2018 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 and July 2018. 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 2019-2021 Community Health Improvement Plan (CHIP). The assessment process was guided by a CTSA subcommittee with representation from multiple entities and organizations within the local public health system, and is associated with the larger Together! Healthy Linn Steering Committee. The target audience for this assessment is community members who work, reside, worship, go to school, or seek entertainment 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 April 12, 2018 to plan the assessment. At the initial meeting the subcommittee chair, Melissa Monroe described the purpose of the CTSA, role of the subcommittee, provided an overview of possible assessment methods, and reviewed the Together! Healthy Linn vision. The MAPP coordinator, Amy Hockett provided an overview of the methods used in the previous cycle in 2015. In addition, she outlined some things that went well in 2015 and proposed opportunities for improvement for the 2018 iteration. Some opportunities for improvement noted included additional recruitment of minority and rural populations in Linn County, better use of the vision to guide data collection, explore additional methods for distributing the survey, and gain a more in-depth understanding of key topic areas as they arise.

The 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 Linn County Public Health’s Epidemiologist, Amy Hockett, 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 gain additional data from older adults, disabled/special needs, LGBTQ+, rural, young children, parents, low-income, middle to lower middle income, recent college graduates, and minority populations. Once identified, the group selected methods and strategies to reach the aforementioned populations. Methods selected included a sticker board with open-ended question, community survey, windshield survey, and focus groups. In addition to the methods selected by the subcommittee, Linn County Public Health also explored
the use of Vox Pop and a street stall (also known as Wailing Wall). 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. The CTSA subcommittee and members of the MAPP Core Group drove data collection (Table 1).

**Table 1. CTSA Subcommittee & MAPP Core Group Members Involved**

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<thead>
<tr>
<th>Name</th>
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<td>Hayley Hegland</td>
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*Denotes MAPP Core Group members*
Sticker Boards. Over the three months of the assessment, 18 sticker boards were hosted at various locations and events throughout Linn County. For 16 of the 18 boards the question posed was “What do you think are the three most important factors for a healthy community?” Participants were asked to select three of twenty possible options using three stickers; the order of the stickers was not significant or ranked for importance. If one of the twenty 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 “Based on your selection, how could things be improved?” Locations of the first sticker board included the waiting rooms of the Linn County Public Health Clinic, Eastern Iowa Health Center, Waypoint, and Abbe Mental Health Clinic and at the Heritage Senior Meal Sites/Encore Cafes in Lowe Park (City of Marion), Central City, and Marion Library. In addition, the boards were located at the Lindale Mall during a blood pressure check, Ground Transportation Center, Tanagerfest, Meet Me at the Market, Juneteenth, Cedar Rapids’ Farmer’s Market, State of the County Address, and the Olivet Neighborhood Mission.

Once a sufficient number of answers to the original sticker board question was obtained, a second version of the sticker board was developed to reflect on perceptions of issues in the community that impact health. The question on the second version of the sticker board read, “What are the three biggest health problems or problems that are impacting residents in Linn County?” Like the original sticker board, participants selected three of twenty options using three stickers. A revised open-ended question was also available if participants wished to provide further feedback. The question asked, “What needs to be done to improve health in Linn County?” The revised sticker board was hosted at the Cedar Rapids PrideFest and Linn County Fair.
Community Survey. Linn County’s Community Health Survey consisted of ten primary questions relating to each of the three questions that drive the CTSA as well as to access to care, with the final nine questions assessing the demographic characteristics of the respondent. Implementation of the survey occurred between April 2018 and July 2018 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 on business cards that provided more information about the assessment. 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 Hockett. Overall, seven-hundred and twenty-two individuals completed the Community Health Survey. This was a significant increase from the response to the community health survey in 2015, which had four-hundred and four responses. Following extraction, qualitative data was organized into themes and coded to allow for analysis, as was the quantitative data when appropriate. 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 nine demographic questions. The questions included zip code of residence, affiliation to Linn County, sex, age, race/ethnicity, employment, education, and income. Of the 722 survey respondents, a majority of respondents indicate that they live (87.7%), are employed (69.6%), or attend events (66.8%) in Linn County. Forty percent of respondents attend worship and only 4% attend school in Linn County. Approximately, 58.1% (n = 381) of respondents reported residing in the Cedar Rapids area (Figure 1). The highest concentration of participation among Cedar Rapids residents was among those residing in the 52402 (29.9%), 52404 (26%), 52403 (18.3%), and 52405 (17.8%) zip codes. The remaining 41.9% of respondents widely represented the suburban and rural cities of Linn County as well as surrounding counties. Distribution of participants by their identified zip code of residence is illustrated in Figure 2. Two respondents, provided an out of state zip code (Appleton, WI and Gassville, AR); however, both noted that they recently moved from Linn County and often visit Linn County for family and entertainment.

Figure 1. Proportion of Cedar Rapids Survey Respondents by Zip Code of Residence
Figure 2. Survey Response Density by Zip Code of Residence
Age/Sex

Over three-quarters of the respondents fell in one of two age categories, 25 to 44 years (46.8%; n = 312) and 45 to 64 years (36.3%; n = 262). 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 0.5%, 3.6%, and 9.8%, respectively.

Figure 3. Percentage of Respondents by Age (n = 666)

Race/Ethnicity

As indicated in Figure 3, respondents were primarily identified as being Non-Hispanic (98%) White (93.8%). The remaining 6.2% accounts for 1.5% African American/Black, 0.2% American Indian/Alaska Native, 0.9% Asian, 0.2% Native Hawaiian/ Pacific Islander, 1.7% Two or More Races, and 1.8% Other.

Figure 4. Percentage of Respondents by Race/Ethnicity
Employment

A majority of the 663 respondents (79.1%; n = 557) who provided employment information 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. The additional categories added were disabled, stay at home caretaker, and volunteer.

Education

Seventy-five percent of respondents (n = 499), have obtained some level of post-secondary education. However, the majority of respondents (45.1%) report having received a College Diploma. An additional 24.4% have obtained a Master’s, 13% Associate’s, 2.7% a Professional, and 3% a Doctorate degree. Alternately, 11.2% of respondents earned a High School diploma or equivalent and 0.6% reports a less than high school education.
Income

The largest proportion of respondents (36.2%) reported an annual household income of $100,000 or more. As the median income for Linn County is $60,989; there was a slight oversampling of higher income respondents compared to those at other income levels. However, it is important to note that approximately 30.6% of respondents fell below the annual household income for Linn County.

