



PREVENTION RESEARCH CENTER  
FOR RURAL HEALTH | PRC-RH



# Ottumwa Community Health Survey 2018

SUMMARY REPORT



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# WHO WE ARE



**Ottumwa Community Advisory Board**

The mission of the University of Iowa PRC-RH is to improve the health of rural communities in Iowa. The PRC-RH is funded by the Centers for Disease Control and Prevention (CDC). Our Center undertakes evidence-based, community-based participatory health research. This means that the PRC-RH establishes and maintains community partnerships to do research on health issues that are of interest to both the community and the university. To learn more about the PRC-RH, visit our website: <https://prc.public-health.uiowa.edu>.

**In April 2012, the PRC-RH began partnering with the Ottumwa community to improve the quality of life and health of Ottumwa residents.** We first established a Community Advisory Board (CAB) to guide the activities in Ottumwa. The CAB is engaged in and approves all aspects of the research process. The CAB includes representatives from: Wapello County Public Health Department, Ottumwa Parks and Recreation, Sieda Community Services, U.S. Bank, YMCA, Indian Hills Community College, River Hills Community Health Center, Iowa State Extension, and the Ottumwa School District.





# HIGHLIGHT OF FINDINGS

The Ottumwa Community Health Survey was first conducted from April to July 2013, with a second survey completed from April to August 2018 via telephone interviews. Adult residents of the city of Ottumwa (18 years of age or older) were eligible to be surveyed. The survey used a random-digit dialing (RDD) methodology to allow for estimates that are representative of all of Ottumwa residents. Over 1000 residents completed the 2013 survey, and over 950 residents completed the 2018 survey. This report presents the results of the 2018 survey. Highlights of the 2018 findings include:

- Over 78% of the respondents reported good, very good, or excellent health. However, 14% reported more than 14 days of poor mental health in the past month and 15% reported more than 14 days of poor physical health in the past 30 days. Both are higher than the average for the state of Iowa.<sup>1</sup>
- Physical activity is one of the most important behaviors for overall health. A large proportion of respondents (39%) reported no leisure-time physical activity each week. A full 29% of respondents did not meet the recommended level of physical activity.
- Social support can promote good health. Most respondents (89%) reported often getting emotional support such as discussing personal problems or private worries or fears. Fewer (64%) reported receiving instrumental support such as assistance with household tasks, caregiving, transportation or financial support.
- 48% of the respondents reported that they had been unfairly treated at least once with the most often cited reasons for this being age, income and race, gender, weight and living in Ottumwa. In other questions about stigma against Ottumwa, 59% of respondents reported that people who live in Ottumwa are seen negatively outside of the community, and 29% reported that people judge them for living in Ottumwa.

## Active Ottumwa:

Leisure-time physical activity is very important for physical and mental health. The members of the Ottumwa Community Advisory Board and the Prevention Research Center for Rural Health (PRC-RH) decided to develop a program to promote physical activity among Ottumwa residents. This program, *Active Ottumwa*, is a community-wide program to increase physical activity and began in fall 2014. The mission of Active Ottumwa is to support accessible, affordable, and sustainable physical activity programming for Ottumwa adults by building our community connections through partnerships leading to a healthy, positive, and vibrant Ottumwa. For more information on Active Ottumwa please visit us on our Facebook page or on our website <https://prc.public-health.uiowa.edu/active-ottumwa-2/>



# BACKGROUND

In 2018 the Prevention Research Center for Rural Health (PRC-RH) implemented a community-wide survey in Ottumwa via random-digit dialing. The survey was designed jointly with the PRC-RH's Ottumwa Community Advisory Board (CAB). The survey consisted of 89 questions addressing a variety of health-related factors, including quality of life, social support, physical activity and discrimination, along with basic demographic information. Awareness of the Active Ottumwa programming was also measured in the survey.

The specific aims of the Ottumwa Community Health Survey were:

1. **To describe the sociodemographic characteristics and health profile** of Ottumwa residents and compare to state estimates of health disparities.
2. **To explore social determinants of health associated with health status** (e.g., health behaviors, social support, discrimination) among residents of the city of Ottumwa, Iowa.
3. **To describe social factors associated with quality of life** among Ottumwa city residents.
4. **To identify factors** at the community level that can be modified to address nutrition, physical activity and obesity.
5. **To provide a health status report** to the Ottumwa CAB members to share with their organizations and the community as a whole

In this report, we use the following ways to describe the responses of the individuals completing the survey:

- Percentages of the respondents who answered the question in a certain way.
- The average or mean of the total responses.
- The median, which represents the middle point of responses; that is, the number at which half of the responses are below and the other half above.

Future analyses of this data will apply sampling weights to adjust for different response rates according to gender, age and Latino ethnicity. The findings presented here are from the unweighted survey data.



# METHODS

## Study Design

The survey was conducted from April to August 2018. We developed the survey questionnaire in partnership with the Ottumwa CAB members. The final instrument was a 26-page survey with a total of 89 questions.

The survey included many questions developed and tested by national and global organizations such as the Centers for Disease Control and Prevention, the World Health Organization, and the National Cancer Institute, along with questions developed by the PRC-RH specifically for this survey. All questions were translated into Spanish by PRC-RH staff.

The Iowa Social Science Research Center (ISRC) of the University of Iowa collected the survey data. The ISRC obtained a list of phone numbers (both cell phones and land lines) for the city of Ottumwa and used random-digit dialing (RDD) to select which numbers to call. Since RDD selects phone numbers in a random fashion, it allows us to use this survey sample to make estimates that are representative of the larger Ottumwa community.

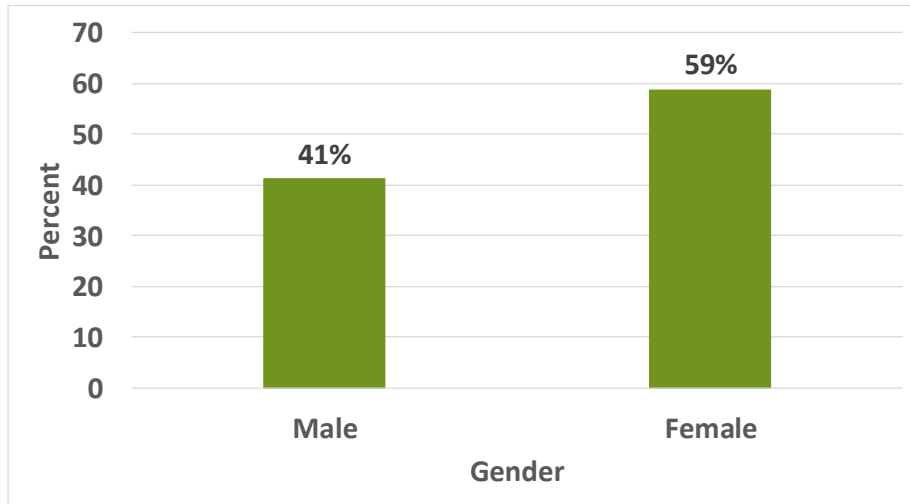
The ISRC called over 4,000 phone numbers over a period of 15 weeks. Respondents were eligible if they lived in Ottumwa for 1 year or longer and were 18 years old or older. Respondents were given the option to complete the survey in English or Spanish. In total, 956 people completed the survey. Latino respondents were over-sampled and sampling weights will be calculated to allow for more precise estimates among Latinos. Respondents were entered into a drawing for a \$20 grocery store gift card as an incentive.

All data is based on self-report which is based on respondent recall. Sometimes this recall can be influenced by factors such as memory, stigma, and social norms.

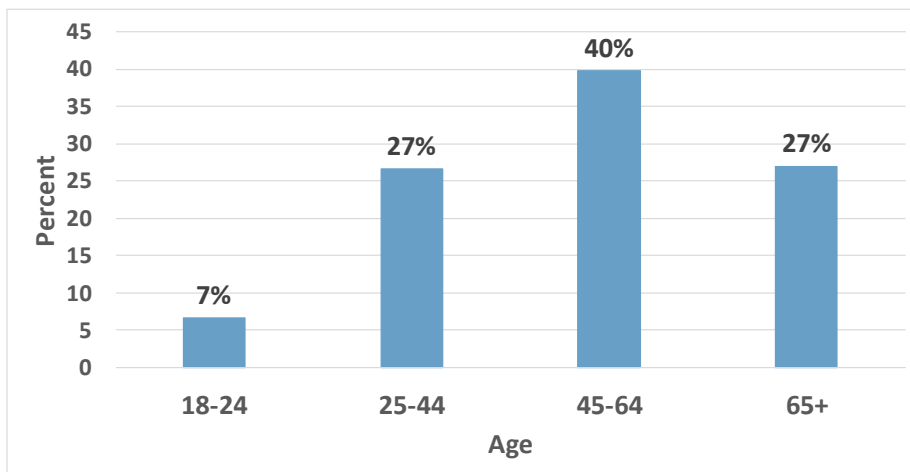
# RESULTS

## SOCIAL AND DEMOGRAPHIC CHARACTERISTICS

### Gender



### Age



### Data Interpretation

The majority of respondents were female, over age 45, graduated from high school, and white. 11% of respondents were Latina or Latino.

Most respondents had at least some college education, and 47% were employed for wages.

Most respondents had lived in Ottumwa for 20 years or more, but 8% had been there for less than 5 years. 9% of respondents were born outside the United States.

