



PREVENTION RESEARCH CENTER  
FOR RURAL HEALTH

PRC-RH



# Ottumwa Community Health Survey 2013

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SUMMARY REPORT




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# HIGHLIGHT OF FINDINGS

The Ottumwa Community Health Survey was conducted from April to June 2013 via telephone interviews. Only residents of the city of Ottumwa, who were 18 years or older, were eligible to be interviewed. The survey used a random-digit dialing (RDD) methodology to allow for the survey sample to estimate the responses of all of Ottumwa residents. Over 1000 residents completed the survey. This report presents the results of the survey. Highlights of the findings include:

- Over 77% of the respondents reported high quality of life. However, 16% reported more than 14 days of poor mental health and 25% reported more than 14 days of poor physical health in the past 30 days, higher than the average for other residents of Iowa.
- Nearly 33% of the respondents reported that they have no regular health care provider and about 7% reported having no primary care visits in the past 12 months. About 86% reported having some form of insurance, but 16% reported that there was a time in the past year when they could not see a doctor because of cost. Additionally, nearly 66% reported having a regular dental provider and 60% reported having dental insurance.
- Physical activity is one of the most important behaviors for overall health. A large proportion of respondents reported no leisure physical activity (41%) each week. Almost 27% of respondents did not meet the recommended level of physical activity.
- Respondents reported that on average they ate 3 servings of fruits and vegetables each day. The majority of respondents drank sweetened drinks (76%) and ate fast food (78%) at least once a week.
- Regarding food insecurity, about 35% of respondents reported using some type of food assistance program in the past year and around 27% reported that it was often true or sometimes true that the food they bought did not last and they didn't have enough money to buy more.
- Social support and neighborhood characteristics are important factors that can help to increase and support good health. Most respondents (76%) reported often getting emotional support, but less than half reported (41%) receiving instrumental support. In general, respondents have a positive perception of the physical and social environments of their neighborhoods, although food environments were rated relatively low compared to other factors.
- Most of the respondents reported living with children (82%). Of those respondents living with children, 82% reported a score between 21 and 40 on the parenting stress scale, which has a range of scores between 18 to 90.
- 71% 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, and other.

## Next Steps:

Leisure physical activity is very important for physical and mental health and as a group the members of the Ottumwa Community Advisory Board and the Prevention Research Center for Rural Health decided to develop a program to increase leisure physical activity in Ottumwa residents. This program, *Active Ottumwa*, will be a community-wide program to increase physical activity and will begin in the fall 2014.

# WHO WE ARE



## UI PRC-RH Ottumwa Community Advisory Board

The mission of the University of Iowa Prevention Research Center for Rural Health (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.

**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: United Way of Wapello County, Wapello County Public Health Department, Market on Main, Ottumwa Park and Recreation, Sieda, Iowa Workforce, Indian Hills Community College, River Hills Community Health Center, Iowa State Extension, and the Ottumwa School District.



# BACKGROUND

During 2013 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 behaviors, including quality of life, social support, neighborhood context, and discrimination, along with basic demographic information.

The specific aims of the Ottumwa Healthy Community Survey were:

- 1) **To explore social determinants of health associated with health status** (e.g., health behaviors, quality of life) among residents of the city Ottumwa, Iowa.
- 2) **To describe the socio-demographics and health profile** of Ottumwa residents and compare to state estimates of health disparities.
- 3) **To describe social and neighborhoods factors** associated with quality of life of Ottumwa city residents.
- 4) **To identify modifiable factors** at the community level 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 booklet, 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.



# METHODS

## Study Design

The survey was conducted from April to June 2013. In partnership with the Ottumwa CAB members, we decided which questions to ask in the survey. The final instrument was a 28-page survey with a total of 89 questions.

The survey included many previously developed and tested measures, including those from the Behavioral Risk Factor Surveillance Survey, the Centers for Disease Control and Prevention Health-Related Quality of Life Questionnaire, the National Health and Nutrition Examination Survey, the Patient Health Questionnaire-9, the Global Physical Activity Questionnaire, 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 to accommodate the significant proportion of Latinos in the city.

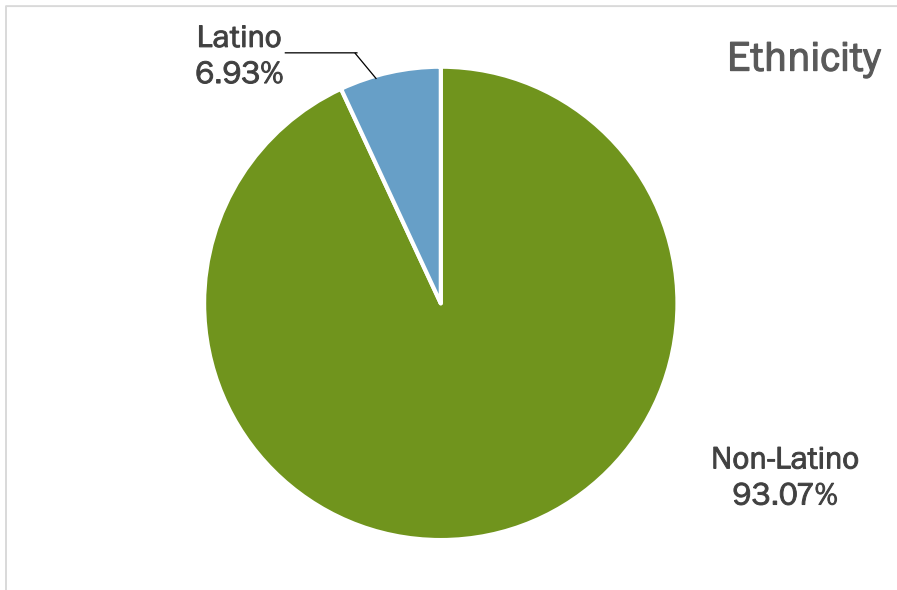
The University of Northern Iowa's Center for Social and Behavioral Research (CSBR) was contracted to collect the survey data. The CSBR obtained a list of phone numbers (both cell phones and land lines) for the city of Ottumwa and used random-digit dialing (RDD) to select which numbers to call. Since RDD selects participants in a random fashion, it allows us to use this survey sample to estimate the responses of the larger Ottumwa community.

The CSBR called over 4,000 phone numbers over a period of 3 months. Respondents were given the option to complete the survey in English or Spanish. Respondents were eligible if they lived in Ottumwa for more than 6 months, lived in the household we called for more than half of the week, and were 18 years old or older. In total, 1,011 people completed the survey. Respondents received a gift card of \$20 as an incentive.

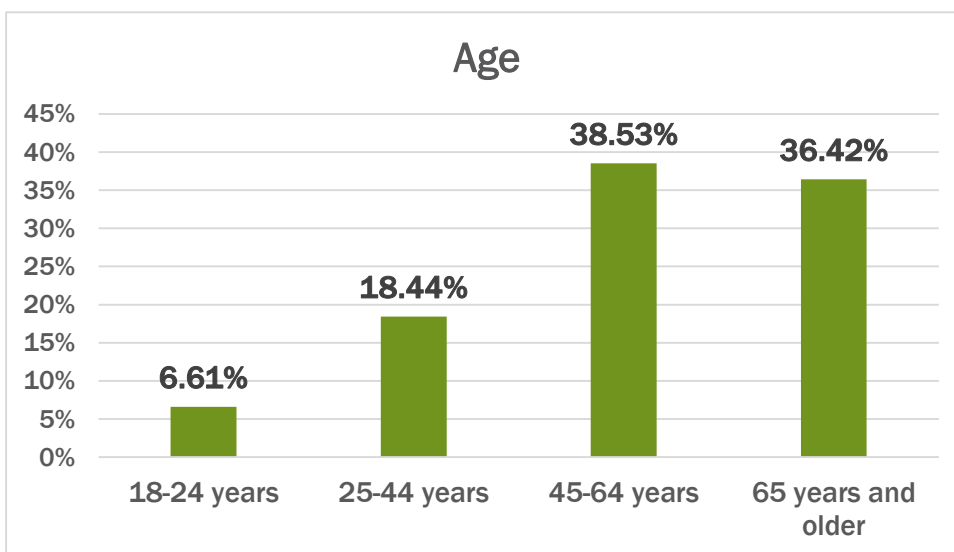
### Limitations

- All the data collected in this survey was self-reported.
- The number of Latinos who responded to the survey is below the percentage of Latinos who live in Ottumwa and the number of respondents over the age of 65 years old is above the percentage who live in Ottumwa. To correct this, we have “weighted” the data, a statistical process which adjusts the data to reflect the views of all Ottumwa residents.
- A large representation of respondents with landlines answered the survey. We potentially missed some respondents as they might only use cell phones.