**Figure 7. Proportion of Respondents by Income**

Focus Groups. In mid-June, members of the MAPP Core Group conducted two focus groups. The populations were selected based on the gaps in information for specific populations noted by the subcommittee and decision to oversample low-income and minority populations. Populations of interest included residents at Geneva Tower located in downtown Cedar Rapids and the LGBTQ+ community, which was held at Linn County Public Health. Two facilitators from the MAPP Core Group guided each focus group; the primary facilitator was responsible for asking the probing questions during the focus group, where the secondary facilitator provided back-up support when needed. In addition, each group had a dedicated scribe, whose responsibility was to capture the participant’s responses. As a secondary assurance that all information was accurately captured during the discussion, a recorder was used and referred to during the analysis of the data.

Each of the primary facilitators used a standardized script that was developed by the MAPP Core Group prior to conducting the focus groups (See Appendix B-C). 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, fourteen individuals participated in one of the two focus groups held in June. The demographic characteristics of participants differed between groups, which was to be expected due to the populations of focus. Completion of the demographic characteristics form was optional for participants; as such, demographic information was only available for 12 of the 14 participants.

Age/Sex

The distribution of participants by sex was equal in both the Geneva Tower and LGBT+ focus groups. The majority of participants in both groups were between the ages of 25 and 44, with participants ranging in age between 28 and 68 years.

Race/Ethnicity

A majority of participants in both focus groups were white.

Figure 8. Number of Focus Group Respondents by Age/Sex

Figure 9. Number of Focus Group Respondents by Race/Ethnicity
Income

Income differed significantly between the two groups, with 100% of participants from Geneva Towers having an annual income of less than $20,000. Alternately, there was a large variation in income level within the LGBT+ group, with a majority of participants having an Annual Household Income of $100,000 or more.

Education

The highest number of participants stated that their highest level of education attained was a high school diploma followed by a college diploma.
Employment

Residents of Geneva Towers tended to be unemployed or disabled, which is consistent with residency requirements of the complex. Participants from the LGBT+ group varied in employment status with a majority indicating that they are currently employed.

Windshield Survey. The windshield survey was conducted through partnership with the Department of Nursing at Mount Mercy. Between February and April of 2018, 15 teams of two students in the Population Based Nursing course conducted comprehensive windshield assessments of cities throughout rural Linn County. This assessment included review of environmental, structural, community assets, and general characteristics of the individual locations. The cities evaluated, included Alburnett, Bertram, Central City, Ely, Fairfax, Hiawatha, Mount Vernon, Palo, Prairiesburg, Robins, Springville, Walford, and Walker.

Street Stall. A street stall was conducted on June 29, 2018 at the Community Day of the Linn County Fair. The intent of the street stall is obtain open-ended feedback to a set number of questions or general topic using an interactive process. This may include posting a single question or more in a central location or public place with the intent to gain public feedback. For the street stall held at the Linn County fair, the Together! Healthy Linn members chose to pose four questions that would inform issues in the county, possible solutions, barriers to improvement, and known community assets. The questions included, “What do think is the biggest health concern in Linn County?”, “How can our community address the biggest health concerns?”, “What might keep things from improving?”, and “What things in our county promote health?” Following the event, the answers were compiled into a single document and analyzed to inform the other information obtained throughout the assessment.
**Vox Pops.** In an effort to capture the voice of some of Linn County’s rural populations, Linn County Public Health’s intern, Emily Houston conducted 10 video interviews in Springville and Center Point. Interviews were conducted at a gas station and local café in Springville and the public library in Center Point. Each participant was asked a set of questions, which was based off the questions posed in the focus groups and within the community health survey (See Appendix D). The overall goal of the interviews was to identify the perception of the biggest health problems and what can be done to improve health.
Vision for a Healthy Community

When asked what the three most important factors are for a healthy community, respondents overwhelmingly selected low crime/safe neighborhoods (n = 663) as the most important factor for a healthy community. Following low crime/safe neighborhood, respondents rated quality schools, a good place to raise children, good jobs/healthy economy, and access to healthcare as the top 5 factors that contribute to a healthy community. In Figure 13, answers obtained from the Community Health Survey and the initial version of the sticker boards are presented as an aggregated count; these answers reflect the ideal state of the community that residents find important. Importance in particular factors varied slightly between the two assessment methods, with affordable housing ranking fourth in the sticker board responses and eighth on the survey. However, for the most part the leading desires for a healthy community were consistent between the two methods with a desire for a safe and affordable community to raise children.

Figure 13. Important Factors for a Healthy Community

*Respondents selected more than one option (Linn County Community Health Survey, 2018)
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. Perception of quality of life is captured throughout the assessment in reflection of what is healthy and unhealthy about the community as well as what might be contributing to poor health. In addition, perception of livability was specifically captured in this section for Cedar Rapids and Marion through the National Citizen Survey (The National Citizen Survey, 2017 & 2018). This survey was only available for these two Linn County cities; as such, feedback regarding perceived livability of Linn County is limited to the cities of Cedar Rapids and Marion.

Perception of the Livability of the Community

According to the results of the Community Livability Surveys Cedar Rapids and Marion, residents generally report a high quality of life in both locations. A majority of residents in the City of Marion report a good or excellent quality of life (88%), slightly higher than that in the City of Cedar Rapids (75%). Ninety-three percent of Marion residents and 81% of Cedar Rapids residents report that their respective city is a good or excellent place to live. Within the City of Marion, a majority of respondents (93%) rate the city as a good or excellent place to raise children (90%). Additionally, residents highly rated neighborhood and community safety (93%), ease of multimodal travel (79%), natural environment (78%), health and wellness (76%), and quality of K-12 education (86%) were all rated highly. However, a major opportunity for improvement noted was in regards to the available public transportation (29%).

Residents of Cedar Rapids generally felt like Cedar Rapids is a good place to raise children (78%), but not to retire with only 47% of respondents who agree with this statement. When asked about safety, approximately 90% indicated that they feel safe in their neighborhoods and 84% within the downtown/commercial areas during the day. However, only 66% of residents indicated an overall feeling of safety in the city. The finding of general neighborhood safety was consistent with focus group findings in the LGBT+ group, where residents described their community as “home town safe”. Alternately, focus group participants living in the Geneva Towers in downtown Cedar Rapids describe a concern about going out at night particularly in areas such as Green Square Park where homeless people are known to congregate after dark. One resident reclaimed, “I do not go out after dark because I am scared”. Some strengths for Cedar Rapids that was noted in the Livability Report is the availability of adult education and employment opportunities. However, major opportunities for improvement relate to the public transit system and mental health care.
Health of the Community

Overall health of the community encapsulates health at many levels including that of the individual, social systems, and community as a whole. For this assessment, perceived levels of personal and overall community health were evaluated, as were the factors that contribute to a lack of health either personally or as a community. In addition, respondents identified the largest health issues in Linn County that need to be addressed to improve overall community health.

