

# Scott County Community Health Needs Assessment and Health Improvement Plan

## Section I: Review of Health Status Indicators

### A. Demographic and Socio-economic Characteristics

#### 1. Age Analysis: Compare the county and state percentage age distributions and describe how the county age distribution is different from the state. (Note especially the females 15-44 and the 65 and over groups as well as the 0-5 group.)

Overall, the distribution of Scott County's population is similar to the distribution in the State of Iowa. 7.2% of Scott County's population is less than five years old compared to 6.5% of Iowa's. Scott County has a larger percent of the population (45.4%) in the 15-44 age group in comparison to only 43% of Iowa's. A larger percent of Iowa's population is 65 years and over (36.3%) compared to 32% in Scott County. After examining data in the *1998 Iowa's Counties*, 1997 estimates of the Iowa population show that 41.6% of Iowa women are in the age range of 15-44 and this translates to 22.1% of the total population. In Scott County, 44.9% of the women of Scott County are in the 15-44 age range, which is 23% of the total Scott County population.

An interesting finding is that Scott County's minority populations are young. For example, information from the 1990 Census shows that 79% of the total Black population is less than or equal to 39 years of age. This is especially true in men. The Black population is a long-standing one in Scott County. The male population peaks in the 10-19 population (928) and the female population peaks in the 0-9 population (1043). After those high numbers, the male population is never above 560 and the female population never above 685 again. There are 3 men and 30 women over the age of 80.

The Asian population in Scott County is not as long standing as the Black population, but they are also a very young population. There are 33 more people in the 0-9 population than there are in the over 40 population. The male population peaks in the 10-19-age category with 171 males and then dramatically declines. There are seven men in the 60-69-age range and none in the ranges above that. The female population starts with 148 in the 0-9 range and then declines. It rises again in the 30-39-population (121) and then rises again to 160 in the 40-49 population but then drops to 35 in the 50-59. There are three in the 70-79 population and none older than that.

The Hispanic ethnicity population is also a young population, but not as noticeably young as the others are. After a peak in the 20-29 range, the male population declines by about half in each of the consecutive age ranges. The female population peaks in the 0-9 population, but continues to have ups and downs throughout the distribution.

**2. Race/Ethnicity Analysis: Compare the county and state distributions and describe how the county distribution is different from the state. Looking at your county in comparison with the state, do you have any racial/ethnic group needing special consideration?**

Scott County has a larger proportion of Blacks than the State of Iowa. 5.9% of Scott County's population is Black compared to only 2% of Iowa's. The distribution among the other races is quite similar, except for the White race. In Scott County, 92.5% of the population is White, whereas 96.5% of Iowa's population is White. Scott County also has a larger percentage of the population classified as Hispanic Ethnicity in comparison to Iowa. 4.2% of Scott County's population is classified as Hispanic versus 1.8% of Iowa's population.

**3. Socio-Cultural-Demographic Features: Identify any unique features of your county that may increase risks of health problem for members of your community (examples: poverty, high unemployment)**

The service delivery system in Scott County is not very culturally sensitive. Only a small proportion of the primary care providers are not White. Although Palmer College of Chiropractic is located in Davenport and the chiropractic field is well accepted and established in Scott County, other forms of non-traditional healing such as herbalists and persons performing acupuncture are not. The majority of primary care offices do not have interpreters and do not have their forms or other materials printed in different languages. These situations severely diminish access to quality care. Providers also do not address poverty as a cultural issue. Most do not have appointments after the normal workday and are not located in an area that would allow those in poverty to access care. Individuals are forced to use the emergency room for care and do not receive preventive care.

**4. Environmental Indicators: Identify the major industries/employers and occupations, housing conditions, and transportation facilities.**

**Industries, employers, occupations**

Scott County is unique in the State because it is a part of the Quad Cities. The Quad Cities is a Bi-state "city" that is divided by the Mississippi River. In Iowa (Scott County), the cities are Davenport and Bettendorf and in Illinois, Moline, and Rock Island. The Bi-State area is designated by the U.S. Bureau of Economic Analysis as a Metropolitan Statistical Area (MSA).

According to the 1997 Annual Update of the Economic Development Program, from 1980-1996, sector employment rebounded in several categories in the Davenport-Rock Island-Moline Metropolitan Statistical Area, including mining and construction, non-durable goods producing, transportation/communications/public utilities, wholesale and retail trades, finance/insurance/realty, professional and non-professional services, and state and local government. The most noticeable change occurred in non-professional services, which showed a 121.1% increase, and professional services where there was a 54.8% increase. There were some declines in the period 1980-1996 though. Employment in manufacturing declined by 41%, durable goods producing by 54.4%, non-electrical machinery producing by 63.3% and federal government by 11.9%.

Much of the change in employment can be attributed to multiple plant closings and layoffs during the 1980's. There have been 21,000 new jobs, especially in the non-

manufacturing sector since the 1980's with many created between 1990-1996. In 1996, the non-agricultural wage and salary employment in the MSA was 173,600 or 5.6% higher than the 1980 pre-recession employment level and 2.1% higher than 1995. In 1996, in the Davenport-Rock Island-Moline MSA, 71% of the jobs were in service, 15% in manufacturing, and 14% in government.

The top 15 employers in the Quad Cities as of April 1997 are: Deere & Company of Quad Cities, Rock Island Arsenal, Genesis Medical Center, Davenport Community Schools, ALCOA-Aluminum Company, Iowa Beef Processing, Trinity Medical Center, Hy-Vee Stores, Oscar Meyer, Case Corporation, Eagle Food Center, U.S. Postal Service, City of Davenport, Moline-Coal Valley Community Schools, and the President Riverboat Casino & Blackhawk Hotel.

Scott County is experiencing its lowest unemployment rate in 17 years with only 3.2% of the population unemployed. The unemployment for Davenport in 1996 was 4.2% and for Bettendorf 2.5%. There are an estimated 84,400 people eligible to be in the labor force for Scott County, 81,700 are employed, and 2,700 are unemployed. These figures are 1997 estimates.

### **Housing Conditions**

The 1995 Housing Vacancy Survey, conducted by the Federal Home Loan Bank System, reveals a decline in vacancy rates in Scott County compared to the 1990 survey. The vacancy rate for all housing types decreased from 4.7% in 1990 to 3.3% in 1995. The vacancy rates for single family dwellings decreased from 2.8% to 2.6% and for multi-family dwellings, it decreased from 8.8% to 4.9%.

The average sales price for a housing unit in Scott County in 1997 was \$94,200. In 1996, there were 446 building permits for single family dwellings in Scott County and 230 for multi-family dwellings. The median home value in Scott County according to the 1990 Census was \$54,400. The median monthly mortgage payment at the same time was \$623.00.

The 1990 Census showed that there were 19,323 units occupied by renters and 1,783 units vacant and for rent in Scott County. The median contract rent was \$262.00 and the median gross rent was \$361.00. This is according to the 1990 Census. There were 390 units rented or sold but not occupied. During the second quarter of 1997, the average rent of a 2-bedroom apartment in the Quad Cities was \$457.00.

In April of 1998 Bi-State Regional Commission, on behalf of the Quad Cities Housing Cluster, contracted with Clear Lines to conduct a housing needs assessment of Scott County as a whole, and of the incorporated cities within it. The study results were published in March of 1999. The study revealed a need for affordable housing. Affordable housing is usually defined as housing where the occupant is spending no more than 30%, including utilities, of their gross income for housing. In Scott County, 39% of renters and 14% of owners are paying more than 30% of their income for housing. Within the cities, a range of 2% to 18% of owners and 9% to 41% of renters are not in affordable housing for their income. All but two of the incorporated cities have more than a quarter of renters in their area paying more than 30% of their income for housing. Looking at elderly renters, 52% pay more than 30% of their income to rent and 18% of owners pay more than 30% of their income to mortgage payments.

The study found a large gap in the available housing for the poorest households in Scott County as defined at an income level of 50% or less of the Area Median Income. 23% of the

households fall into this category, but only 7% of the housing units are assessed at a value that is affordable to these people. The study found that rental units must at least double to begin to meet the need for housing for these people. They also state that there is a need for realistically priced home ownership units for families moving from transitional housing.

The overwhelming majority of new construction in Scott County, outside of Davenport, has been single family dwellings starting at \$120-140,000 and ranging in price upward from that point. These prices are beyond the means of many younger families as well as individuals earning less with no personal savings. These people must turn to lower priced housing such as older existing homes and multi-family units or they must rent. The supply of this type of housing in the smaller Scott County communities is minimal. These types of homes appear on the market infrequently and sell quickly with prices growing to meet the demand. Multi-unit dwellings are not prevalent in the smaller cities.

### **Homeless**

The first comprehensive study of the Quad Cities' homeless population has recently been completed. The study was sponsored by the Quad Cities Shelter and Transitional Housing Council and undertaken by Pam Pippert, from Pippert Consulting and Training, and Dr. Peter Kivisto, from Augustana College. The study involved two stages. The first entailed a point-in-time count of the homeless conducted on the evening of February 24, 1999 and the early morning hours of February 25, 1999. The second stage consisted of a series of interviews during the following month in which 58 homeless adult men and women responded to a 40-item questionnaire.

On the night of February 24-25, 1999, there were 592 homeless individuals in the Quad Cities. The homeless total included 244 men, 157 women, and 191 children. There were 149 individuals staying in shelters, 408 individuals residing in transitional housing sites, 20 individuals in detox units or hospital emergency rooms, and 14 individuals living on the street.

Whites, at 67.2% comprise the largest group, followed by Blacks at 24.1%, Hispanics, at 5.2%, and 3.4% American Indians. According to the study, they believe that this racial mixture is reflective of the homeless population. The study also notes that in comparison to their respective sizes in overall Quad Cities population, Whites and Hispanics are under-represented, while Blacks and American Indians are over-represented.

The homeless in the Quad Cities are largely not a transient population. Most have their roots in the community and 70.7% of the population report that they maintain regular contact with one or more family members. The survey also found that just under half of the interviewees have been homeless only once in their lives, but 71.9% reported being homeless between one and three times. The study also found that 70.7% of the respondents reported being homeless for more than three months.

The report concluded that there is no single cause of homelessness. According to the homeless, homelessness is first and foremost a housing problem with other factors such as unemployment, substance abuse, and mental illness constituting in various degrees additional contributing factors. The study found that 69% of the Quad Cities' homeless, who were interviewed, reported receiving treatment in an alcohol or drug abuse program and 44.8% reported being treated at least once for emotional or mental health problems.

## **Transportation**

The Quad Cities are served by four interstate highways, three United States primary highways, and an excellent secondary highway system that combine to provide efficient movement of goods, services and people within the Region and other markets.

Interstate 80 connects the Region with both coasts. The I-280 bypass, together with I-80, completely encircles the Quad City metropolitan area, providing excellent access to and from the area. In addition, I-74 bisects the metropolitan area and provides efficient movement within the area and the southeastern portion of the United States. Interstate 88, located in Illinois and linked with I-80, provides direct access to Chicago and beyond. Analysis of highway transportation centrality relative to other Midwest cities indicates that the Quad Cities ranks fourth behind Indianapolis, Chicago, and St. Louis in terms of competitive advantage for the transportation of goods.

The greater Quad City area is defined as a single commercial trucking zone by the Interstate Commerce Commission; therefore, interstate shipments within the area are exempt from Interstate rate regulation. There are approximately 66 motor carriers that maintain offices and/or terminals in the Quad Cities, providing overnight access to other major distributors, supplies, and consumers.

## **Rail Transportation**

Currently three rail companies are operating in the Quad City Region. The I & M Rail Link (formerly the Canadian Pacific Railway), the Burlington Northern Santa Fe Railroad and the Iowa Interstate Railroad provide connections with other markets.

Amtrak rail service has recently announced an increase in their long-distance passenger service that will include a new Chicago-to-Des Moines route that will pass through the Quad Cities. Amtrak would like to begin their new services May 31, 2000 with the new summer timetable, but may have to wait until October 2000.

## **Air Transportation**

The Quad City International Airport, located in Moline, Illinois, is the Federal Aviation Administration "certified air carrier" for the Bi-State Region. There are sixty arrivals and departures per day with one stop service to virtually anywhere in the world through the hubs of Atlanta, Chicago, Denver, Los Angeles, Minneapolis, New York, and St. Louis. The airport serves as an U.S. Customs Port of Entry. In addition, the Davenport Municipal Airport is located in Scott County. This airport serves general aviation with complete instrument approaches, weather reporting services, and private aircraft rental and maintenance.

## **Waterway Transportation**

The Mississippi River, which both bisects and joins the Bi-State Region, has served as the medium for the efficient and economical movement of goods and services to and from the Quad City Region for many years. As part of the inland waterway system, the Mississippi River provides the Bi-State Region with a link to Mississippi tributaries, the Gulf of Mexico, the Great Lakes and connections to foreign ports. The navigation system typically lasts just over 10 months for the portion of the river in the Bi-State Region.

Currently there are 49 barge terminals in the Bi-State Region with eight located on the Illinois side and 41 located on the Iowa side of the Mississippi River. Approximately 400 people are currently employed at all 49 barge terminals.

### **Mass Transit Transportation**

Transit services are offered to all residents in Scott County including the metropolitan and rural areas Monday through Saturday. Services provided include Davenport CitiBus, Bettendorf Transit, Great River Bend Services, Inc., Davenport Paratransit, and Bettendorf Dial-A-Bus.

Davenport Citibus offers twelve different service routes within Davenport and have varying times of operation. Bettendorf Transit serves the community of Bettendorf through five bus routes. Bettendorf Transit and Davenport CitiBus are unable to cross city boundaries into other districts. To bridge the gap between Davenport and Bettendorf boundaries, a daily cross-boundary service is available through Great River Bend Services, Inc. This allows a direct route from one city to another without switching transit lines.

The Great River Bend Services, Inc. offers transportation opportunities to the rural residents of Scott County, special services within the Davenport and Bettendorf City limits, and "after hours transportation." This not-for-profit organization is a regional transportation service that provides transportation services for the public, but emphasizes on the elderly (60+) and the disabled persons.

Great River Bend provides two specific programs for the metropolitan areas: Davenport Paratransit and Bettendorf Dial-A-Bus. The Davenport Paratransit is a public transportation system specifically reserved for those that are functionally disabled and unable to use the fixed Davenport Transit Routes. The Bettendorf Dial-A-Bus provides door-to-door service for anyone within the Bettendorf City limits living more than two blocks from a designated route and for the disabled and elderly from anywhere they reside in Bettendorf.

Great River Bend, Inc. provides transportation services within rural Scott County. A wheelchair accessible van, which has the capacity for two wheelchairs and seven ambulatory riders or eleven ambulatory riders, picks up riders Monday through Friday in each of the incorporated cities. Special curb-to-curb "after hours transportation" including evenings, Sundays, and holidays is obtainable through Great River Bend Services, Inc.

Private, for hire, taxi and limousine services are available. These services provide local and out of the area transportation. Greyhound bus has a local terminal located in Davenport. Greyhound provides national interstate travel throughout major cities in the United States.

## **B. General Health and Access to Care Indicators**

### **1. Are there any special problems your community faces that restrict access to care?**

One special problem identified is that there is a lack of coordination and communication among services. Clients are required to spend a lot of time repeating information as they access services, even when there has been a referral made from one service to another. Another gap is that the customers do not drive the service delivery system. Clients are unable to access services because of their location or hours of operation. Many times clients have a lengthy wait when scheduling appointments.

Being able to get to the place of service is an important concern for those who do not drive, or lack a vehicle for transportation. Urban Scott County residents are fortunate to have

public bus transportation and special van transportation for elderly and handicapped individuals. These are low cost and free services, respectively. However, rural residents, who have greater distances to travel to receive health care, have no access to public bus services and limited access to special van transportation.

Lack of information about services is also a barrier to accessing services. Information is available through the United Way's InfoLink Community Information Connection, the Scott County Medical and Osteopathic Societies, Genesis On Call, and Trinity Health Touch. As with any information, there is concern about how well known these resources are to the community. There is also minimal training to service providers on what services exist within the community.

There is also a gap in cultural sensitivity. Materials are unavailable in different languages and there are limited translation services. Service providers also do not understand poverty as a culture.

**2. What percentage of your population lacks health insurance coverage? Are there any special population groups without health insurance?**

According to 1997 IHITS information, 10.2 percent of Scott County adults lack health insurance. This means there are approximately 9,768 adults between the ages of 18 and 64 who do not have health insurance in Scott County. The Federal Government estimates that there are 873 children eligible under Medicaid expansion and 2,329 children eligible for Healthy and Well Kids in Iowa (HAWK-I) in Scott County. The HAWK-I program is a health insurance program that targets the working poor. However, not as many people are taking advantage of the program as are eligible for it. In Scott County, only 10% of the children estimated to be eligible for HAWK-I have been enrolled in it and only 46% of those eligible under Medicaid expansion have been enrolled. The enrollment problems are consistent throughout the State.

A special population that lacks health insurance are those hourly employees who are working part time, but do not qualify for government assistance and are not benefit eligible at their place of employment. Another group is those persons who do receive health insurance for themselves, but family members are not covered or are covered at exorbitant rates. Finally, self-employed workers, for example farmers, are a population that little is known about regarding the level of health insurance for themselves and their families.

Some of the largest employers located in Scott County that would have hourly, part time employees are: Davenport Community Schools, Iowa Beef Processing, Hy-Vee Stores, Oscar Mayer, Case Corporation, Eagle Food Center, City of Davenport, Moline-Coal Valley Community Schools, APAC telemarketing, the President Riverboat Casino & Blackhawk Hotel, and the Lady Luck Casino and Convention Center.

**3. What specialty services are needed but not available in your community? (Examples: dental health, mental health services)**

Dental services are readily available in Scott County. In January of 1999, there were 99 dentists practicing in Scott County for a rate of 6.2 per 10,000 population. This puts the county in a tie for the seventh best rate in the state. However, the Medicaid population is severely underserved in regards to dental services. Only seven dentists are currently accepting Medicaid clients according to EPSDT case managers. Community Health Care

provides the only dental services based on a sliding-fee scale. At times, they have a 2+ year waiting list for service.

**4. Are there any populations not served by language-specific or culturally knowledgeable service providers?**

The majority of service providers in Scott County are White. This creates difficulties regarding both language and culture. There are interpretive services available, but the resources are limited and very expensive. Community Health Care sees most of the individuals of Vietnamese descent and the Bosnian refugees. The Refugee Resettlement Center assist in translation, but the need at times outweighs the available resources. They are able to assist in translating the languages of Vietnamese, Serbo-Croatian, and German, but these services are limited to refugees. Individuals of Hispanic ethnicity also need translation services. Although the Hispanic population is well established in Scott County, they are still in need of interpretive services when accessing care.

**5. Is there a choice of primary care providers in your community?**

There is a choice of primary care providers in Scott County. Included in the definition of primary care physicians are pediatricians, ob/gyns, family practice physicians, and internal medicine physicians. In January of 1999, there were 122 primary care physicians practicing in Scott County. The *Iowa Academy of Family Physicians Task Force Report* (1992) indicates that a population to primary care physician ratio of 2500:1 as a generally accepted ratio for average populations. According to 1997 IHITS information the ratio in Scott County is 1639.9 per one physician. Although this is better than 1990 information that showed a ratio of 2745.1 to 1, it is a worse ratio than 986.8, which Scott County had during 1995. Using 1997 population estimates and the 122 primary care physicians practicing, the ratio has again decreased, this time to a ratio of 1290.6 to 1.

