

Monroe County, Iowa
Community Health Needs Assessment
2023
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Process and Data Collection

Our CHA process was informed by the MAPP 2.0 process. Data was obtained from Eyes Open Iowa, U.S. Census Bureau QuickFacts: United States, cancer-rates.info for Iowa, SparkMap, RWJF County Health Rankings & Roadmaps, uspopulation.org, iowa.gov, the Air Quality Bureau at arcgis.com, 2021 vital statistics of Iowa, CDC Injury Center, iowaaces360.org, the radon zone map at epa.gov, American Community Survey and Monroe County Radon Page at county-radon.info. We were unable to review the Iowa Youth Survey for local up to date data due to our school not participating in the last offering. We have since encouraged local school administration to participate in this valuable data collection survey. We had in-person meetings with the local hospital and rural health clinic provider staff and the local chamber and business community to present the data and received feedback about priority and focus areas as well as areas of strength and success for our community.

County Geography and Demographics

Monroe County, IA is designated as a rural county and is situated in south central Iowa. There is a population of 7,577 according to the Census 2020. Population continues to decrease incrementally in each needs assessment. The previous assessment reflected a population of 7,807. There are 17 people per square mile. The largest area of population density is based in the central and north-eastern quarter of the county (Albia and the surrounding area). The population is evenly split between gender according to the data from the US Census Bureau (Decennial Census, 2020). From 2010 to 2020's census' we have experienced a population shift of -4.93%. Iowa averages and national averages are all showing growth, but we have continued to experience a gradual, but continued decline. It is worth noting that the decline from 2000 to 2010 was -0.57%; the decline has accelerated this past decade.

The median age is 41.6 years old and there is almost an even distribution between genders for the population. Monroe County trends slightly older the state average for median age, with the state being at 38.3 years old. The largest age group within the population is 65+ (21.7%) followed by the 5-17 age range (17.4%) and 55-64 age range (14.3%). Ages 45-54, 35-44 and 25-34 are all evenly distributed in the 10-11% range and the smallest age range in Monroe County is the 18-24-year-olds (7.4%). The population is predominantly Caucasian with a breakdown of 95.35% Caucasian, 1.54% Hispanic, 0.25% African American, 0.21% Asian and 3.14% identifying as multiple races.

American Community Survey data from 2017-2021 shows 30 residents age 5+ with limited English proficiency: less than 0.4% of our population. The most common non-English languages have historically been Spanish, German and Russian. Monroe County performs better than Iowa and national averages for residents with limited English proficiency.

Industry/Employment

United States Census Bureau 2021 data shows 177 Business Establishments in Monroe Co. Most common employment sectors are Healthcare & Social Assistance, Manufacturing and Retail trade. The working age population, aged 16+ residents, is 5,994. There are 3,788 paid employees aged 16 and over. We have a 63.2% labor force participation rate; individuals aged 16+ that are working/employed. Our labor force participation rate is below the state average of 66.84%, but above the national average 63.11%. The unemployment rate in Monroe Co. is 3.2%. We are currently performing well with unemployment; lower than the national average of 3.8% and in-line with the state rate of 3.1%. The most recent peak of unemployment was in January of 2023, when our rate was 3.7%.

Income

The median household income for Monroe Co. residents is \$69,929. We are in-line with the national average of \$69,021 and above the Iowa average of \$65,429. Our poverty rate has decreased slightly to 10.49%, previously 10.53%, with 9.24% of children in poverty. This equates to 784 residents in poverty, 171 of those being children. 74.5% of the households in Monroe County that are in poverty are “non-family households in poverty- including persons living alone” according to the American Community Survey 2017-2021 data. Geographically, poverty levels are at a higher level across the eastern half of the county. Poverty seems to disproportionately affect women in Monroe County by a large measure. Of the 784 members in poverty, 283 are male and 501 are female. 34.2% of school children in Monroe County are eligible for free or reduced-price lunches; this is 394 students. We are below the state (40.1%) and national (51.7%) averages for this measure. This isn’t an indication of the enrollment or usage of the program and due to data collection and compiling causing delays this is not real-time data. According to Albia Community Schools data there are 490 total students enrolled in our school’s lunch assistance program throughout all grade levels.

4.17% of the total population are without health insurance coverage which is up from our previous measure of 4.01%, but still lower than state (4.86%) and national (8.77%) averages. The entirety of the uninsured population is under 65. 0–17 year-olds are at 4.7% uninsured and 18-64 year olds are at 5.33% uninsured. Adults and children need medical and dental homes and wellness exams as a strong base for good health across a lifetime. Insurance is paramount for tying families and individuals to medical care.