# DEMOGRAPHIC DATA



Race	Frequency	Percent
Asian	1.53	0.14
Black	20.48	1.90
Native American	11.89	1.10
White	944.84	88.55
Other	63.51	5.88
2 or More	26.19	2.43



Mean	Median	Min	Max
48.2	47	18	97

## Background

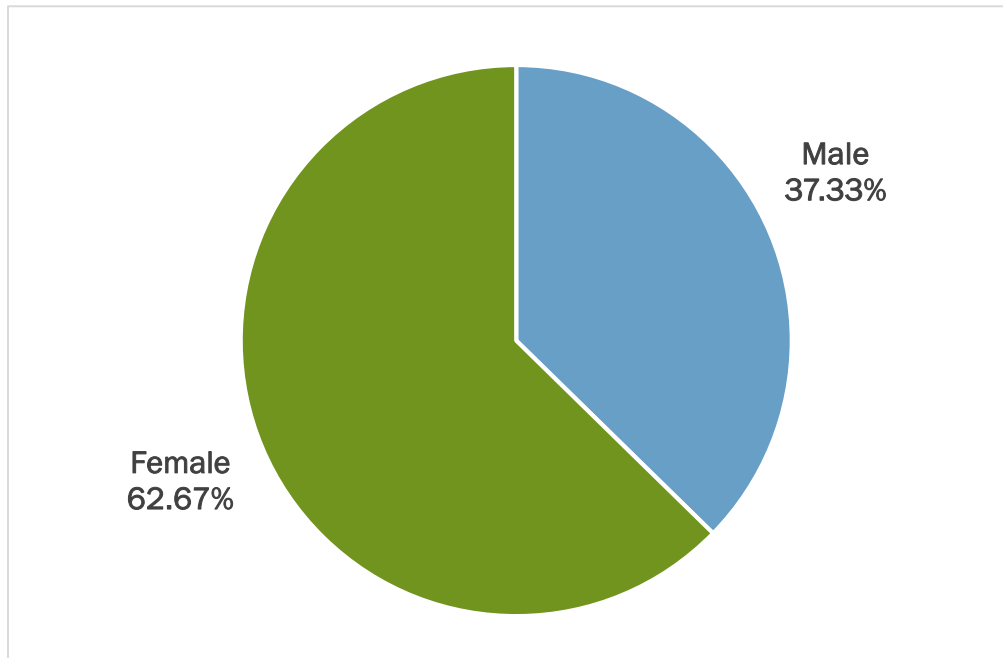
- Pages 8 to 12 present a snapshot of the demographic characteristics of the people who answered the survey.

## Data Interpretation

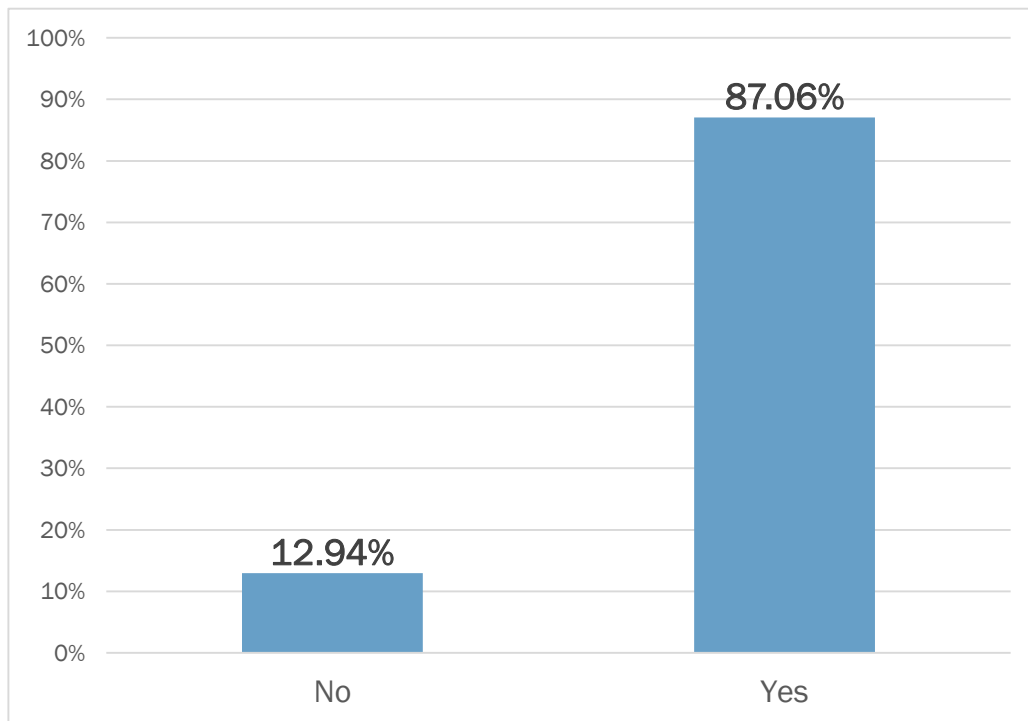
- The majority of the respondents were female and over age 45, had graduated from high school, and were white.
- The youngest respondent was 18 years old and the oldest was 97, with the mean age of respondents being 48.
- Nearly 49% of respondents were married, nearly 70% owned their home or apartment and the average number of years they lived in Ottumwa was 30.
- 57% of the population earned more than \$30,000 a year and 55% were employed.
- 33% of respondents were living in poverty.