**6. What are your community's disability services? (Examples: assistive technology, sight and hearing impaired services)**

**Services for the Disabled in Scott County**

Scott County has a variety of disability services located within it. Adult Special Services provides services in the homes of those qualifying as mentally retarded and developmentally disabled. Arc of Scott County, Association for Retarded Citizens, advocates for those with developmental disabilities and their families. Policy advocates raise awareness, increase and improve services and opportunities, and help direct funding into community-based programs. They provide information through a newsletter and educational programs that are held throughout the year. They also provide referrals and individual assistance.

The Iowa Division of Vocational Rehabilitation assists Iowans with disabilities to achieve employment, gain accessibility and increase their independence. The Handicapped Development Center whose purpose is to plan, establish, and operate programs which provide opportunities and assistance to persons with disabilities in and around Scott County.

The Handicapped Development Center offers a variety of programs including developmental services, a residential center, a supported community living program, a group home program, respite services, and vocational services. Personal assistant management training offers in-home, consumer directed services that enable a person with a disability to live in the community of their choice.



IL/IA Center for Independent Living provides training to the consumer on how to hire, fire, train, manage, and supervise a Personal Attendant. They also provide a general orientation to rights and responsibilities, communication skills, independent living philosophy, and disability awareness.

Special Olympics of Scott County provides a year round sports program for children ages eight to adult in a variety of sports. Athletes need to be identified by a professional as having a mental disability or have intellectual impairment that requires specially designed programs.

The Mississippi Bend Area Education Agency provides early childhood special education services the children from birth to age five who are entitled to special education. Each child is assessed to gather information about the child's development, determine if a child is eligible for special education services, and to provide information for the planning of appropriate interventions for the child and family

### **Services for the Visually Impaired**

Visually Impaired Services works with individuals, one-on-one, to instruct persons who have lost, or are losing their vision to read Braille, organize their household and travel. They also have the capacity to produce and replicate Braille materials. As a service to the community they can translate materials such as menus and brochures into Braille, and produce multiple copies.

Davenport Host Lions Club offers assistance to the visual and hearing impaired. Glasses and used hearing aids are provided to those in need that do not have adequate resources and are unable to receive assistance from state/federal agencies. They will also assist blind persons in obtaining guide dogs, Braille typewriters and cornea transplants.

The Genesis Low Vision Rehabilitation Institute's goal is to make the most of the patient's limited eyesight using low vision rehabilitative services, referral resources, education, consultations and a resource center and loaner library.

Newsline for the Blind is a revolutionary system that allows the blind to read the newspaper simply by using a touch-tone telephone. Newsline allows those who are blind to access up to four daily newspapers at any time of the day or night. These newspapers are The Des Moines Register, USA Today, The Chicago Tribune, and The New York Times. The papers are read electronically by a computerized voice.

The Mississippi Bend Area Education Agency provides visually impaired services to students with visual disabilities that need assistance to maintain their participation in the least restrictive environment.

### **Services for the Hearing Impaired**

Audiology services offered through the Mississippi Bend Area Education Agency provide comprehensive audiology services for infants, preschoolers and school-age children. Itinerant teaching services and consultative services are available for students who are hearing impaired. INFOLINE, operated by the Illinois/Iowa Center for Independent Living, oversees the volunteer maintenance of the Deaf Information 24-Hour Computer Bulletin Board which has a calendar of events of interest for the deaf community.

Self Help for Hard Hearing (SHHH) is a non-profit, educational organization dedicated to the welfare and interests of those who cannot hear well but are committed to participate in the hearing world. They provide information necessary to make choices, but emphasize that the choice must be theirs. They try to develop further the human spirit by focusing first on

the person and only later on the deafness. In this context, deafness is simply one more life crisis.

The Deaf Action Center of the Quad Cities conducts workshops that explain the ADA to persons with disabilities, small businesses and government entities. They offer mediations services as an alternative solution for compliance of ADA disputes as well as assisting people who want to know how to file an ADA complaint and pursue such actions. The ASL Interpreter Registry & Referral Service maintains a referral list of available interpreters for the deaf and hard of hearing.

Genesis Speech and Hearing Services offers inpatient and outpatient therapy to those with speech language, cognitive, voice and fluency disorders. Hearing evaluations and hearing aid dispensing are provided.

## **C. Maternal and Child Health Questions**

### **1. Discuss how your county compares with the rest of the state on the maternal and child health indicators. Identify and include information unique to races or special populations.**

#### **Live Births**

In 1997, 2,175 of Iowa's 36,641 births were to Scott County mothers. The number of births in 1997 was the lowest number of births in the five-year period 1993-1997. In Scott County, 2.4% of the births were Asian, Pacific Islander compared to 2.1% in Iowa, and .9% of the births were to members of other races compared to .8% in the State. The major difference in distribution of live births occurs in the Black population. In Iowa, 3% of the births are to Black mothers. In Scott County, 9.2% of the births, which equals 200 births, are to Black mothers. Although Scott County only has 6% of the overall births in Iowa, 18.3% of the births to Black mothers occur here. 87.4% of the births are to White mothers in Scott County in comparison to 94.1% in the State.

When looking at the ethnic distribution of the births, 8.0% and 6.0% are identified as Hispanic in Scott County and Iowa respectively. This leaves 92.0% and 94.0% to be classified as non-Hispanic. People who are identified as Hispanic ethnicity can be a member of any race.

#### **Infant Mortality**

The infant mortality rate in Scott County is 5.5 deaths per 1,000 live births. There were 12 infant deaths in 1997. In Iowa, the rate is 6.3 deaths per 1,000 live births. Because the number of infant deaths is usually so low when separated by race, the rates are not usually calculated. Because of the need to know what the infant mortality is among the races, the number of deaths in each race for the period 1993-1997 was combined to determine the rates for the five-year period. The overall infant mortality rate for the period is 6.5 deaths per 1,000 live births. The rate for Asian-Pacific Islanders is 6.9 deaths per 1,000 live births and for Whites, it is 5.7 per 1,000 live births. The infant mortality rate for Blacks in Scott County for the five-year period is 13.1 deaths per 1,000 live births.

The neonatal death rate in Scott County in 1997 was 4.1 deaths per 1,000 live births. The rate in Iowa was 4.0 per 1,000 live births.

### **Perinatal Mortality rate**

The perinatal mortality rate is the number of fetal deaths at 20 or more weeks of gestation plus the number of deaths to infants less than 28 days old divided by the number of live births. The perinatal mortality rate in 1997 for Scott County was 9.7 deaths per 1,000 live births and there were 21 perinatal deaths. For all of Iowa, the perinatal mortality rate was 9.6 deaths per 1,000 live births and with 350 perinatal deaths occurring during 1997.

### **Low Birthweight**

In the area of low birthweight, Scott County is very similar to the State. 6.0% of live births in Scott County are low birthweight and 6.4% are in the State. When looking at the distribution by race, the largest difference can be found in the Asian/Pacific Islander population where only 3.8% of those births in Scott County are low birthweight compared to 8.5% in the State. In the Black population, 10.5% and 10.6% are the percentages of low birthweight babies in Scott County and Iowa respectively. In the Scott County White population, 5.6% of the births are low birthweight compared to 6.2% in the state.

In regards to the Hispanic ethnicity, 6.9% of the births designated as Hispanic were determined to be low birthweight babies compared to 6.0% in the State. 5.9% of the non-Hispanic babies were classified as low birthweight compared to 6.4% in the State.

### **Kessner Index of Prenatal Care/Mothers Who Began Prenatal Care in the First Trimester**

According to the Kessner Index of Prenatal Care, 81.0% of Scott County mothers received adequate prenatal care, 16.9% received intermediate, and 2.2% received inadequate prenatal care. In Iowa overall, 86.1% received adequate prenatal care, 11.6% received intermediate, and 2.3% received inadequate care.

In Scott County, 82.7% of mothers began prenatal care in the first trimester compared to 86.3% in Iowa. There are some differences when comparing the races. 69.8% of Scott County Asian-Pacific Islander mothers began their care in the first trimester compared to 80.4% in the State. In the Black population, 62.5% and 71.5% began prenatal care in the first trimester in Scott County and Iowa respectively. There is not much of a difference in the White population with 85.3% in Scott County and 87.1% in Iowa beginning care in the first trimester. The same is true with members of population who are other races with 70.0% and 70.9% in Scott County and Iowa beginning prenatal care in the first trimester.

78.0% of Scott County Hispanics and 86.3% of Iowa's Hispanics began their prenatal care in the first trimester.

### **Mothers Who Smoked/Drank During Pregnancy**

In 1997, 20.2% percent of Scott County mothers smoked during pregnancy compared to 18.0% in Iowa. In Scott County, 19.5% of Black mothers, 20.6% of White mothers, 5.7% of Asian mothers and 30.0% of other mothers smoked. In Iowa, 20.7% of Black mothers, 18.1% of White mothers, 4.8% of Asian mothers, and 30.1% of other mothers smoked during pregnancy.

Two percent of Scott County mothers drank during pregnancy in 1997 compared to 1.3% of Iowa mothers. In the Black population, 3.0% drank in Scott County and 3.5% in Iowa. Among white mothers in Scott County, 1.8% drank compared to 1.2% of Iowa mothers.

1.9% and .9% of Asian mothers drank in Scott County and Iowa respectively. 10.0% of other mothers in Scott County drank compared to the lower 4.9% of Iowa mothers.

### **Teen Birth Rate**

The 1997 teen birth rate for Scott County teens ages 10-17 is 13.1 teen births per 1,000 females. The rate in Iowa is 8.7 teen births per 1,000 females. One hundred and twenty-one of the State's 1370 teen births, or 8.8% of the teen births, were in Scott County. The rate for those teens ages 10 to 14 is 0.4 teen births per 1,000 females in both Scott County and the State. Scott County's rate for teens ages 15 to 17 is 36.2 per 1,000 females and in the State's rate is 24.1 per 1,000 females. There were five births to teens ages 10-14 and 116 to teens 15-17 in Scott County.

### **Births to Mothers under age 20**

In 1997, there were 284 births to mothers under age 20. This is a rate of 130.6 births to mothers under age 20 per 1,000 females under age 20. There were 3,922 births to mothers under age 20 in Iowa in 1997. That equals a rate of 107 births to mothers under age 20 per 1,000 females under age 20. The rate is not broken down by race for the specific counties, but it is for Iowa. The rate for White females is 101.6 per 1,000 for Black females is 271.7 per 1,000, for Asian Pacific Islanders is 59.6 per 1,000 and for other races it is 261.3 per 1,000. This rate is the number of births to mothers under age 20 per 1,000 females under age 20 of each particular race.

### **Out-of-wedlock births**

In 1997, 35.4% of the births in Scott County were out-of-wedlock births compared to 26.2% of the births in Iowa. In Scott County, 32.1% of Asian births, 88.5% of Black births, 60.0% of Native American/Other births, and 29.6% of White births were out-of-wedlock. In Iowa, the percentages are 19.2% for Asians, 75.3% for Blacks, 50.5% for Native Americans/Other, and 24.6% for Whites.

### **Child Abuse/Neglect**

In 1999, there were 436 founded cases of child abuse in Scott County. In 1999, the child abuse rate was 10.3 founded cases per 1,000 children under the age of 18 in Scott County. According to the Scott County Juvenile Justice Plan, between 1981 and 1996, there was a 335.6% increase in founded child abuse cases in Scott County. In Iowa, there were 6,590 founded cases of child abuse during 1999. The State rate was 9.16 founded cases per 1,000 children under the age of 18.

### **Domestic Abuse**

In Scott County in 1997, the rate of reported domestic abuse was 455.4 per 100,000 population. In Iowa, the rate was 227.1 per 100,000. There were 717 reported domestic abuse incidents in Scott County in 1997.

### **Medicaid Deliveries**

In 1996, Medicaid paid for 42.1% of the births in Scott County. In Iowa, only 34.2% were Medicaid deliveries.

### **Child Death Rate**

The child death rate for children 0-6 in Scott County was 145.4 deaths per 100,000 population with 23 actual deaths. In Iowa, there were 314 deaths for a rate of 121.4 deaths per 100,000 population.

### **Leading Causes of Mortality (Children 1-4)**

The leading causes of mortality in Scott County children are very different each year. There are usually very few deaths and so what the children die from can skew the results. In 1997, there were two deaths in the 1-4 population. One of the deaths was attributed to congenital anomalies and the other to all other causes. In 1996, there were two deaths and they were the result of all other accidents. The one death in 1995 was due to other cancer. In 1994, there were three deaths-one to congenital anomalies, one to homicide and legal intervention and one to all other causes.

The state leading causes of deaths stay similar each year. In 1997, there were 19 deaths to all other causes, 12 to all other accidents, 7 to congenital anomalies, 4 to motor vehicle accidents, 3 to pneumonia or influenza, 3 to homicide and legal intervention, 2 to other cancer, 2 to conditions in the perinatal period, and one to heart disease.

### **Rate and Number of Teen Deaths by Accident, Homicide, and Suicide (10-14); (15-19)**

All of these numbers and rates are based on information that includes the years 1988-96; otherwise, numbers would be too small to do calculations on. In the 0-14 population in Scott County, there were 11 deaths due to all methods of transportation for a rate of 3.4 per 100,000 population. The rate for Iowa was 6.3 per 100,000 population. There were 31 deaths due to all methods of transportation in the 15-19 population in Scott County for a rate of 31.4 per 100,000 population.

There were 8 deaths in the 0-14 population as a result of motor vehicle traffic in Scott County for a rate of 2.5 per 100,000 compared to the rate of 5.5 per 100,000 population in Iowa. There were 30 15-19 year old deaths for a rate of 30.4 per 100,000 population due to motor vehicle traffic. The Iowa rate was 36.6 per 100,000 population.

The suicide and homicide numbers are incredibly low and were not calculated into rates. There was one teen-aged suicide in 1997 in Scott County.

### **School Attendance**

During the 1998-1999 school year, the average daily attendance rate in Scott County was 95.5%. In Iowa, the rate for the same time-period was 95.3%.

## **2. Are there any special populations with prenatal problems (Example: race, migrant workers, illegal immigrants)?**

In Scott County, the Black female population has many prenatal problems. 10.5% of the births to Black women are low birthweight. The infant mortality rate for the babies of Scott

County Black mothers is 13.1 deaths per 1,000 live births during the five year period 1993-1997. Only 62.5% of the Black mothers are beginning their prenatal care during the first trimester. Although other races have a higher percentage who are smoking or drinking more during pregnancy, 19.5% of Black mothers are smoking, and 3.0% are drinking during pregnancy. These behaviors will contribute to their increased prenatal problems.

**3. Identify any underlying problems related to low birth weights and infant mortality.**

Although the data shows that there are adequate numbers of obstetricians in Scott County, many women are still not accessing the care. Overall, 82.7% of the mothers began their prenatal care in the first trimester. However, this number is high because 85.3% of the White women began their care then. All of the other races are at levels lower than 70%. One reason they are not accessing the available care is that the physicians' offices are not offering appointments that are in a location and at a time that is convenient for the women. The issue of cultural sensitivity can be raised again.

There is also a lot of substance abuse during pregnancy in Scott County. One in five births are to a mother that has smoked during pregnancy. 2.0% of the mothers drank during their pregnancy. These factors also relate to low birth weights and infant mortality.

Finally, 13.1% of the births in Scott County were to females under the age of 20. These girls may not have the support they need in dealing with a pregnancy, they may not know they are pregnant, they may not seek out prenatal care because of the fear that everyone will find out they are pregnant, etc. Being a teen mother puts their babies at a higher risk for infant mortality or for being low birthweight for a variety of factors.

**4. Identify current programs and resources addressing maternal and child health issues.**

There are a variety of women's health facilities/services. These include the Genesis Center for Breast Health, Maternal Health Center, Quad Cities Midwifery Services, Inc., Women's Health Centers operated by Trinity Regional Health System, Planned Parenthood, Community Health Care, Trinity Maternal Care Center, Obstetrics and Gynecology Specialists, University of Iowa High Risk Obstetrics sponsored by Genesis Health System, and other private practice physicians.

The children's health facilities/services include Child Health Specialty Clinics, Community Health Care, WIC, Private Practice Physicians, and the Scott County Health Department. There is also a well-established Head Start Program in Scott County.

There are many programs addressing maternal and child health issues. The following are a sample of what is available to Scott County residents. *Care for Kids-EPSDT* is for children 0-19 years old. Its purpose is to find and treat health problems before they become more serious. *Care for Kids* checkups include regular medical checkups, information about growth, diet and development, immunizations, regular vision and hearing checkups and regular dental checkups.

*Cornerstone* is a prevention program designed to promote healthy, safe, self-sufficient families. This voluntary, no fee program helps parents evaluate the strengths they bring to raising their child. A family assessment has become part of the routine health care at Genesis Medical Center at the birth of a child. Based on information parents provide, medical social workers link families to services in the community. During January of 2000, all the babies born at Genesis Medical Center had a family assessment done.

A continuum of support is offered to the family ranging from educational materials to intensive home visitation. The first level of support is child development information in the form of Baby Packets. A second level of support is participation in *Friends of New Parents*. Trained volunteers provide mentoring support to new parents who need reassurance of their parenting skills. Home visits and telephone calls may last up to a year after the baby is born. *Intensive Home Visitation* is the third level of support. Family support workers visit the homes weekly, teach parenting techniques and provide care coordination.

The Maternal and Childhood Coalition put together a resource directory that addresses the basic needs of women in children, and provides information on where to get those needs met. This directory is a pamphlet that service workers can carry with them in the field as a companion to Infolink. Infolink is a United Way sponsored directory in health and human service information. It is available via website, on disk in agencies, and via their book which is housed in agencies and libraries.

#### **5. Are there any gaps between needs and available resources?**

One of the gaps in Scott County is the lack of registered family day care homes and off-hours childcare locations. According to the 1998 Scott County Empowerment Application, Scott County has an average of 274 registered family day care providers on any given day. Using the payment voucher roles of child care assistance paid to non-registered home, there are 694 homes that are known to be non-registered family day care homes. Although the caregivers in the homes may give quality care, the children may be at risk for health problems by simple things such as lead paint, improper nutrition, lack of information on child development, etc. The lack of off-hours childcare puts children at risk because parents may have to leave younger children with their older siblings who may not have the experience or education to properly care for the children. In addition, family day care homes are not required to be smoke-free as the licensed and certified facilities are.

### **D. Chronic Disease Questions**

#### **1. Discuss how your county compares with the rest of the state on chronic disease indicators. Identify and include information unique to races or special populations. Coronary Heart Disease Mortality Rate**

The crude mortality rate for Scott County is less than that of Iowa for all races and ethnicity in 1997. Nevertheless, heart disease remains as the number one cause of mortality in both the State and Scott County. The crude mortality rate for Scott County is 233.1 coronary heart disease deaths per 100,000 population. The rate for Iowa is 275.8 deaths per 100,000 population.

An interesting finding is that the age-adjusted coronary heart disease mortality rate, which is a summary measure of the death rate that a population would have if it had a standard age structure, is higher in the Scott County populations than in the State. The age standardization of rates eliminates the influence of different age distributions on the mortality rates being compared. This means that when the age distribution is standardized, the age-adjusted mortality rate for Scott County is 118.7 coronary heart disease deaths per 100,000 population compared to a rate of 80.8 deaths per 100,000 population in Iowa.

