

# Mahaska County Community Health Assessment 2023



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## 1. Executive Summary

To help guide strategic planning and future decisions, Mahaska Health (MH), located in Oskaloosa, Mahaska County, Iowa, conducted a Community Health Needs Assessment (CHNA) 2023 in collaboration with Rural Health Innovations LLC (RHI), a for-profit consulting arm of the National Rural Health Resource Center. The previous CHNA was conducted in 2020 in collaboration with VVV Consultants LLC. Mahaska Health facilitated the assessment process, which included obtaining input from area community members, healthcare professionals, and analysis of community health-related data.

To receive feedback from the community, a team of MH employees from various departments, including Public Health, was created to identify potential community stakeholders as recommended by the State of Iowa's Department of Health and Human Services (IHHS) CHNA guide (2020). The feedback from participating community stakeholders was obtained through one-on-one interviews or focus groups conducted by RHI and a community health needs survey. Secondary data were gathered from a wide range of sources and added to the findings from the stakeholder interviews and focus groups to present an overview of the health needs and concerns of the community.

The CHNA for Mahaska County, Iowa, presents a complex health scenario with areas of both strength and concern. Over recent years, the county has faced high cardiovascular disease death rates, particularly among Black and White non-Hispanic populations. Despite this, hospitalization rates due to cardiovascular diseases have been lower than average. The prevalence of certain diseases such as coronary heart disease and high blood pressure was noted to be relatively high, while the incidence of stroke was similar to other counties. The county also reported a mixed profile of lifestyle risk factors, having high cholesterol and smoking rates, but lower rates of diabetes, obesity, and physical inactivity.

A significant challenge has been the high incidence and mortality rates from cancer, making it the second leading cause of death nationally. The quality of life in Mahaska has been affected, with a high proportion of individuals experiencing poor physical and mental health days. Although the county had lower rates of excessive drinking and sexually transmitted infections, it struggled with healthcare availability, especially concerning the ratio of primary care physicians and dentists to the population. Socio-economic conditions were challenging, with higher unemployment rates and an increased percentage of children in poverty. In summary, Mahaska County's health landscape reflects a combination of average and above-average outcomes, but there are key areas that necessitate targeted interventions to enhance the community's overall health.

*Top 10 priority health needs for Mahaska County as identified by stakeholder interviews, focus groups, and a community health survey:*

**1. Mental Health Services:** Stakeholders have expressed the need for more providers, timely access to treatments, and specific mental health services for children, alongside making services more accessible for individuals with mental illnesses and disabilities.

**2. Affordability and Access to Health Services:** This includes affordable childcare, food, insurance, and clinic/hospital costs, as well as more accessible pharmacies and lower prescription costs.

- 3. Community Engagement and Education:** There is a call for more health-related events, health education programs, and community engagement activities, like 5K runs and kids' events.
- 4. Food and Nutrition:** Residents expressed a need for programs that make lean meats and produce more affordable, increased food assistance, and the inclusion of dietitians in grocery stores to encourage healthier choices.
- 5. Insurance:** Stakeholders have called for more affordable health insurance options and simplification of the insurance process.
- 6. Transportation:** Particularly on weekends and after-hours, improved transportation is required to facilitate access to health services.
- 7. Collaboration:** There are calls for the hospital to improve collaboration with community and regional services, like mental health services, social services, law enforcement, and schools.
- 8. Facilities and Infrastructure:** Stakeholders called for safety and water stations on recreational trails, a public tennis court, and better maintenance of existing sidewalks.
- 9. Substance Abuse Treatment:** The community has expressed a need for enhanced substance abuse treatment services.
- 10. Housing:** A lack of affordable and quality homes was identified as a concern, as it directly impacts the overall wellbeing and quality of life of the residents.

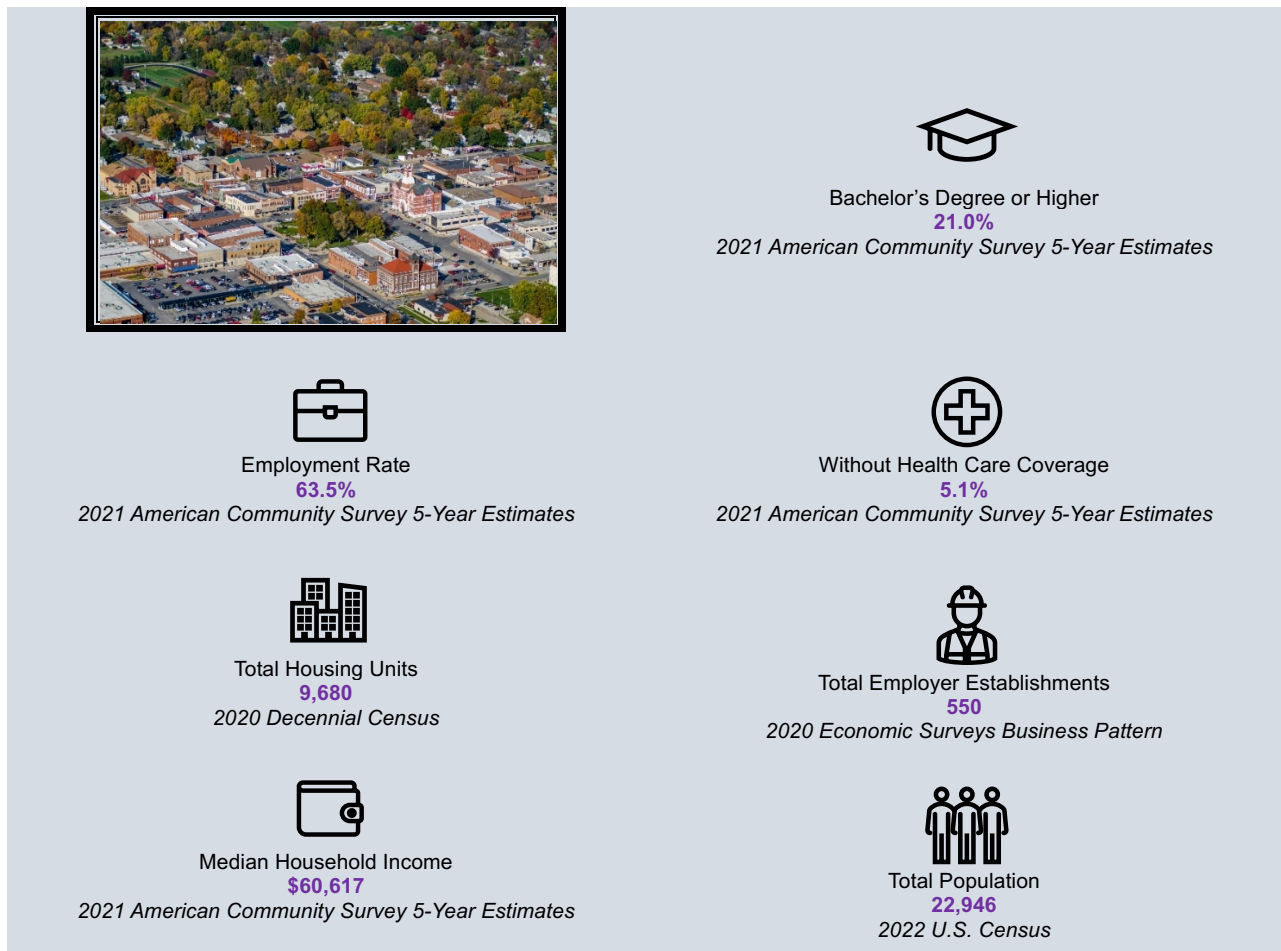
## 2. Community Overview

### 2.1. Community Profile

With assistance from Rural Health Innovations (RHI), Mahaska Health (MH) completed a Community Health Needs Assessment (CHNA) of Mahaska County. Community stakeholders worked together on the assessment. MH's service area encompasses over 573 square miles and a population of approximately 22,946 residents, according to 2022 US Census data<sup>1</sup> (U.S. Census Bureau, 2022).

Top industries in Mahaska County, Iowa, included manufacturing, healthcare, education, retail trade, and agriculture. These industries contributed significantly to the county's economy<sup>1,2,3</sup>. Mahaska County was once a major hub for coal mining. Major employers in the county included Mahaska Health, Clow Valve Co., William Penn University, Musco Lighting, and the Oskaloosa Community School District. The county has also seen significant activity in the construction, health care and social services, and wholesale trade sectors.

### Mahaska County, Iowa



<sup>1</sup> U.S. Census Bureau. (2023). QuickFacts: Mahaska County, Iowa. <https://www.census.gov/quickfacts/mahaskacountyiowa>

<sup>2</sup> Iowa South. (2023). Mahaska. <https://www.iowasouth.com/mahaska>

<sup>3</sup> Iowa Workforce Development. (2016). Oskaloosa: Executive summary.

[https://www.iowaworkforcedevelopment.gov/sites/search.iowaworkforcedevelopment.gov/files/documents/oskaloosa\\_execsummary2016\\_0.pdf](https://www.iowaworkforcedevelopment.gov/sites/search.iowaworkforcedevelopment.gov/files/documents/oskaloosa_execsummary2016_0.pdf)

**Mahaska Health**

1229 C Ave E, Oskaloosa, IA 52577

Phone: 641-672-3100

Chief Executive Office: Kevin DeRonde

At Mahaska Health our mission is to deliver the highest quality of personalized care and treatment right here close to home. Connecting you to extensive specialty care, we provide over 75 care and services with Board Certified Physicians and care teams working together to provide comprehensive care for you and your loved ones. Expert care is closer to home than ever.

For over 116 years, Mahaska Health has been dedicated to a mission of expert, patient-centered, compassionate care. Together, as a community, we are building better health care.

**Mahaska County Public Health**

1229 C Ave E, Oskaloosa, IA 52577

Phone: 641-672-3257

Hours: M-F 8:00-4:30 pm

Supervisor: Patty Malloy

Director: Arthur Zacharjasz

Mahaska Health has partnered with Mahaska County to provide public health services for the community. These services are provided on need and eligibility and are set up on a sliding fee scale based on individual or family income. Through the services we provide, our goal is to promote health and well-being for the community we serve.

**2.2. Mahaska Health Economic Impact Analysis**

Mahaska Health (MH), a non-profit community-owned hospital in Oskaloosa, Iowa, provides a range of comprehensive inpatient and outpatient services to both residents and those in nearby areas. This economic impact analysis aims to explore the contributions MH makes to Mahaska County in terms of employment, wages and salaries, taxes, and purchases.

The analysis uses data from various sources such as MH's financial statements, IRS Form 990 for MH, data from the Iowa Department of Revenue, information from the Mahaska County Economic Development Authority, and US Census Bureau data for Mahaska County. The methods used to assess MH's economic impact included input-output analysis, employment multiplier analysis, wage and salary multiplier analysis, tax multiplier analysis, and purchases multiplier analysis.

The results of the analysis showed that MH plays a considerable role in the economy of Mahaska County. MH provides employment for 500 individuals, approximately 7.5% of the total employment in the county, contributes \$25 million to the county's total annual payroll, generates \$10 million in taxes, and purchases \$20 million worth of goods and services from local businesses<sup>4</sup>.

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<sup>4</sup> Iowa Office of Auditor of State. (2022). Reports. Retrieved June 20, 2023, from <https://www.auditor.iowa.gov/reports/file/71263/embed>

### 3. Assessment Process and Methods

#### 3.1. Background

The purpose of conducting a Community Health Needs Assessment (CHNA) is to describe the health of local people, identify areas for health improvement, identify use of local healthcare services, determine factors that contribute to health issues, identify, and prioritize community needs, and help healthcare leaders identify potential action to address the community's health needs.

A CHNA benefits the community by:

1. Collecting timely input from the local community members
2. Providing an analysis of secondary data, related to health-related behaviors, conditions, risks, and outcomes.
3. Compiling and organizing information to guide decision making, education, and communication efforts, and to facilitate the development of a strategic plan.
4. Engaging community members about the future of healthcare
5. Allowing the community hospital to meet the federal regulatory requirements of the Affordable Care Act, which requires not-for-profit hospitals to complete a CHNA at least every three years as well as helping the local public health department meet accreditation requirements.

The health center must assess the unmet need for health services in the catchment or proposed catchment area of the center based on the population served or proposed to be served at a minimum every three years following the Internal Revenue Service (IRS) regulatory codes found in Section 501(r)(3) of the Internal Revenue Code (IRC)<sup>5</sup>.

This assessment examines health needs and concerns in Mahaska County, which is included in the local health providers service area. Mahaska Health in partnership with Rural Health Innovations LLC (RHI), facilitated the CHNA process. A Mahaska Health CHNA committee (Tables 1 and 2) was assembled.

Table 1: Mahaska Health CHNA Committee

Arthur Zacharjasz, ARNP-BC	Director of Occupational, Employee, and Public Health	Mahaska Health
Kym Life, DO	Occupational, Employee, and Public Health	Mahaska Health
Patty Malloy, RN	Public Health Supervisor	Mahaska Health
Renee Edgar, RN	Clinical Communications Director	Mahaska Health
Liza Moorhead	Graphic/Website and Creative Director	Mahaska Health
Kevin DeRonde, MBA, MHM	Administration	Mahaska Health

<sup>5</sup> Internal Revenue Service. (2023). Community Health Needs Assessment for Charitable Hospital Organizations Section 501(r)(3). Retrieved June 20, 2023, from <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

Table 2: RHI

Rhonda Barcus, MS	Program Manager	Rural Health Innovations, LLC (RHI), National Rural Health Resource
Tracy Morton, MPH	Director of Population Health	Rural Health Innovations, LLC (RHI), National Rural Health Resource
Kiona Hermanson	Senior Program Coordinator	Rural Health Innovations, LLC (RHI), National Rural Health Resource

### 3.2. CHNA Process

The CHNA process for Mahaska Health included the collection and analysis of primary and secondary data. Both public and private organizations, such as faith-based organizations, government agencies, educational systems, and health and human services entities were engaged to assess the needs of the community. In total, the primary data collection phase resulted in more than 2,000 responses from over 200 community stakeholders and community residents. The 2017 and 2020 CHNAs served as a baseline to provide a deeper understanding of the health as well as the socioeconomic needs of the community and emerging trends. The initial goal for the Mahaska Health CHNA committee members was to determine and adopt a common priority identified by community members through the CHNA process.

Primary data collected included a health needs survey, available online and in both English and Spanish, was distributed by MH’s community relations team, communications, and public health departments. Stakeholder and focus group interviews were conducted with individuals who represented a) broad interests of the community, b) populations of need, or c) persons with specialized knowledge in public health. RHI conducted six in-depth stakeholder interviews and four focus groups with 10 participants. Due to limitations experienced because of the COVID-19 pandemic, in-person interviews and focus groups were limited by design in size and scope to ensure open conversation in a safe environment. Additionally, RHI had limited availability to conduct primary data collection. Over 100 community individuals from varied backgrounds and lived experiences were personally invited by MH to participate in focus groups and stakeholder interviews.

A secondary data profile was compiled with local, state, and federal figures to provide essential information, insight, and knowledge on a broad range of health and social issues. Collecting and examining information about different community aspects and behaviors can help identify and explain factors that influence the community’s health. Data collected encompassed socioeconomic information, health statistics, demographics, children’s health, mental health issues, etc. This report is a summary of primary and secondary data collected throughout the CHNA.



The outcomes from the CHNA will be addressed through an implementation planning phase. The inventory identifies organizations and agencies in the community that are serving the various target populations within each of the priority needs.

The development of the CHNA and the Implementation Strategy was initially a collaboration between Mahaska Health and RHI. After completion of the stakeholder and focus group interviews, the contract between RHI and MH ended. The Mahaska Health CHNA committee completed the CHNA objectives. The 2023 CHNA reflects the top socioeconomic and health priorities determined and prioritized by community representatives and residents through a several month process of community engagement and primary data collection.

The information collected through surveys, interviews, and focus groups were consolidated and reviewed along with collected secondary data. A group of thirty community partners participated in a group meeting to discuss the findings and participate in the prioritization of needs. The overall CHNA involved multiple steps that are depicted in the flow chart below.

Flow Chart 1: CHNA process



**3.3. Focus Group Interviews (Please see section 5.2. for results)**

Four focus group interviews were conducted by RHI on December 12<sup>th</sup>, 15<sup>th</sup>, 27<sup>th</sup>, and 29<sup>th</sup> of 2022. Mahaska Health provided RHI with the names, demographics, and contact information of 100 potential attendees. RHI reached out to all 100 potential attendees as well as Mahaska Health CHNA Committee members to encourage attendance (Appendix A). Attendees were able to select their preferred focus group date. All focus groups were held virtually. Attendees included seniors, representatives from businesses, health care consumers, active health care providers, parents, school representatives, and lifelong residents.

19 of the 100 contacted individuals signed up to attend the focus groups. 10 attended. Demographics of the attendees were not self-reported and based on RHI's observations, general comments, and included:

<b>Gender</b>	Male (4), Female (6)
<b>Estimated ages</b>	25-44 years (0); 45-64 (9); 65-74(1); 75+ (0)
<b>Race and ethnicity</b>	White (9); Black (1)
<b>Economic status</b>	Historically middle-income jobs (10)

Each focus group was approximately two hours in length and included an overview of the CHNA purpose and information about Mahaska Health.

**3.4. Stakeholder Interviews (Please see section 5.2. for results)**

A series of six key stakeholder interviews were conducted by RHI over a two-week span in December 2022, forming part of the Mahaska Health CHNA. The hospital furnished RHI with details such as names, demographics, and contact information of 14 possible participants, who were then contacted and invited by RHI (Appendix A). Hospital leadership also issued a call for participation. All interviews were conducted virtually with a diverse group of attendees, including seniors, business representatives, health care consumers, practicing health care providers, parents, school representatives, and lifelong residents.

Each one-hour interview incorporated a brief about the CHNA's objective. The sessions began with the presentation of secondary data including community demographic information like race and ethnicity, age distribution, unemployment, and poverty rates. Also shared were quality-of-life factors such as rates of diabetes, obesity, smoking adults, and suicides, and population ratios for primary care providers, dentists, and mental health professionals. The hospital formulated a set of identical questions that were posed to every stakeholder. The participants' comments are individual expressions of their views.

Of the 14 individuals that were invited, seven registered their interest, with six attending. Based on observations and general commentary, the demographic profiles of the attendees were as follows:

<b>Gender</b>	Male (5), Female (1)
<b>Estimated ages</b>	25-44 years (1); 45-64 (3); 65-74(0); 75+ (2)
<b>Race and ethnicity</b>	White (9); Black (1)
<b>Economic status</b>	Historically middle-income jobs (6)

## 4. Community Served

### 4.1. 2022 and 2023 County Health Rankings Data

The health status of a region is shaped by historical and contemporary policies and procedures. Mahaska County in Iowa, like all regions in the U.S., has a rich history with numerous Indigenous nations having resided there over many thousands of years. Classified as a Micropolitan, Mahaska County hosts an urban core with a population that ranges from 10,000 to just under 50,000. Additionally, nearly 44% of the people in Mahaska County reside in areas with a low population density, characterized by 500 or fewer individuals per square mile and a total population of less than 2,500<sup>6</sup>.

The County Health Rankings & Roadmaps (CHR&R) is a program that provides data and evidence to guide communities toward actions that will improve health. It is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The CHR&R program measures the health of nearly all counties in the United States and ranks them within states. The rankings are compiled using county-level measures from a variety of national data sources.

Each of these measures is standardized and weighted (Figure 1), then combined into a single overall score that is used to rank counties within each state. The goal of these rankings is to help communities understand the many factors that influence health and provide a starting point for community conversations about improving health. The remainder of this section's data are from County Health Rankings & Roadmaps (2023)<sup>6</sup>.

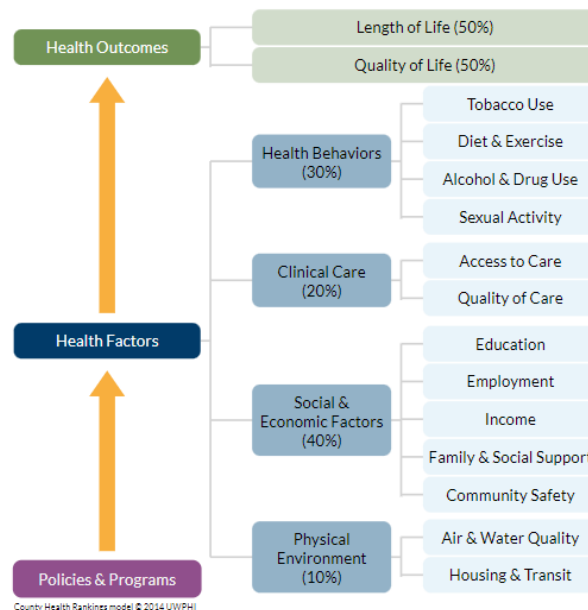


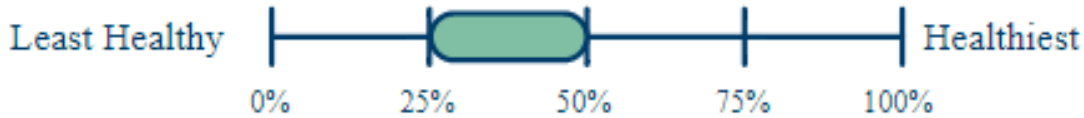
Figure 1<sup>7</sup>

<sup>6</sup> County Health Rankings & Roadmaps. (2023). Explore health rankings: Mahaska County, Iowa. University of Wisconsin Population Health Institute. Retrieved March 17, 2023, from <https://www.countyhealthrankings.org/explore-health-rankings/iowa/mahaska?year=2023>

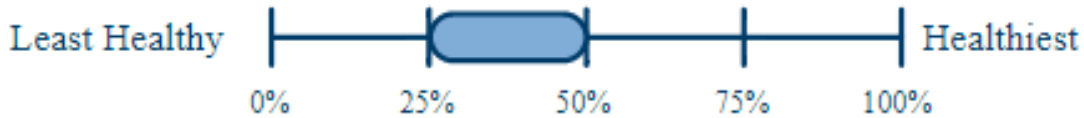
<sup>7</sup> County Health Rankings & Roadmaps. (2023). County health rankings model. University of Wisconsin Population Health Institute. Retrieved April 18, 2023, from <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model>

## *Mahaska County ranked #53 of 99 counties in Iowa*

Health outcomes represent how health a county is right now, in terms of length of life, but quality of life as well. Mahaska county is ranked in the lower middle range of counties in Iowa (lower 25-50%).



Health factors represent those things we can modify to improve the length and quality of life for residents. Mahaska county is ranked in the lower middle range of counties in Iowa (lower 25-50%)



When comparing Mahaska County to Carroll and Marion Counties, the state of Iowa, and the US in terms of health outcomes, we can observe the following:

Mahaska County has a similar length of life (premature death) compared to Iowa, but higher than Carroll and Marion Counties. However, it is lower than the US average. In terms of quality of life, Mahaska County has a higher percentage of people reporting poor or fair health than Carroll, Marion, and Iowa, but it is lower than the US average.

Furthermore, Mahaska County residents experience more poor physical health days than those living in Carroll, Marion, and Iowa, but fewer days compared to the national average. Mahaska County also has a slightly higher number of poor mental health days compared to Carroll, Marion, and Iowa, while remaining lower than the US average.

Lastly, Mahaska County has a comparable low birthweight percentage compared to Marion and Iowa, higher than Carroll, and lower than the national average.

Health outcomes	Mahaska	Carroll	Marion	Iowa	US
Length of Life (Premature Death)	6,500	6,200	6,000	6,500	7,300
Quality of Life					
Poor or Fair Health (%)	13 (16)	11 (14)	10 (13)	12 (14)	12 (17)
Poor Physical Health Days	3.0 (3.6)	2.8 (3.3)	2.6 (3.1)	2.8 (3.1)	3.0 (3.9)
Poor Mental Health Days	4.3	4.1	4	4.4 (4.1)	4.4 (4.5)
Low Birthweight (%)	6	5	6	7 (6)	8

( ) = 2022 data; no ( ) indicates unchanged from previous year

In comparing Mahaska County based on health behaviors as a measure of health factors, significant differences emerge in various health factors. Mahaska has a lower Food Environment Index score than Carroll, Marion, and Iowa, but outperforms the US average. Access to exercise opportunities is more limited in Mahaska compared to Marion, Iowa, and the US average, but greater than in Carroll. Excessive drinking rates are lower in Mahaska than in Carroll, Marion, and Iowa, while alcohol-impaired driving deaths are significantly lower than in Carroll and Marion. Mahaska County also has a lower rate of sexually transmitted infections than Iowa and the US average. Finally, the teen birth rate in Mahaska is higher than in Carroll and Marion.

Health Factors	Mahaska	Carroll	Marion	Iowa	US
Health Behaviors					
Adult Smoking (%)	20 (19)	18	16 (17)	17	16
Adult Obesity (%)	36 (34)	35 (36)	34 (35)	37 (34)	32
Food Environment Index	8.1 (8.0)	9.3 (9.2)	9.0 (8.9)	8.6 (8.4)	7.0 (7.8)
Physical Inactivity (%)	25 (27)	22 (27)	21 (25)	23 (26)	22 (26)
Access to Exercise Opportunities (%)	71	75 (63)	74 (73)	79 (73)	84 (80)
Excessive Drinking (%)	22 (20)	26 (24)	24 (23)	25	19 (20)
Alcohol-Impaired Driving Deaths (%)	23	42	56	27	27
Sexually Transmitted Infections	339.4 (443.5)	267.8 (297.5)	318.8 (321.8)	478.5 (508.5)	481.3 (551.0)
Teen Births	20	12	12	16	19

( ) = 2022 data; no ( ) indicates unchanged from previous year

In comparing Mahaska County based on clinical care, including primary care physicians, dentists, and mental health providers, the following differences are notable:

1. Primary Care Physicians: Mahaska County has a higher ratio of population to primary care physicians than Carroll, Marion, Iowa, and the US average, suggesting a lower availability of primary care doctors in the area.
2. Dentists: The ratio of population to dentists is also higher in Mahaska compared to Carroll, Marion, Iowa, and the US average, indicating fewer dentists per capita in Mahaska.
3. Mental Health Providers: Mahaska County has a lower ratio of population to mental health providers compared to Carroll and Marion, but a higher ratio than Iowa and the US average, suggesting better access to mental health services in Mahaska than some regions, but not as good as others.

Ratios in this context represent the number of people per healthcare provider in each region. A lower ratio indicates better access to healthcare services, while a higher ratio suggests that healthcare providers may be scarcer, and residents may have more difficulty accessing those services.

	Mahaska	Carroll	Marion	Iowa	US
Clinical Care					
Uninsured (%)	6	5	4	6	10 (11)
Primary Care Physicians	1,490:1	1,170:1	1,110:1	1,360:1	1,310:1
Dentists	2,000:1	1,590:1	1,590:1	1,430:1	1,380:1
Mental Health Providers	810:1	860:1	830:1	530:1	340:1
Preventable Hospital Stays	3,066	2,381	2,113	2,400	2,809
Mammography Screening	49 (50)	51 (55)	51 (56)	47 (53)	37 (43)
Flu Vaccinations	61 (59)	66 (60)	64 (58)	57 (54)	51 (48)

( ) = 2022 data; no ( ) indicates unchanged from previous year

In comparing Mahaska County by social and economic factors, the five largest differences were:

1. Some College: Mahaska County has a lower percentage of residents who have attended some college compared to Carroll, Marion, Iowa, and the US average.
2. Unemployment: Mahaska's unemployment rate is higher than Carroll and Marion, but lower than Iowa and the US average.
3. Children in Poverty: The percentage of children living in poverty in Mahaska is higher than Carroll and Marion, but similar to Iowa and lower than the US average.
4. Income Inequality: Mahaska County has higher income inequality compared to Carroll, Marion, and Iowa, but lower than the US average.
5. Children in Single-Parent Households: The percentage of children living in single-parent households in Mahaska is higher than Carroll and Marion, but similar to Iowa and lower than the US average.

	Mahaska	Carroll	Marion	Iowa	US
Social and Economic Factors					
High School Completion (%)	92	94 (93)	94	93 (92)	89
Some College (%)	61 (62)	72 (73)	70 (74)	70 (71)	67
Unemployment (%)	3.7 (4.8)	3.1 (4.0)	3.1 (4.2)	4.2 (5.3)	5.4 (8.1)
Children in Poverty (%)	14 (11.0)	10 (8.0)	9 (8.0)	12.0	17 (16)
Income Inequality	4.8 (4.7)	4.2	3.7	4.2	4.9
Children in Single-Parent Households (%)	20 (21)	14	16	21	25
Social Associations	16.1 (17.7)	17.6 (18.8)	19.0 (19.2)	14.5 (14.8)	9.1 (9.2)
Violent Crime	(268)	(63)	(274)	(282)	(386)
Injury Deaths	69	59	67	70	76

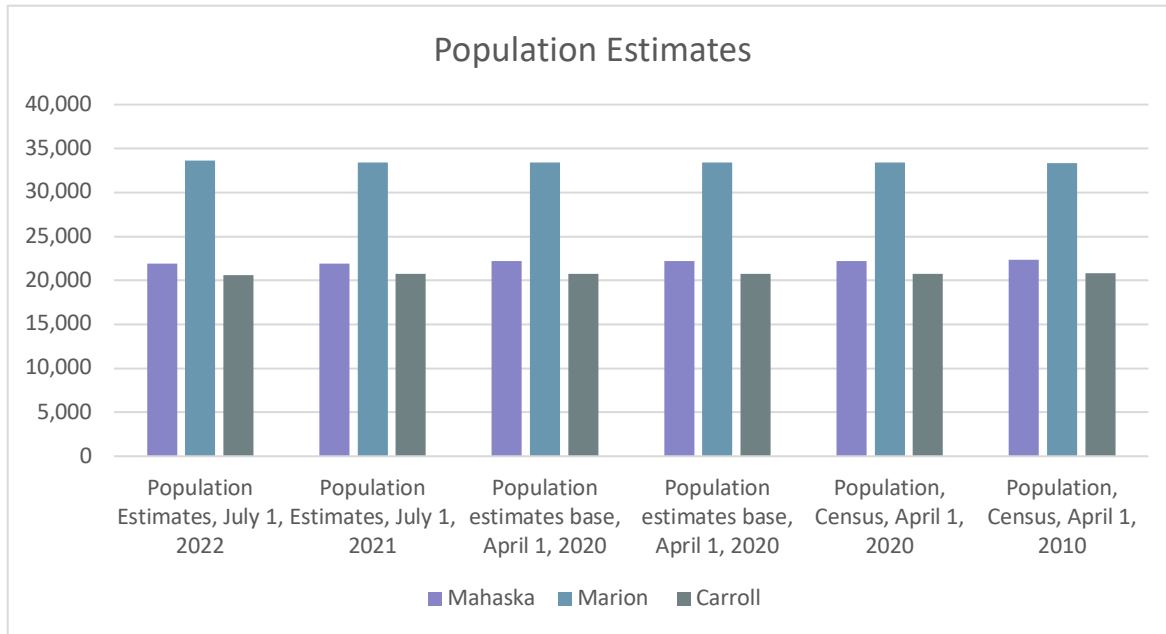
( ) = 2022 data; no ( ) indicates unchanged from previous year

In comparing Mahaska to other regions based on the physical environment the following observations can be made:

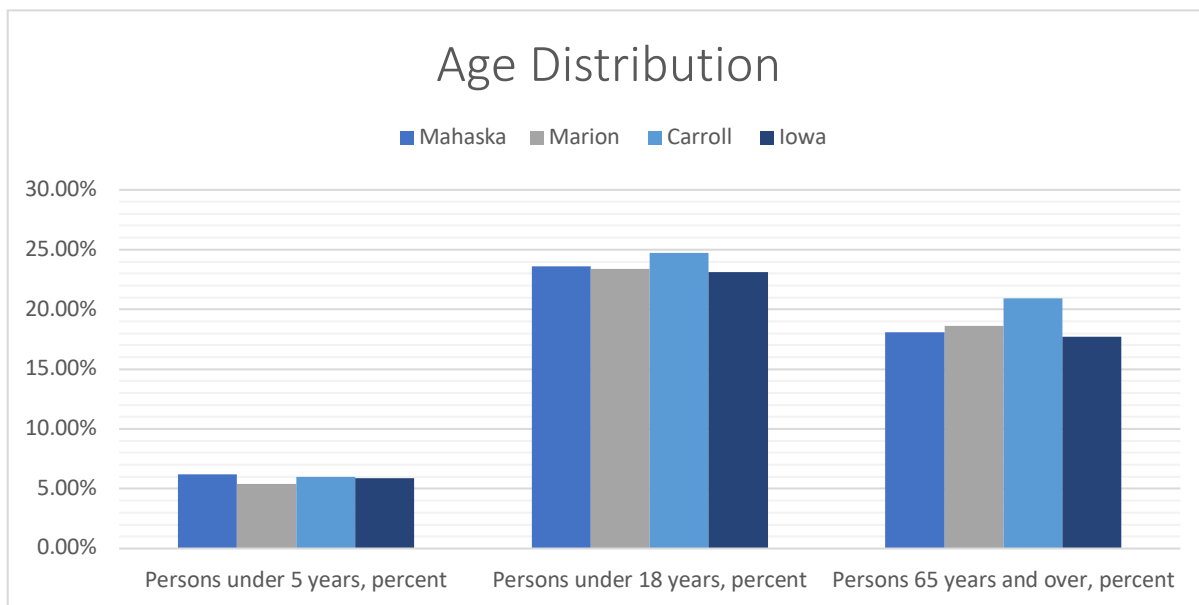
1. Air Pollution-Particulate Matter: Mahaska has slightly higher air pollution-particulate matter levels than Carroll, Marion, and Iowa, and its levels are also slightly higher than the US national average.
2. Severe Housing Problems: Mahaska experiences more severe housing problems than Carroll and Marion. However, these issues are on par with those in Iowa and significantly lower than the US average.
3. Driving Alone to Work: A higher proportion of people in Mahaska drive alone to work compared to the US average, and this proportion is similar to that in Iowa, but lower than that in Carroll and Marion.
4. Long Commute-Driving Alone: Long commutes while driving alone are more prevalent in Mahaska than in Carroll, but less frequent than in Marion and Iowa. Mahaska's percentage is also considerably lower than the national average.

