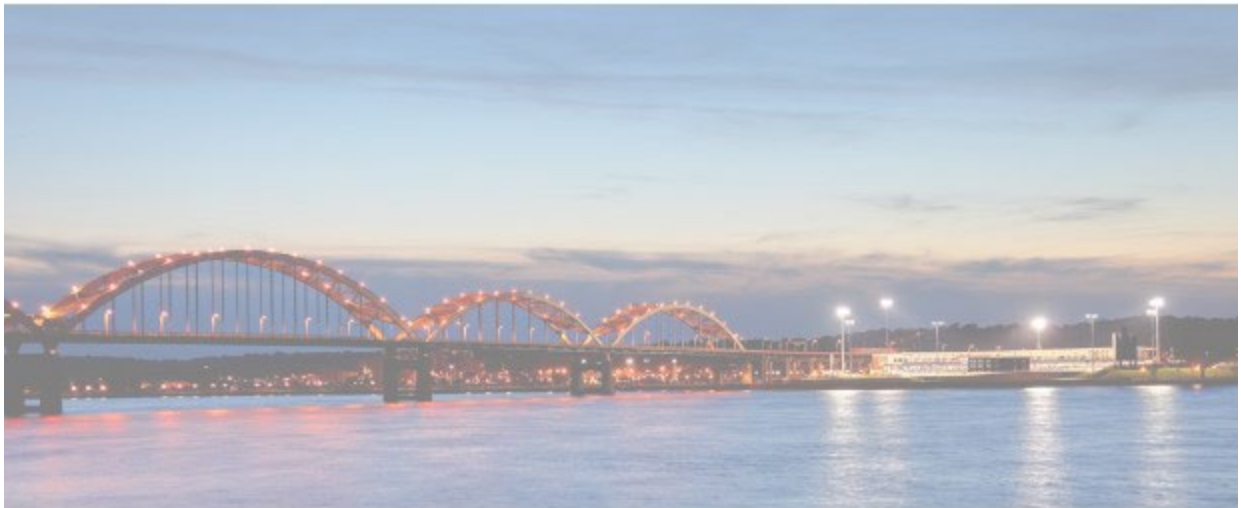


# Community Health Improvement Plan

2023-2026

**Scott County, Iowa**  
**Rock Island County, Illinois**



**Community Health Assessment (CHA) & Community Health Improvement Plan (CHIP) Steering Committee**

*Community Health Care, Inc.*

*Genesis Health System*

*Quad City Health Initiative*

*Rock Island County Health Department*

*Scott County Health Department*

*UnityPoint Health – Trinity*



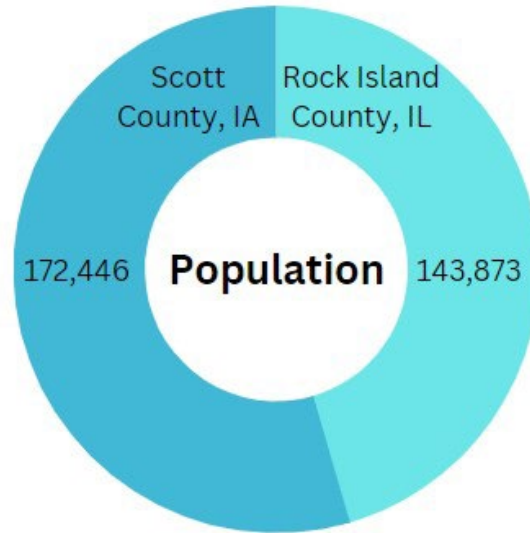
**UnityPoint Health**  
Trinity



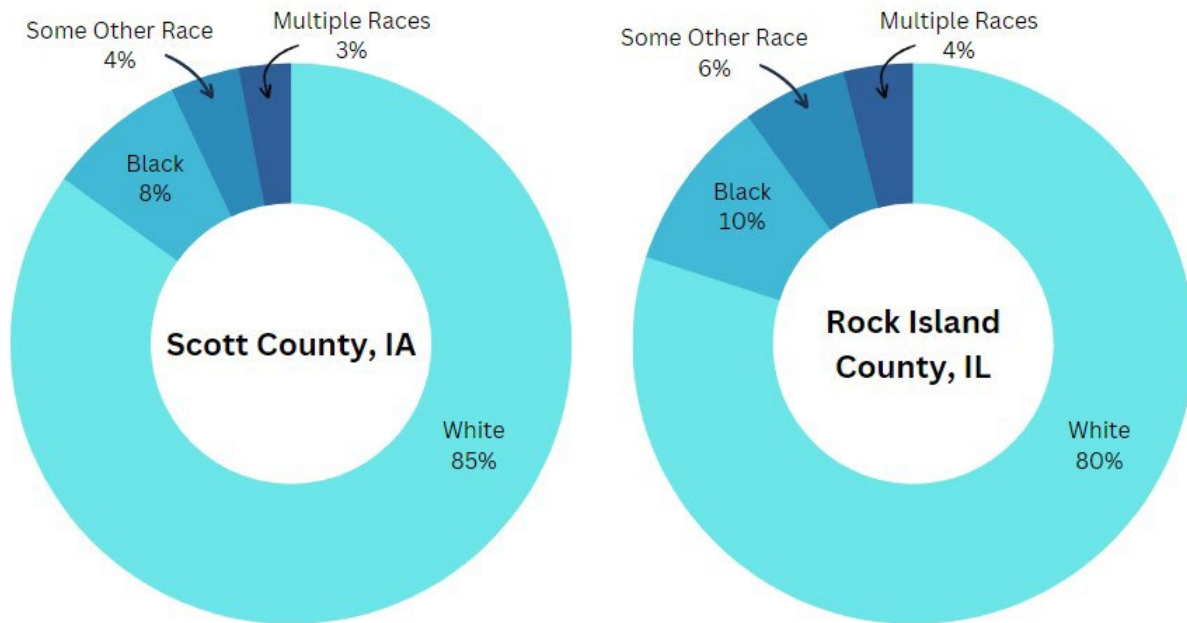
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## Introduction

Scott County, Iowa and Rock Island County, Illinois make up the unique bi-state community of the Quad Cities. Over 316,000 people reside within the two counties, which are predominantly urban (87.7%). Below are the population, age, and racial demographic breakdowns of residents in the Quad Cities (Professional Research Consultants, 2021).



## Race



Consistent with previous cycles, this community health assessment and health improvement planning process was completed with the following community partners that made up the Community Health Assessment (CHA) Steering Committee: Community Health Care, Inc., Genesis Health System, Quad City Health Initiative, Rock Island County Health Department, Scott County Health Department, and UnityPoint Health – Trinity.

This strong community partnership allows for a comprehensive assessment of community health that will enable organizations throughout the Quad Cities to work towards improving community health.

### Organizing for Success and Partnership Development

#### *MAPP Phase 1*

The six CHA Steering Committee partners worked together to complete qualitative and quantitative assessments for the 2021 Quad Cities CHA.

This was the second community health assessment and health improvement planning process in the Quad Cities area that was guided by the National Association for County and City Health Officials' (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) framework. This approach helps communities identify ways to address priority public health issues through a strategic planning process.

The CHA Steering Committee identified stakeholders from 17 sectors to be a part of the Stakeholder Committee for the assessment.