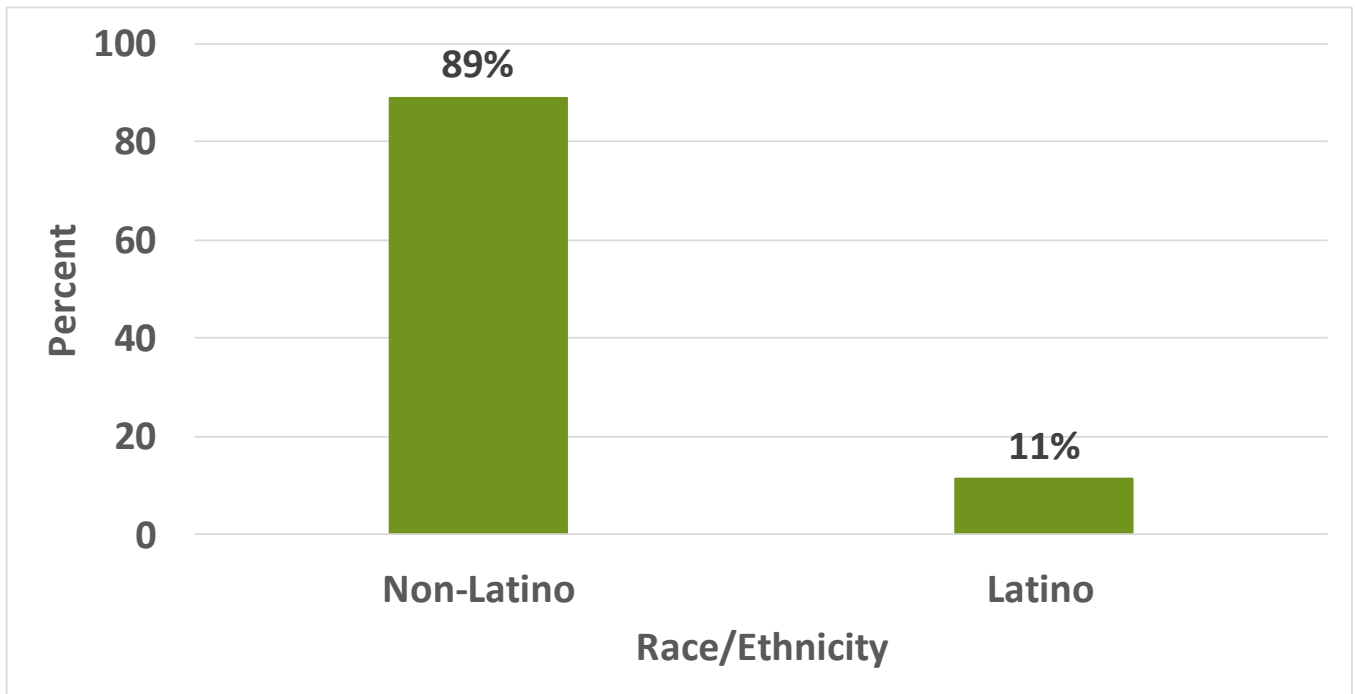
Nearly 58% of respondents were married. Most respondents owned their own home and had a household size of 1-3 people.

Many respondents (27%) did not report their income. Another 27% reported incomes of \$75K or greater.

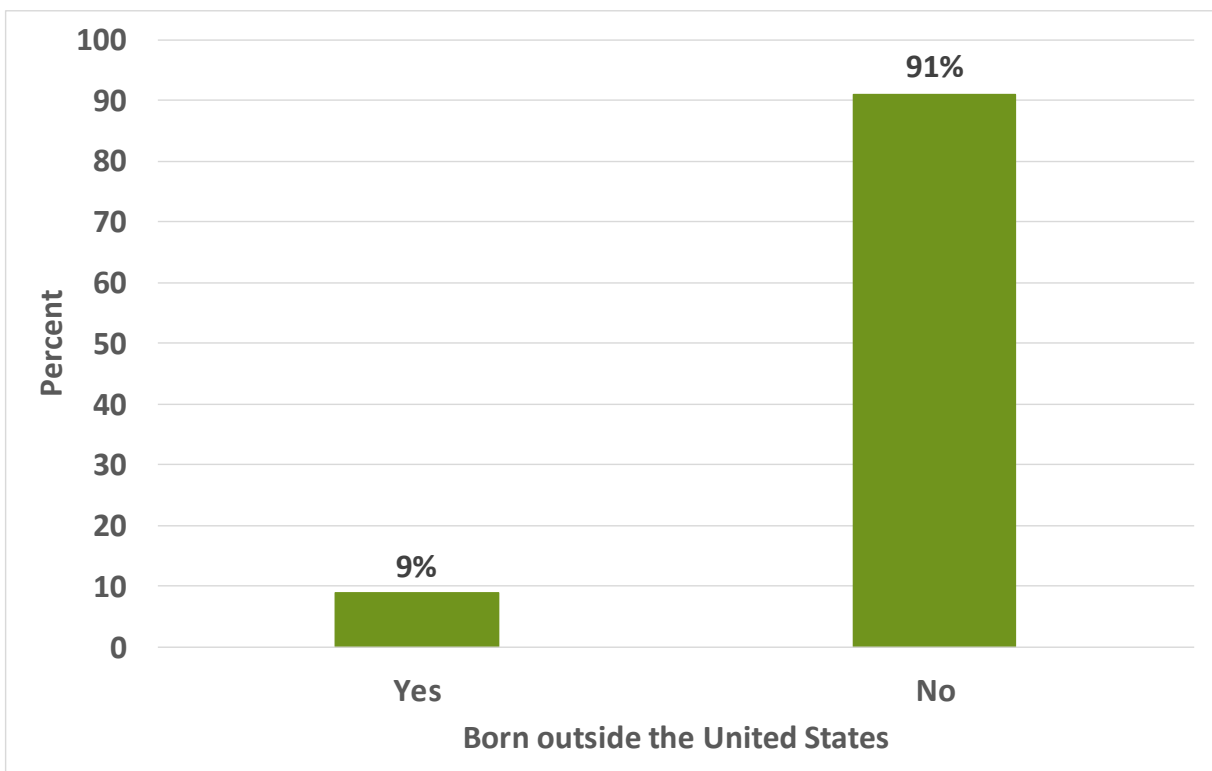
Race/Ethnicity	Number of respondents	Percent of respondents
Non-Latino White	807	84
Latino	107	11
Black	10	1
Asian	3	<1
Native American	6	1
Multiracial	12	1
Other	11	1



