2015 Community Health Assessment
Community Themes and Strengths Assessment
Linn County, IA

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Community Themes and Strengths Assessment

Linn County conducted the Community Themes and Strengths Assessment (CTSA), between the months of April 2015 and June 2015. The CTSA is one of four assessments that comprise the Community Health Assessment (CHA) that will be used to inform the identification of the priority strategic issues that the community will seek to address in the Community Health Improvement Plan (CHIP). The assessment process was guided by a CTSA subcommittee with representation from multiple entities and organizations within the LPHS and is associated with the larger Together! Healthy Linn Steering Committee. The target audience for this assessment is community members who work, reside, worship, or go to school in Linn County.

Purpose

The CTSA is a qualitative analysis of the perceptions, thoughts, and opinions community members have regarding health. This assessment answers three questions:

1. What is important to the community?
2. How is quality of life perceived in the community?
3. What assets does the community have that can be used to improve community health?

Method

An initial subcommittee meeting was held on March 4, 2015 to plan the assessment. At the initial meeting the subcommittee members began by identifying existing perceptual data that may address the questions above. All data held by agencies with representation on the subcommittee was sent to the subcommittee chair, Amy Lepowsky, for initial analysis to present at the second meeting (See Appendix A). The subcommittee reviewed the current data available and identified gaps in data from specific populations and information still needing to be obtained. Gap analysis informed the need to target older adult, disabled, LGBT, rural, and minority populations and those with language barriers. Once identified, the group selected methods and strategies to reach the aforementioned populations. Methods selected included a sticker board, community survey, and focus groups. Use of a wide array of assessment methods was thought to improve the likelihood of obtaining response from a larger number of individuals throughout the county. Data collection was driven by subcommittee and MAPP Core Team members (Table 1).

Table 1. CTSA Subcommittee & MAPP Core Team Members Involved

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ann Hearn</td>
<td>LCCS</td>
<td>Melissa Cullum</td>
<td>Mercy Medical Center</td>
</tr>
<tr>
<td>Chris Carmen</td>
<td>LCC&amp;YD</td>
<td>Adrian Mackey</td>
<td>LCPH</td>
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<td>Mary Tarbox</td>
<td>Mount Mercy</td>
<td>Ana Clymer</td>
<td>UWECI</td>
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<tr>
<td>Olivia Pond</td>
<td>LCPH</td>
<td>Melissa Fox</td>
<td>EIHC</td>
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<td>Katie Jones</td>
<td>LCPH</td>
<td>Amy Lepowsky</td>
<td>LCPH</td>
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<td>Tom Treharne</td>
<td>City of Marion</td>
<td>Stephanie Neff</td>
<td>Blue Zones Project</td>
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<td>Anne Russett</td>
<td>City of Cedar Rapids</td>
<td>Kathy Johnson</td>
<td>Abbe Center</td>
</tr>
<tr>
<td>Tonya Goodburn</td>
<td>Planned Parenthood</td>
<td>Nicole Fields</td>
<td>LCPH</td>
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Sticker Boards. A Sticker Board Guide was provided to all members at the second planning meeting to inform on how to track responses and of the responsibility of the members who host a board (See Appendix B). A single question was posed on the sticker boards, “What do you think are the three most important factors for a healthy community?” Participants were asked to select three of fifteen possible options using three stickers; the order of the stickers was not significant or ranked for importance. If one of the fifteen options did not fit what was important to them, the participants had the option to select other and write down their response on a separate sheet of paper. In addition to the sticker boards, an open-ended question was also posed asking community members to reflect on “What are the most important health issues or concerns in Linn County. Thanks to the partnership with Eastern Iowa Health Center, the sticker board and open-ended questions were available in English, Spanish, and Swahili. Throughout the three month assessment period, sticker boards with the open ended question were hosted at multiple community events and different locations across Linn County. Sites included PCI Health Fair (4/11), State of the County Address (4/9), waiting room at Eastern Iowa Health Center (4/20; Spanish, Swahili, and English), mental health outpatients at Abbe Center, Olivet Neighborhood Mission, United Way 55+ volunteer recognition (5/27), Rockwell New Hire Orientation, Spanish Mass at the Immaculate Conception Church (4/19; Spanish), and the meetings of the Board of Directors of Aging Services (4/7), nursing faculty at Mount Mercy, parish nurse/Health Ministry Network, Abbe staff. All data from these outreach events were tabulated and inform the health vision of Linn County community members as well as what they feel are the most pressing health issues experienced in Linn County.

Picture: AmeriCorp member Olivia Pond at Eastern Iowa Health Center

Community Survey. Linn County’s Community Health Survey consisted of sixteen primary questions relating to each of the three questions that drive the CTSA, with the final nine questions assessing the demographic characteristics of the respondent. Implementation of the
survey occurred between April 2015 and June 2015 and utilized the Survey Monkey platform. Survey questions gained both quantitative and qualitative data related to the perceptions of the individual regarding individual and community health. The survey link was disseminated through community partners, social media, and print media. Once the survey was closed, the data was extracted from the Survey Monkey site into an excel format by Linn County Public Health’s Epidemiologist, Amy Lepowsky. Overall, four-hundred and four respondents completed the Community Health Survey. Quantitative data was coded to allow for analysis. Definitions for the codes are provided in an associated codebook, which was created to provide community partners and others the ability to use and analyze the data as desired. Qualitative data was systematically organized into common themes and recoded to allow for analysis. As many of the qualitative questions allowed for multiple responses from a single respondent, the qualitative responses were separated from the quantitative data and placed into a separate worksheet. All qualitative variables have a respondent ID and the demographic response variables associated to allow for assessment of differences in response by demographic characteristics and connect back to the quantitative response data if needed.

**Demographic Characteristics**

At the end of the Linn County Community Health Survey, respondents were asked eight demographic characteristic questions. The questions included zip code of residence, affiliation to Linn County, sex, age, race/ethnicity, employment, education, and income. Overall, the largest proportion (54.7%) of survey respondents reported residing in the Cedar Rapids area. However, there was representation from individuals residing in the suburban and rural cities of Linn County as well as from surrounding counties (See Figure 1).

**Figure 1. Zip Code of Residence Other than Cedar Rapids**

![Zip Code of Residence Other than Cedar Rapids](image)

*(Linn County Community Health Survey, 2015)*

A majority of respondents indicate that they live (79%) or are employed (67.6%) in Linn County. Thirty-eight percent of respondents attend worship and only 3% attend school in Linn County. Of the 404 survey respondents, 74.3% (n= 300) identified their sex as female, 17.1% (n=
= 69) identified as male, and 0.25% (n = 1) identified as a transgender male (female to male transition).