The income inequality (GINI Index) is often used as a gauge of economic inequality, measuring income distribution or, less commonly, wealth distribution among a population. Gini index values range between zero and one. A value of one indicates perfect inequality where only one household has any income. A value of zero indicates perfect equality, where all households have equal income. Zero is the utopian dream of perfect equality and we want to strive to be as close to zero as possible. Monroe County has 2,998 total households and a GINI Index Value of 0.3832. This is lower than the state and national averages and is a positive indicator for us. Poorer GINI Index Values, more economic inequality, are associated with the northeastern corner of the county.

SNAP (supplemental nutrition assistance program) participation rates have been steadily declining since 2011 locally, statewide and nationally. SNAP benefit participation in Monroe County is at 9.3% according to the 2020 data from the US Census Bureau. This isn't an indication of qualification, but of current program enrollment and utilization.

Disability

This indicator reports the proportion of the total civilian non-institutionalized population with a disability. Our previous measure for disability was 12.52% and we have increased it to 14.13%. This indicates a vulnerable population requiring targeted services, outreach and support. We are over the state (11.87%) and national (12.64%) averages. The northeast quadrant of the county has a higher incidence of disabled residents. 13.2% of 0-17 year olds, 48.3% of 18-64 year olds and 38.5% of 65 and over aged residents in Monroe County are experiencing a disability.

Housing & Families

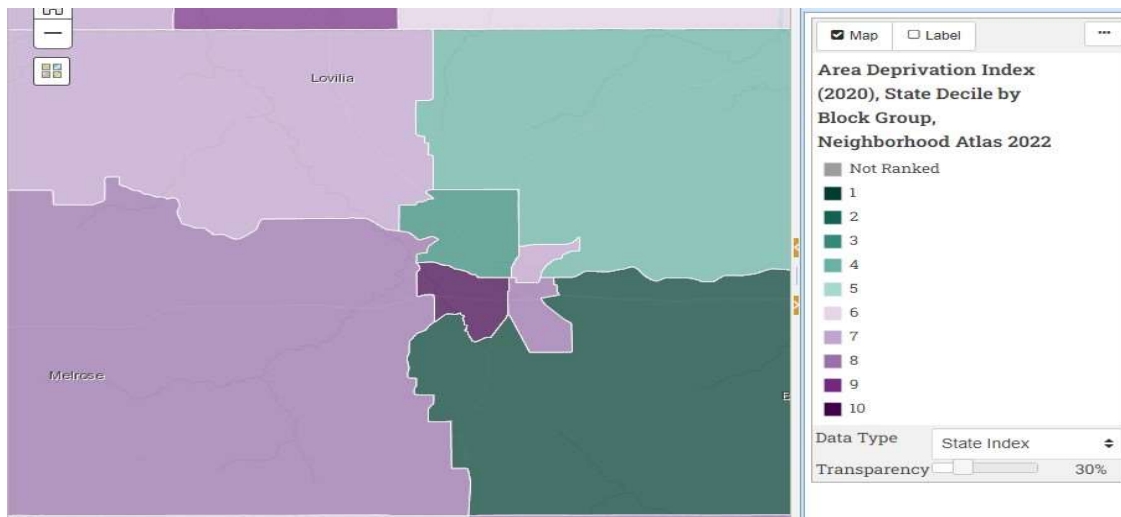
Our median owner-occupied property value is \$115,000. Total housing units 3,636. Owner occupied housing is at 81.8%. The median monthly owner costs for a mortgaged home are \$1,096; the owner cost without a mortgage was \$528 per month. 14.3% of housing units in the county are recorded as vacant. This is much higher than the state (8.79%) and national (9.74%) averages. Median gross rent is \$635. For the year 2016, the Eviction Lab reports that, of 782 homes in the report area, there were 11 eviction filings, for an eviction filing rate of 1.41%. 6 of the eviction filings ended in an eviction, for an eviction rate of 0.77%. We are below state (2.01%) and US (2.34%) average for Eviction Rate. After the pandemic and with housing availability being shorter than the need in Monroe Co, prices have increased.

The housing cost- Cost Burden Indicator reports the percentage of the households where housing costs are 30% or more of total household income for owners and renters. Of the 2,998 total households in the report area, 604 or 20.15% of the population live in cost burdened households. We are below state (22.73%) and US (30.34%) averages for cost burdened households. The 608 homes that pose this burden to individuals/families can cause a multitude of other problems; poverty, poor nutrition, insufficient funds for health/wellness/education and a risk for higher ACE scores.

The substandard housing/housing quality indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: lacking complete plumbing facilities, lacking complete kitchen facilities, with 1 or more occupants per room, selected monthly owner costs as a percentage of household income greater than 30%, or gross rent as a percentage of household income greater than 30%. Of the 2,998 total occupied housing units in the report area, 579 or 19.31% have one or more substandard conditions.

Area Deprivation Index

The Area Deprivation Index (ADI) is a Metric used to rank neighborhoods by socioeconomic status disadvantage in a region of interest. This is based on poverty, education, housing quality, and employment indicators. ADI scores range from 1 to 100; 1 is the least disadvantaged. Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community. We rank at 69 overall. We are well above the state (61) and national (46) averages.