There were no Asian deaths to coronary heart disease in 1997 in Scott County, and there were only eight Asian coronary heart disease deaths in the State. The crude coronary heart

disease mortality rate for Blacks in Scott County is 140.8 per 100,000 compared to 150.9 per 100,000 population in Iowa. The age adjusted mortality rate is 243.1 per 100,000 population in Scott County Blacks compared to a mortality rate of 110.9 coronary heart disease deaths per 100,000 population in Iowa.

The crude coronary heart disease mortality rate for the White population was 243.0 deaths per 100,000 population in Scott County and 282.2 deaths per 100,000 population in Iowa. The age-adjusted coronary heart disease mortality rate for Scott County is 116.4 deaths per 100,000 population and the rate is 80.6 per 100,000 population in Iowa.

Only one Hispanic died of coronary heart disease in Scott County. Neither rate was calculated for this population. The crude rate for Hispanics in Iowa was 36.0 deaths per 100,000 population.

### **Cerebrovascular Disease Mortality Rate**

The crude Cerebrovascular disease mortality rate in 1997 for Scott County was 80 deaths per 100,000 population compared to 75.5 deaths per 100,000 population in Iowa. Again, the age-adjusted rate in Scott County is higher than the State. The Scott County age-adjusted rate is 80 deaths per 100,000 population compared to 75.5 deaths due to Cerebrovascular disease per 100,000 of the population in Iowa.

There were no deaths to Cerebrovascular disease in Scott County Asians and only two deaths to Scott County Blacks in 1997. In the White population, both the crude and age-adjusted mortality rates are higher in Scott County than in the State. The crude rate is 85.1 deaths per 100,000 population and the age-adjusted rate is 36.3 deaths per 100,000 population in Scott County. In Iowa, the crude rate is 77.3 deaths per 100,000 population and the age-adjusted rate is 23.1 Cerebrovascular disease deaths per 100,000 population.

There were no deaths to Hispanics as the result of Cerebrovascular disease in Scott County in 1997. There were only seven deaths in the State to Hispanics as the result of Cerebrovascular disease.

### **Cirrhosis of the Liver Mortality Rate**

The 1997 crude mortality rate for cirrhosis of the liver in the Scott County population was 5.1 deaths per 100,000 population. There were eight deaths in the population. There were no Asian deaths or Black deaths due to cirrhosis of the liver. The mortality rate for the White population was 5.5 cirrhosis of the liver deaths per 100,000 members of the White population. There were eight deaths in the White population. One of those deaths was to a person of Hispanic ethnicity.

In Iowa, the crude mortality rate for cirrhosis of the liver, in 1997, was 6.3 per 100,000 population. There were 179 deaths due to cirrhosis of the liver in 1997. There were no cirrhosis deaths in the overall Asian population in Iowa and there were four deaths in the Black population. The crude mortality rate for the White population in Iowa is 6.3 deaths per 100,000 population. There were 173 deaths in the White population in Iowa. Three people of Hispanic ethnicity died in Iowa from cirrhosis. The Non-Hispanic crude mortality rate is 6.3 deaths per 100,000 population.

### **Breast Cancer Mortality Rate**

The 1997 crude mortality rate in Scott County for breast cancer was 22.3 deaths per 100,000 population. There were eighteen deaths from breast cancer in Scott County in 1997. There were no breast cancer deaths in the Asian or Black, or Hispanic populations in 1997.



The crude mortality rate for the Scott County White population was 24.2 deaths per 100,000 White population. There were 18 deaths to White women in 1997.

The crude mortality rate in Scott County is much lower than that of Iowa. Iowa's breast cancer mortality rate is 32.0 per 100,000 population. There were 468 deaths to breast cancer in Iowa in 1997. None of these deaths were in the Asian population, five of the deaths were in the Black population and only one death that was to a member of the Hispanic ethnicity. The crude mortality rate for breast cancer in the White population was 32.7 deaths per 100,000 population.

### **Lung Cancer Mortality Rate**

The 1997 Scott County crude lung cancer mortality rate was 54.0 deaths per 100,000 population compared to 60.9 lung cancer deaths per 100,000 Iowans. An interesting finding is that when the age-adjusted mortality rates of Scott County and Iowa are compared, Scott County has higher rate-38.8 deaths per 100,000 compared to 34.5 deaths per 100,000 population respectively. There were 85 lung cancer deaths in Scott County and 1,736 deaths in Iowa in 1997.

In Scott County, there were no lung cancer deaths in the Asian population and only four in the Black population. There were 2 Asian deaths and 17 Black lung cancer deaths in Iowa. The crude rate for the Scott County White population was 55.6 deaths per 100,000 population and 62.3 deaths per 100,000 in the Iowa population. Again, when looking at the age-adjusted mortality rates, the rate for Whites in Scott County is higher than for the Iowa Whites, 37.8 per 100,000 and 34.6 per 100,000 population respectively.

There were two deaths as a result of lung cancer in those residents of Scott County who are members of the Hispanic ethnicity and seven in the State of Iowa. The crude rate for members of the Non-Hispanic ethnicity in Scott County is 55 lung cancer deaths per 100,000 population and 61.7 lung cancer deaths per 100,000 in the Iowa population.

### **Colorectal Cancer Mortality Rate**

The crude colorectal cancer mortality rate in Scott County for 1997 was 21.6 deaths per 100,000 population. There were 34 deaths to colorectal cancer in Scott County and 856 deaths in Iowa. The Iowa crude mortality rate was 30.0 per 100,000 population. There were no Asian or Black Scott County deaths that can be attributed to colorectal cancer. In Iowa, there were two deaths in the Asian population and eight deaths in the Black population due to colorectal cancer.

The crude colorectal cancer mortality rate for the White population in Scott County was 23.3 deaths per 100,000 compared to 30.7 deaths per 100,000 in the Iowa population. There were 34 colorectal deaths and 844 colorectal deaths in Scott County and Iowa respectively. There were two deaths in the Hispanic ethnicity in Scott County and five in the State.

### **Cervical Cancer Mortality Rate**

The 1997 crude cervical cancer mortality rate for women in Scott County was five deaths per 100,000 population. In Iowa, the crude cervical cancer mortality rate was 2.3 deaths per 100,000 population. In Scott County, there were four cervical cancer deaths and in Iowa, there were 34 during 1997. There were no Asian or Black deaths due to cervical cancer in Scott County or in Iowa during 1997. There were also no cervical cancer deaths in the Scott County or Iowa Hispanic ethnicity population.

### **Prostate Cancer Mortality Rate**

In 1997, Scott County's crude prostate cancer mortality rate was 20.8 deaths per 100,000 male population. This rate in Iowa was 20.1 deaths per 100,000 population. There were 16 Scott County deaths and 419 total Iowa deaths because of prostate cancer. In the Asian population, there were no prostate deaths in Scott County or in Iowa in 1997. In the Black population, there were no Scott County prostate deaths, but there were eight Iowa deaths because of prostate cancer in the Black population. For members of the White population, 16 Scott County deaths contributed to a crude rate of 22.5 deaths per 100,000 males and 411 Iowa deaths gave the State a rate of 30.6 deaths per 100,000. No members of the Scott County Hispanic ethnicity died from prostate cancer, but two Iowa Hispanics did, in 1997.

### **Hospitalization for Total Psychoses**

In Scott County, 778 people between the ages of 15 and 44 and 239 people between 45 and 64 were hospitalized for psychoses in 1997. The hospitalization rates per 100,000 for these age groups were 1086.7 and 726.7 respectively. The rate for Iowans was 807.3 per 100,000 15-44 year olds and 688.2 per 100,000 45-64 year olds. 7.8% of Iowa's 15-44 year old hospitalizations and 5.7% of Iowa's 45-64 year old hospitalization occurred in Scott County in 1997.

### **Hospitalization Rate for Diabetes**

The Scott County overall rate for diabetes hospitalization in 1997 was 938.8 per 100,000 population. In Iowa, the rate was 1059.4 per 100,000. Among Scott County youth, ages 1-14, there were seven hospitalizations because of diabetes, for a rate of 21 per 100,000. In Iowa, there were 94 hospitalizations in the 1-14 population, for a rate of 17.0 per 100,000 population.

In the 15 to 64 year old population in Scott County the rate was 503.4 hospitalizations per 100,000 members of that population during 1997. There were 526 actual hospitalizations. In Iowa, the rate was 501 per 100,000 population with 9,191 actual hospitalizations. Among those Scott County residents who are 65 and older, the hospitalization rate for diabetes was 5,401.9 per 100,000, and there were 945 instances of hospitalization. For Iowans overall who are 65 and older, the rate is 4,876.7 per 100,000 with 20,934 hospitalizations occurring in 1997.

### **Hospitalization Rate for Asthma (17 and under)**

There were 156 hospitalizations for asthma among those Scott County residents 17 and under during 1997. The hospitalization rate for those youth was 368.5 hospitalizations for asthma per 100,000 of those under 17. The rate in Iowa was 261.2 with 1,879 Iowa youth under 17 being hospitalized. 8.3% of the hospitalization for asthma in Iowa's youth occurred in Scott County for the year of 1997.

### **Hospitalization Rate for Hip Fractures (Females 65 and Over)**

For the year 1997, there were 70 hospitalizations for hip fractures among females 65 and over in Scott County. The rate was 6.7 hospitalizations per 1,000 females 65 and over. In Iowa, the rate was 5.9 hospitalizations per 1,000 females 65 and over. There were 1,509 hospitalizations for females 65 and over in Iowa during 1997.

### **Percent of the Population with Behavioral Risk Factors**

Scott County is quite similar to the State of Iowa when examining its residents' behavioral risk factors. 34.2% and 34.5% of Scott County and Iowa residents are overweight respectively according to 1997 information. For both Scott County and Iowa, 19.4% of the population partakes in too many alcoholic drinks or binge drinks. In Scott County, 24.6% of the population smoke compared to 23.6% of the overall Iowa population.

According to the 1998 Behavior Risk Factor Surveillance System (BRFSS) 73.9% of Scott County residents and 73.2% of Iowa residents report doing calisthenics, running, gardening, playing golf, or walking for exercise in the past two weeks. The BRFSS did ask Iowa residents if they ate fruits and/or vegetables five times a day and 18.6% of Iowans said that they did. Because Iowa and Scott County are so similar on all of the other behavioral risk factors, it can be hypothesized that approximately 18.6% of Scott County residents are eating five or more servings of fruits and/or vegetables each day.

The Scott County Blood Pressure Screening Study identifies cardiovascular risk factors in the White, Black, Asian, and Hispanic populations. The study's population was 85.2% White, 9.7% Black, 2.0% Asian, 1.4% Hispanic/Spanish, and 1.7% Other. The following table shows data on self-reported cardiovascular risk factors collected during 1995-1998. Numbers represent the percentage of those screened within each race.

Risk Factor	White	Black	Asian	Hispanic/Spanish
Cigarette Smoking	10.8	19.5	21.4	8.3
Hypertension	47.5	47.4	37.5	36.4
Hypercholesterolemia	41.8	29.0	31.3	20.0
Physical Activity	42.0	46.8	80.0	50.0
Family History of Hypertension	63.3	73.0	37.5	91.7
Family History of Hypercholesterolemia	43.8	47.9	28.6	60.0
Family History-MI before 55 years of age	22.5	30.1	6.7	20.0
Family History of Diabetes Mellitus	41.4	56.0	20.0	75.0

This study has provided Scott County with useful information on risk factors locally that can be used to address a variety of chronic diseases, not only ones to address cardiovascular disease.

### **Incidence Rates for Cancers**

*All of the cancer incidence rates are based on the five- year average number of cases.*

#### *Breast Cancer*

The Scott County breast cancer incidence rate was 99.8 new cases per 100,000 people each year. There were an average of 117 new cases each year in Scott County-113 of the cases are in the White population. The breast cancer incidence rate for Iowa is 93.1 with an average of 2,345 new cases reported each year in the State. According to the data, 24 of the cases are in the Black population and 2,315 are in the White population.

The White population in Scott County had a rate of 99.8 new breast cancer cases per 100,000 population each year. There is no information available for the other Scott County races. In Iowa, the breast cancer incidence rate was 96.8 per 100,000 for members of the Black population and 94.4 per 100,000 members of the White population.

#### *Colorectal Cancer*

The Scott County female incidence rate for colorectal cancer was 37.6 new cases per 100,000 females. The male incidence rate was 45 new cases per 100,000 Scott County males. The five-year average number of cases for Scott County females was 57 and 47 for males. For all of Iowa, there was an average of 1,105 new cases each year in the female population and 1,033 new cases in the male population. The colorectal cancer incidence rates were 32.2 per 100,000 females and 44.0 per 100,000 males.

The colorectal cancer rate for Blacks in Scott County was not calculated. The colorectal cancer incidence rate for Black females in Iowa is 34 new cases per 100,000 and 42.8 new cases per 100,000 Black males each year. For White females in Scott County, the colorectal cancer incidence rate is 37.3 per 100,000 and for White males in Scott County, the rate is 45.1 per 100,000. The rate for White females in Iowa is 32.2 new cases per 100,000 population and 44 per 100,000 White males.

#### *Cervical Cancer Incidence Rate*

The Scott County cervical cancer incidence rate was 6.5 new cases per 100,000 females each year. The average number of cases for the five-year period was 57. The State rate for cervical cancer was 7.9 new cases per 100,000 Iowa females. The average number of cases in the last five years for the State was 863. The incidence rate is not calculated for the Black population in Scott County, but the incidence rate of cervical cancer in Black females in Iowa was 8.8 cases per 100,000. For the White population in Scott County the cervical cancer incidence rate was 6.8 per 100,000 population and for White women in Iowa, the rate was 7.8 new cases per 100,000 White females.

#### *Lung Cancer Incidence Rate*

In Scott County women, the lung cancer incidence rate was 40 new cases per 100,000 females with 45 cases as the five-year average. In the male population in Scott County, the rate is 76.2 new cases per 100,000 males and an average of 69 cases. For women in Iowa, the rate is 31 per 100,000 females, and for Iowa men, it is 63.9 per 100,000 females.

There are no rates calculated for Black women in Scott County or Iowa as well as for Scott County Black men. The lung cancer incidence rate for Black men in Iowa was 115.8 new cases per 100,000 Black men. For White Scott County women, the rate was 40.7 per 100,000 with an average of 45 new cases occurring each year and for White men, the rate was 75.4 per 100,000 males. There was an average of 67 new cases each year during the five-year period.

For the White female population in Iowa, the lung cancer incidence rate was 31.1 new cases per 100,000 females with an average of 765 new cases each year. For White males in Iowa, there was an average of 1,319 cases per year, for a rate of 63.4 per 100,000 Iowa males.

#### *Prostate Cancer Incidence Rate*

The prostate cancer incidence rate in Scott County was 93.1 new cases per 100,000 males. The County is averaging 91 new cases per year. The prostate cancer incidence rate for Iowa males was 105.3 new cases per 100,000 males. There are an average of 2,437 new prostate cancer cases in Iowa each year.

The prostate cancer incidence rate for Black males in Scott County is not calculated, but the rate in Iowa was 153.8 new cases per 100,000 Black males. The State is averaging 30 new cases of prostate cancer each year in the Black male population. The rate for White males in Scott County is 93.0 per 100,000 males and for the State, it is 105.1 per 100,000. The County has averaged 89 cases and the State has averaged 2,405 cases over the five-year period.

**2. Are there any special populations with chronic disease problems (Example: race, migrant workers, illegal immigrants)?**

Scott County, as a whole, has problems with chronic diseases. Although the population located here is younger overall than in the rest of the State, the age-adjusted mortality rates for the population are higher. This is true for coronary heart disease, Cerebrovascular disease, and lung cancer.

The self-reported data, gathered through the Scott County hypertension screening program, also indicates that chronic disease will continue to grow as a health problem in Scott County. Individuals as a whole are not making healthy lifestyle choices.

**3. Identify any underlying problems related to chronic disease.**

Again, the behavior of Scott County residents is an underlying problem for chronic disease. In an area where there are a variety of choices for physical activity, 42% of Whites, 46.8% of Blacks, 80% of Asians, and 50% of Hispanics do not report participating in any form of physical activity. Almost a quarter of Scott County adults reports smoking. The per capita volume of wine or spirits for Scott County residents is 1.1 gallon. Alcohol consumption contributes to chronic disease and can contribute to injuries as well.

Scott County is experiencing elevated levels of ozone. The effects of the high ozone levels on the health of the residents have not been determined locally. Elevated levels of ozone are linked to increased illnesses of the respiratory system and a reduction in lung function. Children, the elderly and persons with existing respiratory problems are especially sensitive to the effects of ozone.

**4. Identify current programs/resources addressing chronic disease.**

There are a variety of programs and resources addressing chronic disease. Hearts of the Quad Cities is a collaborative effort that screens minorities and women for the presence of heart disease risk factors such as high blood pressure, high cholesterol, high blood sugar, etc. The Quad City Coalition on Health is a bi-state planning group that is currently addressing tobacco issues, especially tobacco sales to minors.

Genesis VNA and Community Health Care both have initiatives that look at diabetes within the community. They also collaborate on the Senior Iowan Health Program. Genesis Health System has recently developed a Heart Institute. The Institute will be involved in a variety of programs that address heart disease.

Genesis Center for Breast Health offers diagnostic modalities and breast health specialists are available for consultation at the center. They provide prevention, detection and treatment services of breast cancer. They also educate women about the risk factors and early detection measures.

There is a local office for the American Cancer Society and the area is served, although not locally, by the American Heart Association, the American Lung Association, and the American Diabetic Association. The Vera French Community Mental Health Center addresses mental illness in Scott County.

#### **5. Are there any gaps between needs and available resources?**

There is a major gap in the area of information related to chronic disease. First, any information known locally on chronic disease is related to mortality rates. In order to properly address the issues, incidence and prevalence rates must be known. Second, there are three important chronic illnesses that there is no or very minimal data on. These are congestive heart failure, mental illness, and diabetes.

Finally, no one in the community is addressing congestive heart failure. One hope is that the Genesis Health Systems Heart Institute will address this gap. Without the community knowing the burden of congestive heart failure, there can be very few initiatives developed that do not rely on the hospitals for patient data. This data would underestimate the prevalence of the disease in the community.

#### **Infectious Disease Indicators**

##### **1. Discuss how your county compares with the rest of the state on infectious disease indicators. Identify and include information unique to races or special populations.**

###### **Reported Incidence of Syphilis**

There were eight cases of primary or secondary syphilis reported in Scott County in 1997. The incidence rate for primary or secondary syphilis was 5.1 per 100,000 population compared to the rate of 2.2 per 100,000 in Iowa. In Iowa, 62 cases of syphilis were reported, 13% were in Scott County.

There were no cases of primary or secondary syphilis reported in the Asian or Other population in Scott County or Iowa. There were 5 cases in the Scott County Black population and 32 cases in the Iowa Black population that were reported. The rates for Scott County and Iowa Blacks were 54.1 per 100,000 and 57.5 per 100,000 respectively. In the White population in Scott County, there were three cases reported for a rate of 2.1 per 100,000 Whites. This rate is compared to the 1.0 per 100,000 in Iowa Whites. There were 27 new cases in the White population reported in the State during 1997.

There were no reported cases of syphilis in Scott County citizens who are identified as being from the Hispanic ethnicity. There were 20 cases in the State in Hispanics for a syphilis incidence rate of 20 new cases per 100,000 population in 1997.

