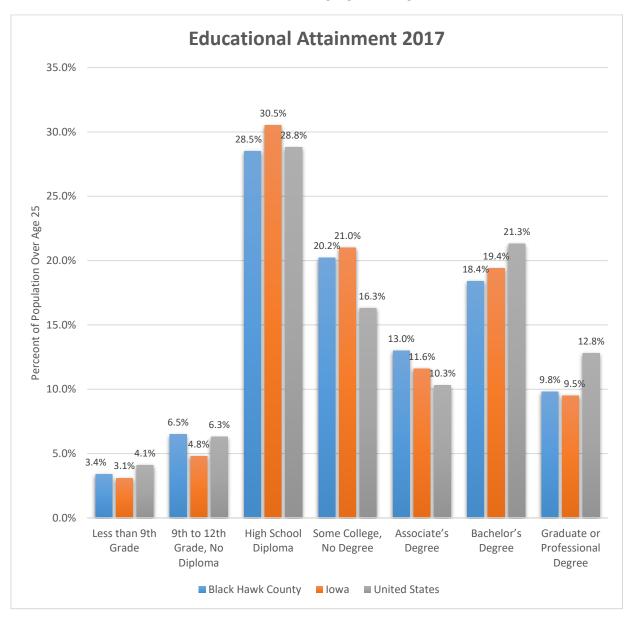


Figure 15. Comparison of educational attainment of population age 25 and older between local, state and federal levels in 2017.¹

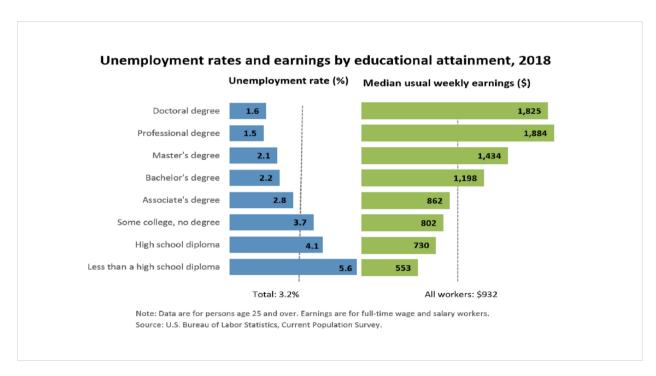


Figure 16. Calculated averages of educational attainment by unemployment rate and median weekly earnings in the United States in 2018.⁶

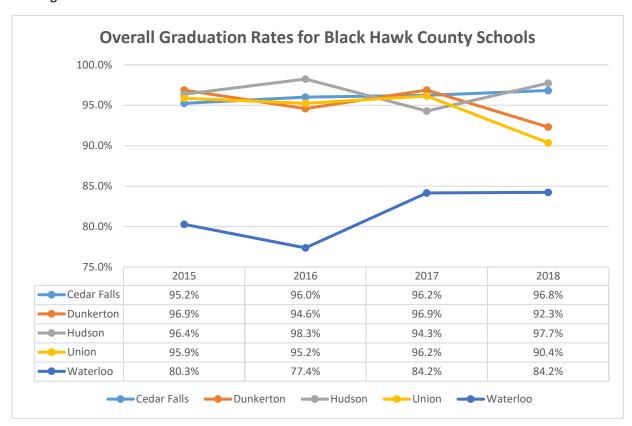


Figure 17. Graduation rates of BHC public school districts for graduation years 2015 to 2018.⁸ It should be noted that Union also includes students that live in Tama County.

Iowa Youth Survey

The lowa Youth Survey (IYS) gathers information on students in grades 6, 8, and 11 on topics such as behaviors, perceptions, and environment. There have been 6 to 11 different school districts that participate in the IYS, with the most recent year representing 9 school districts. The objectives of the IYS are to identify youth developmental needs and implement targeted interventions to help lowa students.

The IYS found that there has been a decrease in the percentage of students indicating binge drinking and cigarette use. From 2012 to 2018, BHC's percentages have decreased by 53.7% for binge drinking (8.2% to 3.8%) and 72.5% for cigarette use (5.1% to 1.4%). All participating schools in Iowa had an average decrease of 36.3% for binge drinking (8% to 5.1%) and 57.1% for cigarette use (4.9% to 2.1%). Cigarette use did not previously include vaping, but for years 2016 and 2018 a question was added that asks if students smoked vape or e-cigarettes. In 2016, 5% of the students indicated they vaped within 30 days (6^{th} grade = 1%, 8^{th} grade = 5%, 11^{th} grade = 10%). In 2018, 9% of the students indicated they vaped within 30 days (6^{th} grade = 2%, 8^{th} grade = 7%, 11^{th} grade = 20%).

Bullying in school for BHC is similar to the Iowa average with trends maintaining around 40%. Students across Iowa have indicated that they feel less safe in schools in recent years. In 2018, BHC students felt much safer than the Iowa average. There is a high percentage of students that indicated they felt hopeless or had serious suicidal intentions. The population most affected is 11th grade females, but female students in all grades were higher than male students. There was also an increase of suicide plans of students. Since 2012, Iowa students that had a suicide plan within the last year increased by 53% (6.6% to 10.1%) and BHC has increased by 25.4% (6.7% to 8.4%).

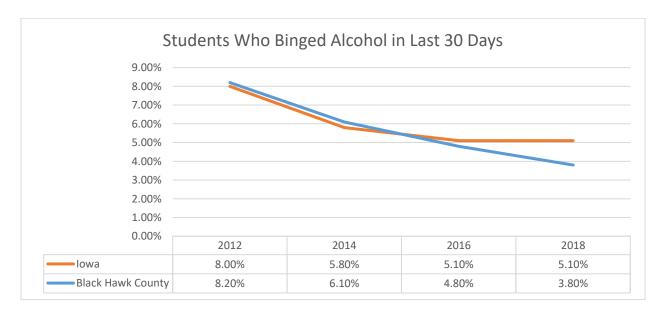


Figure 18. Proportion of survey participants that reported binge drinking in the last 30 days. Rates were significantly different between grade levels. For BHC 11th grade had a rate of 10.5%, while 8th grade had 1.4% and 6h grade had 0.9% in 2018.

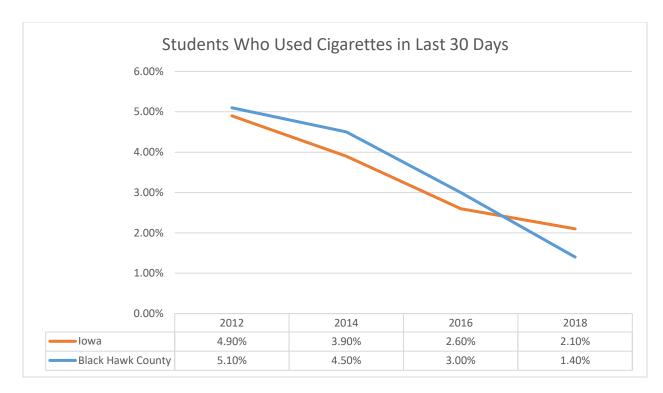


Figure 19. Proportion of survey participants that reported cigarettes use in the last 30 days⁹. Cigarette use was similar between grade levels. For BHC 11th graders had a rate of 3.3%, 8th graders had 1.1%, and 0.3% for 6th in 2018. Figure does not include vaping or e-cigarettes use.

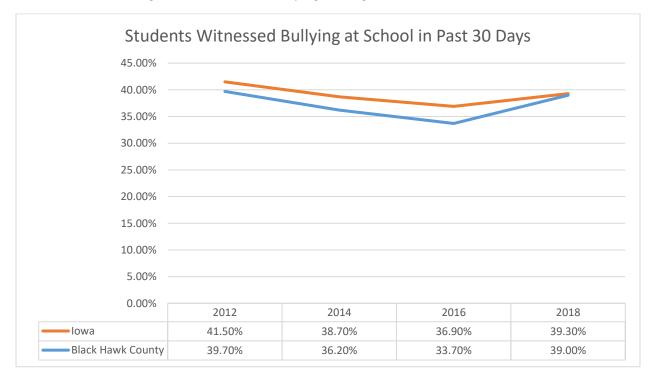


Figure 20. Proportion of survey respondents reporting they had observed bullying occur in their school in the last 30 days⁹. For BHC 11th grade had a rate of 31.4%, 8th grade was 42.9%, and 6th grade was 41.3% in 2018.

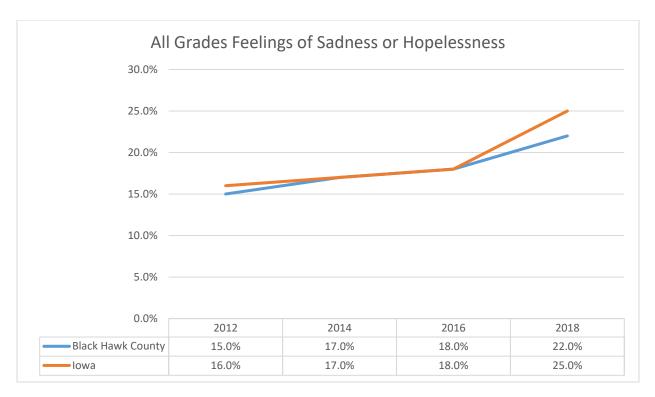


Figure 21. Proportion of students reporting they had felt so sad or hopeless almost every day for 2 weeks or more in a row that you stopped doing some usual activities in the last 12 months.⁹

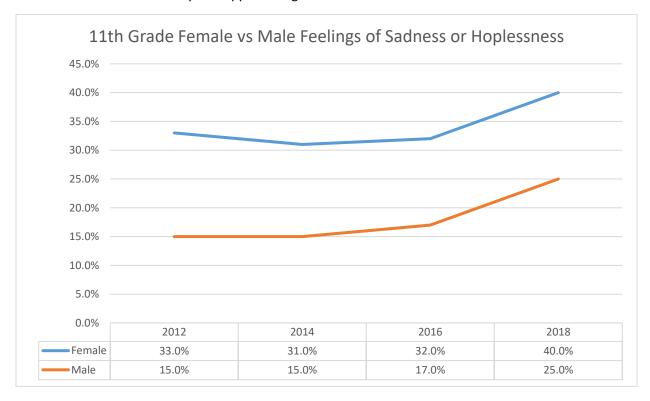


Figure 22. Proportion of students reporting they seriously thought about killing themselves in the last 12 months. 11th grade was chosen because they had the highest proportions of all grades.

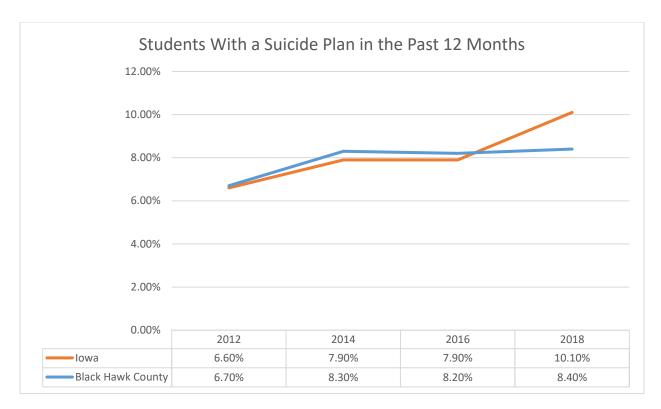


Figure 23. Proportion of survey respondents reporting they had created a suicide plan within the last 12 months. For BHC 11th grade had a rate of 12.2%, 8th graders was 9.0%, and 6th graders was 5.2% in 2018.

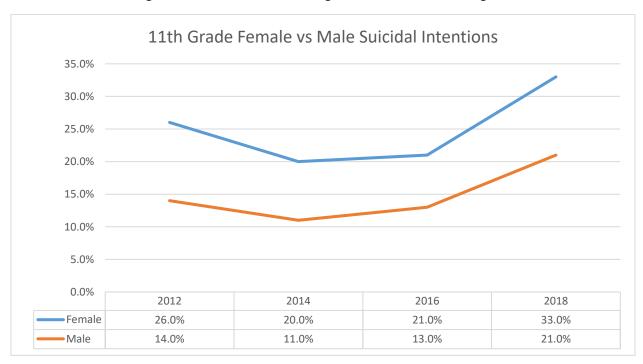


Figure 24. Proportion of survey respondents reporting that they had serious thoughts of killing themselves. ⁹ 11th grade was chosen because they had the highest proportions of all grades.

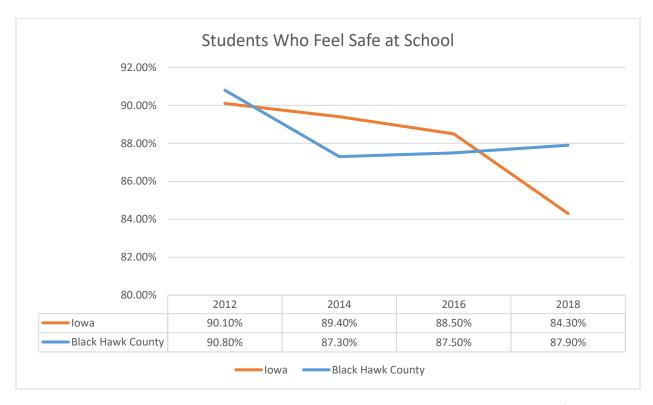


Figure 25. Proportion of survey respondents reporting they feel safe at school.⁹ For BHC, 11th grade was 82.2%, 8th grade was 88%, and 6th grade was 91.9% in 2018.

Environmental Health

The population in Iowa using public water supply has increased in the last 4 years. There has been in increase of over 60,000 residents that use public water supply instead of private well water. Moving from a private well to a public water supply may help regulate water contamination. Contamination can occur through natural sources like radon, arsenic, uranium, manganese and nitrate, or the presence of bacteria. Contamination can cause gastrointestinal disease or other adverse health outcomes if not properly treated. Although city water is not completely free of contaminants, there are water treatment methods to reduce bacteria and carcinogens that can cause illness.

Recent trends show that almost 1/3 of private wells tested for coliform bacteria are positive. In BHC over 40% of the wells tested in 2015 and 2016 were positive for coliform bacteria. The wells tested for nitrate show a decreasing trend for positive results. In 2018, less than 15% of the wells tested for nitrate were positive.

Lead exposure is another hazardous environmental factor that is occurring in BHC. The risk of developing lead poisoning or elevated blood lead levels is associated with multiple risk factors common in Waterloo and Cedar Falls. This includes houses built before 1949 and children in families with income below the federal poverty level. The map of BHC illustrates the highest risk areas for homes built earlier

than 1949, with a majority in Waterloo. Throughout the county there is a high lead risk for children under the age of 5 that belong to families earning below the federal poverty level. Western Waterloo has census blocks in both categories of high lead risk and is an area of concern.