**Age**

Over three-quarters of the respondents fell in one of two age categories, 25 to 44 years (40.9%; n = 152) and 45 to 64 years (50%; n = 186). Individuals 17 years or younger, 18 to 24 years, and those who are 65 years or older accounted for a significantly smaller percent of the total respondents accounting for 0.27%, 3.5%, and 5.4%, respectively.

**Race/Ethnicity**

As indicated in Figure 3, respondents were primarily identified as being Non-Hispanic (98%) White (94.6%). The remaining 5.4% accounts for 2.2% African American/Black, 0.54% Asian, 0.27% Native Hawaiian/ Pacific Islander, and 2.4% Two or More Races.
**Employment**

A majority of respondents (85%; n = 316) indicated that they are currently employed for wages. The initial survey question restricted the selection to six possible choices; however, additional categories were added based on individual response in the comment section. Two student categories were developed to account for those who are purely students and those who are also employed for wages. The military category was excluded from this chart as the category was not selected by respondents.

**Education**

Eighty-nine percent of respondents (n = 335), have obtained some level of post-secondary education. However, the majority of respondents (43%) report having received a College Diploma. An additional 31% have obtained a Master’s, 19.1% Associate’s, 3.0% a Professional, and 2.1% a Doctorate degree. Alternately, 11.6% of respondents earned a High School diploma or equivalent and 0.9% reports a less than high school education.
Income

The largest proportion of respondents (35%) reported an annual household income of $100,000 or more. As the median income for Linn County is $53,046; there was a significant oversampling of higher income respondents compared to those at other income levels.

Focus Groups. Throughout the month of May and early June of 2015, the CTSA subcommittee conducted five focus groups at four different sites in Linn County. The locations were selected based on the gaps in information for specific populations noted by the subcommittee and decision to oversample low-income and minority populations. See Table 2 for a list of locations and dates the focus groups were held. Each focus group was guided by two facilitators from the MAPP core group; the primary facilitator was responsible for asking the probing questions during group, where the secondary facilitator recorded the participant’s responses. To ensure all information was accurately captured during the discussion, a recorder was used and referred to during the analysis of the data.

Table 2. Focus Group Location and Information

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Target Population</th>
<th>Primary Facilitator</th>
<th>Secondary Facilitator</th>
</tr>
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<tr>
<td>5/13/15</td>
<td>Heart of Iowa</td>
<td>Substance Abuse Patients</td>
<td>Katie Jones</td>
<td>Adrian Mackey</td>
</tr>
<tr>
<td>5/13/15</td>
<td>Heart of Iowa</td>
<td>Substance Abuse Patients</td>
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<td>Olivia Pond</td>
</tr>
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<td>Geneva Tower</td>
<td>Residents</td>
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</tr>
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<td>5/28/15</td>
<td>Oakhill-Jackson Neighborhood Association</td>
<td>Residents</td>
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<td>6/10/15</td>
<td>Catherine McAuley Center</td>
<td>Minority</td>
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<td>Katie Jones</td>
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</table>

Each of the primary facilitators used a standardized script that was developed by the MAPP core team prior to conducting the focus groups (See Appendix C-E). The script was developed to explore the perceptions of the individuals being interviewed regarding the health of the community, community assets, barriers experienced, and how the community should be improved to support health. All data gathered from the assessment were systematically organized into common themes by question and recoded for analysis and presentation.
Demographic Characteristics

Overall, there were forty-four individuals who participated in one of the five focus groups. The number and demographic characteristics of participants in each of the focus groups differed slightly from one group to the next.

Table 3. Demographic Characteristics of Focus Group Participants

<table>
<thead>
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<th>Demographic Groups</th>
<th>Heart of Iowa</th>
<th>Geneva Towers</th>
<th>Oakhill Jackson Neighborhood</th>
<th>Catherine McAuley Center</th>
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<td>Geneva Towers</td>
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</tbody>
</table>
Vision for a Healthy Community

When asked what the three most important factors are for a healthy community, Linn County community members overwhelmingly selected low crime/safe neighborhoods, access to health care, and quality schools to be the most important factors for a healthy community. Figure 2 reflects an aggregated count of the answers obtained from the Community Health Survey and the sticker boards. Answers reflect the ideal state of the community. The other factors mentioned related to the vision for a healthy community include safe and healthy housing, access to mental health services, affordable transportation options, low family violence, walkability, and low unemployment. With the exception of “Strong family life”, selection of the most important factors for a healthy community on the Community Health Survey did not differ significantly by age, sex, race, ethnicity, income, or educational attainment. Individuals who placed “Strong family life” as one of the top three factors for a healthy community were more likely to have achieved an Associate’s degree or below. As demographic information was not reported for sticker board selection, difference in response by demographic characteristics cannot be ascertained. However, as noted in Figure 1 the top four factors were similar across both the survey and sticker boards.

Figure 1. Important Factors for a Healthy Community

*Respondents selected more than one option (Linn County Community Health Survey, 2015)
Quality of Life

Health related quality of life and wellbeing describes multiple factors related to physical, mental, emotional, and social functioning (Healthy People 2020, 2015). Examination of these components goes beyond the measurement of population health and instead focuses on the impact of health status on a person’s life and satisfaction with one’s health and environment. Among adolescents, a high level of hope, engagement, and well-being have been associated with an increased level of academic achievement, school retention, and likelihood to obtain employment in the future.

Evaluation of Well-being

According to the 2014 Gallup-Healthways Well-being Index report, residents of Cedar Rapids and Marion are generally satisfied with where they reside (84.2% & 96.9%, respectively). However, a large proportion of respondents in both locations report that they are struggling in their lives indicating poor life evaluation. An additional, 14 and 37% indicate having experienced depression, worry, and high levels of stress in the previous year. However, a majority of respondents (84.2% & 96.9%, respectively) report experiencing happiness and joy indicating positive emotional health.

Student Well-being

A majority of students enrolled in grades 5-12 in the Cedar Rapids School District during the 2013 school year were generally positive about their ability and drive to succeed in the future. However, the remaining 42% indicated that they felt stuck or discouraged about the future and their individual success. Sixty-two percent of the students reported being actively engaged in school, which reflects the individual’s feeling of acceptance and ability to succeed. Overall, 67% of students reported a positive level of well-being.
Evaluation of Personal Health

A majority of Linn County residents rated their own health as being either “Somewhat healthy” (40%) or “Healthy” (50%). Level of health that an individual reported did not differ by demographic characteristics. The most commonly cited reasons that individuals rated themselves as “Unhealthy” or Very Unhealthy” were due to a poor diet and lack of exercise, lack of time, and challenges posed by a chronic health condition.