### Sectors Represented by CHIP Community Partners



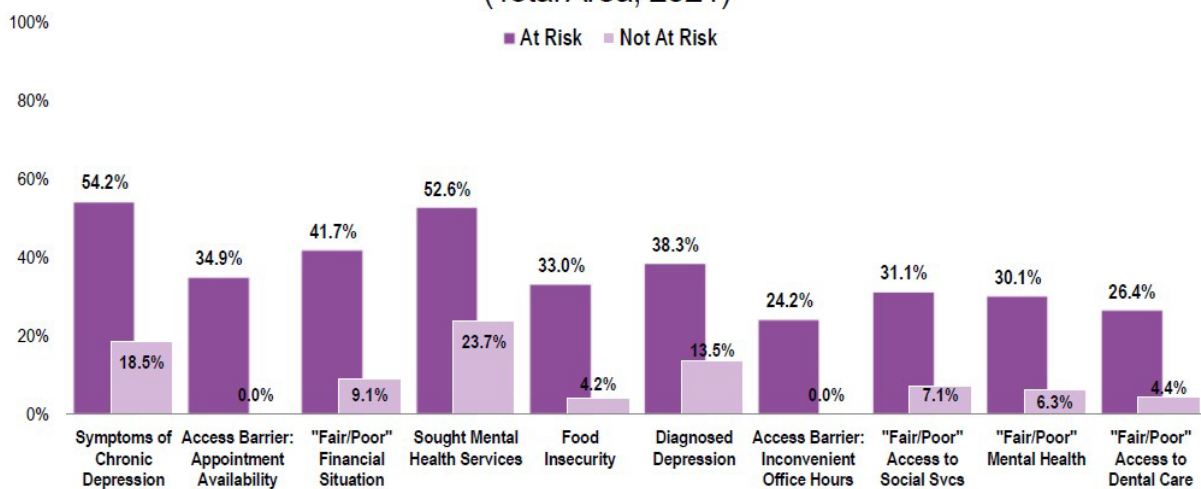
## Social Determinants of Health

*The social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. – Healthy People 2030*

Both the quantitative and qualitative data collected during the CHA illustrated a common theme on the impact of the SDOH. Examples of SDOH include safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; polluted air and water; language and literacy skills.

Research has shown that SDOH contribute to several health disparities and inequities. **The CHA survey conducted by PRC showed that adults who reported any number of adverse social experiences or conditions** (below 100% of the federal poverty level; living in unhealthy/unsafe housing conditions; experience of homelessness; mortgage/rent insecurity; lack of high school diploma; currently out of work; victim of a violent crime in the past three years; abused or neglected as a child; victim of domestic violence; low health literacy; and/or food insecure) **were determined to be an “at-risk” population.** These at-risk adults are more likely to report a number of health problems, as shown in the table below.









Health Disparities by Social Determinant Risk  
(Total Area, 2021)



Sources: ● 2021 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 368]

Note: ● In this case, "at-risk" includes survey respondents who answered affirmatively to any of these indicators: below 100% of the federal poverty level; live in unhealthy/unsafe housing conditions (including lead hazards); incidence of homelessness; mortgage/rent insecure; lack of high school diploma; currently out of work; victim of a violent crime in the past three years; abused as a child; victim of domestic violence; low health literacy levels; food insecure.

## Social Determinants of Health in the Quad Cities

<p style="text-align: center;"><u>Housing</u></p> <p><b>14.8%</b> reported <b>unhealthy</b> or <b>unsafe</b> housing conditions in the past year</p> <p>reported being "always, usually, or sometimes"</p> <p><b>31%</b> <b>worried</b> about paying rent or mortgage in the past year</p> 	<p style="text-align: center;"><u>Racism, Discrimination, &amp; Violence</u></p> <p><b>4.5%</b> reported being a <b>victim</b> of violent crime in the past 3 years</p> <p><b>25.1%</b> reported ever being hit, slapped, pushed, kicked, or <b>hurt</b> in any way by an intimate partner</p> 
<p style="text-align: center;"><u>Transportation</u></p> <p><b>8.6%</b> reported that <b>lack</b> of transportation <b>hindered</b> ability to access health care in the past year</p> 	<p style="text-align: center;"><u>Food Access</u></p> <p><b>15.2%</b> reported <b>low</b> food access (do not live within 1/2 mile of supermarket or large grocery store)</p> <p><b>25.2%</b> were food <b>insecure</b> (ran out of food in the past year and/or had been worried about running out of food)</p> 
<p style="text-align: center;"><u>Neighborhoods</u></p> <p>Focus groups expressed a need for <b>safer, more walkable neighborhoods</b> for play and other physical activities, as well as a desire to <b>address neighborhood violence</b> to make the community a better place to live</p> 	<p style="text-align: center;"><u>Language &amp; Literacy</u></p> <p><b>2.6%</b> of the population in Rock Island County is <b>linguistically isolated</b></p> <p><b>1.3%</b> of the population in Scott County is <b>linguistically isolated</b></p> <p><i>*no person aged 14+ in the household proficient in English</i></p> 
<p style="text-align: center;"><u>Income</u></p> <p><b>12.9%</b> of the total population in the QC live <b>below</b> the poverty level</p> <p><b>19.2%</b> of <b>children</b> in the QC live <b>below</b> the poverty level</p> 	<p style="text-align: center;"><u>Education</u></p> <p><b>9.1%</b> aged 25+ <b>do not have</b> a high school diploma</p> <p><b>18.2%</b> report <b>low</b> health literacy</p> 



## Visioning

### MAPP Phase 2

In May 2021, the Stakeholder Committee met for the first time and was asked to reflect on the Vision Statement created during the 2018 assessment cycle. The Stakeholder Committee provided suggestions for revisions to produce the updated Vision Statement below:

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*“The Quad Cities region is united as one vibrant, diverse, collaborative community with engaged citizens, safe, thriving neighborhoods, and equitable and inclusive access and opportunities for overall health and social well-being.”*

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## The Assessments

### MAPP Phase 3

Phase three of MAPP consisted of conducting the quantitative and qualitative assessments to provide a comprehensive overview of health status in the community. PRC completed a quantitative Community Health Status survey via telephone of residents from Scott, Rock Island, and Muscatine counties.