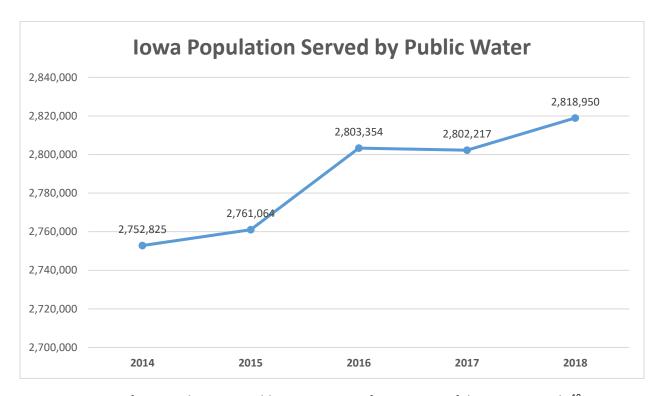


Figure 26. Count of lowans that use a public water system for a portion of their water needs. 10

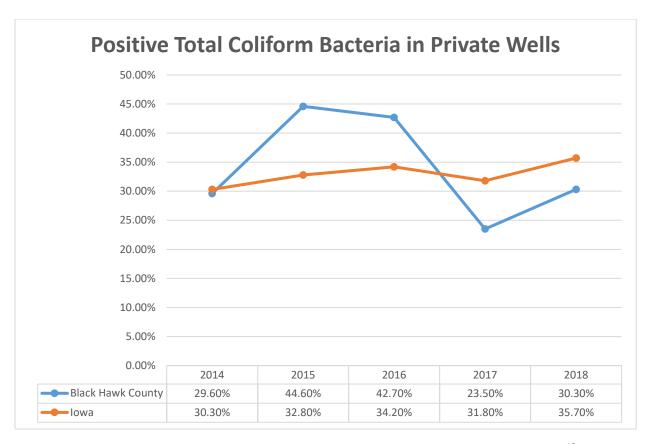


Figure 27. Proportion of positive well water tests that indicate presence of coliform bacteria. 10

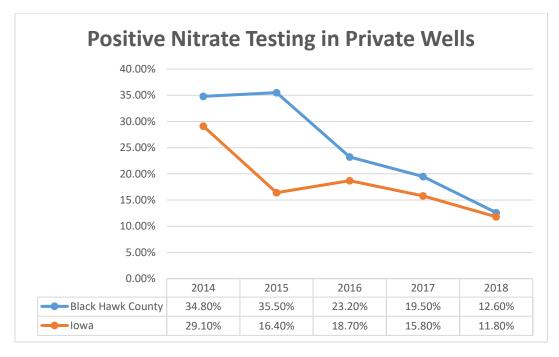


Figure 28. Proportion of positive well water tests that indicate elevated nitrate levels. 10

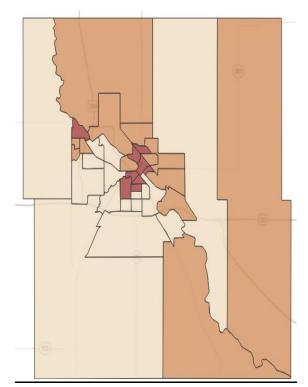


Figure 29. Five year period of lead risks for years 2012-2016. Map broken into census blocks and categorized by increasing risk levels for homes build prior to 1949. Red is the highest lead risk and tan is the lowest.¹⁰

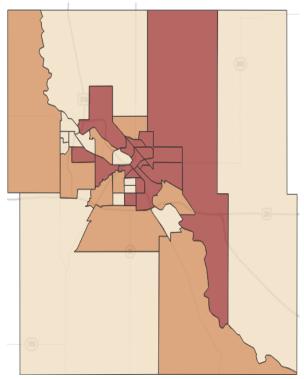


Figure 30. Five year period of lead risks for years 2012-2016. Map broken into census blocks and categorized by increasing risk levels for children under age 5. Red is the highest lead risk and tan is the lowest.¹⁰

Maternal Child Health

Birth rates in Iowa have been decreasing since 2010. BHC's birth rates have fluctuated each year but have been higher than the Iowa average for every year beside 2011. Birth rates from mothers under age 20 are similar between Iowa and BHC, and have decreased. The age of birth mothers is increasing in Iowa and BHC. The average age increased a little over 1 year from 2010 to 2018, but BHC's mothers on average are 1/3 year younger than the state average. This trend is also clear at the federal level. The CDC attributes the increase in average age to fewer teens having babies. BHC had a higher proportion of singleton births that were low birth rate compared to Iowa.

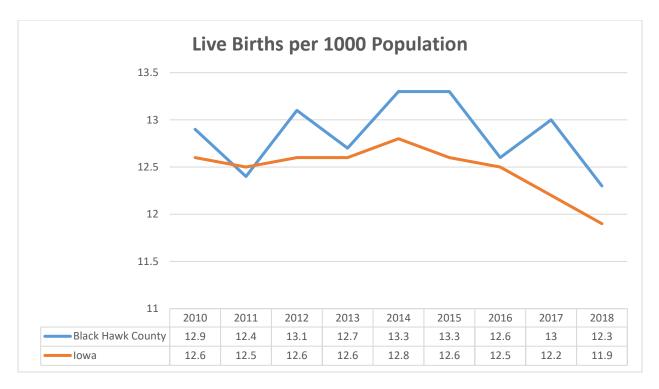


Figure 31. Trend comparison between lowa and Black Hawk County. Live birth rates include first time mothers of all ages. Rates calculated per 1000 population.¹⁰

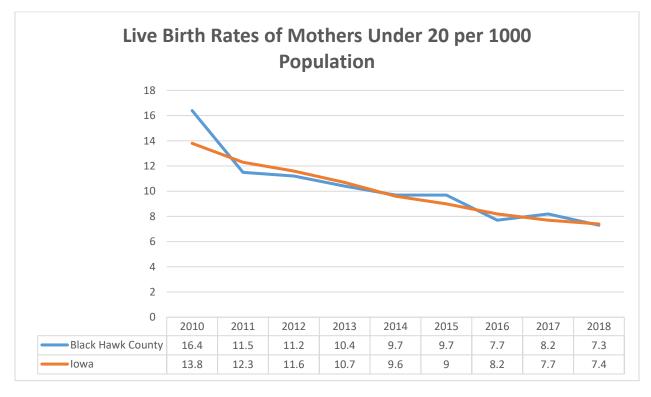


Figure 32. Trend comparison of birth rates in Iowa and Black Hawk County. Rates are first time mothers under 20 years and calculated per 1000 population.¹⁰

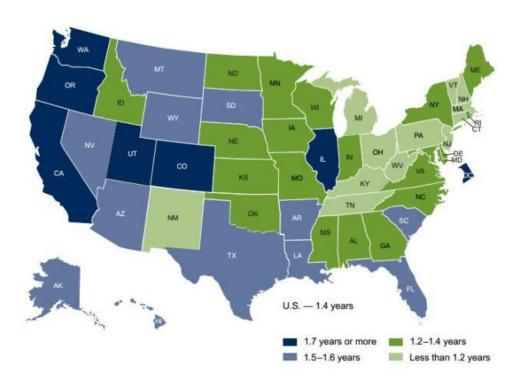


Figure 33. 2014 maternal age trends across the United States. 11

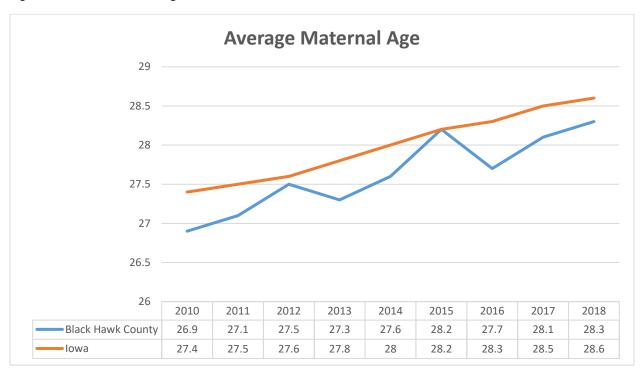


Figure 34. Average maternal age comparison between Iowa and Black Hawk County. Mothers were defined as the first name on the birth certificate. Mothers that did not birth the child were excluded. ¹⁰

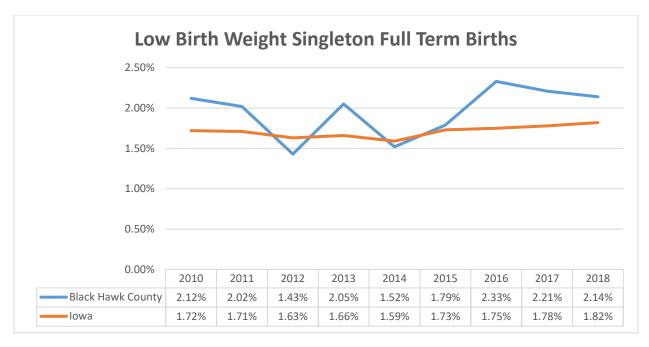


Figure 35. Trend comparison between Iowa and Black Hawk County of Iow birth weight singleton births.¹⁰

Injury and Mortality

BHC has lower 5 year age-adjusted mortality rates for transportation, poison, and fall mortality compared to lowa. Further, motor vehicle traffic and all transportation mortality is much lower than the lowa average. In BHC, less than 1% of the motor vehicle accidents result in fatality with 52.6% occurring in Waterloo and 15.8% in Cedar Falls.

BHC has a higher homicide and all other unintentional mortality rate compared to Iowa. This is potentially due to the presence of large cities in BHC. To further investigate the homicide rate, we compared BHC to Linn County and Johnson County. However, Johnson County's rate was suppressed due to their lower rates. Although Linn County has demographic and population differences compared to Black Hawk, it offers a reference point to compare BHC to other counties in Iowa. Linn County's homicide rate is only 3.5 per 100,000 compared to BHC's 4.2 per 100,000. This shows us that there might still be an underlying factor contributing to the higher rate of homicide. The United States homicide rate is 2.2X higher than BHC's (BHC = 4.2, US = 9.2), so BHC's rate is low relative to other areas in the United States.

The suicide rate in Iowa and BHC is higher than The United States average. The United States average for suicides is 13.2 per 100,000 population, which is lower than Iowa and BHC rates (Iowa = 13.8 per 100k, BHC = 14 per 100k).

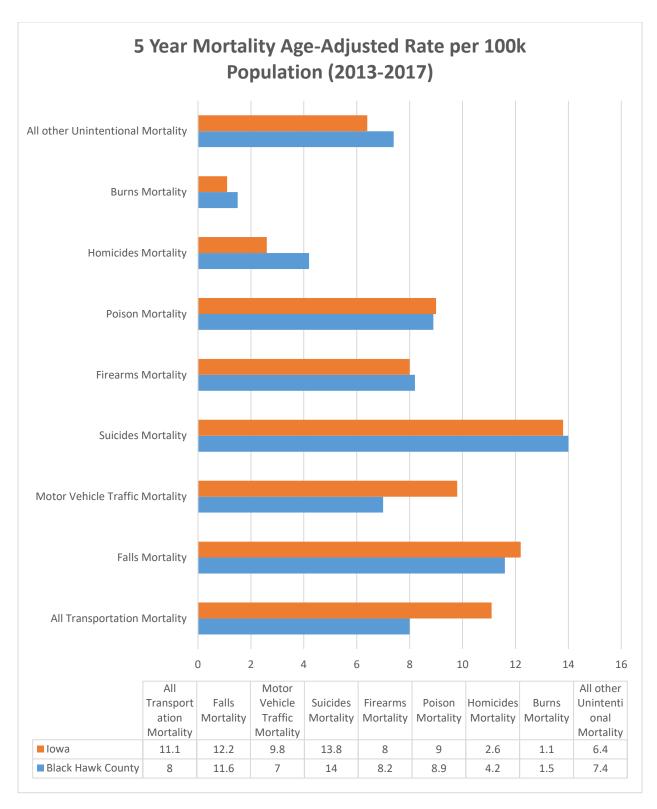


Figure 36. 2013-2017 Five year mortality rates of Iowa and BHC. All age groups were included in analysis and were age adjusted. Rates calculated per 100,000 population.¹⁵

Chronic Disease

Chronic diseases account for 7 of the 10 top leading causes of death in the United States. The top 2 leading causes of death are heart disease and cancer. According to the American Cancer Society (2019), they expect almost 6,500 lowans to die of cancer in 2019. The American Heart Association recently published an article for cardiovascular disease. They found that the cardiovascular disease death rate for lowa was 213.5 per 100,000 population for 2013-2015. This is 22.4% lower than the rate in 2003-2005 (275.1 per 100,000). The average cardiovascular disease death rate in the United States has decreased by 25.5% since 2003-2005 to 2013-2015 (297.9 to 221.9). The same cardiovascular disease death rate in the United States has decreased by 25.5% since 2003-2005 to 2013-2015 (297.9 to 221.9).

The 5-year cancer incidence for 2012-2016 is similar between BHC and the Iowa average. BHC has a lower incidence rate for colorectal cancer and thyroid cancer, but a higher breast cancer incidence rate and lung cancer rate compared to the Iowa average. The United States incidence rates for 2011-2015 were 124.7, which is lower than the BHC rate of 140.1.¹⁰

COPD hospitalization trends for Iowa and BHC are decreasing for every age group excluding 45-64 years. Although the Iowa average appears to be decreasing since 2015, BHC's rates for this group are increasing. The COPD rates in BHC have been far lower than the Iowa average. The asthma hospitalization rates for the children under the age of 5 is much higher in BHC than the rest of Iowa. In 2018, the Iowa average was only 58.0% of BHC's (BHC = 143.4, Iowa = 83.2).