Evaluation of Community Health

When asked to rate their individual health, a majority of survey respondents (56.6%) rated their own health as being “Healthy” (Figure 14). Alternately, only 33.6% of respondents viewed Linn County to be a “Healthy or Very Healthy community, the majority view Linn County to have a mix of both healthy and unhealthy aspects (49%). Healthy aspects of Linn County included the positive efforts being made to increase a culture of healthy lifestyles such as the expansion of the trail system, work towards walkable communities, and availability of free community events such as yoga in the park, Meet Me at the Market, Farmer’s Market, and community bike rides. Similarly, residents noted a wide array of opportunities to make healthy choices. The availability of quality healthcare, mental health, and support services were also identified as positive aspects. However, it was also noted by residents in both focus groups and in the survey that these services are sometimes difficult to access due to location, transportation barriers (i.e. public transit system), timeliness of appointments, and personal lack of awareness of the services available. A general feeling of safety and community connection was noted; however, with increasing crime and violence (ex: gang activity, gunshots) the feeling of safety in certain communities is decreasing compared to previous years. Other healthy factors noted include good air and water quality in many areas, a positive county-based initiative to coordinate access to mental health systems, and access to quality libraries.

Figure 14. Level of Community Health
Unhealthy Aspects. Community-wide, there was an overwhelming observation particularly in the community health survey that a majority of residents are somewhere on the spectrum of overweight to obese. Both childhood and adult obesity were noted to be on the rise in Linn County. Despite the availability of a wide array of opportunities to make healthy choices (i.e. trails, bike lanes, etc.), many are not utilizing the available resources and some note a barrier related to the lack of connectivity between trails and the existence of sidewalks. One resident stated, “I’d love to ride my bike to work SAFELY every day, but it is difficult because of the lack of good bike routes to the downtown area.” Another states “Lack of a complete trail system and walkable neighborhoods makes it a challenge to exercise outdoors” and further refers to the distance required to drive to access bike/walking trails. A few survey respondents reflected on the difference in access of these opportunities across income levels with higher income individuals being more likely to use the trails and bike lanes compared to lower income. Similarly, income and poverty were noted as a major contributing factor related to health particularly to an individual’s ability to meet their basic needs. Throughout the assessment and across all data collection methods, residents impress the essential connection between income, affordable housing, food access, transportation, and health; with reliable and consistent transportation seemingly being a key factor. Without access to transportation when needed, individuals are unable to maintain employment, access health and support services, or access food. According to respondents, an inability to obtain or maintain employment, leads to a lack of income and inability to afford housing, utilities, food, or healthcare needs (i.e. prescriptions, mental health or provider visits). While the Cedar Rapids transit system does not serve the entire county, the limited hours available, long commute times, and lack of weekend service was identified as a significant barrier for low-income residents to obtain employment (particularly for 2nd and 3rd shift opportunities) or connect to support groups and social activities. According to one resident, “The bus system here is insane to me. I work in a place where they have second and third shift and a lot of times if someone can even work third shift, they have no way to get there, so then they don't get a job, because they don’t have the transportation. There is nothing but Uber that time of night.” In addition, a few residents reflect on the lack of handicap accessibility of city bus stops. One resident states, “I have to be left off in the street because my walker will not fit at the bus stop... It’s nice that some bus stops have enclosures, but many cannot get to the enclosures.” Some of the reasons noted for a lack of personal health among survey respondents were consistent with the factors that contribute to a lack of community health as well. The most commonly cited reasons that individuals rated themselves as “Unhealthy” or “Very Unhealthy” included issues of personal behavior such as poor diet and lack of exercise; time constraints; affordability of services, community activities, housing, and healthy foods; safety concerns, lack of healthy and supportive environment, and barriers related to pre-existing conditions. Individuals who reflected on having a poor diet and lack of exercise tended to note an understanding of the importance of a healthy diet and engaging in regular physical activity. Respondents who understood the importance but choose not to practice healthy behaviors, differed significantly from those who experience a barrier related to engaging in these healthy behaviors. Some barriers noted were an inability to access healthy food options, lack of understanding of how to prepare healthy meals, neighborhood safety concerns, time constraints, and limitations associated with pre-existing health conditions. Issues of
accessibility related to healthy food options were noted as an inability to afford healthy options at the grocery store, misleading advertisement of highly processed pre-packaged “Health” foods, density of fast food options, and lack of healthy options at restaurants. Time was a significant barrier that often correlated to an increased level of daily stress and increased access to fast food options. Many respondents, who noted time as a barrier also noted an expectation to juggle full-time employment, transportation needs, and raise children on a limited income while trying to maintain personal and family health. Another significant barrier to engaging in physical activity was limitations and pain related to pre-existing conditions, such as chronic back and knee issues, mental health conditions, and lung/respiratory issues (asthma, COPD, lung cancer). Issues related to lung/respiratory conditions were not only noted to limit ability to exercise, but also to go outdoors due to air pollution. General air quality issues were particularly noted among individuals living in the South East side of Cedar Rapids. Water quality concerns were also noted particularly in the South East side of Cedar Rapids related to lead pipes, in Marion, and rural Linn County. Use of pesticides and herbicides and oil in water sources were all stated as significant concerns related to contamination of both drinking and non-drinking water in general.

Finally, while many believe that racism and discrimination has no place in our community, some minority residents are experiencing harmful and outward discrimination at the hands of their providers and within the community. One women states,

“I am regularly followed through retail stores, questioned as to my capabilities, informed that I ‘speak well’, asked to expound on any and all matters pertaining to race relations or current events in a variety of settings including professional, and otherwise subjected to constant reminders that I am an ‘other’, an anomaly and a subject of much curiosity”

Others discuss the series of assumptions and generalizations that have been made by their providers because of the color of their skin. Some commonly mentioned assumptions relating to a position of poverty, lack of intelligence or responsibility, and perception of single parenthood.
Health Concerns

According to survey and sticker board (second version) respondents, mental health issues is the most important health problem in Linn County followed by obesity, neighborhood and community violence, cost of healthcare, and substance abuse (Figure 15). In addition, concerns related to low income residents, such as affordable housing, homelessness, and an unsupportive transportation system was a consistent theme throughout the assessment.