- Results from the Community Health Assessment, including the community health status PRC survey can be found [here](#).

The Quad Cities CHA Steering Committee also completed a series of focus groups with various subpopulations to complement the quantitative survey conducted by PRC. Focus group objectives included discussing the biggest health concerns for community members and exploring challenges, resources, and ideas for action. Subpopulations who participated in focus groups included:

- African American community, faith/nonprofit/social services sector, Hispanic community, immigrant and refugee community, individuals experiencing food insecurity, individuals experiencing homelessness/housing insecurity, individuals with lived experience managing a mental health condition, LGBTQ+ community, local law enforcement, public health/healthcare sector, school/childcare sector, and senior (65+) community
- Results from the Community Health Assessment, including the qualitative focus group data gathering can be found [here](#).
- Assets and resources that could be used to improve the health of the community were identified in the CHA and can be found in Appendix A [here](#).

## Identifying Strategic Issues/COVID-19 Impact

### MAPP Phase 4

PRC identified 13 areas of opportunity to represent significant health needs within the Quad Cities community. These areas were determined based on various criteria, including comparison with benchmark data, trends, the magnitude of the issue (number of persons affected), and the potential health impacts.



In the 2018 cycle, the community prioritized **mental health, nutrition, physical activity, and weight, and access to healthcare** as the three top areas to focus on in the Community Health Improvement Plan (CHIP). The ongoing COVID-19 pandemic hindered implementation of many health improvement strategies. The Scott and Rock Island County Health Departments, Genesis Health System, UnityPoint Health – Trinity, Community Health Care, Inc., and many other community partners had to transition resources to the pandemic response. Throughout 2022, representatives of the CHA Steering Committee hosted a series of focus groups with CHIP implementation partners to gather data and updates on the current status of strategy implementation. Implementation partners agreed to re-invigorate efforts towards these areas and transition several strategies into the 2023-2026 CHIP.

<b>CHIP Community Partners</b>				
<b>Name</b>	<b>Organization</b>	<b>Mental Health</b>	<b>Nutrition, Physical Activity, &amp; Weight</b>	<b>Access to Healthcare</b>
Ameya Kotwal	Genesis Health	X	X	X
Amy Maxeiner	Black Hawk College	X	X	X
Ann Garton	Institute for Person Centered Care	X	X	X
Anne McNelis	Transitions Mental Health	X		
Bill Horrell	Alternatives for the Older Adult	X	X	X
Bob Gallagher	City of Bettendorf	X	X	X
Brian Strusz	Pleasant Valley School District	X	X	X
Brooke Barnes	Scott County Health Department	X	X	X
Caitlin Wells	The Project of the Quad Cities	X	X	X
Cecilia Bailey	Quad Cities Open Network	X		
Cheryl True	True Lifestyle Medicine Clinic	X	X	X
Dave Donovan	Scott County Emergency Management Agency	X	X	X
Denise Bulat	Bi-State Regional Commission	X	X	X
Ellen Gackle	Scott County Health Department	X	X	X
Gina Ekstrom	Davenport Community School District	X	X	X
Janessa Calderon	Greater Quad Cities Hispanic Chamber of Commerce	X	X	X
Janet Hill	Rock Island County Health Department	X	X	X
Kate Horberg	United Way Quad Cities	X	X	X
Kathleen Hanson	Scott County Board of Health	X	X	X
Kristin Humphries	East Moline School District	X	X	X
Linda Frederiksen	Medic EMS	X	X	X
Lindsey Mack	Iowa State University Extension	X		
Marie Ziegler	River Bend Foodbank	X	X	X
Michele Dane	Genesis Health	X	X	X
Nicole Carkner	Quad City Health Initiative	X	X	X
Nicole Mann	Scott County Kids	X		
Nita Ludwig	Rock Island County Health Department	X	X	X
Pam Samuelson	UnityPoint Health – Trinity	X	X	X