There are 2,998 households in Monroe County. 245 of our households do not have a motor vehicle; 8.17%. This is well above the state average of 5.62%. 5.71% of owner-occupied households do not have a car and 19.23% of renter occupied households do not have a car. We are well above the Iowa average for this measure. This limits access to employment, healthcare, education and other activities necessary for life; especially in a rural community with limited community based transportation.

Education

According to the CDC's American Community Survey Data from 2017-2021, the percentage of population age 3-4 enrolled in preschool is 32.97%; this is down from our last measure of 42.03%. We are below the state (43.49%) and national (45.93%) averages. 6.5% of our residents report no high school diploma. The high school graduation rate for Monroe County is 97.4%. We are better than our state (90.2%) and national (81.9%) partners for this measure. For continued education: 21.1% of our residents have some college, 12.2% have an associate's degree, 15.4% have a bachelor's degree and 4.4% have a graduate or professional degree. Another educational attainment measure that is tracked is the measure of residents with a bachelor's degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes. The percentage of residents aged 25 and older in

Monroe County with a bachelor's degree or higher is 19.79%. We are much lower than state (29.71%) and national (33.67%) averages. We are great with high school graduation, but are young people attending college and not moving back? Population rates decreasing supports this. How do we retain them and bring in new vibrant, young families to revitalize the community and workforce? Every level of education, from diploma/GED to collegiate degrees are necessary for our workforce.

Social Environment

The social capital of voter participation is an important engagement for all areas. Of the 5,960 citizens aged 18 and over in Monroe County for the 2020 election, there were 4,088 votes casted. This is a 68.6% participation rate for our county that puts us in-line with national partners and lower than the state of Iowa (72.8%).

The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability. The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability. Monroe County has a social vulnerability index score of 0.22, which is less than the state average of 0.30. The western half of the county has the lowest vulnerability, followed by the northeast corner and then the southeast corner has the highest vulnerability.

This indicator reports the rate of property crime offenses reported by law enforcement per 100,000 residents. Property crimes include burglary, larceny-theft, motor vehicle theft, and arson. This indicator is relevant because it assesses community safety. The annual average for property crimes in Monroe County is 83 that equates to 1,037.9 when calculated to a per 100,000 population rate. This is a positive indicator for the safety present in Monroe County. Our rate is half of the state (2,074.6) and national (2,466.1) averages. We have a similarly positive outcome for the violent crime rate in our county. The 3-year total of violent crimes for Monroe County is 37, that calculates out to 155.40 per 100,000 population. We are performing much lower than state (283.0) and national (416.0) averages.

The measure of youth age 16-19 that are not enrolled in school and not employed in Monroe County is 2.99%. This is lower than our state (5.69%) and national (6.85%) partners. This indicates that we do not have an idle youth population of concern in our county.

Physical Environment

Air and water quality reports for Monroe County from CDC and IDPH tracking data show 0% of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard. The last recorded spike over NAAQ standards was in 2015 for Monroe County.

The built environment measure of broadband access indicator reports the percentage of population with access to high-speed internet. Data are based on the reported service area of providers offering download speeds of 25 MBPS or more and upload speeds of 3 MBPS or more. These data represent both wireline and fixed/terrestrial wireless internet providers. Cellular internet providers are not included. 73.5% of Monroe County residents have access to DL speeds ≥ 25 mbps and UL speeds ≥ 3 mbps. We are much lower than state (93.86%) and national (92.73%) partners.

Drought is defined as a moisture deficit bad enough to have social, environmental or economic effects. The Drought Monitor map identifies areas of drought and labels them by intensity. D1 is the least intense level and D4 the most intense. In the report area, 23.09% of weeks during the 2017-2019 period were spent in drought (any level). An additional 30.81% of weeks were categorized spent in "abnormally dry conditions" indicating that drought could occur, or that the area is recovering from drought but are not yet back to normal. Our drought severity measure is much higher than the state (6.17%) and national (13.21%) averages. The agricultural nature of much of our county's industry makes this a very important measure for resident income, health and wellbeing and farming expenditures and outcomes.

Radon is a natural radioactive gas that can cause cancer. You can't see, smell or taste it, but radon may be in your home. According to the Environmental Protection Agency (EPA), radon is the first leading cause of lung cancer in nonsmokers and the second leading cause of lung cancer in smokers. The U.S. Environmental Protection Agency (EPA) created a radon map to identify areas with the potential for elevated indoor radon levels. There are three levels of zones on the map. The entirety of the state of Iowa is in the highest-level zone, zone 1, and is all red in color. Zone 1 has the highest potential for average indoor radon levels that may be greater than 4 pCi/L (picocuries per liter). The map is not intended to determine if a home in each zone should be tested for radon. Homes with elevated levels of radon have been found in all three zones. All homes should be tested, regardless of zone designation or age of the home. The average national indoor radon level is 1.3 pCi/L. The average indoor radon levels of Monroe County, as determined by actual radon test results from Air Chek, is more than double the national level at 2.7 pCi/L. This information is relevant for our premature death rate, elevated cancer mortality and lung disease mortality.