Figure 15. Top Ten Leading Health Issues in Linn County

*Respondents selected more than one option (Combined Community Health Survey, 2018; Sticker Board: Version 2)

Mental Health

The biggest health concern discussed across all demographic groups and assessment settings was mental health. Mental health issues were discussed concerning lack of access to needed mental health services, increasing mental health needs/diagnoses, lack of mental health knowledge at all age levels, and lack of supportive systems. Related to access issues, many stated that they might be aware that mental health services and resources exist in the community, but are unaware of how to access the services for themselves or others. Additionally, it is often difficult to receive timely care. One resident shared that he had recently moved to Cedar Rapids and needed mental health care to maintain his medications and care; he states, "I am on medications for mental health, and it took me three months to be seen by a physician because I was unemployed. During this time, I lapsed on my depression meds. This is a huge concern!" Some concerns voiced by residents related to access were in regards to funding cuts for mental health, particularly the closure of needed facilities across the state as well as a lack of available psychiatrists. In addition, a fear of being black listed was also noted by individuals with mental health conditions particularly for those who experience a barrier to transportation, income, and severe mental health conditions. Ability to afford services was also
noted as a significant barrier particularly related to a lack of insurance coverage for mental health conditions.

Issues of a lack of access to mental health services also expanded to a lack of support for LGBT needs within the school system. One parent discusses the lack of understanding as well as acceptance within schools regarding their LGBT+ students. She states, “I am seeing with my daughter, school counselors not knowing how to address the bullying [as a lesbian student]. She [daughter] was told it [the reason she was bullied] was because she was going through puberty”. One resident reflects on his own experiences, “ Knowing whom you can talk to is an issue. Teachers saw that I was being bullied, but I do not think they knew what to do” another talks about his experience growing up as a Hispanic gay male, not having anyone to reach out to for support, “I was scared to death to tell my mother I was gay. I thought that she was going to kill me, I really did. I thought my entire family was going to kill me.” In addition to a lack of support related to LGBT+ issues identified during the LGBT+ focus group, there appears to be an overwhelming lack of understanding and education on mental health issues, signs and symptoms, resources available, and support for the development of coping skills both in the school system as well as within the public. This issue was noted across all assessment methods and among different populations in the county. Furthermore, the current local public health system is not set-up to deal with the affects of trauma or to support mental health patients. There is a lack of understanding of the impact trauma has on the brain chemistry of the individual experiencing the issue. It was noted that many service agencies and organizations are not Trauma Informed. According to the recount of one resident, “only two of the 36 schools in the Cedar Rapids Community School District are trauma informed.” Another reflects on the mental health services in Linn County, stating

“Our system is not set-up for those who have their brains wired differently. The [Mental] Health Center is not Trauma Informed and that is the mental health clinic; you mess up at the [Mental Health] Center and you are not allowed to go back in. Our community mental health services are not user friendly and not accommodating to the population they are supposed to serve

This sentiment was shared across respondents in both focus groups, further reflecting a perception that staff at these agencies can sometimes be insensitive or intolerant of their clients needs.

Overall, residents acknowledged increasing numbers of mental health diagnoses as a whole being a serious concern. However, some specific conditions were discussed or identified throughout the assessment including an increase in anxiety and suicide. One resident noting that issues of anxiety and stress are plaguing our community. She further discloses that her entire family is currently on anxiety medications from her 12-year-old grandson to both of her children. Suicide was impressed as a significant concern particularly among individuals who attended Cedar Rapids PrideFest. Of the 62 individuals who stated that suicide was a top health issue in Linn County, 45 were among individuals who attended PrideFest in Cedar Rapids. Similarly, a large number of individuals noted a lack of connection to others particularly among seniors as a major health concern for Linn County. However, others reflect on the increased
levels of stress experienced due to the political climate both locally and nationally. Focus group respondents discuss the stress associated with the threat to the removal of women’s and LGBT rights. One man speaks about the threat to same sex marriage stating, “Getting married is not a complete right; it is not something that is guaranteed because the political climate is changing and there is nothing that is safe. When comparing rights being taken away to health, it causes stress.” Another woman speaks about her own rights as a female, “We are not as safe as we thought we were, and that is becoming more and more apparent. Women have rights and we are seeing those taken away. We also see that those rights are not given”.

**Obesity**

With increasing rates of obesity particularly among children, residents feel like there is a lack of prevention and address of the issues within the school districts and throughout the community. Parents and school staff note a reduction in the availability of physical activity and nutrition programs in the school system. Related to physical activity, parents reflect a significant reduction in physical activity or natural play occurring within schools; further stating that the time spent in recess may only account for 15 to 20 minutes per day as it is often combined with their child’s lunch hour. In addition, individuals in middle school and above are allowed to have a waiver out of physical education courses in order to take on additional education courses. Like physical activity programming and availability, residents reflect on the elimination of valuable curriculum such as nutrition education and home economics. It was also noted that while schools have worked to improve the nutrition content of school lunches, parents are providing their children with poor food options both at home and at school. Within the schools, some parents provide students with food of low-nutritional content and high calories through packaged lunches from home or through fast food delivered to the student in the school cafeteria. To further compound the issue, policies and procedures related to physical activity and nutrition differs not only from district to district, but also from school to school and from teacher to teacher within the same school district. A lack of consistency and elimination of key health curriculum within schools is contributing to poorer health for Linn County youth.

As stated above, there are many opportunities in the community to be healthy such as parks and bike and walking trails. However, a lack of connectivity between trails and sidewalks and the disparity in use of these opportunities between income levels limit utilization of these opportunities. In addition, the lack of affordable healthy food options at the store and restaurants as well as education around healthy food preparation provides a barrier for some residents.

**Safety and Violence**

While there is a general feeling of safety in Linn County, a perception of increased gang activity, homelessness, and shootings in some locations of the county is reducing the perception of Linn County as a safe community. The largest concern noted related to neighborhood and community violence was issues of gun violence, one resident exclaiming “I feel like Linn County is an overall safe community, but the increase in gun shots fired is alarming” another resident recounts, “There are several shootings every day in the Wellington Heights neighborhood”. Individuals who voiced concern of gun violence on the Community Health Survey tended to reside in the City of Cedar Rapids particularly in the 52402, 52404, and 52405 zip codes and
were predominantly between 25 to 64 years of age. In focus groups conducted with 60 middle and high school students of color in the Cedar Rapids Community School District, participants noted the extreme ease in the ability for kids to obtain guns in the community specifically from family, friends, gang members, or purchased on the street when desired (Walker & Wilcynski, 2017). Noting that guns are often obtained for protection, self-defense, gang status, out of fear, or for retaliation. The students note a different perception of safety between school and off-school grounds particularly when walking home and at night. Concerns were voiced about the continuation of teen shootings in Cedar Rapids, due to issues of retaliation for friends who have already been shot and further note the role social media plays in increasing conflict and violence. One student states “It’s gone too far so it’s not gonna stop now”. Some noted being afraid of being shot, one stating, “I look like my brother and he does this stuff. I’m scared I’m gonna get misidentified one day and get nailed.” Others expressed a feeling of indifference or power, “I feel untouchable. People know better than to shoot me.” Some issues were noted regarding police response (“they always come late”) to crime committed in their neighborhoods. In addition to response time, respondents note a lack of follow through when a crime is committed and a feeling of racial profiling. There was a general feeling of distrust in police expressed by the students, which differed among other county respondents during the assessment. However, Linn County residents tended to feel like there was an increased need for police presence and action to combat the violence in the county. One resident expresses support for the law enforcement in Linn County, but states, “there is a lot more improvements to be made (i.e. violence as a whole, drug use, underage mischief)".