###### **Reported Incidence of Gonorrhea**

The 1997 Scott County incidence rate for gonorrhea was 135.3 new cases per 100,000 population, with 213 cases being reported. The rate for Iowa was 45.9 new cases per 100,000 population, with 1,309 cases being reported throughout the State. The rate for Scott County adolescents ages 15-19 was 508.8 per 100,000 15-19 year olds, 62 cases were

reported in this population. The State adolescent incidence rate was 199.4 per 100,000 15-19 year olds, with 445 cases being reported.

The incidence rate for women ages 15-44 was also identified. There were 111 cases of gonorrhea in women between the ages of 15 and 44 in Scott County. This translates to be 307 new cases of gonorrhea per 100,000 females ages 15-44. There were 736 cases in the State of gonorrhea in women ages 15-44 and the State incidence rate was 121.1 new cases per 100,000 women of the 15-44 age group.

There was one case of gonorrhea reported in an Asian in Scott County and five in the State. The incidence rate was not calculated for the Scott County case, but the rate for the State of Iowa was 14.0 per 100,000 Asians, in 1997. In the Black population, there were 129 cases reported in Scott County and 597 in Iowa. Of the cases in Blacks reported in the State, 21.6% of them were reported in Scott County. The incidence rates are 1,396.7 per 100,000 Blacks and 1,072.4 per 100,000 Blacks in Scott County and Iowa respectively.

There were no cases of gonorrhea identified in people classified as being members of the other race in Scott County. There were eleven cases in the State, for a rate of 128.4 new cases per 100,000 members of the other race. The incidence rate for gonorrhea in the Scott County White population was 43.9 per 100,000 Whites in 1997. The State rate for Whites was 21.0 per 100,000. There were 64 cases reported in Scott County and 579 cases reported in the State. There were 19 cases of gonorrhea in Scott County where the race of the client was not stated and 117 in the State.

Six of the 213 new cases of gonorrhea in Scott County occurred in members of the Hispanic ethnicity. Fifty-one of the cases in the State were in Hispanic people. The incidence rate for Scott County was 91.1 per 100,000 Hispanics and 102.1 per 100,000 Hispanics for the State of Iowa.

### **Reported Incidence Rate of Chlamydia**

Of the State's 4,904 cases of chlamydia, 794 were identified in Scott County during 1997. The incidence rate for Scott County was 444.6 new cases per 100,000 population and the State's rate was 171.9. There were twelve Scott County Asians and 73 Iowa Asians diagnosed with chlamydia in 1997. The rates calculated to be 607.6 per 100,000 and 203.9 per 100,000 in Scott County and Iowa respectively. Thirty-three point nine percent of the 744 cases of chlamydia in Blacks in the State were reported in Scott County. The incidence rate for the 232 Scott County cases is 2728.5 new cases per 100,000 Black Scott County residents. The State rate is 1336.5 new cases per 100,000 population.

There were 261 cases of chlamydia identified in the White population in Scott County for a rate of 247.9 new cases per 100,000. There were 2,943 cases of chlamydia identified throughout the State, in the White population, for a rate of 106.9 new cases per 100,000 population. There were two cases in the population described as other in Scott County. The rate for that population was 349.7 new cases per 100,000 population. There were 42 cases, in the other population, in the State, for a rate of 490.4 per 100,000. In addition, there were 73 cases of chlamydia in Scott County, where the race of the individual was not stated. There were 1, 102 cases in Iowa where the race was not indicated.

When examining the incidence rate of chlamydia in terms of the ethnicity of those contracting it, there were twenty-five cases of chlamydia in Scott County Hispanics, for a rate of 379.8 per 100,000. There were 238 cases of chlamydia in Iowa Hispanics in 1997. The incidence rate was 476.6 new cases per 100,000 population.

### **Reported incidence of AIDS**

In 1997, there were twenty new cases of AIDS reported in Scott County and 108 in Iowa. The incidence rate in Scott County 12.7 new cases of AIDS per 100,000 population. This number is compared to the incidence rate in Iowa of 3.8 new cases per 100,000 population.

### **Reported Infections Caused by Foodborne Pathogens**

#### *Salmonella*

In 1997, there were 297 cases of Salmonella reported in Iowa, and sixteen reported in Scott County. The incidence rates were 10.4 and 10.2 per 100,000 for Iowa and Scott County respectively.

#### *Campylobacter*

There were fifteen reported cases of Campylobacter in Scott County during 1997 for a rate of 9.5 per 100,000 population. In Iowa, the rate was 14.9 per 100,000 population with a total of 425 cases being reported.

#### *Shigella*

Scott County did not have any reported cases of Shigella during 1997. There were 90 cases in Iowa and the rate was 3.2 per 100,000 population.

#### *E. coli*

The rate for E.coli infections in Scott County was 2.5 per 100,000 population with four cases reported. In Iowa, the rate was 4.0 per 100,000 population with 114 cases reported.

#### *Giardia*

Iowa had 358 cases of Giardia reported in 1997, and fourteen of the cases were in Scott County. The rate for Giardia in Iowa was 12.6 per 100,000 population and 8.9 per 100,000 population in Scott County.

#### *Cryptosporidium*

There was only one case of Cryptosporidium reported in Scott County during 1997 and the rate was not calculated. In Iowa, the rate was 2.5 cases per 100,000 population with a total of 72 cases reported.

### **Basic Series Vaccinations (Age Two)**

According to 1997 information, 91.0% of Scott County children age two had their basic series of vaccines. In Iowa, only 88.0% of the two-year-old children had received their vaccinations.

### **Reported Incidence of Hepatitis A**

Five cases of Hepatitis A were reported in Scott County during 1997 for a rate of 3.2 new cases per 100,000 population. In Iowa, there were 490 cases of Hepatitis A reported for a rate of 17.2 per 100,000 population.



### **Reported cases of Tuberculosis**

There were 74 cases of tuberculosis reported in Iowa in 1997. There were six cases of tuberculosis reported in Scott County. The reported incidence rates for tuberculosis were 2.6 per 100,000 and 3.8 per 100,000 in Iowa and Scott County respectively.

### **Vaccine Preventable Diseases**

There were six vaccine preventable diseases reported in Scott County during 1997. Five of the six were pertussis and there was one case of mumps reported. There were 217 vaccine preventable diseases reported in Iowa. Of the diseases, 207 were pertussis and ten were mumps. There were no cases of measles or rubella reported in Scott County or Iowa.

## **2. Are there any special populations with infectious disease problems? (Example: race, migrant workers, illegal immigrants)**

In Scott County, adolescent sexually transmitted diseases (STD) exceed statewide incidences, particularly for chlamydia. Among the metropolitan counties in Iowa (Blackhawk, Johnson, Linn, Polk, Scott, and Woodbury), Scott County has the highest chlamydia rate, the second highest syphilis rate, overall gonorrhea rate, gonorrhea rate in adolescents 15-19, and the third highest gonorrhea rate among women ages 15-44.

The statistics suggest an adolescent population at tremendous risk for incident infections and late complications of STDs.

The adult population is at risk for pneumonia and influenza. Although the largest numbers of flu and pneumonia shots were given during 1999, many people at risk for exposure are not receiving the vaccinations.

## **3. Identify any underlying problems related to infectious disease.**

One underlying problem in Scott County is a lack of appreciation of the severity of chlamydia infection. Many people see chlamydia as a minimally symptomatic STD, when in fact it causes serious complications including ectopic pregnancy and infertility. There is no funding for education about chlamydia nor to trace the contacts of people with chlamydia. Because many people are asymptomatic with chlamydia infection, the long-term complications occur in patients unaware of their infection. There is no data on the rate at which sexually active adolescents and young adults are screened for the presence of chlamydia or other sexually transmitted diseases during routine exams.

## **4. Identify current programs/resources addressing infectious disease.**

The Quad Cities Regional Virology Center is a collaborative effort of AIDS Project Quad Cities Inc., Dr. Louis Katz, and Community Health Care Inc., Genesis Medical Center, Genesis Family Practice, and the Scott County and Rock Island County (Illinois) Health Departments. Their goal is to provide the best possible comprehensive HIV/AIDS related medical and social service to the members of the Quad Cities Community. Services include: medical treatment for persons living with HIV or other infectious diseases; counseling and education for patients and primary support providers; community education; assistance with housing, transportation, hospice care issues; assistance with paperwork associated with medical treatment; and confidential and anonymous HIV testing.

The Scott County Health Department offers a variety of programs that address infectious diseases. They offer immunization clinics and conduct annual audits of all daycare/preschool and schools to ensure that all children, without religious or medical exemptions, have had age appropriate immunizations. The Health Department also offers sexually transmitted disease/HIV testing. This program provides in-clinic testing, diagnosis, counseling, and treatment and referral confidentially. Contacts to HIV, gonorrhea, and infectious syphilis are traced and provided with evaluation and treatment when appropriate. In addition, they provide free educational talks on STDs, HIV/AIDS, and other related subjects.

Genesis Visiting Nurses Association (V.N.A.) offers tuberculosis screening clinics, under contract from the Scott County Health Department, three times per week. Genesis V.N.A. was also the primary agency involved in the Scott County Adult Immunization Program. The goal of this program is to prevent pneumococcal infections in those people who meet risk criteria by increasing the number of people who have received the pneumonia vaccine. The program worked with area nursing homes, hospitals, and physicians' offices to develop a plan to vaccinate at risk populations. Genesis V.N.A. also provides pneumonia and flu shot clinics in the fall of the year.

Maternal Health Center and Planned Parenthood also provide testing and treatment of sexually transmitted diseases.

#### **5. Are there any gaps between needs and available resources?**

One of the gaps between needs and available resources is funding to address the high rates of chlamydia transmission and infection in Scott County. There are no funds to support contact tracing for chlamydia. In addition, funds are limited to support universal use of single dose, directly observed, chlamydia treatment versus the more cumbersome seven-day oral medication treatment. Single dose treatment can be given easily in the clinic setting or in the field and clinicians can be assured that patients are appropriately treated because they watched the patient drink the medicine. When patients use the traditional seven-day regimen, there are a variety of issues such as not finishing the prescription, splitting it with a partner and simple nonadherence that limit effectiveness.

Another gap identified in Scott County is funding for adult immunization, especially the pneumonia and influenza shots among high-risk younger populations. Although the pneumonia vaccine is not universally recommended, there are at risk groups in younger populations including those who have had pneumonia previously, people with weakened immune systems, and others. For these people, insurance does not always reimburse for the cost of the vaccines, and many candidates are uninsured.

Similar arguments apply to influenza immunization. Although there are clear recommendations based on risk regarding who should receive the flu shot, more and more doctors are recommending it for everyone based on economic models factoring time lost from work and secondary spread. Education to employers regarding the benefits of offering their employees the flu shot is not widely offered. By immunizing employees, they can save on medical costs and the costs of employees being off work because of the flu. More employer and provider education is needed in the area of the flu and pneumonia vaccinations.

## **F. Environmental Control**

### **1. What is your county's percentage of lead poisoned children? How are you addressing the problem?**

In Scott County, 17.57% of children born between 1/1/93 and 12/31/93 had blood lead levels of over 10 mcg/dl and in Iowa 30.55% of the children did. Only 6.77% of Scott County children had blood lead levels over 15 mcg/dl, 1.69% over 20 mcg/dl, and 1.17% over 25 mcg/dl. In Iowa, 11.35% had levels over 15 mcg/dl, 4.23% over 20 mcg/dl, and 2.04% over 25 mcg/dl.

As the blood levels of children born in 1993 are looked at during the ages of 12 months to 35 months, 19.05% of the Scott County children had a blood lead level over 10 mcg/dl compared to only 15.98% in Iowa. This finding is interesting because when looking at the total percent of children born during 1993 and the blood poisoning percent before the age six, Iowa is much higher than Scott County. Perhaps the cause of the blood lead levels being high is identified, and eliminated, sooner in Scott County than in the State as a whole. For Scott County children born in 1993 and tested at 12-35 months, 7.64% were higher than 15 mcg/dl, 2.03% higher than 20 mcg/dl and 1.26% higher than 25 mcg/dl for their blood lead levels. For Iowa children with 1993 births and the same testing time frame, 5.81% were higher than 15 mcg/dl, 1.94% higher than 20 mcg/dl and 1.105 higher than 25 mcg/dl.

The number of children with elevated blood levels at the ages of 12-35 months continues to go down. As previously mentioned, 26.8% of the children born in Scott County during 1992 had levels over 10 mcg/dl, 19.05% of 1993 births, 17.14% of 1994 births, 11.94% of 1995 births, and 7.98% of 1996 births. The State has not seen such a noticeable drop of elevated blood lead levels of children tested between the ages of 12-35 months. Of 1992 births, 17.77% had levels over 10 mcg/dl, 15.98% of 1993 births, 14.35% of 1994 births, 12.40% of 1995 births, and 11.29% of 1996 births.

Scott County is addressing the problem of childhood lead poisoning by educating and encouraging parents, physicians, Department of Human Services workers, and WIC program staff to screen children according to the Centers for Disease Control (CDC) recommendations. The CDC recommends screening children between the ages of six months and three years of age every six months and children between ages three and six every year, if their readings have been negative.

### **2. What percent of the children in your county are being tested for lead poisoning? What are you doing to increase the number of children being tested?**

Of the 2,483 children born in Scott County between 1/1/92 and 12/31/92, 49.42% of them received a blood lead screening before the age of six. In Iowa, there were 38,459 births during the same period and 32.05% had a blood lead screening by the time they were six.

A larger percent of the children born during 1993 were tested at some point prior to their sixth birthday. Of the 2,408 1993 Scott County births, 63.83% of the children were tested. For 1993 births in Iowa, only 37.17% were tested before the age of six.

For children born in 1992 in Scott County, 31.86% were tested between the ages of 12 and 35 months. In Iowa 18.29% of the children born in 1992 were tested between the ages of 12 and 35 months. According to the State, 42.94% of the children born in Scott County during 1993 were tested at the age of 12 to 35 months, 43.96% of the children born in 1994, and 48.73% of the children born in 1995 were tested during that time frame. In Iowa,

20.77% of children born during 1993 were tested, 21.91% of those born in 1994 and 24.73% of the children born in 1995 were tested at some time while they were between the ages of 12 and 35 months.

In 1999, a statistical report was written that looked at the number of children who were tested at eighteen months and had a negative blood lead level, and then looked at those who were tested again before 36 months to determine what percentage had a positive level then. It was found that 13.2% had converted to an elevated blood lead level. This information was presented to local physicians. The physicians have started to add testing for lead at 24 and 36 months.

Additionally, printed materials on lead poisoning have been translated into several foreign languages. This allows education to reach all of the residents of Scott County.

**3. What percent of the housing in your county was built before 1950? What are you doing to improve the condition of pre-1950 housing in your community to reduce the risk of lead poisoning in children?**

In Scott County, 34.2% of the housing units were built before 1950. Among Iowa housing units, 42.8% of the units were built before 1950.

Whenever Scott County residents call for information on the removal of lead based paint, verbal education is given out over the telephone and printed educational materials are sent in the mail. If there are children under six in the dwelling, the caller is encouraged to get the children screened for lead. The Scott County Health Department periodically educates realtors as well about the hazards of lead. This is done through conferences and now through Scott County's website.

Once a child has tested positive for elevated blood lead levels, Scott County Health Department staff go to the home to do an environmental assessment, trying to identify the potential source of the problem. The Health Department also advises homeowners and landlords on the removal of the lead hazard from the home.

**4. Identify the contaminants affecting the environmental quality of homes, day cares, schools and other public buildings in your community (Examples: carbon monoxide poisonings, water contamination, radon, asbestos)? List the occurrence rates where possible. How are you addressing the problem?**

It is very difficult to determine what contaminants are affecting the environmental quality of homes, day cares, schools and other public buildings in Scott County. It is known that Iowa ranks number one in the presence of radon with seven out of ten homes over the limit of four picocuries per liter. The Scott County Health Department puts out public service announcements, does education when requested from the community, sells radon test kits, and makes referrals to labs, the State, and the Radon Coalition. However, the results of the testing are never made known to the Health Department. The prevalence of radon contamination in Scott County or how many of the homes testing positive are remedied is unknown. No follow-up can be done at the local level.

The schools in Scott County have all had the asbestos in their buildings abated. There is local knowledge of other types of indoor air pollution. Although the Health Department does receive complaints from a workplace, they are passed on to OSHA.

Rental housing in rural Scott County is not routinely inspected for minimum housing requirements. The County has not adopted a rental housing ordinance. If the facilities passed

examination from the building inspector when they were constructed, it is possible that they will not have been inspected since. The cities that are larger than 25,000 people, by law, can adopt housing code ordinances. The Davenport and Bettendorf have rental housing inspectors that make sure the facilities are up to standard according to their housing code ordinances. Small cities may adopt their own regulations regarding minimum housing inspections, however none have.

**5. Identify the environmental risks impacting the health of your community. (Example: industrial and farm waste, hazardous waste sites, open sewers, private wells and air (indoor and work) and outdoor air pollution). How are you addressing the problems.**

There are a variety of unique environmental factors that put the residents of Scott County at an increased risk for health problems. The first is the proximity to the Commonwealth Edison nuclear power plant in Cordova, Illinois. The following townships in Scott County are within ten miles of the power plant: Princeton, LeClaire, Butler, and portions of Pleasant Valley.

The Quad Cities has experienced ozone concentrations that are approaching levels that are unacceptable under the Clean Air Act Amendment of 1990. These elevated amounts of ozone are linked to increased respiratory illness and a reduction in lung function. A second monitoring site for ozone has been placed out of the metropolitan area, at Scott County Park.

The presence of the Mississippi River is an asset to the Quad Cities area. However, it also puts residents at a higher risk for drowning, health problems that come from flooding, and risks associated with spills that occur on the water.

During the 1970's Alcoa, an aluminum plant located in Scott County, dumped PCB's into a 17-acre lagoon. These PCB's have leaked into the Mississippi River and approximately five years ago a health advisory was issued. The public was warned about the danger of eating carp, catfish, and other bottom feeders. The company is continuing attempts to remedy the situation.

RV Hopkins is a 55-gallon drum restoration facility. They have dumped and stored hazardous waste materials on-site. This area has been determined to be an Environmental Protection Agency (EPA) and a Department of Natural Resources (DNR) uncontrolled hazardous waste dumpsite. They are currently under order from the EPA and DNR to correct the problem.

RV Hopkins is located in the southwest quarter of Davenport. This quarter of the city has been designated as a Brownfield. A Brownfield is a degenerated urban blight area where there are identified hazards. There was a metal company and a private dump in the area. There is an attempt to clean up the area because a previous Superfund rehabilitation site, a marsh, is located in the same area. There are currently no EPA Superfund sites in Scott County.

Scott County has Grants to Counties Program. The Scott County Health Department receives money from the Iowa Department of Natural Resources to assist property owners, financially, with water well abandonment, rehabilitation, and sampling costs. However, there are an estimated 8,000 private wells in Scott County and less than 20% are tested each year. There are far more wells in the County in need of plugging than there are resources to do it.

Another problem in the County is the result of private septic systems. Many are found that discharge into ditches without secondary treatment of the effluent. Although the Scott County Health Department does require the systems to be remedied, they are only able to do

this when they are notified of the problem. Many systems with improper discharge are unknown in the County.