## Latino Ethnicity

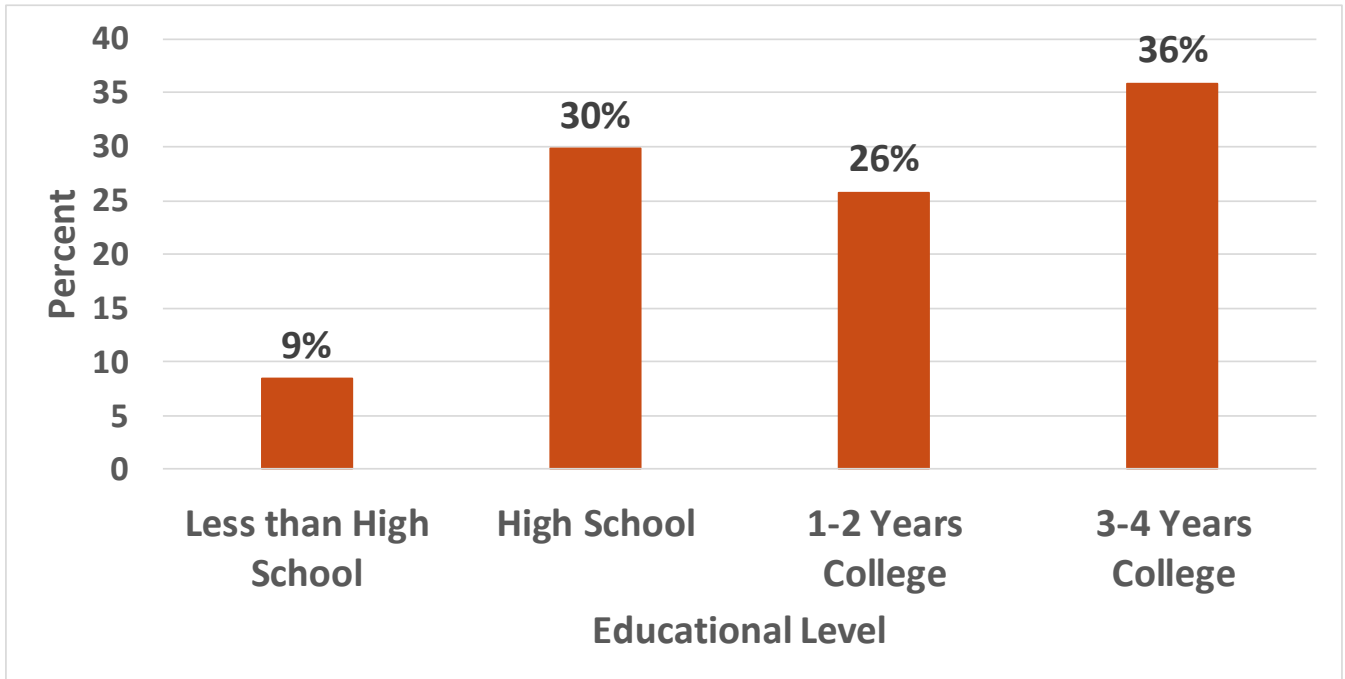


## Born Outside of the US

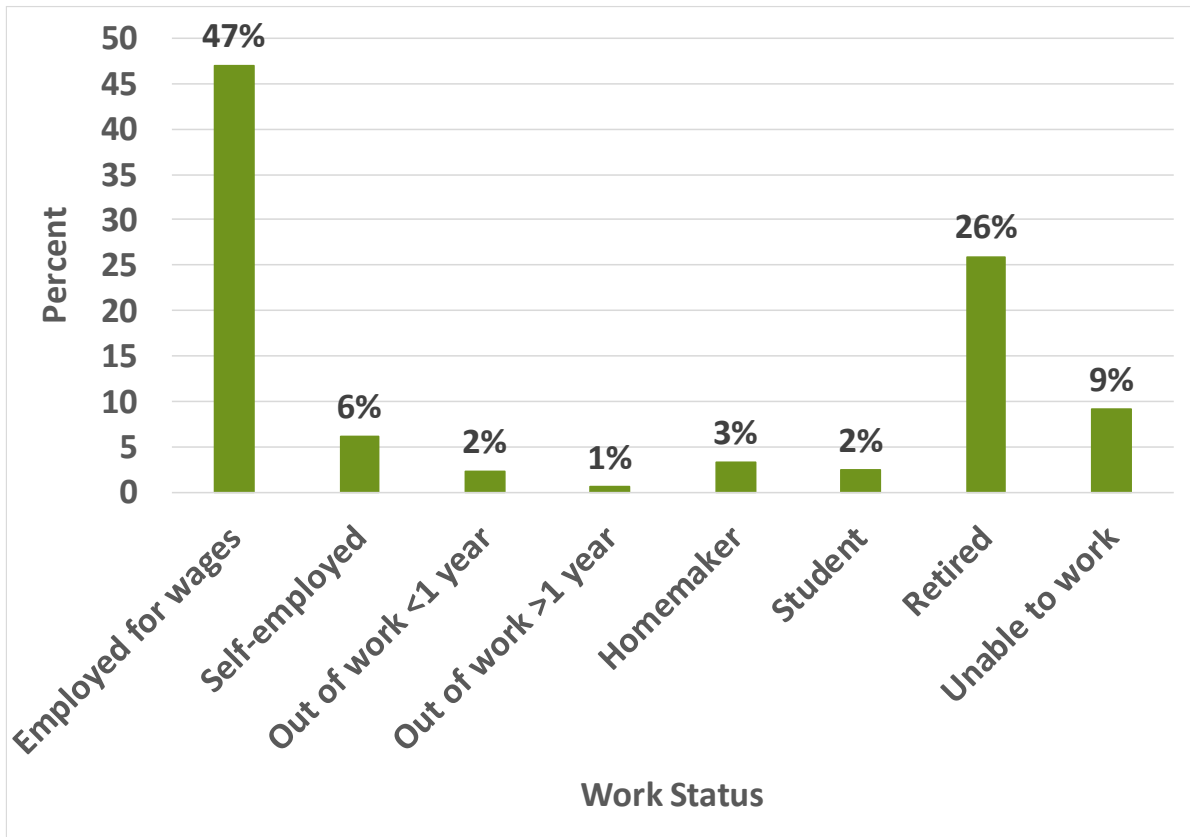




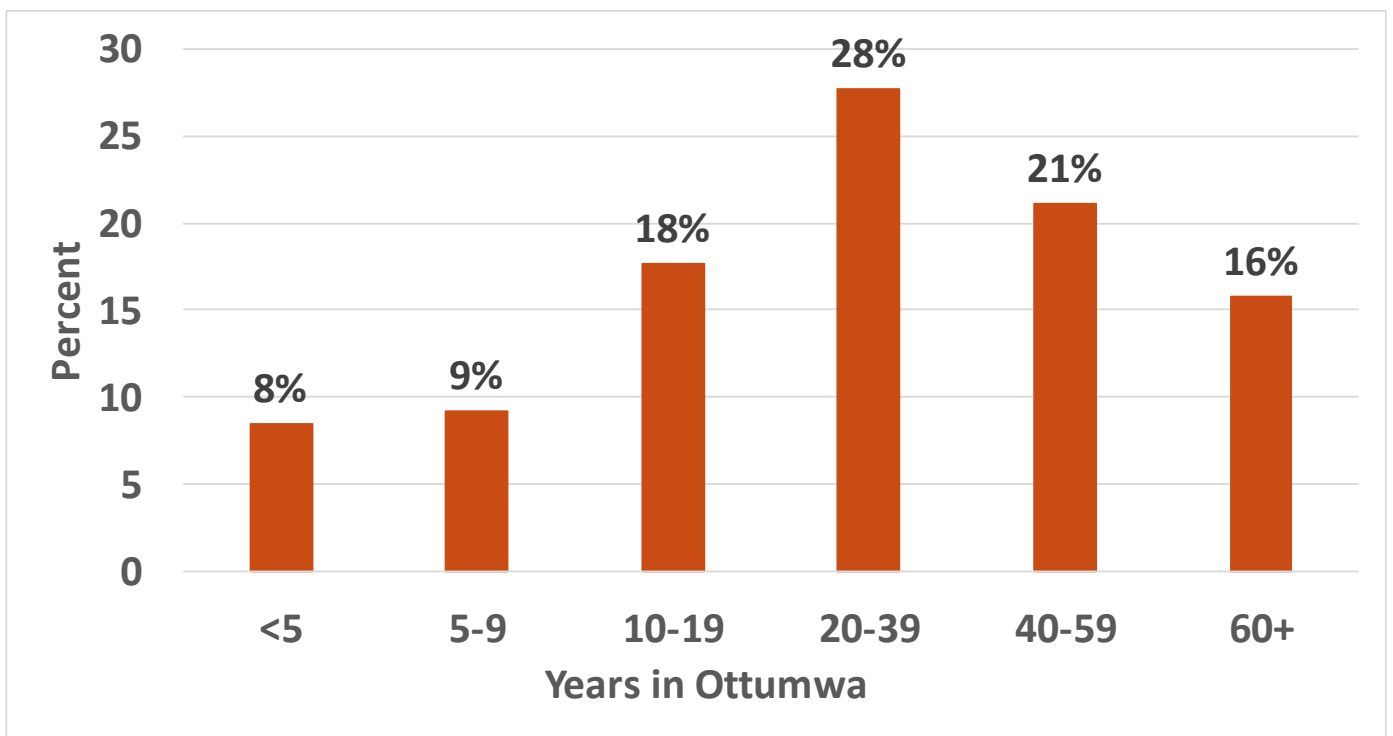
# Education



## Employment

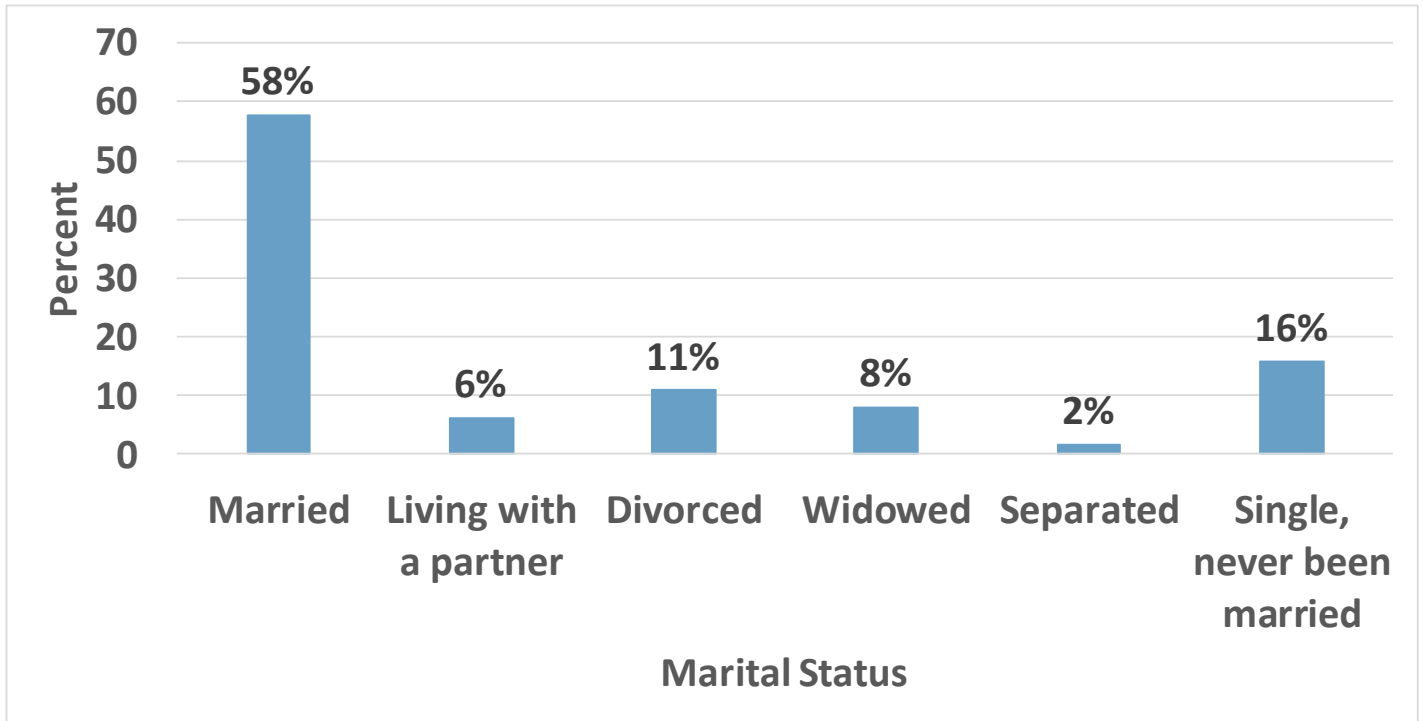


## Years in Ottumwa

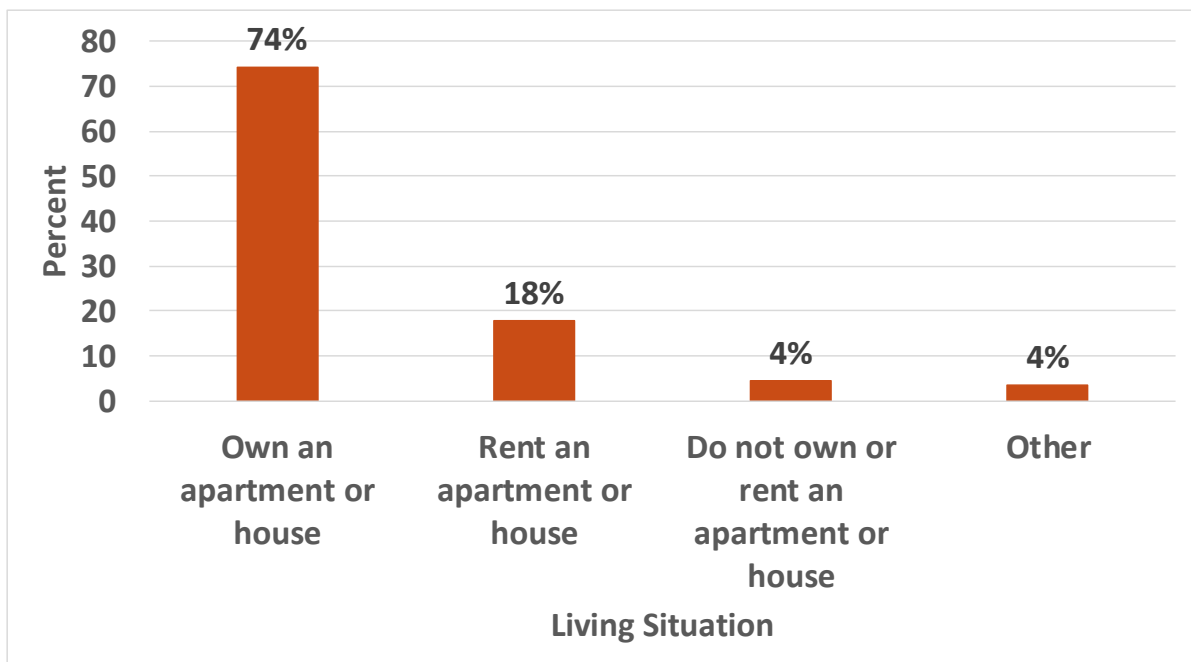




## Marital Status

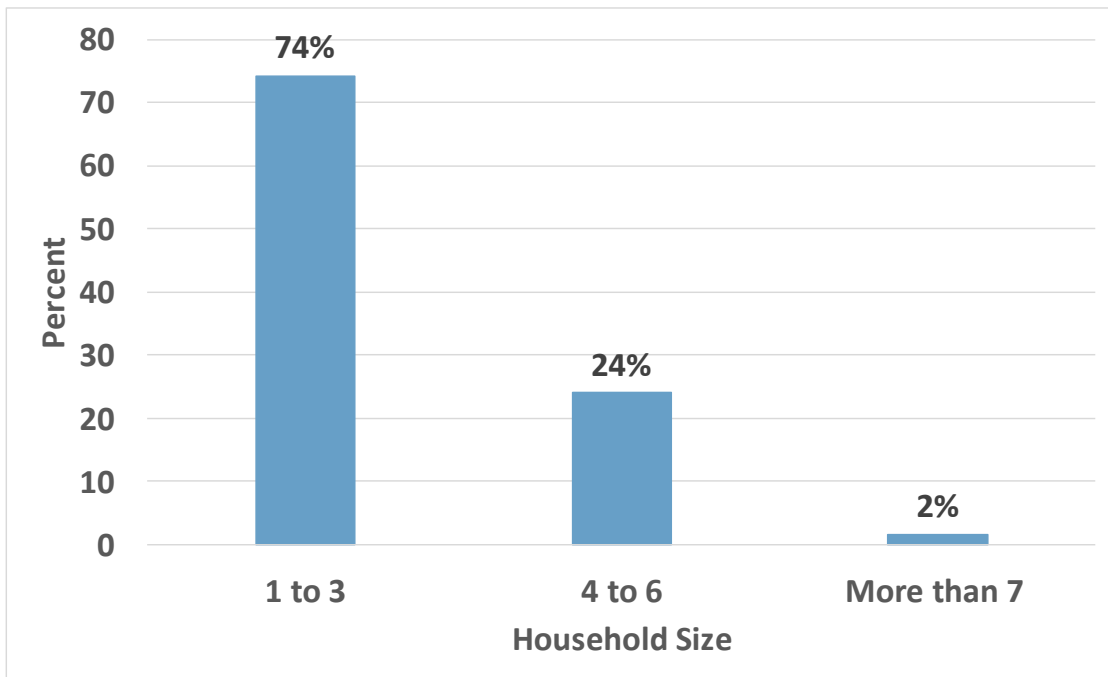


## Living Situation





## Household Size



## Income



# HEALTH-RELATED QUALITY OF LIFE

## Background

- The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being – not merely the absence of disease or infirmity”.
- Health-Related Quality of Life (QoL) is an important measure of health that includes self-reported general health, poor mental health days and poor physical health days.<sup>2</sup>
- Three questions were used to assess QoL including:
  1. Would you say that in general your health is excellent, very good, good, fair or poor?