Access to Health Care

Much like mental health, residents noted an abundance of healthcare facilities in the community; however, accessibility of those services was sometimes difficult. Some issues identified included a shortage of health care and specialty providers (ex: dermatology and gastroenterology), lack of timely appointments, issues related to transportation, challenges related to Medicaid, and cost of healthcare. Cost of healthcare was the highest ranked issue related to accessing healthcare, this was noted across all demographic characteristics including income, age, and education levels. Individuals reflected on challenges related to high deductibles and cost of insurance plans particularly among low to middle income residents who do not qualify for Medicaid nor does their workplace provide coverage. One person stated, “Going to the doctor period is too expensive for those that have commercial insurance and high deductibles. It makes people forgo healthcare that may be needed because of cost.” Others noted that differences in insurance coverage across providers and denial of legitimate claims by insurance providers as a significant cost barrier for patients. Related to insurance providers and LGBT care, one resident states “Iowa insurance companies are also very intolerant of LGBT care” making it difficult for certain procedures to be accepted by insurance companies even when included in the purchased plan.

In addition, Medicaid patients note a substantial difficulty in finding a provider in the community; those who will accept Medicaid patients often have long waiting lists to be seen. One resident stated, “Limited options for Medicaid, limits the access to services. You end up having to use the ER for basic medical care, which clogs the system and is not cost effective."
But, our current Medicaid system makes it difficult for medical facilities to provide care without guarantee of reimbursement.” In addition, many specialty care needs for low-income residents are not available in the area. A few residents reflect on the process to get needed hearing aids, both stating the need to go to Iowa City as “most agencies in Linn County do not take Medicaid”. One is currently in the process, but does not have access to transportation; the other states that it took a full year after the need was identified to get her hearing aid because it was in Iowa City, but had transportation support through an ARC support worker. Similarly, due to a lack of knowledge or doctors trained in LGBT health issues within Cedar Rapids, LGBT patients are forced to seek care in Iowa City. One resident states that they were turned away from care at Eastern Iowa Health Center “due to being a transgender individual” he was told, “Their doctors could not help him.” Note: Providers at Eastern Iowa Health Center are most commonly medical residents. This highlights the need for early education among medical students regarding the needs of different populations to equip providers to care for all clientele.

Additional issues noted was a difference in perceived level of quality of care by providers among different demographic groups. In general, some residents noted that they feel providers make assumptions and judgements about them based on sex, sexual orientation, race, and income. Female survey respondents were more likely to note that providers do not take their health concerns seriously and often misdiagnose them due to inherent assumptions. While many believe that racism and discrimination has no place in our community, some minority residents experience harmful and outward discrimination by providers. One resident discusses a series of assumptions and generalizations that have been made by her providers because of the color of her skin such as the assumption that she is on Medicaid and a single parent. Others have also noted poor treatment by providers. One woman recalls the insensitivity of a Cedar Rapids doctor as she grieved the loss of her child following a miscarriage. When needing surgery at the hospital, she states, “I never wanted her to talk to me again, much less do surgery on me. I left the hospital and almost lost my life, but I felt like she would have done more harm to me because she didn’t care about me or my child that I had lost”.

Substance Use

Substance misuse was discussed as both concerns about alcohol abuse and drug use in Linn County. Many residents reflected on the apparent alcohol-centric culture in Linn County, specifically stating an issue with the increased number of places to access alcohol and frequency of community events that are centered on alcohol. According to one resident, “There are too many bars and breweries. Too many places to drink...cut it down!” Another reflects, “There is also an extreme focus on alcohol as a draw to events, which makes the focus on the beer rather than the gathering itself. Alcohol abuse is an issue in the county, and it needs to be addressed in a manner that is not heavy handed, but does allow people easier access to treatment.” In addition, residents identified issues of increasing levels of drug abuse in general in the county as well as about the continued presence of methamphetamine (meth) and the emerging issue of opioid misuse. One resident expresses concern about the immediate addictive nature of meth (“Meth is the devil’s tool) and the overwhelming presence of the drug within the community as well as within the correction system. A resident of Geneva Towers further states, “The local police are not vigilant with helping with substance issues in the
building. There are many in the building who abuse meth and meth labs are known to be in the building, but police do not address it." Some respondents inferred a connection between the use of drugs and alcohol with the prevalence of mental health issues and increased levels of unemployment.

**Concerns Affecting Low-Income Residents**

As previously discussed, residents reflect on the essential connection between income and the ability to meet basic needs such as food, clothing, medical care, and housing. A common key element is the issues posed by the lack of hours, days and frequency of service, and transfer points provided by the public transit system. Unfortunately, the issues posed by the system, appear to place the greatest burden on those who rely on the system the most. Those who rely on the system are often unable to obtain certain jobs, which may offer additional financial incentives for second and third shift employment. An inability to obtain employment that provides a living wage then trickles down to an inability to afford health needs, food, housing, and utilities/bills ultimately resulting in homelessness. Between, July 25, 2017 and July 24, 2018 one of the greatest needs for Linn County residents calling into the 2-1-1 system was related to rent and utility assistance (n = 6,419 calls). Likewise, food and a need for shelter and low-cost housing was also noted with 1,115 calls received for food and 1,170 calls for housing support. Throughout the assessment, residents reflected on the lack of available housing stock in Linn County that is affordable and in some cases safe. Safety issues identified included concern of old housing stock related to lead and “lack of inspection of low-income housing complexes to ensure buildings are safe and healthy for occupants”. Some note issues related to the development of high priced studios in downtown Cedar Rapids, when many are unable to obtain housing due to rental prices. In addition, residents note an apparent racial segregation in housing. Finally, one resident impresses, “Having access to healthy foods, affordable housing, and transportation is essential to support quality of life, especially when you are living paycheck to paycheck”
Behaviors Related to Poor Health

According to Linn County residents, the most significant behaviors that affect health are poor diet, lack of exercise, drug use, alcohol abuse, and overuse of electronics (Figure 16). These results are consistent with that identified in the other components of the assessment. However, the perception of overuse of electronics as a health behavior is an interesting finding. The demographic characteristics of individuals who selected this as an important health behavior varied, with the largest percentage of respondents being between the age of 25 and 64 years (87.6%) and among those with a household income of $100,000 or more per year (32.6%). However, it is important to note that respondents of all income levels identified this as an issue.