One area that Scott County has had tremendous success is recycling and the reduction of solid waste. Although waste reduction has been mandated at 50%, Scott County has reduced their waste by 33%. Without removing industrial waste from the landfills, the maximum amount of reduction has occurred. Davenport, Bettendorf, and all the small cities in Scott County have curbside recycling. The Scott Area Solid Waste Commission operates a recycling center in Davenport along with the landfill and a Household Hazardous Material Facility. The Scott County Health Department maintains three recycling stations located in the unincorporated area of the County. There have also been waste tire clean-up days and toxic clean-up days.

## **G. Injury Control, Occupational Safety and Health and Domestic Violence and Sexual Assault**

### **G(1) Injury Control**

#### **1. Identify the major types of injuries in your county, the causes, and how your county is addressing the problems. Include any information from local sources about non-work-related injuries and special populations with injury problems (Examples: race, migrant workers, illegal immigrants)**

The Genesis Health System Trauma Registry was consulted when looking for the major types of injuries in Scott County. Genesis Health System is the major trauma center in Scott County. During the period January 1, 1998 through December 31, 1998, there were 759 records of trauma in their registry. This number does not include anyone who came to the emergency room for a broken hip.

Of the 759 trauma cases, 40% of the injuries, 301 actual cases, were the result of a fall. When breaking down the fall, 31% (94 falls) were the result of a person tripping or slipping on the same level they were located on. Among those tripping or slipping, two thirds of those injured were women, and all but seven of those women were White. Although the ages of women who fell ranged from 4 through 93, the majority of the women were over 40 with the highest percentage in their eighties. All of the 32 men who tripped or slipped were White. They ranged in age from 3 to 98 years of age. Three age groupings covered 24 of the 32 injuries. These age groups were males in their teens, their forties, and their seventies.

The next largest group of falls were those that were unspecified. These accounted for 71 of the falls. Because of the nature of the unspecified category, details of the breakdown will not be given. Following those unspecified were the 29 falls from a ladder. Twenty-two of the falls were to White male, two were to Black males and five were to White females. The males ranged in age from 3 to 73, with the majority of them in their forties, fifties, and sixties. The women ranged in age from 40 to 75, with the majority in their forties.

Following falls from ladders were those falls from one level to another. There were 28 of these falls, seventeen of which were to males and 11 to females. The falls were evenly spaced throughout the life span for both the males and females. The males ranged in age from one to sixty and the females ranged from six to ninety-one. Twenty-four injuries were the result of a fall on the stairs or steps. Twelve occurred in women and twelve in men. The majority of the falls among women were in those aged over seventy. The males saw their

falls more spread out. The youngest was a male less than a year of age and the oldest was eighty-four.

The last group that will be looked at are those falls that happened on the playground. There were 13 falls on the playground. Six of the falls were among White females, six were White males, and one was a Black male. The females ranged in age from three to ten and the males aged from four to nine.

Since 1996 to 1998, the number of traffic fatalities has risen 33 percent in greater Scott County according to the Governor's Traffic Safety Bureau. During 1998, the Genesis Trauma Registry had 200 traffic related traumas recorded. The registry showed that three traffic incidents that caused the most injuries. The driver of a motor vehicle during a collision with another motor vehicle sustained the largest number of those injuries. Next highest are those drivers of a motor vehicle who collided with a non-highway object. Following the drivers, are the passengers of a motor vehicle who collided with another motor vehicle.

There were 65 incidents where the driver of a motor vehicle was injured in an accident with another motor vehicle. Forty-one of those drivers were women. The largest number were in their twenties and the majority of them were less than fifty. They ranged in age from 16 to 90. Two were Asian, three were Black, one was White Hispanic and the rest were White. There were twenty-five injuries to male drivers. One of the drivers was Black, one was White Hispanic and the rest were White. The males ranged in age from 17 to 84. Again, the majority were less than 50, with the largest percentage being between 20 and 50.

There were 34 drivers injured when their motor vehicle collided with a non-highway object. Two-thirds of the drivers were male. The men ranged in age from 16 to 71. The majority of the males were less than forty, but there were eight males in their forties and fifties that were injured. The women ages were between 16 and 50. However, all but two of the women were in their teens or twenties.

Passengers of motor vehicles were injured thirty-one times in a collision with another motor vehicle. The injuries were distributed through both males and females. The males injured ranged in age from 4 to 84. The race of two was unknown and the rest were White. There was only one male over 38 years of age that was injured and the majority were less than 20 years of age. One of the females was Black and the rest were White. They ranged in age from 2 to 87. There were many injuries among females less than 20 and then again in females over 60. Very few were middle age.

Overall, during the period 1996-1998, 27.14 percent of the motor vehicle crash patients admitted were between the ages of 15 and 22. Scott County is ranked third in the State for crashes and injuries among adolescents ages 15-19.

During 1998, 184 of the trauma patients that came to the hospital should have been using some kind of protective equipment. However, 84, or 45.7% were not. Protective equipment includes safety belts, air bags, helmets, protective clothing, or a combination of those. Twice as many males were not using the protective equipment compared to the females. In females, although those not using the equipment ranged in age from 14 to 90, the majority of them were in their teens and twenties. There were none under the age of 14. In males, the ages ranged from 4 to 76, but all but six of the 56 males were under the age of 50. The distribution was almost even among those less than 10, in their twenties, thirties, and forties.

The major injuries in Scott County were from falls and from motor vehicle crashes. There were other injuries-animal bites, burns, injuries from power equipment, etc. but they

do not describe the majority of injuries. When looking at the place of occurrence of the injuries, 30.43% happen at home and 30.17% happen on the street or highway. The rest are distributed through a variety of other locations.

According to another report generated off a Genesis Health System database, there were 104 patients over 50 year of age who sustained a fractured hip and had an Open Reduction Internal Fixation (ORIF) procedure during 1998 at Genesis Medical Center. Of the patients, 68 were female and 36 were male. The most common location for the fracture to occur was at home. The majority of the accidents at home were the result of a fall on the same level, or tripping. This is similar to the most common type of fall that resulted in some other type of trauma injury.

**2. Identify the circumstances of mortality due to homicide. (Identify special populations, age, geography, education, income, ethnicity)**

During 1997, there were three reported murders/non-negligent manslaughter crimes and one negligent manslaughter in Scott County. There were no justifiable homicides. One of the murders was in Le Claire and the other two crimes were in Davenport.

Although there were only four murders/manslaughter cases reported in Scott County, there were 43 reported injuries as the result of assault in the Genesis Health System Trauma Registry.

Seventeen of the 43 assault injuries were the result of an unarmed fight or brawl. Seven of the victims were women. Five of the women were White, one was Black, and the race was unknown for one of the women. Their ages range from 19 to 62 years of age. Two of the women were in their teens, three were in their twenties, one in her forties and one in her sixties. Ten of the assault patients were male. Four of the men were Black and six of the men were White. Their ages ranged from 13 to 56 years of age. Three of the males were in their teens, three were in their twenties, and one male was in the thirties, forties, and fifties.

Seven of the 43 assault injuries were the result of a cutting or piercing instrument. One of these patients was a female, in her teens, of an unknown race. The other six patients were male. One was Asian, one was White Hispanic, two were White, one was Black and one was of an unknown race. One of the males was in his teens, one was in his twenties, and four were in their thirties.

Six of the 43 assault injuries were the result of being struck by a blunt or thrown object. All six of those sustaining injuries were men, five were White and one was Black. Three of the men were in their twenties, two were in their thirties, and one was in his fifties.

The other thirteen assaults were the result of a variety of means: handguns, some other firearm, unspecified child abuse, suffocation, and other unspecified means. Four of these were White females and one was a Black female. They ranged in age from zero to 94. Three were under the age of five, one was in her sixties, and one was in her nineties. Eight of the thirteen were males. Three of the males were White, three were Black, one was White Hispanic, and the other was unknown. One of the males was in his teens, four were in their twenties, two were in their thirties, and one was in his forties. They ranged in age from 16 to 44.



**3. Identify the circumstances of mortality due to suicide. (Identify special populations, age, geography, education, income, and ethnicity).**

During 1998, there were nine suicides included in the Genesis Health System Trauma Registry. Genesis Health System handles the majority of traumas in Scott County. Two of the suicides were women and they were both White. They were both between the ages of 30 and 35. The other suicides were among men. Five of the seven were White men and the other two had a race that was unknown. The men ranged in age from 17 to 71. One was a teenager, two were in their twenties, two in their thirties, and two in their seventies.

**4. Identify current programs/resources addressing injury. Include EMS dispatching and transportation. (For more information, contact the EMS Bureau**

The newest program to address injuries is the Safe Communities Initiative. Safe Communities is a bi-state initiative that is designed to coordinate, support, and enhance injury prevention activities in the Quad Cities Region. The Quad Cities SAFE KIDS Coalition is a bi-state injury prevention initiative which seeks to decrease unintentional injuries in children ages 1-14 through car seat safety programs, bicycle safety programs, sports injury prevention programs and head and spine injury prevention programs.

The Safe Schools and Healthy Students Initiative is one where the Scott County school districts, students, families and the community at large work together to develop, enhance, and maintain safe school environments where every child can learn and grow toward his or her potential. Although not every component of this Initiative is currently funded, the workgroup is implementing activities and is pursuing funding.

Scott County has a variety of ambulance services. Medic is the largest, covering Davenport, Eldridge, and part of Bettendorf. This service has paid staff at all EMT levels that are capable of responding to almost all emergencies. The rest of the County is served by volunteer ambulance services.

**5. Are there any gaps between needs and available resources?**

The major gaps in injury prevention services are programs that address unintentional injuries among middle age and elderly populations. Many activities are being done to look at injuries to children and teens, but the funding and energy has not been focused or available to serve the older populations.

**G(2) Occupational Safety and Health**

**1. Identify work-related injuries and the sources.**

It is impossible to identify work-related injuries specifically related to Scott County and their sources. The discussion will be on injury rates for the State. The rates are hypothesized to be the same for Scott County. The numbers of injuries are calculated from the number of people in that industry's workforce (Iowa's Counties, 1999) and the rates provided for Iowa.

According to Iowa's Counties, there are an estimated 83,928 people in the Scott County workforce. The incidence rate for injuries and illnesses is 9.1 cases per 100 full time workers. The estimated number of injuries and illnesses occurring in the Scott County workforce is 7,637. The incidence rate for injuries only is 7.9 per 100 full time workers, with an estimated 6,630 injuries occurring.

In the Scott County workforce, 75,349 are in private industry. The incidence rate for private industry is 9.3 injuries or illnesses per 100 workers. There are an estimated 7,007 injuries and illnesses occurring in private industry.

While wholesale and retail trade and the service industry have the largest number of employees, 23,593 and 25,126 respectively, the manufacturing industry has the highest incidence rate of injuries and illness among private industry. There are 13,871 employees in the manufacturing industry in Scott County. The incidence rate for manufacturing is 16.6 injuries and illnesses per 100 full time workers with an estimated 2,302 total cases occurring. For wholesale and retail trade, the incidence rate is 7.1 per 100 full time workers with an estimated 1,671 illnesses and injuries. For the service industry, there are approximately 1,508 injuries and illnesses for an incidence rate of 6.0 per 100 workers.

Work Fitness Center, operated by Genesis Health System, provides medical attention to people injured on the job. They also provide pre-employment physicals. During the period July 1, 1999 through December 31, 1999, the Center dealt with employees from 271 different Scott County businesses. They also saw patients from other States as well. Every category of employer was represented.

Work Fitness saw many different injuries during the period of July 1, 1999 through December 31, 1999. Because they began using a new computer program July 1, 1999, data from before that time was not available. They were also not able to do any reporting by anything other than billing code. The following are the most frequent by billing code.

Injury	Number of Patients Diagnosed
Open Wound-finger	118
Lumbrosacral sprain	95
Sprain Lumbar region	71
Cervical sprain	53
Low back pain	47
Sprain thoracic region	39
Sprain shoulder/arm	38
Foreign body corneal	34
Open wound hand	32
Sprain wrist	27
Contusion knee	27
Injury contd.	Number of Patients Diagnosed contd.
Epicondylitis lateral	25
Crush injury finger	24
Contact dermatitis	22
Pain limb	22
Abrasion cornea superficial	22
Sprain knee/leg	21
Sprain wrist	20

## **2. Identify agricultural injuries in your county.**

There were zero agricultural injuries identified through the Sentinel Project Researching Agricultural Injury Notification System (SPRAINS) during 1997 in Scott County. However, this does not mean that none occurred, they simply were not reported.

In 1998, there were 28 agricultural injuries reported in Scott County. None of the 28 was fatal. Three of the 28 required hospitalization, 25 of those injured were not hospitalized. There were 1,685 agricultural injures reported in the State during 1998.

According to the SPRAINS data for 1998, animals caused eight of the injuries and machinery caused six injuries. "Struck against" and four by "struck by" caused seven of the injuries. SPRAINS has definitions for these injuries. Struck against injuries are "minor, not machinery related, where the force is initiated by the individual. For example: stepping on a board with nails, running into something, caught in barbed wire fence, and others". Struck by injuries are "minor injuries, not machinery related, where the force is initiated by something else, for example: A hog feeder lid is blown off by the wind hits someone on the head or catches someone's fingers. Wind flipping open an unlatched farm door and catching someone in the process". Lastly, a motor vehicle, a fall or slip, and a tool each caused one injury.

When looking at injuries by month, the six reported in December of 1998 were the highest for the year. May, September, October, and November all had four injuries reported. There were three reported in August 1998, and one in each of the months of March, April, and June.

Seventeen of the injuries actually happened to the farmer, four were to their spouse, five to other family members, one to a farm service person and one to a farm visitor. Twenty-one of those injured were males and seven were females. Three children in their teen years experienced an injury. Those injured ranged in age from thirteen to seventy-seven years old.

## **3. Discuss how your county compares with the rest of the state on occupational injuries.**

According to staff at the Division of Labor's Inspections and Reporting Bureau in Des Moines, the industry breakdown in Scott County is similar to the State. The similarities allow the incidence rates of occupational injuries for the State to be extrapolated to Scott County.

There are a lot more agricultural injuries reported throughout the state than in Scott County. Part of this could be that although the majority of the land in Scott County is agricultural, the majority of the people live in the metropolitan areas. According to the 1999 edition of Iowa's Counties, there are an estimated 850 farms in Scott County. Scott County has the lowest number of farms among the other counties classified as metropolitan.

## **4. Are there any special populations with occupational injury problems? (Examples: race, migrant workers, illegal immigrants)**

Scott County does not have a large percentage of migrant workers or illegal immigrants. The occupations that attract them to the area are not readily available here. Since none of the occupational injury information is broken down by age or race, it is impossible to determine whether there is a special population in Scott County with occupational injury problems.

**5. Identify any underlying problems related to occupational injury.**

One serious underlying problem related to occupational injury is the inconsistency of reporting. It is extremely hard to develop programs to prevent occupational injuries if the only available data is Iowa data or is missing many injuries. There is only one other year besides 1998, 1993, where the number of agricultural injuries reported was in double digits. Six of the seven other years, between 1998 and 1990, reported between zero and five agricultural injuries. This is simply not an accurate portrayal of agricultural injuries in Scott County.

Local data on occupational injuries is even scarcer. It is estimated that the State incidence rates can be used for Scott County as well, but the local county never receives data that can confirm this.

**6. Are there any gaps between needs and available resources?**

The major gap in occupational injuries is in the area of data. Although The Work Fitness Center provided information on their clients for this assessment, they see people from all over the country that may be in the area on business. They are also limited in what reports their computer system can generate. They do not have information on illnesses.

In order to develop programs to reduce occupational injuries and illnesses, information must be available to determine the extent of the program. This information must be local information.

**G (3) Domestic Violence and Sexual Assault**

**1. Discuss how your county compares with the rest of the State.**

Scott County has a higher rate of domestic abuse than the State of Iowa does. The 1997 rate in Scott County was 455.4 reported cases of domestic abuse per 100,000 population compared to the rate of 227.1 per 100,000 in Iowa. There were 717 reported incidents of domestic violence in Scott County during 1997. The Scott County incidents account for 11.1% of Iowa's 6,477 reported incidents.

The domestic abuse numbers in Scott County continued to rise during the period 1995 to 1997. In 1995, there were 640 reported incidents, 682 in 1996, and 717 in 1997. There were 709 incidents in Scott County reported during 1998. In Iowa, the highest reported incidents occurred in 1995, 6,788 incidents. There were 6,163 incidents reported in 1996, 6,477 in 1997 and 6,432 in 1998. The greatest number of incidents occurred in July and August in both Scott County and in Iowa.

There were forty-four sexual assault arrests, reported to the Department of Public Safety, which occurred in Scott County during 1997. However, there were 148 reported sexual assault incidents reported in 1997. Sexual assault incidents include forcible rape, forcible sodomy, sexual assault with an object and forcible fondling. Only 30% of the incidents had an arrest made following it.

In Iowa, there were 1,513 incidents of sexual assault reported in 1997. There were 382 sexual assault arrests made, meaning only 25% of the incidents had an arrest associated with them.

According to information from the Bettendorf Police Department, there were 6,873 domestic assault police calls and arrests during 1998. Davenport accounted for 5,824,

Bettendorf 600, Le Claire 34, and the Sheriff's Department 415. During that period, there were 691 criminal domestic assault filings and 651 were disposed.

The Clerk of the Court in Scott County had 708 temporary protective orders filed in its office. There were 274 permanent orders issued. Help Legal Aid opened 291 domestic assault cases and closed 290 during 1998.

Family Resources, Inc. reported that 662 women received counseling and 129 were placed in a shelter. Two hundred and fifty-six children who received counseling and 157 of them were placed in shelter during 1998.

## **2. Are there any special populations with problems with domestic violence and sexual assault?**

As stated in the Status of Iowa Women Report, "Domestic Violence is criminal behavior that transcends all social groups-age, race, ethnicity, nationality, religion, sexual orientation, and financial status, with children often becoming the indirect victims". The reports also states that "research shows that 50-70% of husbands who batter their wives also batter their children".

According to the 1997 Uniform Crime Report Domestic Abuse Incident Characteristics, 83% of victims of domestic abuse are women and 81% of the offenders are men. When looking at victims by race, 77% are White, 22% are Black, 1% are Asian and less than 1% are Native American. Approximately 1% was of Hispanic ethnicity.

The numbers are slightly different when looking at the race of the offender. In Scott County, 70% of the offenders were White, 29% were Black, and less than 1% were Asian or Native American. Four percent of the offenders were of Hispanic ethnicity.

The report next examined the relationship of the victim to the offender. In 1997, 27% of the victims were the wife of the offender, 6% the husband of the offender, and 2% another relative of the offender. The largest percentage, 51%, was a co-habitant of the offender. Two percent were ex-spouses and 11% were identified as other. A noticeable population that would be at risk would be women who were living with a man, but not married to him.

There is no County breakdown for sexual assault. For Iowa, White females in the age group of thirteen to seventeen years old were reported as the victim of rape most often in 1997 followed by the White eighteen to twenty-one year olds. It is important to remember that sexual assault is more than forcible rape, and also the largest percentage of Iowa residents are White, so looking at actual numbers, instead of rates, may not accurately reflect the situation.