  2. How many days during the past 30 days was your physical health not good?
  3. How many days during the past 30 was your mental health not good?

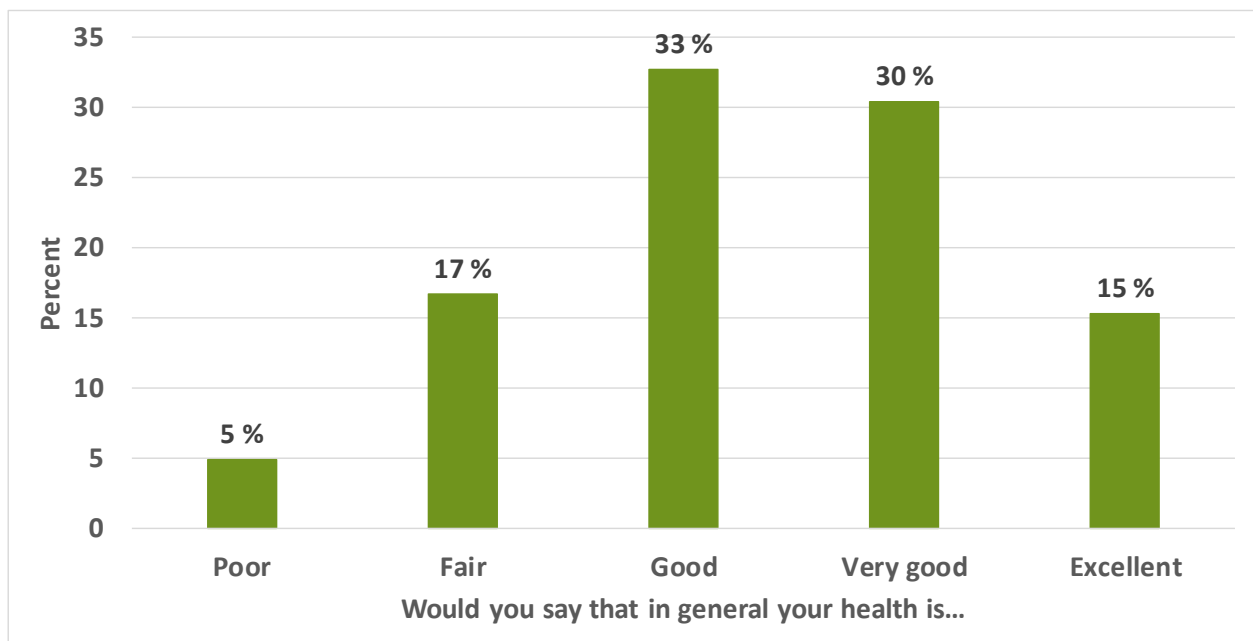
## Data Interpretation

Over 78% of respondents reported excellent, very good or good health.

In contrast, 22% of respondents reported fair or poor health.

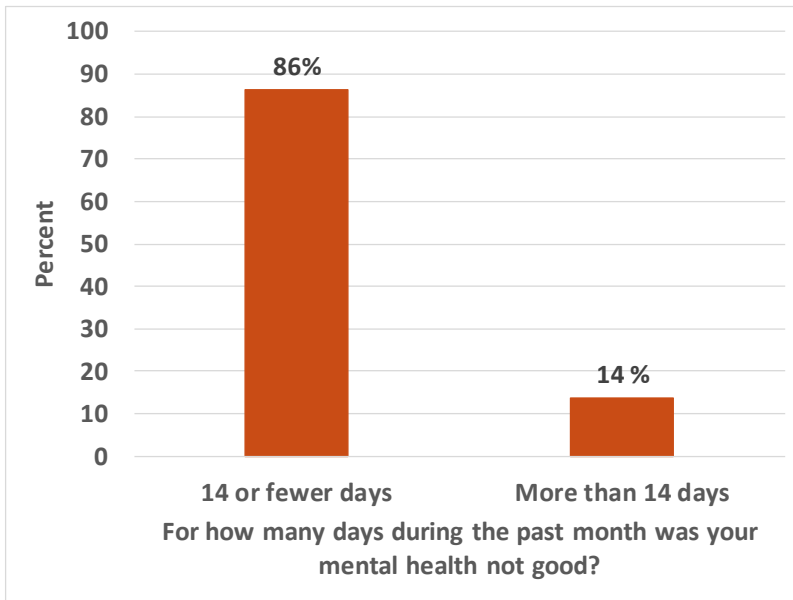
Ottumwa residents reported higher rates of fair or poor health than the average Iowa resident (22% vs. 13% for Iowa as a whole).<sup>3</sup>

## Self-Reported General Health

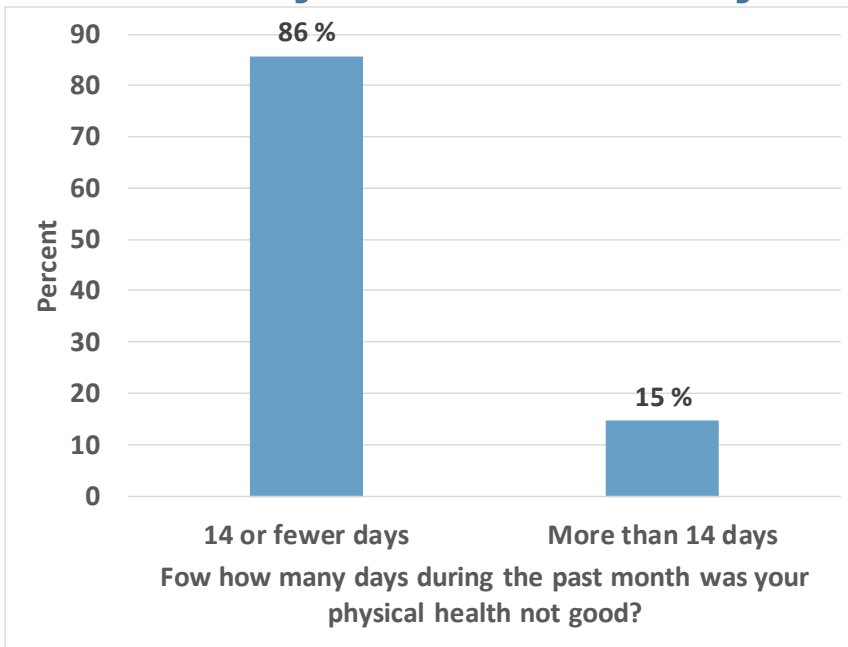




## Poor Mental Health Days



## Poor Physical Health Days



### Data Interpretation

14% of respondents reported frequent mental distress (more than 14 days of poor mental health in the past 30 days) and 15% reported frequent physical distress (more than 14 days of poor physical health in the past 30 days).