Veterans

According to 2017-2021 ACS data, 427 residents or 7.44% of our population are veterans. We have a higher percentage of veteran population than our state (7.17%) and national (6.85%) partners. The population distribution for veterans is as follows: 38.9% of 35-54 year olds, 2.3% of 55-64 year olds, 24.6% of 65-74 year olds and 34.2% of those 75 and over. 5.2% of our veterans have a service disability of 70% or more.

Drug and Rx/Opioid Data

The Iowa Department of Public Safety's Annual Offense Trend Report for drug/narcotic violations shows 29 violations in Monroe County in 2022; compared to 19 in 2020, but it was as high as 37 in 2018. According to Prescription Monitoring Program Data for Monroe County we had 757 benzodiazepine Rx, 2,623 controlled substance Rx (schedule II-V), 28 opiate antagonist Rx, 1,790 opioid Rx and 313 stimulant Rx. Monroe County is performing very poorly on the county opioid dispensing measure. According to CDC data for county opioid prescribing data based on the location of the prescriber, rather than the location of the pharmacy. For 2020 prescribing rates Monroe County was one of the highest for the state, for an opioid dispensing rate per 100 persons we had a rate of 84.088. The state of Iowa overall average rate per 100 people was 40.2 for 2020, we are more than double the state average in our county. In 2019 our rate was 96 and in 2018 our rate was 76.5. With the state of use, misuse, abuse and dependency this is a very concerning practice for our county. The local hospital and health delivery system, Monroe County Hospital & Clinics has a pain management clinic on site. There is not a clinic of this nature in every county in Iowa and this may be attributing to the opioid prescribing rate within the county.

Teen Health

The teen birth indicator reports the seven-year average number of births per 1,000 female population age 15-19. Data were from the National Center for Health Statistics and are used for the 2023 County Health Rankings. In the report area, of the 1,615 total female population age 15-19, the teen birth rate is 22.3 per 1,000, which is greater than the state's teen birth rate of 16.3 and the national rate of 19.3.

Suicide

Suicide is a national issue, as well as a state and county issue for every geographic area and community. According to data from the CDC, the national suicide rate increased 2.6% from 2021 to 2022. The rate has slowly increased in recent years and currently stands at one of the highest levels seen in decades. A report by Governing.com cites that demographics, access to care, the availability of firearms and cultural differences are some of the factors that influence numbers. However, rural and outlying county jurisdictions have recorded the highest suicide rates. Monroe County, IA data for this measure is suppressed due to our low census. In 2016, the suicide rate in Iowa was 14.6 and has increased to 17.5 (549 deaths to suicide in Iowa) for 2021. Suicide is on the rise in Iowa and nationally.

ACEs: Adverse Childhood Experiences

ACEs are traumatic incidents that can dramatically upset a child's sense of safety and well-being. Adversity early in life can have lasting impacts. The 2020 Iowa ACEs Report provided the information for this report. More than 8 years of Iowa ACEs data has been collected; including data on resilience and mental health. A child's experiences early in life are important building blocks for the developing brain. Genes provide the basic blueprint, but environmental influences fine-tune how the brain works by shaping which connections get used. Includes:

emotional abuse, physical abuse, sexual abuse, separation, domestic violence, mental illness, incarcerated household members, emotional neglect and physical neglect. While we cannot prevent all childhood adversity, we can work to greatly reduce its occurrence and lessen costly health and social outcomes. The science behind fostering resilience and enhancing protective factors with children and families, with a focus on equity, gives us a path forward to a better future for all. 63.7% of Iowa adults report experiencing at least one of 10 categories of child abuse, neglect, and household stressor growing up. Monroe County is in region 5 and our region carries an average of 17.4% of our residents with 4 or more ACEs.

According to leading researchers, there are two primary ways that childhood adversity can transform into long-term health issues: disease that occurs as the result of coping strategies such as overeating, smoking, or drug use or disease caused by chronic, toxic stress. Understanding the correlation between ACEs and risky behaviors might help address some of the unique challenges we are experiencing in Iowa and improve Iowans' health.