Name	Organization	Mental Health	Nutrition, Physical Activity, & Weight	Access to Healthcare
Richard Whitaker	Vera French Community Mental Health Center	X	X	X
Sherri DeVrieze	UnityPoint Health – Trinity	X	X	X
Terry Hanson	Scott County Kids	X		
Tiffany Peterson	Scott County Health Department	X	X	X
Tom Bowman	Community Health Care, Inc.	X	X	X

**Formulate Goals and Strategies**

*MAPP Phase 5*

In September 2022, the CHA Steering Committee partners brought the Stakeholder Committee together to discuss progress made on the three priority areas, as well as to brainstorm modifications and additions to the strategies and activities for the CHIP.

CHA Steering Committee partners started with an overview of the CHA-CHIP process, including data from the CHA and a review of SDOH. Stakeholders were given several handouts, including a copy of the previous CHIP and a summary of indicators highlighting the scope of the problem, recent trends, and equity factors (race, age, income, and gender) for each priority area.

Several additional discussions were held throughout 2022 with other community coalitions and groups to gather feedback on strategy progress from the 2018 cycle. These implementation partners also provided feedback on which strategies and activities to continue working on or that needed modification. CHA Steering Committee partners provided a summary of these discussions to the Stakeholder Committee.

Stakeholder Committee members then worked in small groups through questions for each priority area. Members were asked to consider how previous or new strategies and activities could impact health equity disparities, be connected to the SDOH, or if there are other partners in the community who should be connected to this work. The small groups wrote their ideas on large posters and took turns sharing out highlights from their discussions with the large group. Following are some common themes for each priority area.

Mental Health	Nutrition, Physical Activity, & Weight	Access to Healthcare
Professional/career development support	Health equity	Health equity
Break professional silos & enhance communication	Education	Professional/career development support
Health equity	Food access & innovative solutions	Technology & service model innovation
Support youth mental health needs	Community health & safety	Transportation & communication

Using these themes and ideas, staff from Scott County Health Department and Rock Island County Health Department held several additional meetings with relevant community coalitions, groups, and individual stakeholders to refine the specific strategies and activities for each priority area.

For the **mental health** priority area, health department staff met with members of the Quad Cities Behavioral Health Coalition Steering Committee, Quad Cities Trauma Informed Consortium Steering Committee, Scott County Kids, and Community Health Care, Inc. All these organizations are implementing a variety of initiatives related to increasing access to mental health services for both youth and adults. For example, Community Health Care is providing mobile mental health services to vulnerable populations (including people without housing and people who use substances) and integrating mental health services into primary care and school-based settings. This reflects feedback from the Stakeholder Committee to support youth mental health needs and work towards health equity by increasing access to care. Another updated activity includes supporting and maintaining a comprehensive referral system for mental health services, which relates to another theme from the CHA Stakeholder meeting to break professional silos and enhance communication between agencies.

Health department staff asked members of the Be Healthy QC Coalition for feedback on progress of previous activities and any needed modifications within the **nutrition, physical activity, and weight** priority area. In September, the Stakeholder Committee discussed wanting to address more policy issues related to food access, community and school gardens, food costs, and safety of the built environment. Examples of updated activities related to this include educating policy makers on the importance of a Health in All Policies approach to decision making, identifying policy opportunities related to nutrition, physical activity, and weight, and building the capacity of Be Healthy QC members to advocate for policy changes.

For **access to healthcare**, health department staff met with other health system and human service partners to review the previous strategies and activities, which includes establishing a Healthcare Access Workgroup that will be the responsible party for implementation. The Stakeholder Committee voiced the need to educate the community on getting the right care at the right place at the right time. The health departments plan to help facilitate this workgroup

to assess gaps in consumers' knowledge of healthcare and develop and promote resources for finding healthcare. Enhancing partnerships and increasing intersystem communication between larger health systems, independent providers, and federally qualified health centers was another theme from the Stakeholder Committee, which relates to the second goal under this priority area on educating providers on available wraparound services and referral system options.

A final Stakeholder Committee meeting was held in February 2023 to share the updates and additions made to the CHIP. CHA Steering Committee partners gave an overview of the goals and strategies of each priority area, along with highlighting some of the changes made. Stakeholder Committee members were then given the opportunity to respond to a series of questions regarding updates made to the CHIP and how they might assist with implementation moving forward.