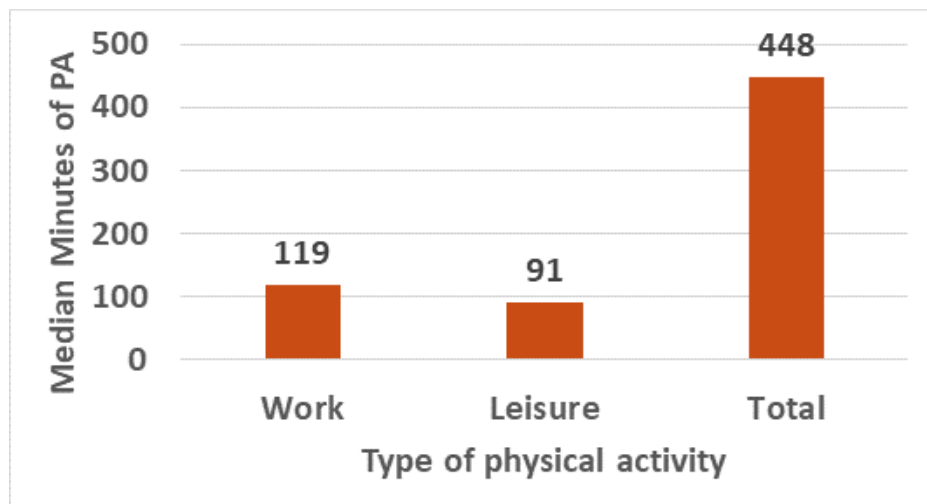
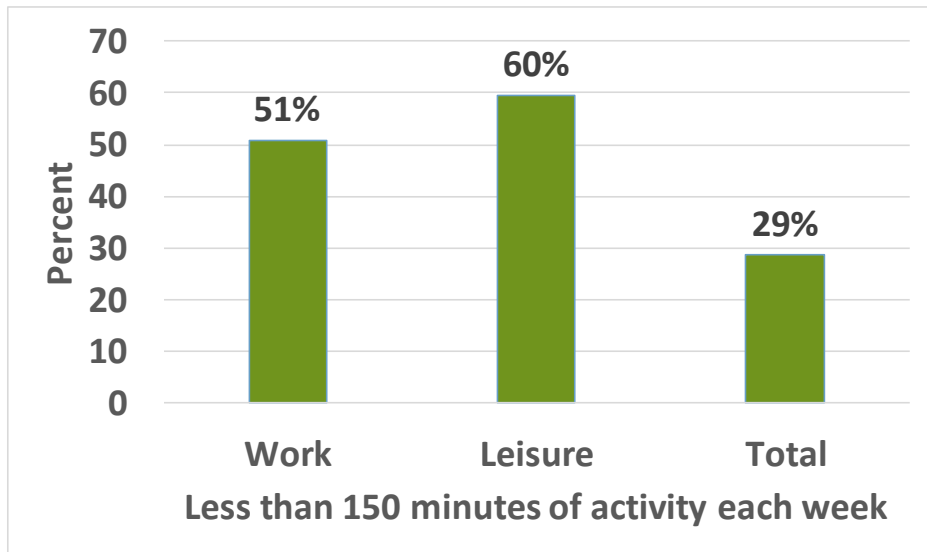
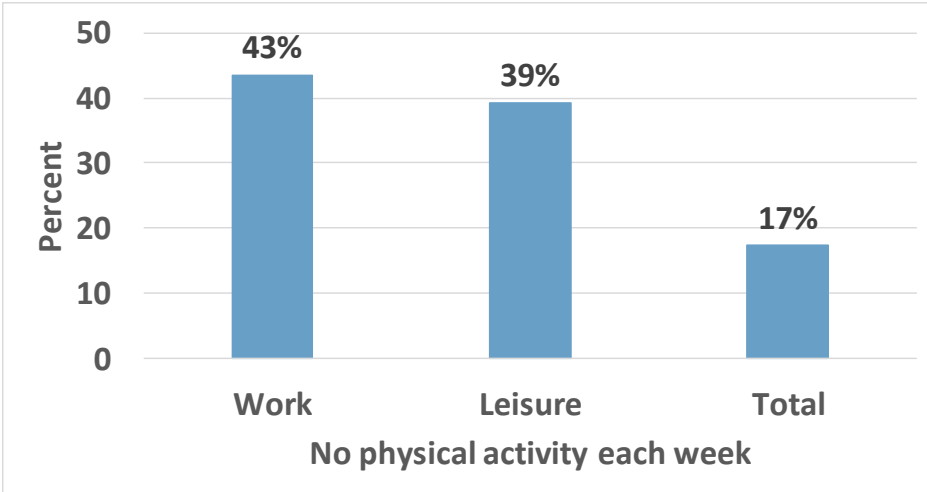
On average, Ottumwa respondents reported higher rates of frequent mental distress (14%) than the state average for Iowa (11%) and higher rates of frequent physical distress (15% vs. 10%).<sup>1</sup>

### What We Can Do

1. Continue using these validated questions to monitor health-related quality of life among Ottumwa residents.
2. Identify factors associated with the high prevalence of fair and poor health reported among Ottumwa residents.

# HEALTH BEHAVIORS

## Physical Activity



### Background

The CDC recommends being physically active for at least 150 minutes per week.<sup>4</sup>

People who are physically active live longer, have lower risk for heart disease, diabetes, depression and some cancers.<sup>4</sup>

Physical activity is divided into work related and leisure physical activity.

### Data Interpretation

17% of respondents did not report any kind of physical activity and 29% reported less than 150 minutes of total physical activity per week.

39% of respondents did not report any leisure-time physical activity. Of those that reported leisure physical activity, the median (or mid-point) reported was 91 minutes a week.

### What We Can Do

Promote physical activity opportunities at home, work and in neighborhoods.

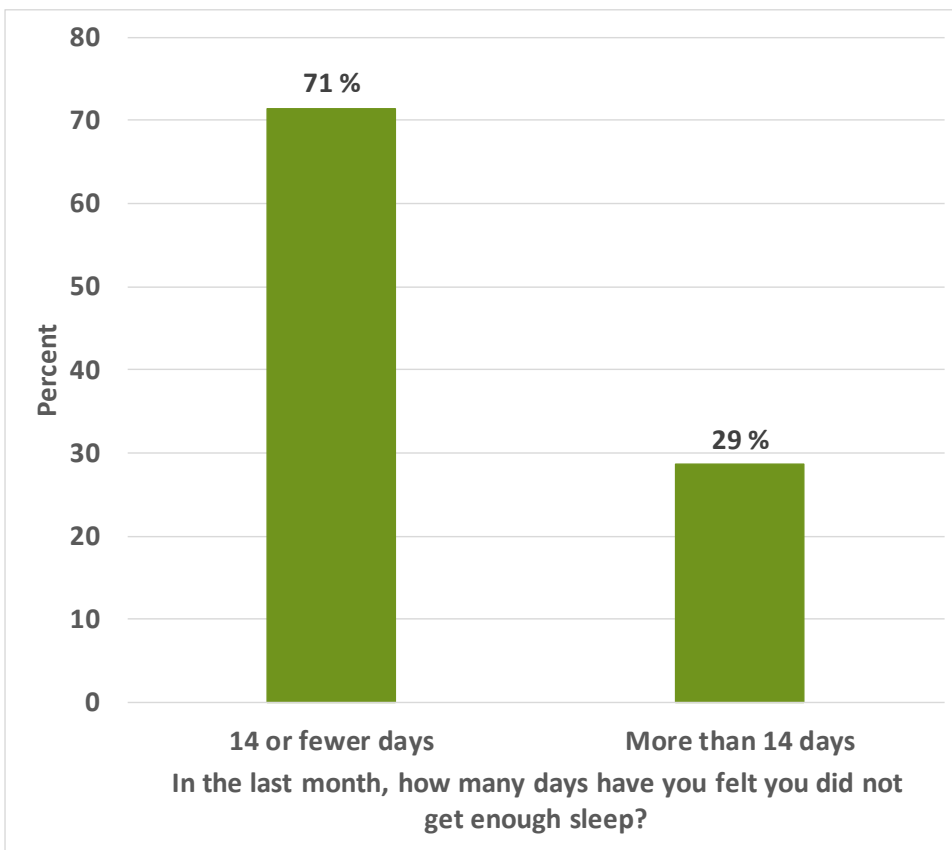
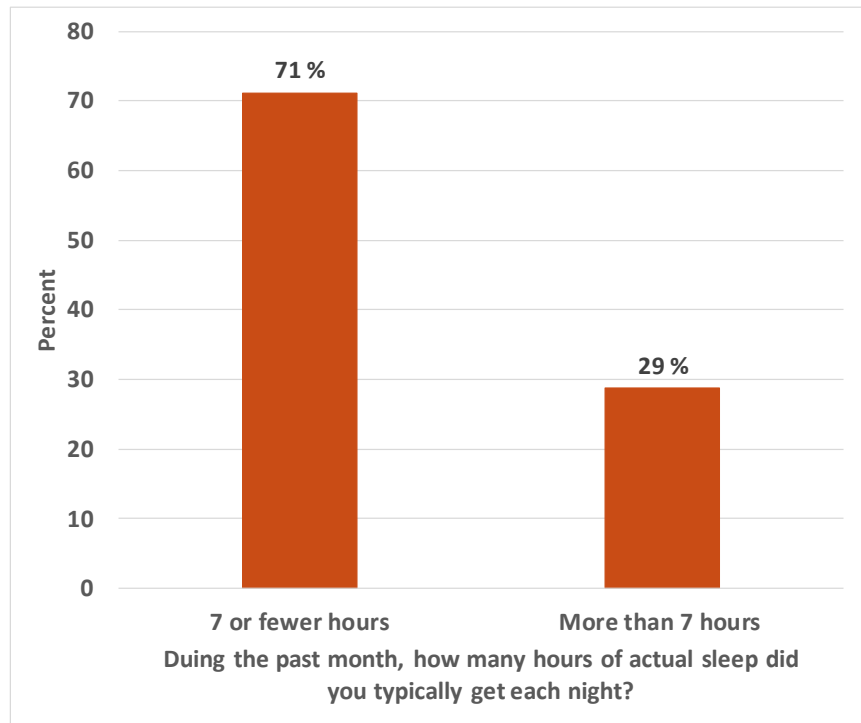
Build environments to make it easier to be physically active.