## **3. Identify underlying problems related to domestic violence and sexual assault.**

According to 1997 Uniform Crime Report data, arrests in domestic violence cases were made only 58% of the time. In addition, there were no referrals made for help 63% of the time. Finally, there was alcohol and or drugs involved in 17% of the incidents. Lastly, 51% of the incidents occurred in situations where the victim was co-habiting with the offender. One problem could be that women who are living with a man might not feel that they have many rights and they may not press charges, etc. They may also not be referred for the help that they need to get out of the situation, or they may be in a situation where they have no where else to go. They also may be co-habiting for financial reasons and may not be able to afford finding a new place to live or to leave the situation. In the State as a whole, only

37% of the incidents occurred in co-habitation situations. Among many married women, there is the cultural belief that once you get married, you stay married.

One underlying problem is that although community education and public awareness is done, certain populations within Scott County are unfamiliar with the services available in regards to domestic violence and sexual assault. They may not know where the services are located, where to access them, that they are free, etc.

#### **4. Identify programs/resources addressing domestic violence and sexual assault.**

##### **Domestic Violence**

Family Resources, Inc. has a Domestic Violence Advocacy Program that offers emotional support, individual counseling, support groups, educational groups, legal and medical support, children's group counseling and general advocacy to help all community systems enhance their response to domestic violence victims.

Family Resources, Inc. also operates a Domestic Violence Advocacy Program Shelter. The shelter is a safe and confidential housing unit located in the Quad City Area. It provides emergency housing, individual and group counseling, as well as legal and medical advocacy. Financial assistance is also available for child-care and transportation as well as emergency food and clothing.

Probation Office Services offers a domestic abusers education program that serves both youth and adults who are domestic violence offenders. The program offers a 24-week educational program that includes group counseling.

##### **Sexual Abuse/Assault**

Family Resources, Inc. operates the QC Rape/Sexual Assault Counseling Program. This program offers medical and legal advocacy, 24-hour crisis lines, information and support through community systems. They offer short term individual counseling and various groups of survivors of sexual assault, individual and group counseling for family and friends of victims, child counseling and play therapy. Lastly, they offer community education/professional training and general advocacy, to help all community systems enhance their response to sexual assault survivors.

The Child Abuse Council offers a sexual abuse treatment program. This program provides assessment, individual, family, marital, group, and separation and loss counseling to families in which familial sexual abuse has occurred.

Family Resources, Inc. offers youthful and adolescent sex offenders services to youths ages 4 to 21 who are/have been acting out sexually, sexually aggressive, or sexually offending behaviors.

#### **5. Are there any gaps between needs and available resources?**

One need that occurs at times is in the area of shelters. There are times when the need for services outweighs the number of beds in shelters that are available. When the shelters are full, counselors make arrangements for the people needing help so they have a safe place to stay until there is room in the shelter.

There is a program called Family Connection that allows parents who are not able to be in contact with each other to drop off the children for visitation purposes. One parent drops the children off at a local church; the children stay with volunteers for about fifteen minutes. Then, the other parent comes and picks up the children. This program helps families in

domestic abuse situations, but the services are very limited. The program can only handle about ten families and it only operates two weekends per month.

Currently, the needs of the community related to domestic violence and sexual assault are being met. However, the number of people seeking help for domestic violence and sexual assault situations is small in comparison to those who are in abuse situations. There is the potential for unmet needs in the future if all who need services do in fact seek them out.

## **H. Substance Abuse and Gambling Addiction**

### **1. Identify and discuss risk factors for substance abuse and gambling, which are unique to your community.**

#### **Gambling risk factors**

One of the characteristics that make Scott County such a unique county is its inclusion in the Quad Cities. This creates a problem in the area of gambling addictions. The Quad Cities area has three full-scale casino operations (riverboats). Few places in the country have that high of a concentration of gambling facilities. The director for the Eastern Iowa Center for Problem Gambling, Inc. says that the only areas more concentrated are Las Vegas, Atlantic City, and Biloxi, Mississippi.

When the casinos first came to the area in 1991, they were unique. None of the surrounding states had riverboat casinos. During this time-period, the boats were a tourist attraction and marketing was directed accordingly. Now, there are casinos in all of Iowa's bordering states and research has found the majority of people who visit the casino's live within a 50 mile radius of the facility and the marketing is directed locally.

Another important risk factor related to riverboat gambling is the fact that the casinos offer the gamblers the best and quickest "action". Gamblers can receive immediate payoffs or suffer immediate losses when playing slot machines or Black Jack. This is much more exciting for many gamblers than betting on games or animals and the lottery. The other part of the casino action is that the local casinos are open 24 hours a day with no costs for boarding. They have minimal requirements for cruising.

When the gambling boats first arrived in 1991, the Center saw 30 to 40 people each year. Now, four additional counselors have been hired for a total of five and the center sees 500 people a year, 300 of which are from Iowa. Those 500 people are only part of the problem. Many more people do not seek help. Casino Gambling addictions are practically the only type of gambling addictions that the Center sees. All of the other addictions, bingo, betting on sports, etc, have been replaced by casino addictions.

#### **Substance Abuse Risk Factors**

The Quad Cities is located in a transportation hub. The I-80 corridor gives immediate access to Chicago. This proximity provides strong connections locally to gangs in Chicago. People in trouble in the Chicago area come to the Quad Cities to hide for awhile. Local substance abuse counselors also know that there is the ability for illegal drugs to be transported here, and to the Muscatine area, from Texas and Mexico.

Finally, the labor force in Scott County has a strong industrialized base and is highly blue collar. It has been shown that there is more legal substance abuse in locations where there are a large percentage of blue-collar workers.

## **2. Discuss how your county compares with the rest of the state.**

### **Juvenile Substance Abuse Admissions**

There were 132 juvenile substance abuse admissions in Scott County during fiscal year 1998 and 239 during fiscal year 1999. In Iowa, there were 1,531 and 2,585 in fiscal years 1998 and 1999 respectively.

According to a source at the Iowa Department of Public Health, the increase of admissions for FY 1999 may be a result of the new Operating While Intoxicated (OWI) law. The law states that if a person is arrested for OWI, that person is required to undergo a substance abuse evaluation in order to receive their license back, which is taken due to the OWI offense. If the evaluation recommends substance abuse treatment, the person must complete the recommended treatment before the license can be returned.

### **Juvenile Arrests**

For the year 1997, there were 2,805 juvenile arrests in Scott County and 22,181 arrests in the State. The rate for juvenile arrests in Scott County was 6,625.3 arrests per 100,000 population. For Iowa, the juvenile arrest rate was 3,083.5 per 100,000 juveniles. In Scott County, 243 of the arrests were for drug charges, 222 for liquor violations, ten for public intoxication and eight for drunk driving.

### **Juvenile Vandalism Arrests**

There were 259.8 juvenile vandalism arrests per 100,000 juveniles during 1997 in Scott County. In Iowa, the rate was 171.3 arrests for vandalism per 100,000 juveniles. There were 110 actual juvenile vandalism arrests in Scott County and 1,232 in the State during 1997.

### **Adult Substance Abuse Admissions**

During fiscal year 1998, there were 18,649 substance abuse treatment admissions in adults (18 and over) in Iowa. For fiscal year 1999, there were 17,675 admissions. Scott County accounted for 1,580 admissions during fiscal year 1998 and 1,456 admissions during fiscal year 1999.

### **Narcotics Arrests**

There were 1,306 and 9,991 total narcotics arrests in Scott County and Iowa respectively during 1997. The total narcotics arrest rate for Scott County was 829.6 per 100,000 population. For all of Iowa, the rate was 350.3 narcotics arrests per 100,000 population.

### **Drunkenness Arrests**

The total rate of drunkenness arrests in Scott County falls below that of the State with the rates being 155 per 100,000 population and 251.1 per 100,000 in Scott County and Iowa respectively. There were a total of 244 arrests in Scott County and 7,164 arrests in Iowa during 1997.

### **Hospitalization Rates for Alcohol Dependence Syndrome**

There were 262 hospitalizations for alcohol dependence syndrome in the Scott County 15-44 year old population during 1997. In Iowa, there were 3,310 hospitalizations for the same syndrome in the same age population. The hospitalization rate for the 15-44 year old



residents of Scott County was 366.0 per 100, 000 15-44 year olds. For Iowa, the rate was 269.7 hospitalizations for alcohol dependence syndrome per 100,000 15-44 year olds.

Among those Scott County residents ages 45 to 64, there were 151 hospitalizations for alcohol dependence syndrome during 1997. There were 1,784 hospitalizations in the 45 to 64 population in Iowa. The hospitalization rate for the 45 to 64 population was 459.1 per 100,000 45 to 64 year old Scott County residents. In Iowa, the rate was 293.7 hospitalizations per 100,000 45 to 64 year olds.

### **Adult Gambling Addiction Admissions**

During fiscal year 1998, Scott County accounted for 17.4% of the gambling addictions in Iowa. Ninety-one of Iowa's 522 adult gambling addiction admissions were in Scott County. There were 36 adult gambling admissions in Scott County during fiscal year 1999. In Iowa, there were 424 for fiscal year 1999.

### **Rate of Arrests for OWI**

The 1997 rate of arrests for Operating While Intoxicated for all ages was 492.9 per 100,000 population in Scott County. For Iowa, the rate was 442.8 arrests per 100,000 Iowans. There were 776 total OWI arrests in Scott County and 12, 632 arrests in Iowa during 1997.

### **Per Capita Sales of Wines/Spirits**

There were 178,991 total gallons of wine/spirits sold in Scott County for a per capita volume of 1.1 gallons per Scott County resident. In the same year, 1997, there were 2,534,895 gallons of wines/spirits sold in Iowa for a per capita rate of .9 gallons per 100,000 Iowans.

### **Tobacco Use**

According to 1997 data, 23.1% of Iowans age 18 and older smoke. In Scott County, 24.6% of adult residents 18 and older smoke. In Iowa, 37.5% of the youth in grades 9-12 smoked during the past month and 18.0% were classified as frequent smokers. In Scott County, 37% of youth in grades 10 and 12 had smoked within the last month and 22% were frequent smokers. Thirty-three percent of youth grades 9-12 in Iowa reported in 1997 that they had never tried tobacco products. In Scott County, 48.44% of 10<sup>th</sup> graders and 41.22% of 12<sup>th</sup> graders reported they had never tried tobacco products.

It is reported that 12.8% of Iowa youth in grades 9-12 reported the use of smokeless tobacco in the past month. Ten percent of Scott County 10<sup>th</sup> and 12<sup>th</sup> graders reported using smokeless tobacco in the past month.

### **Tobacco Sales Compliance Checks**

In Iowa, the 1999 violation rate for selling tobacco products to minors was 35%. The 1999 violation rate in Scott County was 26% with 60 out of 226 checks resulting in a violation. Scott County did see higher violation rates within the County as can be seen in the following table.

<u>Location</u>	<u>Violation Rate</u>	<u>Number of Checks in Violation</u>
Scott County	26%	60 of 226
LeClaire	100%	1 of 1
Blue Grass	60%	3 of 5
Walcott	53%	9 of 17
Buffalo	50%	3 of 6
Princeton	50%	1 of 2
Long Grove	33%	1 of 3
Bettendorf	33%	16 of 48
<u>Location cont'd.</u>	<u>Violation Rate cont'd.</u>	<u>Number of Checks in Violation cont'd.</u>
Dixon	20%	1 of 5
Eldridge	17%	2 of 12
Davenport	15%	18 of 121
Durant*	33%	2 of 6

\*Not all of Durant is in Scott County

### 3. Are there any special populations with a problem of substance abuse or gambling addictions?

#### Gambling Addictions

The most alarming part of gambling addictions is that everyone is vulnerable. Addictions cross all age groups, races, and socioeconomic classes. It seems that personality characteristics can put people more at risk. Gamblers Anonymous lists three characteristics of a person who is a compulsive gambler. First is the "inability and unwillingness to accept reality". This shows the "escape into the dream world of gambling". Second is emotional insecurity, and third is immaturity.

The director of the Eastern Iowa Center for Problem Gambling, Inc. says that he views a variety of people as being more likely to become addicted. One type of person is the Type A personality, or workaholic. In addition, people who are going through a stressful part of their life, or who have just gone through one, may look to gambling as an escape from reality, or a solution to their money problems. Then, gambling actually becomes the problem. He sees the less educated and the chronically mentally ill as being at risk because they do not understand that the casinos are there to make money and the odds are in their favor.

There is also some concern that more elderly will develop gambling addictions because the casinos' marketing is being directed towards them now more than towards tourists. Elderly have the two things that casinos are looking for-time and money.

#### Substance Abuse

Local treatment centers are seeing many people later in life. It appears that the elderly and "displaced housewives" are at an increased risk. Marriages are ending in divorce later in life and those people become at higher risk for substance abuse. A need assessment project done by the University of Iowa's College of Education in 1996 looked at alcohol and drug use among Iowa women. It found that 10.8% of women are moderate drinkers and 5.2% are heavy drinkers. It also found that heavy drinking women reported drinking in dangerous situations significantly more often than moderate drinking women.

One of the major risk factors for substance abuse is feeling isolated. These feelings of isolation are typical in the elderly and women who are recently divorced, etc. It is important to remember that everyone is put at risk for substance abuse at some point in his or her life. The decisions he or she makes regarding their situation make the difference.

#### **4. Identify underlying problems related to substance abuse or gambling addictions.**

##### **Gambling Addictions**

According to the Director for the Eastern Iowa Center for Problem Gambling, Inc., the largest underlying problem related to gambling addictions is that a gambling addiction actually can cause financial problems or debt, depression, bankruptcy, divorces, higher suicide rates, and legal problems/white collar crimes.

For instance, 50% of the people seen at the Center have thought of committing suicide. This puts additional pressure on the gambling addiction counselors to not only help individuals to stop gambling, but also to help them with the aftermath of their gambling. In addition, each problem gambler affects four to seven people, so the Center must offer them assistance as well.

##### **Substance Abuse**

One of the key underlying problems with substance abuse is the fact that a large portion of the money for treatment and prevention is tied to compliance checks for tobacco sales to minors. Funding for outreach and treatment has already been cut and now agencies are looking to lose more money if retailers do not comply and stop selling tobacco to minors.

Another problem is that research-based treatment and prevention models are lacking. All prevention efforts must be research-based. This means that programs that are working, but not research-based, are scrambling. An example of this is the Drug Free Youth In Touch (DFYIT) program that has spread across the Quad Cities and has a lot of participation. Instead of being able to spend all of their time helping prevent children from using substance, they are having to devote time to make the program research-based.

Local counselors are also seeing more people with a substance abuse problem that has been seen through the generations. In addition, they see a large amount of people who are using alcohol and drugs to manage chronic pain and mental illness.

#### **5. Identify programs and resources addressing prevention and treatment for substance abuse or gambling addictions?**

##### **Gambling addictions**

Gamblers Anonymous offers the following meetings/support groups: Gamblers Anonymous, Gamblers Therapy, Concerned Others, and Workshops. The agency that operates these programs is the Eastern Iowa Center for Problem Gambling, Inc. The Eastern Iowa Center for Problem Gambling, Inc. operates on a sliding fee scale. No one is turned away for the inability to pay. They do not do any third party billing.

The Self-Trespass Program is in place in the Quad Cities. People with gambling problems can go to the casinos and fill out a form that will ban them from the casinos permanently. If they attempt to go on the boat, they will be arrested for trespassing.

## **Substance Abuse**

The Center for Alcohol and Drug Services (C.A.D.S.), a United Way partner agency, provides a comprehensive range of substance abuse prevention and treatment services designed to help individuals and family members regain control over their lives. Special women's services include: transportation, childcare, specialized groups, advocacy and support to eligible women in all levels of substance abuse treatment at C.A.D.S.

Country Oaks provides adult residential detoxification and halfway house programs. The Adult Residential Program of START (Short Term Adult Residential Treatment) provides individual, group and family counseling to help clients understand the impact of substance abuse on their lives and develop skills and plans to support continued recovery. The Detoxification Program offers 24-hour medical supervision for each patient. The Halfway House Program provides drug free, semi-structured environment for adults to support efforts for successful entry into the community. The staff assists with vocational or educational choices, skill enhancements, job seeking, living arrangements and continued recovery plan. The program is operated by C.A.D.S.

Drug Free Youth in Touch (DFYIT) is a peer driven program that rewards junior high and high school students for remaining alcohol, tobacco, other drug and violence free. Area businesses reward members with discounts or giveaways. Both Diversions and DFYIT are operated by C.A.D.S.

The Genesis Health System's Addictions Recovery Center offers comprehensive inpatient and outpatient alcohol and drug treatment programs, including medical detoxification and the AA family-oriented approach. Continuing Care offers continuing care groups to clients who have completed preliminary treatment and who can benefit from continuing group and counselor support. This program is also offered by C.A.D.S.

Substance abuse prevention provides age-appropriate two or three day classes at all grade levels except those classes served by D.A.R.E. The curriculum includes education on alcohol, tobacco, inhalants, marijuana and other drugs with an emphasis on healthy decision making and resistance to peer pressure skill building. C.A.D.S. provides the education.

The Transitional Housing for Chemically Dependent Men and Women Program provides transitional living in a group home setting. Individual case management is offered. Units are fully furnished, and utilities are included in the cost of rent. The group home has an on-site house monitor, courtesy telephone, laundry facility and cable televisions. Clients must be referred by an agency, meet with case manager weekly, pay rent on time, be involved in 12-step meeting attendance and be employed or pursuing education or employment.

The Adult Rehabilitation Center, run by the Salvation Army, is a residential program for men seeking to overcome alcohol or drug dependency. AL-ANON Family Groups (AFG) is for anyone who loves or is a friend of an alcoholic. They use AA's 12 Steps and Traditions. Al-Anon is an anonymous program that also offers Alateen meetings for teenagers.

## **6. Are there any gaps between need and available resources?**

### **Gambling Addictions**

According to the director of the Eastern Iowa Center for Problem Gambling, the services needed by the community are available here. The gap is that there is no comparable program

in Illinois for problem gamblers. Therefore, the Center spends a third of its time working with people from Illinois because they will not turn anyone away.

### **Substance abuse**

There is no specialized substance abuse treatment locally for the elderly. Many programs have a special focus on youth, but not the older Scott County population. They have special needs to be addressed.

Another need identified locally is the need to give people the freedom to choose what type of treatment they need. Counselors who do the evaluation of people with substance abuse tend to identify what they feel the person should use for treatment. Part of the problem is a lack of information on all of the options for substance abuse treatment. The other problem is the "turf" issue. Counselors need to work with the patient and their problem to identify what they need and where they can best receive that help.