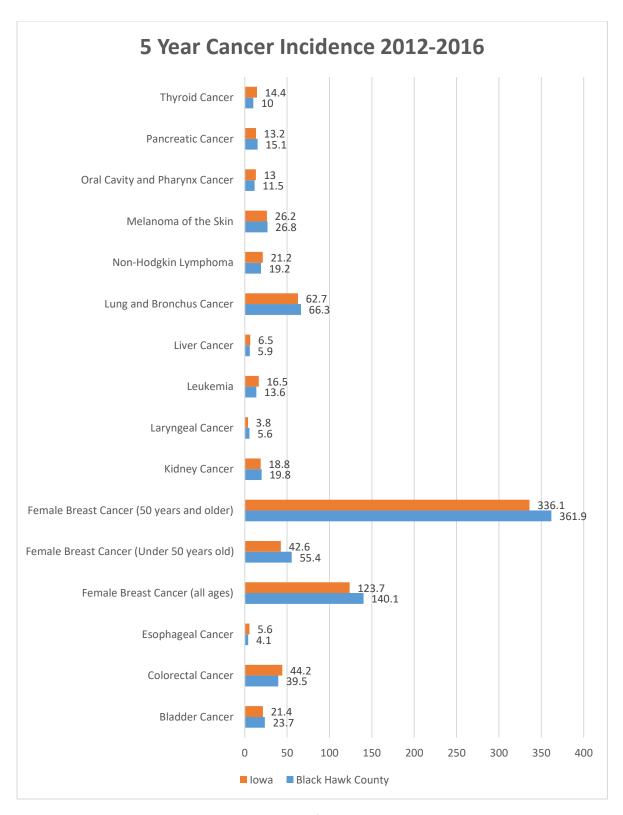


Figure 37. 2012-2016 Five year cancer incidence of Iowa and BHC. All age groups were included in analysis and were age adjusted. Female breast cancer was further broken down by age to show differences in rates. Rates calculated per 100,000 population.¹⁰

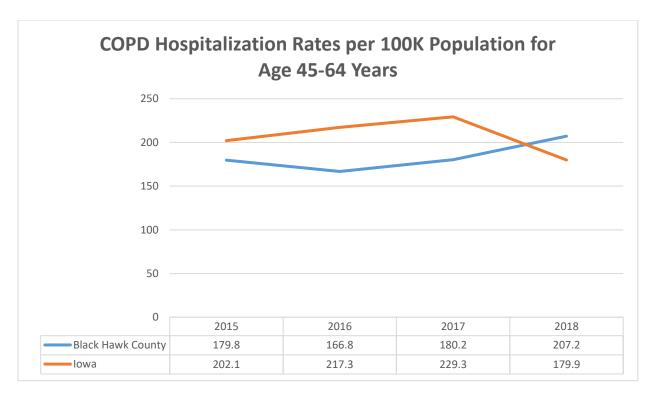


Figure 38. COPD hospitalization rates for Iowa and BHC. Rates calculated for individuals age 45-64. Rates calculated per 100,000 population.¹⁰

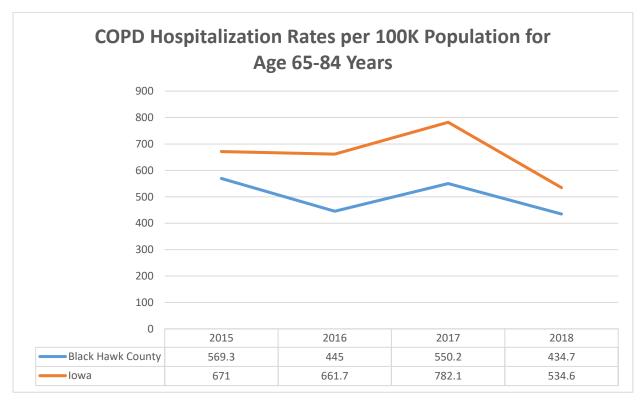


Figure 39. COPD hospitalization rates for lowa and BHC. Rates calculated for individuals age 65-84. Rates calculated per 100,000 population.¹⁰

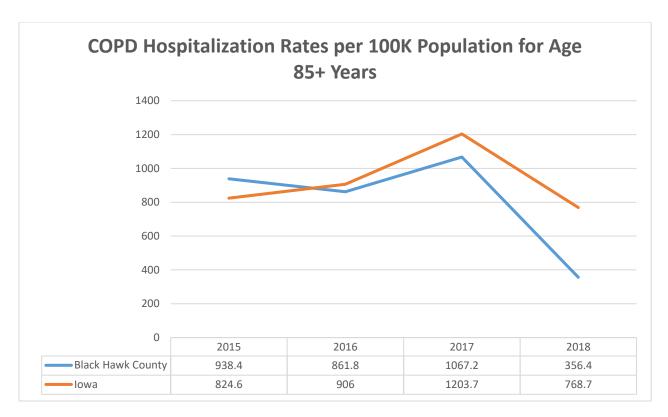


Figure 40. COPD hospitalization rates for Iowa and BHC. Rates calculated for ages 85+. Rates calculated per 100,000 population.¹⁰

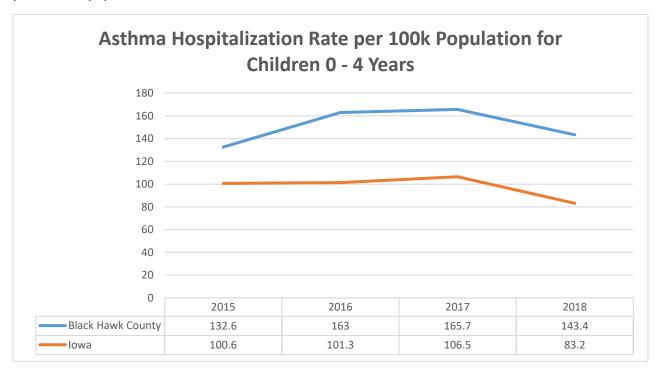


Figure 41. Asthma hospitalization rates for lowa and BHC. Rates for children under age 5 and calculated per 100,000 population.¹⁰

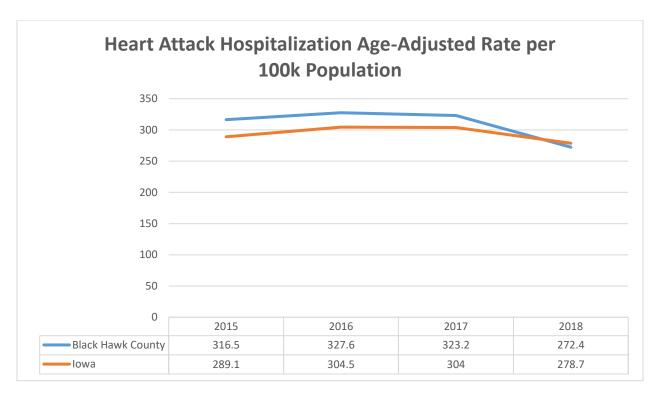


Figure 42. Heart attack hospitalization rates for Iowa and BHC. Rates include all ages and were ageadjusted. Rates calculated per 100,000 population.¹⁰

Communicable Disease

Combined cases of syphilis, chlamydia, and gonorrhea are increasing in the United States. In 2018, these sexually transmitted infections (STIs) reached an all-time high.¹¹ Medical treatment can cure these STIs, but they can cause health problems if left untreated including miscarriage, stillbirth, and newborn death. The CDC suggests that the rates are increasing due to multiple factors, including access to STI prevention and care, decreased condom use in vulnerable populations, and STI program cuts.

There has been a steady increase in STI rates in BHC and the rest of Iowa. BHC has had higher Chlamydia and Gonorrhea rates than the rest of Iowa. In 2018, Iowa ranked as one of the better states for average STI rate, but BHC had similar rates to the bottom ranking states. Although BHC does not have the worst rate in the United States, the CDC has classified it with the worst ranking counties.

Enteric diseases in BHC have been lower than the Iowa average for most years between 2006 and 2018. Both trends appear to be increasing since 2006, but the Iowa average is increasing at a faster rate than BHC. In 2018, BHC's rate for all enteric diseases was only 67.1% of Iowa's (BHC = 38.45, Iowa = 57.28). The sporadic trend of enteric diseases can be explained by clustered outbreaks. In 2015, BHC had an outbreak of diarrhea in a school, which explains why the BHC rate is higher than Iowa's for that year.

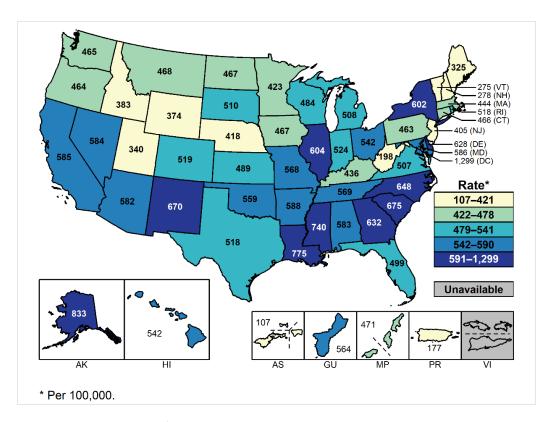


Figure 43. Sexually transmitted infection rates across the United States. Rates calculated per 100,000 population.¹¹

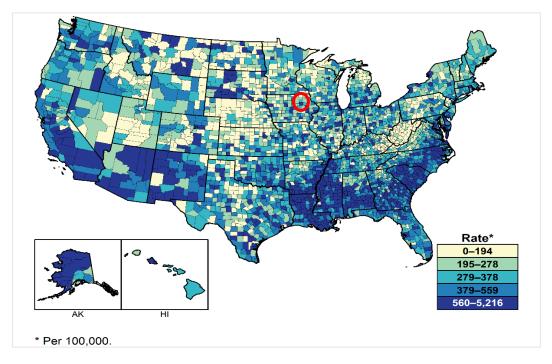


Figure 44. Sexually transmitted infection rates across the United States broken down by county. Red circle indicates BHC. Rates calculated per 100,000 population.¹¹

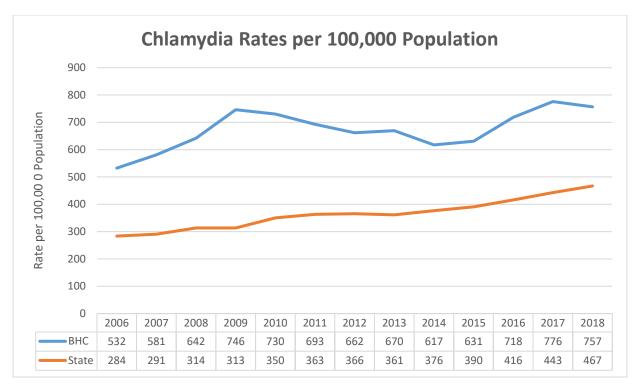


Figure 45. Chlamydia rates for Iowa and BHC. Rates calculated per 100,000 population. 10

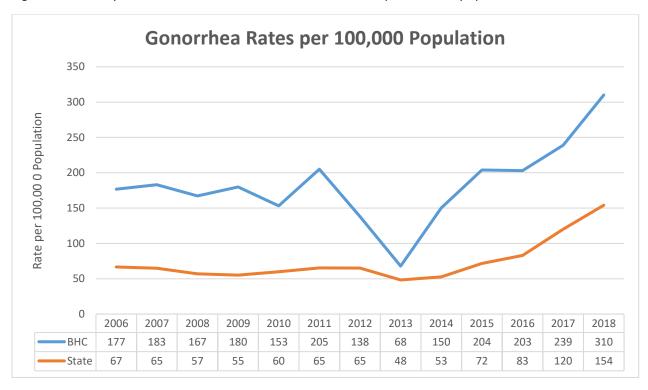


Figure 46. Gonorrhea rates for Iowa and BHC. Rates calculated per 100,000 population. 10

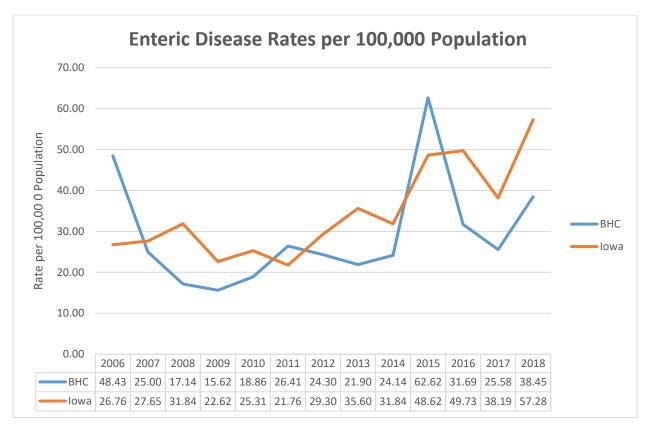


Figure 47. Enteric disease rates for Iowa and BHC. Rates calculated per 100,000 population. 10

Inpatient / Outpatient

Inpatient and Outpatient records were obtained from IDPH for discharge dates 1/1/2013 through 12/31/2017. The data query was based on principal diagnosis of the following diagnoses, mental disorders, acute myocardial infarction, heart failure, asthma, cerebrovascular diseases, and accidental falls. The ICD-9 codes were all mental health diagnoses, acute myocardial infarction, heart failure, cerebrovascular diseases (excludes transient cerebral ischemia), asthma, accidental falls, and injuries due to war by other forms of unconventional warfare. Additional ICD-9 codes were obtained for outpatient records including, oral diseases and damaged teeth. These codes represent falls and oral health. Comorbidity data was also collected for each primary diagnosis, but is not included in this report.

Inpatient

The analysis of inpatients diagnosed with asthma showed that patients were 59% female and 41% male. The average age was 25.9 years with a range of patients age 1 to 87. Children under the age of 5 made up 29.4% of the asthma patient population. The patients needing to go to the emergency room was 75%. The racial composition of these patients was 49% White, 43% Black, and 8% all other races combined.

Mental disorders made up the majority of data requested for inpatient hospitalizations. This was due to the emphasis on understanding mental health care and treatment in our community. The breakdown of patients diagnosed with mental health disorders by race showed that 82.5% were White, 14.6% were Black or African American, and 2.9% were all other races combined. The patients were 45.7% female and

54.3% male. The average age of a mental disorder patient was 37.8 years, with an age range of 5 to 91. Of patients hospitalized for a mental health disorder 79.1% were admitted through the emergency room. A majority of patients were diagnosed with mood [affective] disorders (51.0%) or mental and behavioral disorders due to psychoactive substance use (24.2%).

Patients that were diagnosed with heart failure had an average age of 73 years old. The sex distribution was 53.1% female and 46.9% male. A majority of the patients were White (85.9%). A large portion (84.0%) of the patients presented to the emergency room for their diagnosis. Patients that were diagnosed with acute myocardial infarction had an average age of 68 years. The sex distribution was 39.5% female and 60.5% male. A majority of the patients were White (87.9%). A large portion (90.6%) of the patients went to the emergency room for their diagnosis.

Patients that were diagnosed with cerebrovascular disease had an average age of 73 years old. The sex distribution was 45.9% female and 54.1% male. A majority of the patients were White (83.5%). A large portion (68.1%) of the patients presented to the emergency room for their diagnosis.

Outpatient

The analysis of outpatients diagnosed with Asthma showed that patients were 56.2% female and 43.8% male. The average age was 36.2 years with a range of patients age 0 to 105. Children under the age of 5 made up 8.9% of the Asthma patient population. Of outpatient visits for asthma, 50.1% were at an emergency room. The race composition of these patients was 60.3% White, 34.7% Black, and 4.9% all other races combined.

The breakdown of total mental health disorders by race showed that 82.1% were White, 12.9% were Black, and 5.0% were all other races combined. The patients were 48.7% female and 51.3% male. The average age of a mental disorder patient was 36 years, with an age range of 0 to 105. The patients needing to go to the emergency room was 72.3%. A largest proportion of patients were diagnosed with mood [affective] disorders (28.0%), and the next largest was pervasive and specific developmental disorders (20.3%).

Patients that were diagnosed with heart failure had an average age of 70.5 years old. The sex distribution was 47.2% female and 52.8% male. A majority of the patients were White (86.7%). A small portion (12.8%) of the patients went to the emergency room for their diagnosis. Patients that were diagnosed with acute myocardial infarction had an average age of 64.4 years. The sex distribution was 26.9% female and 73.1% male. A majority of the patients were White (87.4% were White, other race categories were too small to include without violating the data sharing agreement). A small portion (12.0%) of the patients went to the emergency room for their diagnosis.

Patients that were diagnosed with cerebrovascular disease had an average age of 66.5 years old. The sex distribution was 55.5% female and 44.5% male. A majority of the patients were White (88.7%, other race categories were too small to include without violating the data sharing agreement). A small portion (5.4%) of the patients went to the emergency room for their diagnosis.