Community Assets

When asked what makes Linn County a good place to live, work, worship, and visit, respondents most commonly cited the friendly and accepting environment, availability of different types of social/recreational opportunities, good economy/job opportunities, good schools, and safety (low-crime rate) as positive community attributes (Figure 4). Likewise, in the a large majority (83%) of Linn County students in the 6th, 8th, and 11th grades surveyed in 2014 Iowa Youth Survey indicated that they felt safe in their neighborhood, where 89% felt safe at school (University of Iowa, 2015).
**Focus group.** These leading community attributes were also noted among focus group participants. Respondents in each of the five focus groups also discussed increased walkability and available open spaces, and varied levels of income among residents as some of the best aspects of Linn County. In addition to attributes, respondents also described specific community resources that are available to residents. Among the participants at Heart Iowa, many identified Heart of Iowa as a significant resource for the community as a means for providing those with addiction a second chance and to establish a support system during recovery. Other resources mentioned are increased interest in urban agriculture, presence of community gardens, Blue Zones Project, food banks, increased opportunities to get healthy food (New Pioneer Co-op, Fresh Market, NewBo City Market, and Farmers markets), transportation, and the availability of a resource rich health care system including organizations like:

- ARC of East-Central Iowa (Disability Services)
- YMCA
- Eastern Iowa Health Center
- Community Health Free Clinic
- Planned Parenthood
- Linn County Public Health (Immunizations, HIV, and STI testing)
- Grant wood Area Education Agency
- Abbe Center (Mental Health)

**Health of the Community**

**Evaluation of Community Health**

When asked to evaluate how healthy Linn County is as a community, respondents primarily rated Linn County as being “Somewhat healthy” (Figure 4; 65.6%). Some of the most commonly cited factors that make Linn County a healthy community include increased numbers of individuals walking and biking, access to quality healthcare, opportunities to engage in healthy behaviors, an overall community commitment toward health and well-being, and good park and recreation options.

Conversely, many factors were identified that contributed to a poorer community health rating. According to residents, increased rates of obesity, unhealthy behaviors (poor eating, smoking, lack of exercise), lack of affordable exercise options year round, lack of bikeability/walkability, lack of mental health services (for all ages), and substance abuse were the most consistent factors stated that contribute to an unhealthy Linn County (See Figure 5).
Health Concerns

Residents of Linn County predominantly identified mental health issues as the most important health problem in Linn County followed by domestic violence and child abuse (see Figure). The mental health finding was consistent with the responses obtained through the sticker board engagement and focus group discussions (See Figure 7). In addition to mental health, residents identified obesity, transportation, substance abuse, lack of health literacy, homelessness, access to health services, lack of health education, affordable housing, and STDs among the most important health issues for the Linn County community. Figure 8 depicts the factors community members in the focus groups and those who participated in the sticker board felt were the most significant health concerns for Linn County. The larger the words depicted in the word cloud the more commonly the factors were identified by community members. Responses to the Community Health Survey were not included in this diagram as the question on the survey provided a limited number of set responses that may skew the significance of the diagram.
Mental Health

Throughout the CSTA, mental health issues were described as relating to a shortage of mental health providers, lack of available mental health services, stigma related to seeking help, and an inability to schedule a timely appointment with a provider. With an increase in the number of children and adults with diagnosed and undiagnosed mental health issues, resources available for these individuals are dwindling and often inadequate to fit the needs of those seeking care. Of particular note is the perceived shortage of psychiatrists and hospital beds to meet the demand of mental health patients in the area. Another concern noted is a lack of access to services due to an inability to afford services even when covered by health insurance. Even if individuals are able to afford services, long waiting lists to see a provider creates a significant barrier for those trying to seek help in addressing their mental illness. Mental health issues were often described in conjunction with financial barriers (poverty), housing, and substance abuse.
The largest disparity in mental health issues were noted among low-income and homeless populations.

**Low-Income/Homeless.** According to the 2014 Individual & Family Needs Survey conducted by the Linn County Continuum of Care: Planning and Policy Council, the most significant health issue identified among homeless and near homeless respondents are mental health issues with 46.1% of homeless and 29.1% of near-homeless respondents suffering from a mental health issue. Mental health issues along with the ability to afford housing, family and domestic issues, and substance abuse are the most common factors that respondents state contributed to their becoming homeless (See Figure 9).

**Basic Needs**

The greatest needs among this population include access to food, affordable housing, employment, and transportation (Figure 8). Need for additional transportation options and affordable housing were mirrored in information obtained through focus group discussions, the Community Health Survey, 2015 Linn County Early Childhood Iowa Family Needs Survey, and in the findings of the 2015-2020 Housing and Community Needs Public Participation Report from the City of Cedar Rapids.

Despite an appreciation for the current transportation system in Linn County, residents cite the cost, limited bus schedule, and lack of connectivity to surrounding areas and between bus lines as primary issues related to transportation. In addition, residents overwhelmingly cited the lack of available bus shelters as a significant safety issue.

Among homeless residents, transportation issues place a significant barrier on individuals utilizing emergency shelters due to the regulations imposed by the shelters (Cedar Rapids) particularly...
related to gaining employment. Furthermore, the lack of available emergency shelters, transitional housing, and public housing in Linn County tends to propagate homelessness, as these individuals do not have the ability or resources to obtain affordable housing; which is the most significant factor that contributes to an individual becoming homeless in the first place.

In Cedar Rapids particularly, this disparity is compounded among individuals with a prior conviction. Due to the recently implemented SafeCR program, leasing criteria have become much stricter and less reliable for those in greatest need for safe and affordable housing. As such, individuals with prior convictions are often unable to obtain affordable housing, which leads to an increased rate of homelessness. Approximately, 54% of homeless respondents indicate having been convicted of a crime at some point in their life (See Figure 10, Individual and Family Needs Survey, 2014).

**Healthcare Needs**

Some of the top healthcare needs among Linn County families and individuals are related to a lack of access to dental, eye, and medical services. The most commonly cited factors related to the lack of access to services relate to cost of services, inability to obtain transportation, inability to schedule a timely appointment, and barriers associated with the use of Medicaid. An inability to schedule an appointment with a healthcare provider has implications on personal health as an acute issue may worsen prior to the appointment and needed medications are unable to be filled to manage chronic conditions.