Section: II: Health Improvement Plan  
**Section A. Demographic and Socioeconomic Characteristics**

<b>Problem (Identified in Section A)</b>	<b>Community Assets And Resources</b>	<b>Community Barriers/Needs</b>	<b>Goals/Outcomes</b>	<b>Action Steps</b>	<b>Evaluation/ Measurement of Progress</b>
Inadequate amount of affordable housing.	Housing Needs of Scott County Study, March 1999 (See member list attached).  Non-profit Housing Council	Over 2000 low-income households need affordable places to rent.  To provide realistically priced home ownership units.  To provide housing to keep seniors from having to move from where they reared their families.	In development process		

**Section B. General Health and Access to Care Indicators**

<b>Problem (Identified in Section B)</b>	<b>Community Assets And Resources</b>	<b>Community Barriers/Needs</b>	<b>Goals/Outcomes</b>	<b>Action Steps</b>	<b>Evaluation/ Measurement of Progress</b>
A. All children and their families will have access to and delivery of convenient customer focused health services.	Women's and children's health facilities and services (Women – 12 facilities plus private practitioners, children – 67 facilities plus private practitioners).  Improvement plan task group on systemic issues related to women and children's health services (See member list attached).	Clustering of the majority of health services within Davenport and Bettendorf city limits.  Limited evening and weekend hours of service.  Affordability of services.  Need for services to be culturally competent.  Lack of systemic commitment to collaborative service delivery.	<ul style="list-style-type: none"> <li>◆ Access to health services in a convenient location at the time of need.</li> <li>◆ Improved coordination of services and communication via systemic commitment to collaborate in service delivery in order to maximize resources, enhance provider relationships, and respect confidentiality without making it a barrier to</li> </ul>	<ul style="list-style-type: none"> <li>◆ Conduct a Community Perception Survey.</li> <li>◆ Expand EPSDT model (Case Management).</li> <li>◆ Develop a common MIS system with universal swipe card for conveying information.</li> <li>◆ Common intake/screening release of information form.</li> <li>◆ Establish a school-based (neighborhood) health system.</li> <li>◆ Establish a</li> </ul>	<ul style="list-style-type: none"> <li>◆ Results of Community Perception Survey.</li> </ul> <p>Comparison of data to show:</p> <ul style="list-style-type: none"> <li>◆ An increase in agency referrals.</li> <li>◆ An increase in access to multiple services.</li> <li>◆ An increase utilization of services.</li> <li>◆ An increase in customer satisfaction.</li> <li>◆ An improvement in staff cultural competency.</li> <li>◆ An increase in the</li> </ul>

		Lack of coordination among services and resources limit access.	collaboration.	community-wide orientation and training process for service providers in the following areas: Service system, core concepts of individual services, cultural competency, and referral techniques.	flexibility to blend funding sources. <ul style="list-style-type: none"> <li>◆ A reduction in no shows rates for health services.</li> <li>◆ A reduction in school absenteeism.</li> <li>◆ A reduction in the use of emergency room for primary care.</li> </ul>
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**Section B. General Health and Access to Care Indicators**

<b>Problem (Identified in Section B)</b>	<b>Community Assets And Resources</b>	<b>Community Barriers/Needs</b>	<b>Goals/Outcomes</b>	<b>Action Steps</b>	<b>Evaluation/ Measurement of Progress</b>
B. Low enrollment in Iowa/Illinois children's health insurance program (HAWK-I and Kid Care).	Quad City Health Initiative Marketing Committee (See attached member list).  Scott County HAWK-I Task Force.  Quad City Media	To educate the Quad Cities about the children's health insurance programs.  Two states sharing a common media resource who want only one message.	Increase applications submitted for children's health insurance programs (HAWK-I and Kid Care).	<ul style="list-style-type: none"> <li>◆ Implement a community-wide system to improve cultural competency, including poverty.</li> <li>◆ Increase funding to meet increased demands through improvement of service accessibility.</li> <li>◆ Dial-A-Bus transportation concept for accessing services.</li> <li>◆ Design a three-month marketing campaign.</li> <li>◆ Select a shared name and message for the campaign.</li> <li>◆ Establish an 800 number for more information.</li> </ul>	<ul style="list-style-type: none"> <li>◆ An increase in provider participation.</li> <li>◆ Data will indicate an increase in the number of application submitted.</li> <li>◆ Track the number of calls to the 800 line and the number of applications sent in response to those calls.</li> </ul>

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**Section C: Maternal and Child Health Indicators**

<b>Problem (Identified in Section C)</b>	<b>Community Assets And Resources</b>	<b>Community Barrier/Needs</b>	<b>Goals/Outcomes</b>	<b>Action Steps</b>	<b>Evaluation/ Measurement of Progress</b>
<p>Families with young children ages 0-5 do not have access to resources that promote the health, safety, and cognitive and emotional development of their young children.</p>	<p>School Ready Planning Initiative (See attached member list) that resulted in the Steps to Success School ready Plan.</p> <p>Scott County has an identified number (39) of services and resources for health and safety, welfare, and education to serve the 0-5 population.</p>	<p><u>Health and Safety</u> To identify children who may be at-risk as early as possible.</p> <p>To have a continuum of programs to serve at-risk children and families.</p>	<p>Provide a universal family assessment for all Scott County families giving birth in area hospitals in order to identify children and families who may be at-risk.</p> <p>Offer appropriate support services to families of newborns based on assessment of family strengths.</p>	<ul style="list-style-type: none"> <li>◆ Increase the capacity of Healthy Opportunities for Parents to Experience Success (HOPES) program from 69 families served to 219 families served.</li> <li>◆ Implement a Universal Family Assessment</li> <li>◆ Provide child safety information to parents and child care providers.</li> </ul>	<p>Comparison of data to indicate:</p> <ul style="list-style-type: none"> <li>◆ A 3% reduction in child abuse.</li> <li>◆ Continued rates of immunizations.</li> <li>◆ A 5% decrease in low birth weight babies.</li> <li>◆ A 2% reduction in teen births.</li> <li>◆ A 2% decrease in the incidence of infants born chemically exposed.</li> <li>◆ A 2% reduction of children testing positive for lead.</li> <li>◆ A reduction in the number of unintentionally injured children.</li> </ul> <p>(Iowa Health Information Tracking System data source)</p> <ul style="list-style-type: none"> <li>◆ Establish a baseline for the number of families identified at risk through the assessment.</li> <li>◆ Correlate data to determine effects of home visitation on core indicators.</li> <li>◆ Comparison of state and local data to</li> </ul>
		<p><u>Parent Education and Support</u> To increase parent education and support opportunities.</p>	<p>Identify children who may be at-risk as early as possible.</p> <p>Increase parent education opportunities.</p>	<ul style="list-style-type: none"> <li>◆ Increase capacity of HOPES-Home Visitor program to meet 50% of the need to provide support and education to avoid a second teen</li> </ul>	



				pregnancy.	indicate meeting the goal.
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**Section C: Maternal and Child Health Indicators Cont'd**

Problem (Identified in Section C)	Community Assets And Resources	Community Barrier/Needs	Goals/Outcomes	Action Steps	Evaluation/ Measurement of Progress
		<p><u>Early Childhood Environments</u> To have a variety of early childhood environments as part of the continuum of community services that allow parents to meet the basic needs, continued vitality of families help children become more school ready.</p>	<p>Increase the accessibility of childcare for families to work or attend school who do not meet current assistance guidelines.</p> <p>Increase the number of slots of quality childcare available especially in targeted areas and for targeted populations.</p> <p>Increase basic knowledge level of</p>	<ul style="list-style-type: none"> <li>◆ Coordinate and strengthen a speaker's bureau.</li> <li>◆ Execute a media campaign about child development.</li> <li>◆ Develop a parent packet and increase the volume of disbursement of baby information packets.</li> <li>◆ Establish parent information centers in 3 rural areas.</li>   <li>◆ Increase the capacity of the subsidized child care assistance program to serve 75 families.</li> <li>◆ Add 55 new child care slots.</li> <li>◆ Provide funding for adding new slots to At-Risk preschools.</li> <li>◆ Provide funding for accreditation by the National Association for the Education of</li> </ul>	<ul style="list-style-type: none"> <li>◆ Correlate data from presentation evaluations to determine increase.</li> <li>◆ Comparison of data to determine effectiveness of media on knowledge base.</li> <li>◆ Comparison of pre and post test data to determine 10% increase in parent knowledge.</li> <li>◆ Establish a baseline for the number of contacts at information centers.</li> <li>◆ Comparison of data to determine areas of interest and methods of attraction.</li>   <li>Comparison of data to indicate: <ul style="list-style-type: none"> <li>◆ Increase of 37 families receiving day care assistance.</li> <li>◆ Increase of day care homes by 50.</li> <li>◆ Increase of 32 slots for At-Risk preschool childcare.</li> <li>◆ Increase all day all year slots to 120.</li> <li>◆ 30% increase in the number of day care homes contacted by</li> </ul> </li> </ul>

			caregivers regarding importance of the early years as supported by recent brain studies.	Young Children (NAEYC).	a mentor.
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**Section C: Maternal and Child Health Indicators Cont'd**

<b>Problem (Identified in Section C)</b>	<b>Community Assets And Resources</b>	<b>Community Barrier/Needs</b>	<b>Goals/Outcomes</b>	<b>Action Steps</b>	<b>Evaluation/ Measurement of Progress</b>
			<p>Improve the quality of family day care thus enhancing the quality of care for many infants and toddlers.</p> <p>Provide all-day all-year structured programming to at-risk low income children to enhance readiness.</p>	<ul style="list-style-type: none"> <li>◆ Provide funding for adding new all-day all-year slots to at-risk preschools.</li> <li>◆ Provide training to 100 professionals and 50 childcare providers on brain research techniques and chemically exposed children.</li> </ul>	<p>Data to indicate:</p> <ul style="list-style-type: none"> <li>◆ Two (2) new centers in the accreditation process.</li> <li>◆ Training at least 100 professionals and 50 child care providers.</li> </ul>

**Section D: Chronic Disease Indicators**

<b>Problem (Identified in Section D)</b>	<b>Community Assets And Resources</b>	<b>Community Barrier/Needs</b>	<b>Goals/Outcomes</b>	<b>Action Steps</b>	<b>Evaluation/ Measurement of Progress</b>
<p>Scott County ranks second of all Iowa counties in the number of excess coronary heart disease deaths (1990-1994)</p>	<p>HEARTS of Scott County health education and disease prevention initiative (See attached member list)</p>	<p>Minorities (Blacks, Hispanics and Asians and Pacific Islanders) have significant incidence of cardiovascular risk factors and disease but have difficulty accessing healthcare for a multitude of reasons, including cultural beliefs, lack of transportation, language barriers and socioeconomic issues.</p>	<p>Improve access to cardiovascular health care.</p> <p>Obtain a baseline data on the incidence and prevalence of cardiovascular disease risk factors in Scott County minorities.</p>	<ul style="list-style-type: none"> <li>◆ Provide screening for risk factors to targeted populations in their places of work, living and recreation.</li> <li>◆ Offer free, easily accessible blood pressure, total serum cholesterol, high-density lipoprotein, triglycerides and glucose screening programs.</li> <li>◆ Provide comprehensive, personalized follow-</li> </ul>	<ul style="list-style-type: none"> <li>◆ Number of minority members screened and educated.</li> <li>◆ Percent of records with complete data.</li> <li>◆ Evaluation by participants.</li> <li>◆ A Risk Assessment Questionnaire will be used to determine if target population is being reached, if adequate assistance is provided in completing the questionnaire, its analysis, recommendations,</li> </ul>

				<p>up care to individuals identified at screening as being at risk for coronary heart disease.</p> <ul style="list-style-type: none"> <li>◆ Provide free and low cost intervention strategies, including classes and individualized health education counseling in nutrition and weight management, smoking cessation and exercise.</li> </ul>	<p>and implications.</p> <ul style="list-style-type: none"> <li>◆ Follow-up services will be evaluated to determine if at-risk individuals were contacted and whether or not recommended interventions were followed; any changes in risk factors identified and satisfaction with the illness prevention program.</li> </ul>
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**Section E: Infectious Disease Indicators**

<b>Problem (Identified in Section E)</b>	<b>Community Assets And Resources</b>	<b>Community Barrier/Needs</b>	<b>Goals/Outcomes</b>	<b>Action Steps</b>	<b>Evaluation/ Measurement of Progress</b>
See Section III– B Items 5 and 6					

**Section F: Environmental Control Indicators**

<b>Problem (Identified in Section F)</b>	<b>Community Assets And Resources</b>	<b>Community Barrier/Needs</b>	<b>Goals/Outcomes</b>	<b>Action Steps</b>	<b>Evaluation/ Measurement of Progress</b>
Quad Cities exceeds the 1990 Clean Air Act Amendment for concentrations of ozone in the atmosphere.	Air Quality Task Force (See attached member list).	To reduce the ground-level ozone produced by vehicle emissions and industry.	<p>Educate and inform the public that each individual can make a difference.</p> <p>Promote behavior change to reduce air pollution.</p>	<ul style="list-style-type: none"> <li>◆ Survey the public to determine the level of public awareness of air pollution.</li> <li>◆ Produce and distribute a brochure on air pollution</li> </ul>	<ul style="list-style-type: none"> <li>◆ Survey will be used to establish a baseline.</li> <li>◆ Aware of Air? The Scoop on Ground Level Ozone brochure produced and distributed (255,000 copies).</li> </ul>

				<p>prevention.</p> <ul style="list-style-type: none"> <li>◆ Follow-up survey to determine the level of public awareness of air pollution and how to change behavior to reduce the problem.</li> <li>◆ Train teachers on air quality curricula.</li> <li>◆ Hold Alternative Fuels Workshop.</li> <li>◆ Contact industries on travel demand management techniques for congestion reduction.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Determine the impact on the level of public awareness of air pollution following the distribution of the Aware of Air? Brochure through a follow-up survey.</li> <li>◆ Monitor air quality for ozone concentrations.</li> </ul>
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**Section G (1): Injury Control**

<b>Problem (Identified in Section G-1)</b>	<b>Community Assets And Resources</b>	<b>Community Barrier/Needs</b>	<b>Goals/Outcomes</b>	<b>Action Steps</b>	<b>Evaluation/ Measurement of Progress</b>
<p>A.</p> <p>The number of traffic fatalities in Scott County has increased 33 percent and serious traffic injuries have remained constant.</p> <p>Thirty-six percent of the time, no safety or restraint equipment used.</p> <p>Alcohol related injuries increased 12 percent.</p> <p>Scott County is ranked third in the state for crashes and injuries among adolescents ages 15-19.</p>	<p>Safe Communities Coalition of the Greater Quad City Region (See attached member list)</p>	<p>Funding for Coalition is for three years.</p> <p>Groups with comparable missions and intentions worked separately to accomplish similar agendas.</p>	<p>Reduce the number of traffic fatalities in Scott County by 5%.</p> <p>Reduce the severity of injury in motor vehicle crashes by 3%.</p> <p>Increase occupant restraint utilization by 10%</p>	<p>To reduce the number of traffic fatalities and injuries related to lack of safety restraints:</p> <ul style="list-style-type: none"> <li>◆ Support the Bi-State Safe Kids Coalition, through the provision of volunteers and financial resources, in the education of children and the public about traffic-related safety issues</li> <li>◆ Expand the number of car seat safety checks provided by offering them at new locations and for different segments of the population (e.g. low income)</li> </ul>	<p>Collect, analyze and distribute information concerning:</p> <ul style="list-style-type: none"> <li>◆ The number of traffic fatalities and serious injuries for each year of the project.-</li> <li>◆ The number of motor vehicle crashes in which occupant restraints were used for each year of the project.</li> <li>◆ Statistics regarding the number of motor vehicle crashes involving alcohol and/or drugs for each year of the project.</li> <li>◆ The number of head and spine</li> </ul>

			Reduce alcohol or drug involvement in serious injury and motor vehicle crashes by 5%	<ul style="list-style-type: none"> <li>◆ Participate with the Scott County Multidisciplinary Safety Team - Community Awareness of Roadway Safety (CARS)</li> </ul> <p>To reduce the number and severity of alcohol and drug related crashes:</p>	injuries occurring each year of the project.
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**Section G (1): Injury Control Cont'd**

<b>Problem (Identified in Section G-1)</b>	<b>Community Assets And Resources</b>	<b>Community Barrier/Needs</b>	<b>Goals/Outcomes</b>	<b>Action Steps</b>	<b>Evaluation/ Measurement of Progress</b>
A. Cont'd			<p>Reduce the number of head injuries by 5%</p> <p>Reduce the number of spinal injuries by 5%</p>	<ul style="list-style-type: none"> <li>◆ Coordinate and deliver programs designed to increase public awareness concerning the risks associated with alcohol and drug use and the operation of motor vehicles. These programs will include injury prevention, education programs, public service announcements and news spots provided by the local media.</li> </ul> <p>Reduce the number and severity of head and spine fatalities and injuries</p> <ul style="list-style-type: none"> <li>◆ Coordinate and provide education to reduce risk-</li> </ul>	

				<p>taking behaviors associated with head and spine injuries (e.g. not wearing a helmet)</p> <ul style="list-style-type: none"> <li>◆ As the Coalition expands, other initiatives will be developed and implemented over the three-year period.</li> </ul>	
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**Section G (1): Injury Control Cont'd**

<b>Problem (Identified in Section G-1)</b>	<b>Community Assets And Resources</b>	<b>Community Barrier/Needs</b>	<b>Goals/Outcomes</b>	<b>Action Steps</b>	<b>Evaluation/ Measurement of Progress</b>
<p>B. Community system to address juvenile crime is fragmented.</p>	<p>Long history of effective collaboration centered on children.</p> <p>Kids and Community Together Juvenile Justice Plan. Selected goals included here (See attached member list).</p>	<p>To implement the Restorative Justice model in all juvenile justice planning and programs.</p> <p>To establish a victim offender mediation program.</p> <p>To have a coordinated</p>	<p>Increase community awareness of the Restorative Justice model.</p> <p>Decrease juvenile crime by involving the community in all aspects of the juvenile justice plan.</p> <p>Decrease recidivism of juvenile offenders who participate in the victim offenders mediation program.</p> <p>Children and families will</p>	<ul style="list-style-type: none"> <li>◆ Train professionals in the Restorative Justice Model.</li> <li>◆ Execute a recruitment campaign to recruit community involvement.</li> <li>◆ Establish a victim offender mediation program.</li> <li>◆ Reinstate the crisis</li> </ul>	<ul style="list-style-type: none"> <li>◆ Comparison of data regarding community based alternatives versus traditional interventions.</li> <li>◆ Correlation of the data to determine increase in public awareness and increase in knowledge of professionals regarding the Restorative Justice model.</li> <li>◆ Comparison of the state and local data to indicate a decrease in the number of repeat offenders.</li> <li>◆ Correlation between the incidence of repeat offenses after participation in the victim offender mediation program.</li> <li>◆ Comparison of data</li> </ul>

		seamless continuum of services to serve at-risk children and families and increase family involvement in interventions	have access to a wide variety of services that will assist them in their efforts to improve their lives.	<p>intervention program.</p> <ul style="list-style-type: none"> <li>◆ Hire another full-time juvenile court liaison to be utilized by law enforcement to work with young offenders.</li> </ul>	to indicate increase in family participation in the interventions with their child.
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**Section G (1): Injury Control Cont'd**

<b>Problem (Identified in Section G-1)</b>	<b>Community Assets And Resources</b>	<b>Community Barrier/Needs</b>	<b>Goals/Outcomes</b>	<b>Action Steps</b>	<b>Evaluation/ Measurement of Progress</b>
B. Cont'd		<p>To establish a collaborative team in the schools to identify and intervene with at-risk children prior to any significant involvement in the juvenile justice system.</p> <p>To increase community involvement in efforts to decrease juvenile crime.</p>	<p>Children will be identified early within the school setting before delinquency occurs.</p> <p>The juvenile crime rate will decrease.</p>	<ul style="list-style-type: none"> <li>◆ Establish a collaborative team with in the schools to identify and intervene with at-risk children prior to any significant involvement in the juvenile justice system.</li> <li>◆ Promote family involvement in the interventions with at-risk youth and juvenile offenders.</li> <li>◆ Hire a coordinator for the Core teams that promote community involvement in specific activities aimed at reducing juvenile crime.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Comparison of data to indicate decrease in the number of children suspended.</li> <li>◆ Comparison of data to indicate decrease in the number of school days missed.</li> <li>◆ Comparison of data to indicate decrease in the number of children identified for special education.</li> <li>◆ Comparison of data to indicate the reduction of the number of young offenders.</li> <li>◆ Comparison of data to indicate the decrease in the number of repeat juvenile offenders.</li> </ul>