## Gender



## High School Graduate



## Years in Ottumwa

Mean	Median	Min	Max
30.56	26	0	95

## Household Size

### Total Number of Persons in Each Household

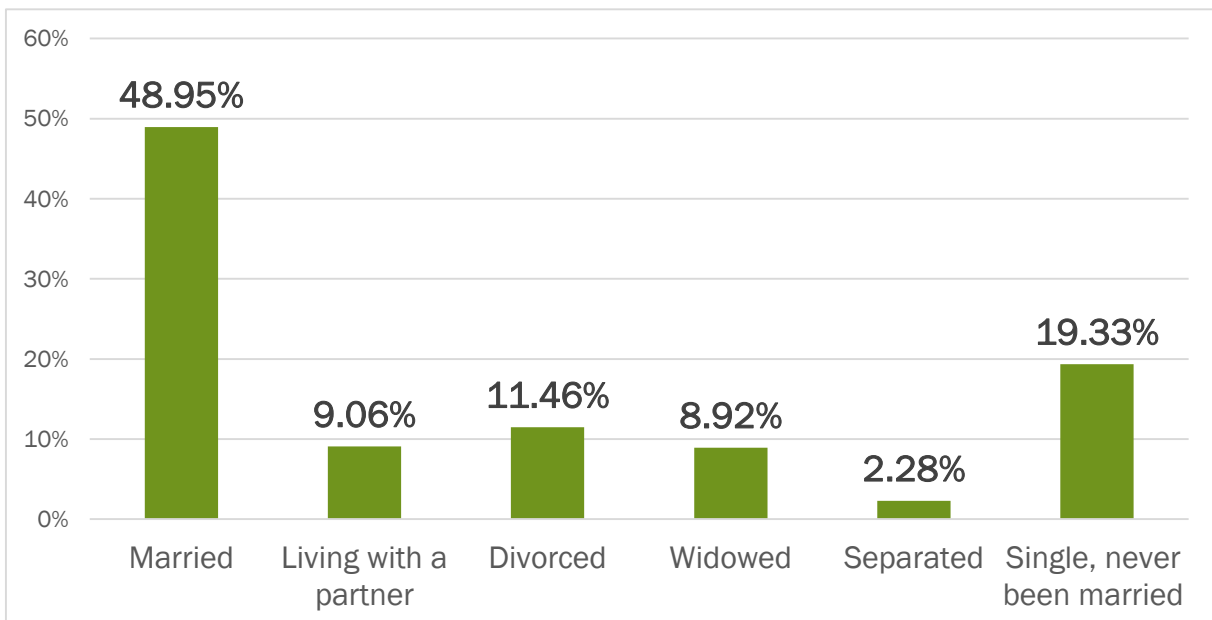
Median	Min	Max
2	1	12

\*Includes both adults and children

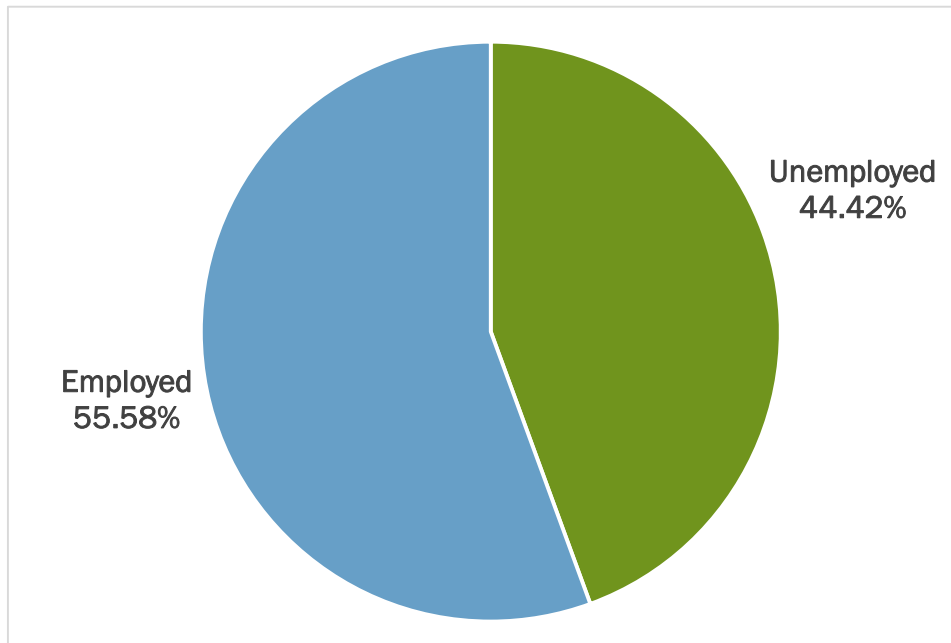
### Total Number of Children in Each Household