Medicaid patients cited the most significant barrier related to Medicaid use was in the lack of acceptance of Medicaid among many providers in Linn County, particularly related to utilization of dental services. Similarly, individuals within the Veterans Affairs system report

**Figure 10. Criminal Conviction among Homeless**

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>43.3%</td>
</tr>
<tr>
<td>More than 10 years</td>
<td>10.2%</td>
</tr>
<tr>
<td>Last 10 years</td>
<td>8.7%</td>
</tr>
<tr>
<td>Last 5 years</td>
<td>14.2%</td>
</tr>
<tr>
<td>In the last year</td>
<td>20.5%</td>
</tr>
</tbody>
</table>

*Individual & Family Needs Survey, 2014*

**Figure 11. Greatest Healthcare Needs, Linn County**

<table>
<thead>
<tr>
<th>Service</th>
<th>Near-Homeless</th>
<th>Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Care</td>
<td>46.3%</td>
<td>52.3%</td>
</tr>
<tr>
<td>Eye Care</td>
<td>44.5%</td>
<td>40.6%</td>
</tr>
<tr>
<td>Family Doctor</td>
<td>30.4%</td>
<td>39.1%</td>
</tr>
<tr>
<td>Prescription/Medication</td>
<td>34.4%</td>
<td>37.5%</td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>18.1%</td>
<td>36.7%</td>
</tr>
<tr>
<td>Free Medical Clinic</td>
<td>21.6%</td>
<td>16.4%</td>
</tr>
<tr>
<td>VA Medical Center</td>
<td>2.6%</td>
<td>3.9%</td>
</tr>
</tbody>
</table>

*Individual & Family Needs Survey, 2014*
experiencing significant issues related to accessing services due to gaps in insurance related to eye and dental care. In addition to the aforementioned factors related to access to care, poor health literacy and a lack of consideration of diverse populations in Linn County are also significant barriers to attaining health.

Residents, particularly those with language and cultural barriers, are confused by the complex health system and information being provided by primary care providers. This issue is compounded by a lack of available interpreters and messages tailored for specific populations. Additionally, providers are neglecting to refer patients to needed resources, which place the burden on the patient to figure out the system and identify available resources. Similarly, the lack of inclusion of minority populations in the development of community initiatives (health or social) has severely reduced the likelihood of engagement among individuals in the targeted minority population.

**Sexually Transmitted Infections**

Though sexually transmitted infections (STIs) were not a significant health issue identified on the Community Health Survey, it was frequently mentioned in the focus group discussions as well as through the sticker board community engagement events. Among residents, there is an increased concern regarding the high rates of STIs in Linn County. Participants note that the community is lacking the education and information necessary to inform about STIs and prevention. There is an additional need for free condoms to be available throughout the county; the lack of condoms available at Casey’s General Store was specifically highlighted among members, particularly in areas with a high concentration of hotels.
Behaviors Related to Poor Health

According to Linn County residents, the most significant behaviors that impact health are obesity, substance abuse, poor diet, and lack of exercise (Figure 12). These results are consistent with that identified in the other components of the assessment.

Figure 12. Important Behaviors Related to Poor Health

*Respondents selected more than one option (Linn County Community Health Survey, 2015)

Substance Abuse

Substance use and abuse were cited as a serious issue related to addiction and family modeling. The issue of substance abuse (alcohol, tobacco, and illicit drugs) was noted in multiple discussions including Focus Groups among rural community members (RC Rail, 2014) and across all five of the CTSA Focus Groups. In addition, the issue was highlighted in the Community Health Survey, sticker board engagement, and the 2015-2020 Housing and Community Needs Public Participation Report.

The most prominent substances of choice for both adults and adolescents in the areas of Mount Vernon, Lisbon, and Central City (RC Rail, 2014), is tobacco and alcohol. According to middle and high school respondents in these areas, tobacco use is often seen on school grounds, during school hours as well as at school events. Though school staff and coaches are aware of this activity occurring, the students were doubtful that any effort would be made to address this issue. Chewing tobacco was uniquely listed as a primary issue among males of this age group and location. The second largest concern was that of alcohol use. According to the Iowa Youth Survey (2014), more than half (59%) of Linn County adolescents in 6th, 8th, and 11th grades indicate that it is difficult to gain access to substances. However, there was a substantial difference in response to this question by grade level with 83% of 6th graders, 66% of 8th graders, and only 29% of 11th graders indicating difficulty obtaining desired substances. Similarly, students and adults participating in the rural area focus groups indicated that older siblings, friends, and college students were the most common. In some families, parents were identified as...
a point of access for alcohol as some parents hold the belief that the issue of alcohol could safely be controlled if allowed in their presence. Marijuana, prescription drugs, and illicit drugs were mentioned in all of the rural area focus groups; however, these were not primary issues for their community. Conversely, on the Community Health Survey residents of the cities of Cedar Rapids, Marion, and Hiawatha were more likely to identify drugs and alcohol as the most significant substance issues compared to their rural counterparts. Concerns regarding drug and alcohol addiction were also mentioned during focus group sessions at the Geneva Towers, Heart of Iowa, and the Catherine McAuley Center. Heart of Iowa respondents indicated a particular concern in drug addiction related to increased rates of Hepatitis C and HIV among users. Alcohol and drug abuse was also a prominent issue among homeless individuals with 24.2% of respondents having dealt with one or both substance issues.

In addition, residents noted a concern for increasing levels of drugs available, as well as related to the implications the poor behaviors have on children and the health of the community as a whole. Concerns were voiced regarding exposure and negative behavior modeling by parents who bring substances into the home environment. Likewise, the overwhelming number of bars in the area contributes to a culture of alcoholism and sets a poor example for youth. Finally, inconsistent regulations and policies across the county related to tobacco poses increased burden on non-smokers, as individuals (adults and children) who choose not to smoke are still being negatively impacted by exposure to secondhand smoke in areas of the community with less restrictive policies.

Obesity and Healthy Behaviors

The issue of obesity was discussed in the Community Health Survey and in the sticker boards. Respondents tended to attribute increased rates of obesity to unhealthy behaviors such as poor diet, lack of physical activity, and poor decision making. Some barriers that were discussed related to this topic were inaccessibility of affordable healthy foods, lack of healthy food options in the community, lack of walkability and bikeability, poor sidewalk conditions, and neighborhood safety concerns. In addition, multiple community members noted a lack of knowledge and education among residents regarding the preparation of fruits/vegetables and healthy meals on a budget. Overall, the high cost of healthy foods was the most consistent barrier noted associated with engaging in a healthy diet particularly among mid to low-income residents.

Infection Control

A lack of infection prevention was noted among multiple audiences. However, parents and families were the most vocal about this issue. The biggest concern was in the continued cycle of illness and increased rates of pink eye and respiratory syncytial virus in daycares and schools. Another issue noted was in the inadequate cleaning techniques and education provided at these locations to prevent further infection.
Improvements

Linn County residents provided a lot of feedback on what improvements are needed to make Linn County a healthier more desirable place to live. The most common suggestion for improvement was a need to create a more family friendly environment to accommodate both adults and children. This includes a need for more affordable family friendly events and entertainment options as well as attraction of family restaurants (do not serve alcohol) and stores. Residents expressed the strong desire for there to be a community center to help promote community events and a senior center that supports the activities of Linn County’s senior population. Community events may also be useful in bringing the community together and in breaking down cultural barriers among the different populations that comprise Linn County. Entertainment options, such as water or amusement park, zoo, walking/hiking trails, and bike trails may also provide an economic benefit through attraction of tourists and visitors.