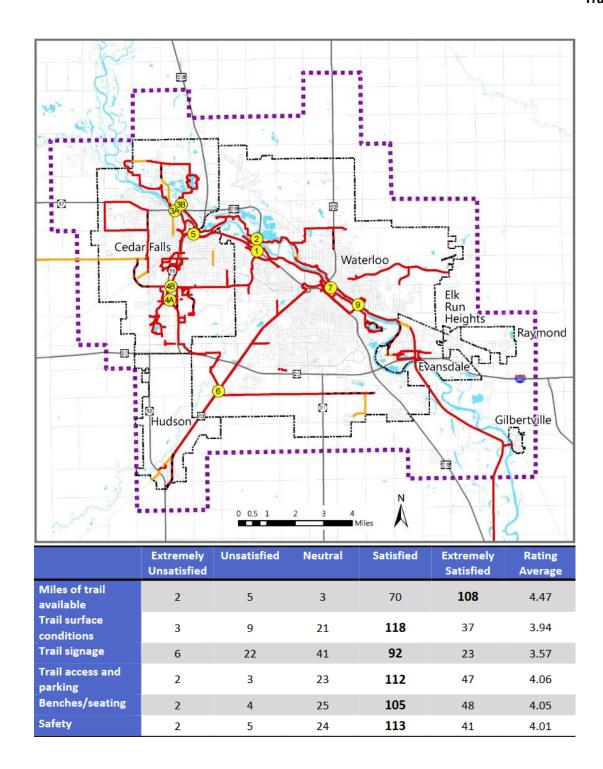


Figure 48. An online trail use survey was developed as part of the 2014 Waterloo/Cedar Falls Metropolitan Area Trail Count. The survey was open from June 15th through June 26 (2014) and consisted of 22 questions. The purpose of the survey was to determine the demographic make-up of trail users. A total of 205 surveys were submitted.

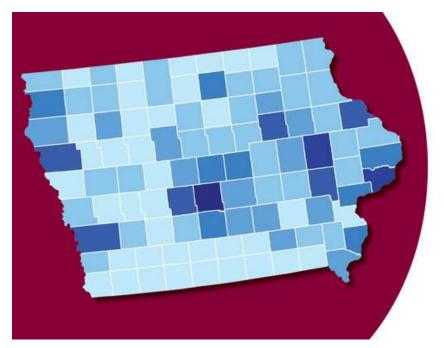
http://www.inrcog.org/pdf/2014 Trail Count Summary Report.pdf

Iowa Kids Count

lowa Kids Count looked at BHC indicators and outcomes that are associated to Adverse Childhood Experiences (ACEs). ACEs are potentially traumatic events that occur in childhood (0-17 years). They are common in the United States population with 61% of adults reporting that they had experienced at least 1 type of ACE. According to the 2016 ACEs Report, 14.5% of lowa adults report experiencing four or more ACEs. The report went on to show that 12.9% of BHC residents had four or more ACEs. ACEs have been found to have a large impact on future health, violence victimization, mental illness, substance misuse, and health opportunities. The data displayed in this section does not indicate the level of ACEs in the community, but are outcomes associated with ACEs.

According to the CDC, 1.9 million cases of heart disease and 21 million cases of depression could have been avoided if ACEs were prevented. Further, ACEs have been found to have a graded dose-response relationship with obesity, diabetes, STDs, cancer, smoking, alcoholism, and COPD. These could have been prevented by connecting youth to caring adults, strengthening economic supports for families, and ensuring a strong start for children.

The data displayed in the table shows the change from 2000 to 2017 for BHC and Iowa. Some data overlaps with the Census and BRFSS, but the Child and Family Policy Center focuses on indicators that affect children. These trends will help determine targeted interventions to help the children within BHC.







Iowa Kids Co	ount: 201	17 Snapshot		ACES
Indicator	Count	Percentage	Change from 2000	Source
Demographic				
Race and Ethnicity				
African American	3,727	13.0%		Iowa Kids Count
Asian	803	2.8%		Iowa Kids Count
Native American	140	0.5%		Iowa Kids Count
White, non-Hispanic	20,094	69.9%		Iowa Kids Count
Other	595	2.1%		Iowa Kids Count
Multiple Races	1,922	6.7%		Iowa Kids Count
Hispanic any Race	2,262	7.9%		Iowa Kids Count
	k Hawk Cou	unty		
Family and Community Economic Well-Being				
Children Living Under the Poverty Level	4,683	16.5%	+26.0%	Iowa Kids Count
Unemployed Individuals Age 16 and Over	2,592	3.8%	+29.5%	Iowa Kids Count
School Readiness and Success	,			
3- and 4- Year-Olds Participating in Preschool (2013-	1,349	40.0%	-19.0%	Iowa Kids Count
17 average)	,			
Fourth Graders Proficient in Reading (2003)	952	69.4%	+3.9%	Iowa Kids Count
Eighth Graders Proficient in Mathematics (2003)	914	76.0%	+21.5%	Iowa Kids Count
High School Graduation	1,104	89.4%	+14.6%	Iowa Kids Count
Stable, Secure Families				
Cases of Child Abuse/Neglect (rate per 1,000)	457	15.8	+8.1%	Iowa Kids Count
Single-Parent Families (2013-17 average)	5,112	36.0%	+14.9%	Iowa Kids Count
Teen Births (females 15-19 giving birth)	77	1.5%	-52.0%	Iowa Kids Count
Live Births That Are to Unmarried Teens	73	4.2%	-62.6%	Iowa Kids Count
Healthy Children				
Live Births Where Prenatal Care Began During First	1,437	83.2%	+9.6%	Iowa Kids Count
Trimester (2007)				
Infant Mortality (rate per 1,000)	8	4.6%	-34.8%	Iowa Kids Count
Child Deaths (rate per 100,000)	**	**	**	Iowa Kids Count
Low Birthweight (less than 5.5 pounds)	133	7.7%	+24.2%	Iowa Kids Count
Children Uninsured During the Year (2013-17	1,658	5.4%		Iowa Kids Count
average)				
Use of Public Supports				
Children 0-4 Receiving WIC (2003)	3,279	38.8%	+1.4%	Iowa Kids Count
Students Eligible for Free or Reduced-Price Lunch	8,891	49.6%	+38.9%	Iowa Kids Count
Individual Tax Fliers Who Receive the EITC (2016)	9,880	16.9%	+31.0%	Iowa Kids Count
Individuals Receiving Food Assistance	19,036	14.4%	+109.3%	Iowa Kids Count
Individuals Participating in Family Investment	1,617	1.2%	-63.2%	Iowa Kids Count
Program				
	lowa			
Family and Community Economic Well-Being	IUWa			
Children Living Under the Poverty Level	90,244	12.6%	+16.4%	Iowa Kids Count
Unemployed Individuals Age 16 and Over	52,524	3.1%	+20.8%	Iowa Kids Count
School Readiness and Success	J2,J24	3.170	120.070	10 Wa Kius Couilt
3- and 4- Year-Olds Participating in Preschool (2013-	37,780	47.5%	+6.5%	Iowa Kids Count
17 average)	37,760	77.5/0	10.5/0	10wa Rius Count
Fourth Graders Proficient in Reading (2003)	25,718	75.3%	-1.6%	Iowa Kids Count

ACEs

Indicator	Count	Percentage	Change from 2000	Source
Either Graders Proficient in Mathematics (2003)	25,321	76.1%	+6.1%	Iowa Kids Count
High School Graduation	31,661	91.1%	+2.6%	Iowa Kids Count
Stable, Secure Families				
Cases of Child Abuse/Neglect (rate per 1,000)	9,439	12.9	+26.0%	Iowa Kids Count
Single-Parent Families (2013-17 average)	114,705	31.0%	+24.1%	Iowa Kids Count
Teen Births (females 15-19 giving birth)	1,698	1.6%	-52.7%	Iowa Kids Count
Live Births That Are to Unmarried Teens	1,571	4.1%	-51.1%	Iowa Kids Count
Healthy Children				
Live Births Where Prenatal Care Began During First	30,236	79.1%	+11.2%	Iowa Kids Count
Trimester (2007)				
Infant Mortality (rate per 1,000)	202	5.3	-16.5%	Iowa Kids Count
Child Deaths (rate per 100,000)	99	17	-19.0%	Iowa Kids Count
Low Birthweight (less than 5.5 pounds)	2,528	6.6%	+7.3%	Iowa Kids Count
Children Uninsured During the Year (2013-17	26,207	3.4%		Iowa Kids Count
average)				
Use of Public Supports				
Children 0-4 Receiving WIC (2003)	53,604	26.9%	-4.5%	Iowa Kids Count
Students Eligible for Free or Reduced-Price Lunch	198,885	41.3%	+56.1%	Iowa Kids Count
Individual Tax Fliers Who Receive the EITC (2016)	209,230	14.5%	+37.8%	Iowa Kids Count
Individuals Receiving Food Assistance	366,070	11.6%	+173.8%	Iowa Kids Count
Individuals Participating in Family Investment	22,504	0.7%	-59.6%	Iowa Kids Count
Program				

Black Hawk County Immu	nization Rec	ommendatio	ns		
Indicator	Unit	Year Source			
		2 Year Old	Adolescent		
Immunization Series Completed	Percentage	84.5%	85.2%	IDPH	
Fulfilled DTP/DTaP or Td/Tdap Recommendation	Percentage	89.8%	90.4%	IDPH	
Fulfilled Polio Recommendation	Percentage	95.3%		IDPH	
Fulfilled Haemophilus influenzaetype B Recommendation	Percentage	92.3%		IDPH	
Fulfilled Pneumococcal Recommendation	Percentage	88.2%		IDPH	
Fulfilled Hepatitis B Recommendation	Percentage	95.9%	98.9%	IDPH	
Fulfilled MMR Recommendation	Percentage	91.8%	95.9%	IDPH	
Fulfilled Varicella Recommendation	Percentage	91.0%	93.4%	IDPH	
Fulfilled Meningococcal Recommendation	Percentage		79.3%	IDPH	
Immunization Serie	s Completed b	y Race			
White	Percentage	86.6%	88.0%	IDPH	
Black or African American	Percentage	77.4%	80.3%	IDPH	
Other Race	Percentage	83.1%	79.4%	IDPH	
Immunization Serie	es Completed l	y City			
Waterloo	Percentage	82.9%	83.2%	IDPH	
Cedar Falls	Percentage	86.2%	87.9%	IDPH	
Evansdale	Percentage	84.6%	80.0%	IDPH	

^{*}Immunization data was obtained for the 2018 school year. 2 Year olds were defined as children with birthdates ranging from 01/01/2015 through 12/31/2015. Adolescents were defined as children with birthdates ranging from 01/01/2002 through 12/13/2004.

The children age 2 vaccination recommendations are to have at least 4 DTP/DTaP, 3 Polio, 1 MMR, 3 Haemophilus influenzaetype B, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal vaccines to be classified as a complete series.

The adolescent vaccination recommendations are to have at least 3 Hepatitis B, 2 MMR, 2 Varicella, 1 Td/Tdap at age 10, 1 Meningococcal at age 10 and 1 at age 16 to be classified as a complete series.

This data is based on the number of doses of each vaccine received, and does not account for the validity of doses due to minimum spacing between doses, or children on the catch-up immunization schedule. The Meningococcal vaccine fulfillment for adolescents is likely to increase over the next several years as lowa implemented a school requirement starting in the 2017-2018 school year, and only a small fraction of the adolescents included in the data obtained would have been required to obtain the Meningococcal vaccine.

The CDC's Behavioral Risk Factor Surveillance System

The *Behavioral Risk Factor Surveillance System* (BRFSS) is a nationwide surveillance tool that aims to understand and measure the behaviors associated with adverse health outcomes within different populations. This information is then used as a tool to target specific behaviors that affect health. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world.

The data presented in this health status assessment is limited to the BHC participants of the BRFSS. The demographic distribution of the BHC participants were similar to the census distributions. However, there was a higher proportion of White, non-Hispanic participants represented than the demographic makeup within BHC. Our intention was to deliver the BRFSS data by racial ethnic groups, but there was a limited number of participants from Black Hawk County that took the survey. We were unable to break down the data by racial ethnic groups without running the risk of revealing identifiable information.

BHC data was obtained for the years 2012 through 2017. We received a total of 70 interview questions, and 43 of the 70 questions were used in analysis. The questions that were excluded were demographic information and questions that contained less than 2 years of data. The questions that were not asked in a given year are labeled with a "." and the suppressed data is marked by the symbol "**". Overall totals at the end of this section were obtained by combining all years of data (2011 - 2017). This made the proportion of Black or African American population large enough to analyze separate from the White population.



Behavioral Risk Factor Surveillance System

Rlack Ha	wk County	Rehavio	ral Rick	Factor Si				llance System
Diackila	WK County		mograph		ai veiliai i	ce syste	<u> </u>	
Indicator	Unit	De	inograpii		ear			Source
muicatoi	Offic	2012	2013	2014	2015	2016	2017	Jource
Employment status		2012	2013	2014	2013	2010	2017	
Out of work	Percentage	4.3%	4.9%	3.2%	2.6%	2.6%	3.6%	BRFSS
Retired	Percentage	33.9%	33.1%	32.1%	29.3%	36.8%	29.2%	BRFSS
Unable to work	Percentage	4.0%	5.6%	4.9%	5.8%	3.7%	5.2%	BRFSS
Income level	rerecitage	4.070	3.070	7.570	3.070	3.770	3.270	DIVI 33
Less than \$10,000	Percentage	4.7%	4.9%	2.3%	**	2.2%	5.8%	BRFSS
\$10,000 to less than \$15,000	Percentage	6.1%	5.2%	3.2%	8.0%	4.0%	4.0%	BRFSS
\$15,000 to less than \$20,000	Percentage	5.1%	8.2%	6.5%	5.8%	7.0%	7.6%	BRFSS
\$20,000 to less than \$25,000	Percentage	10.1%	7.9%	7.5%	4.9%	7.4%	6.4%	BRFSS
\$25,000 to less than \$35,000	Percentage	6.9%	10.8%	13.3%	7.6%	5.9%	6.7%	BRFSS
\$35,000 to less than \$50,000	Percentage	13.0%	13.1%	14.6%	12.4%	13.6%	13.7%	BRFSS
\$50,000 to less than \$75,000	Percentage	15.2%	14.4%	16.2%	14.7%	15.8%	19.1%	BRFSS
\$75,000 or more	Percentage	24.5%	24.3%	20.8%	24.9%	28.3%	22.2%	BRFSS
Rent home	Percentage	18.4%	20.7%	21.4%	20.9%	19.9%	24.0%	BRFSS
Activity limitation due to	Percentage	25.3%	22.3%	22.4%	19.1%	22.8%		BRFSS
health problems								
Health problems requiring	Percentage		9.2%	11.7%	12.9%	9.2%		BRFSS
special equipment								
	•	General	Health P	roblems	<u> </u>			•
Self-Rating of Health								
Excellent	Percentage	15.9%	13.4%	17.5%	15.1%	13.6%	14.3%	BRFSS
Very good	Percentage	33.6%	38.4%	33.4%	32.0%	39.0%	37.4%	BRFSS
Good	Percentage	35.0%	33.8%	31.5%	34.2%	35.3%	34.3%	BRFSS
Fair	Percentage	11.2%	11.5%	13.6%	12.4%	**	9.7%	BRFSS
Poor	Percentage	3.6%	2.6%	3.6%	5.8%	**	4.3%	BRFSS
Number of Days physical	Average	3.3	3.5	3.4	4	2.5	3.6	BRFSS
health not good in last 30 days								
Number of days mental health	Average	2.6	2.6	2.6	3.6	2.4	2.8	BRFSS
not good in last 30 days								
	_	Healt	th Care A	ccess				
Have any health care coverage	Percentage	92.1%	90.8%	94.5%	94.2%	98.9%	92.7%	BRFSS
Could not see doctor because of cost	Percentage	7.2%	5.9%	5.8%	6.2%	4.8%	4.6%	BRFSS
More than 2 years since last routine checkup	Percentage	10.5%	13.8%	10.0%	13.3%	9.5%	14.9%	BRFSS
Without health care coverage 12 months	Percentage	**	3.3%	2.3%	**	**	**	BRFSS
Adults who received dental care within the past year	Percentage	77.3%		73.4%		76.1%		BRFSS
Experienced a barrier to medical care in the last 12 months	Percentage	•	20.4%	16.1%				BRFSS