## Background

Most adults need 7-9 hours of sleep a day and more than a third of U.S. adults report not getting enough sleep. Not getting enough sleep can contribute to depression, diabetes, heart disease, and obesity.<sup>5</sup>

We asked respondents how many hours of sleep they typically get each night and how many days they felt they did not get enough rest in the past month.

## Sleep Behaviors



## Data Interpretation

71% of respondents reported getting 7 or fewer hours of sleep a night in the last month.

29% of respondents reported that they did not get enough sleep more than 14 days in the past month.

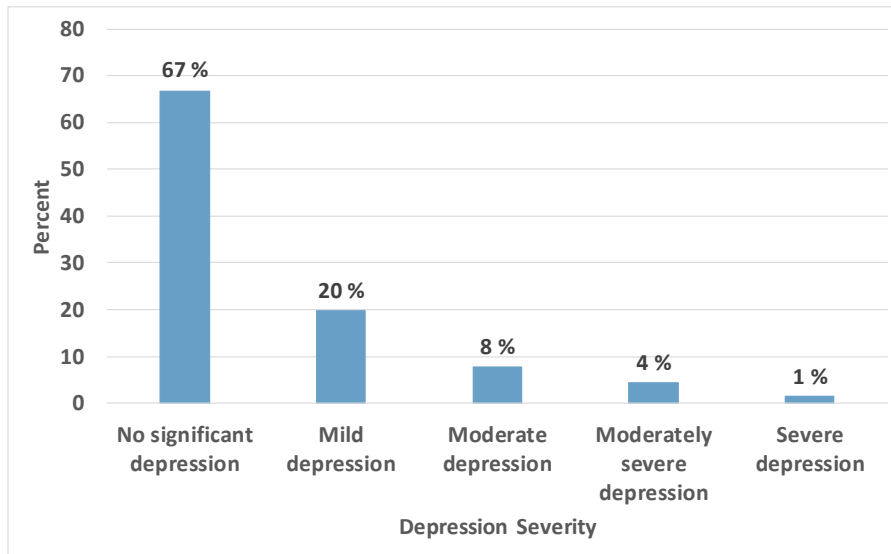
## What We Can Do

Public health scholars are still developing community-level strategies to promote healthy sleep.<sup>6</sup>

Promoting healthy lifestyles (including regular exercise, consistent bedtimes, and health-promoting work environments) may help promote healthy sleep.<sup>5</sup>

# MENTAL HEALTH

## Depression



### Background

Depression is a common and treatable, but serious medical disorder.

Symptoms of depression include sadness, weight gain or weight loss, fatigue, difficulty concentrating and sleeping, and irritability.<sup>7</sup>

We asked respondents questions to assess whether they were experiencing depressive symptoms. We then classified the number of symptoms into levels of depression severity.

### Data Interpretation

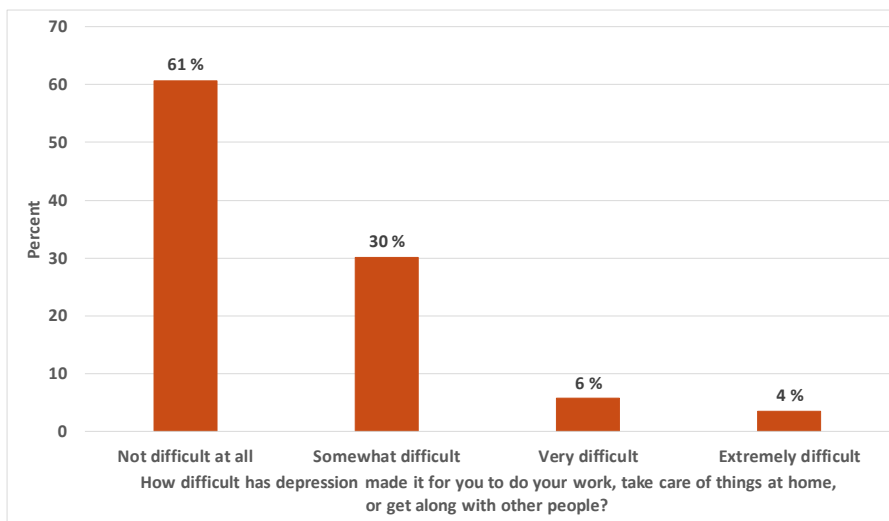
13% of respondents reported experiencing moderate to severe depression.

Of those individuals who experience depressive symptoms, the majority (61%) reported that it was not difficult to perform their daily activities.

### What We Can Do

Ensure adequate mental health screening and availability of mental health services.

Work to ensure residents don't feel stigmatized for having mental health issues and seek help when they need it.



# SOCIAL SUPPORT

## Emotional & Instrumental Support

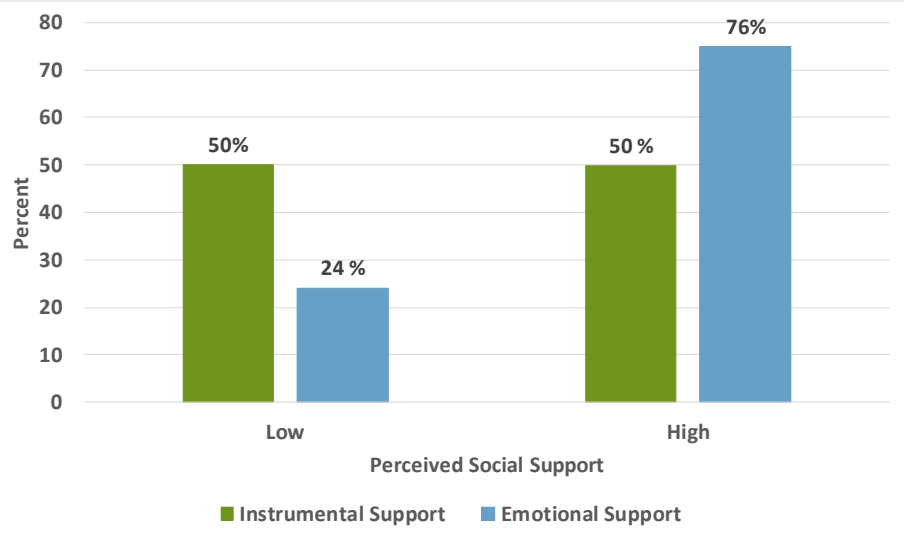
### Background

Social support is defined as support received from relationships with other people.

High levels of social support can increase one's chances of good physical and mental health and decrease one's chance of depression.<sup>9</sup>

Emotional support is the provision of love, empathy, caring and trust. We measured emotional support with questions asking: "if you are worried about an important personal matter, is there someone you can go to?".

Instrumental support is tangible assistance and services that directly help a person in need. We measured instrumental support by asking respondents whether they could find (unpaid) help with housework, transportation, or financial support.



### Data Interpretation

For emotional social support, most respondents (76%) reported having high levels of perceived social support.

Half of respondents (50%) reported low levels of emotional social support.

### What We Can Do

Conducting activities that enhance the relationships and support between residents can be helpful.

*Active Ottumwa* focuses on identifying and strengthening individuals social support networks to increase physical activity. Participation in this project is intended to help residents in both their physical activity and related health as well as in promoting positive social support.