	Mahaska	Carroll	Marion	Iowa	US
Physical Environment					
Air Pollution-Particulate Matter	7.9 (8.4)	7.1 (8)	7.7 (8.1)	7.4 (8.2)	7.4 (7.5)
Drinking Water Violations	No	No (Yes)	No	No Data	No Data
Severe Housing Problems (%)	12 (13)	8	10 (11)	12	17
Driving Alone to Work (%)	79	84	80	79 (80)	73 (75)
Long Commute-Driving Alone (%)	20 (19)	12	26 (25)	21	37

( ) = 2022 data; no ( ) indicates unchanged from previous year

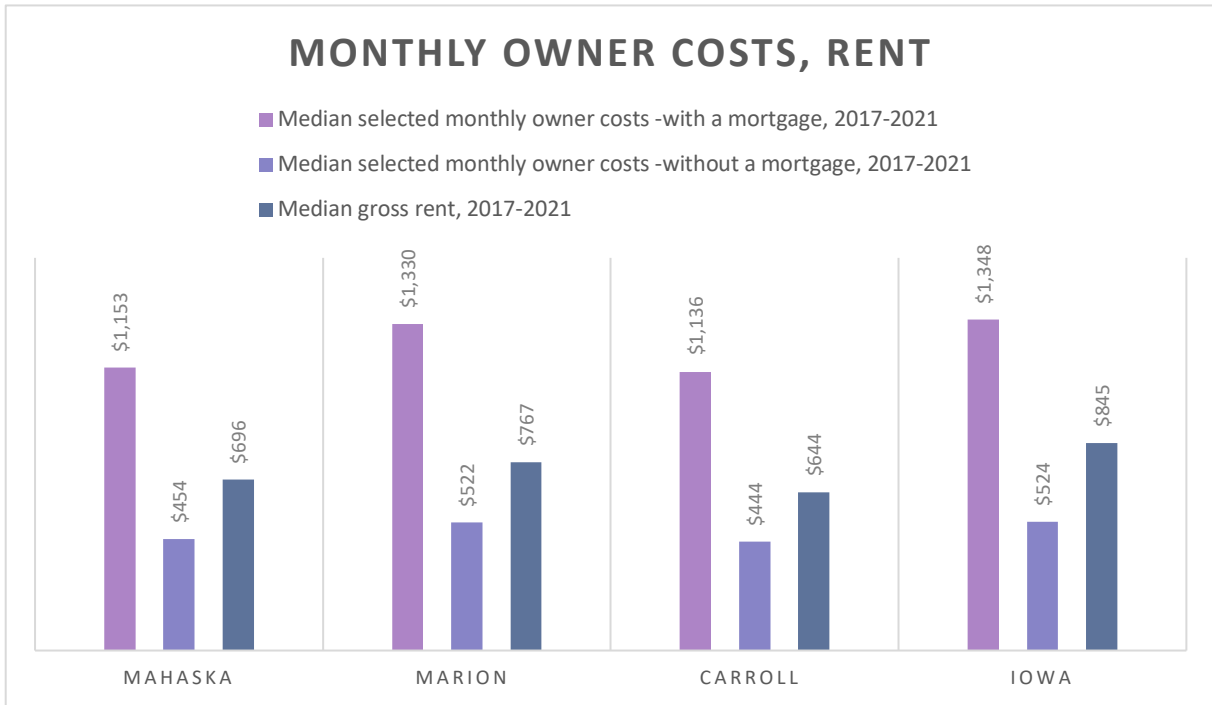


Mahaska County has seen a minimal change in population over recent years, although it has slightly decreased since 2010. Compared to Marion and Carroll counties, as well as the state of Iowa as a whole, Mahaska's population size is relatively moderate, with Marion County having a larger population and Carroll County having a smaller one.



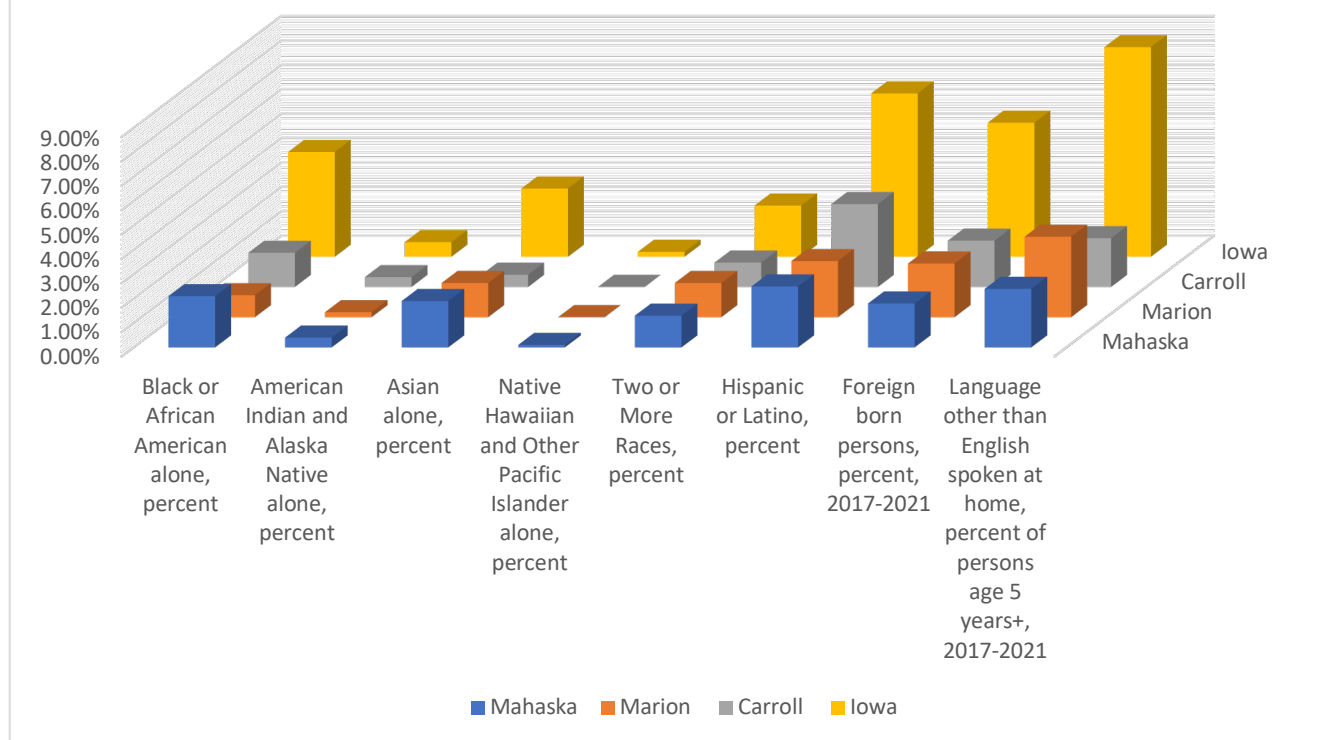
In Mahaska County, the proportion of young children is slightly higher than in Marion County and the state of Iowa, but comparable to Carroll County. The percentage of individuals under 18 years of age is marginally higher than the statewide average, and nearly in line with the other two counties. However, the county has fewer seniors compared to Carroll County but is on par with both Marion County and the state average.





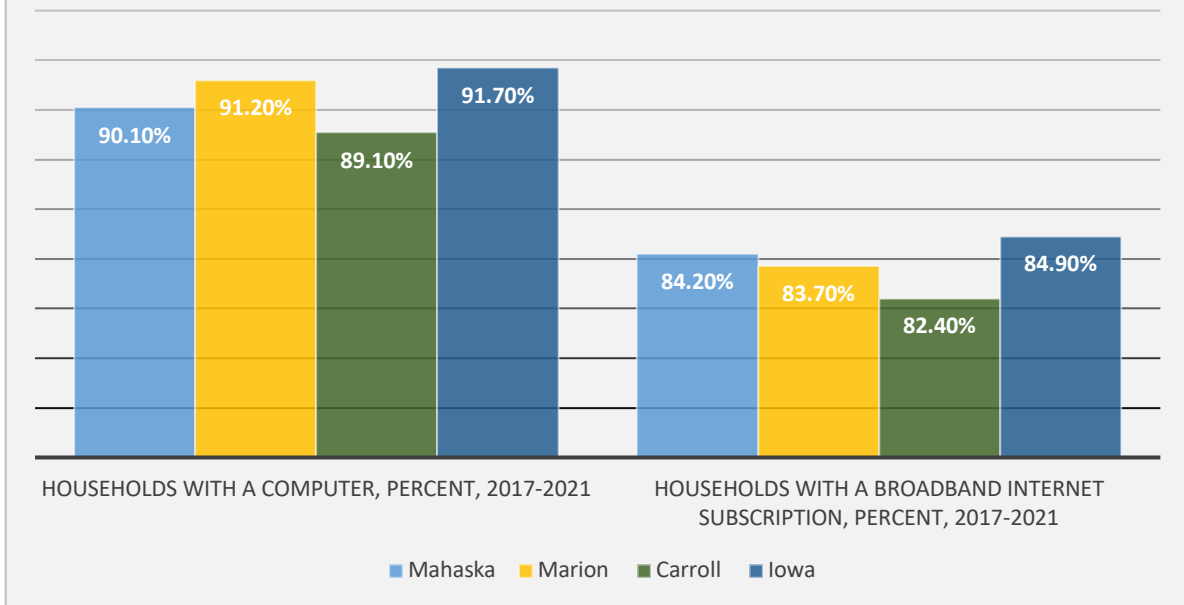
Regarding housing expenses, Mahaska County presents more affordable options compared to Marion County and the state of Iowa as a whole, whether that's for owners with a mortgage, those without a mortgage, or renters. Its housing costs are more closely aligned with those in Carroll County, although overall, Carroll tends to be slightly less expensive.

## Diversity

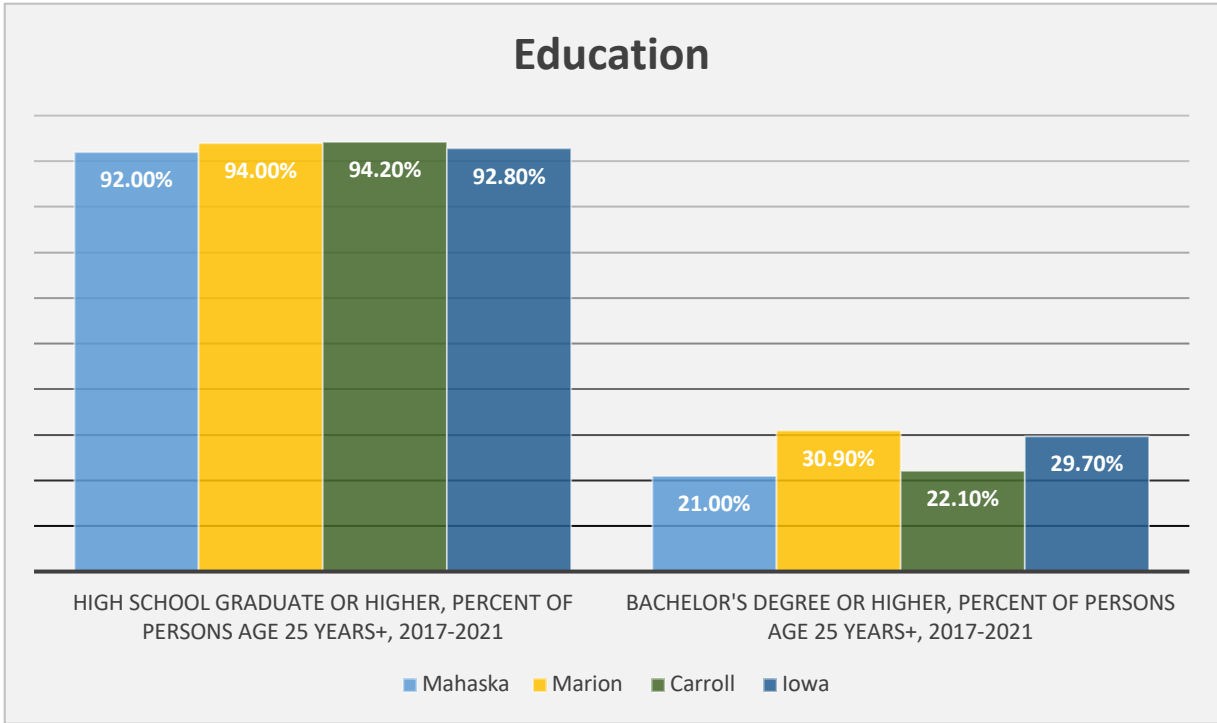


In terms of diversity, Mahaska County has a smaller proportion of Black or African American, Asian, and Hispanic or Latino residents compared to the state of Iowa. The county is more similar in demographics to Marion and Carroll Counties, although Carroll County has a higher percentage of Hispanic or Latino residents. The rate of foreign-born persons and individuals speaking a language other than English at home is lower in Mahaska County compared to both Marion County and the statewide average.

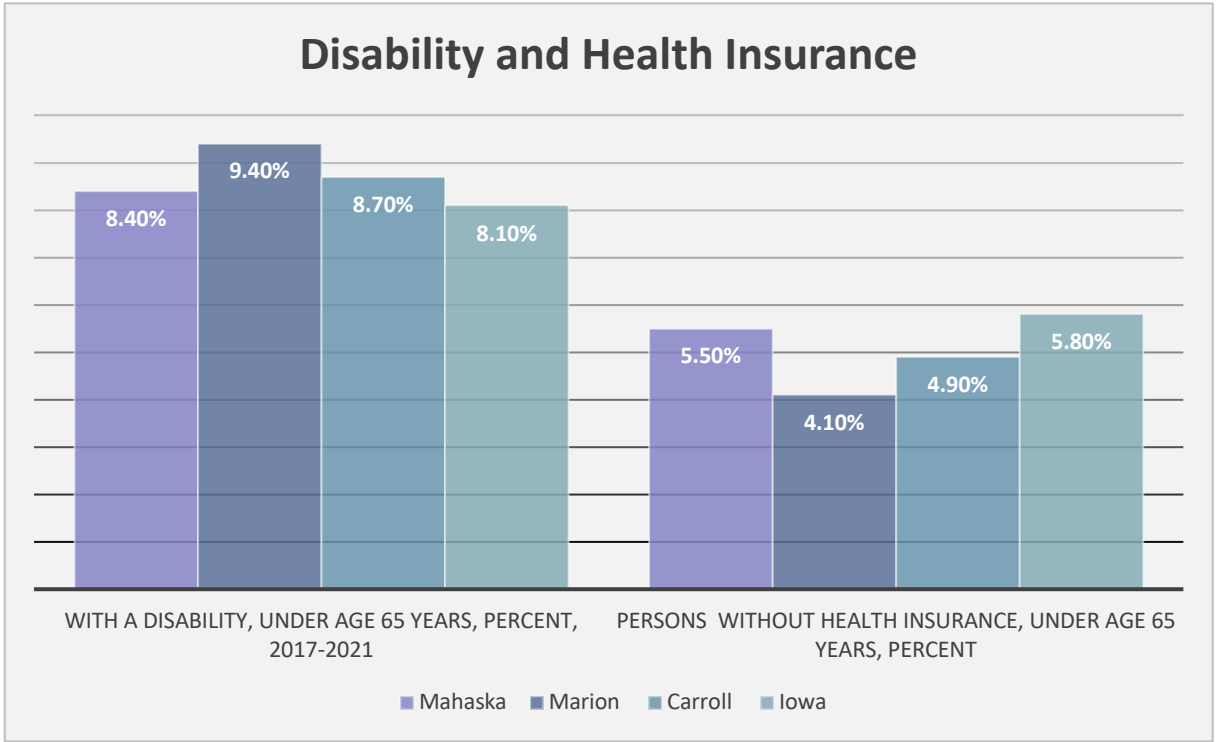
## Computer and Internet Access



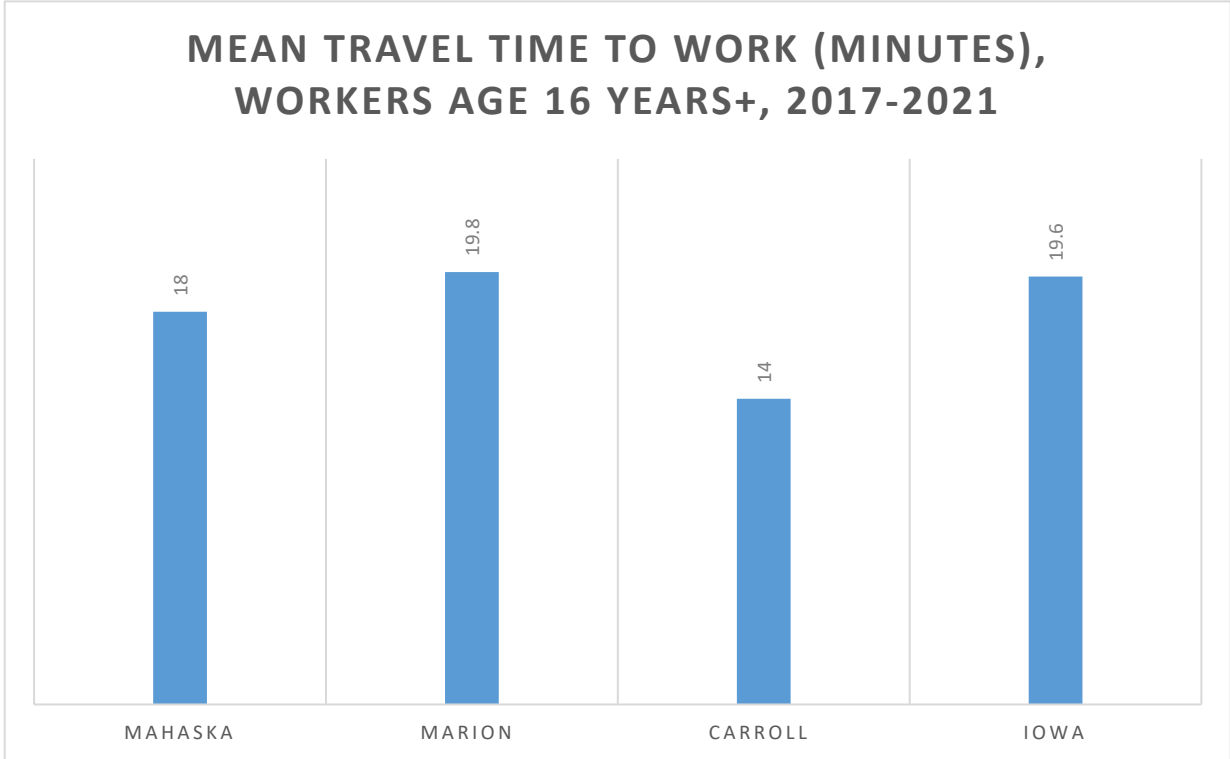
Mahaska County has similar rates of computer ownership and broadband internet subscriptions to Marion County and the state of Iowa as a whole. Meanwhile, Carroll County slightly lags behind in both aspects, indicating a lower level of technological connectivity.



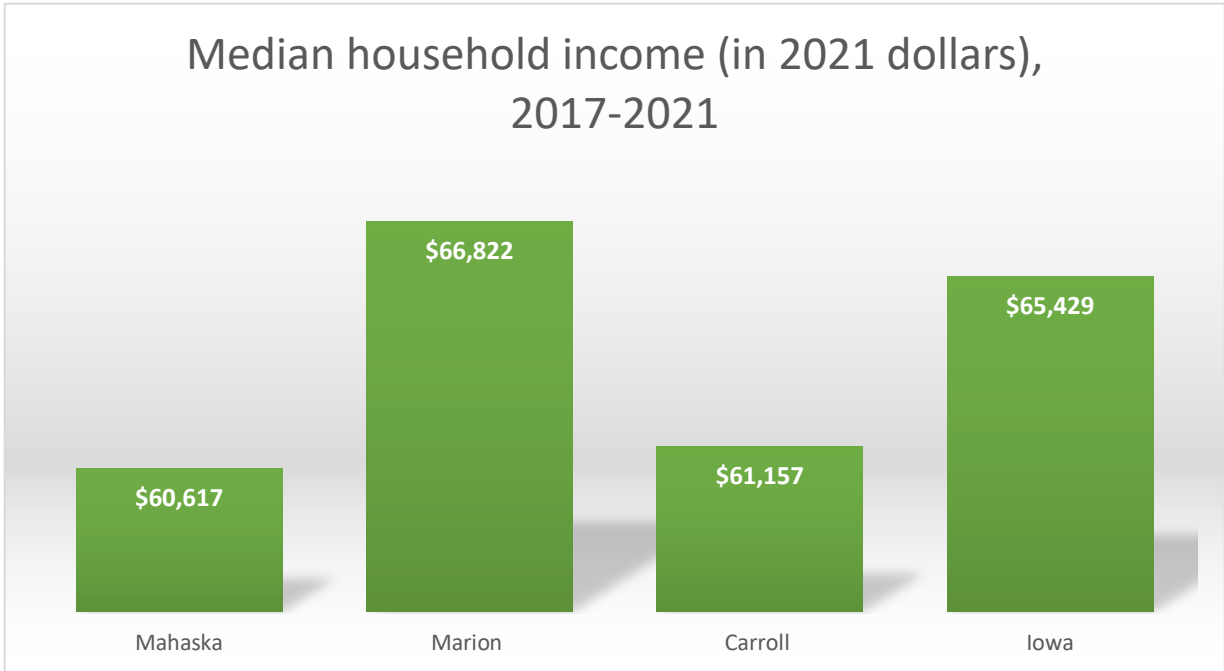
Mahaska County's rate of high school graduation or higher among individuals aged 25 years and older is quite similar to the state average but falls slightly below both Marion and Carroll Counties. When it comes to attaining a bachelor's degree or higher, Mahaska County lags behind Marion County and the state average but is roughly on par with Carroll County.



The percentage of individuals under 65 years old with a disability in Mahaska County is slightly higher than the state average, but lower than Marion and Carroll counties. Regarding health insurance coverage, Mahaska County has a higher rate of uninsured persons under 65 compared to Marion and Carroll counties, but it's still slightly below the state average.

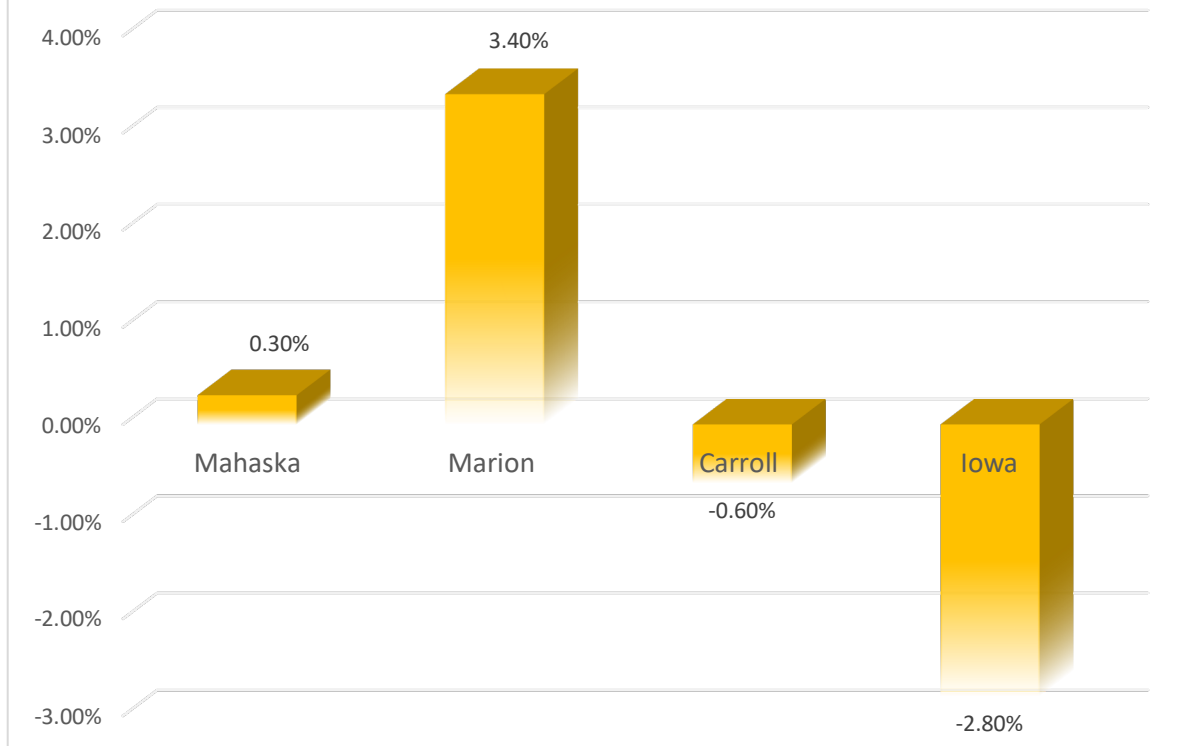


Residents of Mahaska County have a shorter average commute time to work compared to those in Marion County and the state of Iowa as a whole, indicating potentially more localized employment opportunities or less congestion. However, Carroll County outperforms Mahaska with the shortest commute times among the compared regions.



In terms of median household income, Mahaska County lags slightly behind Carroll County and falls further behind Marion County and the state average. This suggests a modestly lower economic earning power within households in Mahaska County compared to the other locations.

## TOTAL EMPLOYMENT, PERCENT CHANGE, 2020-2021

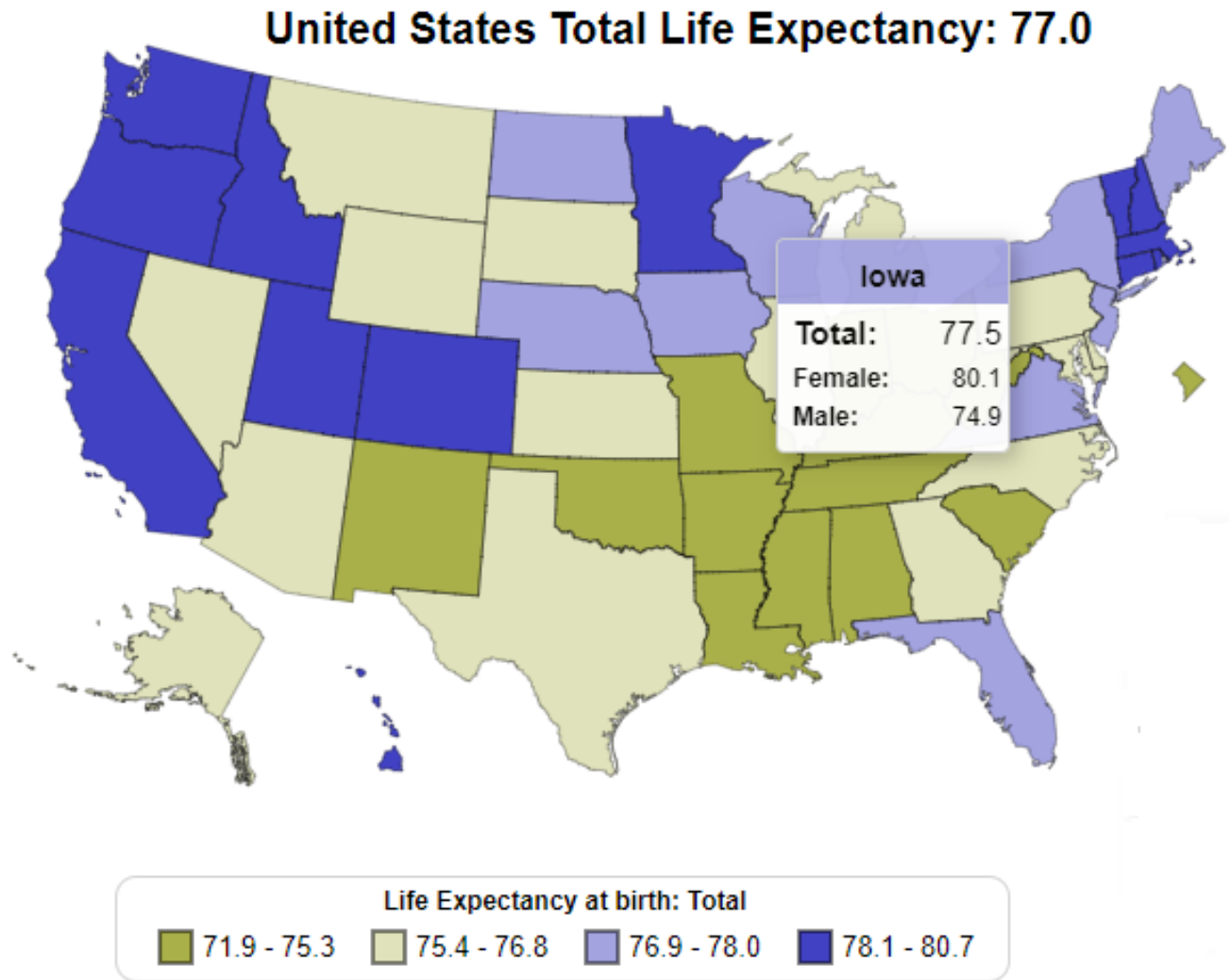


Employment in Mahaska County experienced a small increase from 2020 to 2021, contrasting with the overall decrease seen in the state of Iowa. Marion County saw a much more substantial increase in employment, while Carroll County saw a slight decline during the same period.

## 4.2. County, State, and National Health Data

The following section presents data on life expectancy, leading causes of death, cardiovascular disease, cancer, and drug overdoses at the county, state, and national levels.

### U.S. Life Expectancy at Birth by State and Sex for 2020<sup>8</sup>



<sup>8</sup> U.S. Cancer Statistics Working Group. (2023). U.S. Cancer Statistics Data Visualizations Tool, based on 2022 submission data (1999-2020). U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. <https://www.cdc.gov/cancer/dataviz>



# 10 Leading Causes of Death in Iowa, 2015-2020<sup>9</sup>

10 Leading Causes of Death, and Iowa  
2015 - 2020, Both Sexes, All Ages, All Races

	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies 283	Unintentional Injury 70	Unintentional Injury 53	Unintentional Injury 84	Unintentional Injury 639	Unintentional Injury 852	Unintentional Injury 820	Malignant Neoplasms 2,076	Malignant Neoplasms 6,849	Heart Disease 35,920	Heart Disease 43,119
2	Short Gestation 138	Congenital Anomalies 26	Malignant Neoplasms 23	Suicide 32	Suicide 423	Suicide 535	Malignant Neoplasms 569	Heart Disease 1,792	Heart Disease 4,653	Malignant Neoplasms 28,606	Malignant Neoplasms 38,460
3	Sids 115	Malignant Neoplasms 24	Congenital Anomalies 11**	Malignant Neoplasms 29	Homicide 133	Malignant Neoplasms 203	Heart Disease 520	Unintentional Injury 1,029	Chronic Low. Respiratory Disease 1,220	Chronic Low. Respiratory Disease 9,854	Chronic Low. Respiratory Disease 11,401
4	Maternal Pregnancy Comp. 58	Influenza & Pneumonia 12**	Homicide --	Congenital Anomalies 12**	Malignant Neoplasms 77	Heart Disease 143	Suicide 500	Suicide 529	Unintentional Injury 1,182	Alzheimer's Disease 8,527	Unintentional Injury 9,346
5	Unintentional Injury 52	Heart Disease --	Heart Disease Influenza & Pneumonia	Homicide --	Heart Disease 51	Homicide 121	Liver Disease 191	Liver Disease 427	Diabetes Mellitus 864	Cerebrovascular 7,567	Alzheimer's Disease 8,601
6	Placenta Cord Membranes 33	Homicide --	--	Heart Disease --	Congenital Anomalies 29	Liver Disease 57	Diabetes Mellitus 127	Diabetes Mellitus 306	Liver Disease 688	Unintentional Injury 4,565	Cerebrovascular 8,482
7	Circulatory System Disease 28	Septicemia --	Chronic Low. Respiratory Disease --	Chronic Low. Respiratory Disease --	Chronic Low. Respiratory Disease 13**	Diabetes Mellitus 47	Homicide 99	Chronic Low. Respiratory Disease 238	Cerebrovascular 570	Diabetes Mellitus 4,294	Diabetes Mellitus 5,648
8	Bacterial Sepsis 26	Chronic Low. Respiratory Disease --		Cerebrovascular --	Diabetes Mellitus Influenza & Pneumonia	Congenital Anomalies 34	Cerebrovascular 75	Cerebrovascular 233	Suicide 445	Covid-19 3,806	Covid-19 4,336
9	Neonatal Hemorrhage Respiratory Distress 24	Benign Neoplasms Cerebrovascular Perinatal Period --	Benign Neoplasms Cerebrovascular Septicemia --	Anemias Influenza & Pneumonia --		Cerebrovascular 24	Influenza & Pneumonia 43	Covid-19 118	Covid-19 362	Influenza & Pneumonia 3,090	Influenza & Pneumonia 3,520
10					Complicated Pregnancy --	Chronic Low. Respiratory Disease Complicated Pregnancy 23	Chronic Low. Respiratory Disease 41	Septicemia 95	Influenza & Pneumonia 248	Hypertension 2,259	Suicide 2,933

\*\* indicates Unstable values, -- indicates Suppressed values, --\* indicates Secondary Suppression

<sup>9</sup> Centers for Disease Control and Prevention. (2023, June 20). WISQARS (Web-based Injury Statistics Query and Reporting System). Retrieved from <https://www.cdc.gov/injury/wisqars/index.html>

## Cardiovascular

Total Cardiovascular Disease **Death Rate** per 100,000, All Races/Ethnicities, All Genders, All Ages, 2018-2020<sup>10</sup>

Race or Ethnicity	Total Cardiovascular Disease Death Rate per 100,000				
	State	National	Mahaska	Marion	Carroll
All Races/Ethnicities	219.5	217.9	267.7	217.8	206.6
Black (Non-Hispanic)	297	296.3			
White (Non-Hispanic)	220.9	219.3			
Hispanic	109.3	162.7			
American Indian and Alaskan Native	183	191.9			
Asian and Pacific Islander	139.5	130.2			

Total Cardiovascular Disease **Hospitalization Rate** per 1,000 Medicare Beneficiaries, All Races/Ethnicities, All Genders, Ages 65+, 2018-2020<sup>10</sup>

Race or Ethnicity	Total Cardiovascular Disease Hospitalization Rate per 1,000 Medicare Beneficiaries				
	State	National	Mahaska	Marion	Carroll
All Races/Ethnicities	45.9	56.8	29.6	31.0	37.2
Black	80.2	75.3			
White	45.6	56			
Hispanic	39.7	46.1			

	Mahaska	Marion	Carroll
<b>Prevalence (%)</b>			
Coronary Heart Disease Among Adults Ages 18+, 2020	7.3	6.6	7.8
High Blood Pressure Among Adults Ages 18+, 2019	34.7	32.6	34.8
Stroke Among Adults Ages 18+, 2020	3.3	2.9	3.4
<b>Risk Factors (%)</b>			

<sup>10</sup> Centers for Disease Control and Prevention. (2023). DHDSP Map. <https://nccd.cdc.gov/DHDSPTAtlas/Default.aspx?state=IA>

High Cholesterol Among Adults Screened in Past 5 Years Ages 18+, 2019	33.5	32.8	34.7
Diagnosed Diabetes, Age-Adjusted Percentage, 20+, 2019	7.5	8.5	7.6
Obesity, Age-Adjusted Percentage, 20+, 2019	25.4	33.0	32.9
Leisure-Time Physical Inactivity, Age Adjusted Percentage, 20+, 2019	19.5	22.0	24
Current Smoker Status Among Adults Ages 18+, 2020	18.2	15.2	16.8

**Cancer**

In 2020, the latest year for which incidence data are available, in the United States, 1,603,844 new cases of cancer were reported, and 602,347 people died of cancer. For every 100,000 people, 403 new cancer cases were reported and 144 people died of cancer. Cancer is the second leading cause of death in the United States, exceeded only by heart disease. One of every five deaths in the United States is due to cancer<sup>11</sup>.