Childhood trauma can reduce life expectancy by up to 20 years. Children who suffer 7 or more types of adversity in the first three years of life have 100% chance of developmental delays. Students that experience 4 or more ACEs are 3.4 times more likely to experience academic failure, 4.9 times more likely to have severe attendance problems and 6.9 times more likely to have behavioral problems. For adults who reported four or more ACEs/neglect, they also reported these challenges in childhood: 52.4% were rarely able to talk about feelings with family, 28.7% felt family rarely stood by them in difficult times and 29.9% rarely had genuine interest from two adults. Compared to workers with 0 ACEs, workers with 4+ ACEs are: 2.3 times more likely to have relationship problems, 2.4 times more likely to have job problems, 2.4 times more likely to be absent from work and 3.5 times more likely to abuse substances. In Iowa overall 25% of Iowans reported binge drinking in the past 30 days; higher than the national average. 8,500 Iowans were admitted for meth use treatment in 2018, up 50% from 2014.

Advanced Care Planning

Monroe County Hospital & Clinics is facilitating this program in coordination with EveryStep Hospice, Brees Rest Home, the Wellness Coalition, Monroe County Public Health and Care Initiatives Hospice and has multiple facilitators within Monroe County Hospital & Clinics. The project's focus is to provide education to Monroe County residents of all ages, with a focus on all adults. This project is medically necessary due to our higher burden of chronic disease, elevated premature death rate and rural population. Situations can arise throughout the lifespan that render a patient unable to make or communicate their decision regarding treatment. This project helps residents of Monroe County with advanced preparedness for end-of-life planning. Trained counselors for the project review healthcare options, health factors and personal beliefs with individuals to help them make a written plan for their wishes and preferences as it relates to medical care. This can unburden family members, caregivers and healthcare providers in later health crisis situations to ensure that the direction that individual

care is taking is the direction preferred by the patient/individual. This can prevent unwanted treatment to an individual and peace of mind to family and healthcare providers that the individual being served is receiving the care that they want. This project also aims to ensure that all advance care plans that exist are a part of the individual's medical record and are accessible by the necessary parties when they are needed.

Healthcare Service Availability

Established in 1951, Monroe County Hospital & Clinics (MCHC) is a trusted provider of high quality, local healthcare to the residents of Monroe County, IA, and surrounding counties. They are a full-service, primary care hospital offering an array of inpatient and outpatient health services designed to provide the excellent care a patient needs and the individual, personalized care a patient deserves. MCHC offers: 3D Mammography, Acute Illness, Advance Care Planning, Audiology, Cardiac Rehabilitation, Cardiology, Chronic Health Services, Dermatology, DOT Physicals, Diabetes Care, Emergency Services, Ear/Nose/Sinus/Throat, Emergency Services, Family Medicine, Food Service, General Surgery, Health Coaching, Infusion Center Services, Laboratory, Medical Clinic, Medical-Surgical Unit (Inpatient Care), Minor Injury, Oncology/Hematology, Orthopedic Clinic & Surgery, Osteopathic Manipulative Services, Pain Management & Clinic, Pediatrics, Physical Therapy, Podiatry, Pulmonary Rehabilitation, Quick Care, Radiology Services, Respiratory Therapy, Rheumatology, Skilled Care, Sleep Studies, Speech Therapy, Sports Medicine, Outpatient Clinic, Wellness Lab, Women's Health Services and Wound Care Management. MCHC is a Critical Access Hospital affiliated with MercyOne.

The Infinity Health office in Albia is open Monday through Thursday from 8am-5pm. They are a federally qualified community health center. They accept multiple methods of funding and payment: sliding fee billing, Medicare, Medicaid, budget plans and private insurance. Tele-health psychiatry is offered, and psychiatrist assessment and testing are available with a healthcare provider's referral. Substance abuse services and a multitude of mental health therapy/counseling services are offered. They provide Medicaid dentistry through partner offices in surrounding areas.

Paula Gordy Counseling Services are also available within Monroe County and in the surrounding area. They offer individual and family therapy, provided by master's level therapists. Behavioral health intervention services are also offered. The behavioral health intervention services target those 18 and under and their parents. It focuses on skill development, parenting strategies and support, anger management, coping skills, communication, peer relationships, etc. A community-based staff member covers Monroe County once a week. All Medicaid MCO's are accepted, as well as private insurance coverage. Self-referral is available for all services through Paula Gordy. Some services may only be available in Centerville and Ottumwa.

Clinical Care and Prevention

A lack of access to care presents barriers to good health. Supply of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

The American Cancer Society recommends that women aged 45 to 54 should get a mammogram every year, and women aged 55 and older should get a mammogram every other year. In the latest reporting period, there were 1,733 Medicare beneficiaries in the report area, and 37% of female beneficiaries aged 35 or older had a mammogram in the past year. The rate in the report area was lower than the state rate of 41% during the same period.

The Hemoglobin A1c test indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. As of year 2019, 128 or 94.12% of Medicare enrollees with diabetes have had an annual exam out of 136 Medicare enrollees with diabetes in the report area. We are performing well for this preventative care and health maintenance metric.

Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. Rates are presented per 100,000 beneficiaries. In the latest reporting period, there were 1,733 Medicare beneficiaries in the report area. The preventable hospitalization rate was 1,821. The rate in the report area was lower than the state rate of 2,289 during the same period. We are performing well under the state (2,289) and national (2,752) rates for this measure.

Robert Wood Johnson Foundation's (RWJF) Health Rankings

Keeping in mind that #1 out of the 99 counties is the goal; when we're talking numbers, bigger is not better. Monroe County's health outcome ranks by year: in 2023 we rank 60th, 2022 we ranked 62nd, and 80th in 2021. We were making great progress moving forward, but we have areas to explore for growth and improvement. For health factors, related to contributing factors and risk behaviors, we rank 57th out of the 99 counties in 2023.

The Robert Wood Johnson Foundation (RWJF) reviews county health rankings and suggests areas to explore and areas of strength. Our areas of strength identified by the RWJF

were our uninsured rate, preventable hospital stays rate and our high school completion rate. We have had these same strengths for many years. Our uninsured rate is 6% for 2023; 11% in 2017. The IA average is 6% and the US average is 10%. Our preventable hospital stay rate for 2023 is 1,940. The Iowa average is 2,400 and the national rate is 2,809. Our High School graduation rate for 2023 is 94%, putting us above Iowa and the nation.

Our RWJF areas to explore related to 2023 statistics are: adult smoking, adult obesity, excessive drinking, and mammography screening. The adult smoking rate was 16% in 2018, we are up to 19% in 2023. The IA average is 17% and national rates are at 16%. This indicates smoking tobacco and does not reflect e-cigs or vaping. The adult obesity rate is 38% and is increased from the 2021 rate of 32%. Iowa average for obesity is up to 37%. Monroe County, along with the state of Iowa are increasing in our obesity rate. Excessive drinking is at 23% in Monroe County, in-line with the state average (25%) and higher than the national average of 19%. The final RWJF area to explore was mammography screening. For the 2023 RWJF report in Iowa, they are utilizing 2020 data for mammography screens. We are at 39% compared to the state of Iowa at 47%. This is a measure of Medicare beneficiaries aged 65-74 that received an annual mammography screening. The previous year's data we were at 43%, so we have fallen a bit, but the pandemic limiting healthcare access for routine or screening visits may have had some effect. However, screening and early detection remain areas in need of awareness and promotion.

Monroe County Public Health reviewed the rankings and made some additional highlights to noteworthy weaknesses. There were multiple measures not identified by RWJF that still seem of importance that we highlighted. Premature death, physical inactivity, access to exercise opportunities, sexually transmitted infections, teen births and children in poverty are the highlighted areas of concern on the RWJF report identified by public health in addition to the measures identified by the foundation. These measures are detailed below.

Premature Death is a measure of the years of potential life lost before age 75 per 100,000 population (age-adjusted). Our rate for premature death is 7,300. The Iowa average is much lower at 6,500 and we are in-line with the national average. Some potential causative factors are chronic disease, obesity, smoking, and excessive drinking, among other health factors and behaviors. This reflects that our residents are losing out on more years of life and dying younger than the average Iowan.

Physical inactivity is a percentage of adults aged 20 and over reporting no leisure-time physical activity. Our rate for physical inactivity is 24%. We are performing in-line with state and national averages. Our high obesity rate and other health outcomes and downstream conditions that are affected by this make it an important measure to consider. This is just an adult rate, and it doesn't reflect children's screen time and inactivity. This is a complicating factor for obesity and premature death.

The access to exercise opportunities measure is a percentage of the population with adequate access to locations for physical activity. In Monroe County, Iowa, 70% of people lived close to a park or recreation facility. This compares to the state at 79% and the nation at 84%. Our high obesity rate and other health outcomes and downstream conditions that are affected by this make this another important measure to consider.

The sexually transmitted infections rate is a measure of the number of newly diagnosed chlamydia cases per 100,000 population. In Monroe County, Iowa, 376.3 new cases of chlamydia were diagnosed per 100,000 people from 2020 data for the 2023 RWJF measures. We are lower than the state and national averages, but our rate is up by 134.3 from two years ago.

The teen birth rate is a measure of the number of births per 1,000 female population ages 15-19. In Monroe County, Iowa, there were 22 teen births per 1,000 females ages 15-19. This is much higher than the state at 16 and higher than the national average of 19. This, along with the STI rate, is a concerning mix of risk factors for health outcomes and about health behaviors related to reproduction and sexual activity.

The rate of children in poverty is the percentage of people under the age of 18 in poverty. In Monroe County 14% of children live in poverty. Five years ago, we were at 19%. This measure is improving, but we remain above the state average of 12%. Children in poverty are at a higher risk for ACE scores, poor health and nutrition and other disparities. This is an important population to be mindful of when considering the health and well-being of our county.