## Mental Health

Over the past several CHA-CHIP cycles, mental health has continued to be a top priority area in the Quad Cities. Looking at trend data from the PRC survey, 23.1% of individuals in the QC report their mental health status as "fair" or "poor", compared to 17.6% in 2018.

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*"Why is mental health important for overall health? Mental and physical health are equally important components of overall health. For example, depression increases the risk for many types of physical health problems, particularly long-lasting conditions like diabetes, heart disease, and stroke. Similarly, the presence of chronic conditions can increase the risk for mental illness". – Centers for Disease Control and Prevention (CDC), 2021*

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In the QC, 30.2% of individuals have been diagnosed with a depressive disorder and 42.7% report experiencing symptoms of chronic depression. Both figures are well above the national averages of 20.6% and 30.3% respectively. Of QC adults, 14.2% feel that most days for them are "very" or "extremely" stressful. This is a slight decrease from 15.8% in 2018. Symptoms of chronic depression and "very" or "extremely" stressful days were reported more often among women, young adults, and those at lower income levels.

Among parents of children under 18 in the QC, 16.5% consider their child's mental health to be "fair" or "poor", a significant increase from 8.7% in 2018.

The number of both adults and children currently receiving mental health treatment has increased significantly. One out of four (25%) adults report currently receiving mental health treatment, up from 17.6% in 2018. Similarly, 25.3% of children in the QC are receiving mental health treatment, up from 12.7% in 2018.

Almost 30% of respondents reported the ease of obtaining local mental health services as “fair/poor”. This figure decreased from 35.1% in 2018, but still illustrates an overall worsening trend in the QC since 2002 (12.6%). This indicator was also reported more often among women, young adults, those at lower income levels, and Hispanics.

The issue of mental health was of major concern in the focus groups, and this topic appeared in relation to other themes as well. Issues raised included the shortage of local mental health care providers, long wait times for care, and difficulty navigating the complex health system and related services. The needs for better follow-up, care coordination, and case management were raised. There was an overall desire to see increased outreach and education on mental health. The issue of stigma towards those living with mental health issues was also raised.

The issue of stigma came up, not only in relation to mental health but also in relation to race, homelessness, sexual identity, weight, and age. There was a recurrent mention of the desire to see a reduction in stigma in these realms. This issue often came up in discussion of interactions with healthcare providers, and thus relates to the overarching theme of diversity, cultural competency/sensitivity, and trust. Focus group participants mentioned the need for a more diverse health workforce, including more bilingual providers. That the belief that providers should reflect the population they serve was expressed. There was also a recommendation for more extensive training in cultural competency for healthcare providers and those in related professions.

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**Goal 1:** To overcome physical, social, and financial barriers that limit timely and comprehensive access to mental health care.

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**Goal 2:** Advocate for public policy that increases funding, resources, and coverage to allow flexibility and integrated care.

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**Goal 3:** Improve and enhance mental health education with the Quad Cities region.

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## Nutrition, Physical Activity, & Weight

Eating a healthy diet – with foods like fruits, vegetables, and whole grains – can reduce the risk of developing chronic diseases and improve overall health. Unfortunately, most individuals in the QC do not get the recommended amounts of healthy foods. The number of adults consuming five or more servings of fruits/vegetables per day has decreased significantly since 2012, from 41.4% to 26.7%. A similar trend has occurred for children, from 61.1% in 2015 to 38.1% (PRC, 2021).

Access to healthy foods and the ability to afford enough food greatly impact an individual’s nutrition status. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. In the QC, 15.2% have low food access, which is lower than rates for Iowa, Illinois, and the US. Food insecure individuals include those who ran out of food at least once within the past year and/or were worried about running out of

food in the past year. One out of four (25.2%) adults are considered food insecure, but rates are unfavorably high in Rock Island County (28%) compared to Scott County (22.7%).

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*“Some people don’t have the information they need to choose healthy foods. Other people don’t have access to healthy foods or can’t afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.” – Healthy People 2030*

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The Physical Activity Guidelines for Americans state that adults should complete at least 150 minutes a week of moderate-intensity, or 75 minutes a week of vigorous-intensity aerobic activity; children and adolescents should do 60 minutes or more of physical activity each day. In the QC, only 23.1% of adults and 44.4% of children are currently meeting physical activity recommendations.