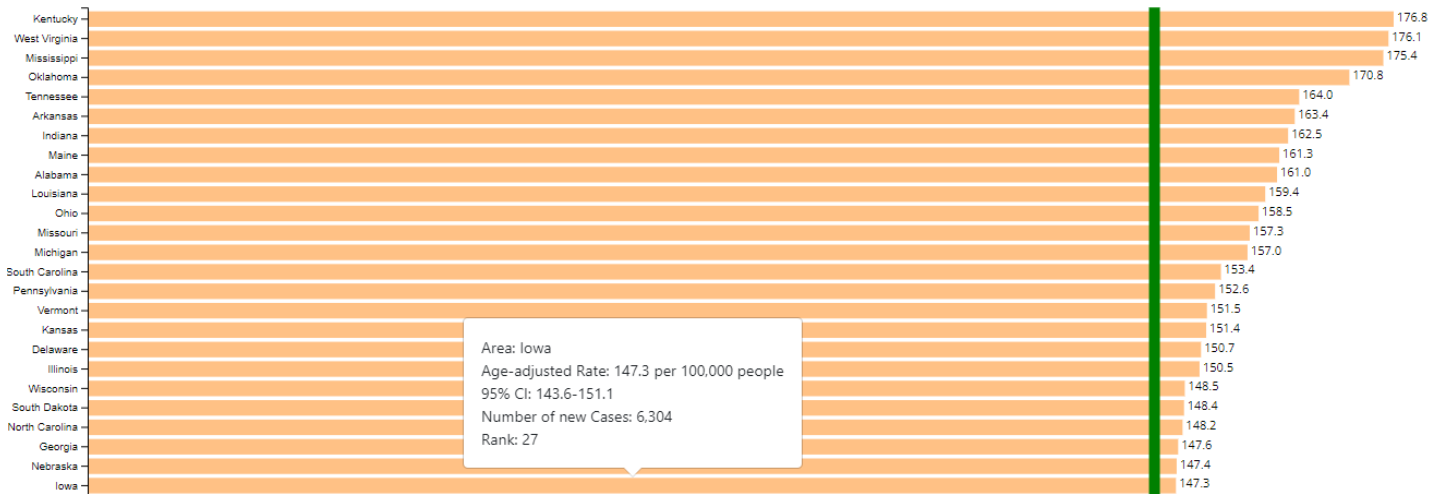
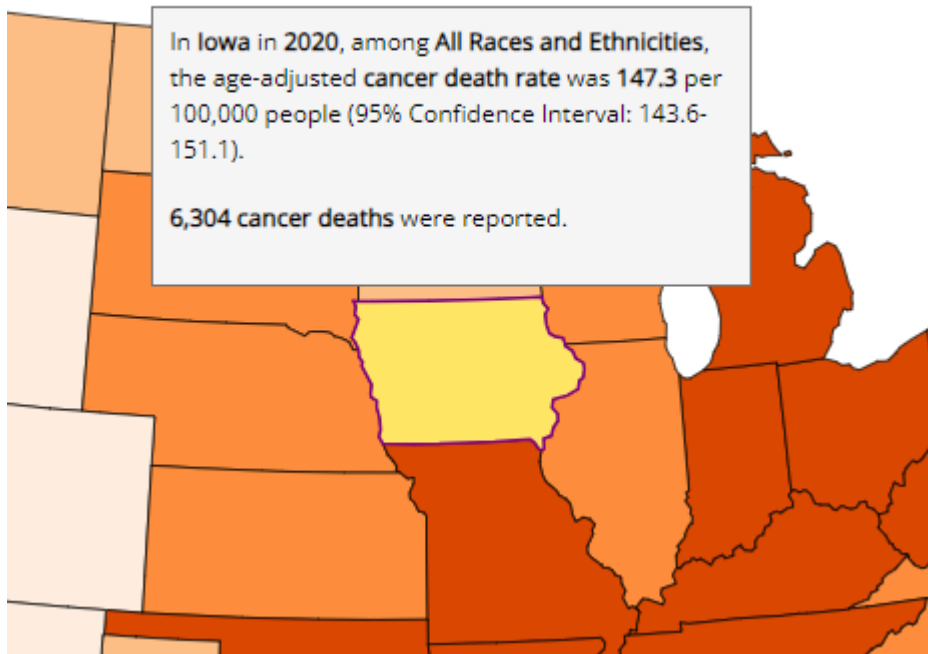
The Cancer in Iowa 2023<sup>12</sup> report from the Iowa Cancer Registry provides an overview of the state of cancer in Iowa, including data on incidence, mortality, and survival. In 2023, it is estimated that 20,800 new invasive cancers will be diagnosed among Iowans, and approximately 6,200 Iowans will die from cancer. The number of cancer survivors is growing, with an estimated 164,270 survivors in Iowa as of 2018. The report also celebrates 50 years of cancer surveillance by the Iowa Cancer Registry, which has been part of the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute since 1973. The registry collects cancer data on all Iowa residents and is one of 21 registries in the United States funded by and providing data to the SEER Program.

The report also provides estimates of new cancer cases and deaths by county. However, specific data for Mahaska County is not explicitly mentioned in the provided excerpt. The report does indicate that the state of Iowa has the second highest overall cancer incidence in the U.S., with increasing rates of certain cancers such as oral cavity/pharynx, leukemia, melanoma, non-Hodgkin lymphoma, uterine, bladder, pancreatic, and thyroid cancers. The report emphasizes the importance of awareness of risk factors, including physical activity, alcohol consumption, obesity, diet, cigarette smoking and tobacco use, and radiation, in order to inform policies, programs, and initiatives designed to address cancer risk factors at a population level.

<sup>11</sup> Centers for Disease Control and Prevention. (n.d.). Cancer Data Visualizations. U.S. Department of Health & Human Services. Retrieved June 29, 2023, from [https://gis.cdc.gov/Cancer/USCS/?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcancer%2Fdataviz%2Findex.htm#/AtAGlance/](https://gis.cdc.gov/Cancer/USCS/?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcancer%2Fdataviz%2Findex.htm#/AtAGlance/)

<sup>12</sup> State Health Registry of Iowa. (2023). Cancer in Iowa: 2023. University of Iowa College of Public Health. <https://shri.public-health.uiowa.edu/wp-content/uploads/2023/02/cancer-in-iowa-2023.pdf>

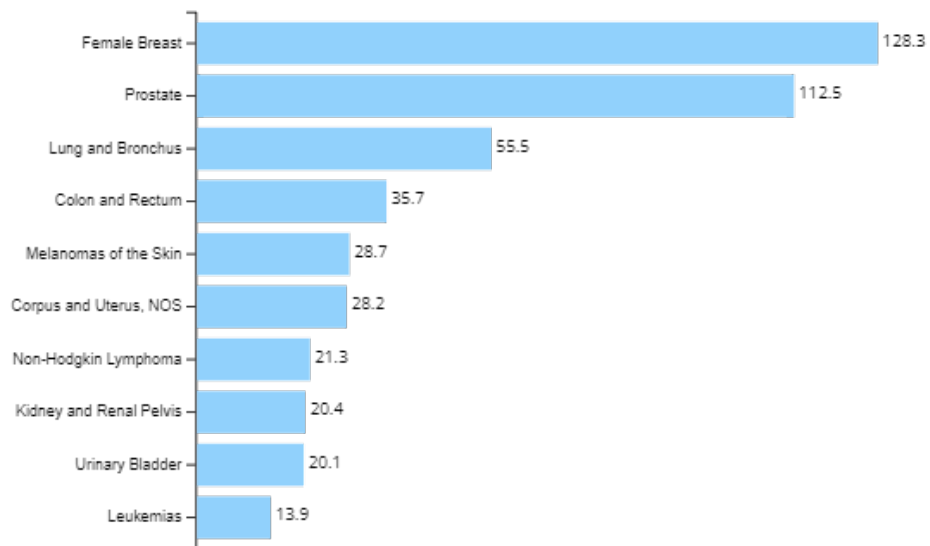
Age adjusted cancer death rate in Iowa (2020)<sup>13</sup>



<sup>13</sup> Source - U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2022 submission data (1999-2020): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; <https://www.cdc.gov/cancer/dataviz/>, released in June 2023.

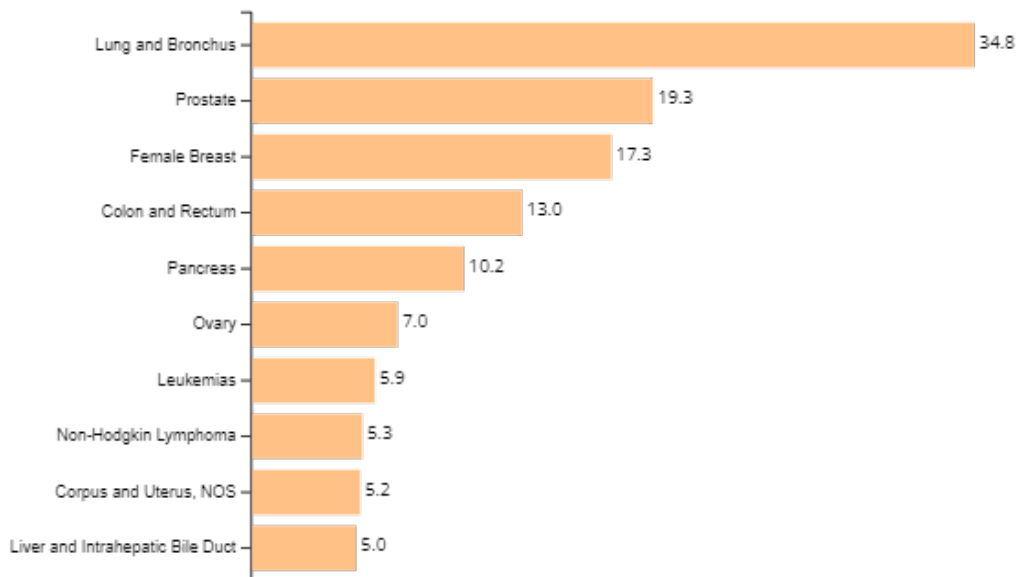
### Top 10 Cancers by Rates of New Cancer Cases<sup>13</sup>

Iowa, 2020, All Races and Ethnicities, Male and Female (Rate per 100,000 people)



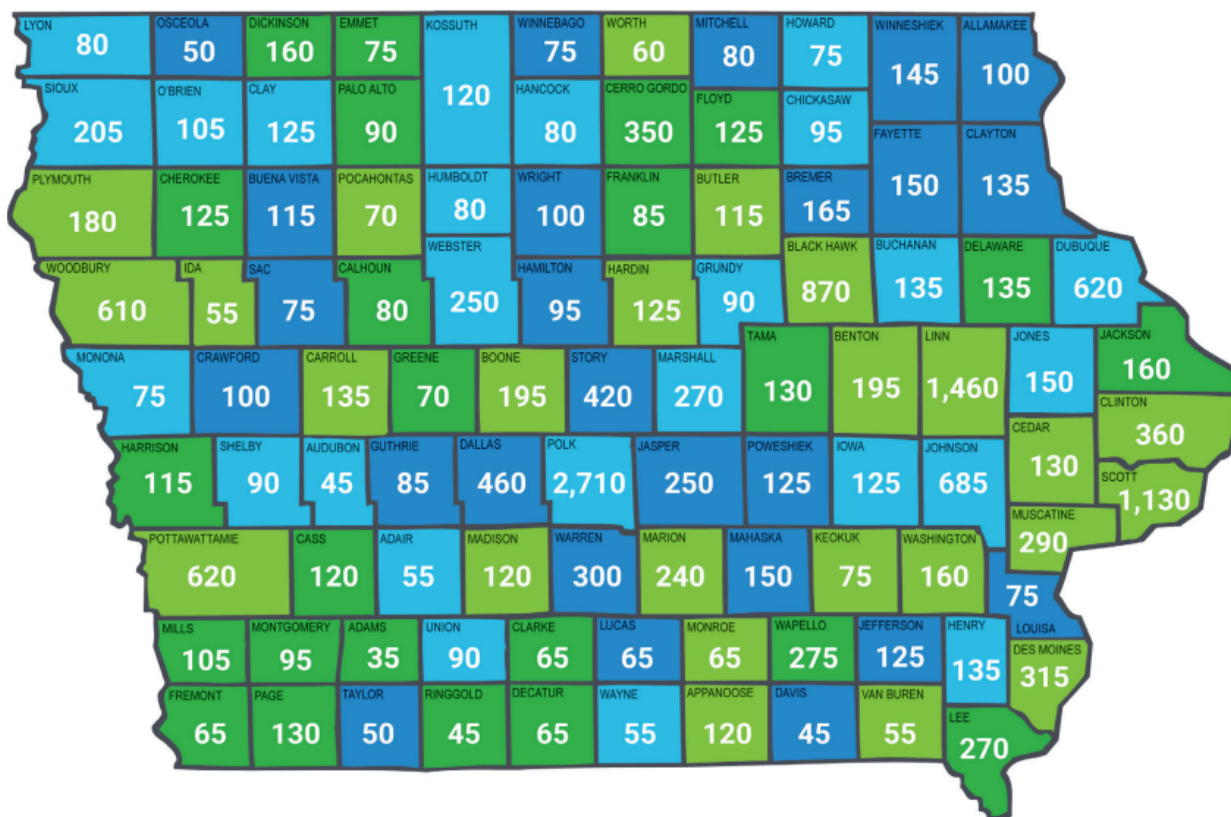
### Top 10 Cancers by Rates of Cancer Deaths<sup>13</sup>

Iowa, 2020, All Races and Ethnicities, Male and Female (Rate per 100,00 people)



Estimates for New Cancers for 2023<sup>12</sup>

The numbers on the map below are estimates of the 20,800 new cancer cases for 2023 by county of residence at diagnosis. The color of the county shows the rate of new cancer cases for years 2015-2019, with the counties with the lowest rates shaded dark blue and the highest rates shaded dark green.



Iowa Rate: 485.9 / per 100,000

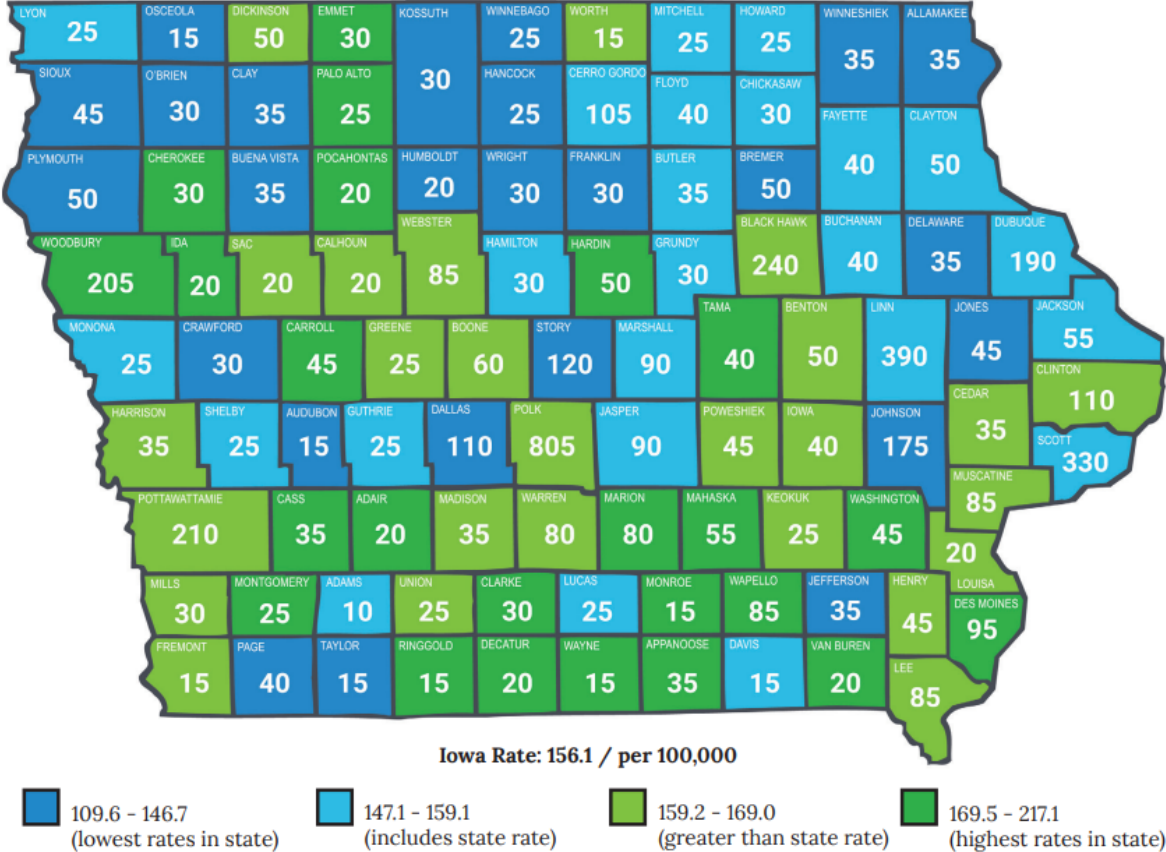


Rates are age-adjusted to the 2000 U.S. Standard Million Population, 2015-2019

ESTIMATED NEW CANCERS AMONG IOWA RESIDENTS, 2023					
TYPE	COUNT	% OF TOTAL	TYPE	COUNT	% OF TOTAL
Breast	2,920	14.0	Leukemia	720	3.5
Prostate	2,750	13.2	Uterus	700	3.4
Lung	2,700	13.0	Oral cavity and pharynx	620	3.0
Colon and rectum	1,660	8.0	Pancreas	610	2.9
Skin melanoma	1,300	6.3	Thyroid	500	2.4
Bladder	950	4.5	Myeloma	310	1.5
Non-Hodgkin lymphoma	830	4.0	Liver and intrahepatic bile duct	300	1.4
Kidney and renal pelvis	830	4.0	All others	3,100	14.9

Estimates for Cancer Deaths for 2023<sup>12</sup>

The numbers on the map below are estimates of the 6,200 cancer deaths estimated for 2023 by county of residence at time of death. These projections are based on mortality data provided by the Iowa Department of Health and Human Services. The color of the county shows the rate of cancer deaths for years 2015-2019, with the counties with the lowest rates shaded dark blue and the highest rates shaded dark green.



Rates are age-adjusted to the 2000 U.S. Standard Million Population, 2015-2019

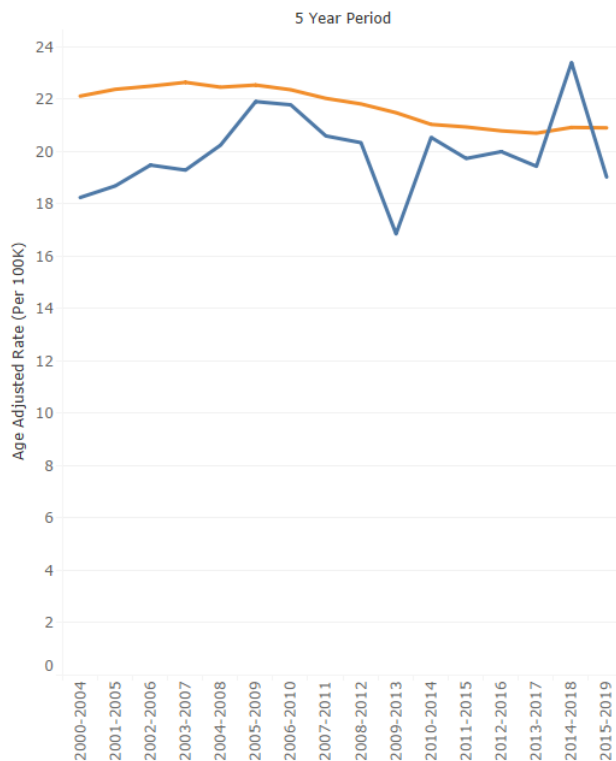
ESTIMATED CANCER DEATHS AMONG IOWA RESIDENTS, 2023					
TYPE	COUNT	% OF TOTAL	TYPE	COUNT	% OF TOTAL
Lung	1,420	22.9	Bladder	190	3.1
Colon and rectum	540	8.7	Brain	180	2.9
Pancreas	470	7.6	Esophagus	180	2.9
Breast	410	6.6	Kidney and renal pelvis	180	2.9
Prostate	340	5.5	Ovary	150	2.4
Leukemia	260	4.2	Myeloma	150	2.4
Liver and intrahepatic bile duct	250	4.0	Uterus	125	2.0
Non-Hodgkin lymphoma	240	3.9	All others	1,115	18.0

## Mahaska County 5 Year Aggregate Cancer Incidence Time Trends<sup>14</sup>

Five-year aggregate measures are available at the state and county level. Five-year aggregate data is used to reduce the presence of suppressed values due to small numbers; allowing display of data, and stabilization of rates to better evaluate trends. Even with this aggregation some values still need to be suppressed.

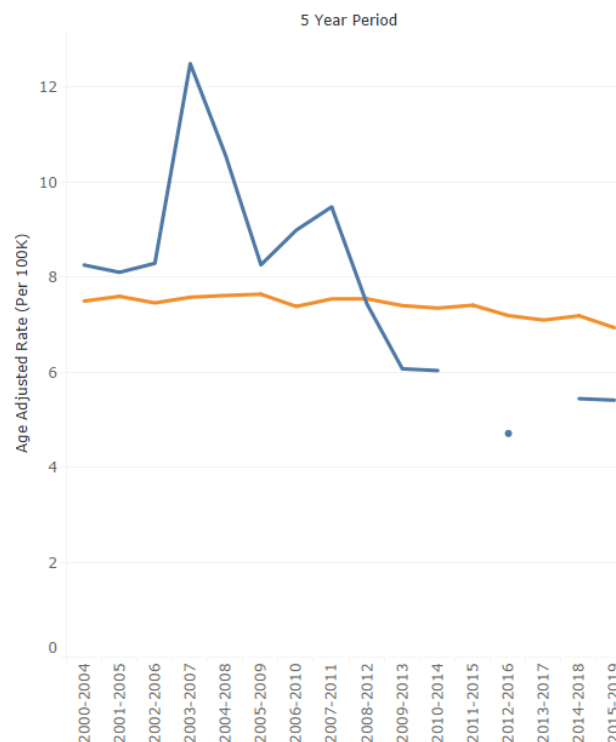
### Mahaska County Five Year Bladder Cancer Incidence Time Trend

The State Age Adjusted Rate time trend is shown as the Orange line.  
Suppressed values show as breaks in the time trend line.



### Mahaska County Five Year Brain and Other Nervous System Cancer Incidence Time Trend

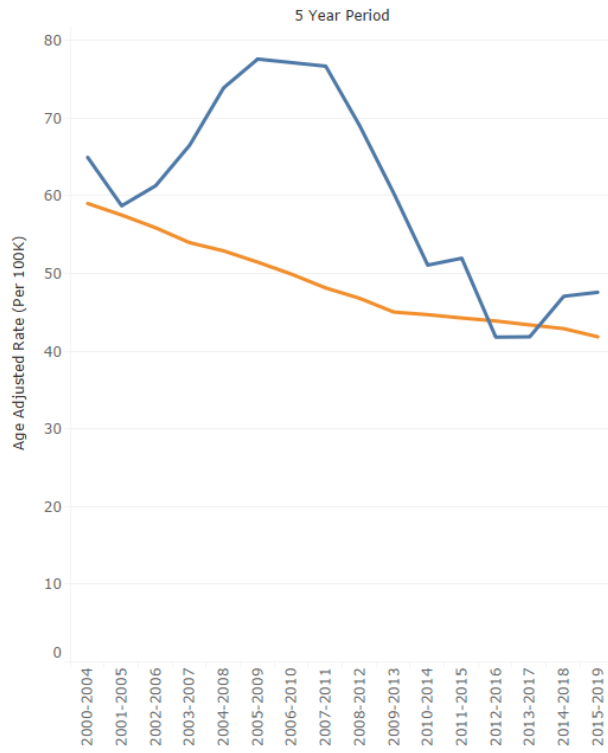
The State Age Adjusted Rate time trend is shown as the Orange line.  
Suppressed values show as breaks in the time trend line.



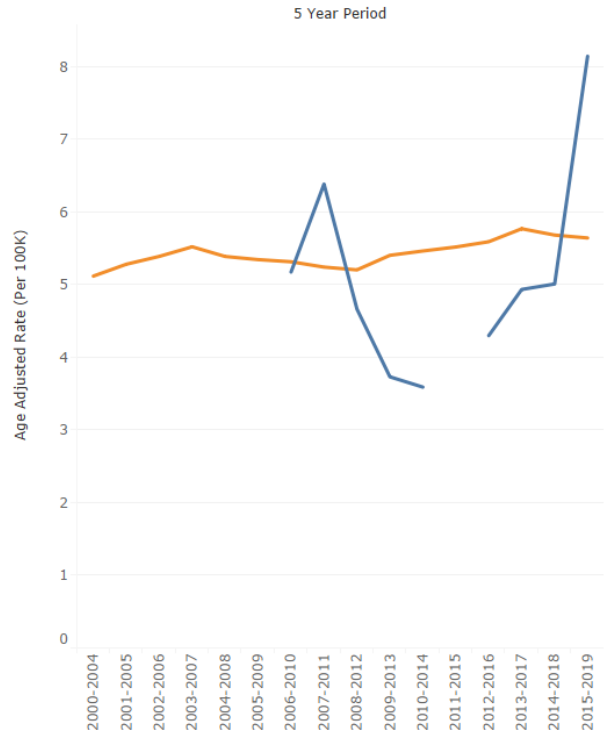
<sup>14</sup> Iowa Department of Public Health. (2023). Environment and Cancer. <https://tracking.idph.iowa.gov/Health/Cancer/Environment>



**Mahaska County**  
**Five Year Colorectal Cancer Incidence Time Trend**  
 The State Age Adjusted Rate time trend is shown as the Orange line.  
 Suppressed values show as breaks in the time trend line.



**Mahaska County**  
**Five Year Esophageal Cancer Incidence Time Trend**  
 The State Age Adjusted Rate time trend is shown as the Orange line.  
 Suppressed values show as breaks in the time trend line.



## Mahaska County Breast Cancer Incidence

The age groups shown are all ages, age 50 and older, and age under 50.

### Measure Description:

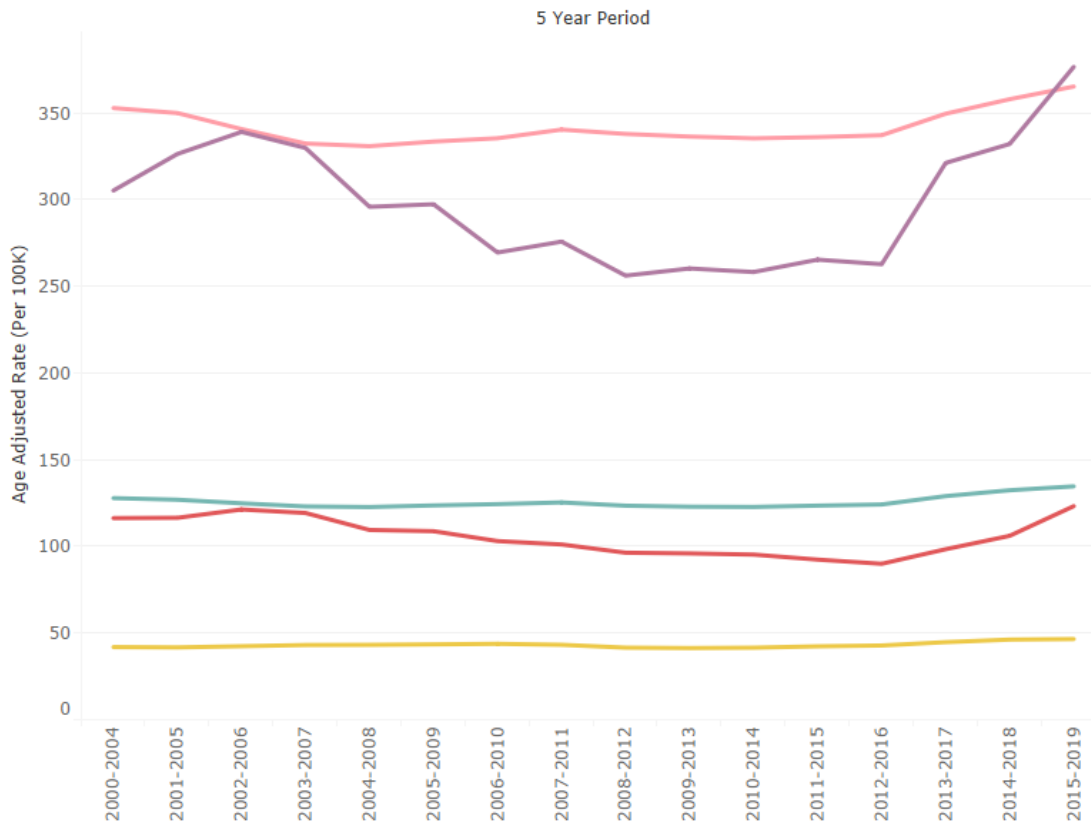
- The Average Annual Count is the average number of newly diagnosed malignant cancers among females per year in the five-year period.
- The Crude Rate (Per 100K) is the rate of newly diagnosed malignant cancers among females per 100,000 Population of females during the five-year period.
- The All-Ages AAR (Per 100K) is the age adjusted rate of newly diagnosed malignant cancers among females per 100,000 Population of females during the five-year period. Age adjustment to the 2000 Standard US Census is done to allow direct comparison of rates in counties and state with different population age distributions.
- The Under 50 AAR (Per 100K) is the age adjusted rate of newly diagnosed malignant cancers among females under age 50 per 100,000 Population of females under age 50 during the five-year period. Age adjustment to the 2000 Standard US Census is done to allow direct comparison of rates in counties and state with different population age distributions.
- The 50 and Older AAR (Per 100K) is the age adjusted rate of newly diagnosed malignant cancers among females aged 50 and older per 100,000 Population of females aged 50 and older during the five-year period. Age adjustment to the 2000 Standard US Census is done to allow direct comparison of rates in counties and state with different population age distributions.

### Measure Names

- All Ages AAR (Per 100K)
- Under 50 AAR (Per 100K)
- 50 and Older AAR (Per 100K)
- State All Ages AAR
- State Under 50 AAR
- State 50 and Older AAR

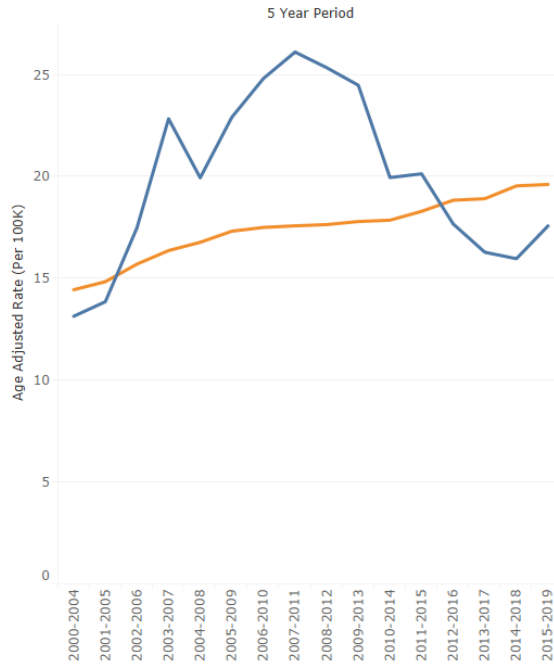
## Mahaska County Five Year Female Breast Cancer Incidence Time Trend

Suppressed values show as breaks in the time trend line.



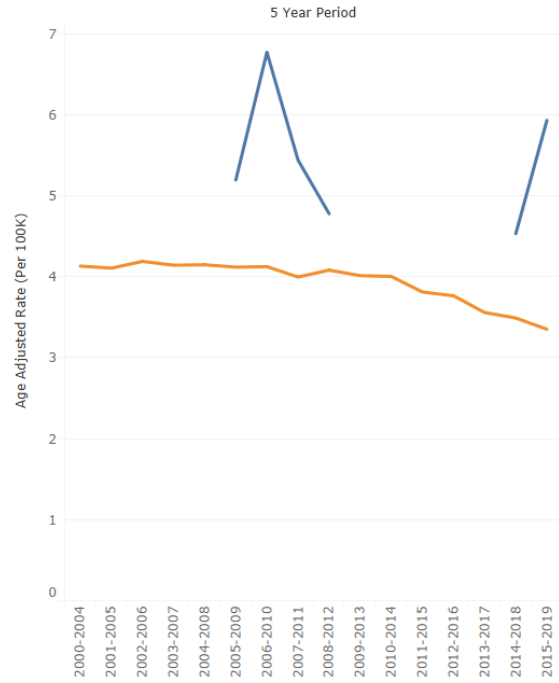
**Mahaska County  
Five Year Kidney and Renal Pelvis Cancer Incidence  
Time Trend**

The State Age Adjusted Rate time trend is shown as the Orange line.  
Suppressed values show as breaks in the time trend line.



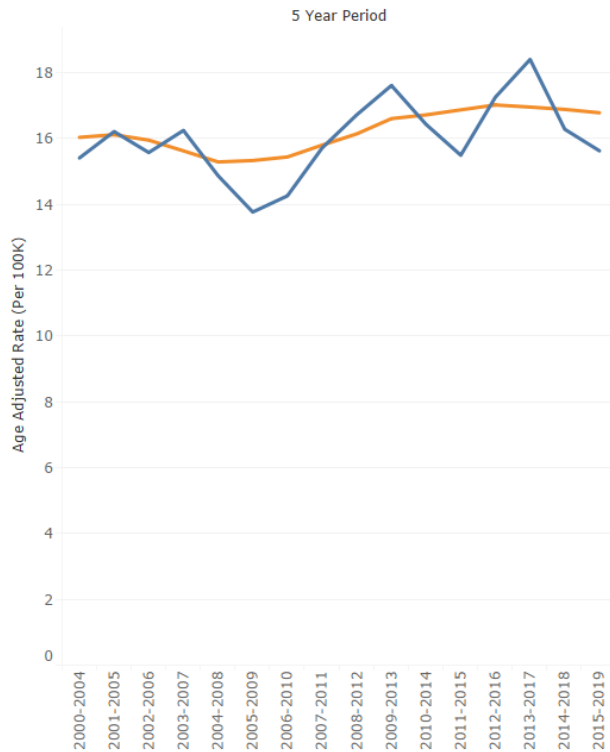
**Mahaska County  
Five Year Laryngeal Cancer Incidence Time Trend**

The State Age Adjusted Rate time trend is shown as the Orange line.  
Suppressed values show as breaks in the time trend line.



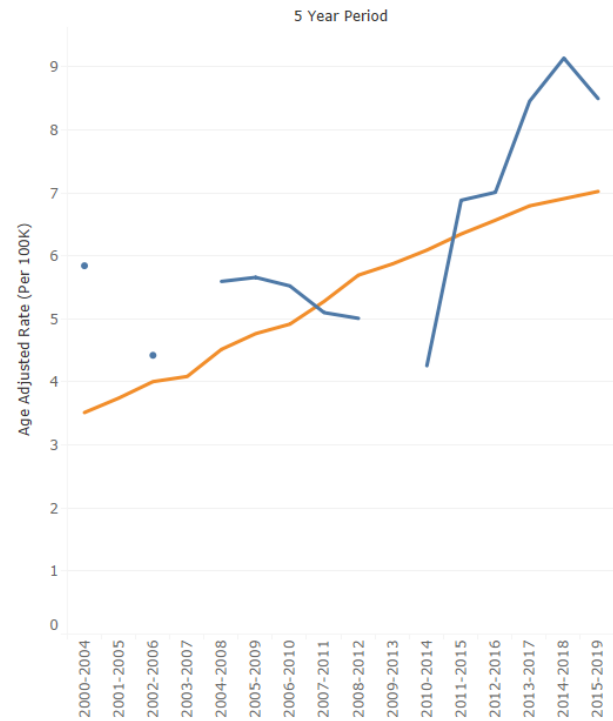
**Mahaska County  
Five Year Leukemia Incidence Time Trend**

The State Age Adjusted Rate time trend is shown as the Orange line.  
Suppressed values show as breaks in the time trend line.