Health Behaviors

Health behaviors such as poor diet, lack of exercise, sleep patterns and substance use/misuse/abuse contribute to poor health status. Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same period. Alcohol use is a behavioral health issue that is also a risk factor for several negative health outcomes, including: physical injuries related to motor vehicle accidents, stroke, chronic diseases such as heart disease and cancer, and mental health conditions such as depression and suicide. In the report area, 1,380, or 23.27% adults self-report excessive drinking in the last 30 days, which is less than the state rate of 24.66%. Data for this indicator were based on survey responses to the 2020 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2023 County Health Rankings.

The binge drinking indicator reports the percentage of adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. Within the report area there are 18.80% of adults age 18+ who reported having four or more drinks in the last month of the total population age 18+. We are higher than the

national average of 15.5% and just under the state rate of 19.72%. Higher amounts of binge drinking were reported along the norther half of the county.

Within the report area, 1,118 or 18.2% of adults aged 20 and older self-report no active leisure time, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

The chlamydia incidence indicator reports the number chlamydia cases occurring in the report area. Rates are presented per 100,000 population. The number of cases is based on laboratory-confirmed diagnoses that occurred between January 1st and December 31st of the latest reporting year. There were 29 chlamydia cases in Monroe County during the report year, leading to a rate of 376.28. The rate in Monroe County is on the rise.

The gonorrhea incidence indicator reports the number gonorrhea cases occurring in the report area. Rates are presented per 100,000 population. There were 10 cases of gonorrhea in Monroe County, leading to a rate of 129.8. The rate in Monroe County two years ago was 38.2; we have increased by 91.6 per 100,000 population. Cases are on the rise locally, statewide and nationally.

The tobacco usage indicator reports the percentage of adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. Within the report area there are 16.80% adults age 18+ who have smoked and currently smoke of the total population age 18+. This is higher than the state and national averages. As previously detailed, this only indicates tobacco smokers. This does not reflect chewing tobacco or e-cigarette usage or vaping.

The insufficient sleep indicator reports the percentage of adults aged 18 and older who report usually getting insufficient sleep (<7 hours for those aged ≥18 years, on average, during a 24-hour period). Within Monroe County there are 31.60% adults age 18+ sleeping less than 7 hours on average of the total population of the total population age 18+. This is over the state average of 30%.

Health Outcomes

There is data available that is disease specific with references to specific Monroe County data. The conditions outlined in this report are highlighted due to severity or incidence that is indicative of a potential issue, especially when Monroe County data is more severe than state and national partners. The five leading causes of death in Monroe County with their mortality rate per 100,000 population are as follows: diseases of the heart (365.97), malignant neoplasms (233.18), COVID-19 (106.88), chronic lower respiratory diseases (90.68) and cerebrovascular diseases (77.73).

The cancer incidence indicator reports the age adjusted incidence rate of cases per 100,000 population for cancer of any kind. In Monroe County there were 58 new cases of cancer reported. This means there is a rate of 527.8 for every 100,000 total population. This is much higher than the state (486.8) and national (442.3) rates. The cancer mortality rate indicator reports the 2016-2020 five-year average rate of death due to malignant neoplasm (cancer) per 100,000 population. This indicator is relevant because cancer is a leading cause of death in the United States and one of the top five leading causes of death in Monroe County. Within the report area, there are a total of 108 deaths due to cancer. This represents an age-adjusted death rate of 184.5 per 100,000 population. This is well over the state (154.3) and national (149.4) averages. This goes into the consideration of the premature death rate and other health outcome factors but invites the consideration of why this is so much more severe for Monroe County residents.

The diabetes prevalence indicator reports the number and percentage of adults aged 20 and older who have been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. Within the report area, 590 adults aged 20 and older have diabetes. This represents 8.1% of all the adults aged 20+. This percentage is in-line with the state average but is important when paired with other health factors and outcomes on Monroe County's report card. The diabetes prevalence is also measured specifically within the Medicare population. Within the report area, there were 329 beneficiaries with diabetes based on administrative claims data in the latest report year. This represents 24.9% of the total Medicare Fee-for-Service beneficiaries. We are just over the state average for Medicare beneficiaries with diabetes in our county.

The heart disease indicator reports the number and percentage of the Medicare Fee-for-Service population with ischemic heart disease. Within the report area, there were 327 beneficiaries with ischemic heart disease based on administrative claims data in the latest report year. This represents 24.7% of the total Medicare Fee-for-Service beneficiaries. We are just over the state average, but it's important to take note of this measure due to the leading cause of death in Monroe County being diseases of the heart. An accompanying and potentially complicating measure is the high blood pressure indicator. This indicator reports the number and percentage of the Medicare Fee-for-Service population with hypertension. Within the report area, there were 718 beneficiaries with hypertension (high blood pressure) based on administrative claims data in the latest report year. This represents 54.3% of the total Medicare Fee-for-Service beneficiaries. The coronary heart disease mortality rate reports the 2016-2020 five-year average rate of death due to coronary heart disease per 100,000 population. This indicator is relevant because coronary heart disease is a leading cause of death in the United States and is the leading cause in Monroe County. Within Monroe County there are a total of 82 deaths due to coronary heart disease. This represents an age-adjusted death rate of 135.0 per every 100,000 total population. We are well above the state (102.3) and national (91.5) averages. Coronary heart disease mortality appears to affect males more commonly.