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*“Regular physical activity is one of the most important things you can do for your health. Being physically active can improve your brain health, help manage weight, reduce the risk of disease, strengthen bones and muscles, and improve your ability to do everyday activities.” – Centers for Disease Control and Prevention (CDC), 2022*

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Weight status is linked to several health issues, including type 2 diabetes, heart disease, stroke, and some types of cancer. Unfortunately, the percentage of adults in the QC who are overweight and obese continues to increase. Nearly three out of four (74.2%) adults are overweight and four out of 10 (41.3%) are obese. Among children, 35.7% are considered overweight and 17.3% are obese.

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*“Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.” – Healthy People 2030*

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Many focus group participants expressed the need for more community outreach and activities, particularly free opportunities to participate in group classes and exercise. Outreach and education were mentioned as ways to improve mental health, nutrition, physical fitness, and to reduce stigma around numerous issues. In fact, the idea of community came through strongly



across both focus groups and topics. The need to bring services to people in need came up frequently. This was expressed as a desire for more mobile and community-integrated services, such as food trucks, community centers, community gardens, and for healthcare and health resource providers to be made available in places like food banks.

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**Goal 1:** Engage cross-sector community partners and individuals in developing and implementing a comprehensive strategy toward regional health.

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**Goal 2:** Maximize awareness and connect individuals with nutrition and physical activity resources in the Quad Cities region.

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**Goal 3:** Promote policy, systems, and environment changes to improve nutrition, physical activity, and weight in the Quad Cities region.

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## Access to Healthcare

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*“Many people in the United States don’t get the health care services they need. ...People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Sometimes people don’t get recommended health care services, like cancer screenings, because they don’t have a primary care provider. Other times, it’s because they live too far away from health care providers who offer them.” – Healthy People 2030*

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Among adults aged 18-64 in the QC, 7.1% report a lack of health insurance coverage. This is a significant improvement from 10.6% in 2002. Still, a disparity exists with lack of coverage reported more often among low-income and Hispanic respondents (PRC, 2021).

Several types of barriers can hinder an individual’s access to needed healthcare, including inconvenient office hours, finding a doctor, lack of transportation, and cost of prescriptions or visits. In the QC, 42% of respondents experienced difficulties or delays of some kind in receiving needed healthcare in the past year, a worsening trend since 2012 (33.3%). This indicator is reported more often among women and communities of color.

Most respondents gave positive ratings of the ease with which they can obtain local healthcare services, but 13.3% considered it to be “fair” or “poor”.

The need to grow the local healthcare workforce, including more specialists, emerged repeatedly. Long wait times, particularly for psychiatry and other mental healthcare, were brought up. The need for more local gerontologists and providers competent in LGBTQ+ issues was raised. There was also a desire to see a greater focus on preventive/holistic care for both

individuals and communities, particularly in the areas of mental health and weight. This was sometimes expressed as a desire for a greater focus on wellness, root causes, and self-care.

Finally, the related issues of access/barriers to care and services and navigating complex systems of care and services were recurrent themes among focus groups. Although focus group participants voiced a desire for more programs and services overall, along with increased funding for existing programs and services, there was a greater emphasis on raising awareness of existing resources. The complexity of the insurance and medical systems was mentioned, along with a need for centralizing referral systems, coordinating care, and providing follow-up (particularly for mental health). Barriers to access included high cost of services, limited financial resources, transportation needs, and limited hours of availability.

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**Goal 1:** Improve and enhance education and outreach to healthcare consumers in the Quad Cities region.

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**Goal 2:** Improve coordination of wraparound service and education for providers.

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## Action Cycle

### *MAPP Phase 6*

Phase six of the MAPP process is the Action Cycle, which is similar to conducting continuous quality improvement to assess progress on goals and strategies formed in the previous phase. The strategies and activities for each priority area involve multiple community partners, therefore consistent communication will be essential. CHA Steering Committee partners will regularly monitor progress and work with implementation partners to make any necessary changes to improve implementation and evaluation.

## Conclusion

Scott and Rock Island County Health Departments envision this Community Health Improvement Plan will be implemented to a further extent this cycle to make progress in addressing the three priority areas that have carried over from the previous cycle. Community partners and members of the public made clear the need to utilize a health equity lens in writing the strategies and activities, as well as addressing SDOH that are impacting the community's ability to improve health status.

Thank you to all community stakeholders, partners, and members of the public for participating and contributing valuable input in this process. This plan is community-based thanks to the time, knowledge, and commitment of all participants.

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