Members also expressed a desire for there to be an increased focus on health as a community including the availability of more healthy food options, promotion of edible landscapes, community gardens, promotion of activities that make exercise fun (i.e. Inflatable 5k), additional employer-based wellness incentives/efforts, and expansion and connection between trail systems. Of particular note was the continued suggestion to develop a main trail system for all local trails to feed into. On a similar note, additional effort should be conducted to improve community infrastructure including roads, sidewalks, walking/biking trails, and flood protection. This infrastructure should provide a connection between parks, trails, and neighborhoods across all of Linn County (not just Marion and Cedar Rapids) as to facilitate and promote activity.

A significant issue discussed was the need for resources that support the low-income and homeless population of Linn County and seeks to prevent the cycle of poverty. This may include improved access to and affordability of healthy foods, expansion of safe, affordable, and stable housing, increase in homeless shelters, and connection to (affordable) mental health and health services. An additional, improvement needed to support connection to services and employment is an expanded public transit system that connects to surrounding areas (i.e. Iowa City and Waterloo) and runs later hours and on weekends. The benefit of an improved public transit system reach beyond just that of low-income populations, but help connect commuters of all socioeconomic standing to work, home, and other destinations while reducing air pollution and road congestion. Another improvement that benefits all is the need for an improved mental health system including additional mental health providers and facilities for the growing need and affordability and stability of services.

The need for additional mental health services was particularly emphasized in regards to youth. Residents expressed a desire for the community and school system to take an invested role in youth health including the provision of mental health services within the school and the need for comprehensive health education across the community. Community education is needed for both adults and children in regards to improved community awareness of health-related issues and the presence of mental health issues and substance abuse. Similarly, new innovative strategies need to be identified and implemented to address and encourage the treatment of substance abuse issues. In addition, education is needed among police officers and the
community as a whole in addressing cultural and race relations, understanding disparities in Linn County, and the relation of trauma histories with health.

Finally, better crime prevention is needed to ensure safety across all areas of Linn County. Residents suggested the need for stricter gun laws, drug regulations, neighborhood watch, and police housed within schools. In addition, multiple respondents suggested the development of teen centers and activities to help prevent gang activities at an early age. Revitalizing of low-income areas and shared community events was suggested to improve areas with high drug and gun violence and create a shared sense of community among Linn County residents.
References


APPENDIX A: Secondary Data Analysis

Community Themes and Strengths Assessment

The community themes and strengths assessment seeks to obtain qualitative information on how community members perceive their health and quality of life concerns, as well as their knowledge of community resources and assets.

Quality of Life Component

Survey: 2014 Gallup-Healthways Well-being Index (Marion)

Source: Blue Zones Project Marion

Target Population: Sample of Marion Residents (adults)

Primary QoL Takeaways
- 8.6% of respondents are suffering in their lives, an increase of 4.3% from 2012 and double the percentage of Iowa and U.S. respondents. (Poor life evaluation)
- The percentage of respondents without stress (62.6%), worry (71.8%), and depression (81.4%) decreased between 2012 and 2014 by 4.4%, 5.8%, and 3.9% respectively.
- Percentage of respondents who experienced enjoyment (89.3%), happiness (94.2%), smiled/laughed a lot (83.2%), and percentage without sadness (90.3%) indicates a high-level of general emotional health/joy
- Satisfied with the city or area where you live – 96.9%

Survey: 2014 Gallup-Healthways Well-being Index (Cedar Rapids)

Source: Blue Zones Project Cedar Rapids

Target Population: Sample of Cedar Rapids Residents (Adults)

Primary QoL Takeaways
- 3.9% of respondents are suffering and 41.9% are struggling in their lives.
- The percentage of respondents without depression (86.1%), sadness (89.4%), stress (64.2%) and worry (79.5%)
- Percentage of respondents who experienced enjoyment (89.7%), happiness (90.8%), smiled/laughed a lot (84.3%)
- Satisfied with the city or area where you live – 84.2%

**Survey:** 2013 Gallup Hope Student Poll

**Source:** Cedar Rapids School District (Paul Hayes and Rhoda Shepard)

**Target Population:** Students in grades 5-12 within the Cedar Rapids School District

**Background:** The student poll is a measure of non-cognitive metrics that predicts student success in academic and youth development settings. Hope, engagement, and well-being are key factors that drive student grades, achievement scores, retention, and future employment. Students from the 5th, 7th, 9th, 10th, 11th, and 12th grades were surveyed on three components, Hope, Engagement, and Well-being.

**Hope:** Overall, students in each of the grades were extremely positive about their current and future ability and drive to succeed. The grand mean and individual grade-level means were consistent if not better than the overall U.S. Over 58% of respondents (n = 4415) were hopeful, 31% felt stuck, and 11% are discouraged.

**Engagement:** A majority of respondents (62%, n = 4432) included in the index score reported being engaged in school, 25% were not engaged, and 13% were actively disengaged. The engagement score lowers as the respondents aged; 5th graders demonstrated a mean value of 4.47 compared to 10th - 12th graders with a mean score of 3.89, 3.71, and 3.9 respectively.

**Well-Being:** A majority of respondents (67%; n = 4582) are thriving or report a positive sense of well-being. Conversely, 32% of respondents appear to be struggling and 1% suffering. The responses to the well-being section were consistent with the U.S. The older students reported having less energy to get things done in the day prior to survey; this is likely a result of additional responsibilities associated with advanced age.
The Health Component – What is Important to the community?

**Survey**: Individual & Family Needs Survey Results – July 30, 2014

**Source**: Continuum of Care: Planning & Policy Council

**Target Population**: Homeless and Near Homeless in Linn County

**Method**: On July 30, 2014, the Continuum of Care Planning and Policy Council administered the Individual & Family Needs Survey at local emergency shelters, transitional housing facilities, feeding sites, permanent housing sites, and homeless supportive services programs. The survey consisted of 16 questions that related to demographic and homeless issues. The majority of questions had check boxes for the respondents to select their answers. Additional space was provided in case respondents chose to write in their own answers. The following information reflects the compiled data from the survey. A total of 360 surveys were completed and returned. Based on the definitions provided below, 128 survey respondents could be considered “homeless,” 227 as “near-homeless,” with 5 individuals whose status could not be determined.

**Homeless** – are respondents who are currently living in an emergency shelter, transitional housing, motel/hotel, or on the street.

**Near-Homeless** – are respondents who reported currently living in their own place or someone else’s place.

**Demographic Information**

- **Age**: The average age of all survey respondents (N = 357) was 41 years. Average age of homeless respondents (n = 340) was 38 years and 43 years of age among Near-Homeless (n = 17) respondents.