Median	Min	Max
0	0	6

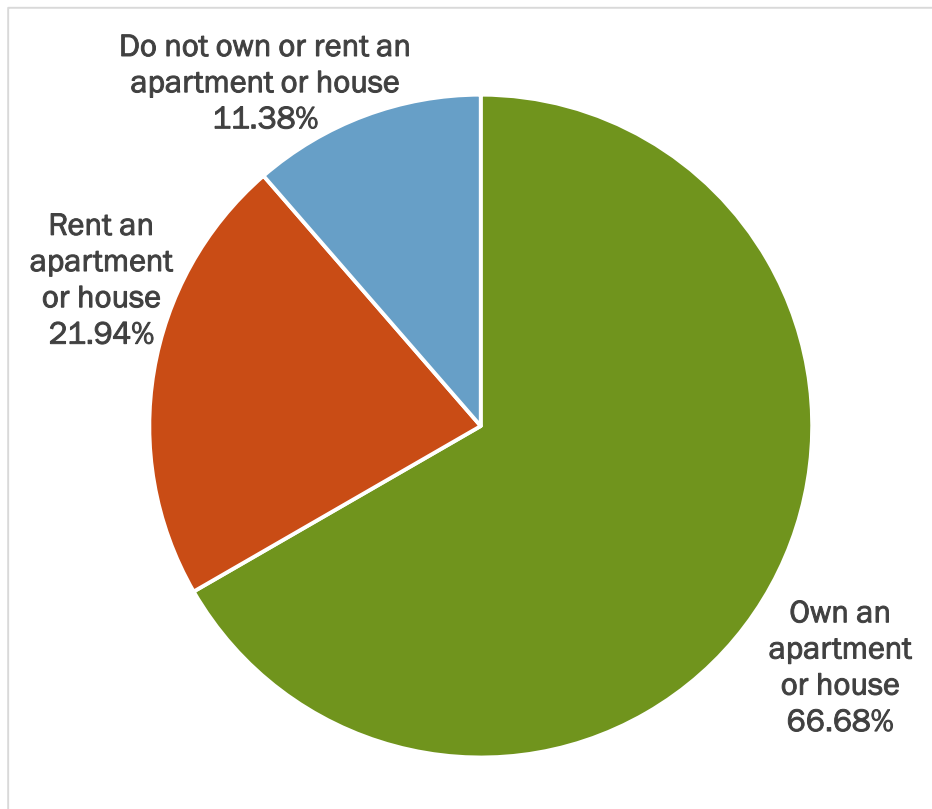
## Marital Status



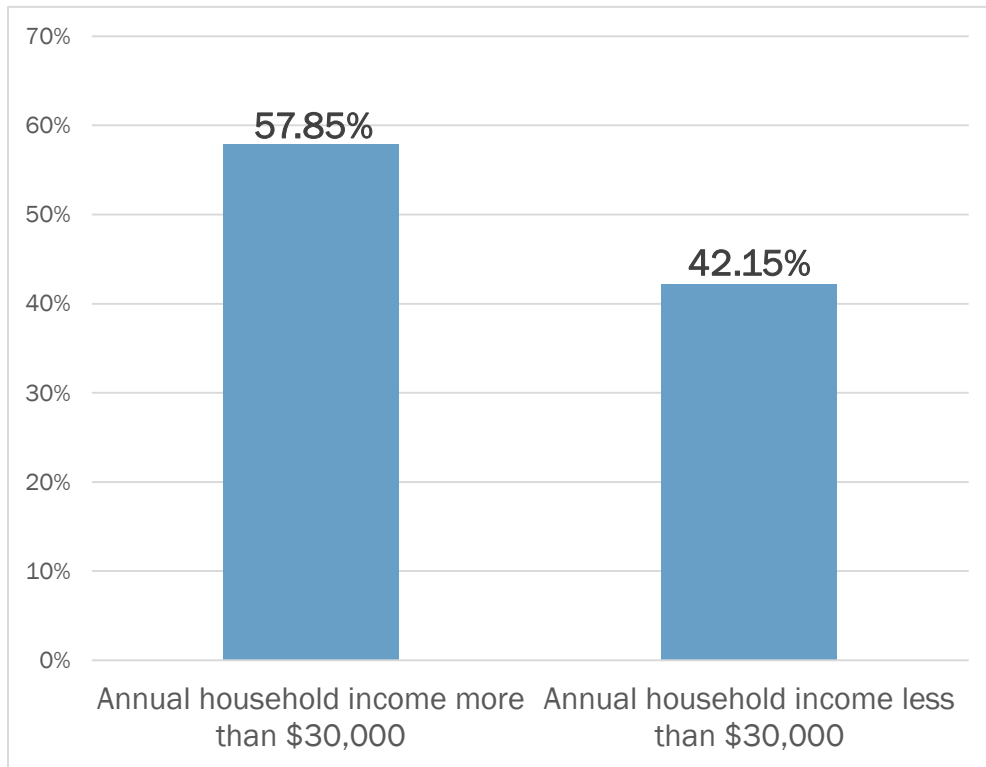
## Employment



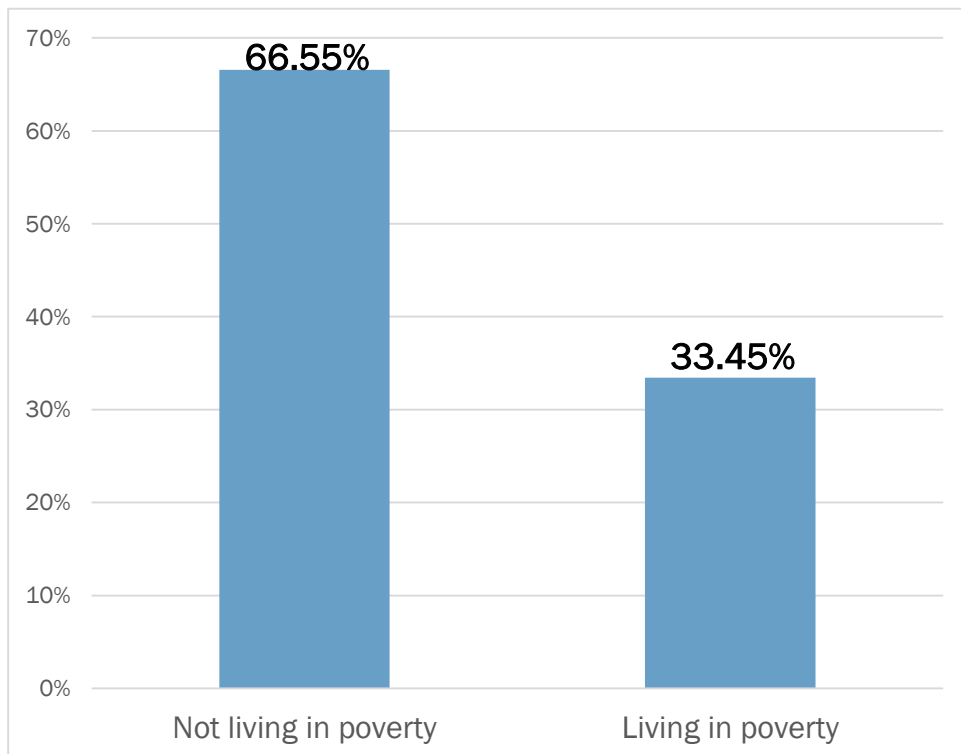
## Living Situation



## Income



## Poverty



## Background

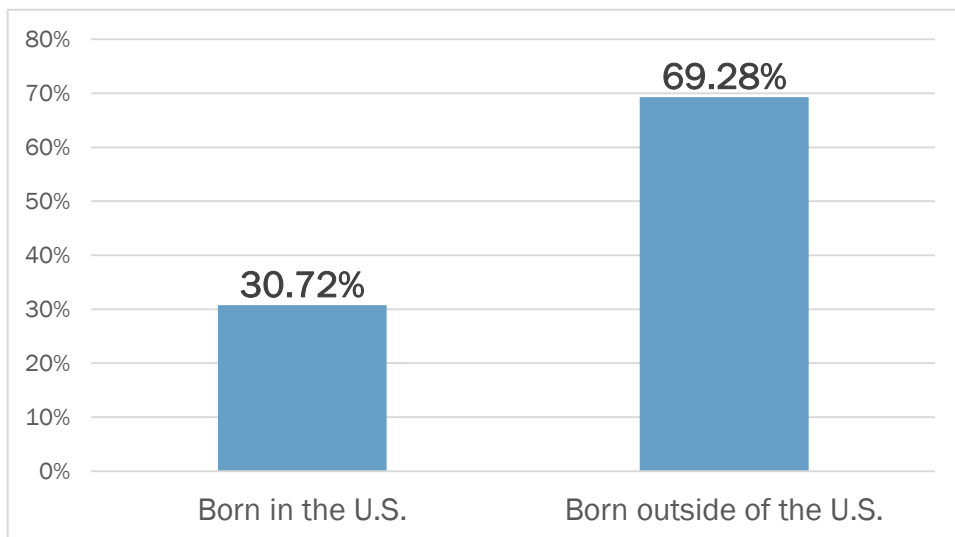
- Iowa and other Midwestern states have become “new destinations” for Latinos immigrating to the US or moving from other regions of the US.
- In the last 15 years the proportion of Latinos in Ottumwa has increased almost 300% and Latinos were nearly 13% of the population in 2013.

## Data Interpretation

- 70 Ottumwa respondents identified as Latinos.
- About 70% were born outside of the US.
- Overall Latinos in Ottumwa are young, on average they are 21 years old. The oldest Latino that answered the survey and had immigrated to US was 54 years old.
- On average, most Latino respondents have been in the US for 17 years and have lived in Ottumwa for 11.