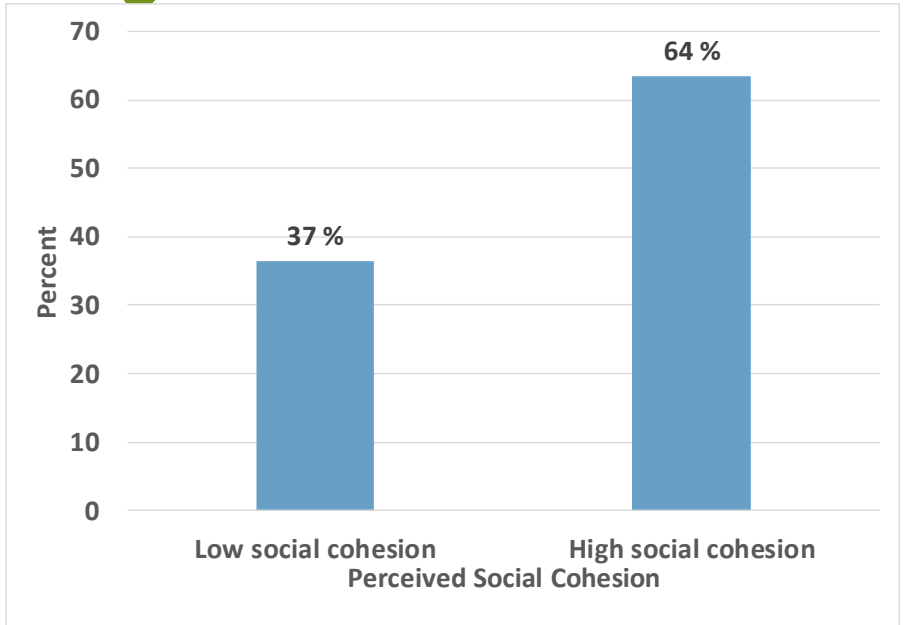


## Background

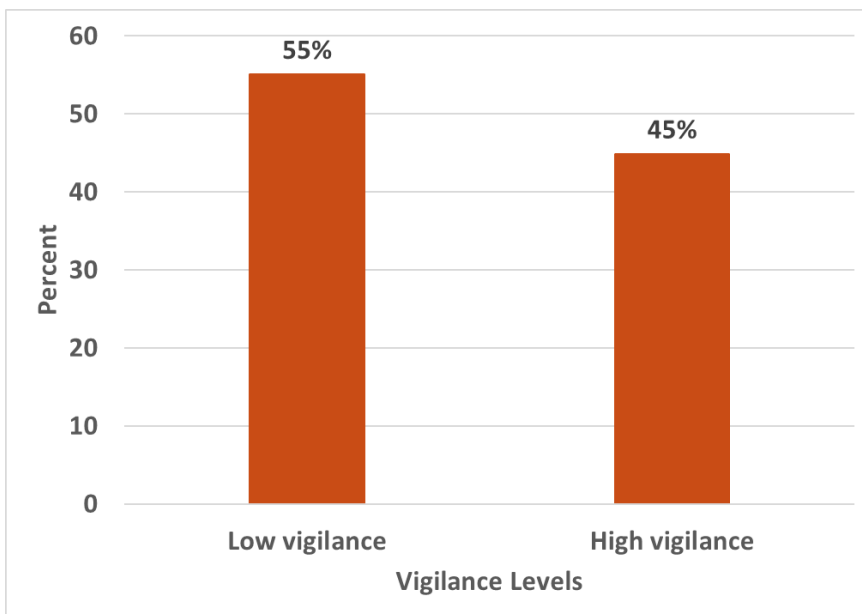
There is increasing interest in how neighborhood environments affect residents' health

We measured respondents' perceptions of the social environment by asking about their perceived neighborhood social cohesion.

## Neighborhood Social Cohesion



## Vigilance



## Background

Vigilance is defined as anticipating and preparing oneself to encounter discrimination.<sup>10</sup>

Previous research has shown that increased vigilance is associated with adverse physical and mental outcomes.<sup>11</sup>

## Data Interpretation

64% of respondents reported high social cohesion in their neighborhood, meaning most respondents feel trust and shared values with their neighbors.

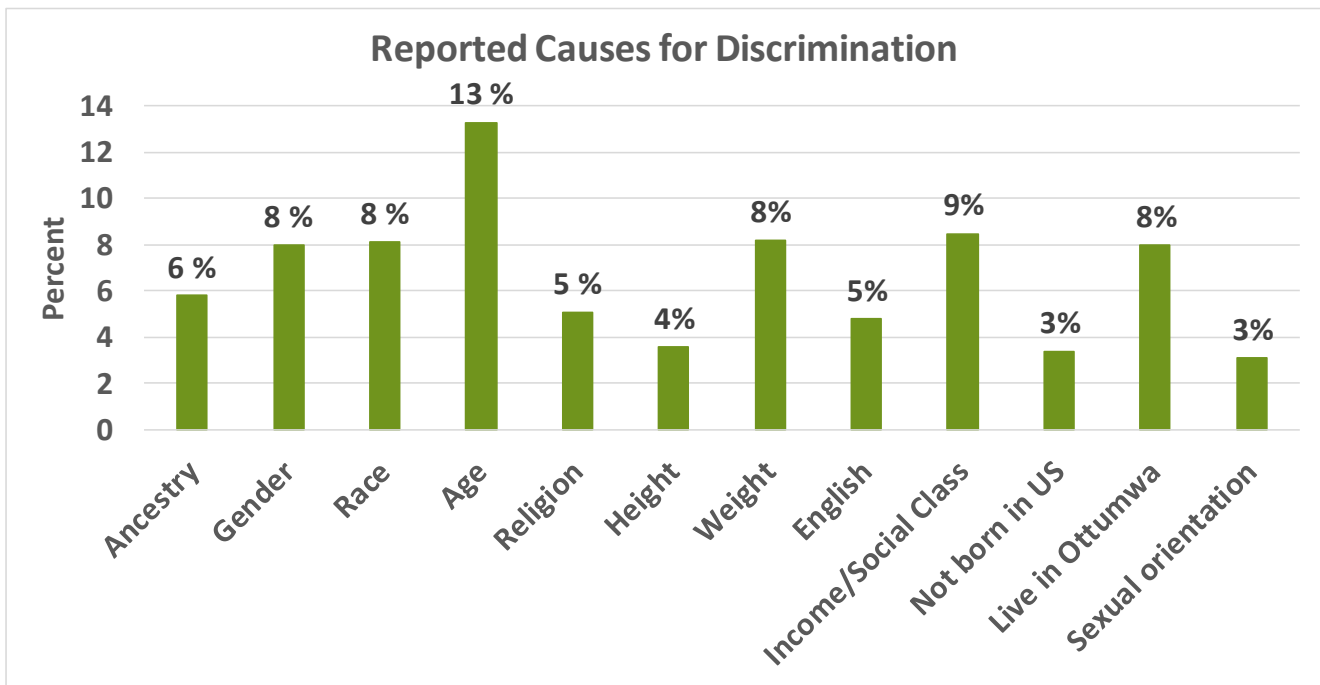
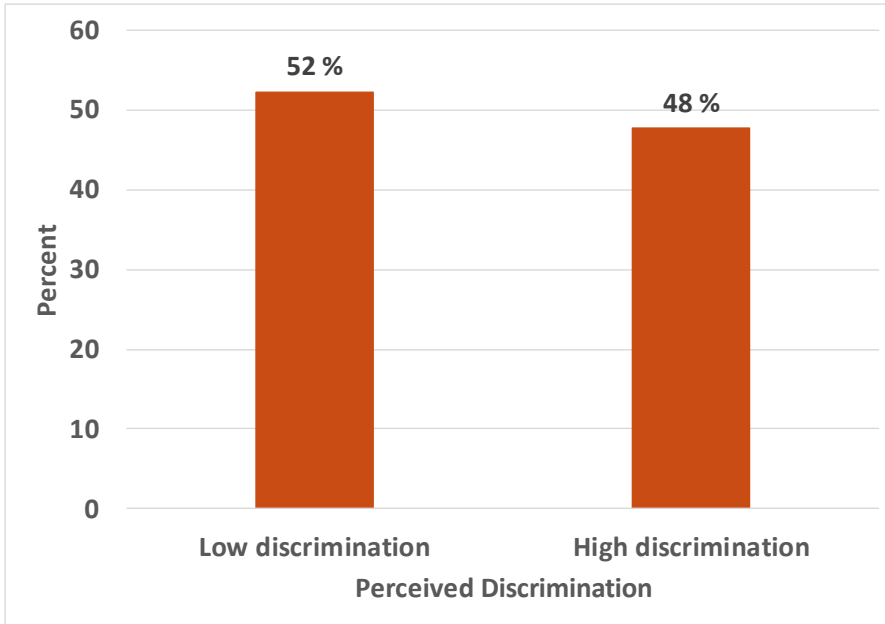
48% of respondents reported high vigilance levels.

# Experiences of Discrimination

## Background

Discrimination is defined as reporting unfair or poor treatment in day-to-day life.

Previous research demonstrates that an individual's experience of unfair treatment has a negative impact on a variety of health outcomes including mental disorders (e.g., depression), chronic health problems, and disability.<sup>12</sup>



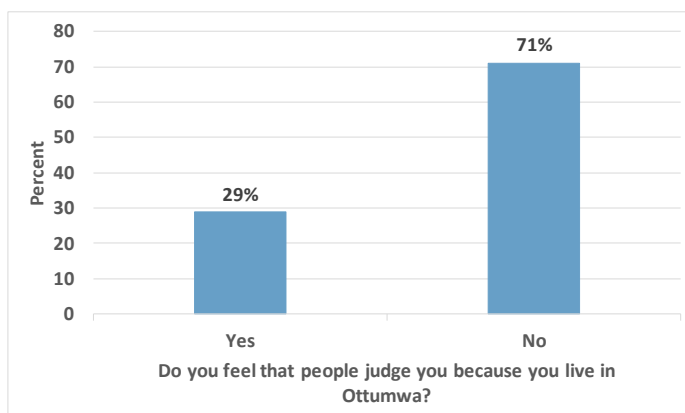
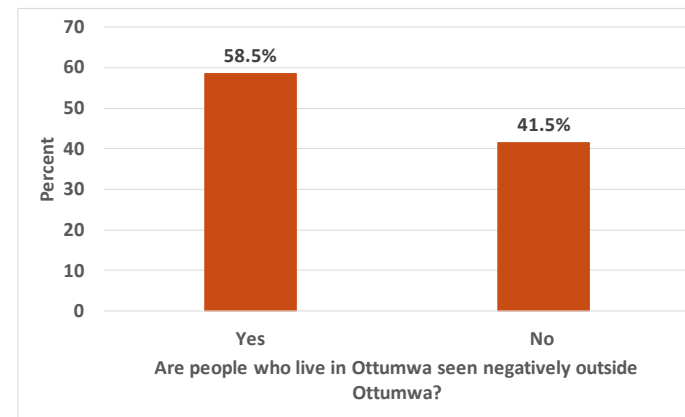
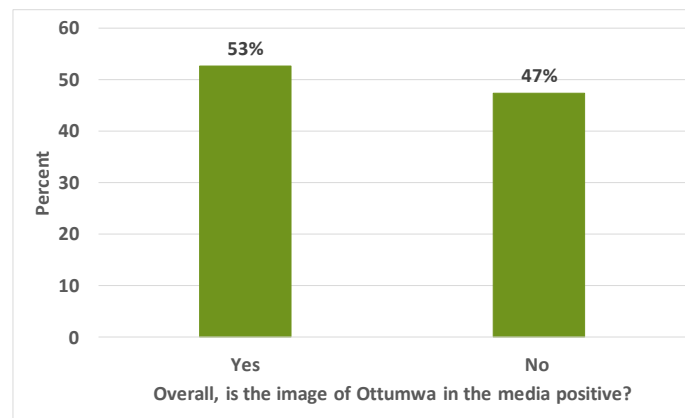
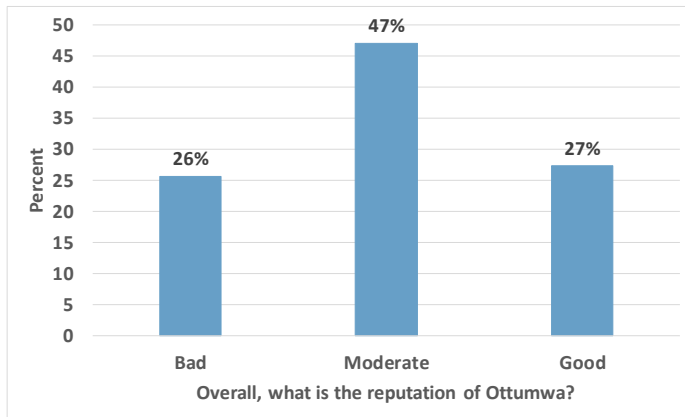
## Data Interpretation