- **Gender**: Of the 360 surveys completed: 197 identified as female, 158 as men, 4 identified as other and 1 no response. A greater percentage of men were homeless rather than near-homeless, while the majority of women surveyed were near homeless rather than homeless.

- **Race**: The majority of homeless respondents (64.8%) and near-homeless respondents (71.4%) are Caucasian. The percentage of homeless respondents (18.8%) and near-homeless respondents (16.5%) that are African American is disproportionately high considering the percentage of the African American population in Linn County (4.2%). *Source: U.S. Census Bureau 2012*

- **Educational Achievement**: 81.7% of homeless and 78.3% of near homeless individuals have not obtained an education beyond a high school diploma or GED.

- **Veterans**: Veterans represent approximately 8.4% of responding homeless and approximately 5.8% of near-homeless individuals.
**Criminal Conviction**

Overall, respondents who were homeless were **2.5 times** more likely than those who were near homeless to have been incarcerated in the last year.

**Living Situation**

Sixty-nine percent of homeless respondents live in an emergency shelter or transitional housing, where 66.5% of near-homeless respondents reside in their own place.

**Total Income per Month**

Approximately, 95.2% of homeless respondents and 82.8% of near-homeless respondents reported a total monthly income of $1,500 or less.

<table>
<thead>
<tr>
<th>Category</th>
<th>Homeless</th>
<th>Near Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disability/Mental Health</strong></td>
<td>Mental Health (46.1%, n = 59)</td>
<td>Mental Health (29.1%, n = 66)</td>
</tr>
<tr>
<td></td>
<td>Substance Abuse (24.2%, n = 31)</td>
<td>Physical/Medical Disability (26%, n = 59)</td>
</tr>
<tr>
<td><strong>General Needs</strong></td>
<td>Affordable Housing (58.6%, n = 75)</td>
<td>Food (61.2%, n = 139)</td>
</tr>
<tr>
<td>(3 highest needs)</td>
<td>Food (39.8%, n = 51)</td>
<td>Affordable Housing (37.4%, n = 85)</td>
</tr>
<tr>
<td></td>
<td>Employment (32.2%, n = 73)</td>
<td>Employment (32.2%, n = 73)</td>
</tr>
<tr>
<td></td>
<td>Transportation (36.7%, n = 47)</td>
<td>Clothes (28.2%, n = 64)</td>
</tr>
<tr>
<td><strong>Healthcare Needs</strong></td>
<td>Dental Care (52.3%, n = 67)</td>
<td>Dental Care (46.3%, n = 105)</td>
</tr>
<tr>
<td>(3 greatest healthcare needs)</td>
<td>Eye Care (40.6%, n = 52)</td>
<td>Eye Care (44.5%, n = 101)</td>
</tr>
<tr>
<td></td>
<td>Family Doctor (39.1%, n = 50)</td>
<td>Prescriptions/Medications (34.4%, n = 78)</td>
</tr>
<tr>
<td></td>
<td>Prescription Medication (37.5%, n = 48)</td>
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</tr>
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<td></td>
<td>Mental Health Care (36.7%, n = 47)</td>
<td></td>
</tr>
<tr>
<td><strong>Reason for Homelessness</strong></td>
<td>Unable to qualify/afford housing (49.2%, n = 63)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mental Health (31.3%, n = 40)</td>
<td></td>
</tr>
</tbody>
</table>

Source: Early Childhood Iowa Board

Target Population: Linn County families with children under the age of 6

Method: The survey was conducted using Survey Monkey between November 2014 and January 2015, with the intention of informing the needs of the families in Linn County. Surveys included questions in both English and Spanish. The total number of respondents was 320; the African American and “Other” population was oversampled.

Top concerns for Linn County families

- **Childcare/Preschool** – 42.2% of parents selected as their top concern, 28.2% selected as their second concern
- **Basic Needs** – 17.5% of parents selected as their top concern, 16.25% selected as their second concern.
- **Parenting** – 10% of parents selected as their top concern, 13.13% selected as their second concern

In regard to child health care, I need help with (Qualitative n = 19)

- Ineffectiveness of Medicaid
- Transportation
- Affordability of Specialized Services
- Barrier in receiving mental health services
- Identifying supplemental resources
- Allergy specialist
- Establish a Doctor in CR
- Transportation
- Cost
- Cost
- Ineffectiveness of Medicaid
- Poor insurance coverage
- Cost

In regard to child dental services, I need help with (Qualitative n = 17)

- Transportation
- Few dental providers accept insurance
- Accessibility of dental services (Sat. and after 5pm on weekdays)
- Transportation
• Medicaid providers
• Affordability
• Mental health concerns
• Limited pediatric dentists
• Motivating children to brush their teeth
• Dental Insurance
• Accessibility of dental providers
• Affordability
• Obtaining dental insurance

**In regard to child care, I need help with (Qualitative n = 34)**

• Affordability
• Accessibility (extended hours and weekend times)
• Improve quality of care

**In regard to achieving family stability/safety, I need help with (Qualitative n = 13)**

• Support system
• Affordable food
• Affordable housing
• Financial support
• Simplified support service enrollment
• Financial support for low-middle income families and single parents

**Survey:** Passenger Transportation Survey, 2015

**Source:** Corridor Metropolitan Planning Organization (CMPO)

**Target Population:** Linn County Residents

**Topic:** Transportation Needs

**Method:** In January 2015, a survey was distributed to Linn County residents via an electronic link (Survey Monkey) and through physical survey copies distributed on public transit routes. There were no age restrictions for completing the survey. Overall, 421 surveys were completed; a majority (69.7%) of respondents live in Cedar Rapids, 13.4% in Robins, 8.6% in Marion, 3.4% in Hiawatha, 2% in Ely, 0.86% in Unincorporated Linn County, and 0.29% in Fairfax. An additional, 1.7% of respondents selected the “Other” option representing Covington, Palo, Mt. Vernon, Lisbon, and Iowa City (recently moved from and currently works in Cedar Rapids). A majority of respondents (39.8%) indicated a household income of less than $20,000.
**Primary type of transportation used**

A majority of respondents indicated primary use of motor vehicles (47.83%, n = 198) or City Bus (28.99%, n = 120) to travel to work or school. Approximately, 49% of respondents reported that they do not use transit services of any kind, 44% use CR Transit, and 19.7% use Neighborhood Transportation Service (NTS)

**Additional Language needs (n = 381)** – 99.74% said none

**Top three physical, mental, or emotional challenges using transportation (68.8% have no difficulties)...n = 298**

- City bus stops are difficult to reach due to distance - 12.8%
- City bus stops are difficult to reach due to accessibility (No sidewalk or room to wait) – 11.1%
- Hard to schedule transportation (Taxi, City Bus, LIFTS, NTS, other) – 8.7%