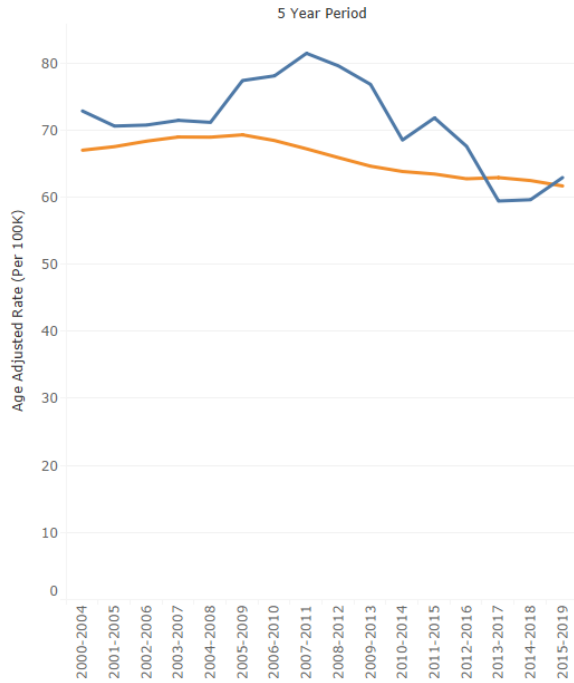
**Mahaska County  
Five Year Liver and Intrahepatic Bile Duct Cancer  
Incidence Time Trend**

The State Age Adjusted Rate time trend is shown as the Orange line.  
Suppressed values show as breaks in the time trend line.



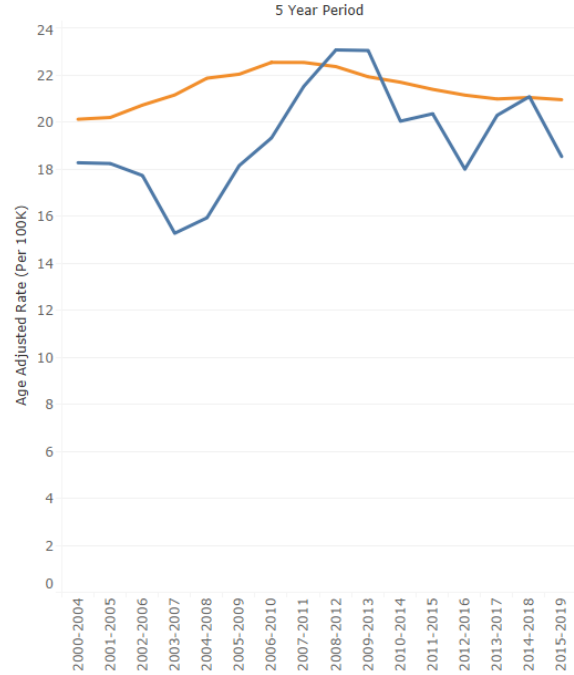
**Mahaska County  
Five Year Lung and Bronchus Cancer Incidence Time Trend**

The State Age Adjusted Rate time trend is shown as the Orange line. Suppressed values show as breaks in the time trend line.



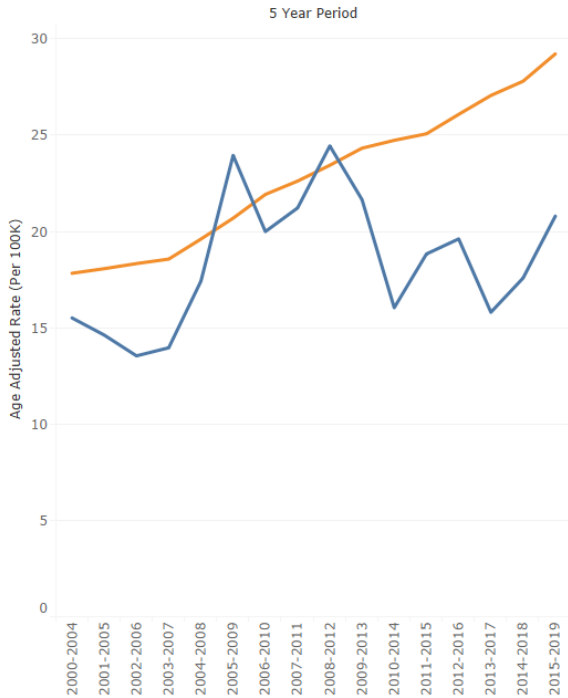
**Mahaska County  
Five Year Non-Hodgkin Lymphoma Incidence Time Trend**

The State Age Adjusted Rate time trend is shown as the Orange line. Suppressed values show as breaks in the time trend line.



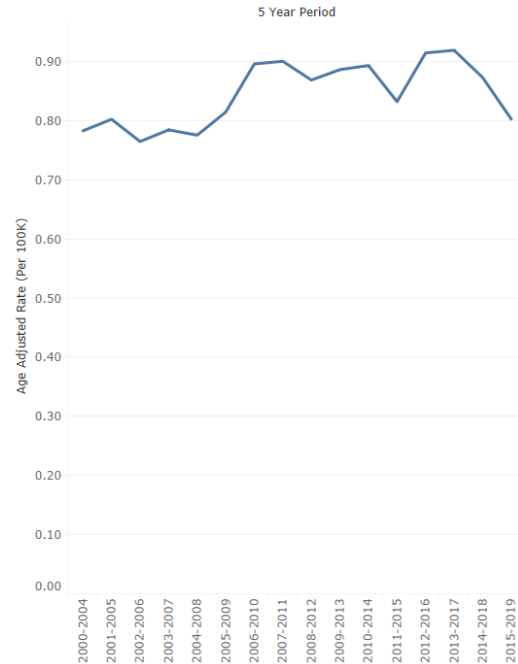
**Mahaska County  
Five Year Melanoma of the Skin Incidence Time Trend**

The State Age Adjusted Rate time trend is shown as the Orange line. Suppressed values show as breaks in the time trend line.



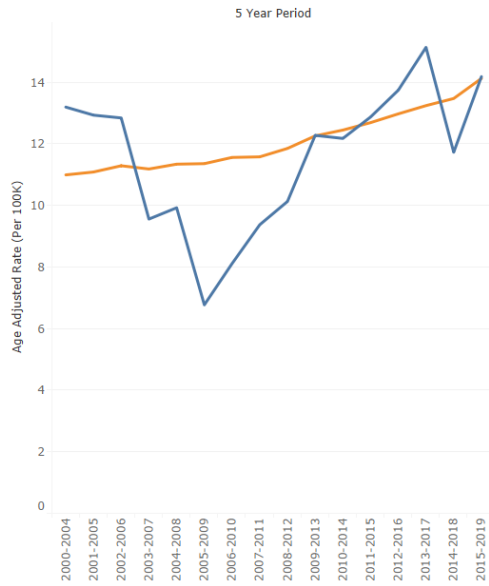
**State of Iowa  
Five Year Mesothelioma Incidence Time Trend**

The State Age Adjusted Rate time trend is shown as the Orange line. Suppressed values show as breaks in the time trend line.



Mesothelioma is only shown at the State level for annual and five-year incidence measures (Blue line)

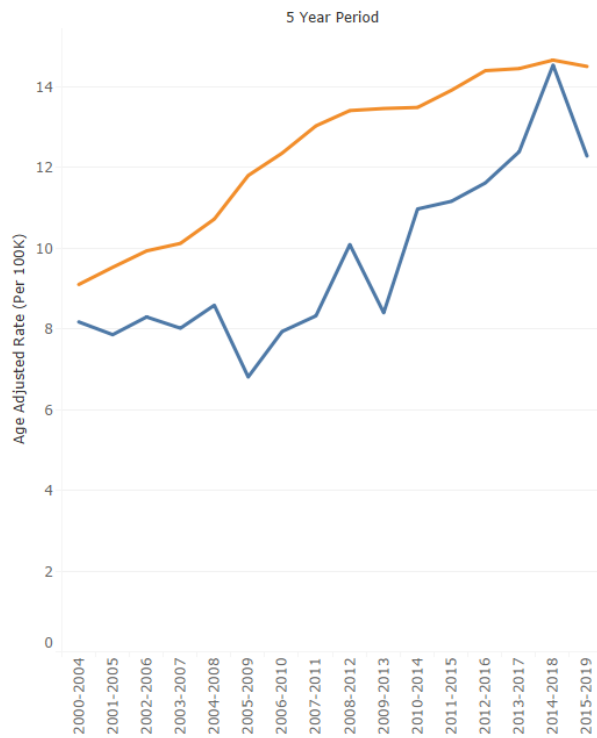
**Mahaska County**  
**Five Year Oral Cavity and Pharynx Cancer Incidence Time Trend**  
 The State Age Adjusted Rate time trend is shown as the Orange line.  
 Suppressed values show as breaks in the time trend line.



**Mahaska County**  
**Five Year Pancreatic Cancer Incidence Time Trend**  
 The State Age Adjusted Rate time trend is shown as the Orange line.  
 Suppressed values show as breaks in the time trend line.

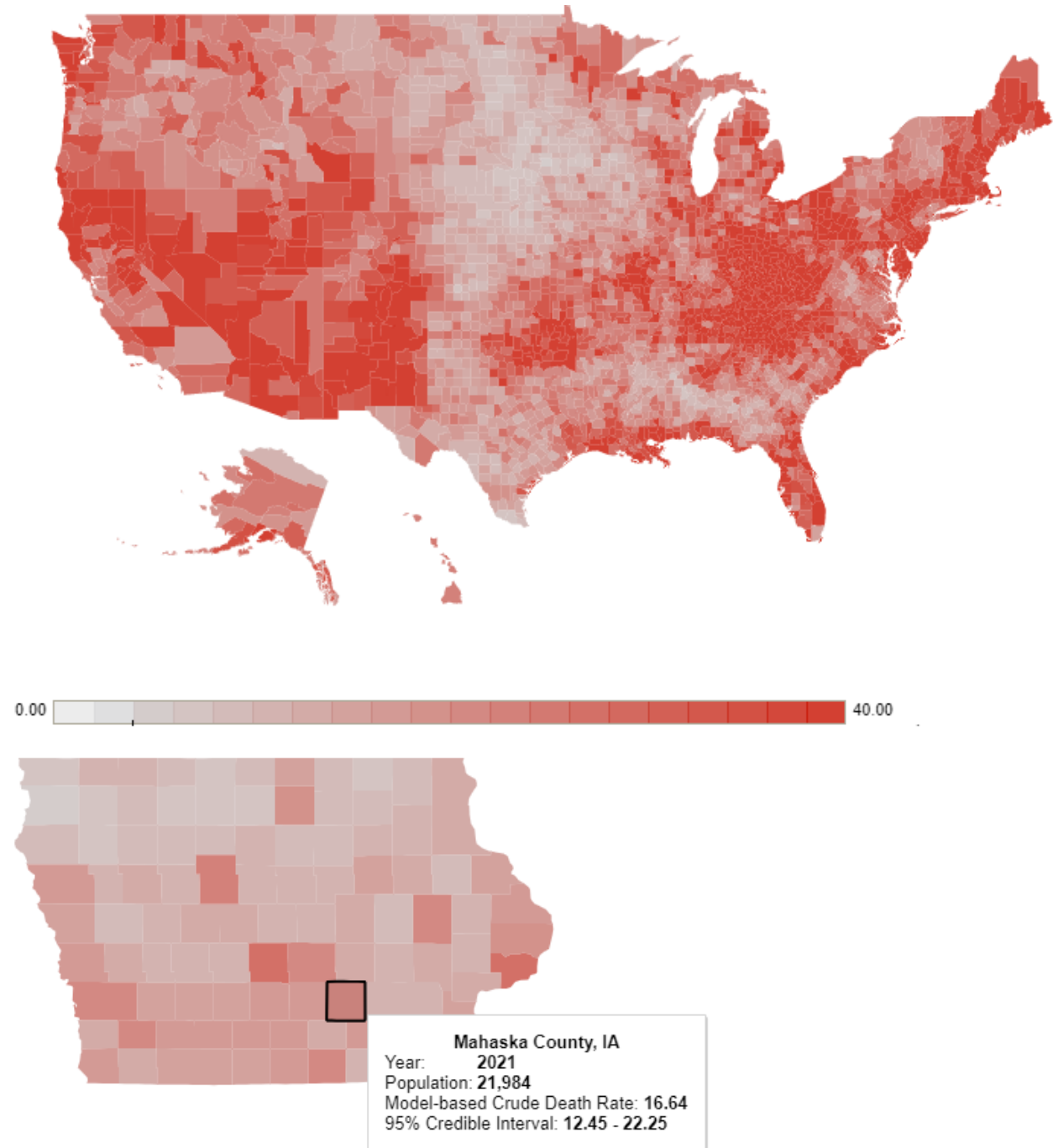


**Mahaska County**  
**Five Year Thyroid Cancer Incidence Time Trend**  
 The State Age Adjusted Rate time trend is shown as the Orange line.  
 Suppressed values show as breaks in the time trend line.



## Drug Overdose<sup>15</sup>

The first dashboard is a heat map of county estimates, showing model-based crude death rates for drug overdose per 100,000 population by county and year. The color scale indicates the magnitude of the estimated county-level death rates.



<sup>15</sup> National Center for Health Statistics. (2023). National Vital Statistics System, mortality data. <http://www.cdc.gov/nchs/deaths.htm>

### 4.3. 2021 Iowa Youth Survey Data<sup>16</sup>

#### Overview

The 2021 Iowa Youth Survey (Appendix B) provided an exhaustive look into the lives of students across various grade levels, offering valuable insights into their beliefs, values, attitudes, and behaviors. Total number of students reporting: 508, community school districts in this report: North Mahaska, Oskaloosa, and Pella. The survey highlighted notable differences in community engagement, physical well-being, and gambling habits, particularly between 6th graders in Mahaska County and the state average. Although participation in paid work and community volunteering were lower for Mahaska County 6th graders, they were more likely to engage in extracurricular activities by 11th grade. Concerning physical health, the majority of students across all grades were not subject to hunger due to a lack of food, however, instances of ongoing disabilities, sports-related concussions, and homelessness were reported. Additionally, the survey noted diverse gambling behaviors, with in-game or in-app purchases being notably prevalent.

Mental health emerged as a significant area of concern across all grades, with roughly one in three students reporting feelings of sadness or hopelessness, which increased from 6th to 11th grade. A significant number of students also reported suicidal ideation, half of whom had made plans for self-harm, and a quarter having attempted suicide. Despite these serious issues, students exhibited positive values like helping others, caring, and accepting diversity, though these values decreased from 6th to 11th grade. Students also overwhelmingly rejected violence as a conflict resolution strategy. Perceptions of risk regarding harmful behaviors evolved with age, notably for illegal drugs, methamphetamines, and cocaine. School attitudes remained positive, although with a decline in strong agreement about caring for school and feeling safe as grades increased. The survey results underscore the importance of comprehensive mental health support, suicide prevention initiatives, and targeted interventions to foster safer and more supportive school environments.

#### Community engagement

Based on the 2021 Iowa Youth Survey data, there were several noticeable differences in school-year activities between 6th-grade students in Mahaska County compared to the state average:

- Fewer Mahaska County 6th graders worked in paid jobs (8% compared to the state's 13%) and volunteered in the community (21% compared to the state's 28%).
- Participation in extracurricular activities was also slightly lower in Mahaska County's 6th graders (68% compared to the state's 77%).

Meanwhile, in the 11th-grade group:

- Participation in extra-curricular activities was notably higher in Mahaska County (85% compared to the state's 79%).

#### Physical Well-Being

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<sup>16</sup> Iowa Department of Public Health. (2021). Iowa Youth Survey Report. Retrieved April 16, 2023, from [https://iowayouthsurvey.idph.iowa.gov/Portals/20/IYS\\_Reports/2/dd72d7d5-be17-4e1b-9a96-469b6e4b5b6e.pdf](https://iowayouthsurvey.idph.iowa.gov/Portals/20/IYS_Reports/2/dd72d7d5-be17-4e1b-9a96-469b6e4b5b6e.pdf)

Hunger: Across all grades, the majority of students reported not experiencing hunger due to a lack of food in their homes in the past 30 days. The rates were fairly consistent across both the state and county levels.

Disabilities or Impairments: Statewide, around 16% of 6th graders, 17% of 8th graders, and 20% of 11th graders reported having ongoing disabilities or impairments. In the county, the prevalence was slightly lower.

Concussion: Overall, a small proportion of students reported having a concussion in the past 12 months due to sports or physical activity. However, among those reporting concussions, some students experienced multiple concussions.

Homelessness: The percentage of students who reported ever being homeless was small across all grades at both the state and county levels. Among those students who reported ever being homeless, a fraction reported being homeless in the past 12 months.

In summary, while most students reported not experiencing hunger, having a disability, or being homeless, there is a subset of students who have faced these challenges. Concussion from sports or physical activities is also an issue, particularly for students who have experienced multiple concussions.

### Gambling

The dataset illustrates a range of gambling behaviors among 6th, 8th, and 11th graders, including betting on sporting events, internet fantasy sports, card or dice games, in-game or in-app purchases, games of skill, and buying lottery tickets. A notable finding is the high prevalence of in-game or in-app purchases across all grades. State-level data shows more than half of the students in each grade admitting to this behavior, while county level data reveals slightly higher percentages for 8th and 11th graders.

The persistence of these behaviors is significant, as a large proportion of students who have ever engaged in such actions continue to do so within the past 30 days, especially in the realm of digital purchases. The findings suggest that gambling behaviors, especially those tied to digital platforms, are common among students. Although not all forms of gambling are harmful, there is a pressing need for increased awareness and potential interventions to counteract any adverse effects these habits may have on the students' overall wellbeing. Future research should focus on understanding the contributing factors and developing effective preventive and intervention strategies.

### Mental Health and Suicide

The community health needs assessment reveals several significant mental health concerns among 6th, 8th, and 11th grade students across the state and county levels, according to the 2021 Illinois Youth Survey (IYS). Mental health status, suicidal ideation, and suicide attempts were the key points of concern, which are crucial to address for the overall well-being of our youth.

General mental health status was determined by instances of feeling sad or hopeless for 2 weeks or more in a row that disrupted usual activities. On average, about 1 in 3 students reported experiencing such feelings. There was a notable increase from 6th grade (state



average: 27%) to 11th grade (state average: 36%), indicating that older students might be dealing with heightened emotional challenges.

The survey also evaluated suicidal ideation, defined by thoughts about self-harm over the past year. Here, there was a significant rise from 6th grade (state average: 17%) to 11th grade (state average: 24%), suggesting that suicidal thoughts are becoming more common as students advance in age.

Moreover, among the students who reported suicidal ideation, roughly half had made a plan about how they would harm themselves. It is concerning that a substantial percentage of students harboring suicidal thoughts are moving beyond ideation to planning.

Alarming, about a quarter of students who reported suicidal ideation also reported having attempted suicide. This percentage remained stable across different grades and areas. This critical situation demands immediate and targeted interventions.

Furthermore, among students who attempted suicide, roughly a quarter of them required medical treatment due to the attempt, demonstrating the serious nature of their actions. However, it is important to consider that these numbers could be underreported due to the sensitive nature of the topic and potential stigma associated with mental health issues.

When looking at the broader student population, including those who reported no suicidal ideation, the percentage reporting suicide plans and attempts significantly dropped. Nonetheless, these numbers remain cause for concern.

In conclusion, our community faces significant challenges regarding student mental health, with distinct trends of sadness, hopelessness, suicidal ideation, and suicide attempts emerging from the survey data. The results underscore the urgent need for comprehensive mental health support services and suicide prevention initiatives in schools. Fostering a supportive school environment, improving access to mental health services, and providing prevention education for students, parents, and staff are crucial steps to address these alarming trends.

### Students' Beliefs and Values

The survey conducted among students in the 6th, 8th, and 11th grades provides insights into their beliefs and values. Students were asked to respond to eight statements on a five-point scale, ranging from strongly disagree to strongly agree. A notable trend throughout all grades is the strong endorsement of positive values, such as helping and caring for others, and acceptance of diversity. However, a gradual decline in agreement with these values was observed from the 6th to the 11th grade.

In terms of conflict resolution, a significant proportion of students across all grades rejected the notion that violence is an acceptable means to solve problems, with the percentage of students strongly disagreeing with this notion being 70% in the 6th grade, 61% in the 8th grade, and 58% in the 11th grade at the state level. These numbers slightly varied at the county level. Overall, the survey presents a generally positive picture of students' beliefs and values, though there are indications of changes as students' progress through school. Detailed analysis could further unpack the nuances of these trends.

### Risk Perceptions

This survey highlights students' perceptions from grades 6, 8, and 11 about the risks associated with various potentially harmful behaviors such as alcohol consumption, smoking, gambling, and drug use. With separate data for state and county, the survey results display variations in risk perception by behavior and grade level. The survey consistently showed the highest perceived risk across all grades for regular use of illegal drugs, methamphetamines, and cocaine, with over 70% of 11th graders identifying these behaviors as "high risk".

Conversely, behaviors like regular gambling and marijuana use were deemed less risky, particularly by 11th graders. Interestingly, the perception of "high risk" in consuming 4/5 or more drinks of alcohol within a couple of hours decreased slightly from the 6th to the 11th grade. Overall, the survey provides valuable insights into how students' risk perceptions evolve as they grow older and can serve as an important resource for health education programs and policies.

#### Perceptions of Peer Beliefs

The dataset shows the responses of students from the 6th, 8th, and 11th grades who were surveyed on their perceptions of peer acceptance for eight different behaviors, including consumption of alcohol, smoking, drug use, and attending parties where underage drinking or drug use occurred. The responses were graded on a five-point scale ranging from "Almost none would think it is okay" to "Almost all would think it is okay."

In the 6th grade, students perceived that most of their peers would not find the behaviors acceptable, with percentages for the "~0" category mostly exceeding 60% at both the state and county levels. The 8th graders showed a decline in this perception, particularly for alcohol consumption and e-cigarette use. By 11th grade, the perception changed more noticeably, especially in relation to alcohol consumption, where a large percentage of students believed that their peers would find it acceptable. However, even at this grade level, the majority of students believed that their peers would not find behaviors like smoking cigarettes and using illegal drugs acceptable. These findings highlight the shift in students' perceptions of peer acceptance for these behaviors as they progress through school.

#### Students Attitudes Toward School

The 2021 IYS survey explored student attitudes toward school across grades 6, 8, and 11. Students were asked to indicate their level of agreement or disagreement with eleven different statements about their school, which were broadly divided into categories about personal attitudes toward school, communication with parents/guardians, school resources, and peer behavior. A key takeaway from the responses is that a majority of students across all grades felt safe at school and put forth their best effort. Notably, the proportion of students who reported they did not plan to finish high school was very high, indicating a strong overall commitment to education.

However, as grades increased, the level of strong agreement decreased for questions regarding caring about school, feeling safe, and having adults available for help. On the other hand, there was generally a higher level of agreement for school resources, such as up-to-date technology and availability of space for extracurricular activities. At the county level, the percentages of students who strongly agreed with the statements were often similar to or slightly higher than state-level responses. Overall, the data suggests that while students generally feel safe and cared for in their schools, there may be room for improvement in the areas of school resources and peer behavior.

## Illegal or Violent Behavior

The 2021 Illinois Youth Survey (IYS) investigated student involvement in various illegal and violent behaviors at school. The survey queried students about experiences including carrying weapons not related to school activities, substance use, theft and damage of personal belongings, disciplinary actions, threats, or injuries involving weapons, property damage, physical altercations, intimidation for obtaining assets, verbal threats of physical harm, and theft. A control question identifying selection bias was also included. Participants had to indicate if these activities occurred on school property or at a school event in the past year. Data was reported for the state and county levels and broken down by grades 6, 8, and 11.

Results indicated varying involvement levels in the listed behaviors. For instance, in the 6th grade, 3% of students at the state level reported carrying weapons, 1% used illegal drugs or alcohol, and 23% admitted to hitting or fighting due to anger. The percentages tended to increase with grade level. The survey also investigated relationships between students and those they hit, kicked, or fought within the last year. Data showed that 44% of 6th graders, 30% of 8th graders, and 25% of 11th graders at the state level reported that the person they fought was a sibling only. Meanwhile, the percentage who reported the persons they fought were friends, classmates, or peers increased with grade level, ranging from 29% in 6th grade to 47% in 11th grade.

## Bullying Behaviors

The data provided pertains to self-reported bullying behavior among students in the 6th, 8th, and 11th grades, as well as responses regarding school staff intervention and student safety. In terms of bullying, a majority of students across all grades reported that they had not engaged in any form of bullying within the past month. For example, over 80% of students reported that they did not make fun of or call others names in a hurtful way, and similar percentages were reported for other types of bullying behavior.

School staff intervention was also addressed, with varying responses across grades. In the 6th grade, 37% of students reported that staff 'almost always' intervened in bullying situations, but this percentage decreased in higher grades, with only 14% of 11th graders observing the same frequency of intervention.

Lastly, about 10% of students across all grades admitted to staying home due to feeling unsafe going to school. This statistic remained constant from 6th grade to 11th grade. However, the vast majority of students (90%) reported feeling safe enough to attend school regularly.

## Perceptions of Other Students' Respect for Diversity

The document presents the results from the 2021 IYS survey in which students were asked about their perceptions of other students' respect for diversity in their schools. The survey asked students to agree or disagree with statements about respect for others based on various factors such as gender, race/ethnicity/skin color, cultural/religious differences, physical disabilities, learning disabilities, and sexual orientation. The responses were measured on a five-point scale ranging from "strongly disagree" to "strongly agree."

The findings indicate that students' perceptions varied across different grades and areas of diversity. For example, in the 6th grade, students showed higher levels of agreement for respect towards race/ethnicity/skin color and cultural/religious differences. However, by the 8th and 11th

grades, the levels of agreement declined. Additionally, respect towards individuals of different sexual orientations had lower agreement levels across all grades. This data provides valuable insight into students' beliefs about respect for diversity within their educational environment.

#### Student Perceptions of Teachers & Staff

The 2021 Illinois Youth Survey (IYS) collected student perceptions of teachers and staff in their schools across various grades, focusing on elements of care, feedback, and respect for diversity. In the sixth grade, 39-41% of students agreed and about 41-52% strongly agreed that their teachers care about them, are available for one-on-one conversations, and provide feedback on their performance. Similarly, the majority of students agreed or strongly agreed that the school staff respected gender, racial/ethnic, cultural/religious differences, and diverse sexual orientations, as well as students with learning or physical disabilities.

In contrast, perceptions appeared to decline slightly as students advanced in grade. In the eighth grade, 44% of students agreed and 21-23% strongly agreed that their teachers showed care, availability, and provided feedback. Similarly, the percentage of students agreeing or strongly agreeing that staff respected various dimensions of diversity was lower than in sixth grade, though still considerable. By the eleventh grade, the level of agreement further dropped, particularly in the areas of teacher caring and feedback, though most students still perceived respect for diversity. These patterns were generally consistent at both state and county levels.

#### Ease of Access to Harmful Substances and Items

In the 2021 Illinois Youth Survey (IYS), students across grades 6, 8, and 11 assessed their perceived ease of access to eight different harmful substances or items on a four-point scale from "very hard" to "very easy," with an option for "don't know/not sure." The findings showed that perceptions varied depending on the substance, grade, and whether the responses were for the state as a whole or individual counties. For example, in 6th grade, cigarettes and e-cigarettes were perceived as 'very hard' to obtain by 35% and 36% of the respondents statewide, respectively. In contrast, 'very easy' responses were low across all substances, with any other illegal drug and marijuana receiving the highest percentages (2% each).

As students progressed to higher grades, perceived ease of access to these substances increased. In the 8th grade, more students found it 'easy' or 'very easy' to obtain cigarettes, e-cigarettes, and alcohol, while by 11th grade, a significant proportion found e-cigarettes (43%) and alcohol (39%) 'very easy' to obtain. Interestingly, the perception of acquiring a firearm also increased with grade level, although the majority still found it 'very hard' or 'hard' to do so. Perceived access to lottery or scratch tickets also increased with age. These patterns emphasize the changing perceptions and possible risks associated with increased exposure and access to harmful substances and items as students grow older.

#### Alcohol Use

The 2021 Illinois Youth Survey provided valuable insights into alcohol use among students in the 6th, 8th, and 11th grades. When queried about lifetime and recent alcohol consumption, the survey found that 11% of 6th graders, 19% of 8th graders, and 41% of 11th graders reported ever having alcohol. The proportion of students who drank alcohol in the past 30 days also increased with grade level, with 2%, 6%, and 18% for the 6th, 8th, and 11th grades,

respectively. Binge drinking was less common, with less than 1% of 6th graders, 2% of 8th graders, and 9% of 11th graders reporting this behavior in the past month.

One significant finding was that a significant proportion of 6th graders who have tried alcohol started at a very young age, with 34% having their first drink at 8 or younger and another 34% between the ages of 9 or 10. However, this trend decreased significantly with age, with only 6% of 11th graders reporting their first drink at 8 or younger. Instead, by the 11th grade, half of the students who had ever drunk alcohol reported having their first drink between the ages of 15 and 16.

In terms of how students acquired alcohol, for both 6th and 8th graders, the most common means was from a parent or guardian or by taking it from a parent or guardian's cabinet or refrigerator, with these methods representing less than 3% of the responses. This trend changed in the 11th grade, with more students, up to 9% state-wide, acquiring alcohol in a variety of ways. The percentage of students who reported drinking in the past 30 days and their methods of acquiring alcohol both increased significantly from 21% in 6th grade to 46% in 11th grade.

### Tobacco Use

The 2021 Illinois Youth Survey examined the use of tobacco and nicotine products among 6th, 8th, and 11th-grade students, analyzing aspects such as current usage, age of first use, quit attempts in the past 12 months, and average daily cigarette consumption. It found that tobacco and nicotine usage increased with grade level. Among 6th graders, only 1% reported having used tobacco products and 4% reported having used e-cigarettes or similar products. These rates rose among 8th graders to 4% for tobacco products and 10% for e-cigarettes, and peaked among 11th graders, with 10% reporting the use of tobacco products and 24% using e-cigarettes. Notably, the use of heated tobacco products was less than 5% across all grades. The majority of students in each grade reported they had never used tobacco products, with a particularly low frequency of cigarette consumption among students who had smoked in the past 30 days.

As for the age of first use, the survey found that a majority of 6th graders had never used tobacco products, while 42% had started using e-cigarettes at ages 13-14. In the 8th grade, the use of e-cigarettes significantly rose, with the majority starting at ages 13-16. By the 11th grade, the usage of e-cigarettes continued to rise with a large proportion starting at age 15-16, whereas the use of traditional cigarettes and smokeless tobacco was more prevalent, yet the majority reported never having used heated tobacco products or menthol cigarettes. In terms of quit attempts, the percentage of students who had tried to quit increased with grade level, with the highest percentages seen in 11th graders, 4% for smoking and 12% for e-cigarette use. Interestingly, the percentage of 6th graders who tried to quit smoking or e-cigarette use was notably higher than that of 11th graders among those who had ever used tobacco or nicotine products.

### Use of Marijuana and Other Drugs

The 2021 Illinois Youth Survey interrogated students about their substance use patterns, specifically focusing on marijuana and other drugs. The survey discovered that lifetime marijuana use differed by grade level: 1% of 6th graders, 4% of 8th graders, and 16% of 11th graders reported having ever used the substance. When considering recent use among those

who had previously tried it, 43% of 6th graders, 47% of 8th graders, and 50% of 11th graders indicated using marijuana within the past 30 days. However, when looking at all respondents, marijuana use in the past month was reported by less than 1% of 6th graders, 2% of 8th graders, and 8% of 11th graders.

The survey also addressed the use of other substances. In the 6th grade, about 2% of students admitted to misusing substances like sniffing glue or misusing over the counter or prescription medications, while less than 1% confessed to using harder drugs such as cocaine, methamphetamines, opioids, mushrooms, or MDMA. This pattern was generally similar in the 8th and 11th grades, though there was a slight uptick in certain behaviors like misuse of over-the-counter medications and inhalants, as well as mushroom use, among 11th graders. The survey also found variance in the age of first marijuana use among different grades: a majority of 6th graders reported first trying it at ages 9 to 12, most 8th graders at 13 or 14, and a significant number of 11th graders at 15 or 16.

### Perceptions of Parents' Attitudes

The 2021 Illinois Youth Survey (IYS) sought to understand students' perceptions of their parents' or guardians' attitudes towards various behaviors, including the use of alcohol, cigarettes, and other substances, attending parties where alcohol or drugs are used, and engaging in physical fights. Students were asked to rate, on a five-point scale ranging from "strongly disapprove" to "strongly approve", how much they thought their parents or guardians would approve or disapprove of them engaging in these behaviors. This was done to get a clear understanding of their perceived parental attitudes towards substance use and other potentially risky behaviors.

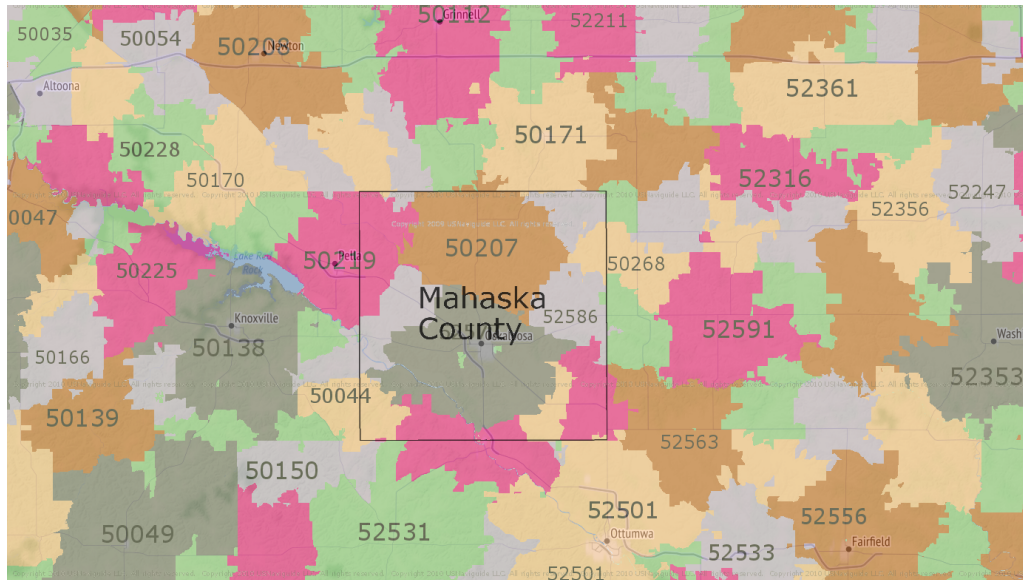
The survey results showed a noticeable parental disapproval of substance use and risky behaviors. For instance, in the 6th grade, strong disapproval ratings were high for behaviors such as drinking alcohol (79% statewide, 82% county), smoking cigarettes (89% statewide and county), and using marijuana (93% statewide, 94% county). Similar trends were seen in 8th and 11th grades, albeit with slight decreases in disapproval percentages as grade level increased. However, the starting of a physical fight had the lowest disapproval ratings across all grades, with 72% in the 6th grade, 58% in the 8th grade, and only 54% in the 11th grade. This trend suggests that as students get older, their perception of parental disapproval for certain behaviors may decrease.