Behavioral Risk Factor Surveillance System

		Heart di	sease and	stroke				
Indicator	Unit				ear			Source
		2012	2013	2014	2015	2016	2017	
Ever diagnosed with heart	Percentage	7.6%	6.6%	6.8%	5.3%	5.5%	4.0%	BRFSS
attack								
Ever diagnosed with angina or	Percentage	5.1%	6.9%	8.4%	4.9%	2.9%	6.1%	BRFSS
coronary heart disease								
Ever diagnosed with stroke	Percentage	5.8%	5.2%	5.5%	3.1%	5.1%	2.7%	BRFSS
Taking Aspirin to reduce	Percentage		28.9%		24.4%		26.4%	BRFSS
chance of heart attack								
Taking Aspirin to reduce	Percentage	•	23.9%	•	20.0%	•	21.0%	BRFSS
chance of stroke								
Ever told blood pressure high	Percentage		36.1%	•	41.3%		36.8%	BRFSS
(excluding only during								
pregnancy)								
Currently taking blood	Percentage	•	29.8%	•	34.2%	•	27.1%	BRFSS
pressure medication					_		_	
Ever told blood cholesterol	Percentage		39.7%		34.7%		36.8%	BRFSS
high	_							
Doctor advised reduced	Percentage	•	18.0%	•	20.4%	•	9.7%	BRFSS
sodium/salt intake			40.00/		52.00/		24.00/	DDECC
Watching sodium or salt intake	Percentage		48.9%		52.0%		21.0%	BRFSS
	Ι		ental Heal		10.60/	42.50/	40.50/	DDESS
Ever told you had a depressive	Percentage	17.0%	20.0%	20.8%	19.6%	12.5%	19.5%	BRFSS
disorder	Davasatasa	17.00/	10.20/	10.70/	10.00/	14.00/		
Ever told you had a depressive	Percentage	17.0%	19.2%	18.7%	19.0%	14.8%		
disorder (Iowa average) Felt depressed in last 30 days	Dorsontago	12.7%	13.1%	4.5%	4.5%		3.3%	BRFSS
Felt hopeless in last 30 days	Percentage		18.3%	7.4%	8.0%	•	5.2%	BRFSS
Felt restless in last 30 days	Percentage	16.9%			20.0%	•		BRFSS
	Percentage	22.7%	45.9%	17.5%	1	•	14.3%	ł
Felt worthless in last 30 days	Percentage	10.0%	11.8%	4.2%	4.4%	•	2.4%	BRFSS
Felt nervous in last 30 days	Percentage	48.7%	50.8% 28.8%	20.7%	23.1%	•	18.3%	BRFSS BRFSS
Felt everything was an effort	Percentage	25.8%		13.3%	12.8%	•	8.8%	DKF33
Computed BMI categories		Turiess ar	lu Pilysica	II ACTIVITY				
Overweight	Percentage	36.8%	37.0%	34.4%	27.6%	34.6%	31.9%	BRFSS
Obese Obese	Percentage	26.4%	28.2%	30.2%	28.4%	29.0%	29.2%	BRFSS
Exercised in past 30 days	Percentage	74.4%	64.6%	76.9%	67.6%	75.4%	70.2%	BRFSS
Neighborhood streets have	Percentage	74.4/0	04.070	10.3/0	27.1%	58.8%	29.5%	BRFSS
sidewalks	reiteiltage	•	•	•	27.1/0	30.070	25.5/0	ככ וווט
Unpleasant rating for	Percentage				**	3.6%	3.3%	BRFSS
neighborhood walking	Ciccinage			•		3.070	3.370	5.11.55
Use schools resources for	Percentage				8.4%	18.0%	11.2%	BRFSS
public recreational activities	· crecinage	•			3.470	10.070	11.2/0	5111 55
Did not meet requirements of	Percentage		47.9%		49.4%		45.6%	BRFSS
physical activity	· crecinage	•	17.570	•	13.470		13.070	5111 55
Did not meet requirements of	Percentage		73.0%	_	70.6%	_	69.3%	BRFSS
either aerobic activity,		•	. 3.3/0	•	7 3.370		33.370	55
CILITAL ACTORIC ACTIVITY.								

			Nutrition					
Indicator	Unit			Source				
		2012	2013	2014	2015	2016	2017	
Eat at least 1 Fruit a Day								
United States Average	Percentage		60.3%	•	67.6%			BRFSS
Iowa Average	Percentage	•	60.8%	•	58.3%	•	•	BRFSS
Black Hawk County	Percentage		54.0%	•	50.2%			BRFSS
Eat at Least 1 Vegetable a Day								
United States Average	Percentage		76.1%		77.9%			BRFSS
Iowa Average	Percentage		73.2%		73.1%			BRFSS
Black Hawk County								
Dark Green Vegetables	Percentage		13.8%		15.1%			BRFSS
Orange-Colored Vegetables	Percentage		11.6%		9.5%			BRFSS
Other Vegetables	Percentage		40.0%		39.7%			BRFSS
			Falls					
Fell in the past 12 months	Percentage			24.8%		27.2%		BRFSS
Times fallen in last 12 months	Average			2.5		2.7		BRFSS
Injured in a fall	Percentage			5.2%		5.3%		BRFSS

	Overall Average (2011-2017)									
Indicator	Unit	White	African	Date Range	Source					
			American/Black							
	General Health									
Self-Rating of Health										
Excellent	Percentage	16.5%	7.6%	2011-2017	BRFSS					
Very good	Percentage	37.2%	23.7%	2011-2017	BRFSS					
Good	Percentage	32.8%	38.9%	2011-2017	BRFSS					
Fair	Percentage	10.1%	24.4%	2011-2017	BRFSS					
Poor	Percentage	3.4%	5.3%	2011-2017	BRFSS					
Number of Days physical health	Average	3.3	3.7	2011-2017	BRFSS					
not good in last 30 days										
Number of days mental health	Average	2.7	3.4	2011-2017	BRFSS					
not good in last 30 days										
		Health Care A	1							
Have any health care coverage	Percentage	94.6%	86.9%	2011-2017	BRFSS					
Could not see doctor because of	Percentage	5.1%	16.0%	2011-2017	BRFSS					
cost										
More than 2 years since last	Percentage	12.2%	5.4%	2011-2017	BRFSS					
routine checkup										
	H	eart Disease an	d Stroke							
Ever diagnosed with heart attack	Percentage	5.5%	7.7%	2011-2017	BRFSS					
		Mental Hea	lth							
Ever told you had a depressive	Percentage	17.4%	22.9%	2011-2017	BRFSS					
disorder										
	Fitr	ess and Physic	al Activity							
Categorized as Overweight	Percentage	37.1%	33.0%	2011-2017	BRFSS					

Behavioral Risk Factor Surveillance System

Categorized as Obese	Percentage	29.3%	49.6%	2011-2017	BRFSS
Exercised in past 30 days	Percentage	75.3%	53.4%	2011-2017	BRFSS

^{*}Overall data only included date ranges of 2011-2017 due to small population sizes. We were only able to break down by race for the White population and Black/African American due to too small of population sizes in other races. This occurred even when combining all other races groups into one. Data displayed in the table were the only indicators that had ample population sizes to analyze.

500 Cities Project

The 500 Cities Project is a collaborative project between the CDC Foundation and The Robert Wood Johnson Foundation. It first launched in 2015 and has been extended through 2020. The 500 Cities Project aims to provide census tract-level data on chronic disease measurements for the 500 largest cities in the United States. This information complements other data obtained by the County Health Rankings and Roadmaps, the Census Bureau, and the BRFSS. With this information it is possible to develop more targeted interventions for cities.

A total of 103,020,808 people were included, which represents 33.4% of the United States population. The city's population ranged from 42,417 to 8,175,133. Waterloo, Iowa was listed as one of the 500 cities evaluated in the project. The other cities in Iowa included were Des Moines, Cedar Rapids, Davenport, Sioux City, and Iowa City. There were 24 measures analyzed to understand behavioral risk factors and chronic disease.

This report used the most recent data published, which was from 2016 and 2017. Indicators were measured in crude rates and age-adjusted rates. A side by side comparison between 2016 and 2017 was created to identify and trends between the years. The second table compares the United States 500 City average, Cedar Rapids, Iowa City, and Waterloo. This assessment will continue to add data as it is released in order to better identify and target public health threats in Waterloo, Iowa.



	500 Cities	Project: Waterloo, low	a (City Average)	
Indicators	Units	Ye		Data Source
		2016	2017	
		Age Adjusted Prevalence	Age Adjusted Prevalence	
Arthritis	Prevalence %	25.6%	25%	500 Cities Project
Binge Drinking	Prevalence %	21.5%	22.2%	500 Cities Project
Cancer (except skin)	Prevalence %	6.2%	6.4%	500 Cities Project
Chronic Kidney Disease	Prevalence %	2.8%	3%	500 Cities Project
COPD	Prevalence %	6.2%	6.9%	500 Cities Project
Core preventive services				
Older men	Prevalence %	51.8%	51.8%	500 Cities Project
Older women	Prevalence %	35.6%	35.6%	500 Cities Project
Coronary Heart Disease	Prevalence %	6.1%	6.1%	500 Cities Project
Current Asthma	Prevalence %	8.9%	9.8%	500 Cities Project
Current Smoking	Prevalence %	20.2%	22.9%	500 Cities Project
Diabetes	Prevalence %	10.7%	10.0%	500 Cities Project
Lack Health Insurance	Prevalence %	10.0%	12.0%	500 Cities Project
Cholesterol Screening	Prevalence %	**	73.8%	500 Cities Project
High Blood Pressure	Prevalence %	**	31.0%	500 Cities Project
High Cholesterol	Prevalence %	**	31.5%	500 Cities Project
Mental Health Not Good	Prevalence %	12.3%	13.2%	500 Cities Project
Obesity	Prevalence %	35.6%	36.7%	500 Cities Project
Pap Smear Test	Prevalence %	78.5%	78.5%	500 Cities Project
Physical Health	Prevalence %	11.4%	12.1%	500 Cities Project
Physical Inactivity	Prevalence %	26.4%	28.6%	500 Cities Project
Sleep <7 hours	Prevalence %	30.4%	30.4%	500 Cities Project
Stroke	Prevalence %	3.4%	3.3%	500 Cities Project
Taking Blood Pressure	Prevalence %	**	58.8%	500 Cities Project
Medication			33.570	
Teeth Loss among adults	Prevalence %	16.0%	16.0%	500 Cities Project
>=65 years				

	500 Cities Project: Age-Adjusted Rates 2017								
Indicators	Units	Units Cities in Iowa and United States Average Data Source							
		United States	Cedar Rapids	Iowa City	Waterloo				
Arthritis	Prevalence %	22.1%	20.9%	21.9%	25%	500 Cities Project			
Binge Drinking	Prevalence %	18.1%	21.1%	20.4%	22.2%	500 Cities Project			
Cancer (except skin)	Prevalence %	6%	6.7%	6.5%	6.4%	500 Cities Project			
Chronic Kidney Disease	Prevalence %	2.9%	2.6%	2.75	3%	500 Cities Project			
COPD	Prevalence %	5.9%	5.7%	5.2%	6.9%	500 Cities Project			
Core preventive services									
Older men	Prevalence %	35%	44.9%	46.6%	51.8%	500 Cities Project			
Older women	Prevalence %	31.5%	40.2%	37.8%	35.6%	500 Cities Project			
Coronary Heart Disease	Prevalence %	5.6%	5.2%	5.1%	6.1%	500 Cities Project			
Current Asthma	Prevalence %	8.9%	9.2%	8.9%	9.8%	500 Cities Project			
Current Smoking	Prevalence %	16.7%	18.9%	15.3%	22.9%	500 Cities Project			

Indicators	Units	Cities in	Cities in Iowa and United States Average				
		United States	Cedar Rapids	Iowa City	Waterloo		
Diabetes	Prevalence %	9.6%	8.3%	8.6%	10%	500 Cities Project	
Lack Health Insurance	Prevalence %	15.2%	9.1%	8.7%	12%	500 Cities Project	
Cholesterol Screening	Prevalence %	80.3%	75.6%	76.3%	73.8%	500 Cities Project	
High Blood Pressure	Prevalence %	29.7%	27.1%	28.7%	31%	500 Cities Project	
High Cholesterol	Prevalence %	29.3%	29.5%	28%	31.5%	500 Cities Project	
Mental Health Not Good	Prevalence %	12.6%	11.8%	11.2%	13.2%	500 Cities Project	
Obesity	Prevalence %	29.9%	34.5%	32.7%	36.7%	500 Cities Project	
Pap Smear Test	Prevalence %	80.3%	83.1%	79.9%	78.5%	500 Cities Project	
Physical Health Not	Prevalence %	11.7%	9.8%	9.6%	12.1%	500 Cities Project	
Good	Frevalence /0	11.770	11.7% 9.8%	9.070	12.1%	300 Cities Project	
Physical Inactivity	Prevalence %	26.2%	24%	22.1%	28.6%	500 Cities Project	
Sleep <7 hours	Prevalence %	35.1%	28.4%	27.5%	30.4%	500 Cities Project	
Stroke	Prevalence %	2.9%	2.7%	2.6%	3.3%	500 Cities Project	
Taking Blood Pressure	Prevalence %	56.2%	57%	59.1%	58.8%	EOO Cities Project	
Medication	Prevalence %	30.2%	3770	39.1%	36.6%	500 Cities Project	
Teeth Loss among adults	Prevalence %	15%	13%	10.1%	16%	500 Cities Project	
>=65 years	Frevalence %	13/0	13/0	10.1/0	10/0	Joo Cities Project	