**Top three difficulties reaching (56.7% have no difficulties)...n = 305**

- Evening Activities – 19.7%
- Grocery shopping - 16.4%
- Work – 14.8%

**Comments:**

- Need covered areas to protect against wind/rain/snow when waiting for the bus
- Suggest bus tracking system
- Need connection between Cedar Rapids and Iowa City
- Later bus times, Sunday, and holiday service is necessary to meet work shifts and need to connect to other destinations
- Better and more efficient connectivity between bus lines
- Safety is a concern in waiting for the bus and getting to bus stops
- Lower the cost of fares
- More frequent routes
**Survey:** Youth Focus Groups, 2014

**Source:** RC Rail Coalition

**Target Population:** Middle and High School Students in Mt. Vernon, Lisbon, and Central City

**Topic:** Substance Abuse

- One of the primary issues was tobacco use by students, primarily chewing tobacco amongst boys.
- Several students identified tobacco as the primary substance of choice and that tobacco use occurs on campus during the school day as well as at school events.
- It was reported that school staff and coaches are actively aware of tobacco use but do not report it to the administration. Students are unsure if action would be taken if substance use was reported to the school administration.
- Students also provided detail that alcohol is the second most common drug of choice and the primary access point is older peers and siblings who remain in the area after high school. These groups are happy to provide alcohol and in many cases will drink with the students. This type of access also occurs through the local colleges. Many students attend Kirkwood Community College for additional courses and make friends with the older students.
- Students also reported access alcohol and other drugs at Cornell College in Mount Vernon. Students were aware of retail outlets that sell alcohol to minors.
- Marijuana, prescription drugs, and other illicit drugs were mentioned in passing but are not the primary substances reported by students.

**Survey:** Key Informant Interviews, 2014

**Source:** RC Rail Coalition

**Target Population:** Mt. Vernon, Lisbon, and Central City

**Topic:** Substance Abuse

- The majority of community members identified **alcohol and tobacco as the two primary substance of choice** in the community for both youth and adults.
- Marijuana and prescription drug use were both identified as increasing but not predominate.
- Many mentioned adults setting poor examples particularly in the small communities where the bar is the only source of entertainment. It was also reported that most community events serve alcohol and that it sends a message to kids that you need alcohol to have fun and it increases availability of alcohol to minors.
• Adults reported being aware of parents who provide alcohol or allow alcohol use by youth in order to create a “safe” environment for alcohol use.

• Several participants reported that some schools overlook the severity of the issue of substance abuse by their students and actively ignore tobacco use by students. Active drug dealing between students at school or near school grounds was reported by multiple people.

• Both Cornell College and Kirkwood Community College were identified as access points for drugs and alcohol and a lack of communication between the higher education institutions and local schools.

• The lack of consistent alcohol and tobacco policies between the communities was also reported to be an issue as it drives use to other communities with less stringent laws or enforcement.

Survey: 2015-2020 Housing and Community Needs Public Participation Report

Source: City of Cedar Rapids: 5-year Consolidated Plan Strategic Plan

Target Population: Cedar Rapids Residents and Key Informants

Method: Multiple methods of data collection were used to identify housing and community needs in the City of Cedar Rapids. The methods used to obtain feedback includes, community meeting (open house), stakeholder interviews, on-site community outreach (obtain info from targeted special needs populations), and resident surveys. Information obtained from this assessment were resident and stakeholder feedback pertaining to housing, needs of individuals and families who are homeless, needs of non-homeless special needs populations (i.e. disabilities, elderly, refugees, families, minority groups, survivors of domestic violence, people with mental health issues, and veterans), and non-housing community development.

Housing: Lack of affordable housing was the most common housing problem cited pertaining to housing in all discussions. The two issues discussed related to this issue were low vacancy rates and two few subsidized housing options. With a vacancy rate of 2% in the City of Cedar Rapids, it is a challenge for those in need of housing to obtain housing in general. This is compounded if the individual or family is of low income (few affordable housing units, currently at 97% capacity) or in need of special accommodations for accessibility. The absence of public housing in Cedar Rapids and the significant difference between voucher (waiting list has been closed until recently since 2011) and housing rates, has made it difficult for low-income individuals to find and keep housing (Propagates Homelessness). Furthermore, the low quality (older) of available affordable housing poses a significant safety and health concern. These houses are more likely to have lead-based paint, lack accessibility features, be run down, and be located in unsafe neighborhoods with fewer community amenities. Additional barriers noted were extensive background and credit checks required (i.e. denial of individuals with criminal record), strict leasing criteria, and employment and transportation challenges; which is likely an
unintended consequence of the SafeCR program. SafeCR was intended to increase public safety by holding landlords accountable for maintenance and operation through administration of fines to landlords with properties flagged as frequent 911 calls. However, this program is resulting in many at greatest need for safe and affordable housing unable to obtain housing. This program also poses potential unreported domestic violence as victims fear to report abuse due to possible eviction.

**Needs of Individuals and Families Experiencing Homelessness:** There are many resources needed to address the unique needs of those living in homelessness in Cedar Rapids. First of all, the need for emergency shelter and transitional housing among this population far exceeds what is currently available in the City of Cedar Rapids. Furthermore, regulations of emergency shelters (must be in shelter by 6pm to be accepted with a 30 day limit) and the cost and limited schedule of public transportation (no buses after 6pm or on Sunday) poses a significant challenge to individuals trying to get back on their feet particular creating a barrier to employment (i.e. shift-based work).

Specific resources needed by this population are:

- Financial assistance
- Rapid re-housing funds and deposit
- Rental and utility assistance
- Additional transitional housing
- Permanent supportive housing
- Support services:
  - Mental health (adult and child) and substance abuse issues
  - Health care issues
  - Transportation subsidies
  - Employment and job training

**Special Needs Populations:** Participants noted a lack of permanent supportive housing services and ongoing support services available in the community. Support services highlighted include mental health services, affordable and reliable transportation, financial literacy, short-term financial assistance, and education and employment skills training. These services are needed across many special needs populations including people with mental illnesses, individuals with disabilities, formerly incarcerated individuals, and individuals leaving substance abuse treatment.