Figure 16. Top 10 Important Behaviors Related to Poor Health

*Respondents selected more than one option (Linn County Community Health Survey, 2018)
Improvements

When reflecting on needed community improvements, an overwhelming number of residents note a need for improved mental health support and awareness. Awareness was also noted in relation to the need for increased education in the community and within schools for a variety of health issues. Some other improvements include the need to address connectivity in the built environment and the deficiencies of the public transit system. In addition, residents note a need for increased availability of affordable housing and healthy foods for all residents and a need to prioritize protection and restoration of the natural environment. Finally, residents would like increased action to address the drug, gun violence, and gang activity concerns in Linn County.

Education/Awareness

According to respondents, a wide array of age-appropriate and continued education should be provided to students across all districts related to mental health, suicide, child and domestic abuse, positive and different types of relationships (i.e. including LGBT), sexual health, environmental responsibility, physical activity, and nutrition. Many residents noted a need to bring back nutrition education courses that teach kids about proper diet as well as how to prepare foods for themselves. Similarly, impressing the importance of teaching kids how and the importance of being physically active even if they are not athletes. Likewise, more work is needed to improve community awareness and education about these essential health topics. In addition to basic awareness, residents note the need to develop awareness of the warning signs related to the different forms of mental health conditions and suicide as well as how to access available support services and resources. Along with basic health awareness, there is a significant opportunity within the school district and community to help address mental health and violence concerns through guidance in the development of consistent and prosocial personal coping and conflict resolution skills. These skills would aid individuals in coping with their own mental health issues and triggers as well as in interacting with others. Overall, residents feel like there needs to be more done to improve communication and awareness about health issues.

Mental Health and Social Support

Furthermore, residents note a need for increased support for mental health concerns. One support noted included a need for additional mental health facilities to meet the current demand. Likewise, it is necessary to increase funding for mental health services and recruitment or access to mental health practitioners/prescribers. In addition, it is necessary to improve access to these services for individuals of all income levels particularly for those with Medicaid. Within the school system, there needs to be better mental health and student support services for students in all areas of the county and informing a variety of diverse student needs, such as for LGBT students. Likewise, schools, agencies, and law enforcement need to be more trauma informed to better address and respond to the increasing mental health needs in the county. In addition, community members call for a need for dedicated opportunities for individuals to gather to increase social connection and support. While there was an overall desire for alcohol-
free events and activities to facilitate connection to others, there was a specific desire for establishment of community centers that cater to seniors and LGBT+ youth.

**Built environment**

While residents note a significant improvement in available trails and bike lanes, residents still find the lack of connectivity difficult to navigate. Residents would like to see continued expansion and safe connection between trails, bike lanes, and sidewalks. This includes the upkeep of on-road trails or bike lanes as well as safe transitions for bicyclists riding on varying widths of roads. Of particular desire are the need for sidewalks particularly in areas of high traffic, such as Blairsferry Rd in North East Cedar Rapids and around stores to encourage walking. In addition, residents would like to see a reduction in the density of fast food facilities in the county and an increase in local businesses and betterment of the community outside of NewBo.

**Public Transit System**

As previously stated, residents would like to see improvement in how the public transit system serves the community. Recent improvements have been made to make the current bus routes more efficiently designed as well as to improve the frequency of service for the high demand route serving downtown Cedar Rapids. However, the hours of the public transit system and days of service need to be expanded to meet the needs of second and third shift workers. Additionally, frequency of pick-up needs to be improved, and reach of current routes expanded to other locations. Members with disability concerns also note a need for improved ADA compliant bus stops as well as immediate maintenance and clearing of stops to better support those riding the bus.

*Note: In conversation with the City of Cedar Rapids Transit Manager, Brad DeBrower, the City is currently looking at options to improve services. According to Brad, the need to replace outdated buses particularly following the 2008 flood provided a financial barrier for the city to be able to afford to hire staff to cover expanded hours. However, a recent partnership with the Corridor Metropolitan Planning Organization to help fund the replacement of buses overtime, may provide an opportunity in the future to divert funds to the further expansion and improvement of services. In addition, Brad notes that he will be proposing a 2-hour expansion in service hours to the City Council for the upcoming budget year. This expansion would extend service until 9:00 pm on current service days.*
Policy

Policy level action was desired for the address of multiple topics. As previously discussed, residents would like to see consistent policies be adopted across districts and within schools of the same district regarding educational programs and practices, such as banning fast food within school cafeterias, improving educational programs that support healthy behaviors related to physical activity, nutrition, and sexual health/relationships, and increasing in natural play within schools. Residents would like more local and national political support for improvement and development of affordable housing units, as well as to improve access to mental health services in the county. Additionally, residents would like to have more opportunities to provide input in community projects and call for transparency in county policies. Some note a need for advocacy to push for program funding and to address resident needs and community concerns such as in increasing minimum wage and pushing for better gun regulation. In addition, residents overwhelmingly support the need for better environmental regulations and innovative environmental policies to combat environmental impact (i.e. composting and reduction in plastics and food waste).

Safety and Enforcement

A vast majority of residents indicated a need for increased community policing to address current crime and drug issues. Community policing includes increased presence of law enforcement in high need areas as well as neighborhood watch efforts. Along with enforcement, residents state the importance that police build community relationships and learn about the different populations that comprise Linn County. In addition, the need for better gun laws was suggested.

Natural Environment

Some residents impressed the importance of better protecting and restoring the natural environment. Improvements suggested varied from cleanup of trash, planting of trees and milkweed, enforcement of pollution and contamination regulations, to improvements in environmentally protective practices and policies. One resident suggests a requirement for developers to include green space in neighborhoods, others for the reduction in environmental and resource degradation. Overall, there is a desire to support initiatives that significantly reduce plastic use, promote policies and initiatives that protect our air and water from pollution and wasteful practices such as reducing herbicide, pesticide, and fertilizer use and runoff.
Housing

As previously mentioned, there is a need for increased availability of affordable housing units and emergency shelters throughout Linn County. Residents note a need for innovative housing solutions that does not create a ghetto. An increase in emergency shelters was noted particularly those that keep families and married couples together. Furthermore, renters voice concern about safety (housing code) issues within existing city units and a need for support against landlords who do not address unsafe conditions. In addition, to increased affordable housing stock residents also reflect on the need for the removal of barriers to obtain housing due to previous record or poor credit.