County Data

Indicators Units Year Source 2015 2016 2017 2018 Total Population Number 133,711 133,116 132,409 132,408 Census, 2018 est Growth From Last Year Percentage 0.2% -0.4% -0.5% 0.0% Census, 2018 est Sex Male Percentage 49% 49% 49.1% 49.2% Census, 2018 est	timates timates								
Total Population Number 133,711 133,116 132,409 132,408 Census, 2018 est Growth From Last Year Percentage 0.2% -0.4% -0.5% 0.0% Census, 2018 est Sex	timates timates								
Growth From Last Year Percentage 0.2% -0.4% -0.5% 0.0% Census, 2018 est	timates timates								
Sex	timates								
Malo Porcentago 40% 40% 40.1% 40.3% Consus 2019 and									
Male	timates								
Female Percentage 51% 51% 50.9% 50.8% Census, 2018 est									
Race and Ethnicity									
Non-Hispanic White Percentage 84.0% 83.7% 83.4% 83.0% Census, 2018 est	timates								
Non-Hispanic Black or African Percentage 10.5% 10.6% 10.8% 11.0% Census, 2018 est	timates								
American									
American Indian/Alaska Native Percentage 0.6% 0.6% 0.6% 0.6% Census, 2018 est	timates								
Asian Percentage 2.6% 2.7% 2.9% 3.0% Census, 2018 est	timates								
Native Hawaiian/Pacific Percentage 0.3% 0.4% 0.4% Census, 2018 est	timates								
Islander									
Hispanic Percentage 4.5% 4.5% 4.6% 4.7% Census, 2018 est	timates								
Highest Education Achieved (Population 25 and Over)									
Less than 9 th Grade Percentage 3.1% 3.6% 3.4% . Census, 2015-20	17								
9 th to 12 th Grade, No Diploma Percentage 5.9% 5.1% 6.5% . Census, 2015-20	17								
High School Diploma Percentage 30.0% 31.7% 28.5% . Census, 2015-20	17								
Some College, No Degree Percentage 21.6% 21.5% 20.2% . Census, 2015-20	17								
Associate's Degree Percentage 10.2% 9.9% 13.0% . Census, 2015-20	17								
Bachelor's Degree Percentage 18.5% 18.4% 18.4% . Census, 2015-20	17								
Graduate or Professional Percentage 10.7% 9.7% 9.8% . Census, 2015-20	17								
Degree									
Age (years)									
Under 5 Percentage 6.4% 6.4% 6.3% Census, 2018									
5 to 14 Percentage 11.9% 11.9% 12.0% Census, 2018									
15 to 19 Percentage 7.0% 7.0% 6.8% 6.8% Census, 2018									
20 to 24 Percentage 12.0% 11.8% 11.5% 11.3% Census, 2018									
25 to 34 Percentage 13.2% 13.0% 13.1% Census, 2018									
35 to 44 Percentage 10.9% 10.9% 11.2% 11.4% Census, 2018									
45 to 54 Percentage 11.1% 10.9% 10.7% 10.4% Census, 2018									
55 to 64 Percentage 12.5% 12.5% 12.4% 12.2% Census, 2018									
65 to 74 Percentage 8.2% 8.6% 9.0% 9.3% Census, 2018									
75+ Percentage 6.9% 6.9% 7.0% 7.1% Census, 2018									
Voting									
Republican Voters Registered Number . 21,154 . 20,650 Iowa Secretary c	of State								
Republic Voter Turnout Percentage . 3.9% . 7.9% Iowa Secretary c	of State								
Democratic Voter Registered Number . 29,428 . 28,417 Iowa Secretary c	of State								
Democratic Voter Turnout Percentage . 11.7% . 21.8% Iowa Secretary c	of State								

		Transp	ortation			
Indicators	Units		Yea		Source	
		2015 2016 2017 2018				
Method of Travel for Work						
Drove Alone	Percentage	82.7%	82.4%	82.1%		Census
Carpooled	Percentage	7.9%	8.3%	8.5%		Census
Walked	Percentage	4.6%	4.6%	4.1%		Census
Travel Time to Work						
U.S. Average	Minutes	15.2	15.2	15.2		Census
Iowa Average	Minutes	19.0	19.0	19.4		Census

	Socioeco	nomic Char	acterist	ics				
Poverty (Families and Pe	ople Whose I	ncome In The I	Past 12 N	Months Is Belov	w Poverty Le	evel)		
Indicators	Units			Year		Source		
		2015		2016	2017			
Total Population	Percentage	13.7%		17.1%	15.9%	Census, 2015- 2017		
All Families	Percentage	6.7%		10.6%	11.3%			
Families (with children under 18 years)	Percentage	12.8%		17.9%	17.1%	Census, 2015- 2017		
Married Couple (with children under 18 years)	Percentage	3.4%		7.3%	7.4%			
Single Female (with children under 18 years)	Percentage	32.5%	32.5% 46.3%		38.1%	Census, 2015- 2017		
Poverty by Race and Ethnicity								
White	Percentage	10.7%		14.7%	14.9%	Census		
Black	Percentage	39.3%		40.1%	27.5%	Census		
Asian	Percentage	**		**	**	Census		
Native American	Percentage	**		**	**	Census		
Native Hawaiian / Pacific Islander	Percentage	**		**	**	Census		
Two or more races	Percentage	**		**	25.6%	Census		
Hispanic (of any race)	Percentage	15.1%		27.4% **		Census		
Food Stamp	s / Supplemer	ntal Nutrition Assistance Program (SNAP)						
Indicators	Units			Year		Source		
		2015	2016	2017	2018			
Total Households	Percentage	11.7%	13.1%	14.2%	•	Census		
Married-couple family	Percentage	21.8%	25.5%	21.6%	•	Census		
Married-couple family (with children under 18 years)	Percentage	14.0%	17.6%	19.2%		Census		
Single Female	Percentage	39.7%	36.1%	30.4%		Census		
Single Female (with children under 18 years)	Percentage	33.7%	31.6%	24.9%		Census		
Householder Race								
White - not Hispanic or Latino	Percentage	65.8%	66.9%	67.7%		Census		
Black or African American	Percentage	27.2%	26.0%	26.2%		Census		
American Indian / Alaska Native	Percentage	**	**	**		Census		
Asian	Percentage	**	1.3%	1.8%		Census		

Indicators	Units		Ye	ar		Source
		2015	2016	2017	2018	
Native Hawaiian/Pacific Islander	Percentage	**	**	**		Census
Two or more races	Percentage	0.9%	**	0.5%		Census
Hispanic or Latino origin (of any race)	Percentage	4.3%	2.1%	3.3%		Census
Disability Status (with one or more people	Percentage	28.7%	36.8%	38.6%		Census
with a disability)						
	Prevalence of F	ood Insecu	ırity			
Iowa		1	-2012	2014-2	:016	
		Ave	rage	Avera	ige	
Total Population	Percentage		.7%	11.5	•	Iowa State
Income <= 185% of Poverty	Percentage		6%	6.69	/ 6	Iowa State
Income > 185% Poverty	Percentage		0%	4.9%		Iowa State
Children <18 Years	Percentage			15.9		Iowa State
Children Likely Ineligible for Nutrition	Percentage			6.9%		Iowa State
Assistance	. 5. 55		•	0.07		
Black Hawk County		2010	-2012	2014-2	016	
,			rage	Avera		
Total Population	Percentage		<u>.</u> 6%	14.3	_	Iowa State
Income <= 185% of Poverty	Percentage	1	5%	8.9%		Iowa State
Income > 185% Poverty	Percentage		1%	5.4%		Iowa State
Children <18 Years	Percentage		•	17.5%		Iowa State
Children Likely Ineligible for Nutrition	Percentage			7.0%		Iowa State
Assistance						
Employment (Popu	lation 16 Years	and Over	in Civilian L	abor Force)		
Indicators	Units		Ye			Source
		2015	2016	2017	2018	
Unemployment Rate	Percentage	6.6%	6.3%	5.3%		Census, 2015- 2017
Household income less than \$10,000	Percentage	7.9%	8.0%	7.5%		Census, 2015- 2017
Household income \$10,000 to \$24,999	Percentage	16.0%	15.3%	15.8%		Census, 2015- 2017
Household income \$25,000 to \$49,999	Percentage	27.5%	26.3%	25.7%		Census, 2015- 2017
Household income \$50,000 to \$74,999	Percentage	20.3%	20.3%	19.1%		Census, 2015- 2017
Household income \$75,000 to \$99,999	Percentage	11.8%	12.9%	13.0%		Census, 2015- 2017
Household income \$100,000 to \$149,000	Percentage	11.5%	11.7%	12.5% .		Census, 2015- 2017
Household income \$150,000 +	Percentage	5.0%	5.4%	6.4%		Census, 2015- 2017
Median household income	Number	\$48,369	\$50,348	\$50,916		Census, 2015- 2017

Housing	burden (30% or	more of inc	come to re	nt)		
Indicators	Units		Yea	r		Source
		2015	2016	2017	2018	
Renter	Percentage	50.9%	50.2%	49.1%		Census, 2015- 2017
Owned (with a mortgage)	Percentage	20.7%	19.7%	20.5%		Census, 2015- 2017
Owned (without a mortgage)	Percentage	8.5%	8.9%	10.1%		Census, 2015- 2017
	Health Resource	ce Availabi	lity			
Uninsured (under 65 years)	Percentage	14.2%	13.7%	13.2%		Census, 2015- 2017
Uninsured adults	Percentage	7%	6%			County Health Rankings
Uninsured children	Percentage	4%	3%			County Health Rankings
Race and Ethnicity by Uninsured						
White	Percentage	5.7%	4.8%	4.5%	•	Census, 2015- 2017
Black or African American	Percentage	14.8%	9.1%	8.0%		Census, 2015- 2017
American Indian / Alaska Native	Percentage	**	**	**		Census, 2015- 2017
Asian	Percentage	**	**	**		Census, 2015- 2017
Native Hawaiian / Pacific Islander	Percentage	**	**	**		Census, 2015- 2017
Two or more races	Percentage	**	**	**	•	Census, 2015- 2017
Hispanic or Latino (of any race)	Percentage	26.7%	15.6%	**		Census, 2015- 2017
Disability Status (with a disability)	Percentage	3.9%	2.9%	2.8%	•	Census, 2015- 2017
Preventable Hospital Stays (per Medicare enrollee)	Rate per 100k	3570	3456		•	County Health Rankings
Access to Providers						
Primary care physician	Ratio	1103:1	1072:1	•	•	County Health Rankings
Dental provider	Ratio	1451:1	1399:1	1382:1	•	County Health Rankings
Mental health provider	Ratio				660:1	County Health Rankings
Mammography screening (% Medicare enrollees screened)	Percentage	53%	52%		•	County Health Rankings
Flu vaccinations (% Medicare enrollees screened)	Percentage	57%	56%			County Health Rankings

Indicators	Units		Ye	ar		Source	
		2015	2016	2017	2018		
Residents with Access to Exercise	Percentage	66.4%	79.8%	79.8%	86.6%	County Health	
Opportunities						Rankings	
	Additional SES	factors					
Homicides (2011 – 2017)	Rate per 100k	4			County Health Rankings		
Firearm fatalities (2013 – 2017)	Number		56		County Health Rankings		
Firearm fatalities (2013 – 2017)	Rate per 100k		8		County Health Rankings		
Children eligible for free or reduced price	Percentage				County	Health Rankings	
lunch (2016 – 2017)			50%				
Children in single-parent households (2013 –	Percentage		32%		County	Health Rankings	
2017)							
Violent crime (2014 & 2016)	Rate per 100k	511			County Health Rankings		
Injury deaths (2013 – 2017)	Rate per 100k		60 County Health Ranking			Health Rankings	

		Student	Enrollmen	t by Schoo	l District	
Indicators	Units		Ye	ar		Source
		2015	2016	2017	2018	
	Sc	hool Enrollmen	t (Rounded t	o the neares	t whole num	nber)
Cedar Falls	Number	5052	5147	5128	5238	Iowa Department of Education
Dunkerton	Number	445	419	419	407	Iowa Department of Education
Hudson	Number	679	666	677	690	Iowa Department of Education
Union	Number	1127	1102	1054	1054	Iowa Department of Education
Waterloo	Number	10936	10835	10879	10777	Iowa Department of Education
	School E	nrollment Proj	ections (Rou	nded to the r	nearest whol	e number)
Indicator	Units		Ye	ar		Source
		2020-21	2021-22	2022-23	2023-24	
Cedar Falls	Number	5385	5457	5467	5535	Iowa Department of Education
Dunkerton	Number	372	372	360	360	Iowa Department of Education
Hudson	Number	687	675	675	663	Iowa Department of Education
Union	Number	992	968	919	919	Iowa Department of Education
Waterloo	Number	10861	10836	10773	10728	Iowa Department of Education

	G	raduatio	n Rates b	y School D	istrict	
Indicator	Units		Υ	'ear		Source
		2015	2016	2017	2018	
			Cedar F	alls		
Overall Graduation Rate	Percentage	95.2%	96.0%	96.2%	96.8%	Iowa Department of Education
IEP Graduation Rate	Percentage	80%	73.2%	81.3%	85.4%	Iowa Department of Education
Race and Ethnicity Gradu						·
African American Rate	Percentage	90.9%	93.3%	88.2%	93.3%	Iowa Department of Education
Hispanic Rate	Percentage	100%	100%	91.7%	100%	Iowa Department of Education
White Rate	Percentage	95.1%	95.9%	96.5%	96.6%	Iowa Department of Education
Two or More Races Rate	Percentage	91.7%	93.3%	100%	**	Iowa Department of Education
Female Rate	Percentage	97.6%	97.6%	98.5%	97.0%	Iowa Department of Education
Male Rate	Percentage	93.1%	94.3%	94.3%	96.6%	Iowa Department of Education
			Dunker	ton		
Overall Graduation Rate	Percentage	96.9%	94.6%	96.9%	92.3%	Iowa Department of Education
Race and Ethnicity Gradu	ation Rates					
African American Rate	Percentage	**	**	**	**	Iowa Department of Education
Hispanic Rate	Percentage	**	**	**	**	Iowa Department of Education
White Rate	Percentage	96.9%	93.9%	96.6%	91.9%	Iowa Department of Education
Female Rate	Percentage	93.8%	93.8%	92.3%	93.8%	Iowa Department of Education
Male Rate	Percentage	100%	88.9%	88.9%	91.3%	Iowa Department of Education
			Hudso	n		
Overall Graduation Rate	Percentage	96.4%	98.3%	94.3%	97.7%	Iowa Department of Education
Race and Ethnicity Gradu	ation Rates					
African American Rate	Percentage	**	**	**	**	Iowa Department of Education
Hispanic Rate	Percentage	**	**	**	**	Iowa Department of Education
White Rate	Percentage	96.2%	100%	94.3%	97.7%	Iowa Department of Education
Female Rate	Percentage	97.1%	100%	100%	100%	Iowa Department of Education
Male Rate	Percentage	95.2%	96.6%	96.6%	96.4%	Iowa Department of Education
			Unio	n		
Overall Graduation Rate	Percentage	95.9%	95.2%	96.2%	90.4%	Iowa Department of Education
IEP Graduation Rate	Percentage	90%	**	87.5%	90.9%	Iowa Department of Education
Race and Ethnicity Gradu						
African American Rate	Percentage	**	**	**	**	Iowa Department of Education
Hispanic Rate	Percentage	**	**	**	**	Iowa Department of Education
White Rate	Percentage	97.8%	96.3%	97.0%	90%	Iowa Department of Education
Female Rate	Percentage	92.3%	92.3%	95.7%	92.5%	Iowa Department of Education
Male Rate	Percentage	98.3%	93.6%	93.6%	88.4%	Iowa Department of Education
			Waterl	00		·
Overall Graduation Rate	Percentage	80.3%	77.4%	84.2%	84.2%	Iowa Department of Education
IEP Graduation Rate	Percentage	65.1%	58.4%	71.3%	67.0%	Iowa Department of Education
ELL Graduation Rate	Percentage	95.4%	76.7%	90.9%	83.3%	Iowa Department of Education
Race and Ethnicity Gradu						
African American Rate	Percentage	74.8%	65.6%	81.8%	79.8%	Iowa Department of Education
Hispanic Rate	Percentage	82.1%	77.1%	77.1%	82.5%	Iowa Department of Education
White Rate	Percentage	82.5%	81.6%	87.6%	86.1%	Iowa Department of Education
Two or More Races Rate	Percentage	69.7%	74.4%	70%	84.6%	Iowa Department of Education
Female Rate	Percentage	85.3%	100%	82.5%	86.1%	Iowa Department of Education
Male Rate	Percentage	75.1%	74.7%	74.7%	82.3%	Iowa Department of Education