# DEMOGRAPHICS OF LATINO RESIDENTS

## Country of Birth



## Age at Immigration

Mean	Median	Min	Max
21.38	20	2	54

## Time in the United States and Ottumwa

### Number of years in the U.S.

Mean	Median	Min	Max
17.38	15	6	50

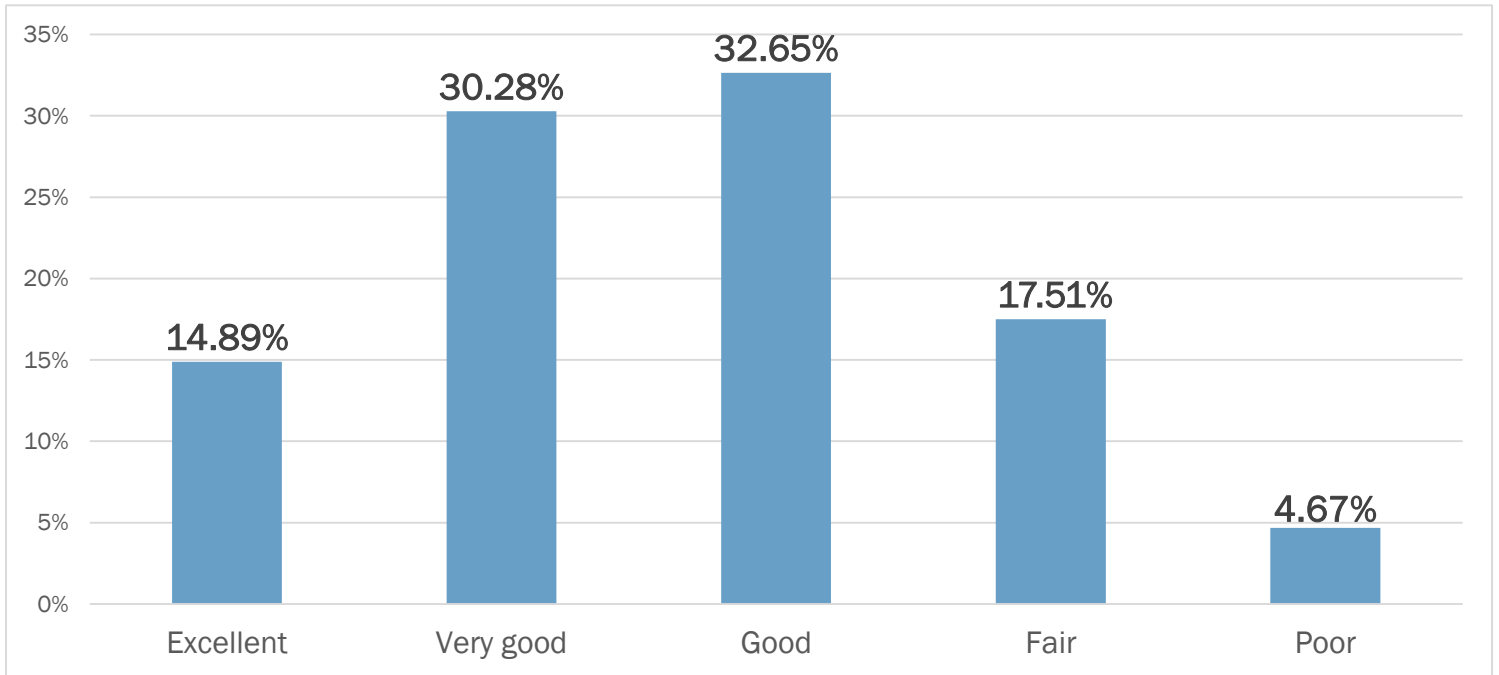
### Number of years in the Ottumwa

Mean	Median	Min	Max
11.16	9	0.333	50



# QUALITY OF LIFE

## Self-Reported General Health



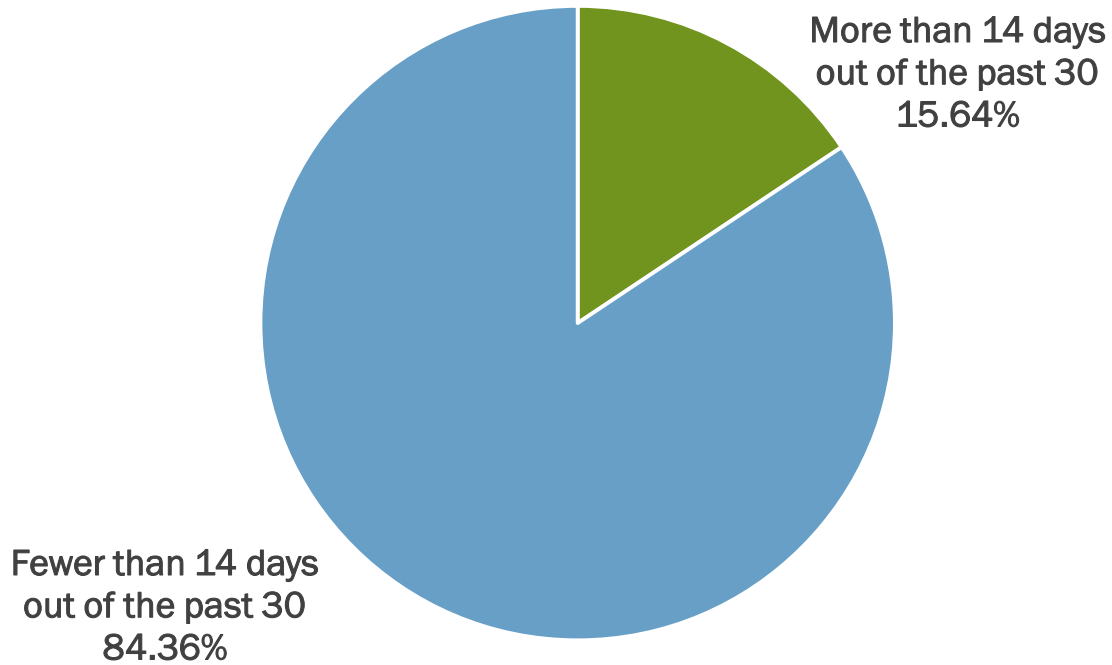
### Background

- Health-Related Quality of Life (QoL) is an important global measure of health that includes measures of self-reported general health, poor mental health days and poor physical health days. 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”.
- Tracking QoL over time can help us identify health disparities (inequalities), assess progress on health goals, and inform public policy.
- The four questions used to assess QoL include:
  - Would you say that in general your health is? Excellent, very good, good, fair or poor?
  - How many days during the past 30 days was your physical health not good?
  - How many days during the past 30 was your mental health not good?
  - During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?

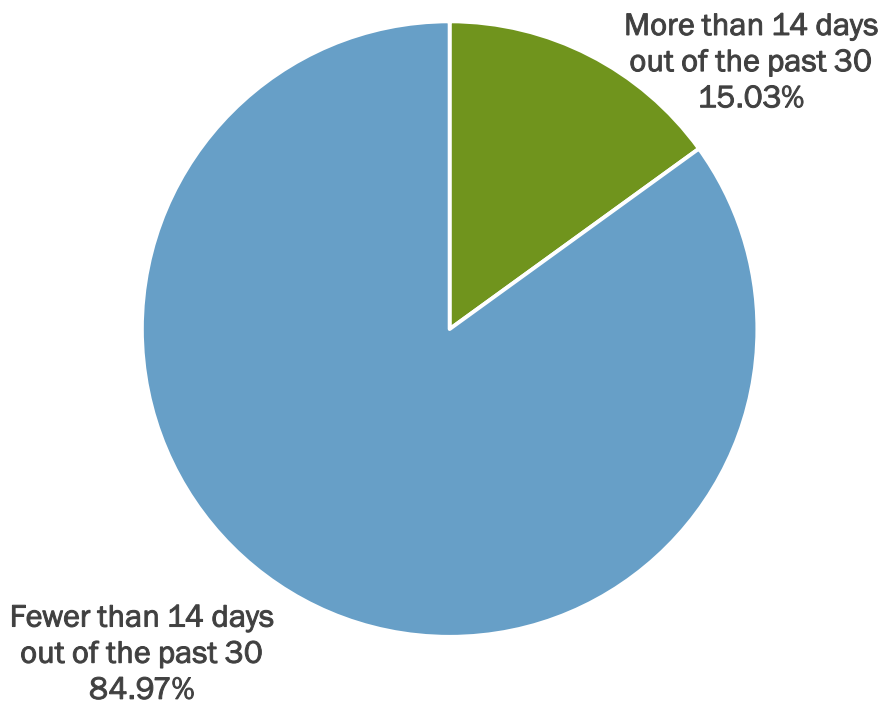
### Data Interpretation

- Over 77% of respondents reported excellent, very good or good health.
- Compared with Wapello County, Ottumwa respondents reported higher rates of fair or poor health (15% for Wapello County vs. 22.1% for Ottumwa).<sup>1</sup>
- In contrast, only 11% of residents of the state report fair or poor health.