## 5. Broad Interests of the Community Served

### 5.1. 2023 Mahaska County Health Needs Survey

To understand the interests of the community served, an electronic survey (Appendix C) was adapted<sup>17</sup> and distributed on social media, email, postcard. The survey was open from 5/26/2023 to 6/26/2023. The average time to complete the survey was under eight minutes and 194 responses were recorded. The results from the 11 items are below.

1. What is your zip code? Please enter a 5-digit zip code



112 respondents (59%) answered 52577 for this question.



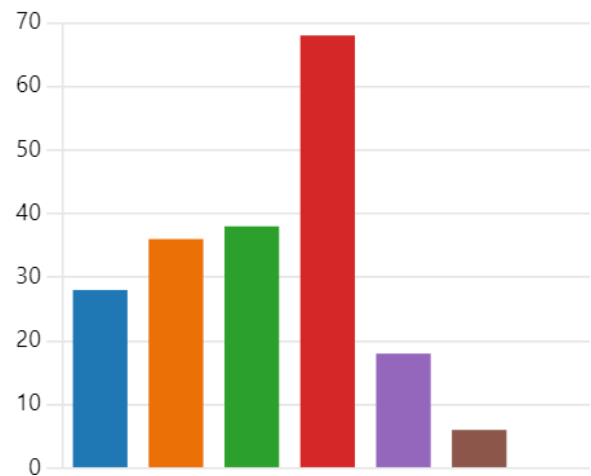
2. What is your gender? Please select one.

<sup>17</sup> Pham, H. (2021). The Johns Hopkins Hospital & Johns Hopkins Bayview Medical Center 2021 Community Health Needs Assessment & Implementation Strategy. Johns Hopkins University. <https://web.jhu.edu/administration/gca/projects/publications-and-reports/community-health-needs-assessment/CHNA%20Documents/JHH%20JHBMC%20CHNA%20IS%202021.pdf>

● Male	33
● Female	160
● Transgender	0
● Prefer not to say	1
● Other	0

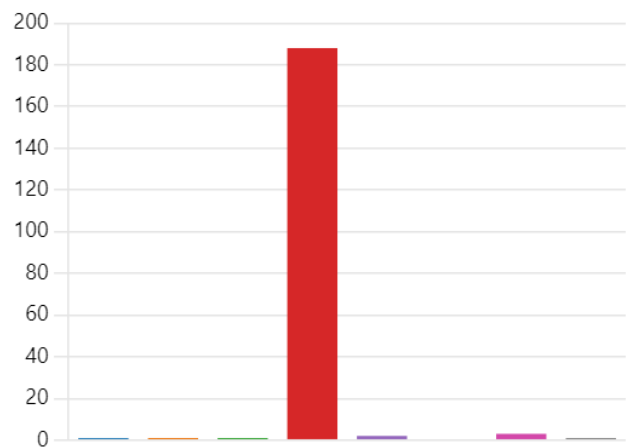
3. What is your age group (years)?

● 18-29	28
● 30-39	36
● 40-49	38
● 50-64	68
● 65-74	18
● 75+	6
● Don't know	0
● Prefer not to answer	0



4. Which one of the following is your race? Please check all that apply.

● Black or African American	1
● Native Hawaiian or Other Pacific...	1
● American Indian or Alaska Native	1
● White or Caucasian	188
● Asian	2
● Don't know	0
● Prefer not to answer	3
● Other	1

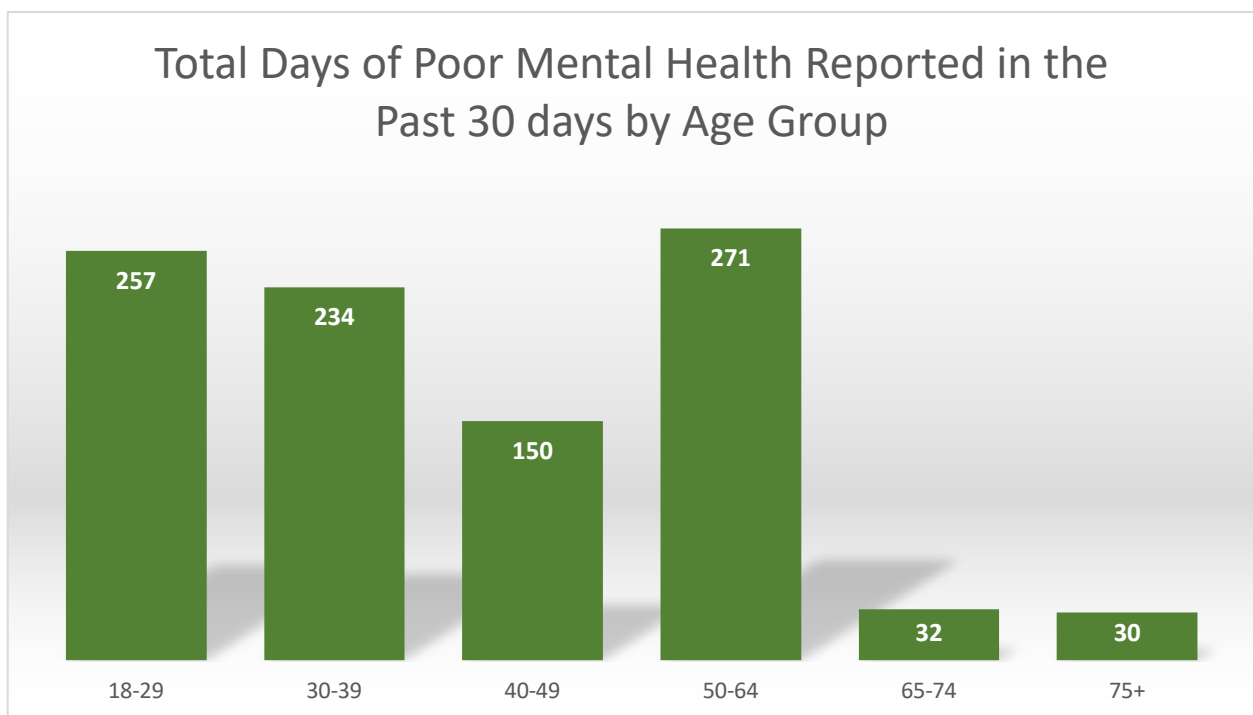


5. Are you Hispanic or Latino/a? Please select one.



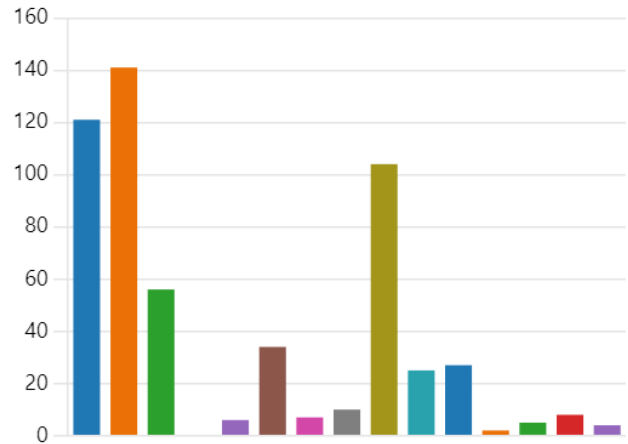
● Yes	3
● No	187
● Don't know	0
● Prefer not to answer	4

6. On how many days during the past 30 days was your mental health not good? Please enter the number of days (0-30) your mental health was not good. Mental health includes stress, depression, and problems with emotions. Please write number of days.



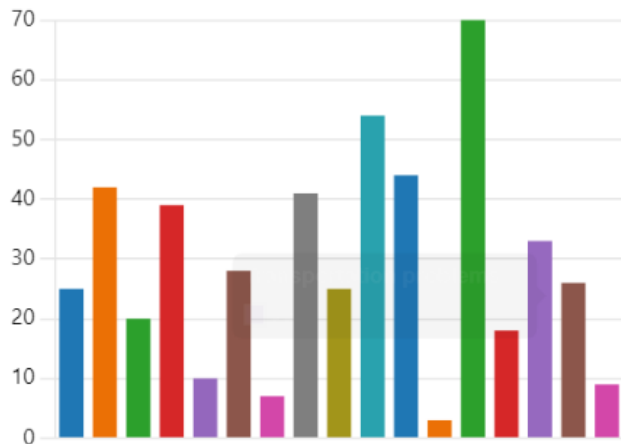
7. What are the three most important health problems that affect the health of your community? Please check only three.

● Alcohol/Drug addiction	121
● Mental health (depression, anxi...	141
● Diabetes/High blood sugar	56
● HIV/AIDS	0
● Lung disease/Asthma/COPD	6
● Smoking/Tobacco Use	34
● Sexually Transmitted Infections	7
● Alzheimer's/Dementia	10
● Overweight/Obesity	104
● Cancer	25
● Heart disease/High blood press...	27
● Infant death	2
● Stroke	5
● Don't know or prefer not to ans...	8
● Other	4



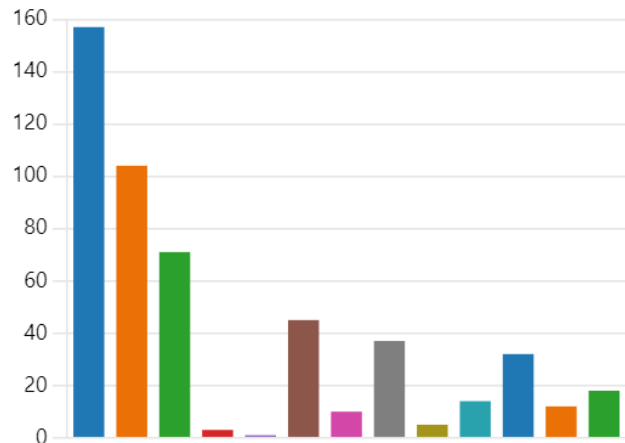
8. What are the three most important social/environmental problems that affect the health of your community? Please check only three.

- Availability/Access to doctor's o... 25
- Availability/Access to insurance 42
- Domestic violence 20
- Limited access to healthy foods 39
- School dropout/Poor schools 10
- Lack of job opportunities 28
- Racial/Ethnic discrimination 7
- Social isolation/Loneliness 41
- Child abuse/Neglect 25
- Lack of affordable childcare 54
- Housing/Homelessness 44
- Neighborhood safety/Violence 3
- Poverty 70
- Limited places to exercise 18
- Transportation problems 33
- Don't know or prefer not to ans... 26
- Other 9



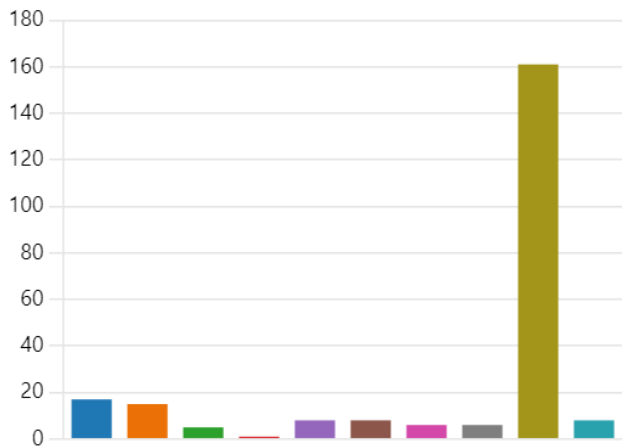
9. What are the three most important reasons people in your community do not get health care? Please check only three.

● Cost-Too expensive/ Can't pay	157
● No insurance	104
● Lack of transportation	71
● Language barrier	3
● Worried about immigration status	1
● Fear or mistrust of doctors	45
● No doctor nearby	10
● Insurance not accepted	37
● Culture/ Religious beliefs	5
● Childcare	14
● Wait is too long	32
● Don't know or prefer not to ans...	12
● Other	18



10. As a result of COVID-19, have you needed any of the following? Check all that apply.

● Financial assistance	17
● Food Assistance	15
● Rental assistance	5
● Translation/ Interpretation Servi...	1
● Energy assistance	8
● Wi-Fi/ Internet assistance	8
● Housing/ Shelter	6
● Childcare	6
● Not applicable	161
● Other	8



11. What ideas or suggestions do you have to improve health in your community?

1. **Mental Health Services:** There is a significant demand for increased mental health services, including more mental health providers, counselors, and timely access to appointments and treatment. The community also expressed a need for specific mental health services for children and more accessible services for those with mental illnesses and disabilities.
2. **Affordability and Access to Services:** Many respondents highlighted the need for more affordable childcare, food, insurance, and clinic/hospital costs. There were also calls for more accessible pharmacies and the lowering of prescription costs.
3. **Community Engagement and Education:** Respondents suggested the organization of more health-related events and activities in the community, such as 5K runs, kids' events, and health education programs. There were also suggestions for weekly health tips or challenges for the community.
4. **Food and Nutrition:** There were calls for programs that make lean meats and produce more affordable, as well as increased food assistance. Some respondents also suggested the need for dietitians or meal plans in grocery stores to encourage healthy choices.
5. **Insurance:** Several respondents expressed frustration with the current insurance system, suggesting the need for more affordable health insurance options and a simplification of the insurance process.
6. **Transportation:** Some respondents identified transportation, especially after hours and on weekends, as a barrier to accessing health services.
7. **Collaboration:** There were calls for enhanced hospital collaboration with community and regional services, including mental health, social services, law enforcement, and schools. Some respondents also suggested the development of a local health coalition to collaborate and share available resources.
8. **Facilities and Infrastructure:** Suggestions were made for safety and water stations on the rec trail, a public tennis court, and better maintenance of existing sidewalks.
9. **Substance Abuse Treatment:** The need for substance abuse treatment services was also highlighted by some respondents.

Overall, the community health needs assessment suggests a strong desire for increased access to and affordability of health services, particularly mental health services, as well as more community engagement and education around health issues.

## 5.2. Stakeholder Interview and Focus Group Findings

This summary highlights the most frequent findings identified by the stakeholder and focus groups for Mahaska County's community needs assessment.

### Stakeholder Summary Findings:

1. Financial barriers (5): Financial issues limit residents' access to healthcare and other essential services.
2. Residents are not aware of available services (4): Many community members lack knowledge about existing resources and services.
3. Lack of mental health services (3): There is a significant gap in the availability of mental health services in the community.
4. Shortage of homes or quality homes (3): The community faces a lack of affordable and quality housing options.
5. Transportation challenges (2): Limited access to transportation is a barrier to healthcare access for some residents.

### Focus Group Summary Findings:

1. Access to primary care providers (3): Residents struggle with accessing primary care services in the community.
2. Lack of access to mental health services (3): Mental health services are limited and difficult to access for residents.
3. Transportation (3): Transportation remains a significant barrier to accessing healthcare and other services.
4. Financial issues of residents (2): Many residents face financial challenges that limit their access to healthcare and other resources.
5. Inadequate dental services (2): Dental care is limited and not accessible to all community members.

## 6. Significant Health Needs

### 6.1. Description of Identified Significant Health Needs

*Top 10 priority health needs for Mahaska County as identified by stakeholder interviews, focus groups, and a community health survey:*

- 1. Mental Health Services:** Stakeholders have expressed the need for more providers, timely access to treatments, and specific mental health services for children, alongside making services more accessible for individuals with mental illnesses and disabilities.
- 2. Affordability and Access to Health Services:** This includes affordable childcare, food, insurance, and clinic/hospital costs, as well as more accessible pharmacies and lower prescription costs.
- 3. Community Engagement and Education:** There is a call for more health-related events, health education programs, and community engagement activities, like 5K runs and kids' events.
- 4. Food and Nutrition:** Residents expressed a need for programs that make lean meats and produce more affordable, increased food assistance, and the inclusion of dietitians in grocery stores to encourage healthier choices.
- 5. Insurance:** Stakeholders have called for more affordable health insurance options and simplification of the insurance process.
- 6. Transportation:** Particularly on weekends and after-hours, improved transportation is required to facilitate access to health services.
- 7. Collaboration:** There are calls for the hospital to improve collaboration with community and regional services, like mental health services, social services, law enforcement, and schools.
- 8. Facilities and Infrastructure:** Stakeholders called for safety and water stations on recreational trails, a public tennis court, and better maintenance of existing sidewalks.
- 9. Substance Abuse Treatment:** The community has expressed a need for enhanced substance abuse treatment services.
- 10. Housing:** A lack of affordable and quality homes was identified as a concern, as it directly impacts the overall wellbeing and quality of life of the residents.

The community needs assessment for Mahaska County, Iowa, identifies key challenges and areas for improvement in healthcare, quality of life, and access to services. Continued collaboration and strategic planning will be essential in addressing these challenges and improving the overall quality of life for the community.

## 6.2. Resources Available

Mahaska County Public Health Services:

- Public Health Emergency Preparedness
- Immunization services
  - Vaccine for Children's (VFC) Program, providing vaccines to children birth through age 18 years old who are enrolled in Medicaid, uninsured, underinsured,
  - Annual school and daycare audits of immunization coverage in Mahaska County.
  - Seasonal flu vaccine clinics off campus or done in conjunction with blood pressure screenings and an annual drive through flu clinic held on campus.
- Disease Outbreak Investigation
  - Reportable disease follow-up and surveillance, including case identification and case finding, prevention and control of spread of infectious communicable and environmental disease, and surveillance.
- Nursing Health Maintenance Home visits
  - Registered nursing visits for medication management and venipunctures (lab draws)
  - Based on need and agency criteria
  - Cost for these services is based on a sliding scale fee, no insurance can be billed.
- Homemaker / Home Care Aide visits
  - Home visits are provided for essential services including bathing, grocery shopping, laundry, and light housekeeping.
  - Based on need and agency criteria
  - Cost for these services is based on a sliding scale fee, no insurance can be billed.
- Screening and Assessment
  - Multiple blood pressure clinics and screenings.
  - Held in various locations within the county and can be done on request.
  - Other screenings available include diabetes, head lice, and tuberculosis.
- Health Education
  - Hand washing demonstrations for preschool and health fairs.
  - Participate in events such as YMCA Kids Day, Back to School Event, Oskaloosa
  - Elementary Kindergarten Round up, and Women's Health Night.
- Collaborative Relationships
- Meetings attended with community partners to assist with identifying and addressing public health issues. Currently Public Health staff attends and partners with:
  - Community Partners for Protecting Children - meet monthly.
  - Community Behavioral Wrap Around Committee - meet monthly during school calendar.
  - Assisting with reestablishing Mahaska Safe Kids (Child Abuse Prevention)
- Promoting awareness of Public Health in Mahaska County
  - Establishment of Facebook page and public health logo recently
  - Community Utility Resource & Referral
- Assisting consumers with identifying health or social needs and providing appropriate referrals to the proper entity.
- Public Health System Development



- Increase Public Health capacity for investigation and applying evidence based Public Health practice or work toward meeting Public Health standards.
- Community Health Assessment and Health Improvement Plan and Implementation.
  - Includes identification of health problems and development.

## 2023 Mahaska Health Services

<a href="#"><u>Allergy, Immunology &amp; Pulmonology</u></a>	<a href="#"><u>Mahaska Health Foundation</u></a>	<a href="#"><u>Maternity Care</u></a>	<a href="#"><u>Robotic Surgery</u></a>
<a href="#"><u>Appendectomy</u></a>	<a href="#"><u>General Surgery</u></a>	<a href="#"><u>Medical Nutrition Therapy</u></a>	<a href="#"><u>Serenity House Hospice Care</u></a>
<a href="#"><u>Arthroscopic Surgery</u></a>	<a href="#"><u>Hand Surgery</u></a>	<a href="#"><u>New Sharon Medical Center</u></a>	<a href="#"><u>Shoulder Surgery</u></a>
<a href="#"><u>Behavioral Health Services</u></a>	<a href="#"><u>Hematology</u></a>	<a href="#"><u>Nutrition Therapy</u></a>	<a href="#"><u>Sleep Medicine</u></a>
<a href="#"><u>Birthing Center</u></a>	<a href="#"><u>Hip Replacement</u></a>	<a href="#"><u>Occupational Health</u></a>	<a href="#"><u>Speech Therapy</u></a>
<a href="#"><u>Cancer Care &amp; Treatment Center</u></a>	<a href="#"><u>Hospice Care &amp; Services</u></a>	<a href="#"><u>Occupational Therapy</u></a>	<a href="#"><u>Sports Medicine</u></a>
<a href="#"><u>Cardiac Care Services</u></a>	<a href="#"><u>Hospice Serenity House</u></a>	<a href="#"><u>Oncology</u></a>	<a href="#"><u>Surgical Services</u></a>
<a href="#"><u>Cardiopulmonary Services</u></a>	<a href="#"><u>Hospitalist Care</u></a>	<a href="#"><u>Ophthalmology</u></a>	<a href="#"><u>Telephone Appointments and Telehealth</u></a>
<a href="#"><u>Cataract Surgery</u></a>	<a href="#"><u>Inpatient</u></a>	<a href="#"><u>Orthopedics</u></a>	<a href="#"><u>Urology</u></a>
<a href="#"><u>Diabetes Education</u></a>	<a href="#"><u>Knee Surgery</u></a>	<a href="#"><u>Pain Management</u></a>	<a href="#"><u>Vascular Care</u></a>
<a href="#"><u>Durable Medical Equipment</u></a>	<a href="#"><u>Knee Arthritis</u></a>	<a href="#"><u>Pediatrics</u></a>	<a href="#"><u>Virtual Care Appointments</u></a>
<a href="#"><u>Emergency Services</u></a>	<a href="#"><u>Laboratory Services</u></a>	<a href="#"><u>Physical &amp; Occupational Therapy</u></a>	<a href="#"><u>Visiting Specialists</u></a>
<a href="#"><u>ENT   Ear, Nose, Throat Services</u></a>	<a href="#"><u>Lasik Vision Correction</u></a>	<a href="#"><u>Podiatry</u></a>	<a href="#"><u>William Penn Campus Clinic</u></a>
<a href="#"><u>Eye Surgery</u></a>	<a href="#"><u>Mahaska Health Foundation</u></a>	<a href="#"><u>Primary Care</u></a>	<a href="#"><u>Walk-In Clinic</u></a>
<a href="#"><u>Family Practice</u></a>	<a href="#"><u>Mammogram</u></a>	<a href="#"><u>Public Health</u></a>	<a href="#"><u>Women's Health</u></a>
<a href="#"><u>Flight Physicals</u></a>	<a href="#"><u>Massage Therapy</u></a>	<a href="#"><u>Radiology</u></a>	<a href="#"><u>Wound &amp; Ostomy Care Clinic</u></a>

## 2023 Providers Delivering Care

	FTE Physicians (MD, DO, DPM)	Visiting Specialist*	FTE Allied Employees (ARNP, PA, CRNA)
<b>Primary Care</b>			
Family Practice	4		8
Family Practice w/ OB	6		
Internal Medicine/Geriatrics	1		1
Obstetrics/Gynecology	2		
Pediatrics	1		
Walk-In			3
<b>Medicine Specialists</b>			
Allergy/Immunology			1
Cardiology		0.5	
Dermatology	1		
Gastroenterology			
Oncology/Radiology	1		
Infectious Disease			
Nephrology		0.5	
Neurology			
Psychiatry			
Pulmonary			0.5
Rheumatology		0.5	
Sleep		0.5	1
<b>Surgery Specialists</b>			
General Surgery/Colon/Oral	3		1
Neurosurgery			
Ophthalmology		2	
Orthopedics	2		1
Otolaryngology		0.25	
Plastic/Reconstructive			
Podiatry	2		
Thoracic/Cardiovascular/Vascular		0.5	
Urology	1		0.5
<b>Hospital Based</b>			
Anesthesia/Pain Management			5
Emergency Medicine	6.5		
Radiology			
Pathology			
Hospitalist	2		2
Neonatology/Perinatology			
Physical Medicine/Rehabilitation			

Occupational Medicine	1		1
Audiology			
Chiropractic			
Optometry			
Dental			
<b>TOTALS</b>	33.5	4.75	25

\*FTE Specialists serving the community

### 2023 Visiting Specialists at Mahaska Health

Mahaska Health Visiting Specialists 2023				
Specialty	Name	Schedule	Days per Month	Office Location
Cardiology	Dr. McCormick	1st & 3rd Tuesday of the month	2	Iowa Heart Center West 5880 University Ave, West Des Moines, IA 50266
Nephrology	Dr. Robert Smith	2nd & 4th Friday of the month	2	Associates in Kidney Care, 411 Laurel St Ste 2350, Des Moines, IA 50314
Oncology	Dr. Bradley Hiatt	Every Tuesday & Thursday	8	Mission Cancer + Blood 1221 Pleasant St Ste 100, Des Moines, IA 50309
Ophthalmology	Dr. Reid P. Turner	Every other Thursday	2	Wolfe Eye Clinic 2020 Philadelphia St, Ames, IA 50010
Ophthalmology	Dr. Ryan Vincent	Every other Thursday	2	Wolfe Eye Clinic 2020 Philadelphia St, Ames, IA 50010
Sleep Medicine	Dr. Michael McCubbin	1st Friday	1	Broadlawns 1801 Hickman Road, Des Moines, IA 50314
Vascular	Dr. Eric Scott	1st Friday	1	The Iowa Clinic - West 5950 University Ave #231, West Des Moines, IA 50266
Rheumatology	Libby Dassow, PA	1st & 3rd Tuesday of the month	2	Mahaska Health, Jefferson County Health Center

ENT	Dr. Joseph Whitman	4th Thursday of month	1	Surgical Associates, LLP 122 4th Ave East, Grinnell, IA 50112
Urology	Dr. Aaron Smith	Every Monday, Wednesday, Thursday	12	University of Iowa
Iowa Mobile Diagnostics	Not applicable	Every Tuesday, Wednesday, Friday	12	Unity Point
WIC Clinic	American Home Finding Association	Alternates Mondays, Tuesdays, Fridays	8	217 E 5th St, Ottumwa, IA 52501

**Mahaska County Mental Health Resources (Please see Appendix)**

**Mahaska County Transportation Resources (Please see Appendix)**

### 6.3. Evaluation of actions taken to address identified health needs from the preceding CHNA.

#### 6.3.1. Previous CHNA identified health priorities.

<b>2020 CHNA Health Priorities</b> <b>Mahaska County, IA</b> CHNA Wave #3 Town Hall - March 5, 2020 Mahaska Health Partnership PSA (39 Attendees, 128 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Awareness of Healthcare Services	27	21.1%	21.1%
2	Mental Health (Diagnosis, Treatment, Aftercare)	25	19.5%	40.6%
3	Obesity (Nutrition / Exercise)	17	13.3%	53.9%
4	Diabetes	13	10.2%	64.1%
5	Healthcare Apathy - Own Your Own Health	12	9.4%	73.4%
6	Drug Abuse (Opioids, Meth, Marijuana)	10	7.8%	81.3%
<b>Total Votes:</b>		<b>128</b>	<b>100.0%</b>	

Other Items receiving votes: Care going Outside Community, STDs, Provider Turnover, Violence, Alcohol, and Food Insecurity.

CHNA Wave #3 - Year 2020		Mahaska Co, IA N=379			
Past CHNAs health needs identified	Ongoing Problem	Pressing			
#	Topic	Votes	%	Trend	RANK
1	Mental Health	224	88.5%		1
2	Obesity	147	58.1%		2
3	Providers / Visiting Specialists	89	35.2%		4
4	Access to Primary Care	88	34.8%		3
5	Smoking	87	34.4%		7
6	Knowledge of Healthcare Services	86	34.0%		5
7	Safe Rental Housing	81	32.0%		6
8	Dental Providers accepting Medicaid	77	30.4%		8
9	Sexually Transmitted Infections	58	22.9%		9
10	Out of Area Access to Care	36	14.2%		10

#### 6.3.2. Actions taken based on identified needs.

##### 6.3.2.1. New providers at Mahaska Health (2020-present)

Surgical Oncologist, Oncology Medical Director  
 Orthopedics & Sports Medicine Physician  
 Geriatric Care Physician  
 Dermatologist (Summer 2023)  
 Family Practice Physician (Fall 2023)  
 Rheumatology PA  
 General Surgery PA  
 Family Practice & Primary Care PA  
 Orthopedics & Sports Medicine PA  
 Board certified General Surgeon  
 Emergency Physicians (3)  
 Hospitalists (4)

Family Practice & Obstetric Providers (4)  
 Urology Specialist, in partnership with University of Iowa Health Care  
 Radiologist  
 CRNA (4)  
 Physical Therapist (3)  
 Occupational Therapist (2)  
 ARNP (5)  
 Orthopedics & Sports Medicine Nurse (2)  
 Dietitian  
 Cancer Care Coordinator  
 Massage Therapist  
 Talent Acquisition Coordinator

##### 6.3.2.2. New service lines (2020-present)

Cardiology  
 Dermatology  
 Lung Cancer Screenings  
 Neurology  
 New Sharon Clinic remodel & expanded hours  
 Occupational Health Mobile Flu Clinics

Ob-Gyn (obstetrics and gynecologic services)  
Expanded Oncology Care & Services  
Rheumatology  
Stereotactic Mammography  
Telehealth  
Urology  
Walk-In Clinic hours expanded to 7 days a week.  
Walk-In Clinic services at New Sharon location  
Wound Care & Ostomy Clinic

#### **6.3.2.3. New patient access systems**

Skip the Wait: Walk-In Clinic online scheduling.  
Epic® Systems' MyChart® patient app Information Management

#### **6.3.2.4. Community engagement and outreach activities**

##### **Annual/ Quarterly**

Quarterly Patient & Family Advisory Committee (PFAC)  
Oskaloosa Chamber of Commerce 'Eggs n Issues' Event  
Community Partnerships for Protecting Children (CPPC) monthly fliers of Mahaska Health services and community events.  
DAISY Awards  
Mahaska Health Individual Award of Excellence & Team Achievement Awards  
Blood Drives in partnership with Impact Life  
Healthcare Scholarships  
Community Magazine  
Mahaska Health Experience Booklet

##### **Ongoing**

Oskaloosa Rotary Club meetings  
Hospital Tours  
Local school's sports teams sponsorships  
Oskaloosa High, Eddyville-Blakesburg High School, North Mahaska High School Football sideline coverage  
William Penn athletic sponsorships and sideline coverage  
Diabetes & Prediabetes Support Groups  
Pre-natal Classes  
Breastfeeding Support Group  
Children's Car Seat Safety Checks  
Career Fairs  
Local Parades participation  
Social Media  
Service Line Recognitions  
The Shopper, Oskaloosa Herald, The Albia Newspaper, and Ottumwa Courier print ads  
Website  
Billboards  
Mailers  
Radio Commercials (English & Spanish)

## Monthly

Mahaska Kind meeting (monthly while School is in session)  
Mahaska County Free Clinic, in partnership with Love INC  
Oskaloosa Mobile Food Bank at Mahaska County Fairgrounds  
Lunch & Learn Education in partnership the Oskaloosa YMCA  
Wapello County Healthy Communities Meeting  
Community Partnerships for Protecting Children (CPPC) monthly fliers of Mahaska Health services and community events.  
Medical Professionals Club in partnership with Oskaloosa Middle School (monthly during school year)

## By Month

**February** Community Cholesterol Screenings, Mahaska Health  
**March** New Sharon Farm & Home Show  
**April** Oskaloosa Community School Tribe Night  
**April** Mahaska Health Baby Fair, Mahaska Health  
**April** Mahaska Health Injury Prevention & Orthopedic Wellness Event, Mahaska Health  
**April** Shades of Blue Event  
**May** First Responder Day  
**May** Heathy Kids Day, YMCA  
**June** Mahaska Health Men's Health Awareness, Screenings & Tractor Ride, Mahaska County Fairgrounds  
**July** Southern Iowa Fair, Mahaska County Fairgrounds  
**July & August** Summer Lunch Program in partnership with United Way  
**August** Run in the Sun 5k Run & 2k Walk.  
**October** Breast Cancer Awareness Walk, Oskaloosa City Square  
**October** Mahaska Health Women's Health Night Event, Oskaloosa Gateway Church  
**October/ November** Fall Mahaska Connect Event

## 7. Next Steps- Strategic Implementation Plan

1. Mental Health Services			
Goal	Strategies	Metrics (What we are measuring)	Potential partner organizations:
To increase the number and diversity of mental health providers, improve accessibility and timeliness of treatments, and enhance the specific mental health services for children and individuals with mental illnesses and disabilities in Mahaska County.	Promote and provide support for local recruitment and retention of mental health professionals. Establish and advocate for more comprehensive insurance coverage for mental health services. Create more support groups for different mental health conditions, especially for children. Develop programs for community mental health education.	Increase the number of mental health professionals by 20% in the next 3 years.	Southern Iowa Mental Health Center River Hills Community Health Center Crisis Stabilization/Residential Services Central Iowa Community Services Keokuk Behavioral Health Eunoia Counseling 988 Suicide and Crisis Lifeline
		Decrease wait times for appointments by 30% within 2 years.	
		Increase participation in children's mental health services by 50% within 3 years.	

2. Affordability and Access to Health Services			
Goal	Strategies	Metrics (What we are measuring)	Potential partner organizations:
Improve the affordability of and access to essential health services, including childcare, food, insurance, and clinic/hospital costs in Mahaska County.	Promote awareness of affordable healthcare options and services through community education programs. Advocate for policy changes that make healthcare more affordable. Develop partnerships with local businesses to provide discounts for residents. Develop programs for community mental health education.	Increase enrollment in affordable healthcare programs by 20% within 2 years.	Local businesses (for discounts on prescriptions and food) Community health clinics and hospitals (for affordable healthcare services) Local childcare providers (for affordable childcare)
		Increase the number of residents with access to affordable childcare, food, and pharmacies by 30% within 3 years.	

3. Community Engagement and Education			
Goal	Strategies	Metrics (What we are measuring)	Potential partner organizations:
Increase the number of health-related events, health education programs, and community engagement activities in Mahaska County.	Develop a community health event calendar and publicize it widely. Partner with local organizations to host health-related events. Create health education programs for various age groups, including children and seniors.	Increase participation in health-related events by 30% within 2 years.	Local schools and universities Community centers Health-related businesses and organizations
		Increase the number of residents who participate in health education programs by 20% within 3 years.	



<b>4. Food and Nutrition</b>			
Goal	Strategies	Metrics (What we are measuring)	Potential partner organizations:
Improve access to affordable lean meats, produce, and dietitian services in Mahaska County. Increase food assistance programs for residents.	Create partnerships with local grocery stores to provide discounts on lean meats and produce. Develop food assistance programs and promote existing ones. Develop partnerships with dietitians to provide in-store services.	Increase the number of residents with access to affordable lean meats and produce by 30% within 2 years.	Food Bank of Iowa Ecumenical Cupboard Love INC Local grocery stores Food banks and other food assistance organizations Local dietitians
		Increase the number of residents who use dietitian services by 20% within 3 years.	

<b>5. Insurance</b>			
Goal	Strategies	Metrics (What we are measuring)	Potential partner organizations:
Increase the affordability and simplicity of the insurance process for Mahaska County residents.	Promote awareness of affordable health insurance options through community education programs. Advocate for policy changes that simplify the insurance process. Develop partnerships with local insurance providers to provide discounts and simplified options.	Increase the number of residents with affordable health insurance by 20% within 2 years.	Local insurance providers Governmental agencies related to health insurance
		Increase the number of residents who report understanding their health insurance coverage and options by 30% within 3 years.	