**Section G (1): Injury Control Cont'd**

<b>Problem (Identified in Section G-1)</b>	<b>Community Assets And Resources</b>	<b>Community Barrier/Needs</b>	<b>Goals/Outcomes</b>	<b>Action Steps</b>	<b>Evaluation/ Measurement of Progress</b>
<p>C. Make schools better so that everyone feels included and safe.</p>	<p>Scott County has a long history of effective collaboration. A recent example is the Safe Schools Planning Initiative (See attached member list). This initiative is a work in progress.</p>	<p>To implement a developmental asset approach focusing on building healthy relationships between children, youth and adults.</p> <p>To reinforce a broad based community belief that everyone has a role in creating a healthy community where all persons, including children receive support to learn and grow.</p> <p>To establish a clearinghouse to distribute and share information on a host of topics related to safety, health, relationship building, mediation, diversity, etc.</p> <p>To decentralize services through the creation of Parent Resource Centers located in schools, churches, etc.</p> <p>To address security policies, procedures, equipment and interventions within school districts and individual school buildings to create and maintain schools as safe places for children to learn and grow.</p>	<p>To build at the community level relationships between children, youth and adults.</p> <p>To do everything possible to protect children from school violence.</p>	<p>Still being developed.</p>	<p>Yet to be developed.</p>



**Section G(2):Occupational Safety and Health**

<b>Problem: (Identified in Section G-2)</b>	<b>Community Assets And Resources</b>	<b>Community Barrier/Needs</b>	<b>Goals/Outcomes</b>	<b>Action Steps</b>	<b>Evaluation/ Measurement of Progress</b>
See Section III– B Item 7					

**Section G(3): Domestic Violence and Sexual Assault**

<b>Problem (Identified in Section G-3).</b>	<b>Community Assets And Resources</b>	<b>Community Barrier/Needs</b>	<b>Goals/Outcomes</b>	<b>Action Steps</b>	<b>Evaluation/ Measurement of Progress</b>
See Section III-B Item 9					

**Section H: Substance Abuse and Gambling Addiction**

<b>Problem: (Identified in Section H)</b>	<b>Community Assets And Resources</b>	<b>Community Barrier/Needs</b>	<b>Goals/Outcomes</b>	<b>Action Steps</b>	<b>Evaluation/ Measurement of Progress</b>
<p>A. Tobacco Use in Scott County, Iowa and neighboring Rock Island County, Illinois</p>	Quad City Coalition on Health (See attached member list)	No history of an initiative to reduce tobacco use. There is a need to change the culture of the Quad Cities regarding tobacco use.	<ul style="list-style-type: none"> <li>◆ Increase to 50% the proportion of students in grades 9-12 who have never tried tobacco products.</li> <li>◆ Reduce by 13% the proportion of adults (18+ and older) who smoke cigarettes.</li> <li>◆ 60% of women smokers will quit early in their pregnancy.</li> <li>◆ Fewer than 15% of retailers will sell tobacco products to</li> </ul>	<p>Not yet completed</p> <p>See: Counter-Tobacco Strategy</p>	Not yet completed

			<p>underage youth.</p> <ul style="list-style-type: none"> <li>◆ 100% of publicly regulated indoor areas and all day care environments will be smoke free.</li> <li>◆ Foster a community culture that promotes tobacco avoidance.</li> <li>◆ Establish and maintain a systematic process to provide for monitoring and evaluation of community data related to use of and exposure to tobacco products.</li> </ul>		
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**Section H: Substance Abuse and Gambling Addiction Cont'd**

<b>Problem: (Identified in Section H)</b>	<b>Community Assets And Resources</b>	<b>Community Barrier/Needs</b>	<b>Goals/Outcomes</b>	<b>Action Steps</b>	<b>Evaluation/ Measurement of Progress</b>
<p>B. Area retailers non-compliant with the FDA-Iowa law prohibiting the sale of tobacco products to persons under the age of 18.</p>	<p>Quad City Coalition on Health, Center for Alcohol and Drug Services, Scott County Sheriffs' Department and the Drug Free Youth in Touch (DFYIT) Program. The DFYIT Program's goal is to decrease the perception of peer pressure to use alcohol, tobacco and other drugs. Therefore decreasing the number of youth who use these products. DFYIT consists of 1500 area youth willing to commit to avoiding illegal use of substances, including tobacco.</p>	<p>Lack of knowledge and/or commitment on part of retailers.</p> <p>High retail staff turnover requires continued education about law and proper identification checks.</p>	<p>Reduce retailer non-compliance to less than 15% through an education approach for retailers and their employees.</p>	<ul style="list-style-type: none"> <li>◆ Create a database of retailers who sell tobacco products.</li> <li>◆ Send a letter to retailers reminding them of law and notifying them that DFYIT students will be visiting their store.</li> <li>◆ Train DFYIT students on how to discuss compliance with retailer.</li> <li>◆ DFYIT students enlist retailer support not to sell tobacco to underage persons. Ask retailers to sign a statement of commitment.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Results of 2000 compliance check.</li> <li>◆ DFYIT students will do a follow-up visit to retailer to determine if additional education is needed.</li> </ul>

## **Section III: Health Problem Priorities**

A: After discussing your responses to the assessment questions and identifying your local health problems with your community partnerships, given your resources, what are your priority health problems? Consider the magnitude of the problem, seriousness, and effectiveness of the interventions.

1. Inadequate amount of affordable housing.
2. All children and their families will have access to and delivery of convenient customer focused health services.
3. Low enrollment in Iowa/Illinois children's health insurance program (HAWK-I and Kid Care).
4. Families with young children ages 0-5 do not have access to resources that promote the health, safety, and cognitive and emotional development of their young children.
5. Scott County ranks second of all Iowa counties in the number of excess coronary heart disease deaths (1990-1994).
6. Quad Cities exceeds the 1990 Clean Air Act Amendment for concentrations of ozone in the atmosphere.
7. The number of traffic fatalities in Scott County has increased 33 percent and serious traffic injuries have remained constant.
8. Thirty-six percent of the time, no safety or restraint equipment used.
9. Alcohol related injuries increased 12 percent.
10. Scott County is ranked third in the state for crashes and injuries among adolescents ages 15-19.
11. Community system to address juvenile crime is fragmented.
12. Make schools better so that everyone feels included and safe.
13. Tobacco Use in Scott County Iowa and neighboring Rock Island County, Illinois
14. Area retailers non-compliant with the FDA-Iowa law prohibiting the sale of tobacco products to persons under the age of 18.

B. In addition to the priority health problems identified in part A of this section, what other problems would you address if more resources were made available?

1. Rural residents, who have greater distances to travel to receive health care, have no access to public bus services and limited access to special van transportation.
2. The Medicaid and uninsured population is severely under-served in regards to dental services.
3. Interpretive services for use by service providers are available but resources are limited and very expensive.
4. Large number of non-registered day care homes and off-hours childcare locations.
5. High rates of chlamydia transmission and infection in Scott County.
6. Adult immunization, especially the pneumonia and influenza shots in high risk younger populations.
7. Lack of access to local data on occupational related injuries prevents a determination if there are community specific problems.
8. Unintentional injury prevention that address the middle age and elderly populations.
9. Expand Family Connection program for families in domestic abuse situations.

## **Section IV. Community Partnerships**

A. What community partnerships and coalitions exist in your area?

- ◆ Scott County Empowerment Board
- ◆ Scott County Decategorization Program
- ◆ Quad City Health Initiative
- ◆ Quad City Coalition on Health
- ◆ HEARTS of the Quad Cities
- ◆ Comprehensive School Health Education Committee
- ◆ Breast and Cervical Cancer Coalition
- ◆ Senior Iowan Health Program
- ◆ Cornerstone Program
- ◆ Quad Cities Regional Virology Center
- ◆ AIDS Project Quad Cities, Inc.
- ◆ Air Quality Task Force
- ◆ Safe Communities Coalition of the Greater Quad City Region
- ◆ Safe Schools and Healthy Students Initiative
- ◆ Quad Cities SAFE KIDS Coalition
- ◆ Red Ribbon Coalition
- ◆ Quad Cities Non-Profit Housing Council
- ◆ Maternal and Childhood Coalition
- ◆ Quad City Coalition on Adolescent Sexuality and Pregnancy
- ◆ QC2K Partners
- ◆ Success By Six
- ◆ Scott County Multi Cultural Coalition
- ◆ Early Access Coordinating Council
- ◆ Breast Cancer Coalition
- ◆ Scott County Storks Nest
- ◆ Youth Agenda
- ◆ Batterer's Education Program Coalition
- ◆ Scott Waste Management Commission
- ◆ Childhood Lead Poisoning Prevention Coalition

B. What organizations and groups were represented in making this assessment?

**See attached pages for Member List of Organizations and Groups**

**MEMBER LIST OF ORGANIZATIONS AND GROUPS**

Section A. Demographic and Socioeconomic Characteristics

Housing Needs of Scott County, Iowa, March 1999

<p>City of Buffalo  Illinois/Iowa Center for Independent Living  Independent Realtors  Pleasant Valley Community School District  City of Blue Grass  Quad City Bank  Veterans Affair Department  Scott County Government  First National Bank  Ruhl Realtors  SAFER Foundation  Carlin Bittner  Eastern Iowa CCC  Quad Cities Interfaith  City of LeClaire  City of Walcott  Salvation Army Family Service Center  McCarthy-Bush Realtors  Involved Citizens  Scott County Family "Y"  Firststar Bank  Humility of Mary Shelter  City of Eldridge  Community Mediation Center  Center for Aging Services, Inc.  Bi-State regional Commission  Community Foundation  Center for Alcohol and Drug Services  APQC  First National Bank  Estes Construction Company  Consulting and training  City of Bettendorf  Scholtz, Gowey, Gere, Marolf  Norwest Bank  River Cities Development Services  Northwest Bank  Scott County Decategorization Program  Blue Grass Chamber of Commerce  Quad Cities Regional Virology Center  Lane Waterman (Putnam)  AIDS Project Quad Cities, Inc.</p>	<p>City of Long Grove  Riverboat Development Authority  Grasshoppers  HELP Legal Assistance  Lutheran Social Services of Iowa  City of Princeton  Rejuvenate Davenport/Piper  Vera French Housing Corporation  Ruhl &amp; Ruhl  City of Davenport  Blue Grass Savings Bank  Head Start, Iowa East Central T.R.A.I.N.  Davenport Community education  Walcott Trust and Savings Bank  John Lewis Coffee Shop, Inc.  Churches United  Quad City Development Group  Valley State Bank  Genesis VNA  United Neighbors  Great River Bend Services, Inc.  Kiddie Karrasel Academy  Handicapped Development Center  First Midwest  United Way InfoLink  Trudy's Treasurers  Downtown Davenport Development Corp  Scott County Regional Authority  Iowa Department of Human Services  Domestic Violence Advocacy Program  Friendly House  Dynamic Educational Systems, Inc.  Russell Construction  Great River Bend Area Agency on Aging  Great River Bank and Trust  Senior Iowans Health Program  Interfaith Housing Ltd.  Bettendorf Chamber of Commerce  Faith Lutheran Church, Eldridge  Mercantile Bank  Alcoa  Werner &amp; Werner</p>
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Section B. General Health and Access to Care Indicators

**Improvement Plan Task Group on Systemic Issues Related to Women and Children's Health Services**

<p>Maternal Health Center  Community Health care, Inc.  Bettendorf Community School District  Scott County Health Department  Iowa Health Solutions  Cornerstones Program  Center for Alcohol and Drug Services  Trinity North Medical Center  Quad City medical Society  Iowa Department of Human Services  Pleasant Valley Community School District</p>	<p>North Scott Community School District  Scott County Decategorization Program  United Way of the Quad Cities  Mississippi Bend Area Education Agency  Genesis Medical Center  Child Health Specialty Clinic  Vera French Mental Health Center  Genesis VNA  Child Abuse Council  Davenport Community School District</p>
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**Quad City Health Initiative Marketing Committee**

Trinity Medical Center Augustana College United Way of the Quad Cities Rock Island Department of Human Services Rock Island County Health Department PAL, Inc.	WQAD TV Iowa Health Solutions Scott County Health Department Genesis Health System Community Health Care, Inc. Bettendorf Chamber of Commerce
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Section C. Maternal and Child Health Indicators

**School Ready Planning Initiative**

Child Abuse Council Genesis Visiting Nurse Association Maternal Health Center United Way Scott County Health Department Iowa East Central T.R.A.I.N. Mississippi Bend Area Education Association Early Intervention Council Parent – American Mothers, Inc. Scott County Family “Y” Family Resources, Inc. Scott County Department of Human Services Marycrest International University Iowa State Extension Service Positive Parenting at Trinity	Little Blessings Day Care Scott County Decategorization Program Davenport School District Churches United Scott County Sheriff’s Department Child Health Specialty Clinics Community Health Care, Inc. St. Ambrose Children’s Campus Center for Alcohol and Drug Services
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Section D. Chronic Disease Indicators

**HEARTS of Quad Cities**

Genesis Health System Trinity Medical Center St. Ambrose University Cardiovascular Medicine, P.C. Solo Practitioner – Endocrinology and Diabetes Center for Aging Services, Inc.	Community Health Care, Inc. Lulac Council 10 Representatives of the Asian, Black and Hispanic Communities Scott County Health Department
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Section F. Environmental Control Indicators

**Air Quality Task Force**

City of Davenport, Iowa Illinois Quad City Chamber of Commerce Rock Island County Board Linwood Mining and Mineral Quad City Development Group Air Quality Bureau Tri-City Building and Construction Trades Oscar Mayer Foods Corporation Iowa Department of Transportation KVF Quad Corporation City of East Moline, Illinois Iowa Waste Reduction Center Rock Island Arsenal Rock Island County Waste Management Agency Metro Link Preston Engineering, Inc. Tri-City Heat Treat Company, Inc. Illinois Department of Transportation Williams White and Company Quad City Conservation Alliance Sears Manufacturing	Titan Wheel Corporation of Iowa Deere and Company City of Rock Island, Illinois City of Moline, Illinois Lafarge Corporation Sivyer Steel Corporation Interstate resource Conservation & Development Council City of Bettendorf, Iowa Iowa Department of Economic Development Nichols Aluminum Iowa Department of Natural Resources Illinois Environmental Protection Agency St. Ambrose University Bettendorf Chamber of Commerce Scott County Health Department Alcoa MidAmerican Energy Company Great River Bend Services, Inc. Bi-State regional Commission Case Corporation
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Section G (1). Injury Control

**Safe Communities Coalition of the Greater Quad City Region**

<p>Genesis Medical Center  Davenport Surgical Group, P.C.  Iowa Governor's Traffic Safety Bureau  Medic EMS  Quad City Neurosurgical Associates  AirEvac  Wheatland Ambulance Service  Bennett Ambulance Service  Buffalo Ambulance Service  Durant Ambulance Service  LeClaire Ambulance Service  Davenport Community School District  Center for Alcohol and Drug Services  Scott County Health Department  Bettendorf Fire Department  Davenport Fire Department  Bettendorf Police Department  Davenport Police Department  City of Bettendorf  Davenport City Council  AAA Minnesota-Iowa  State Farm Insurance</p>	<p>John Keady's GM Superstore  Iowa State Senate Senator  Iowa State House of Representatives  Bettendorf High School  Pleasant Valley High School  Long Grove Fire Department  Princeton Fire Department  Walcott Ambulance Service  Mohassan Grotto  Elks Lodge  Rotary Club  Scottish Rite and Associated Organizations  Bettendorf Jaycees  Davenport Jaycees  Iowa State Patrol  DeWitt Community Hospital  Loyal Order Of Moose  Lujack's Northpark Auto Plaza  Illini Hospital  Scott County Courthouse</p>
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**Kids and Community Together Juvenile Justice Plan**

<p>Psychology Associates  Interested Citizens  Private Attorneys  Pleasant Valley Community School District  SAFER Foundation  Davenport Community School District  City of McCausland, Iowa  City of New Liberty, Iowa  City of Davenport, Iowa  Riverboat Development Authority  Rotary Club  North Scott Community School District  City of Blue Grass, Iowa  Iowa State Extension Services  Bettendorf Community School District  Mediation Center  Bi-State Regional Commission  City of Buffalo, Iowa  Panorama Park, Iowa  Iowa Department of Human Services  City of Donahue, Iowa  Community Health Care, Inc.  Bethany Home  Scott County Family "Y"  Valley Shelter  Friendly House  Scott County Regional Authority  United Neighbors  Scott County Attorney's Office  Community Block Development Grant Administration</p>	<p>Maternal Health Center  City of Dixon, Iowa  City of Walcott, Iowa  Day Foundation  Davenport Chamber of Commerce  Center for Alcohol and Drug Services  City of Princeton, Iowa  Scott County Community Services  United Way of the Quad Cities  Family Resources, Inc.  City of Long Grove, Iowa  Lutheran Social Services of Iowa  AIM-HY Genesis  Davenport Police Department  Boys and Girls Club  City of Riverdale, Iowa  Juvenile Court Services  Alcoa  City of LeClaire, Iowa  Bettendorf Chamber of Commerce  Maysville, Iowa  Child Abuse Council  Career Assistance Center  Community Foundation  Mississippi Bend Area Education Agency  Vera French Mental Health Center  Churches United of the Quad Cities  LeClaire Police Department  Scott County Juvenile Detention Center</p>
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**Safe Schools and Healthy Students Planning Initiative**

Mississippi Bend Area Education Agency Genesis Medical Center Genesis VNA Refugee Resettlement Office Bethany Home Psychology Health Group Scott County Community Services Boys and Girls Club of the Mississippi Valley Vera French Mental Health Center St. Mary’s Catholic Church Big Brothers and Big Sisters Program United Way of the Quad Cities Family Resources, Inc. Quad Citians Affirming Diversity Davenport Community School District Bettendorf Community School District Iowa east Central T.R.A.I.N. Scott County Health Department Eastern Iowa Community College District Child Abuse Council Community Child Care Resource and Referral	Private Attorney SAFER Foundation Christ Family Church Churches United of the Quad Cities Grandview Baptist Church Pleasant Valley Community School District United Neighbors Scott County Family “Y” Quad City Interfaith North Scott Community School District Juvenile Court Services Eldridge Police Department Bettendorf Police Department Scott County Sheriff’s Department Davenport Police Department Lutheran Social Services of Iowa Center for Alcohol and Drug Services Youth Participants Interested Parents Pentecostal Apostolic Faith Church Scott County Decategorization Program
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Section H. Substance Abuse and Gambling Addiction

**Quad City Coalition on Health**

American Cancer Society – Illinois American Cancer Society – Scott County Genesis Medical Center Scott County Health Department Rock Island County Health Department John Deere Health Care Illini Hospital Maternal Health Center Private Practice Chiropractor	Trinity Medical Center Rock Island and Scott County Medical Society American Lung Association – Illinois American Heart Association – Illinois Center for Alcohol and Drug Services Community Health Care, Inc. KWQC-TV
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