## Poor Mental Health Days



## Poor Physical Health Days

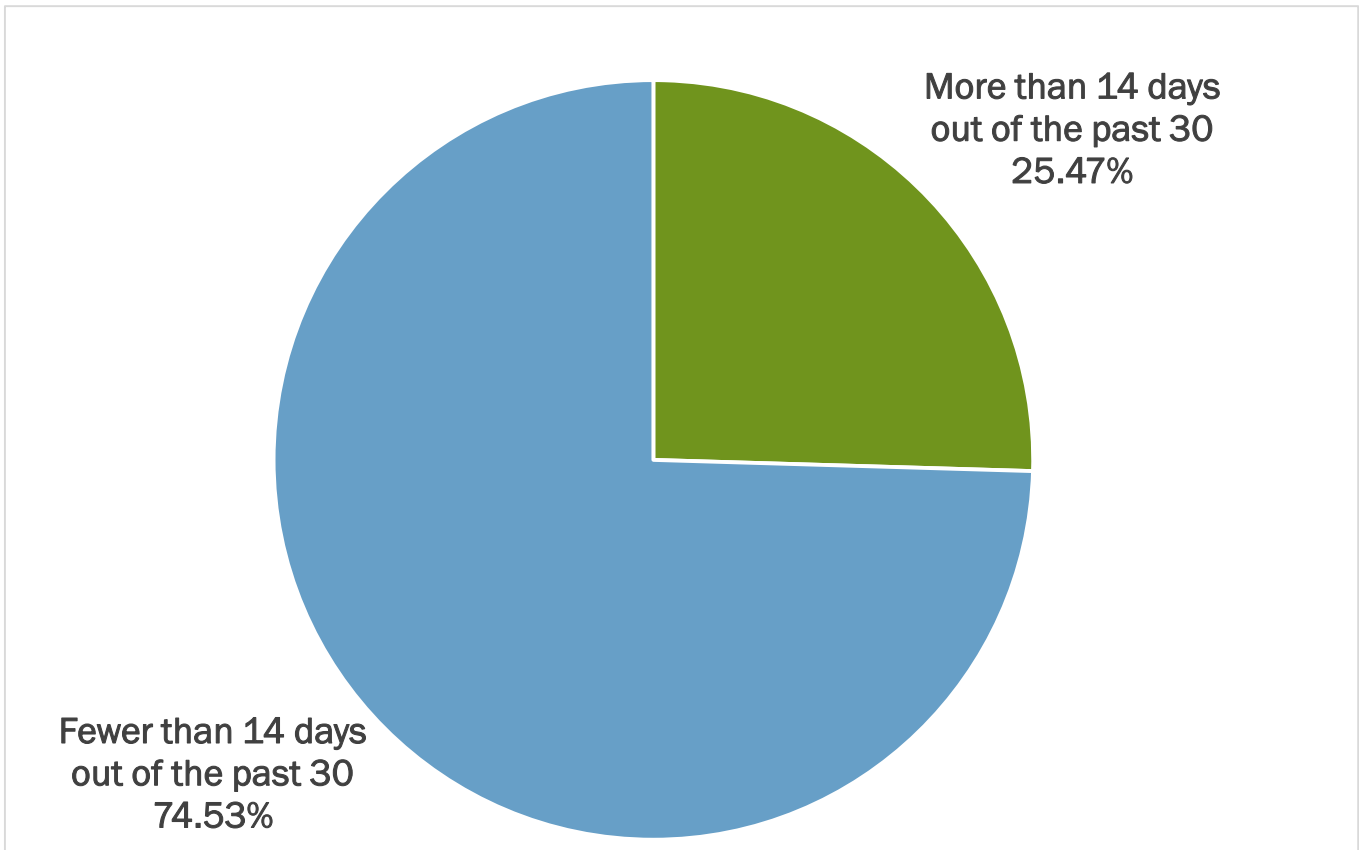


### Data Interpretation

- These questions ask respondents how many days during the past 30 days was their physical or mental health not good.
- 16% of respondents reported more than 14 days of poor mental health and 15% reported more than 14 days of poor physical health.
- On average, respondents reported more days of poor mental health (4.93) than all lowans (2.9) and more poor physical health days (4.82 vs. 3.7, respectively)

# Poor Health Days

(Poor mental and physical health combined)



## Data Interpretation

- Almost 26% of respondents reported more than 14 days of poor general health, which is the combination of mental and physical health.

## What We Can Do

- Continue monitoring the QoL of Ottumwa residents with these few and valid questions.
- Identify factors associated with the large number of fair and poor health reported among residents in Ottumwa.
- QoL is a global indicator of health, and thus it is an important to identify resources and needs of the community that can be addressed and indirectly help to improve QoL.
- Evidence indicates that safer, friendlier, and health promoting communities can increase QoL.
- Access to health care and preventive services can also improve QoL.



# HEALTHCARE ACCESS

## Background

- Access to healthcare can be affected by both ability to pay for healthcare and availability of adequate number of physicians in a community.
- Healthcare access is especially important for prevention of disease and disability.
- We measured healthcare access by asking the respondent:
  - If there was a specific doctor, nurse practitioner, physician assistant or other healthcare provider they considered to be their regular provider (Regular Care Provider)
  - How many times in the past 12 months did they go to their regular healthcare provider for care (Primary Care Visits)
  - If there was a time in the past 12 months when they needed to see a doctor but could not because of cost (Cost of Healthcare)
  - If they had any kind of healthcare coverage, including health insurance, prepaid plans such as HMOs or government plans such as Medicaid (Health Insurance)

## Regular Health Care Provider

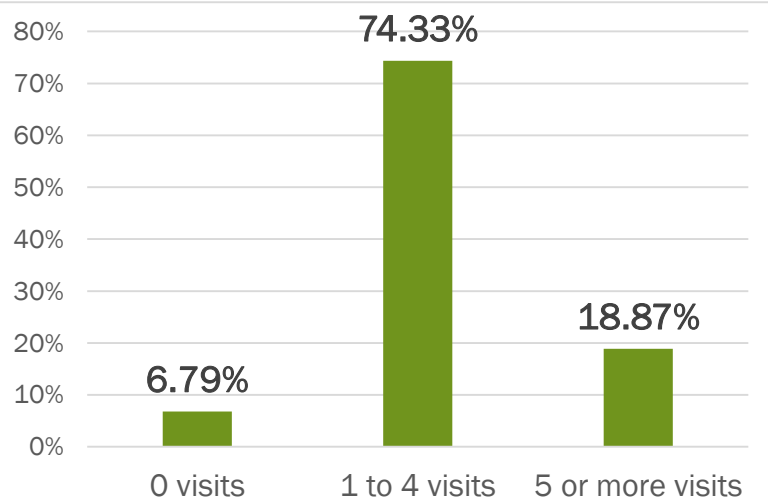
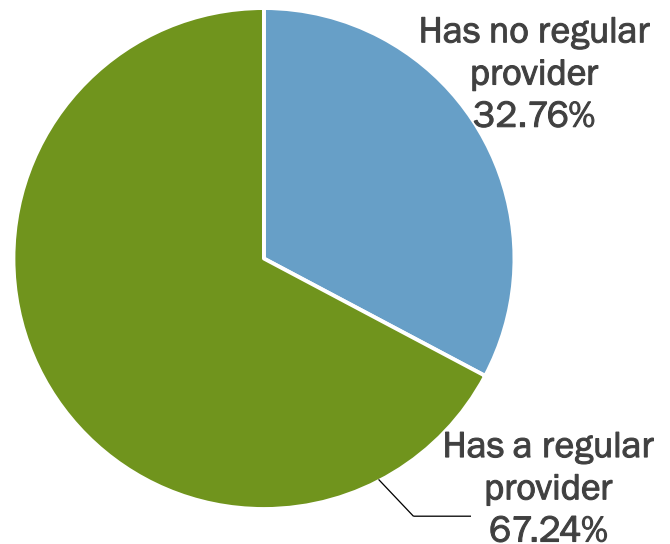
### Data Interpretation

- Nearly 33% of the respondents reported having no regular care provider.

## Primary Care Visits

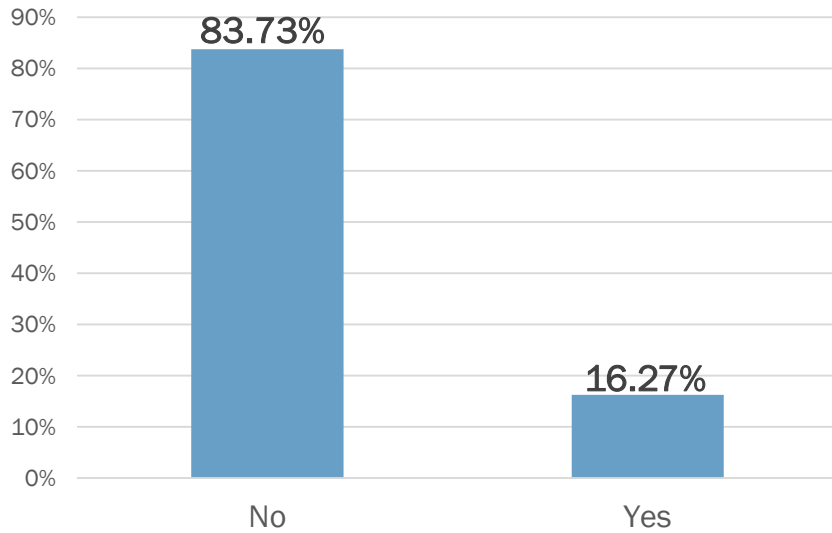
### Data Interpretation

- Nearly 7% of the respondents reported having no primary care visits in the past 12 months. While this could mean the respondent was not sick during that time period, it also means the respondent did not have an annual health check-up.