<b>6. Transportation</b>			
Goal	Strategies	Metrics (What we are measuring)	Potential partner organizations:
Improve access to transportation for health services, particularly on weekends and after-hours, in Mahaska County.	Advocate for expanded public transportation services to health facilities. Develop a volunteer driver program for transporting residents to health appointments. Partner with local businesses and organizations to provide transportation services for employees and customers.	Increase the number of residents with access to transportation for health services by 20% within 2 years.	Oskaloosa Rides 10-15 Transit Mahaska Health Shuttle Service
		Increase the frequency and hours of public transportation services to health facilities by 30% within 3 years.	

<b>7. Collaboration</b>			
Goal	Strategies	Metrics (What we are measuring)	Potential partner organizations:
Improve the collaboration between the hospital and community/regional services, like mental health services, social services, law enforcement, and schools.	Establish regular meetings with community/regional service providers to discuss collaboration opportunities. Develop joint programs or events with community/regional services. Advocate for policy changes that facilitate collaboration between the hospital and community/regional services.	Increase the number of formal partnerships between the hospital and community/regional services by 20% within 2 years.	Mental health service providers Social service agencies Local law enforcement Schools Volunteer organizations
		Increase the number of collaborative programs or events with community/regional services by 30% within 3 years.	

<b>8. Facilities and Infrastructure</b>			
Goal	Strategies	Metrics (What we are measuring)	Potential partner organizations:
Improve the safety and accessibility of recreational trails, public tennis courts, and sidewalks in Mahaska County.	Advocate for policy changes that prioritize the safety and accessibility of recreational trails, public tennis courts, and sidewalks. Partner with local businesses and organizations to sponsor the improvement and maintenance of these facilities. Organize community cleanup and maintenance events.	Increase the number of residents using recreational trails and public tennis courts by 20% within 2 years.	Partner with local businesses and organizations to sponsor the improvement and maintenance of these facilities. Organize community cleanup and maintenance events.
		Increase the number of safe and well-maintained sidewalks by 30% within 3 years.	

<b>9. Substance Abuse Treatment</b>			
Goal	Strategies	Metrics (What we are measuring)	Potential partner organizations:
Improve access to and quality of substance abuse treatment services in Mahaska County.	Promote and provide support for local recruitment and retention of substance abuse treatment professionals. Establish and advocate for more comprehensive insurance coverage for substance abuse treatment services. Develop programs for community education about substance abuse and available services.	Increase the number of residents receiving substance abuse treatment services by 20% within 2 years.	Southern Iowa Mental Health Center River Hills Community Health Center Keokuk Behavioral Health Eunoia Counseling First Resources Corporation YourLifelowa.org
		Increase the number of substance abuse treatment providers by 30% within 3 years.	

<b>10. Housing</b>			
Goal	Strategies	Metrics (What we are measuring)	Potential partner organizations:
Improve access to affordable and quality housing in Mahaska County.	Advocate for policy changes that increase the availability and affordability of quality homes. Develop partnerships with local real estate developers and housing organizations to increase the supply of affordable, quality homes. Promote awareness of affordable housing options through community outreach and education.	Increase the number of residents living in affordable, quality homes by 20% within 2 years.	Local real estate developers Housing organizations Oskaloosa City Offices (Section 8 housing program) Love INC
		Increase the number of affordable, quality homes by 30% within 3 years.	

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## Appendix A: Focus Group and Stakeholder Interview Invitation



DATE

Dear NAME OF COMMUNITY/COUNTY Area Community Leader:

We invite you to **participate in a focus group** conducted by Rural Health Innovations, LLC a subsidiary of the National Rural Health Resource Center on behalf of [hospital]. Focus groups are an excellent way for community members to share their opinions in an honest yet confidential environment. The goal of this focus group is to assist [hospital] in identifying strengths and needs of health services for the region.

This information will be used for strategic planning, grant applications, new programs and by community groups interested in addressing health in the region. This process will help to maintain quality health care in the community.

Participants for focus groups were identified as those living in the area that represent different groups of health care users including seniors, family caregivers, business leaders, and health care providers. Whether you or a family member are involved with local health care services or not, this is your chance to help guide high quality local health services in the future.

We invite you to participate in one in-person focus group, held via Zoom, scheduled for the following dates and times. **Please respond to this communication indicating which date and time you'd like to participate in.** Your identity is not part of the focus group report and your individual responses will be kept confidential. **Please confirm your attendance by contacting Kiona Hermanson at the RHI by e-mail [khermanson@ruralcenter.org](mailto:khermanson@ruralcenter.org) or by phone 218-216-7033 by Friday, December 02<sup>nd</sup>.**

- Monday, December 12<sup>th</sup> from 11:00 AM – 1:00 PM Central Time
- Thursday, December 15<sup>th</sup> from 9:00 – 11:00 AM Central Time
- Tuesday, December 27<sup>th</sup> from 12:00 – 2:00 PM Central Time
- Thursday, December 29<sup>th</sup> from 11:00 ~~AM~~ – 1:00 PM Central Time

We look forward to your participation. Thank you.

Sincerely,

Tracy Morton, Director of Population Health  
National Rural Health Resource Center



### [hospital] Focus Group Questions

The questions below are the types of questions that will be asked during this focus group. The purpose of this focus group is to identify the strengths and needs of health services in the [hospital] area. No identifiable information will be disclosed in the report and the results will assist the medical center with future care and planning.

1. Are you surprised about what this data reveals about your community, or is it what you expected?
2. Do you find any particular statistic surprising?
3. Are some population groups healthier than other groups? If yes, which ones?
4. Are some population groups suffering more than other groups? If yes, which ones?
5. In your opinion, what are some of the barriers to accessing care in this region?
6. What do you think [hospital] could do to increase the health of the community? Where are opportunities to collaborate?
7. What is the greatest health need in this community?

[date]

Dear [individual's name]:

You have been identified as a leader in the community and we would like to hear from you about your perspectives on the health of the community. Please accept this invitation to **participate in a key stakeholder interview** conducted by Rural Health Innovations, LLC a subsidiary of the National Rural Health Resource Center on behalf of [hospital]. The purpose of the interview will be to identify strengths and needs of community health for the region.

This information will be used for strategic planning, grant applications, new programs, and by community groups interested in addressing health issues. This process was developed to maintain quality health care to serve the continuing and future needs of the community.

Whether you or a family member are involved with local health care services or not, this is your opportunity to help guide responsive, high quality local health services in the future.

We invite you to participate in a one-hour one-to-one interview during the week of: Monday, December 12<sup>th</sup> through Friday, December 16<sup>th</sup> and again Tuesday, December 27<sup>th</sup> through Friday, December 30<sup>th</sup>. Your help is very much appreciated in this effort. **Please confirm your willingness to participate before Friday, December 02<sup>nd</sup> by indicating which date/time you'd like to virtually meet with our team through this Doodle Poll.** No identifiable information will be disclosed and individual responses will be kept confidential.

We look forward to your participation. Thank you.

Sincerely,



Tracy Morton, Director of Population Health  
National Rural Health Resource Center

## Key Stakeholder Questions

The questions below are the types of questions that will be asked during the key stakeholder interview. The purpose of this interview is to identify the strengths and needs of health services in your community. No identifiable information will be disclosed and the results will assist the health care organization with future care and planning.

- Are you surprised about what this data reveals about your community, or is it what you expected?
- Do you find any particular statistic surprising?
- Are some population groups healthier than other groups? If yes, which ones?
- Are some population groups suffering more than other groups? If yes, which ones?
- In your opinion, what are some of the barriers to accessing care in this region?
- What do you think **(Hospital)** could do to increase the health of the community? Where are opportunities to collaborate?
- What is the greatest health need in this community?

## Appendix B: 2021 Iowa Youth Health Survey County Data

Total number of students in the report: 508

Number of CSDs in this report: 3

### Community School Districts included in this Report

North Mahaska Comm School District
Oskaloosa Comm School District
Pella Comm School District

### Community Engagement

**Table G1: School-year activities, extra-curricular, volunteerism, by grade**

	6 <sup>th</sup> Grade					
	State			County		
	Yes	No	#	Yes	No	#
Worked in a paid job	13%	87%	15,406	8%	92%	163
Volunteered in the community	28%	72%	15,273	21%	79%	162
Participated in extra-curricular activities	77%	23%	15,383	68%	32%	165
Participated in religious activities	51%	49%	15,149	56%	44%	163

	8 <sup>th</sup> Grade					
	State			County		
	Yes	No	#	Yes	No	#
Worked in a paid job	20%	80%	17,019	20%	80%	191
Volunteered in the community	34%	66%	16,989	33%	67%	190
Participated in extra-curricular activities	82%	18%	17,018	82%	18%	191
Participated in religious activities	53%	47%	16,980	52%	48%	190

	11 <sup>th</sup> Grade					
	State			County		
	Yes	No	#	Yes	No	#
Worked in a paid job	71%	29%	13,522	72%	28%	151
Volunteered in the community	53%	47%	13,503	47%	53%	151
Participated in extra-curricular activities	79%	21%	13,512	85%	15%	151
Participated in religious activities	50%	50%	13,504	56%	44%	151

Question: During the current school year, have you...? # = Number of students responding to the item

### Physical Well-Being

**Table G2: Screen time for something other than schoolwork, by grade**

	6 <sup>th</sup> Grade		8 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	State	County	State	County	State	County
<b>0 hours</b>	8%	9%	4%	4%	2%	4%
<b>More than 0 but less than 2 hours</b>	28%	33%	21%	21%	19%	17%
<b>At least 2 hours but less than 4 hours</b>	30%	31%	30%	33%	29%	30%



<b>At least 4 hours but less than 6 hours</b>	18%	13%	23%	23%	27%	19%
<b>At least 6 hours but less than 8 hours</b>	9%	8%	12%	10%	14%	19%
<b>At least 8 hours but less than 10 hours</b>	4%	4%	6%	4%	5%	6%
<b>At least 10 or more hours</b>	4%	2%	4%	5%	4%	4%
<b># Responding</b>	15,413	163	16,993	188	13,509	151

Question: On an average school day, about how many hours of screen time do you spend for something that is not schoolwork? By screen time we mean time spent watching shows or videos, using a computer/tablet, playing video games, social media, apps, or using a phone for something other than calling or texting.

**Table G3: Physical activity, by grade**

	6 <sup>th</sup> Grade		8 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	State	County	State	County	State	County
<b>0 days</b>	6%	6%	5%	4%	7%	7%
<b>1 day</b>	8%	13%	5%	5%	5%	11%
<b>2 days</b>	11%	12%	9%	6%	9%	8%
<b>3 days</b>	14%	17%	13%	14%	13%	12%
<b>4 days</b>	14%	10%	13%	12%	13%	11%
<b>5 days</b>	14%	10%	16%	15%	17%	21%
<b>6 days</b>	7%	6%	10%	10%	10%	15%
<b>7 days</b>	26%	25%	29%	33%	25%	17%
<b># Responding</b>	15,305	162	16,983	188	13,511	151

Question: On how many of the past 7 days were you physically active for a total of 60 minutes (1 hour) or more per day? Add up all the time you spent in any kind of moderate or intense physical activity like running, walking fast, swimming, riding a bicycle, etc.

**Table G4: Daily fruit intake, by grade**

	6 <sup>th</sup> Grade		8 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	State	County	State	County	State	County
<b>I did not eat any fruit during the past 7 days</b>	8%	7%	6%	8%	7%	15%
<b>&lt; 1 time each day</b>	10%	15%	13%	18%	17%	13%
<b>1 time per day</b>	23%	28%	26%	25%	30%	36%
<b>2 times per day</b>	26%	21%	28%	22%	27%	20%
<b>3 times per day</b>	18%	15%	16%	16%	12%	11%
<b>4 times per day</b>	7%	7%	5%	4%	3%	1%
<b>≥ 5 times per day</b>	8%	6%	6%	6%	4%	3%
<b># Responding</b>	15,423	163	16,991	189	13,510	151

Question: In the past 7 days, about how many times each day did you eat fruit (do not count fruit juice)?

**Table G5: Daily vegetable intake, by grade**

	6 <sup>th</sup> Grade		8 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	State	County	State	County	State	County

<b>I did not eat any vegetables during the past 7 days</b>	12%	15%	9%	10%	9%	13%
<b>&lt; 1 time each day</b>	14%	19%	16%	20%	19%	25%
<b>1 time per day</b>	28%	26%	32%	32%	34%	24%
<b>2 times per day</b>	24%	24%	25%	24%	23%	25%
<b>3 times per day</b>	12%	10%	11%	7%	9%	7%
<b>4 times per day</b>	4%	2%	3%	5%	2%	4%
<b>≥ 5 times per day</b>	6%	4%	4%	3%	3%	2%
<b># Responding</b>	15,413	165	16,990	189	13,508	152

Question: In the past 7 days, about how many times each day did you eat green salad, carrots, potatoes or any other vegetables (do not count french fries, fried potatoes, or potato chips)?

**Table G6: Hunger, by grade**

	6 <sup>th</sup> Grade		8 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	State	County	State	County	State	County
<b>Yes</b>	8%	7%	5%	4%	5%	5%
<b>No</b>	92%	93%	95%	96%	95%	95%
<b># Responding</b>	15,450	165	17,020	191	13,521	152

Question: In the past 30 days, did you ever go hungry because there was not enough food in your home?

**Table G7: Disabilities or impairments, by grade**

	6 <sup>th</sup> Grade		8 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	State	County	State	County	State	County
<b>Yes</b>	16%	9%	17%	18%	20%	13%
<b>No</b>	84%	91%	83%	82%	80%	87%
<b># Responding</b>	15,176	164	16,903	190	13,479	151

Question: Do you have any ongoing physical, mental, or emotional disabilities or impairments that limit your daily activities?

**Table G8: Concussion, by grade**

	6 <sup>th</sup> Grade		8 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	State	County	State	County	State	County
<b>Yes</b>	9%	9%	7%	6%	7%	7%
<b>No</b>	70%	72%	79%	77%	84%	83%
<b>Not sure</b>	20%	19%	14%	17%	9%	11%
<b># Responding</b>	15,468	165	17,031	191	13,524	152

Question: In the past 12 months, have you had a concussion from playing a sport or being physically active?

**Table G9: Number of concussions among students reporting having a concussion, by grade**

6 <sup>th</sup> Grade	8 <sup>th</sup> Grade	11 <sup>th</sup> Grade
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	State	County	State	County	State	County
<b>1 time</b>	52%	54%	70%	73%	70%	*
<b>2 times</b>	23%	23%	19%	9%	20%	*
<b>3 times</b>	9%	23%	5%	0%	3%	*
<b>4 or more times</b>	16%	0%	7%	18%	7%	*
<b># Responding</b>	1,423	13	1,112	11	961	*

Question: How many times did you have a concussion in the past 12 months?

**Table G10: Number of concussions among all participants, by grade**

	6 <sup>th</sup> Grade		8 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	State	County	State	County	State	County
<b>1 time</b>	5%	4%	5%	4%	5%	5%
<b>2 times</b>	2%	2%	1%	1%	1%	0%
<b>3 times</b>	1%	2%	<1%	0%	<1%	0%
<b>4 or more times</b>	1%	0%	<1%	1%	<1%	1%
<b>No reported concussions</b>	91%	92%	93%	94%	93%	94%
<b># Responding</b>	15,468	163	17,036	191	13,525	151

Question: In the past 12 months, have you had a concussion from playing a sport or being physically active? Note. The “no reported concussions” category includes students who selected “no” or “not sure” or who “skipped” the question about having a concussion in the past 12 months.

**Table G11: Ever homeless, by grade**

	6 <sup>th</sup> Grade		8 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	State	County	State	County	State	County
<b>Yes</b>	3%	4%	3%	3%	3%	3%
<b>No</b>	97%	96%	97%	97%	97%	97%
<b># Responding</b>	15,463	164	17,024	190	13,522	152

Question: Have you ever been homeless?

**Table G12: Homeless in the past 12 months among students reporting ever having been homeless, by grade**

	6 <sup>th</sup> Grade		8 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	State	County	State	County	State	County
<b>Yes</b>	18%	*	14%	*	27%	*
<b>No</b>	82%	*	86%	*	73%	*
<b># Responding</b>	414	*	445	*	453	*

Question: Were you homeless at any time in the past 12 months?

**Table G13: Homeless in the past 12 months among all participants, by grade**

	6 <sup>th</sup> Grade		8 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	State	County	State	County	State	County

<b>Yes, homeless in the past 12 months</b>	<1%	0%	<1%	0%	1%	1%
<b>No, not homeless in the past 12 months (but previously homeless)</b>	2%	4%	2%	3%	2%	1%
<b>No, never reported being homeless</b>	97%	96%	97%	97%	97%	97%
<b># Responding</b>	15,512	165	17,047	191	13,530	152

Question: Were you homeless at any time in the past 12 months? Note. The "no, never reported being homeless" category includes students who selected "no" or who "skipped" the question about ever being homeless.

Gambling Behavior

**Table G14: Types of betting or wagering at any time (ever), by grade**

6 <sup>th</sup> Grade						
	State			County		
	Yes	No	#	Yes	No	#
Bet or wagered on sporting events	21%	79%	15,307	18%	82%	164
Bet or wagered on an internet fantasy sports contest	10%	90%	15,218	12%	88%	164
Bet or wagered on card or dice games with friends or family (including poker)	24%	76%	15,211	22%	78%	163
Spent money on in-game or in-app purchases to extend play	54%	46%	15,300	53%	47%	165
Bet or wagered on games of skill such as pool, bowling, or dominoes	16%	84%	15,204	17%	83%	164
Purchased lottery scratch off tickets or lotto numbers	9%	91%	15,272	7%	93%	165
8 <sup>th</sup> Grade						
	State			County		
	Yes	No	#	Yes	No	#
Bet or wagered on sporting events	23%	77%	16,991	23%	77%	191
Bet or wagered on an internet fantasy sports contest	11%	89%	16,971	10%	90%	189
Bet or wagered on card or dice games with friends or family (including poker)	26%	74%	16,973	19%	81%	190
Spent money on in-game or in-app purchases to extend play	56%	44%	16,983	60%	40%	189
Bet or wagered on games of skill such as pool, bowling, or dominoes	16%	84%	16,964	14%	86%	189
Purchased lottery scratch off tickets or lotto numbers	9%	91%	16,974	8%	92%	189
11 <sup>th</sup> Grade						
	State			County		
	Yes	No	#	Yes	No	#
Bet or wagered on sporting events	21%	79%	13,520	20%	80%	152
Bet or wagered on an internet fantasy sports contest	13%	87%	13,515	17%	83%	152
Bet or wagered on card or dice games with friends or family (including poker)	25%	75%	13,514	21%	79%	152
Spent money on in-game or in-app purchases to extend play	51%	49%	13,519	60%	40%	152
Bet or wagered on games of skill such as pool, bowling, or dominoes	15%	85%	13,508	12%	88%	152
Purchased lottery scratch off tickets or lotto numbers	6%	94%	13,515	3%	97%	152

Notes: See appendix for question wording. # = Number of students responding to item

**Table G15: Types of betting or wagering in the past 30 days (among students who have ever participated in that activity), by grade**

6 <sup>th</sup> Grade						
	State			County		
	Yes	No	#	Yes	No	#
Bet or wagered on sporting events	54%	46%	3,146	43%	57%	30
Bet or wagered on an internet fantasy sports contest	56%	44%	1,500	65%	35%	20
Bet or wagered on card or dice games with friends or family (including	44%	56%	3,654	40%	60%	35
Spent money on in-game or in-app purchases to extend play	54%	46%	8,224	47%	53%	87
Bet or wagered on games of skill such as pool, bowling, or dominoes	50%	50%	2,376	54%	46%	28
Purchased lottery scratch off tickets or lotto numbers	41%	59%	1,324	42%	58%	12
8 <sup>th</sup> Grade						
	State			County		
	Yes	No	#	Yes	No	#
Bet or wagered on sporting events	51%	49%	3,892	50%	50%	42
Bet or wagered on an internet fantasy sports contest	58%	42%	1,893	63%	37%	19
Bet or wagered on card or dice games with friends or family (including	39%	61%	4,434	28%	72%	36
Spent money on in-game or in-app purchases to extend play	54%	46%	9,546	42%	58%	113
Bet or wagered on games of skill such as pool, bowling, or dominoes	45%	55%	2,627	30%	70%	27
Purchased lottery scratch off tickets or lotto numbers	37%	63%	1,527	31%	69%	16
11 <sup>th</sup> Grade						
	State			County		
	Yes	No	#	Yes	No	#
Bet or wagered on sporting events	53%	47%	2,781	68%	32%	31
Bet or wagered on an internet fantasy sports contest	67%	33%	1,713	65%	35%	26
Bet or wagered on card or dice games with friends or family (including	41%	59%	3,377	47%	53%	32
Spent money on in-game or in-app purchases to extend play	57%	43%	6,831	62%	38%	91
Bet or wagered on games of skill such as pool, bowling, or dominoes	47%	53%	2,001	61%	39%	18
Purchased lottery scratch off tickets or lotto numbers	42%	58%	875	*	*	*

Notes: See appendix for question wording. # = Number of students responding to item

Mental Health and Suicide

**Table G16: General mental health status measured by feeling sad or hopeless, by grade**

	6 <sup>th</sup> Grade		8 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	State	County	State	County	State	County
<b>Yes</b>	27%	24%	29%	25%	36%	26%
<b>No</b>	73%	76%	71%	75%	64%	74%
<b># Responding</b>	15,396	164	16,957	189	13,502	150

Question: In the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks or more in a row that you stopped doing some usual activities?

**Table G17: Suicidal ideation, by grade**

	6 <sup>th</sup> Grade		8 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	State	County	State	County	State	County
<b>Yes</b>	17%	12%	21%	17%	24%	14%
<b>No</b>	83%	88%	79%	83%	76%	86%
<b># Responding</b>	15,115	162	16,790	183	13,462	149

Question: In the past 12 months, have you thought about killing yourself?

**Table G18: Suicide plans among students reporting suicidal ideation, by grade**

	6 <sup>th</sup> Grade		8 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	State	County	State	County	State	County
<b>Yes</b>	47%	50%	54%	52%	49%	24%
<b>No</b>	53%	50%	46%	48%	51%	76%
<b># Responding</b>	2,605	20	3,460	31	3,244	21

Question: In the past 12 months, have you made a plan about how you would kill yourself?

**Table G19: Suicide attempts among students reporting suicidal ideation, by grade**

	6 <sup>th</sup> Grade		8 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	State	County	State	County	State	County
<b>Yes</b>	24%	10%	26%	16%	20%	14%
<b>No</b>	76%	90%	74%	84%	80%	86%
<b># Responding</b>	2,594	20	3,466	32	3,244	21

Question: In the past 12 months, have you tried to kill yourself?

**Table G20: Required medical treatment due to suicide attempt among students who attempted suicide in the past 12 months, by grade**

	6 <sup>th</sup> Grade	8 <sup>th</sup> Grade	11 <sup>th</sup> Grade

	State	County	State	County	State	County
<b>Yes</b>	22%	*	23%	*	25%	*
<b>No</b>	78%	*	77%	*	75%	*
<b># Responding</b>	633	*	912	*	656	*

Question: If you attempted to kill yourself in the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

Table G21: Suicide plans among all participants, by grade

	6 <sup>th</sup> Grade		8 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	State	County	State	County	State	County
<b>Yes</b>	8%	6%	11%	8%	12%	3%
<b>No</b>	9%	6%	9%	8%	12%	11%
<b>No suicidal ideation reported</b>	83%	88%	80%	84%	76%	86%
<b># Responding</b>	15,488	165	17,011	190	13,525	152

Question: In the past 12 months, have you made a plan about how you would kill yourself?

Table G22: Suicide attempts among all participants, by grade

	6 <sup>th</sup> Grade		8 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	State	County	State	County	State	County
<b>Yes</b>	4%	1%	5%	3%	5%	2%
<b>No</b>	13%	11%	15%	14%	19%	12%
<b>No suicidal ideation reported</b>	83%	88%	80%	83%	76%	86%
<b># Responding</b>	15,477	165	17,017	191	13,525	152

Question: In the past 12 months, have you tried to kill yourself?

Table G23: Required medical treatment due to suicide attempts among all participants, by grade

	6 <sup>th</sup> Grade		8 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	State	County	State	County	State	County
<b>Yes</b>	1%	0%	1%	1%	1%	1%
<b>No</b>	3%	1%	4%	2%	4%	1%
<b>No suicidal ideation reported</b>	96%	99%	96%	97%	95%	98%
<b># Responding</b>	15,511	165	17,046	191	13,530	152

Question wording: If you attempted to kill yourself in the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

**Table G24: Students' beliefs and values, by grade**

	6 <sup>th</sup> Grade											
	State					County						
	SD	D	N	A	SA	#	SD	D	N	A	SA	#
It is important to help others	1%	1%	5%	36%	57%	15,476	1%	0%	5%	40%	54%	165
I care about other peoples' feelings	2%	2%	12%	44%	41%	15,461	1%	1%	12%	47%	39%	165
I feel sorry for people who have things stolen or damaged	2%	3%	13%	39%	43%	15,461	2%	3%	13%	36%	47%	165
I am accepting of those different than myself	2%	2%	11%	35%	51%	15,339	2%	1%	10%	38%	48%	165
It is wrong to discriminate against someone because of their race, appearance, culture, religion, etc.	3%	1%	4%	15%	77%	15,359	2%	1%	4%	16%	77%	165
I can say "no" when someone wants me to do things I know are wrong or dangerous	3%	3%	8%	25%	61%	15,435	2%	1%	7%	26%	64%	165
I feel I have much to be proud of	5%	7%	19%	34%	35%	15,373	2%	5%	16%	36%	39%	165
Violence is an acceptable way to solve problems	49%	21%	19%	6%	5%	15,366	48%	19%	20%	10%	3%	165

	8 <sup>th</sup> Grade											
	State					County						
	SD	D	N	A	SA	#	SD	D	N	A	SA	#
It is important to help others	2%	1%	7%	43%	48%	17,027	2%	2%	6%	48%	43%	191
I care about other peoples' feelings	2%	3%	14%	46%	35%	17,023	2%	4%	12%	49%	34%	191
I feel sorry for people who have things stolen or damaged	2%	3%	17%	46%	31%	17,022	1%	4%	23%	46%	27%	191
I am accepting of those different than myself	2%	2%	15%	41%	40%	16,987	2%	3%	13%	41%	41%	189
It is wrong to discriminate against someone because of their race, appearance, culture, religion, etc.	3%	1%	6%	22%	68%	17,003	4%	1%	6%	24%	65%	190
I can say "no" when someone wants me to do things I know are wrong or dangerous	2%	3%	11%	33%	50%	17,014	3%	3%	15%	41%	39%	189
I feel I have much to be proud of	6%	11%	24%	34%	26%	16,994	5%	10%	21%	42%	21%	188
Violence is an acceptable way to solve problems	33%	28%	27%	7%	4%	16,992	33%	28%	23%	12%	4%	187

Note: SD = Strongly disapprove, D = Somewhat disapprove, N = Neither approve nor disapprove, A = Somewhat approve, SA = Strongly approve; # = Number of students responding to item

**Table G24: Students' beliefs and values, by grade**

	11 <sup>th</sup> Grade											
	State					County						
	SD	D	N	A	SA	#	SD	D	N	A	SA	#
It is important to help others	3%	1%	6%	40%	50%	13,519	2%	3%	7%	46%	41%	152
I care about other peoples' feelings	4%	3%	13%	42%	38%	13,513	3%	4%	14%	41%	38%	152
I feel sorry for people who have things stolen or damaged	3%	3%	16%	47%	30%	13,516	2%	5%	12%	50%	31%	152
I am accepting of those different than myself	3%	2%	12%	42%	41%	13,510	3%	5%	16%	39%	38%	152
It is wrong to discriminate against someone because of their race, appearance, culture, religion, etc.	4%	1%	6%	23%	66%	13,512	6%	4%	6%	26%	59%	152
I can say "no" when someone wants me to do things I know are wrong or dangerous	3%	4%	13%	37%	43%	13,509	3%	7%	9%	33%	48%	152
I feel I have much to be proud of	6%	11%	26%	33%	24%	13,513	5%	8%	20%	38%	29%	152
Violence is an acceptable way to solve problems	30%	28%	27%	10%	6%	13,512	29%	22%	28%	12%	9%	152

Note: SD = Strongly disapprove, D = Somewhat disapprove, N = Neither approve nor disapprove, A = Somewhat approve, SA = Strongly approve; # = Number of students responding to item



## Risk Perceptions

Table G25: Students' risk perceptions, by grade										
	6 <sup>th</sup> Grade									
	State					County				
	LR	SR	MR	HR	#	LR	SR	MR	HR	#
Drinking 4(females)/5(males) or more drinks of alcohol within a couple of	26%	7%	21%	46%	15,183	30%	8%	21%	41%	162
Smoking cigarettes regularly	26%	4%	17%	53%	15,139	29%	6%	14%	52%	160
Using marijuana regularly	27%	4%	12%	56%	14,626	30%	4%	16%	51%	154
Gambling regularly	28%	14%	27%	31%	14,937	28%	16%	28%	28%	159
Using methamphetamines (crank) regularly	28%	3%	13%	56%	14,071	32%	5%	13%	51%	155
Using cocaine regularly	27%	2%	8%	64%	14,762	29%	3%	11%	58%	160
Using amphetamines other than methamphetamines regularly	28%	5%	19%	49%	13,995	30%	9%	19%	42%	151
Using any other illegal drug regularly	26%	2%	7%	65%	14,938	30%	2%	7%	62%	159
Regularly using over-the-counter medications differently than directed	27%	7%	22%	44%	14,720	31%	4%	24%	40%	156
Regularly using prescription medication for non-medical reasons	27%	6%	20%	47%	14,798	31%	3%	19%	47%	156
Regularly using e-cigarettes	26%	5%	16%	53%	14,889	30%	6%	13%	51%	157
8 <sup>th</sup> Grade										
	State					County				
	LR	SR	MR	HR	#	LR	SR	MR	HR	#
Drinking 4(females)/5(males) or more drinks of alcohol within a couple of	17%	9%	25%	49%	16,924	19%	8%	26%	47%	189
Smoking cigarettes regularly	17%	4%	18%	61%	16,903	18%	4%	20%	58%	189
Using marijuana regularly	20%	7%	14%	59%	16,852	21%	9%	11%	59%	188
Gambling regularly	19%	15%	31%	35%	16,860	19%	15%	31%	35%	189
Using methamphetamines (crank) regularly	18%	3%	12%	67%	16,581	19%	4%	14%	63%	185
Using cocaine regularly	17%	1%	7%	75%	16,838	19%	2%	6%	74%	189
Using amphetamines other than methamphetamines regularly	18%	4%	19%	59%	16,591	21%	5%	22%	52%	185
Using any other illegal drug regularly	17%	2%	10%	71%	16,833	19%	3%	14%	65%	189
Regularly using over-the-counter medications differently than directed	18%	8%	27%	47%	16,815	19%	12%	22%	48%	189
Regularly using prescription medication for non-medical reasons	19%	7%	23%	52%	16,828	21%	8%	19%	52%	189
Regularly using e-cigarettes	17%	7%	22%	54%	16,844	17%	10%	21%	52%	188
Note: LR = Little or no risk, SR = Slight risk, MR = Moderate risk, HR = High risk; # = Number of students responding to the item. See full question wording in the appendix.										
Table G25: Students' risk perceptions, by grade										
	11 <sup>th</sup> Grade									
	State					County				
	LR	SR	MR	HR	#	LR	SR	MR	HR	#
Drinking 4(females)/5(males) or more drinks of alcohol within a couple of	13%	14%	29%	43%	13,474	17%	14%	27%	42%	150
Smoking cigarettes regularly	11%	5%	18%	66%	13,464	10%	4%	17%	69%	150
Using marijuana regularly	21%	16%	20%	42%	13,459	23%	9%	25%	43%	150
Gambling regularly	14%	16%	30%	41%	13,454	14%	9%	37%	40%	150
Using methamphetamines (crank) regularly	11%	2%	7%	80%	13,424	12%	0%	9%	79%	149
Using cocaine regularly	11%	1%	5%	82%	13,453	11%	0%	7%	81%	150
Using amphetamines other than methamphetamines regularly	11%	3%	13%	73%	13,425	11%	3%	17%	68%	149
Using any other illegal drug regularly	11%	3%	13%	73%	13,448	11%	3%	13%	73%	150
Regularly using over-the-counter medications differently than directed	12%	8%	27%	53%	13,448	12%	7%	31%	50%	150
Regularly using prescription medication for non-medical reasons	12%	6%	22%	59%	13,445	11%	7%	26%	56%	150
Regularly using e-cigarettes	13%	12%	27%	48%	13,451	12%	13%	29%	47%	150
Note: LR = Little or no risk, SR = Slight risk, MR = Moderate risk, HR = High risk; # = Number of students responding to the item. See full question wording in the appendix.										