Community Assets

Residents generally noted an abundance of available services in the community. Some services included community-wide testing for sexually transmitted infections/diseases, preventive medication, and education. At the LGBT focus group, Linn County Public Health was specifically noted for providing some key services and having an active presence in the community. Alternately, Geneva Tower residents note the importance and contribution of agencies like the ARC, Goodwill, Salvation Army, and Cedar Valley Friends of the Family. These agencies all provide unique personal supports such as providing transportation to appointments, the grocery store, or YMCA for exercise or providing clothing and food. One resident impressed how essential her worker from the ARC is in accessing all of her needs.
References


Appendix A: Initial Findings

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: Iowa Youth Survey, Linn County Results - 2016

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** – 93% total indicate that their neighborhood is safe; similar across all grade levels.
- **Safe (non-violent) School Environment** – 89% of respondents indicate feeling safe at school a reduction of 8% from the 2012 IYS, but consistent with the 2014 IYS
- **Bullying at school** – 34.1% of respondents stated that they had been bullied in some way 30 days prior to the survey. Older students (n = 23.1%) were less likely to report being bullied at school compared to their younger counterparts (41.4% in 6th & 37.7% in 8th grade)

Access to Substances:

- **Prescription Medication (not prescribed)** – 26% of respondents state that it would be easy to gain access to prescription medication not prescribed to them.
- **Marijuana** – 24% of respondents state that it would be easy to get marijuana in their community or neighborhood. However, approximately half (n = 51%) of 11th graders indicate that it would be easy to obtain marijuana in their community.
- **Alcoholic Beverages** – 37% of respondents indicate that it is easy to get alcohol if wanted with 2% of students who stated active use indicating that they were able to obtain
the alcohol from multiple sources (parents, friends, party, or purchased through someone else)

- **Cigarettes** – 30% of respondents stated that it was easy to access cigarettes in the community.
- **Methamphetamines** – 9% of respondents state that it would be easy to access methamphetamines in their community.
- **Other types of Amphetamines** – 9% of respondents indicated ease of access to Amphetamines, with the greatest proportion being among 11th graders (16%) compared to 6th grade (4%) and 8th grade (7%) students
- **Other illegal drugs** – 11%

Overall, the older students had a higher likelihood of perceived ease of access compared to the younger grade levels.

**Access to Handgun:** 65.6% of respondents indicate that it would be difficult for a kid their age to obtain a handgun in the community. Perception of difficulty was slightly diminished with advanced grades, with 55.7% of 11th graders, 67.4% of 8th graders, and 74.4% of 6th graders indicating that it would be hard or very hard to get a handgun in the community at their age.

**Survey:** *Marion, IA - Community Livability Report, 2017*

**Source:** The National Citizen Survey (NCS)

**Target Population:** Marion Residents

**Method:** Overall, 432 Marion residents were surveyed regarding the livability of Marion. For this assessment, livability reflects on the aspects of the community that are not just habitable but desirable. The NCS captures resident opinions across three community pillars (Community Characteristics, Governance, and Participation) including reflection on eight community focus areas (Safety, Mobility, Natural Environment, Built Environment, Economy, Recreation and Wellness, Education and Enrichment, and Community Engagement).

**Results:** Residents of the city of Marion report a high quality of life and sense of community, with 88% of individuals surveyed indicating a good or excellent overall quality of life and 67% reflecting on a good or excellent sense of community in Marion. When reflecting on the **community characteristics**, a majority of respondents (93%) rate the city as a good or excellent place to live and raise children (90%). Across the eight community focus areas, overall perception of neighborhood and community safety (93%), ease of multimodal travel (79%), natural environment (78%), health and wellness (76%), and quality of K-12 education (86%) were all rated highly. However, a major opportunity for improvement is available public transportation (29%). The perception of the ability of the government to address resident’s needs and expectations (Governance) differed in response to governmental level. Overall, residents were more confident in their city’s ability (80%) to perform higher quality services as compared to Federal Government (40%). Consistent with the findings of community characteristics, residents rated safety and enforcement services provided by police, fire, ambulance/EMS, and
crime and fire prevention highly. In addition, the quality of waste management and utility services were rated highly. However, some opportunities for improvement include quality in services related to street repair (35%), bus or transit services (47%), drinking water (47%), land-use – planning and zoning (48%), and cable television 42%). Some assets specifically identified in the community include, City Parks, Libraries, and K-12 education.
The Health Component – What is Important to the community?


Source: LC Continuum of Care: Planning & Policy Council

Target Population: Homeless and Near Homeless in Linn County

Method: On July 26, 2017, 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 19 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 243 surveys were completed and returned. Based on the definitions provided below, 83 survey respondents could be considered “homeless,” 157 as “near-homeless,” with 3 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 = 243) was 44 years. Average age of homeless respondents (n = 83) was 42 years and 44 years of age among Near-Homeless (n = 157) respondents.

- **Gender:** Of the 243 surveys completed: 139 identified as female, 101 as men, and 3 no response. A greater percentage of women were both homeless and near-homeless.

- **Race:** The majority of homeless respondents (60%) and near-homeless respondents (71%) are Caucasian. The percentage of homeless respondents (30%) and near-homeless respondents (21%) that are African American is disproportionately high considering the percentage of the African American population in Linn County (4%). Source: U.S. Census Bureau 2015 5-yr estimate

- **Educational Achievement:** 72% of homeless and 70% of near homeless individuals have not obtained an education beyond a high school diploma or GED.
• **Employment:** 77% of homeless and 55% of near homeless are unemployed. However, approximately 20% of homeless and 41% of near-homeless are working a full-time or part-time job.

• **Veterans:** Veterans represent approximately 7% of responding homeless and approximately 14% of near-homeless individuals.

• **Households with Children:** Of the 243 adult respondents, 31% (n = 77) of homeless/near-homeless households had children comprising 147 homeless/near-homeless children.

**Criminal Conviction**

Overall, respondents who were homeless were **1.6 times** more likely than those who were near homeless to have been incarcerated in the last year.

**Living Situation**

Seventy-six percent of homeless respondents live in an emergency shelter or transitional housing, where 71% of near-homeless respondents reside in their own place.

**Total Income per Month**

Approximately, 88% of homeless respondents and 79% of near-homeless respondents reported a total monthly income of $1,500 or less. One out of every three individuals who are homeless have no income. The primary sources of income or support for homeless individuals was food stamps/SNAP (31%), Medicaid (27%), and SSI/SSDI (11%). Likewise, among near homeless individuals the primary sources of income and support is Medicaid (24%), food stamps (19%), and SSI/SSDI (12%).

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<td>Family Issues (9%)</td>
<td>Job Loss (11%)</td>
</tr>
<tr>
<td></td>
<td>Mental Health Issues (9%)</td>
<td></td>
</tr>
</tbody>
</table>
Source: Creating Safe Equitable & Thriving Communities, 2017

Assessment: Kitchen Table Conversations

Target Population: Adults who work, love, and grew up in Cedar Rapids

Method: Overall, there were 14 “kitchen table conversations” conducted with more than 80 participants engaged. The aim of the conversations was to obtain perception of violence. Specific sampling and selection of individuals was not clear. However, according the conversation summary in the report, participants appeared to be employees of UWECI, Gazette, ASAC, Horizons, Drug Court, and ASAC as well as patrons/clients at Drug Court and ASAC.