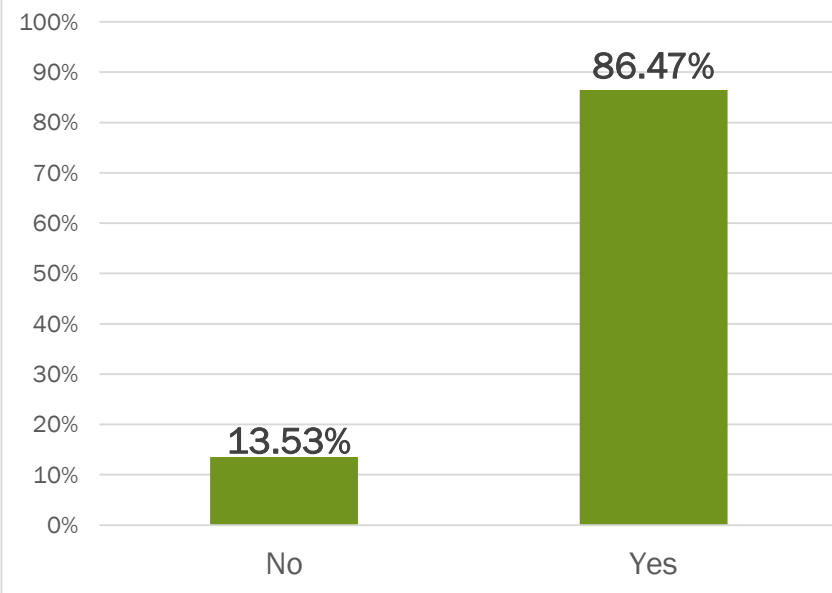




Time in the past year couldn't see a doctor because of cost



Health insurance



## Cost of Healthcare

### Data Interpretation

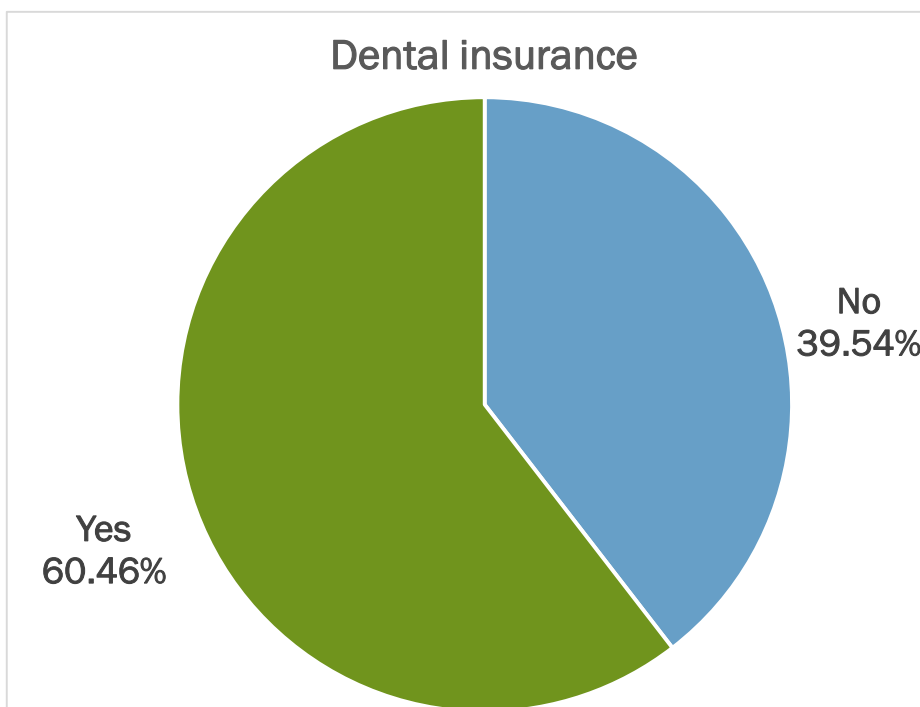
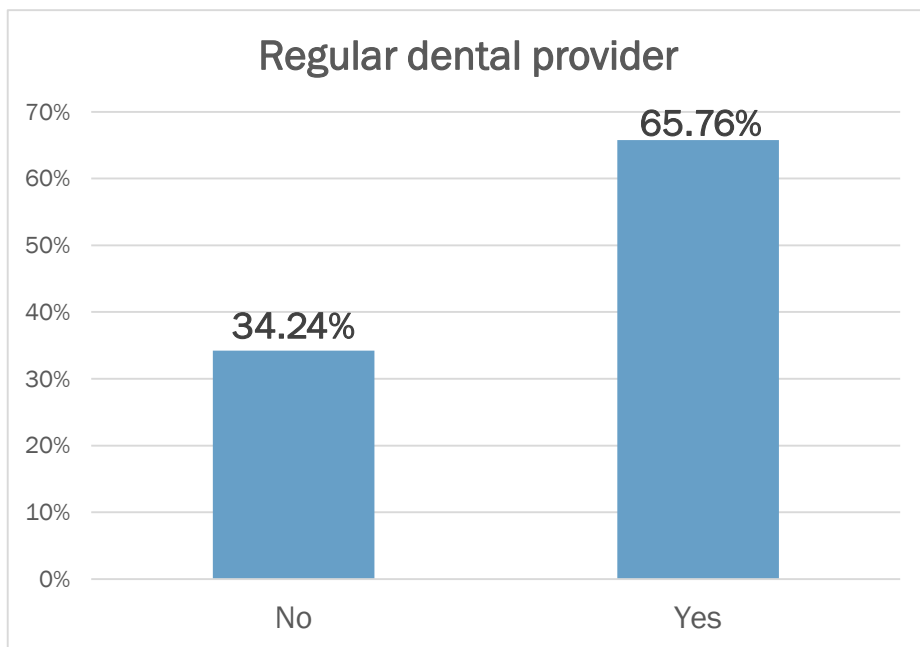
- 16.27% of the respondents noted that there was a time in the past year when they couldn't see a doctor because of cost.

## Health Insurance

### Data Interpretation

- 13.53% of the respondents said they did not have health insurance.
- Being uninsured can affect not only curative care but also access to preventive care and can result in delay of care, leading to further complications and larger health care bills