## Perceptions of Peer Beliefs

Table G26: Perception of peer acceptance, by grade											
6 <sup>th</sup> Grade											
	State					County					
	~0	Few	Most	~All	#	~0	Few	Some	M	~All	#
Drink beer, wine, alcoholic drinks, or hard liquor	60%	23%	3%	1%	15,176	68%	15%	14%	2%	1%	162
Smoke cigarettes	64%	23%	2%	1%	15,136	67%	20%	9%	3%	1%	162
Use an e-cigarette, JUUL, vape-pen, e-hookah, mod- box, or other electronic cigarette	59%	24%	3%	2%	15,086	65%	20%	11%	4%	1%	161
Use marijuana	77%	14%	1%	1%	14,795	80%	13%	4%	1%	1%	157
Use any illegal drug other than alcohol, cigarettes, or marijuana	78%	14%	1%	2%	15,083	80%	14%	4%	1%	1%	162
Go to a party where kids under 21 were drinking alcohol	59%	25%	3%	2%	15,105	68%	19%	10%	1%	2%	162
Go to a party where kids were using drugs	73%	17%	2%	2%	15,088	76%	19%	3%	1%	2%	162
Use prescription drugs for non-medical reasons	70%	19%	2%	2%	15,040	70%	22%	4%	1%	3%	161
8 <sup>th</sup> Grade											
	State					County					
	~0	Few	Most	~All	#	~0	Few	Some	M	~All	#
Drink beer, wine, alcoholic drinks, or hard liquor	32%	32%	7%	2%	16,858	32%	37%	25%	5%	1%	189
Smoke cigarettes	42%	33%	4%	1%	16,830	39%	38%	20%	4%	1%	189
Use an e-cigarette, JUUL, vape-pen, e-hookah, mod- box, or other electronic cigarette	29%	32%	11%	3%	16,822	27%	34%	26%	10%	3%	189
Use marijuana	51%	27%	5%	2%	16,789	57%	23%	16%	3%	1%	188
Use any illegal drug other than alcohol, cigarettes, or marijuana	58%	25%	3%	1%	16,815	59%	24%	13%	3%	1%	189
Go to a party where kids under 21 were drinking alcohol	33%	33%	9%	3%	16,818	40%	26%	22%	11%	1%	189
Go to a party where kids were using drugs	47%	29%	5%	2%	16,819	52%	25%	18%	5%	0%	189
Use prescription drugs for non-medical reasons	52%	28%	4%	2%	16,816	50%	33%	12%	4%	2%	189
Note: ~0 = Almost none would think it is ok, Few = A few would think it is ok, Some = Some would and some wouldn't think it is ok, Most = Most would think it is ok, ~All = Almost all would think it is ok; # = Number of students responding to item											
Table G26: Perception of peer acceptance, by grade											
11 <sup>th</sup> Grade											
	State					County					
	~0	Few	Mos	~All	#	~0	Few	Some	M	~All	#
Drink beer, wine, alcoholic drinks, or hard liquor	11%	14%	27%	10%	13,417	13%	13%	43%	21%	10%	149
Smoke cigarettes	26%	35%	7%	3%	13,406	25%	40%	26%	5%	5%	149
Use an e-cigarette, JUUL, vape-pen, e-hookah, mod- box, or other electronic cigarette	11%	16%	27%	12%	13,409	15%	16%	30%	28%	11%	149
Use marijuana	18%	22%	19%	8%	13,403	18%	17%	40%	19%	6%	149
Use any illegal drug other than alcohol, cigarettes, or marijuana	37%	32%	6%	3%	13,400	32%	31%	26%	6%	5%	149
Go to a party where kids under 21 were drinking alcohol	13%	16%	27%	14%	13,403	20%	15%	25%	29%	11%	149
Go to a party where kids were using drugs	22%	25%	16%	7%	13,397	25%	22%	30%	16%	7%	148
Use prescription drugs for non-medical reasons	37%	31%	6%	3%	13,400	43%	22%	22%	6%	7%	148
Note: ~0 = Almost none would think it is ok, Few = A few would think it is ok, Some = Some would and some wouldn't think it is ok, Most = Most would think it is ok, ~All = Almost all would think it is ok; # = Number of students responding to item											

## Student attitudes toward school, by grade

Table G27: Attitudes toward school, by grade											
6 <sup>th</sup> Grade											
	State					County					
	SD	D	A	SA	#	SD	D	N	A	SA	#
Feel safe at school	3%	5%	42%	32%	15,277	1%	4%	13%	39%	44%	165
Care about school	3%	3%	40%	37%	15,262	0%	1%	15%	43%	41%	164
Put forth best effort	1%	2%	33%	56%	15,264	1%	1%	5%	31%	62%	164
Do not plan to finish high school	65%	19%	3%	4%	15,208	66%	19%	9%	3%	3%	165
School informs parent/guardian when I do a good job	2%	4%	42%	37%	15,219	2%	2%	10%	46%	40%	162
School informs parent/guardian of misbehavior	1%	2%	43%	45%	15,219	1%	2%	9%	48%	41%	162
Adults available at school to go to for help	4%	4%	30%	52%	15,224	5%	1%	6%	35%	53%	163
Peers are welcoming to new students	3%	5%	38%	30%	15,225	1%	4%	19%	44%	32%	163
School has up-to-date technology	2%	3%	40%	42%	15,145	2%	1%	14%	43%	40%	161
School has available space for extra-curricular activities	2%	3%	41%	38%	15,033	1%	1%	13%	47%	38%	159
School building is well maintained	2%	3%	39%	41%	15,105	1%	2%	9%	45%	42%	161
8 <sup>th</sup> Grade											
	State					County					
	SD	D	A	SA	#	SD	D	N	A	SA	#
Feel safe at school	4%	6%	45%	21%	16,885	5%	3%	22%	49%	21%	189
Care about school	5%	7%	42%	21%	16,884	5%	7%	21%	46%	20%	189
Put forth best effort	2%	3%	42%	40%	16,887	2%	5%	14%	43%	36%	189
Do not plan to finish high school	71%	18%	2%	3%	16,877	64%	22%	7%	2%	5%	189
School informs parent/guardian when I do a good job	6%	10%	40%	20%	16,875	5%	8%	26%	46%	15%	189
School informs parent/guardian of misbehavior	1%	2%	49%	35%	16,863	2%	1%	14%	52%	31%	189
Adults available at school to go to for help	7%	7%	37%	35%	16,868	10%	5%	18%	35%	32%	188
Peers are welcoming to new students	6%	10%	36%	17%	16,866	4%	7%	31%	37%	20%	188
School has up-to-date technology	3%	5%	46%	30%	16,858	4%	7%	18%	52%	19%	188
School has available space for extra-curricular activities	2%	3%	47%	33%	16,845	3%	2%	13%	53%	30%	188
School building is well maintained	3%	6%	43%	27%	16,860	3%	5%	19%	54%	19%	188
Note: SD = Strongly disapprove, D = Somewhat disapprove, N = Neither approve nor disapprove, A = Somewhat approve, SA = Strongly approve; # = Number of students responding to item											
Table G27: Attitudes toward school, by grade											
11 <sup>th</sup> Grade											
	State					County					
	SD	D	A	SA	#	SD	D	N	A	SA	#
Feel safe at school	4%	6%	47%	19%	13,390	7%	3%	22%	51%	17%	150
Care about school	6%	9%	42%	17%	13,395	9%	7%	32%	35%	17%	149
Put forth best effort	3%	4%	43%	35%	13,394	3%	3%	16%	47%	31%	150
Do not plan to finish high school	78%	14%	2%	2%	13,387	76%	11%	3%	3%	6%	150
School informs parent/guardian when I do a good job	12%	17%	32%	12%	13,384	9%	15%	31%	30%	15%	150
School informs parent/guardian of misbehavior	2%	3%	50%	28%	13,386	3%	1%	21%	44%	31%	150
Adults available at school to go to for help	6%	7%	42%	31%	13,385	7%	6%	16%	43%	28%	150
Peers are welcoming to new students	6%	10%	37%	13%	13,385	6%	10%	42%	31%	11%	150
School has up-to-date technology	5%	7%	46%	25%	13,383	5%	1%	9%	54%	30%	149
School has available space for extra-curricular activities	3%	4%	48%	30%	13,376	3%	3%	14%	49%	30%	150
School building is well maintained	5%	7%	44%	23%	13,376	3%	3%	25%	49%	20%	150
Note: SD = Strongly disapprove, D = Somewhat disapprove, N = Neither approve nor disapprove, A = Somewhat approve, SA = Strongly approve; # = Number of students responding to item											

## Illegal or Violent Behavior

**Table G28: Illegal or violent activities on school property or at a school event in the past 12 months, by grade**

	6 <sup>th</sup> Grade					
	State			County		
	Ye	No	#	Yes	No	#
Carried a gun, knife, club, or other weapon that is not used for a school activity	3%	97%	15,203	1%	99%	161
Used alcohol or other illegal drugs	1%	99%	15,183	1%	99%	161
Used cigarettes, smokeless tobacco or e-cigarettes	2%	98%	15,178	1%	99%	160
Had your belongings (clothing, books, bike, car) stolen or deliberately damaged	16%	84%	15,163	9%	91%	160
Been disciplined for fighting, theft, or damaging property	8%	92%	15,089	5%	95%	160
Been threatened or injured by someone with a weapon (like a gun, knife or club)	6%	94%	15,156	7%	93%	159
Damaged property on purpose (like breaking windows, scratching a car, etc.)	3%	97%	15,154	2%	98%	162
Hit, kicked, or fought someone because they made you angry	23%	77%	15,095	16%	84%	162
Used a weapon, force, or threats to get money or things from someone	1%	99%	15,141	1%	99%	162
Verbally threatened to physically harm someone	6%	94%	15,088	3%	97%	162
Stolen something	6%	94%	15,111	7%	93%	161

	8 <sup>th</sup> Grade					
	State			County		
	Ye	No	#	Yes	No	#
Carried a gun, knife, club, or other weapon that is not used for a school activity	3%	97%	16,864	3%	97%	189
Used alcohol or other illegal drugs	3%	97%	16,850	3%	97%	189
Used cigarettes, smokeless tobacco or e-cigarettes	4%	96%	16,851	1%	99%	188
Had your belongings (clothing, books, bike, car) stolen or deliberately damaged	18%	82%	16,854	25%	75%	189
Been disciplined for fighting, theft, or damaging property	8%	92%	16,850	8%	92%	189
Been threatened or injured by someone with a weapon (like a gun, knife or club)	7%	93%	16,854	7%	93%	188
Damaged property on purpose (like breaking windows, scratching a car, etc.)	4%	96%	16,816	5%	95%	189
Hit, kicked, or fought someone because they made you angry	19%	81%	16,802	17%	83%	189
Used a weapon, force, or threats to get money or things from someone	1%	99%	16,814	1%	99%	189
Verbally threatened to physically harm someone	10%	90%	16,797	8%	92%	189
Stolen something	7%	93%	16,804	8%	92%	189

Question: In the past 12 months, have you done any of the following on school property or at a school event? Note: See appendix for full question wording. # = Number of students responding to the item

**Table G28: Illegal or violent activities on school property or at a school event in the past 12 months, by grade**

	11 <sup>th</sup> Grade					
	State			County		
	Ye	No	#	Yes	No	#
Carried a gun, knife, club, or other weapon that is not used for a school activity	5%	95%	13,362	7%	93%	149
Used alcohol or other illegal drugs	8%	92%	13,352	5%	95%	149
Used cigarettes, smokeless tobacco or e-cigarettes	9%	91%	13,345	7%	93%	149
Had your belongings (clothing, books, bike, car) stolen or deliberately damaged	12%	88%	13,352	10%	90%	149
Been disciplined for fighting, theft, or damaging property	4%	96%	13,351	5%	95%	149
Been threatened or injured by someone with a weapon (like a gun, knife or club)	5%	95%	13,353	3%	97%	149
Damaged property on purpose (like breaking windows, scratching a car, etc.)	3%	97%	13,329	3%	97%	149
Hit, kicked, or fought someone because they made you angry	9%	91%	13,328	11%	89%	149
Used a weapon, force, or threats to get money or things from someone	1%	99%	13,329	1%	99%	149
Verbally threatened to physically harm someone	11%	89%	13,325	11%	89%	148
Stolen something	7%	93%	13,321	3%	97%	149

Question: In the past 12 months, have you done any of the following on school property or at a school event? Note: See appendix for full question wording. # = Number of students responding to the item

**Table G29: Relationship with person the student hit, kicked, or fought, by grade**

	6 <sup>th</sup> Grade		8 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	State	County	State	County	State	County
Sibling(s) only	44%	44%	30%	29%	25%	19%
Sibling(s) and another person or persons (e.g. friends, classmates,	27%	8%	32%	16%	28%	38%
Another person or persons (e.g. friends, classmates, peers)	29%	48%	38%	55%	47%	44%
# Responding	3,342	25	3,116	31	1,201	16

Question: What is your relationship with the person or persons you hit, kicked, or fought in the past 12 months?

## Bullying behaviors

<b>Table G30: Number of experiences being bullied in last month, by grade</b>						
<b>6<sup>th</sup> Grade</b>						
	<b>State</b>					<b>County</b>
	0	1	5-10	>10	#	0
Called names, made fun of, or teased	43%	22%	7%	11%	15,000	61%
Left out, excluded, or ignored	51%	21%	6%	7%	14,957	64%
Hit, kicked, pushed, or shoved	68%	15%	3%	4%	14,955	77%
Other students told lies, spread rumors about me and tried to make others dislike me	59%	17%	6%	7%	14,937	71%
Other students made hurtful sexual jokes, comments, or gestures	71%	11%	4%	7%	14,895	78%
Received a threatening or hurtful message from another student	87%	6%	1%	2%	14,933	91%
Something hurtful has been shared about me on social media	88%	6%	1%	2%	14,920	92%
<b>8<sup>th</sup> Grade</b>						
	<b>State</b>					<b>County</b>
	0	1	5-10	>10	#	0
Called names, made fun of, or teased	42%	21%	8%	11%	16,686	38%
Left out, excluded, or ignored	52%	20%	6%	6%	16,662	51%
Hit, kicked, pushed, or shoved	74%	13%	3%	3%	16,664	74%
Other students told lies, spread rumors about me and tried to make others dislike me	58%	17%	6%	7%	16,662	54%
Other students made hurtful sexual jokes, comments, or gestures	70%	11%	4%	6%	16,658	64%
Received a threatening or hurtful message from another student	86%	6%	1%	2%	16,660	86%
Something hurtful has been shared about me on social media	86%	7%	1%	2%	16,662	82%
Note: 0 = Has not occurred, 1 = occurred 1 time, 2-4 = occurred 2-4 times, 5-10 = occurred 5-10 times, >10 = occurred >10 times in the past 30 days # = number responding to that item						
<b>Table G30: Number of experiences being bullied in last month, by grade</b>						
<b>11<sup>th</sup> Grade</b>						
	<b>State</b>					<b>County</b>
	0	1	5-10	>10	#	0
Called names, made fun of, or teased	56%	18%	6%	6%	13,249	56%
Left out, excluded, or ignored	62%	16%	4%	4%	13,240	68%
Hit, kicked, pushed, or shoved	88%	6%	1%	1%	13,242	86%
Other students told lies, spread rumors about me and tried to make others dislike me	65%	15%	4%	5%	13,239	68%
Other students made hurtful sexual jokes, comments, or gestures	76%	10%	3%	4%	13,236	75%

Received a threatening or hurtful message from another student	89%	5%	1%		2%	13,238	91%			
Something hurtful has been shared about me on social media	87%	6%	1%		2%	13,237	88%			
Note: 0 = Has not occurred, 1 = occurred 1 time, 2-4 = occurred 2-4 times, 5-10 = occurred 5-10 times, >10 = occurred >10 times in the past 30 days # = number responding to that item										
<b>Table G31: Perceived reasons for those reporting experiences, by grade</b>										
<b>6<sup>th</sup> Grade</b>										
	<b>State</b>							<b>County</b>		
	R/E	C	RL	SO	G	OT	DK	#	R/E	C
Called names, made fun of, or teased	6%	4%	4%	9%	8%	38%	53%	7,906	9%	3%
Left out, excluded, or ignored	3%	2%	2%	4%	5%	38%	59%	6,752	0%	0%
Hit, kicked, pushed, or shoved	4%	3%	2%	5%	6%	40%	55%	4,363	9%	0%
Other students told lies, spread rumors about me and tried to make others dislike me	4%	3%	3%	8%	5%	42%	51%	5,711	5%	7%
Other students made hurtful sexual jokes, comments, or gestures	4%	3%	2%	14%	16%	30%	51%	4,010	6%	0%
Received a threatening or hurtful message from another student	7%	4%	4%	8%	7%	38%	51%	1,727	13%	13%
Something hurtful has been shared about me on social media	6%	5%	4%	11%	10%	40%	49%	1,654	0%	8%
<b>8<sup>th</sup> Grade</b>										
	<b>State</b>							<b>County</b>		
	R/E	C	RL	SO	G	OT	DK	#	R/E	C
Called names, made fun of, or teased	10%	4%	5%	13%	10%	45%	46%	8,936	9%	4%
Left out, excluded, or ignored	4%	2%	2%	6%	5%	40%	60%	7,422	2%	1%
Hit, kicked, pushed, or shoved	4%	2%	2%	7%	6%	43%	54%	3,971	0%	2%
Other students told lies, spread rumors about me and tried to make others dislike me	3%	2%	2%	9%	6%	49%	48%	6,621	2%	4%

Other students made hurtful sexual jokes, comments, or gestures	4%	2%	2%	16%	21%	36%	46%	4,576	2%	3%
Received a threatening or hurtful message from another student	6%	3%	4%	11%	9%	44%	48%	2,084	4%	4%
Something hurtful has been shared about me on social media	5%	3%	4%	10%	9%	49%	45%	2,223	0%	0%

Note: R/E = Race, country of origin or ethnicity, C = Culture, RL = Religion, SO = Sexual orientation, G = Gender, OT = Other reason, DK = Don't know/not sure, # = number responding to that item

**Table G31: Perceived reasons for those reporting experiences, by grade**

**11<sup>th</sup> Grade**

	State								County	
	R/E	C	RL	SO	G	OT	DK	#	R/E	C
Called names, made fun of, or teased	11%	5%	6%	13%	11%	45%	43%	5,326	17%	9%
Left out, excluded, or ignored	4%	3%	3%	6%	5%	42%	58%	4,628	12%	5%
Hit, kicked, pushed, or shoved	6%	4%	4%	9%	7%	40%	52%	1,386	11%	0%
Other students told lies, spread rumors about me and tried to make others dislike me	4%	3%	3%	9%	6%	51%	45%	4,317	12%	2%
Other students made hurtful sexual jokes, comments, or gestures	5%	3%	4%	17%	23%	38%	39%	2,951	15%	6%
Received a threatening or hurtful message from another student	8%	5%	4%	12%	9%	47%	44%	1,353	23%	8%
Something hurtful has been shared about me on social media	6%	4%	4%	11%	9%	49%	42%	1,561	18%	18%

Note: R/E = Race, country of origin or ethnicity, C = Culture, RL = Religion, SO = Sexual orientation, G = Gender, OT = Other reason, DK = Don't know/not sure, # = number responding to that item

**Table G32: Frequency of self-reported bullying behavior in last month, by grade**

**6<sup>th</sup> Grade**

	State						County	
	0	1	2-4	5-10	>10	#	0	

I called someone names or made fun of them or teased them in a hurtful way	78%	15%	5%	1%	1%	14,760	86%		
I left out, excluded, or ignored	84%	12%	3%	1%	1%	14,739	93%		
I hit, kicked, pushed, or shoved	80%	12%	5%	1%	2%	14,735	87%		
I told lies, spread false rumors about another student	94%	4%	1%	<1%	1%	14,721	94%		
I made hurtful sexual jokes, comments, or gestures	93%	4%	2%	1%	1%	14,721	95%		
I sent a threatening or hurtful message in an email, a text message, or a direct message (DM)	97%	2%	1%	<1%	<1%	14,737	97%		
I shared potentially damaging info about someone else on social media	97%	1%	<1%	<1%	1%	14,732	99%		
<b>8<sup>th</sup> Grade</b>									
	<b>State</b>						<b>County</b>		
	0	1	2-4	5-10	>10	#	0		
I called someone names or made fun of them or teased them in a hurtful way	74%	16%	7%	1%	2%	16,513	74%		
I left out, excluded, or ignored	81%	13%	4%	1%	1%	16,509	83%		
I hit, kicked, pushed, or shoved	81%	10%	5%	1%	2%	16,494	82%		
I told lies, spread false rumors about another student	93%	5%	1%	<1%	1%	16,501	95%		
I made hurtful sexual jokes, comments, or gestures	88%	6%	3%	1%	2%	16,501	89%		
I sent a threatening or hurtful message in an email, a text message, or a direct message (DM)	96%	2%	1%	<1%	1%	16,502	98%		
I shared potentially damaging info about someone else on social media	96%	2%	1%	<1%	1%	16,506	97%		
Note: 0 = Has not occurred, 1 = occurred 1 time, 2-4 = occurred 2-4 times, 5-10 = occurred 5-10 times, >10 = occurred >10 times in the past 30 days # = number responding to that item									
<b>Table G32: Frequency of self-reported bullying behavior in last month, by grade</b>									
<b>11<sup>th</sup> Grade</b>									
	<b>State</b>						<b>County</b>		
	0	1	2-4	5-10	>10	#	0		
I called someone names or made fun of them or teased them in a hurtful way	81%	10%	6%	1%	2%	13,153	80%		
I left out, excluded, or ignored	87%	8%	4%	1%	1%	13,147	88%		
I hit, kicked, pushed, or shoved	92%	4%	2%	<1%	1%	13,145	86%		
I told lies, spread false rumors about another student	95%	3%	1%	<1%	1%	13,135	96%		
I made hurtful sexual jokes, comments, or gestures	88%	5%	3%	1%	3%	13,138	84%		



I sent a threatening or hurtful message in an email, a text message, or a direct message (DM)	97%	1%	1%	<1%	1%	13,143	97%	
I shared potentially damaging info about someone else on social media	97%	2%	1%	<1%	1%	13,141	95%	
Note: 0 = Has not occurred, 1 = occurred 1 time, 2-4 = occurred 2-4 times, 5-10 = occurred 5-10 times, >10 = occurred >10 times in the past 30 days # = number responding to that item								
<b>Table G33: School staff attempt to stop bullying, by grade</b>								
	<b>6<sup>th</sup> Grade</b>		<b>8<sup>th</sup> Grade</b>		<b>11<sup>th</sup> Grade</b>			
	<b>State</b>	<b>County</b>	<b>State</b>	<b>County</b>	<b>State</b>	<b>County</b>		
<b>Almost never</b>	11%	10%	13%	12%	16%	19%		
<b>Once in a while</b>	13%	13%	21%	23%	23%	17%		
<b>Sometimes</b>	16%	11%	21%	27%	24%	29%		
<b>Often</b>	22%	23%	24%	16%	22%	18%		
<b>Almost always</b>	37%	42%	21%	21%	14%	16%		
<b># Responding</b>	14,676	158	16,488	188	13,102	146		
Question: How often, if ever, do school staff attempt to stop bullying when they know about it?								
<b>Table G34: Stayed home because student felt unsafe going to school, by grade</b>								
	<b>6<sup>th</sup> Grade</b>		<b>8<sup>th</sup> Grade</b>		<b>11<sup>th</sup> Grade</b>			
	<b>State</b>	<b>County</b>	<b>State</b>	<b>County</b>	<b>State</b>	<b>County</b>		
<b>Yes</b>	10%	9%	9%	9%	9%	10%		
<b>No</b>	90%	91%	91%	91%	91%	90%		
<b># Responding</b>	14,809	162	16,540	189	13,167	147		
Question: In the past 30 days, did you ever stay home because you felt unsafe going to school or being at school?								

## Perceptions of Other Students' Respect for Diversity

**Table G35: Beliefs about other students' respect for diversity, by grade**

	6 <sup>th</sup> Grade											
	State					#	County					#
	SD	D	N	A	SA		SD	D	N	A	SA	
Students in this school respect other people regardless of gender	6%	9%	27%	34%	24%	14,557	6%	9%	19%	40%	25%	161
Students in this school respect other people regardless of their race/ethnicity/skin color	4%	6%	19%	35%	36%	14,521	6%	8%	8%	43%	36%	160
Students in this school respect other people regardless of their cultural/religious differences	4%	5%	19%	36%	36%	14,488	6%	3%	9%	49%	34%	160
Students in this school respect other people regardless of their physical disabilities	5%	7%	20%	34%	34%	14,462	6%	5%	11%	41%	36%	158
Students in this school respect other people regardless of their learning disabilities	5%	7%	22%	34%	32%	14,466	7%	3%	15%	41%	34%	158
Students in this school respect other people regardless of their sexual orientation	9%	10%	26%	28%	27%	14,294	8%	6%	24%	38%	25%	157

	8 <sup>th</sup> Grade											
	State					#	County					#
	SD	D	N	A	SA		SD	D	N	A	SA	
Students in this school respect other people regardless of gender	12%	18%	32%	27%	12%	16,408	16%	16%	36%	23%	10%	186
Students in this school respect other people regardless of their race/ethnicity/skin color	8%	10%	25%	36%	21%	16,399	9%	8%	25%	44%	15%	186
Students in this school respect other people regardless of their cultural/religious differences	7%	9%	25%	38%	21%	16,395	9%	9%	29%	40%	14%	186
Students in this school respect other people regardless of their physical disabilities	8%	12%	25%	34%	20%	16,385	8%	13%	27%	36%	15%	186
Students in this school respect other people regardless of their learning disabilities	8%	12%	27%	34%	19%	16,383	9%	11%	27%	39%	13%	186
Students in this school respect other people regardless of their sexual orientation	19%	18%	30%	21%	12%	16,348	20%	18%	32%	19%	11%	186

Note: SD = Strongly Disagree, D = Disagree, N = Neither Agree nor Disagree, A = Agree, SA = Strongly Agree; # = Number of students responding to the item.

**Table G35: Beliefs about other students' respect for diversity, by grade**

	11 <sup>th</sup> Grade											
	State					#	County					#
	SD	D	N	A	SA		SD	D	N	A	SA	
Students in this school respect other people regardless of gender	13%	19%	32%	28%	9%	13,076	16%	25%	33%	20%	6%	147
Students in this school respect other people regardless of their race/ethnicity/skin color	10%	14%	27%	35%	14%	13,068	13%	20%	30%	27%	10%	147
Students in this school respect other people regardless of their cultural/religious differences	9%	12%	29%	37%	14%	13,065	11%	12%	38%	28%	11%	146
Students in this school respect other people regardless of their physical disabilities	9%	14%	29%	34%	14%	13,054	13%	14%	28%	34%	12%	146
Students in this school respect other people regardless of their learning disabilities	10%	15%	30%	33%	13%	13,056	14%	13%	34%	28%	11%	146
Students in this school respect other people regardless of their sexual orientation	18%	20%	32%	22%	8%	13,054	29%	20%	28%	16%	7%	146

Note: SD = Strongly Disagree, D = Disagree, N = Neither Agree nor Disagree, A = Agree, SA = Strongly Agree; # = Number of students responding to the item.

## Student Perceptions of Teachers & Staff

Table G36: Perceptions of teachers/staff, by grade											
6 <sup>th</sup> Grade											
	State					County					
	SD	D	A	SA	#	SD	D	N	A	SA	#
My teachers care about me	2%	3%	39%	41%	14,656	2%	1%	8%	37%	52%	163
My teachers are available to talk with students one-on-one	2%	3%	40%	40%	14,632	2%	1%	6%	42%	49%	162
My teachers notice when I am doing a good job and let me know about it	3%	6%	37%	35%	14,643	2%	1%	9%	43%	46%	162
Staff in this school respect gender differences	2%	2%	33%	51%	14,392	1%	2%	8%	33%	55%	159
Staff in this school respect racial/ethnic/skin color differences	1%	1%	32%	59%	14,390	1%	1%	6%	32%	60%	159
Staff in this school respect cultural/religious differences	1%	1%	32%	58%	14,375	1%	2%	4%	34%	58%	159
Staff in this school respect all sexual orientations	2%	2%	30%	51%	14,199	1%	3%	14%	32%	51%	158
Staff in this school respect students with learning disabilities	1%	1%	30%	61%	14,384	1%	1%	3%	35%	59%	160
Staff in this school respect students with physical disabilities	1%	1%	30%	61%	14,374	1%	1%	5%	34%	58%	160
8 <sup>th</sup> Grade											
	State					County					
	SD	D	A	SA	#	SD	D	N	A	SA	#
My teachers care about me	4%	6%	44%	21%	16,422	3%	5%	27%	42%	23%	189
My teachers are available to talk with students one-on-one	4%	6%	46%	23%	16,423	3%	6%	24%	47%	20%	189
My teachers notice when I am doing a good job and let me know about it	7%	11%	36%	18%	16,418	4%	12%	21%	46%	17%	189
Staff in this school respect gender differences	3%	4%	42%	32%	16,291	3%	5%	25%	44%	22%	187
Staff in this school respect racial/ethnic/skin color differences	2%	2%	44%	39%	16,291	2%	2%	10%	51%	34%	187
Staff in this school respect cultural/religious differences	2%	2%	44%	39%	16,293	2%	3%	12%	51%	32%	186
Staff in this school respect all sexual orientations	3%	4%	40%	33%	16,265	4%	4%	23%	45%	24%	186
Staff in this school respect students with learning disabilities	2%	2%	42%	43%	16,297	2%	3%	9%	49%	37%	187
Staff in this school respect students with physical disabilities	2%	1%	42%	43%	16,295	2%	2%	9%	50%	37%	187
Note: SD = Strongly disapprove, D = Somewhat disapprove, N = Neither approve nor disapprove, A = Somewhat approve, SA = Strongly approve; # = Number of students responding to item											
Table G36: Perceptions of teachers/staff, by grade											
11 <sup>th</sup> Grade											
	State					County					
	SD	D	A	SA	#	SD	D	N	A	SA	#
My teachers care about me	4%	7%	46%	16%	13,068	6%	5%	27%	48%	15%	147
My teachers are available to talk with students one-on-one	4%	6%	49%	18%	13,066	6%	5%	24%	49%	16%	147
My teachers notice when I am doing a good job and let me know about it	9%	14%	32%	13%	13,068	8%	7%	37%	37%	11%	147
Staff in this school respect gender differences	3%	5%	46%	23%	12,996	5%	4%	26%	48%	17%	144
Staff in this school respect racial/ethnic/skin color differences	3%	3%	48%	27%	12,997	5%	1%	17%	54%	23%	144
Staff in this school respect cultural/religious differences	3%	3%	48%	27%	12,996	4%	1%	19%	52%	24%	144
Staff in this school respect all sexual orientations	3%	5%	44%	23%	12,986	5%	6%	26%	44%	19%	144
Staff in this school respect students with learning disabilities	3%	3%	46%	30%	12,995	6%	0%	17%	47%	31%	144
Staff in this school respect students with physical disabilities	3%	2%	47%	30%	12,992	5%	1%	17%	49%	28%	144
Note: SD = Strongly disapprove, D = Somewhat disapprove, N = Neither approve nor disapprove, A = Somewhat approve, SA = Strongly approve; # = Number of students responding to item											

## Ease of Access to Harmful Substances and Items

Table G37: Ease of access to harmful substances, by grade											
6 <sup>th</sup> Grade											
	State					County					
	VH	E	VE	DK	#	VH	H	E	VE	DK	#
Cigarettes	35%	13%	4%	23%	14,122	48%	19%	7%	1%	24%	153
E-cigarettes, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarettes	36%	13%	5%	22%	14,122	47%	19%	3%	4%	27%	155
Alcoholic beverages (beer, wine, or liquor)	35%	16%	6%	20%	14,150	45%	23%	8%	2%	22%	155
Marijuana (pot, weed, bud, hash)	51%	5%	2%	22%	14,103	59%	14%	5%	2%	21%	155
Any other illegal drug (methamphetamine, heroin, cocaine, etc.)	55%	4%	2%	22%	14,135	67%	10%	2%	3%	19%	155
A firearm (handgun, shotgun, rifle, etc.)	37%	13%	6%	21%	14,127	44%	21%	9%	6%	20%	155
Prescription medication that is not prescribed for you by a doctor or nurse	38%	13%	7%	22%	14,124	44%	19%	8%	5%	24%	154
Lottery or scratch tickets	22%	21%	15%	22%	14,142	29%	13%	16%	12%	30%	154
8 <sup>th</sup> Grade											
	State					County					
	VH	E	VE	DK	#	VH	H	E	VE	DK	#
Cigarettes	13%	27%	10%	23%	16,193	13%	23%	32%	11%	21%	189
E-cigarettes, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarettes	10%	33%	20%	19%	16,213	13%	14%	34%	22%	16%	188
Alcoholic beverages (beer, wine, or liquor)	12%	31%	18%	18%	16,233	15%	25%	26%	14%	20%	188
Marijuana (pot, weed, bud, hash)	28%	15%	8%	22%	16,218	30%	30%	14%	5%	20%	188
Any other illegal drug (methamphetamine, heroin, cocaine, etc.)	37%	9%	5%	23%	16,224	37%	29%	10%	4%	21%	188
A firearm (handgun, shotgun, rifle, etc.)	21%	20%	11%	20%	16,222	21%	28%	24%	9%	19%	188
Prescription medication that is not prescribed for you by a doctor or nurse	19%	21%	13%	21%	16,222	21%	25%	23%	14%	18%	187
Lottery or scratch tickets	13%	25%	21%	22%	16,224	14%	19%	29%	20%	18%	187
Note: VH = Very hard, H = Hard, E = Easy, VE = Very easy, DK = Don't know/Not sure; # = Number of students responding to the item											
Table G37: Ease of access to harmful substances, by grade											
11 <sup>th</sup> Grade											
	State					County					
	VH	E	VE	DK	#	VH	H	E	VE	DK	#
Cigarettes	6%	36%	21%	19%	12,942	5%	16%	38%	18%	23%	146
E-cigarettes, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarettes	4%	32%	43%	13%	12,955	5%	8%	32%	39%	16%	146
Alcoholic beverages (beer, wine, or liquor)	5%	33%	39%	13%	12,959	7%	10%	29%	36%	17%	146
Marijuana (pot, weed, bud, hash)	9%	29%	24%	18%	12,958	8%	19%	29%	25%	18%	146
Any other illegal drug (methamphetamine, heroin, cocaine, etc.)	24%	14%	9%	23%	12,957	18%	27%	20%	11%	24%	146
A firearm (handgun, shotgun, rifle, etc.)	17%	23%	14%	21%	12,953	12%	18%	31%	17%	22%	146
Prescription medication that is not prescribed for you by a doctor or nurse	15%	24%	16%	22%	12,955	14%	17%	32%	14%	23%	146
Lottery or scratch tickets	11%	26%	22%	25%	12,953	12%	14%	28%	21%	25%	146
Note: VH = Very hard, H = Hard, E = Easy, VE = Very easy, DK = Don't know/Not sure; # = Number of students responding to the item											

## Alcohol Use

Table G38: Alcohol use (all participants), by grade

	6 <sup>th</sup> Grade					
	State			County		
	Yes	No	#	Yes	No	#
Ever had alcohol	11%	89%	14,459	11%	89%	161
At least 1 drink in past 30 days	2%	98%	14,649	1%	99%	163
Drank beer in past 30 days	1%	99%	14,641	0%	100%	163

Drank "any other alcohol" in past 30 days	1%	99%	14,643	0%	100%	163
Binge drinking in past 30 days	<1%	100%	14,653	0%	100%	163
Ever driven a car or other motorized vehicle (ATV, tractor, moped) after using any amount of alcohol, recreational or non-prescribed drugs	5%	95%	14,414	5%	95%	162

**8<sup>th</sup> Grade**

	State			County		#
	Yes	No	#	Yes	No	
Ever had alcohol	19%	81%	16,312	16%	84%	186
At least 1 drink in past 30 days	6%	94%	16,400	3%	97%	189
Drank beer in past 30 days	3%	97%	16,379	1%	99%	189
Drank "any other alcohol" in past 30 days	5%	95%	16,386	2%	98%	189
Binge drinking in past 30 days	2%	98%	16,406	0%	100%	189
Ever driven a car or other motorized vehicle (ATV, tractor, moped) after using any amount of alcohol, recreational or non-prescribed drugs	5%	95%	16,288	6%	94%	189

**11<sup>th</sup> Grade**

	State			County		#
	Yes	No	#	Yes	No	
Ever had alcohol	41%	59%	13,020	31%	69%	147
At least 1 drink in past 30 days	18%	82%	13,066	14%	86%	147
Drank beer in past 30 days	10%	90%	13,029	10%	90%	147
Drank "any other alcohol" in past 30 days	16%	84%	13,043	13%	87%	147
Binge drinking in past 30 days	9%	91%	13,062	8%	92%	147
Ever driven a car or other motorized vehicle (ATV, tractor, moped) after using any amount of alcohol, recreational or non-prescribed drugs	7%	93%	12,979	5%	95%	146

Note: See appendix for full question wording. # = Number of students responding to item

**Table G39: Age for first alcoholic drink (among students who have ever had a drink), by grade**

	6 <sup>th</sup> Grade		8 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	State	County	State	County	State	County
8 or younger	34%	38%	17%	14%	6%	14%
9 or 10	34%	31%	14%	7%	3%	5%
11 or 12	30%	31%	33%	43%	9%	9%
13 or 14	<1%	0%	36%	36%	29%	14%
15 or 16			<1%	0%	50%	52%
17 or older					4%	7%
# Responding	1,643	16	3,034	28	5,278	44

Question: How old were you when you first drank (more than a few sips of) alcohol (beer, wine, alcoholic drinks, or hard liquor such as vodka, whiskey, rum, tequila, gin)?