Housing and service needs of **disabled** individuals include the need for **affordable and accessible housing near transit** options. Accessibility needs include wheelchair accessible doors, ramps, and showers. Among both the disabled and elderly populations, the greatest need for housing exists at the 0-30% or less average median income (AMI) levels. Primary needs among the **elderly** include **food assistance** and **health care issues**. Among (retired and elderly) homeowners there is a need for a homeowner repair program. Lack of senior center was also
noted during this discussion. The most significant disparity in housing is noted among racial and ethnic minority groups. Issues noted include racial discrimination in housing, disproportionate housing needs, and disparities in homeownership rates for minorities compared to whites. Disproportionate housing needs (defined as one or more of the following: lacks complete kitchen facilities, lacks complete plumbing facilities, more than one person per room, and cost-burden greater than 30%) at the lowest income levels (50% or below AMI level) are higher among Hispanics, African Americans, Asians, and American Indian/Alaska Natives compared to their white counterparts. Single parents are in need of affordable housing and quality, affordable child care options. A need for larger affordable housing units was particularly highlighted among the refugee population. With the recent reorganization of mental health there women of domestic violence do not have a local short-term emergency shelter available to them. Among this population, the specific services needed include permanent affordable housing options and deposit and rental assistance, supportive social services, and legal assistance. Veterans needs include affordable housing, employment, food assistance, and transportation services (homeless veterans do not use emergency shelters but live on the streets, need for street outreach). Youth transitioning out of the foster system and those who are homeless experience a challenge finding housing due to lack of credit history, absence of a co-signer (if younger than 18), and shortage of affordable housing near public transit and employment options.

Non-Housing Community Development Needs: Key needs cited were living wage jobs (to afford housing), transportation (widespread, mismatch between affordable neighborhoods and available jobs), affordable recreation and child care centers located in low to moderate income areas, public infrastructure improvements (roads, curbs, sidewalk repair [SE, SW, NW]), neighborhood improvements, and improving access to opportunities in asset-challenged areas.

Transportation issues: need to increase the hours and days of operation and frequency of routes, cost, and accessibility
Community Assets

Survey: Iowa Youth Survey, Linn County Results - 2014

Source: Iowa Consortium for Substance Abuse Research and Evaluation – University of Iowa

Target Population: Students in the 6th, 8th, and 11th grades in Linn County

Perceived level of Safety

- Safe Neighborhood – 83% total indicate that their neighborhood is safe
- Safe (non-violent) School Environment – 89% of respondents indicate feeling safe at school a reduction of 8% from the 2012 IYS
- Bullying – 50% of respondents stated that they had been bullied in some way 30 days prior to the survey

Access to Substances: 59% of respondents indicate that it is difficult to access substances (tobacco products, alcohol, illicit drugs); however, there was a substantial difference in response to this question by grade level. Sixth grade respondents were much more likely to find it difficult to access substances than their 8th (66%) and 11th (29%) grade counterparts. Overall, the more advanced the grade level the easier it is to access substances if wanted.
Appendix B: Sticker Board Guide

Community Themes and Strengths Assessment

The community themes and strengths assessment seeks to obtain qualitative information on how community members perceive their health and quality of life concerns, as well as their knowledge of community resources and assets.

Guidance on Boards

Thank you for volunteering to host a CTSA board at your event(s). All members who volunteer to gather the community data will receive the primary question board, stickers, and sheets of paper to obtain the community information. For those who are willing to gather some additional information, we will also be providing a flip chart.

Gaining Feedback using the CTSA Board

- The materials provided for the CTSA board, include a variety of different sheets of stickers, extra sheets of paper, and the board itself.
- The boards may be used at multiple events; so, in an effort to identify the different populations being captured the stickers will provide a mechanism to separate the events.
  - Six different types of stickers will be provided to assist with gaining feedback from community members.
  - Each event will use a unique sheet of stickers.
  - In an attempt to separate the events, please place one of the stickers being used for the event on the back and indicate event, date of event, target audience, and location.
- At the event, provide each community member three stickers to identify which of the factors from the list are the three most important factors for a Healthy Community.
- One of the options on the board is to select “Other”; these individuals will have the opportunity to provide their answer on a separate sheet of paper.

Flip Chart

- Along with the CTSA Board, we would also like to pose the opportunity for community members to self-report, what they feel is the most important health problems in Linn County.
  - If you do not have a stand that could hold the giant flip chart, the single sheets of paper may be torn off the flip chart and stuck on a wall or other stable structure.
  - At the top of the sheet, write “What are the most important health problems or issues in Linn County?”
• Instruct community members to use the markers provided to provide their anonymous answer to the question
• On the back of the flip chart indicate the event, target population, location, and date of the event.

Contact
• If additional materials are needed please contact Amy Lepowsky at 319-892-6082/
amy.lepowsky@linncounty.org or Katie Jones at 319-892-6065/
katherine.jones@linncounty.org
Appendix C: Focus Group Script

2015 Focus Group Questions

Welcome and Introductions

Purpose and Ground Rules

Engagement Questions

1. **Ice Breaker:** ‘Health’ is such a large and broad word that lots of things can be related to ‘health’. Let’s go around the room and introduce ourselves by saying our first name and the first word or phrase we think of when we hear the word ‘health’. However, if someone has already said your word, try to think of another one. If you want to share a bit about why you thought of your word that’s fine too. I’ll go first. My name is _(name)_ and when I hear the word ‘health’ I think of “__(word)__” and _____(explanation)____.

2. What is your favorite aspect about living in your community?

Exploration Questions

3. What do you see is the biggest health concern in your community, from your perspective?

4. What do you think could address it?

5. What barriers might keep this from happening?

6. What could address those barriers?

7. What are some assets in your community that support improved health?

8. What would you like to see in our community in 5-10 years?

Exit Question

9. Is there anything else you like to say about what could make your community healthier?
Appendix D: Ground Rules Script

2015 Focus Group

Purpose and Ground Rules

We are conducting these focus groups on behalf of Together! Healthy Linn, which is a local collaborative coalition that’s working on completing a Community Health Assessment and Community Health Improvement Plan. The reason we are having these focus groups is to get feedback from community members on the health of Linn County and how it can be improved. We need your input and want you to share your honest and open thoughts with us.

Ground rules:
1. WE WANT YOU TO DO THE TALKING.
   We would like everyone to participate.
   I may call on you if I haven’t heard from you in a while.

2. THERE ARE NO RIGHT OR WRONG ANSWERS
   Every person’s experiences and opinions are important.
   Speak up whether you agree or disagree.
   We want to hear a wide range of opinions.

3. WHAT IS SAID IN THIS ROOM STAYS HERE
   We want folks to feel comfortable sharing when sensitive issues come up.

4. WE WILL BE TAPE RECORDING THE GROUP
   We want to capture everything you have to say.
   We don’t identify anyone by name in our report. You will remain anonymous.

We have a consent form for you to fill out before we begin and an optional, anonymous demographics survey for you to complete by the end of the focus group. Thank you for participating!
Appendix E: Focus Group Checklist

Focus Group Check List

___ List of questions (for facilitator)
___ Purpose/ground rules script (for facilitator)
___ Recorder
___ Food, plates, napkins, forks
___ Demographic surveys
___ Consent forms
___ Cards with survey link
___ Pens
___ Blank pieces of paper for writing answers down (if a lot of participants present)