Overall themes: Respondents identified the following areas of needed improvement:

- Need for better transportation
- Need for better housing for people who are making transitions
- Need for equity in all aspects of the community
- Be less individualistic and bring back a collective, community mindset – “Help thy neighbor”
- Need for more substance free opportunities for families
- Less overall stigma would be beneficial to the whole community – relates to helping and supporting one another.
Assessment: Focus Group interviews

Target Population: Middle and High School Students of Color

Method: Interviews with middle and high school students in Cedar Rapids were held in late spring of 2016. Respondents were comprised of 60 students of color from three middle and two high schools. Students were selected by school staff based on race, and identification of the student having been living in an at-risk environment. However, identification of the selected schools was not provided in the report, nor was the definition of “at-risk environment”. Each session had two SET Task Force members present, one as the facilitator and the second as the recorder. Questions centered around perceptions and experiences related to neighborhood environment, school success, safety and security in their lives, interactions and perceptions of police officers (particularly School Resource Officer Program), violence, access to firearms, and access to youth programs.

Overall themes:

- **Adults can help kids**
  - Keep kids on track (supportive instead of punitive)
  - Set a good example, work to understand different perspectives
  - Provide opportunities and support to expose kids to different positive experiences
  - Increase safe and inexpensive activities in the community
  - Show interest and engage with kids

- **School Environment**
  - Feeling of safety at school, but not off school grounds (increased violence)
  - Experience racism that is not corrected by school staff or is potentially instigated by staff through lack of equity in classroom punishments

- **Conflict Resolution and Skills**
  - Lack appropriate skills learned in school
  - Unsupported by school staff
  - Perception that physical altercations minimize chances of the use of other weapons
  - Social media increases violence and bullying in adolescents

- **Weapons**
  - A majority of respondents have been involved in or witnessed a fight involving weapons

- **Firearms**
  - Guns are easily accessible for kids in the community through gang members, friends, parents, family members, our purchased for cheap on the streets.
  - Guns are obtained for protection, self-defense, status, out of fear, or retaliation
  - Violence will continue because of the retaliation and hurt caused by the existing teen deaths and social media’s role in perpetuating conflict.
A majority expressed trust concerns and fear of being shot off school property

- **Student Resource Officers (SROs)**
  - Uncertain about role and authority on school grounds
  - High school respondents were more likely to perceive the position as punitive and have experienced negative interactions or events with the SRO compared to the middle school respondents

- **Perceptions of Police**
  - Do not trust the police to address crimes committed against them
  - Would call for help for crime like home burglary or school shooting
  - Perceptions may be influenced by messages and videos in social and traditional media.
  - Respondents reflect on firsthand experience where the police get out of hand (violent, disrespectful) and fail to respond to certain neighborhoods when needed.

- **Neighborhoods**
  - Respondents feel fairly safe in their neighborhoods, but less than if on school property.
  - Do not feel safe walking around at night
  - **Want:** Community beautification (painting, community gardens, fix up neighborhood) and diversity
  - **Asset:** Free library in neighborhood yard

- **Community**
  - “The city of Cedar Rapids is like a bucket of crabs. It’s built to hold people down”
  - Mixed feelings about ability to succeed in Cedar Rapids
  - A majority has experienced racism
  - Feeling of distrust in the sincerity that people around them want them to succeed.
Community Assets

Report: 2017 Housing Report

Source: United Way of East Central Iowa

Target Population: Vulnerable Populations – Housing Needs

Important Information: Several housing entities within the UWECI service area support a coordinated housing system. These entities include:

- **Waypoint Services**: Single female and families with children shelter, Rapid Re-housing, coordinated entry, DV services, Tenant Academy, and landlord outreach and advocacy.
- **Willis Dady Emergency Shelter**: Single men and family shelter which allows families to stay together in times of crisis. Willis Dady also employs a homeless prevention specialist who helps find stable housing for families before they are in crisis.
- **HACAP**: The Transitional Housing and the Operation Home programs work closely with families and veterans to stabilize in temporary housing, provide long-term case management, and assist in the search for permanent housing.
- **Catherine McAuley Center**: Transitional housing for single women and care for individuals who have suffered significant trauma and need additional support to become stable.
- **Iowa Legal Aid**: Iowa Legal Aid plays an important role in the housing system by providing legal services to homeowners facing foreclosure, individuals facing homelessness due to domestic violence situations, and tenants facing wrongful eviction.
Appendix B: Focus Group Script

2018 CTSA Focus Group Questions

Welcome and Introductions

Purpose and Ground Rules

Engagement Questions

1. **Ice Breaker:** ‘Health’ is a word that can mean many things. Let us 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’. 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 is fine too. I will go first. My name is _ (name) _ and when I hear the word ‘health’, I think of “__ (word) __” and __ (explanation) __.

2. What is your favorite part about living in Linn County?

Exploration Questions

3. What do you think is the biggest health concern in your community/Linn County?
   a. Facilitator can use a post-it if they choose.

4. What do you think could address these concerns?

5. What might keep this from happening?

6. What could be done to address those concerns?

7. What are some things in your community that support improved health? Such as…. (Give an example e.g., transportation).

8. What would you like to see in our community in 5-10 years to make Linn County a better place to live?

Exit Question

9. Is there anything else you like to say about what could make your community a better place to live?
Appendix C: Ground Rules Script

2018 CTSA Focus Group / Purpose and Ground Rules

Purpose and Ground Rules

We are conducting these focus groups on behalf of Together! Healthy Linn, which is a local collaborative coalition that is 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 have not 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 do not 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 D: Vox Pops Script

Survey Interview Script:

Hi, my name is ______ and I am from Linn County Public Health. We are working with a local group called Together! Healthy Linn and we want to know your opinions on health here in Linn County. Do you have a minute so I can ask you some questions?

[yes] [consent form]

Great, thank you. We will be using results from this interview and other surveys to identify the most important health problems in Linn County and how we can work together to improve these problems.

1. What do you do here in Linn County? (work, live, school, etc.)
2. (What area of Linn County do you live in?)

3. What do you see as the biggest health concern in the Linn County community, from your perspective?
   a. What do you think could address that?
4. What are some resources in the community that support improved health?

5. Is there anything else you would like to say about what could make your community healthier?

Thank you so much for taking the time and letting me interview you. Your feedback is very important and we appreciate your input. If you have any questions or are interested in receiving updates about the progress of the CHA and CHIP, you can contact Melissa Monroe. (Business card)