The lung disease mortality indicator reports the 2016-2020 five-year average rate of death due to chronic lower respiratory disease per 100,000 population. This indicator is relevant because lung disease is a leading cause of death in the United States and is one of the top five leading causes in Monroe County. Within the report area, there are a total of 36 deaths due to lung disease. This represents an age-adjusted death rate of 59.0 per every 100,000 total population. This puts us well above the state (44.4) and national (39.1) averages.

The stroke mortality indicator reports the 2016-2020 five-year average rate of death due to cerebrovascular disease (stroke) per 100,000 population. This indicator is relevant because stroke is a leading cause of death in the United States and is the fifth leading cause of death in Monroe County. Within the report area, there are a total of 24 deaths due to stroke. This represents an age-adjusted death rate of 40.1 per every 100,000 total population. We are above the state (32.4) and national (37.6) averages for this mortality rate.

The poor or fair health indicator reports the number and percentage of adults aged 18 and older who self-report their general health status as “fair” or “poor”. In this report area, the estimated prevalence of fair or poor health among adults aged 18 years and older was 14.50%. This puts us above the state average of 13.72%.

Local Resources/Assets

The state of health and geography and demographics of Monroe County have been detailed and reviewed. The completion of this report is a listing of local resources and assets that address some of the disparities and areas of focus that have been uncovered or highlighted in this assessment. Our local resources and assets are varied and numerous. (Ministerial Association, Local Interest on Youth Mental Health, SCICAP/Community Garden, SIEDA (Available weekly at the Trinity United Methodist Church), Helping Hands/Food Pantry, ACSD Food Pantry and Backpack program, Senior Lounge in Albia, Health & Wellness Coalition, Albia Iowa Happenings (local info outlet), KIIC Radio- great partner for info, MCHC- Partners for local causes, Gyms/Fitness Clubs, Veteran’s Affairs, Monroe County Public Health NEST, PAT, Local VFC program (Public Health & MCHC), MCHC varied services for healthcare locally, 4H/FFA/Clover Kids, Dr. Thomas/Mental Health Agency of Southeast Iowa & Crisis Line (988 or 1-844-430-8520)/Paula Gordy Counseling/Infinity Health, CPPC Council, Environmental Health, Farmer’s Market (accepts vouchers), LIHEAP, WIC, 10/15 Transit, Mary Sauter/Pay-it-Forward, 24Hr medication disposal @ Law Center and local newspapers (Monroe County News & Albia Union Republican).

Monroe County Public Health offers many services, programs and resources for community benefit, as well. We offer: Durable Medical Equip. Loan Closet, Car seat Tech., Homemaker, Nest, Life skills, Blood Pressure Clinics, Foot Clinics, Immunizations (VFC & Private), Fall Devices (medical alerts), Condoms (FREE) and Stop the Bleed trainings.

2023 CHA resources

[MONROE COUNTY FACTSHEET — EyesOpenIowa \(squarespace.com\)](#)

-teen birth/pregnancy and STI data.

[U.S. Census Bureau QuickFacts: United States](#)

[Cancer-Rates.info | Iowa](#)

[Make a Community Needs Assessment - SparkMap](#)

[Get a Health Equity Report Card for Your Area! - Salud America \(salud-america.org\)](#)

[Monroe, Iowa | County Health Rankings & Roadmaps 2023](#)

[Monroe, Iowa | County Health Rankings & Roadmaps 2022](#)

[Monroe County, Iowa Population | Income, Demographics, Employment, Housing \(uspopulation.org\)](#)

[U.S. Census Bureau QuickFacts: Marion County, Iowa; Monroe County, Iowa](#)

[Annual Average Concentration of Fine Particulate Matter \(iowa.gov\)](#)

[Air Quality Bureau | ESD Metrics Dashboard Experience \(arcgis.com\)](#)

[Prescription Monitoring Program \(PMP\) Data \(iowa.gov\)](#)

[2021 Vital Statistics of Iowa](#)

[U.S. State Opioid Dispensing Rates, 2020 | Drug Overdose | CDC Injury Center](#)

[Birth Rate - Mothers Under 20 \(iowa.gov\)](#)

[Suicide Rates by State | Suicide | CDC](#)

[acesreport2020.pdf \(iowaaces360.org\)](#)

[Radon | Iowa Department of Health and Human Services](#)

[Radon Zone Map \(epa.gov\)](#)

[Monroe County Radon Page \(county-radon.info\)](http://county-radon.info)