**Table G40: At least one alcoholic drink (among students who have ever had a drink) in the past 30 days, by grade**

	6 <sup>th</sup> Grade		8 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	State	County	State	County	State	County
Yes	21%	6%	32%	21%	46%	47%
No	79%	94%	68%	79%	54%	53%
# Responding	1,653	17	3,044	29	5,290	45

Question: In the past 30 days, have you had at least one drink of alcohol (glass, bottle or can of beer, glass of wine, liquor, or mixed drink)?

**Table G41: Alcohol use (among students who reported having at least 1 drink in the past 30 days), by grade**

	6 <sup>th</sup> Grade					
	State			County		
	Yes	No	#	Yes	No	#
Drank beer in past 30 days	54%	46%	328	*	*	*
Drank "any other alcohol" in past 30 days	63%	37%	330	*	*	*
Binge drinking in past 30 days	18%	82%	340	*	*	*

	8 <sup>th</sup> Grade					
	State			County		
	Yes	No	#	Yes	No	#
Drank beer in past 30 days	54%	46%	947	*	*	*
Drank "any other alcohol" in past 30 days	77%	23%	954	*	*	*
Binge drinking in past 30 days	28%	72%	974	*	*	*

	11 <sup>th</sup> Grade					
	State			County		
	Yes	No	#	Yes	No	#
Drank beer in past 30 days	58%	42%	2,365	67%	33%	21

Drank "any other alcohol" in past 30 days	8 7%	13%	2,379	90 %	10 %	21
Binge drinking in past 30 days	5 1%	49%	2,398	57 %	43 %	21

Notes: See appendix for question wording. # = Number of students responding to item

**Table G42: How alcohol was acquired in the past 30 days (all participants), by grade**

6 <sup>th</sup> Grade	State			County		
	Yes	No	#	Yes	No	#
I bought it	<1%	100%	14,645	0%	100%	163
I gave someone money to buy it	<1%	100%	14,645	0%	100%	163
A parent/guardian gave it to me	1%	99%	14,644	0%	100%	163
I took it from my parent/guardian's cabinet/refrigerator	1%	99%	14,645	0%	100%	163
I got it at a party	<1%	100%	14,645	0%	100%	163
A friend who is under 21 gave it to me	<1%	100%	14,646	0%	100%	163
A friend who is 21 or over gave it to me	<1%	100%	14,644	0%	100%	163

**8<sup>th</sup> Grade**

	State			County		
	Yes	No	#	Yes	No	#
I bought it	<1%	100%	16,391	0%	100%	189
I gave someone money to buy it	1%	99%	16,390	0%	100%	189
A parent/guardian gave it to me	2%	98%	16,393	1%	99%	189
I took it from my parent/guardian's cabinet/refrigerator	3%	97%	16,389	0%	100%	189
I got it at a party	1%	99%	16,386	1%	99%	189
A friend who is under 21 gave it to me	2%	98%	16,387	0%	100%	189
A friend who is 21 or over gave it to me	1%	99%	16,387	0%	100%	189

**11<sup>th</sup> Grade**

	State			County		
	Yes	No	#	Yes	No	#
I bought it	3%	97%	13,036	1%	99%	146
I gave someone money to buy it	6%	94%	13,033	5%	95%	146
A parent/guardian gave it to me	5%	95%	13,027	1%	99%	146
I took it from my parent/guardian's cabinet/refrigerator	5%	95%	13,025	4%	96%	146
I got it at a party	9%	91%	13,027	7%	93%	146
A friend who is under 21 gave it to me	7%	93%	13,029	5%	95%	146
A friend who is 21 or over gave it to me	6%	94%	13,025	5%	95%	146

Question: In the past 30 days, did you get alcohol in the following ways? # = Number of students responding to item

**Table G43: How alcohol was acquired in the past 30 days (among students who reported having at least 1 drink in the past 30 days), by grade**

**6<sup>th</sup> Grade**

	State			County		
	Yes	No	#	Yes	No	#
I bought it	6%	94%	332	*	*	*
I gave someone money to buy it	6%	94%	332	*	*	*
A parent/guardian gave it to me	43%	57%	331	*	*	*
I took it from my parent/guardian's cabinet/refrigerator	34%	66%	332	*	*	*
I got it at a party	16%	84%	332	*	*	*
A friend who is under 21 gave it to me	16%	84%	333	*	*	*
A friend who is 21 or over gave it to me	18%	82%	331	*	*	*

**8<sup>th</sup> Grade**

	State			County		
	Yes	No	#	Yes	No	#
I bought it	5%	95%	959	*	*	*
I gave someone money to buy it	11%	89%	958	*	*	*
A parent/guardian gave it to me	33%	67%	961	*	*	*
I took it from my parent/guardian's cabinet/refrigerator	44%	56%	957	*	*	*
I got it at a party	23%	77%	954	*	*	*
A friend who is under 21 gave it to me	27%	73%	955	*	*	*
A friend who is 21 or over gave it to me	23%	77%	955	*	*	*

**11<sup>th</sup> Grade**

	State			County		
	Yes	No	#	Yes	No	#
I bought it	16%	84%	2,372	5%	95%	20
I gave someone money to buy it	34%	66%	2,369	40%	60%	20
A parent/guardian gave it to me	25%	75%	2,363	10%	90%	20
I took it from my parent/guardian's cabinet/refrigerator	27%	73%	2,361	30%	70%	20
I got it at a party	48%	52%	2,363	50%	50%	20
A friend who is under 21 gave it to me	40%	60%	2,365	35%	65%	20
A friend who is 21 or over gave it to me	34%	66%	2,361	35%	65%	20

Question: In the past 30 days, did you get alcohol in the following ways? # = Number of students responding to item



Tobacco Use

<b>Table G44: Ever used tobacco or nicotine products, by grade</b>						
<b>6<sup>th</sup> Grade</b>						
	<b>State</b>			<b>County</b>		
	Yes	No	#	Yes	No	#
Smoked tobacco or used any tobacco products (not including e-cigarettes)?	1%	99%	160	1%	99%	160
Used an e-cigarette, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarette?	4%	96%	160	4%	96%	160
Used a heated (heat-not-burn) tobacco product, heat tobacco stick or capsule to produce a vapor (iQOS, HeatSticks, glo, Eclipse, lil)?	1%	99%	160	1%	99%	160
<b>8<sup>th</sup> Grade</b>						
	<b>State</b>			<b>County</b>		
	Yes	No	#	Yes	No	#
Smoked tobacco or used any tobacco products (not including e-cigarettes)?	4%	96%	187	4%	96%	187
Used an e-cigarette, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarette?	10%	90%	187	9%	91%	187
Used a heated (heat-not-burn) tobacco product, heat tobacco stick or capsule to produce a vapor (iQOS, HeatSticks, glo, Eclipse, lil)?	2%	98%	188	2%	98%	188
<b>11<sup>th</sup> Grade</b>						
	<b>State</b>			<b>County</b>		
	Yes	No	#	Yes	No	#
Smoked tobacco or used any tobacco products (not including e-cigarettes)?	10%	90%	146	10%	90%	146
Used an e-cigarette, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarette?	24%	76%	146	20%	80%	146
Used a heated (heat-not-burn) tobacco product, heat tobacco stick or capsule to produce a vapor (iQOS, HeatSticks, glo, Eclipse, lil)?	4%	96%	146	3%	97%	146

Question: Have you ever...? # = Number of students responding to item

**Table G45: Age of first tobacco / nicotine use, by grade**

6 <sup>th</sup> Grade															
	State							County							
	Never used	<9	9-10	11-12	13-14	15-16	#	Never used	<9	9-10	11-12	13-14	15-16	17+	#
Smoked a whole cigarette	47%	13%	23%	16%	0%		202	*	*	*	*	*		*	
Used smokeless tobacco	64%	9%	13%	10%	<1%		201	*	*	*	*	*		*	
Used an e-cigarette	10%	13%	33%	42%	1%		585	*	*	*	*	*		*	
Used heated (heat-not-burn) tobacco products	51%	8%	16%	15%	2%		123	*	*	*	*	*		*	
Smoked menthol cigarettes	68%	7%	9%	12%	<1%		201	*	*	*	*	*		*	
8 <sup>th</sup> Grade															
	State							County							
	Never used	<9	9-10	11-12	13-14	15-16	#	Never used	<9	9-10	11-12	13-14	15-16	17+	#
Smoked a whole cigarette	36%	8%	12%	23%	20%	1%	578	*	*	*	*	*	*		*
Used smokeless tobacco	67%	6%	7%	9%	9%	<1%	577	*	*	*	*	*	*		*
Used an e-cigarette	4%	4%	10%	41%	40%	<1%	1,626	6%	6%	24%	29%	35%	0%	17	
Used heated (heat-not-burn) tobacco products	33%	8%	6%	28%	22%	1%	281	*	*	*	*	*	*		*
Smoked menthol cigarettes	58%	5%	9%	13%	14%	<1%	579	*	*	*	*	*	*		*
11 <sup>th</sup> Grade															
	State							County							
	Never used	<9	9-10	11-12	13-14	15-16	#	Never used	<9	9-10	11-12	13-14	15-16	17+	#
Smoked a whole cigarette	32%	6%	4%	9%	20%	26%	1,259	62%	0%	8%	0%	31%	0%	0%	13
Used smokeless tobacco	59%	4%	3%	7%	12%	15%	1,258	62%	0%	0%	15%	23%	0%	0%	13
Used an e-cigarette	3%	2%	2%	9%	38%	43%	3,089	7%	0%	0%	7%	39%	36%	11%	28
Used heated (heat-not-burn) tobacco products	40%	8%	4%	9%	13%	23%	478	*	*	*	*	*	*	*	*
Smoked menthol cigarettes	48%	4%	4%	7%	16%	19%	1,259	46%	0%	8%	8%	23%	15%	0%	13

Question: How old were you when you first...? Note: See appendix for full question wording. # = Number of students responding to item

**Table G46: Types of tobacco and nicotine products used in the past 30 days (all participants), by grade**

6 <sup>th</sup> Grade									
	State				County				#
	Yes	No	Never used	#	Yes	No	Never used	#	
Smoked cigarettes	<1%	1%	99%	14,570	0%	1%	99%	162	
Smoked menthol cigarettes	<1%	1%	99%	14,569	1%	1%	99%	162	
Smoked cigars	<1%	1%	99%	14,567	0%	1%	99%	162	
Used smokeless tobacco	<1%	1%	99%	14,570	0%	1%	99%	162	
Smoked tobacco using a water pipe or hookah	<1%	1%	99%	14,568	0%	1%	99%	162	
Used an e-cigarette	1%	3%	96%	14,569	1%	3%	96%	162	
Used a heated (heat-not-burn) tobacco product	<1%	1%	99%	14,574	0%	1%	99%	162	

	8 <sup>th</sup> Grade							
	State				County			
	Yes	No	Never used	#	Yes	No	Never used	#
Smoked cigarettes	1%	3%	96%	16,352	0%	4%	96%	189
Smoked menthol cigarettes	1%	3%	96%	16,351	0%	4%	96%	189
Smoked cigars	<1%	3%	96%	16,350	0%	4%	96%	189
Used smokeless tobacco	1%	3%	96%	16,352	0%	4%	96%	189
Smoked tobacco using a water pipe or hookah	<1%	3%	96%	16,352	0%	4%	96%	189
Used an e-cigarette	4%	6%	90%	16,349	2%	7%	91%	189
Used a heated (heat-not-burn) tobacco product	1%	1%	98%	16,358	1%	1%	98%	189

	11 <sup>th</sup> Grade							
	State				County			
	Yes	No	Never used	#	Yes	No	Never used	#
Smoked cigarettes	3%	7%	90%	13,012	2%	8%	90%	146
Smoked menthol cigarettes	3%	7%	90%	13,012	2%	8%	90%	146
Smoked cigars	2%	8%	90%	13,012	1%	8%	90%	146
Used smokeless tobacco	2%	8%	90%	13,011	1%	8%	90%	146
Smoked tobacco using a water pipe or hookah	1%	9%	90%	13,011	1%	8%	90%	146
Used an e-cigarette	13%	11%	76%	13,007	12%	8%	80%	146
Used a heated (heat-not-burn) tobacco product	1%	3%	96%	13,012	1%	1%	97%	146

Question: In the past 30 days, have you...? # = Number of students responding to item

**Table G47: Cigarettes smoked per day among students who smoked in past 30 days, by grade**

	6 <sup>th</sup> Grade		8 <sup>th</sup>	11 <sup>th</sup> Grade	
	State	County	County	State	County
< 1 cigarette per day	45%	*	-	58%	*
1 cigarette per day	12%	*	-	10%	*
2 to 5 cigarettes per day	17%	*	-	17%	*
6 to 10 cigarettes per day	7%	*	-	4%	*
11 to 20 cigarettes per day	7%	*	-	2%	*
> 20 cigarettes per day	12%	*	-	9%	*
# Responding	58	*	0	408	*

Question: In the past 30 days, on the days you smoked, on average, about how many cigarettes did you smoke per day?

**Table G48: Stopped smoking cigarettes or using electronic nicotine products in the past 12 months (all participants), by grade**

	6 <sup>th</sup> Grade							
	State			#	County			#
	Yes	No	Never used		Yes	No	Never used	
Stopped smoking cigarettes for one day or longer because you were trying to quit?	1%	1%	99%	***	1%	1%	99%	162
Stopped using e-cigarettes, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarette for one day or longer because you were trying to quit?	2%	2%	96%	***	2%	1%	96%	162
	8 <sup>th</sup> Grade							
	State			#	County			#
	Yes	No	Never used		Yes	No	Never used	
Stopped smoking cigarettes for one day or longer because you were trying to quit?	2%	2%	97%	***	2%	2%	96%	189
Stopped using e-cigarettes, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarette for one day or longer because you were trying to quit?	6%	4%	90%	***	5%	4%	91%	189
	11 <sup>th</sup> Grade							
	State			#	County			#
	Yes	No	Never used		Yes	No	Never used	
Stopped smoking cigarettes for one day or longer because you were trying to quit?	4%	6%	90%	***	3%	6%	90%	146
Stopped using e-cigarettes, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarette for one day or longer because you were trying to quit?	12%	12%	76%	***	11%	9%	80%	146

Question: In the past 12 months, have you...? # = Number of students responding to item

**Table G49: Stopped smoking cigarettes or using electronic nicotine products in the past 12 months among students who ever used tobacco or nicotine products, by grade**

	6 <sup>th</sup> Grade						
	State			#	County		
	Yes	No	#		Yes	No	#
Stopped smoking cigarettes for one day or longer because you were trying to quit?	60%	40%	203	*	*	*	
Stopped using e-cigarettes, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarette for one day or longer because you were trying to quit?	61%	39%	573	*	*	*	
	8 <sup>th</sup> Grade						
	State			#	County		
	Yes	No	#		Yes	No	#
Stopped smoking cigarettes for one day or longer because you were trying to quit?	55%	45%	567	*	*	*	
Stopped using e-cigarettes, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarette for one day or longer because you were trying to quit?	59%	41%	1,614	59%	41%	17	
	11 <sup>th</sup> Grade						
	State			#	County		
	Yes	No	#		Yes	No	#
Stopped smoking cigarettes for one day or longer because you were trying to quit?	41%	59%	1,253	36%	64%	14	
Stopped using e-cigarettes, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarette for one day or longer because you were trying to quit?	51%	49%	3,077	55%	45%	29	

Question: In the past 12 months, have you...? # = Number of students responding to item

## Use of Marijuana and Other Drugs

Table G50: Marijuana use (ever), by grade

	6 <sup>th</sup> Grade		8 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	State	County	State	County	State	County
<b>Yes</b>	1%	0%	4%	5%	16%	12%
<b>No</b>	99%	100%	96%	95%	84%	88%
<b># Responding</b>	14,361	160	16,252	188	12,921	146

Question: Have you ever used marijuana (pot, grass, hash, bud, weed)?

Table G51: Marijuana use (past 30 days) among sample of previous users, by grade

	6 <sup>th</sup> Grade		8 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	State	County	State	County	State	County
<b>Yes</b>	43%	-	47%	*	50%	53%
<b>No (but previously have used)</b>	57%	-	53%	*	50%	47%
<b># Responding</b>	142	0	612	*	2,052	17

Question: In the past 30 days, have you used marijuana (pot, grass, hash, bud, weed)?

Table G52: Marijuana use (past 30 days) among all participants, by grade

	6 <sup>th</sup> Grade		8 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	State	County	State	County	State	County
<b>Yes</b>	<1%	0%	2%	2%	8%	6%
<b>No (but previously have used)</b>	1%	0%	2%	3%	8%	5%
<b>No previous marijuana use reported</b>	99%	100%	96%	95%	84%	88%
<b># Responding</b>	14,562	162	16,432	189	12,987	146

Question: In the past 30 days, have you used marijuana (pot, grass, hash, bud, weed)?

	State			County		
	Yes	No	#	Yes	No	#
Sniffed glue, breathed the contents of gases or sprays in order to get high	2%	98%	14,080	2%	98%	157
Used over-the-counter medications differently from the way the directions indicate	2%	98%	13,999	1%	99%	156
Used prescription medications that were not prescribed for you by your doctor	2%	98%	14,018	2%	98%	157
Used steroid pills or shots without a doctor's prescription	1%	99%	14,014	1%	99%	156
Used cocaine (blow, crack, rock, coke [not Coca Cola])	1%	99%	14,011	0%	100%	157
Used methamphetamines (crank)	<1%	100%	13,943	0%	100%	157
Used amphetamines other than methamphetamines (like stimulants, uppers, speed)	1%	99%	13,890	1%	99%	156
Used an opioid (heroin) or a prescription opioid (oxycodone, hydrocodone, Oxycontin, codeine, etc.) for non-medical reasons	<1%	100%	13,897	0%	100%	157
Used mushrooms (shrooms, psilocybin)	1%	99%	13,865	0%	100%	157
Used MDMA (Ecstasy/Molly)	<1%	100%	13,774	0%	100%	154

**8<sup>th</sup> Grade**

	State			County		
	Yes	No	#	Yes	No	#
Sniffed glue, breathed the contents of gases or sprays in order to get high	2%	98%	16,124	2%	98%	188
Used over-the-counter medications differently from the way the directions indicate	3%	97%	16,117	2%	98%	188
Used prescription medications that were not prescribed for you by your doctor	2%	98%	16,111	3%	97%	187
Used steroid pills or shots without a doctor's prescription	1%	99%	16,108	1%	99%	188
Used cocaine (blow, crack, rock, coke [not Coca Cola])	1%	99%	16,108	1%	99%	187
Used methamphetamines (crank)	1%	99%	16,100	0%	100%	187
Used amphetamines other than methamphetamines (like stimulants, uppers, speed)	1%	99%	16,094	1%	99%	186
Used an opioid (heroin) or a prescription opioid (oxycodone, hydrocodone, Oxycontin, codeine, etc.) for non-medical reasons	1%	99%	16,097	0%	100%	186
Used mushrooms (shrooms, psilocybin)	1%	99%	16,094	1%	99%	186
Used MDMA (Ecstasy/Molly)	1%	99%	16,077	0%	100%	186

Question: In the past 30 days, have you...? # = Number of students responding to the item

**Table G53: Drug use in the past 30 days, by grade**

**11<sup>th</sup> Grade**

	State			County		
	Yes	No	#	Yes	No	#
Sniffed glue, breathed the contents of gases or sprays in order to get high	2%	98%	12,843	3%	97%	145
Used over-the-counter medications differently from the way the directions indicate	3%	97%	12,832	4%	96%	145
Used prescription medications that were not prescribed for you by your doctor	2%	98%	12,829	3%	97%	145
Used steroid pills or shots without a doctor's prescription	1%	99%	12,823	3%	97%	145
Used cocaine (blow, crack, rock, coke [not Coca Cola])	1%	99%	12,822	3%	97%	145
Used methamphetamines (crank)	1%	99%	12,818	3%	97%	145
Used amphetamines other than methamphetamines (like stimulants, uppers, speed)	1%	99%	12,823	3%	97%	145
Used an opioid (heroin) or a prescription opioid (oxycodone, hydrocodone, Oxycontin, codeine, etc.) for non-medical reasons	1%	99%	12,823	3%	97%	145
Used mushrooms (shrooms, psilocybin)	2%	98%	12,823	3%	97%	145
Used MDMA (Ecstasy/Molly)	1%	99%	12,814	3%	97%	145

Question: In the past 30 days, have you...? # = Number of students responding to the item

**Table G54: Age of first Marijuana use, by grade**

	6 <sup>th</sup> Grade		8 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
	State	County	State	County	State	County
<9	21%	-	9%	*	3%	6%
9 or 10	36%	-	9%	*	2%	6%
11 or 12	37%	-	33%	*	7%	6%
13 or 14	3%	-	48%	*	30%	29%
15 or 16			<1%	*	53%	41%
17+					4%	12%

# Responding	131	0	606	*	2,043	17
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Question: How old were you when you first tried marijuana (pot, grass, hash, bud, weed)?

## Perceptions of Parents' Attitudes

Table G55: Perceptions of parents' attitudes, by grade

	6 <sup>th</sup> Grade											
	State						County					
	SD	I	N	A	SA	#	SD	D	N	A	SA	#
Drinking beer, wine, alcoholic drinks, or hard liquor	79%	9%	7%	3%	2%	13,739	82%	8%	7%	1%	3%	153
Smoking cigarettes	89%	4%	4%	1%	2%	13,703	89%	5%	3%	1%	3%	153
Using an e-cigarette	89%	4%	4%	1%	2%	13,700	89%	4%	5%	1%	2%	153
Using marijuana	93%	2%	3%	1%	1%	13,655	94%	1%	3%	0%	2%	153
Using any illegal drug other than alcohol, cigarettes, or marijuana	94%	2%	3%	<1%	1%	13,699	94%	1%	2%	0%	3%	153
Misusing prescription drugs, whether they are yours or others'	92%	3%	3%	<1%	1%	13,668	93%	1%	3%	0%	3%	153
Starting a physical fight with someone	72%	10%	10%	2%	2%	13,695	75%	14%	8%	1%	2%	153
Going to a party where kids under 21 were using alcohol	89%	5%	4%	1%	1%	13,699	92%	3%	2%	1%	3%	153
Going to a party where kids were using drugs	93%	2%	3%	<1%	1%	13,701	93%	2%	3%	0%	3%	153
	8 <sup>th</sup> Grade											
	State						County					
	SD	I	N	A	SA	#	SD	D	N	A	SA	#
Drinking beer, wine, alcoholic drinks, or hard liquor	75%	10%	9%	3%	1%	15,905	83%	8%	7%	2%	1%	184
Smoking cigarettes	90%	5%	4%	1%	1%	15,888	90%	4%	5%	1%	1%	184
Using an e-cigarette	87%	6%	5%	1%	1%	15,883	88%	5%	4%	2%	1%	184
Using marijuana	88%	4%	5%	1%	1%	15,880	90%	3%	4%	2%	1%	184
Using any illegal drug other than alcohol, cigarettes, or marijuana	93%	2%	3%	<1%	1%	15,882	93%	2%	3%	1%	1%	184
Misusing prescription drugs, whether they are yours or others'	91%	4%	4%	<1%	1%	15,880	93%	3%	2%	1%	1%	184
Starting a physical fight with someone	58%	21%	17%	3%	1%	15,883	61%	18%	16%	4%	1%	184
Going to a party where kids under 21 were using alcohol	82%	10%	6%	1%	1%	15,885	83%	8%	5%	3%	1%	184
Going to a party where kids were using drugs	90%	5%	4%	<1%	1%	15,886	91%	3%	4%	1%	1%	184
Note: SD = Strongly disapprove, D = Somewhat disapprove, N = Neither approve nor disapprove, A = Somewhat approve, SA = Strongly approve; # = Number of students responding to item. See appendix for full question wording.												
	11 <sup>th</sup> Grade											
	State						County					
	SD	I	N	A	SA	#	SD	D	N	A	SA	#
Drinking beer, wine, alcoholic drinks, or hard liquor	56%	10%	17%	5%	2%	12,682	63%	13%	19%	1%	4%	141
Smoking cigarettes	84%	7%	8%	1%	1%	12,668	79%	7%	11%	1%	1%	141
Using an e-cigarette	78%	10%	9%	1%	1%	12,672	73%	9%	15%	1%	1%	141
Using marijuana	74%	10%	11%	3%	2%	12,661	74%	8%	13%	3%	2%	141
Using any illegal drug other than alcohol, cigarettes, or marijuana	87%	4%	7%	1%	1%	12,664	83%	6%	10%	0%	1%	141
Misusing prescription drugs, whether they are yours or others'	85%	6%	7%	1%	1%	12,662	84%	4%	10%	1%	1%	140
Starting a physical fight with someone	54%	20%	21%	3%	1%	12,662	51%	15%	29%	4%	1%	141
Going to a party where kids under 21 were using alcohol	61%	10%	16%	4%	2%	12,666	65%	11%	18%	5%	1%	141
Going to a party where kids were using drugs	77%	10%	10%	1%	1%	12,664	77%	8%	11%	1%	3%	141
Note: SD = Strongly disapprove, D = Somewhat disapprove, N = Neither approve nor disapprove, A = Somewhat approve, SA = Strongly approve; # = Number of students responding to item. See appendix for full question wording.												

## Appendix C: Community Health Needs Survey

English (United States) ▾ ⋮

# 2023 Mahaska County Health Needs Survey

Your responses to this survey are anonymous and will inform how hospitals and agencies work to improve health in our community. Thank you!

Instructions: You must be 18 years or older to complete this survey. Please answer all questions marked as required.

\* Required

1. What is your zip code? Please enter a 5-digit zip code \*

The value must be a number

2. What is your gender? Please select one \*

- Male
- Female
- Transgender
- Prefer not to say
- Other

3. What is your age group (years)? \*

- 18-29
- 30-39
- 40-49
- 50-64
- 65-74
- 75+
- Don't know
- Prefer not to answer



4. Which one of the following is your race? Please check all that apply. \*

- Black or African American
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- White or Caucasian
- Asian
- Don't know
- Prefer not to answer
- Other

5. Are you Hispanic or Latino/a? Please select one \*

- Yes
- No
- Don't know
- Prefer not to answer

6. On how many days during the past 30 days was your mental health not good? Please enter the number of days (0-30) your mental health was not good. Mental health includes stress, depression, and problems with emotions. Please write number of days. \*

The value must be a number

7. What are the three most important health problems that affect the health of your community? Please check only three. \*

Please select at most 3 options.

- Alcohol/Drug addiction
- Mental health (depression, anxiety)
- Diabetes/High blood sugar
- HIV/AIDS
- Lung disease/Asthma/COPD
- Smoking/Tobacco Use

- Smoking/Tobacco Use
- Sexually Transmitted Infections
- Alzheimer's/Dementia
- Overweight/Obesity
- Cancer
- Heart disease/High blood pressure
- Infant death
- Stroke
- Don't know or prefer not to answer
- Other

8. What are the three most important social/environmental problems that affect the health of your community? Please check only three. \*

Please select at most 3 options.

- Availability/Access to doctor's office
- Availability/Access to insurance
- Domestic violence
- Limited access to healthy foods
- School dropout/Poor schools
- Lack of job opportunities
- Racial/Ethnic discrimination
- Social isolation/Loneliness
- Child abuse/Neglect
- Lack of affordable childcare
- Housing/Homelessness
- Neighborhood safety/Violence
- Poverty
- Limited places to exercise
- Transportation problems

Don't know or prefer not to answer

Other

9. What are the three most important reasons people in your community do not get health care? \*  
Please check only three.

Please select at most 3 options.

Cost-Too expensive/ Can't pay

No insurance

Lack of transportation

Language barrier

Worried about immigration status

Fear or mistrust of doctors

No doctor nearby

Insurance not accepted

Culture/ Religious beliefs

Childcare

Wait is too long

Don't know or prefer not to answer

Other

10. As a result of COVID-19, have you needed any of the following? Check all that apply. \*

Financial assistance

Food Assistance

Rental assistance

Translation/ Interpretation Services

Energy assistance

Wi-Fi/ Internet assistance

Housing/ Shelter

Childcare

Not applicable

Other

11. What ideas or suggestions do you have to improve health in your community?

Leave blank if don't know or prefer not to answer

Enter your answer

Submit

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## Appendix D: Mental Health Resources

1. Southern Iowa Mental Health Center provides mental health and substance abuse treatment services for children, adolescents, and adults. Services include therapy, medication management, case management, and a full array of crisis intervention services for adults, such as an Access Center for crisis observation, crisis stabilization, and subacute services. The Crisis Line at 1-844-430-8520 is available 24/7.
  - a. Contact Information:
  - b. Main Phone: (641) 682-8772
  - c. Fax: (641) 672-3259
  - d. Crisis Line (24 hours): (844) 430-8520
  - e. Email: [Simhc@SimhcOttumwa.org](mailto:Simhc@SimhcOttumwa.org)
  - f. Website: [www.simhcottumwa.org](http://www.simhcottumwa.org)
2. Crisis Stabilization/Residential Services are offered by First Resources Corporation for adults experiencing mental health crises. The goal is to stabilize clients in a safe environment, connect them with appropriate services, and prevent hospitalization or court involvement. Services include assistance with basic needs, medication administration, support, crisis intervention, personal and peer support, social skills development, leisure time, vocational rehabilitation, protection and advocacy, service coordination, and transportation. The service is limited to five consecutive days.
  - a. CHOICES Drop-In Center - Oskaloosa Location: Main Phone: (641) 569-9138  
Fax: (641) 569-9111 117 North 1st Street Oskaloosa, IA 52577
3. Central Iowa Community Services (CICS) offers a range of crisis services for individuals experiencing a mental health crisis. These services include:
  - a. 23-Hour Crisis Observation: Secure, medically staffed, and psychiatrically supervised treatment environment for stabilization and assessment.
  - b. 24-Hour Crisis Hotline: Immediate phone support for emotional or mental health crises at (855) 581-8111.
  - c. Crisis Evaluation and Stabilization: Short-term care with 24-hour supervision for individuals with mental health and developmental disabilities, without hospitalization.
  - d. Mobile Crisis Response and Outreach: On-site, face-to-face mental health services for individuals or families in crisis. Accessible through the Central Iowa Crisis Line at (855) 581-8111.
  - e. For more information and county-specific phone numbers, visit the CICS website at [www.cicsmhds.org](http://www.cicsmhds.org) or email them at [media@cicsmhds.org](mailto:media@cicsmhds.org).
4. 988 Suicide and Crisis Lifeline Website: [www.988lifeline.org](http://www.988lifeline.org) The Lifeline provides 24/7, free, and confidential support for people in distress, prevention and crisis resources, and best practices for professionals in the US.
5. YourLifelowa.org Phone: 855-581-8111 Text: 855-895-8398 Chat: YourLifelowa.org Offers 24/7 support for problems with alcohol, drugs, gambling, mental health, and suicidal thoughts.
6. 211 Iowa Website: [www.211iowa.org](http://www.211iowa.org) Search for resources in Iowa.

7. First Resources Corporation Hope House Phone: 641-954-9924 Website: <https://recovery.org/drug-alcohol-rehab/oskaloosa-ia/> Address: 433 North Weller Street, Ottumwa, Iowa, 52501
8. Iowa Department of Public Health, Tele-Naloxone Free Website: [NaloxoneIowa.org/telenaloxone](http://NaloxoneIowa.org/telenaloxone) Phone: 319-678-7825 Offers free Naloxone kits to those in need.
9. SEIDA Peer Recovery Coach Phone: 641-777-2828 Email: [sieda@sieda.org](mailto:sieda@sieda.org) Website: [Sieda.org](http://Sieda.org)
10. Handle With Care (HWC) Website: [SCBHR.net](http://SCBHR.net) Contact: Megan Logan Email: [Megan.logan@scbhr.net](mailto:Megan.logan@scbhr.net) Phone: 641-683-4576
11. Mahaska-Wapello Community Partnerships for Protecting Children Facebook: <https://www.facebook.com/MWCPPC> Brochure: <https://hhs.iowa.gov/sites/default/files/Comm472.pdf>

## Appendix E: Transportation Resources

1. Oskaloosa Rides is a free bus service available on Mondays, Wednesdays, and Fridays from 9:00 AM to 5:30 PM. The bus stops at 15 designated locations marked by Oskaloosa Rides signs, and passengers can also signal the driver for a "flag stop."

The bus is wheelchair-accessible, and for those unable to reach a bus stop due to a disability, paratransit services are available through 10-15 Transit.

Additionally, 10-15 Transit offers door-to-door services 24/7 for a fare of \$2.00 within Oskaloosa or \$4.00 within Mahaska County, with trips requiring 24-hour advance scheduling. For more information or to schedule a trip, call 10-15 Transit at 800-227-6390. Visit the website for further details: <https://www.oskaloosaiowa.org/405/Oskaloosa-Rides>

2. Mahaska County Veteran Services is an agency that assists veterans with utilities, rent, mortgage interest, funeral, burial expenses, grave markers, and helps them apply for compensation and pension programs.

Contact Information:

Main Phone: (641) 673-7727

Fax: (641) 673-2583

Email: [veteran@mahaskacounty.org](mailto:veteran@mahaskacounty.org)

Website: [www.mahaskacountyia.gov](http://www.mahaskacountyia.gov)

Location: Mahaska County Offices - First Street, Mahaska County Courthouse, Oskaloosa, IA 52577

The service is available for veterans and their families who meet eligibility criteria. No fees are charged. To access the services, applicants must complete the application process. The agency is open Monday to Friday, 8:30 am-4:30 pm, and serves Mahaska County.

Transportation Services provided by Love In The Name of Christ (Love INC) of Mahaska County offers volunteer transportation for medical appointments within a 90-mile radius or gas card assistance for those with a licensed and insured vehicle.

Contact Information: Main Phone: (641) 676-3750

Email: [loveincofmahaskacounty@gmail.com](mailto:loveincofmahaskacounty@gmail.com)

Website: [www.loveincmahaska.org](http://www.loveincmahaska.org)

Location: Love In The Name of Christ, 408 South 11th Street, Oskaloosa, IA 52577

This service is available to Mahaska County residents who meet eligibility criteria, with no fees.

To access the service, applicants must complete paperwork and an interview. The agency is open Monday to Friday, 9 am-12 noon, and Monday and Wednesday, 1 pm-3 pm.

### 3. Mahaska Health Shuttle Service

Mahaska Health is working to develop a shuttle express service, with plans to operate on Tuesdays and Thursdays when Oskaloosa Rides is unavailable, or patients cannot access the designated route.

Housing

Oskaloosa City Offices offers a City Section 8 housing program, providing low-income housing, and covering rent payments that exceed 30% of a renter's monthly income. To be eligible,

applicants must live within the Oskaloosa city limits and have an income up to 50% of the median Mahaska County HUD income limits. For more information, contact the Oskaloosa Section 8 housing office at (641) 673-8361 or email [albiahousing@iowatelecom.net](mailto:albiahousing@iowatelecom.net). The office operates on Mondays, Tuesdays, and Thursdays from 9 am to noon and 1 pm to 4 pm.