lowa	Youth Survey (All Gra	ades)				
Indicators	Units		Υe	ear		Source
		2012	2014	2016	2018	
Alcohol Use in Past 30 Days						
Iowa	Percentage	11.4%	10.4%	9.4%	9.6%	IYS
Black Hawk County	Percentage	11.9%	10.7%	8.8%	7.4%	IYS
Binge Drinking in Past 30 Days						
lowa	Percentage	8.0%	5.8%	5.1%	5.1%	IYS
Black Hawk County	Percentage	8.2%	6.1%	4.8%	3.8%	IYS
Cigarettes Use in Past 30 Days						
Iowa	Percentage	4.9%	3.9%	2.6%	2.1%	IYS
Black Hawk County	Percentage	5.1%	4.5%	3.0%	1.4%	IYS
Marijuana Use in Past 30 Days						
Iowa	Percentage	4.6%	4.4%	4.0%	4.3%	IYS
Black Hawk County	Percentage	5.7%	6.6%	5.2%	2.4%	IYS
Suicide Plan in Past 12 Months						
Iowa	Percentage	6.6%	7.9%	7.9%	10.1%	IYS
Black Hawk County	Percentage	6.7%	8.3%	8.2%	8.4%	IYS
Bullying at School in Past 30 Days						
Iowa	Percentage	41.5%	38.7%	36.9%	39.3%	IYS
Black Hawk County	Percentage	39.7%	36.2%	33.7%	39.0%	IYS
Teachers or Other Adults Put a Stop to Bullyin	g at School					
Iowa	Percentage	54.4%	52.8%	53.2%	48.7%	IYS
Black Hawk County	Percentage	55.4%	52.1%	52.6%	54.8%	IYS
Students Feel Safe at School						
Iowa	Percentage	90.1%	89.4%	88.5%	84.3%	IYS
Black Hawk County	Percentage	90.8%	87.3%	87.5%	87.9%	IYS
Students Have People in Their Home with Seri	ous Alcohol or Drug					
Problem						
Iowa	Percentage	13.2%	13.2%	14.0%	15.4%	IYS
Black Hawk County	Percentage	10.9%	15.4%	15.8%	12.4%	IYS
Difficulty of Getting Handgun in Community (Footsian)	Higher % is harder to					
Iowa	Percentage	65.8%	66.2%	64.2%	66.6%	IYS
Black Hawk County	Percentage	69.4%	63.7%	63.6%	70.8%	IYS

Environmental Health										
Indicators	Units		Year Source							
		2014	2014 2015 2016 2017 2018							
Water Systems										
State Average										
Population Served by	Number	2,752,825	2,761,064	2,803,354	2,802,217	2,818,950	IDPH			
Public Water										
Average Nitrate	mg/L	8.7	9.2	8.5	8.5	9.0	IDPH			
Testing in Public Water										

Indicators	Units			Year			Source
		2014	2015	2016	2017	2018	
Positive Total Coliform	Percentage	30.3%	32.8%	34.2%	31.8%	35.7%	IDPH
Bacteria in Private Water Wells							
Positive Nitrate Testing in Private Water Wells	Percentage	29.1%	16.4%	18.7%	15.8%	11.8%	IDPH
Black Hawk County							
Average Nitrate Testing in Public Water	mg/L	1.3	1.4	1.7	1.6	1.4	IDPH
Positive Total Coliform Bacteria in Private Water Wells	Percentage	29.6%	44.6%	42.7%	23.5%	30.3%	IDPH
Positive Nitrate Testing in Private Water Wells	Percentage	34.8%	35.5%	23.2%	19.5%	12.6%	IDPH
		Foodbo	rne Illness				
Campylobacteriosis	Rate per 100k	•	5.2	16.5	4.5	18.9	IDPH CADE
Cryptosporidiosis	Rate per 100k	•	**	3.8	3	3	IDPH CADE
E. Coli	Rate per 100k	•	3	**	**	5.3	IDPH CADE
Giardia	Rate per 100k	•	4.5	6.8	6.8	**	IDPH CADE
Salmonellosis	Rate per 100k	•	17.2	27.8	23.4	30.2	IDPH CADE
Shigellosis	Rate per 100k	•	41.1	**	**	3	IDPH CADE
	Oth	ner Environi	mental Indic	ators			
State Average							
High Heat Days	Number	0.1	0.7	1.4	1.5	3.7	IDPH
Elevated Blood Lead Levels	Percentage	0.5%	0.6%	0.6%	0.5%	0.6%	IDPH
in Children Under 6							
Black Hawk County							
High Heat Days above 95	Number	0	1	1	1	2	IDPH
Elevated Blood Lead Levels in Children Under 6	Percentage	1.1%	0.8%	0.7%	1.0%	0.6%	IDPH

		Mate	rnal and C	child Heal	th					
Indicators	Units			Year				Source		
		2012	2012 2013 2014 2015 2016 2017							
Low Birth Weight (<2500g)										
Mother's Age										
19 years or younger	Percentage	8.7%	6.7%	5.8%	5.7%	9.3%	**	IDPH		
20-24 Years	Percentage	30.0%	30.0%	29.5%	22.0%	33.1%	27.8%	IDPH		
25-29 Years	Percentage	27.9%	34.3%	28.1%	31.7%	29.7%	30.8%	IDPH		
30-34 Years	Percentage	25.0%	21.0%	25.2%	20.3%	15.3%	25.6%	IDPH		
35 Years and Older	Percentage	12.5%	8.6%	11.5%	20.3%	12.7%	12.0%	IDPH		
Mother's Race and Etl	nnicity									
White	Percentage	73.1%	66.7%	69.8%	69.1%	58.5%	58.6%	IDPH		
African American	Percentage	23.1%	24.8%	24.5%	25.2%	32.2%	32.3%	IDPH		
Other	Percentage	**	8.6%	5.8%	5.7%	9.3%	9.0%	IDPH		
Hispanic	Percentage	**	6.7%	4.3%	**	**	**	IDPH		

Indicators	Units			Year				Source
		2012	2013	2014	2015	2016	2017	
Marital Status	•							
No	Percentage	56.7%	54.3%	52.5%	50.4%	64.4%	57.9%	
Yes	Percentage	43.3%	45.7%	47.5%	49.6%	35.6%	42.1%	
Women, Infants, and								
Status								
Yes	Percentage	58.7%	56.2%	53.2%	56.1%	63.6%	57.1%	IDPH
No	Percentage	41.3%	43.8%	46.8%	43.9%	36.4%	42.9%	IDPH
Education								
8 th Grade or Less	Percentage	**	**	**	**	**	**	IDPH
9-12 th Grade; No	Percentage	12.5%	20.0%	15.8%	17.9%	21.2%	14.3%	
Diploma								
High School	Percentage	16.3%	20.0%	20.9%	19.5%	31.4%	30.8%	IDPH
Graduate/GED								
College; No Degree	Percentage	25.0%	28.6%	22.3%	19.5%	24.1%	24.1%	IDPH
Associate Degree	Percentage	19.2%	6.7%	15.9%	13.8%	8.5%	5.3%	IDPH
Bachelor's Degree	Percentage	18.3%	14.3%	16.5%	17.1%	13.6%	16.5%	IDPH
Graduate Degree	Percentage	**	9.5%	6.5%	8.9%	**	5.3%	
Prenatal Care Visits								
1-9	Percentage	41.3%	32.4%	36.7%	46.3%	47.5%	50.4%	IDPH
10-14	Percentage	41.3%	50.5%	48.2%	39.0%	43.2%	36.8%	IDPH
15-19	Percentage	13.5%	10.5%	10.8%	13.0%	5.1%	9.0%	IDPH
20 and Over	Percentage	**	**	**	**	**	**	IDPH
Gestational Estimate								
Under 28	Percentage	12.5%	10.5%	12.9%	10.6%	7.6%	9.0%	IDPH
28-31	Percentage	9.6%	9.5%	7.9%	8.9%	10.2%	8.3%	IDPH
32-33	Percentage	11.5%	15.2%	17.3%	16.3%	10.2%	18.8%	IDPH
34-36	Percentage	40.4%	34.3%	39.6%	37.4%	39.8%	34.6%	IDPH
37-38	Percentage	16.3%	23.8%	18.7%	17.9%	24.6%	23.3%	IDPH
39-40	Percentage	8.7%	5.7%	**	8.9%	7.6%	6.0%	IDPH
41 and Over	Percentage	**	**	**	**	**	**	IDPH
		Cit	y (Based on	zip code)				
Waterloo	Percentage	63.5%	66.7%	69.8%	68.3%	78.8%	71.4%	IDPH
Cedar Falls	Percentage	22.1%	20.0%	20.1%	24.4%	14.4%	15.0%	IDPH
Other	Percentage	14.4%	13.3%	10.1%	7.3%	6.8%	13.5%	IDPH
		Norm	al Birth Wei	ght (>2500)	g)			
Mother's Age								
19 years or younger	Percentage	6.1%	6.1%	5.1%	4.3%	4.0%	4.5%	IDPH
20-24 Years	Percentage	25.5%	25.6%	23.7%	19.2%	22.6%	21.8%	IDPH
25-29 Years	Percentage	32.6%	33.2%	35.0%	32.8%	36.9%	34.2%	IDPH
30-34 Years	Percentage	26.0%	25.7%	27.0%	30.2%	27.3%	27.6%	IDPH
35 Years and Older	Percentage	9.8%	9.5%	9.1%	13.5%	9.2%	11.7%	IDPH
Marital Status	, ,							
No		40.1%	43.0%	41.3%	39.9%	41.1%	44.2%	IDPH
Yes		59.9%	57.0%	58.7%	60.1%	58.9%	55.8%	IDPH
	i							1

Indicators	Units			Year				Source
		2012	2013	2014	2015	2016	2017	
Mother's Race and Eth	nicity							
White	Percentage	79.6%	78.1%	78.2%	77.9%	77.9%	75.1%	IDPH
African American	Percentage	13.9%	14.0%	13.6%	13.5%	14.1%	16.3%	IDPH
Other	Percentage	6.5%	7.9%	8.1%	7.4%	8.0%	8.6%	IDPH
Hispanic	Percentage	5.7%	5.9%	5.9%	5.4%	5.9%	6.1%	IDPH
Women, Infants, and C	Children							
Status								
Yes	Percentage	44.3%	46.3%	44.7%	42.3%	44.0%	44.7%	IDPH
No	Percentage	55.7%	53.7%	55.3%	57.7%	56.0%	55.3%	IDPH
Education								
8 th Grade or Less	Percentage	2.5%	3.3%	2.2%	2.4%	2.1%	2.8%	IDPH
9-12 th Grade; No	Percentage	10.6%	9.6%	9.8%	9.3%	10.4%	10.5%	IDPH
Diploma								
High School	Percentage	18.6%	18.5%	20.4%	21.1%	22.1%	23.8%	IDPH
Graduate/GED								
College; No Degree	Percentage	20.7%	22.5%	20.0%	18.0%	18.2%	16.7%	IDPH
Associate Degree	Percentage	11.4%	13.4%	13.2%	13.3%	14.0%	12.8%	IDPH
Bachelor's Degree	Percentage	25.1%	24.1%	24.8%	25.3%	24.2%	23.8%	IDPH
Graduate Degree	Percentage	11.0%	8.6%	9.6%	2.8%	8.8%	9.5%	IDPH
Prenatal Care Visits								
1-9	Percentage	10.0%	10.0%	7.8%	10.7%	13.5%	18.7%	IDPH
10-14	Percentage	69.0%	67.4%	73.6%	71.5%	68.9%	67.3%	IDPH
15-19	Percentage	19.2%	21.3%	17.1%	15.7%	15.9%	12.8%	IDPH
20 and Over	Percentage	1.2%	1.1%	1.1%	1.1%	1.0%	1.0%	IDPH
Gestational Estimate								
Under 28	Percentage	**	**	**	**	**	**	IDPH
28-31	Percentage	**	**	**	**	**	**	IDPH
32-33	Percentage	**	**	**	**	**	**	IDPH
34-36	Percentage	5.8%	5.0%	3.7%	3.0%	4.8%	4.4%	IDPH
37-38	Percentage	24.4%	22.5%	21.1%	24.2%	23.9%	24.2%	IDPH
39-40	Percentage	63.6%	66.8%	66.8%	63.9%	63.3%	64.9%	IDPH
41 and Over	Percentage	6.1%	7.5%	8.3%	8.8%	7.9%	6.4%	IDPH
		Cit	y (Based on	zip code)				
Waterloo	Percentage	62.7%	64.0%	61.6%	60.4%	59.5%	60.4%	IDPH
Cedar Falls	Percentage	23.4%	24.3%	26.5%	27.2%	27.8%	27.2%	IDPH
Other	Percentage	13.9%	11.7%	11.9%	12.4%	12.7%	12.4%	IDPH

	Vital Statistics: Mortality								
Indicators	Units		Year So						
		2012	2013	2014	2015	2016	2017		
Sex									
Female	Number	47.0%	46.2%	44.6%	37.4%	51.0%	50.4%	IDPH	
Male	Number	53.0%	53.8%	55.4%	62.6%	49.0%	49.6%	IDPH	
Age Groups									
Less than 64	Number	21.3%	22.8%	22.9%	23.7%	15.4%	16.1%	IDPH	

65 and Older	Number	78.7%	77.2%	76.1%	76.3%	84.6%	83.9%	IDPH	
65 and Older	Number	/0.//0	//.∠/0	/ U. I /0	/0.5/0	04.070	03.3/0	IDFII	