Forty-eight percent of the respondents reported experiencing discrimination. Among the most common reasons for discrimination were age (13%), income/social class (9%), weight (8%), race (8%), and gender (8%).

## What We Can Do

Have community discussions about reasons people feel they are being treated unfairly and explore how to address these issues.

# Spatial Stigma



## Background

Spatial stigma is discrimination based on being from a particular place.<sup>13</sup>

Some research has suggested that prejudice related to the place someone comes from may have implications for health.

This could be due to access to healthy resources or experiences of stress.<sup>13</sup>

## Data Interpretation

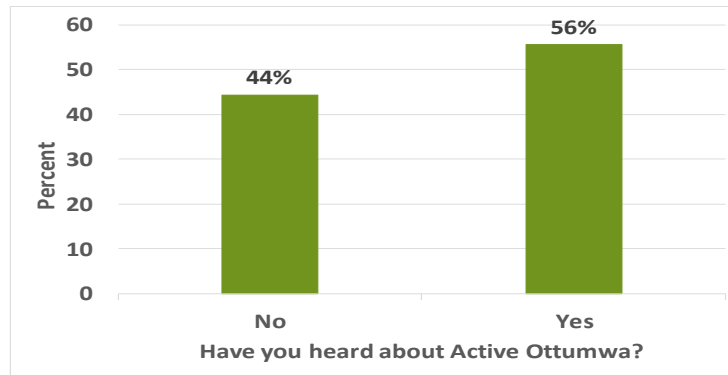
Most participants said Ottumwa has a “good” or “moderate” reputation, with only 26% reporting a “bad” reputation. Just over half of respondents (53%) said the image of Ottumwa in the media is positive.

However, 59% of respondents reported that people who live in Ottumwa are seen negatively outside of the community, and 29% reported that people judge them for living in Ottumwa.

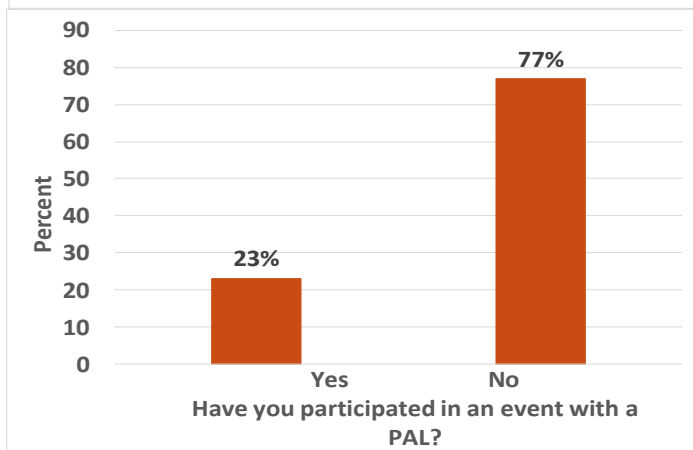
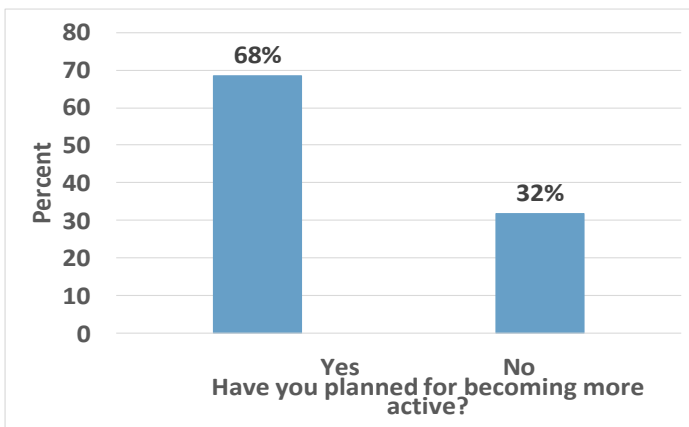
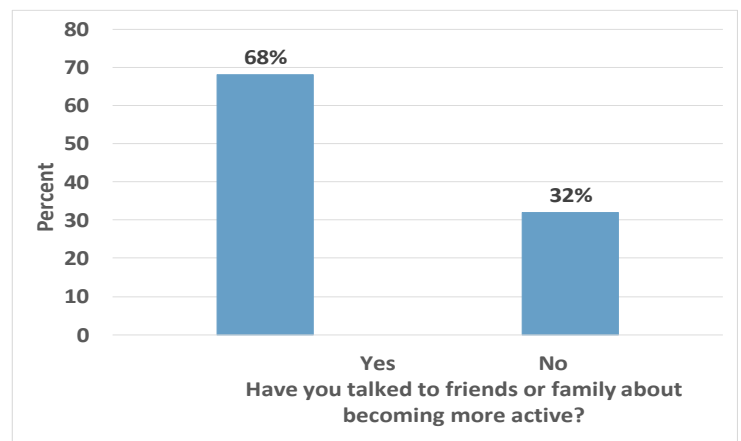
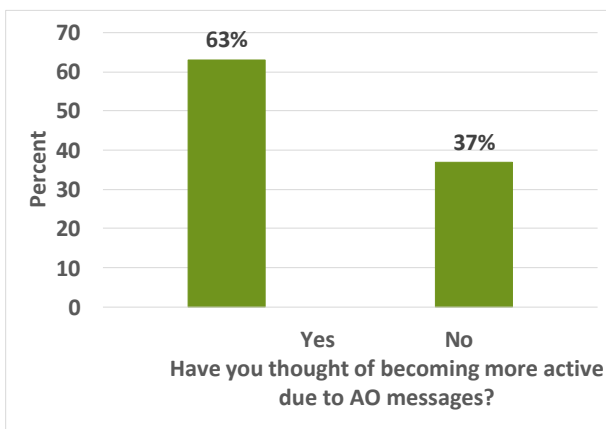
## What We Can Do

Programs such as the Gear Up “ambassador” program at Ottumwa High School can help promote positive culture and climate and raise awareness about Ottumwa’s strengths and successes.

# Active Ottumwa Awareness



## Among those who had heard of Active Ottumwa (n=522):



### Data Interpretation

Over half of respondents (55%) had heard of Active Ottumwa.

Of the 522 respondents who had heard of Active Ottumwa, the majority said that they thought of becoming more active due to Active Ottumwa messages, talked to friends and family about becoming more active, and planned to be more active.

Of those who had heard of Active Ottumwa, 23% had participated in an Active Ottumwa event with a Physical Activity Leader (PAL).



## CONCLUSIONS

Findings from the Ottumwa Community Health Survey highlight several important challenges for community health in Ottumwa. However, they also highlight many community strengths that can be leveraged to promote and improve community health.

Ottumwa residents experience some challenges with regards to community health. When compared to the general population of Iowa, Ottumwa residents who participated in the Ottumwa Community Health Survey, were more likely to report frequent mental and physical distress. Ottumwa residents have low levels of physical activity, with 39% of respondents reporting no physical activity outside of work each week. Ottumwa residents also face challenges with regard to mental health, with 33% of survey respondents reporting depressive symptoms corresponding to mild to severe depression.

While Ottumwa residents do face important community health challenges, the community also has several strengths that can promote health and catalyze community improvements. Most respondents reported having strong emotional support when they need to discuss personal problems or private worries or fears, and many report strong, trusting relationships with their neighbors.

The Active Ottumwa program is an example of an effort to promote community relationships to improve community health. The program, which recruits and trains local residents to lead others in physical activity, strengthens social support networks to increase physical activity. Participation in this project is intended to help residents in both their physical activity and related health as well as in promoting positive social support.

Active Ottumwa can serve as a model for future community-based efforts to promote healthy lifestyle and a strong community.





# ACKNOWLEDGEMENTS

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- Rebecca Ellingson of Indian Hills Community College
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- Kim Hellige of the Ottumwa School District
- Gene Rathje of Ottumwa Parks and Recreation
- Molly Layton of River Hills Community Health Center
- Brian Dunn of Sieda Community Action
- Claudia Gates of U.S. Bank in Ottumwa
- Lynelle Diers of Wapello County Health Department

In addition we extend appreciation to many other members of the Ottumwa community who have taken time to meet with us. We especially want to thank the survey respondents who completed our survey questionnaire.

If you wish to refer to the data presented in this report in any way please use the citation below:

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# NOTES

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