			Ma	rital Status				
Indicators	Units			Yea	r			Source
		2012	2013	2014	2015	2016	2017	
Married	Number	31.7%	38.6%	36.0%	39.6%	30.2%	33.6%	IDPH
Divorced	Number	17.7%	16.2%	17.7%	16.5%	12.8%	16.8%	IDPH
Never Married	Number	8.5%	10.7%	9.7%	9.4%	8.7%	9.5%	IDPH
Widowed	Number	42.1%	34.5%	36.6%	34.5%	48.3%	40.1%	IDPH
				Race				
African American	Number	12.8%	7.6%	9.7%	8.6%	10.1%	6.6%	IDPH
White	Number	86.6%	91.9%	88.0%	90.6%	89.3%	92.0%	IDPH
			E	ducation				
8 th Grade or Less	Number	14.6%	10.2%	11.4%	9.4%	14.8%	9.5%	IDPH
9-12 th Grade; No	Number	15.9%	13.7%	7.4%	10.1%	11.4%	11.7%	IDPH
Diploma								
High School	Number	46.3%	40.6%	51.4%	54.7%	45.6%	57.7%	IDPH
Graduate or GED								
College; No	Number	9.8%	9.6%	12.6%	7.2%	7.4%	10.2%	IDPH
Degree								
Associate Degree	Number	3.7%	8.1%	6.9%	7.2%	8.1%	**	IDPH
Bachelor's	Number	5.5%	11.2%	5.7%	5.8%	10.1%	5.8%	IDPH
Degree								
Graduate Degree	Number	4.3%	6.6%	4.6%	5.8%	**	**	IDPH
				City				
Waterloo	Number	64.0%	56.3%	48.6%	64.7%	62.4%	60.6%	IDPH
Cedar Falls	Number	25.0%	29.4%	32.6%	23.7%	24.8%	27.0%	IDPH
Other	Number	11.0%	14.2%	18.9%	12.2%	12.8%	12.4%	IDPH

		Injury and	Death		
	5 Year In	jury mortality	rates (2013	-2017)	
Indicator	Unit	Crude Rate	Age-adj	usted Rate	Source
All Transportation Mortality	Rate per 100k	8.7		8.0	Iowa Health Fact Book
Falls Mortality	Rate per 100k	14.3	-	11.6	Iowa Health Fact Book
Motor Vehicle Traffic	Rate per 100k	7.7		7.0	Iowa Health Fact Book
Mortality					
Suicides Mortality	Rate per 100k	13.1	-	14.0	Iowa Health Fact Book
Firearms Mortality	Rate per 100k	8.0		8.2	Iowa Health Fact Book
Poison Mortality	Rate per 100k	7.8		8.9	Iowa Health Fact Book
Homicides Mortality	Rate per 100k	4.1		4.2	Iowa Health Fact Book
Burns Mortality	Rate per 100k	1.5		1.5	Iowa Health Fact Book
All other Unintentional	Rate per 100k	8.3		7.4	Iowa Health Fact Book
Mortality					
		Vehicle Ac	cidents		
Indicator	Unit		Year		Source
		2015	2016	2017	
Total Accidents Reported	Number	2345	2284	2117	Department of Transportation

Crash Severity (resulting in known injuries or fatality)	Percent	11.1%	12.0%	11.0%	Department of Transportation
Drug/Alcohol Related	Number	88	77	90	Department of Transportation

Indicator	Unit		Year		Source
		2015	2016	2017	
Average Property Damage per	Number	\$5774.79	\$5842.19	\$6186.79	Department of Transportation
Accident					
Average Vehicles Involved	Number	1.8	1.8	1.8	Department of Transportation
Average Occupants Involved	Number	2.5	2.5	2.4	Department of Transportation
Injuries					
Total	Number	907	878	832	Department of Transportation
Fatality	Number	11	11	8	Department of Transportation
Major	Number	47	51	30	Department of Transportation
Minor	Number	280	272	244	Department of Transportation
Possible/Unknown	Number	580	555	558	Department of Transportation

		Chro	nic Dise	ease					
	5 Yea	r Age-adjusted (Cancer In	cidence (201	.2-2016)				
Indicator		Unit	Α	ge-adjusted		Average Ar Count (Nun		Sou	rce
Bladder Cancer	Rate pe	r 100k, Number		23.7		36.4		IDPI	1
Colorectal Cancer	Rate pe	r 100k, Number		39.5		59.4		IDPI	1
Esophageal Cancer	Rate pe	r 100k, Number		4.1		6.4		IDPI	1
Female Breast Cancer (all ages)	Rate pe	r 100k, Number		140.1		105.2		IDPI	+
Female Breast Cancer (Under 50 years old)	Rate pe	er 100k, Number 55.4				**		IDPI	1
Female Breast Cancer (50 years and older)	Rate pe	r 100k, Number		361.9		**		IDPI	1
Kidney Cancer	Rate pe	r 100k, Number		19.8		29.4		IDPI	1
Laryngeal Cancer	Rate pe	r 100k, Number		5.6		8.4		IDPI	1
Leukemia	Rate pe	r 100k, Number		13.6		20.6		IDPI	1
Liver Cancer	Rate pe	r 100k, Number		5.9		8.8		IDPI	1
Lung and Bronchus Cancer	Rate pe	r 100k, Number		66.3		102.0		IDPI	1
Non-Hodgkin Lymphoma	Rate pe	r 100k, Number		19.2		28.8		IDPI	1
Melanoma of the Skin	Rate pe	r 100k, Number		26.8		37.0		IDPI	1
Oral Cavity and Pharynx Cancer	Rate pe	r 100k, Number		11.5		17.2		IDPI	4
Pancreatic Cancer	Rate pe	r 100k, Number		15.1		24.0		IDPI	1
Thyroid Cancer	Rate pe	r 100k, Number		10.0		13.0		IDPI	1
			COPD						
Indicator		Unit			Year				Source
			2015	20)16	2017	201	8	
State of Iowa Emergency Degroup)	partment	Visits (by age							
			163.5	15	8.2	128.0	103.	1	IDPH
45-64 years old		Rate per 100k	1021.4	1 120	04.9	992.4	984.	8	IDPH

65-84 years old	Rate per 100k	2955.5	3515.8	2936.1	2978.3	IDPH
85+ years old	Rate per 100k	2688.6	3146.1	2440.2	2346.7	IDPH

Indicator	Unit		Yea	ar		Source
		2015	2016	2017	2018	
Black Hawk County Emergency Departmen	t Visits (by age					
group)						
25-44 years old	Rate per 100k	294.6	346.0	153.7	40.1	IDPH
45-64 years old	Rate per 100k	1413.2	1376.4	1084.6	688.5	IDPH
65-84 years old	Rate per 100k	5998.0	5784.4	4067.8	1363.2	IDPH
85+ years old	Rate per 100k	7194.2	5681.5	3954.8	615.7	IDPH
State of Iowa Hospitalization Rates (by age	group)					
25-44 years old	Rate per 100k	14.8	12.9	12.4	8.9	IDPH
45-64 years old	Rate per 100k	202.1	217.3	229.3	179.9	IDPH
65-84 years old	Rate per 100k	671.0	661.7	782.1	534.6	IDPH
85+ years old	Rate per 100k	824.6	906.0	1203.7	768.7	IDPH
Black Hawk County Hospitalization Rates (by age group)					
25-44 years old	Rate per 100k	**	**	**	**	IDPH
45-64 years old	Rate per 100k	179.8	166.8	180.2	207.2	IDPH
65-84 years old	Rate per 100k	569.3	445.0	550.2	434.7	IDPH
85+ years old	Rate per 100k	938.4	861.8	1067.2	356.4	IDPH
	Asthma					
State of Iowa Hospitalization Rates (by age	group)					
0 – 4 years old	Rate per 100k	100.6	101.3	106.5	83.2	IDPH
5 – 14 years old	Rate per 100k	49.7	41.5	41.8	43.7	IDPH
Black Hawk County Hospitalization Rates (by age group)					
0 – 4 years old	Rate per 100k	132.6	163.0	165.7	143.4	IDPH
5 – 14 years old	Rate per 100k	69.2	82.9	37.8	75.3	IDPH
State of Iowa Emergency Room Visit (by ag						
0 – 4 years old	Rate per 100k	725.2	669.5	684.9	614.5	IDPH
5 – 14 years old	Rate per 100k	503.7	428.8	446.1	418.9	IDPH
Black Hawk County Emergency Room Visit	Rates (by age					
group)						
0 – 4 years old	Rate per 100k	1132.7	757.0	828.6	693.2	IDPH
5 – 14 years old	Rate per 100k	691.5	599.7	580.2	658.8	IDPH
	Cardiovascular D					
State of Iowa Heart Attack Hospitalization Rate (age adjusted)	Rate per 100k	289.1	304.5	304.0	278.7	IDPH
Black Hawk County Heart Attack Hospitalization Rate (age adjusted)	Rate per 100k	316.5	327.6	323.2	272.4	IDPH

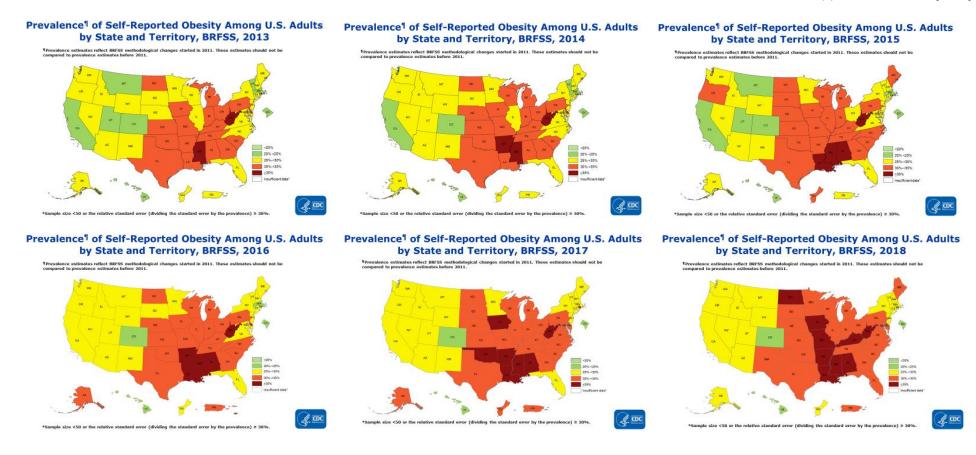
Communicable Disease										
Indicator Unit Year Source										
		2015	2016							
	STI									
Overall Rate Rate per 100k 667 665 616 643 County Health Rankings										

Black Hawk County Data

Chlamydia	Rate per 100k	631	718	776	757	IDPH			
Gonorrhea	Rate per 100k	204	203	239	310	IDPH			
Syphilis	Rate per 100k	**	14	**	11	IDPH			
HIV Incidence	Rate per 100k	66.7	68.5	77.2	90.9	County Health Rankings			
Other Diseases									
Lyme Disease	Rate per 100k	6	**	5.3	3	IDPH CADE			
Mumps	Rate per 100k	18.7	159.3	9.1	3	IDPH CADE			
Pertussis (whopping cough)	Rate per 100k	4.5	3.8	10.6	**	IDPH CADE			

References

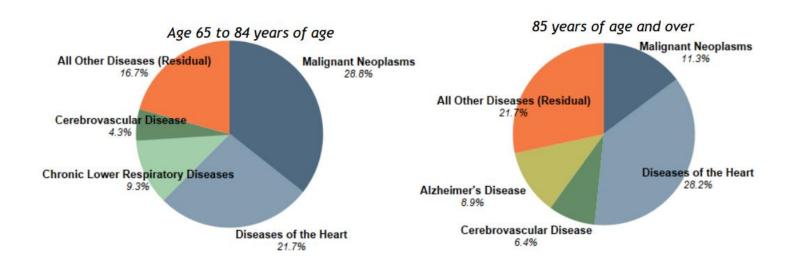
- 1. US Census Bureau. Retrieved from https://www.census.gov/.
- 2. USDA. Rural Employment and Unemployment. Retrieved from https://www.ers.usda.gov/topics/rural-economy-population/employment-education/rural-employment-and-unemployment/
- 3. U.S. National Unemployment Rate. Retrieved from https://www.macrotrends.net/1316/us-national-unemployment-rate.
- 4. Hailun Liang, May A. Beydoun, and Shaker M. Eid, *Health Needs, Utilization of Services and Access to Care Among Medicaid and Uninsured Patients with Chronic Disease in Health Centres*, Journal of Health Services Research & Policy 24, no. 3 (Jul 2019): 172-181.
- 5. Tolbert, J., Orgera, K., Singer, N., & Damico, A. (2019). Key Facts about the Uninsured Population. Kaiser Family Foundation. Retrieved from https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/
- 6. BLS. (2019, September 4). Unemployment rates and earnings by educational attainment. Retrieved from https://www.bls.gov/emp/chart-unemployment-earnings-education.htm.
- 7. Cutler, D., & Lleras-Muney, A. (2006). Education and Health: Evaluating Theories and Evidence. doi: 10.3386/w12352
- 8. Iowa Department of Education. Retrieved from https://www.educateiowa.gov/.
- 9. 2018 IYS State Report Released. Retrieved from http://www.iowayouthsurvey.iowa.gov/.
- 10. Iowa Department of Public Health. Retrieved from https://idph.iowa.gov/.
- 11. CDC. (2019, October 8). STDs Continue to Rise in the U.S. Press Release. Retrieved from https://www.cdc.gov/nchhstp/newsroom/2019/2018-STD-surveillance-report-press-release.html.
- 12. American Cancer Society. Information and Resources about for Cancer: Breast, Colon, Lung, Prostate, Skin. Retrieved from http://www.cancer.org/.
- 13. American Heart Association. Retrieved from https://www.heart.org/.
- 14. Iowa Health Fact Book. Retrieved from https://iowahealthfactbook.org/factbook/#/counties/Black%20Hawk.
- 15. Immigrants in Iowa. (2018, May 09). Retrieved May 28, 2020, from https://www.americanimmigrationcouncil.org/research/immigrants-in-iowa.
- 16. Child and Family Policy Center. Retrieved from https://www.cfpciowa.org/documents/filelibrary/kids count/2017 data/county snapshots/xx Black Hawk 84C71 C26744F0.pdf.



The figures above illustrate BRFSS data on adult obesity prevalence for each state. Each map displays data for a given year from 2013 to 2018. The prevalence of obesity has been increasing every year throughout the United States. In 2018, there were no states that had a prevalence of obesity less than 20%. Iowa was ranked alongside the highest states with an obesity prevalence greater than 35%. In Iowa, the average obesity prevalence for all racial ethnic groups for 2016-2018 was 34.6%. The average obesity prevalence in Iowa was broken down by race and ethnicity for 2016-2018 as well. Non-Hispanic White adults was 34.5%, non-Hispanic Black/African American adults was 41.7%, and Hispanic adults of all races was 34.4%.

Data obtained from: http://www.cdc.gov/obesity/data/prevalence-maps.html.

Leading causes of death by age group: 2016



Leading causes of death for all lowans: 2016 Disease of the heart: 23.3% Malignant Neoplasms: 21.6% Chronic lower respiratory: 6.7% Unintentional injuries: 5.3% Alzheimer's Disease: 4.8% Other: 38.3%

In 2016, 16.4% of the total population in Iowa was 65 and older, and it is projected by the year 2050 this group will make up 19.7% of the population. As the population ages it is becoming increasingly important to understand health indicators and the barriers faced by this age group. The MHI for an individual in Iowa 65 years and older was \$39,433 compared to all Iowans averaging \$56,247. The poverty rate for people 65 and older in 2016 was 6.9% compared to 11.8% for all Iowans. The percentage of Iowans 65 years or older without health insurance coverage was 0.2% compared to all Iowans at 4.3%.

For lowans age 65 to 84 years of age the leading cause of death is malignant neoplasms, and the leading cause of death for lowans older than 85 years is diseases of the heart. Overall, the leading cause of death for lowans age 65 and older is diseases of the heart when combining both age categories.

Data obtained from: http://publications.iowa.gov/28014/1/older2018.pdf