# Dental Care & Insurance



## Data Interpretation

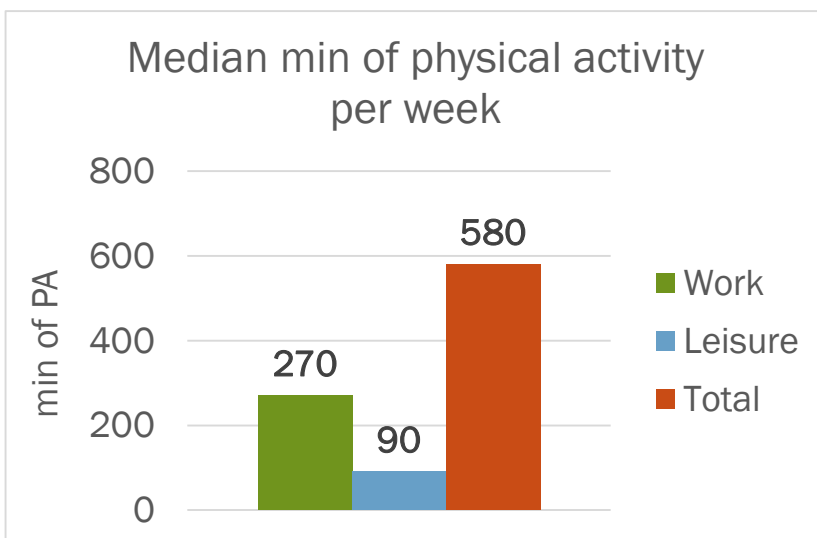
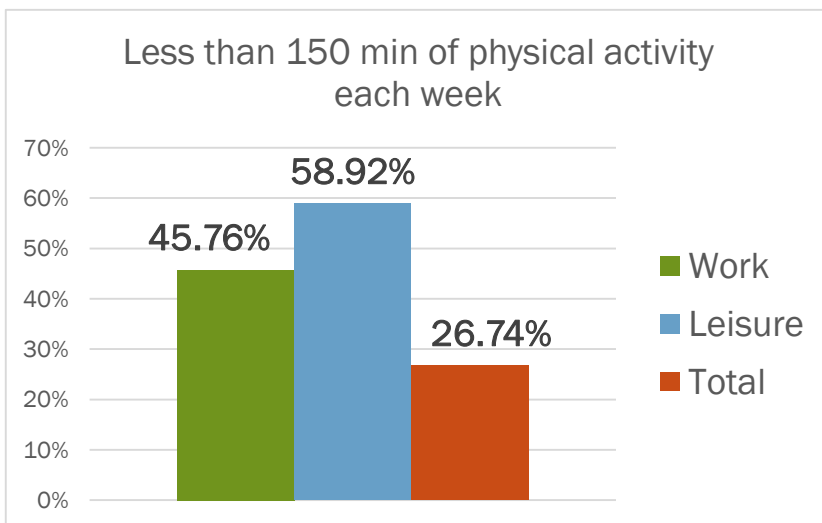
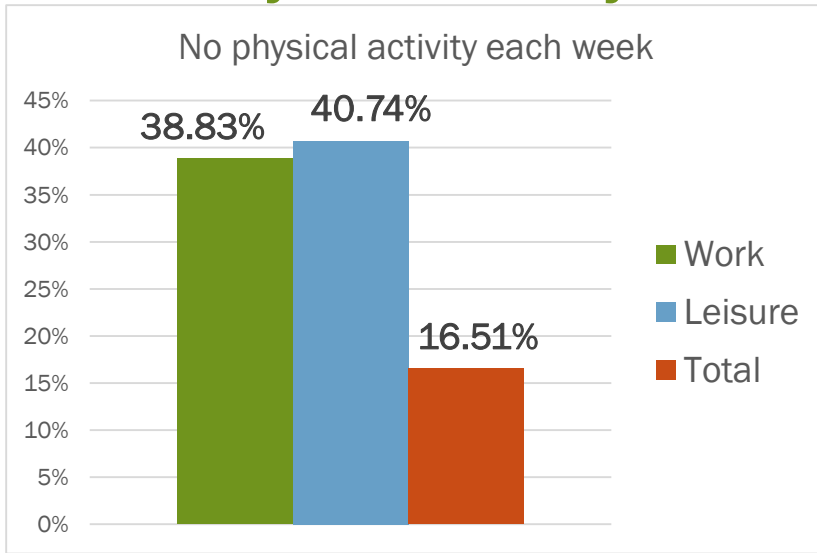
- 65.76% of our respondents said they did have a regular dental provider.
- 60.46% of respondents said they did have dental insurance.

## Background

- Oral health is important for overall health. Heart disease, poor birth outcomes, diabetes, osteoporosis, Alzheimer's disease and other health conditions have been associated with poor oral health.
- In addition to good oral health habits (regular flossing and brushing, limiting candy and soft drink consumption), regular dental care is important to maintain good oral health.
- Important aspects of dental care including having a regular dental provider and having dental insurance to pay for the costs of routine dental care.
- Respondents were asked two questions about dental care:
  - If there was a specific dentist or dental clinic that the respondent visits for dental care?
  - If they had any kind of dental coverage, including health insurance, prepaid plans such as HMOs or government plans such as Medicaid or Title 19?

# HEALTH BEHAVIORS

## Physical Activity



### Background

- The CDC recommends being physically active for at least 150 minutes per week.<sup>2</sup>
- Only 48% of adults in the US meet these guidelines.<sup>2</sup>
- People who are physically active live longer, have lower risk for heart disease, diabetes, depression and some cancers.<sup>2</sup>
- Physical activity is divided into work related and leisure physical activity.

### Data Interpretation

- 16.5% of respondents did not report any kind of physical activity and almost 27% reported less than 150 minutes of total physical activity per week.
- The median (or mid-point) for those who reported physical activity for work was 270 minutes a week, and 45.76% reported less than 150 minutes per week.
- 41% of respondents did not report any leisure physical activity. Of those that reported leisure physical activity, the median (or mid-point) reported was 90 minutes a week.

### What We Can Do

- Promote physical activity opportunities at home, work and in neighborhoods.
- Remove barriers and build environments to make it easier to be physically active.

# Dietary Behaviors

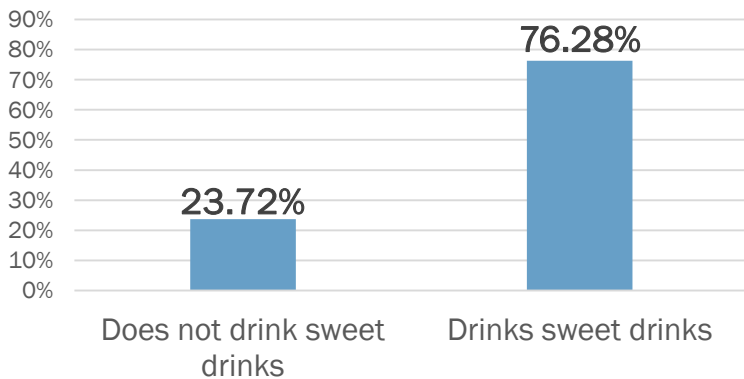
## Background

- 37.7% of US adults in 2013 ate less than one fruit and 22.6% ate less than one vegetable per day. Most people reported eating 1 fruit and 1.6 vegetable per day.
- A varied and rich diet which includes fruits and vegetables (FVs) helps maintain a healthy body weight and prevents cardiovascular disease and some types of cancer.
- Fast food and drinking sweet/soda beverages are associated with higher body mass index and body weight, which is linked to other serious chronic diseases.

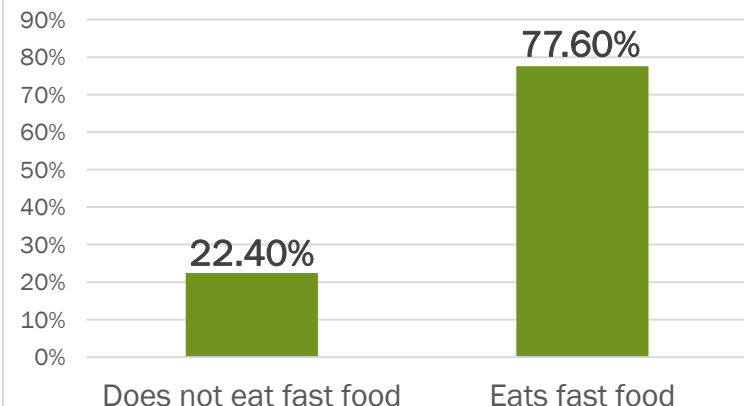
**Total Number of Fruits and Vegetables Consumed per Day**

Mean	Median	Min	Max
3.00	2.47	0	15

**Sweet drinks**



**Fast food**



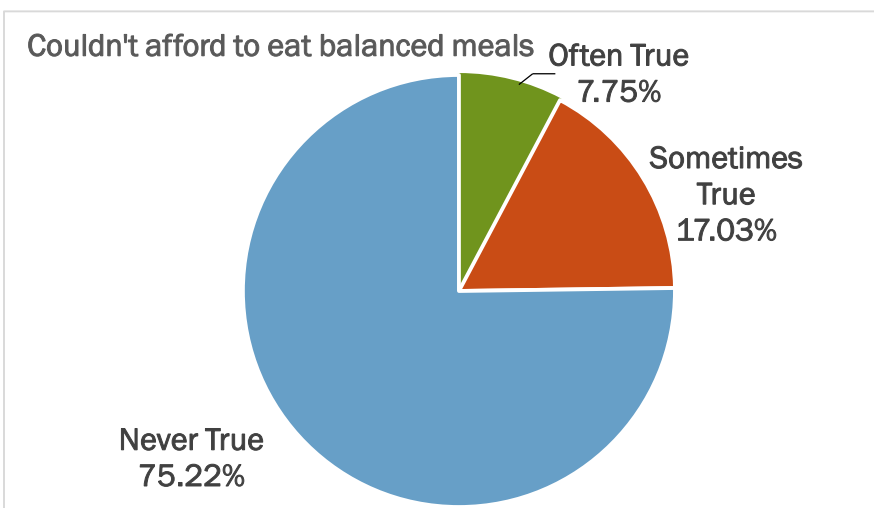
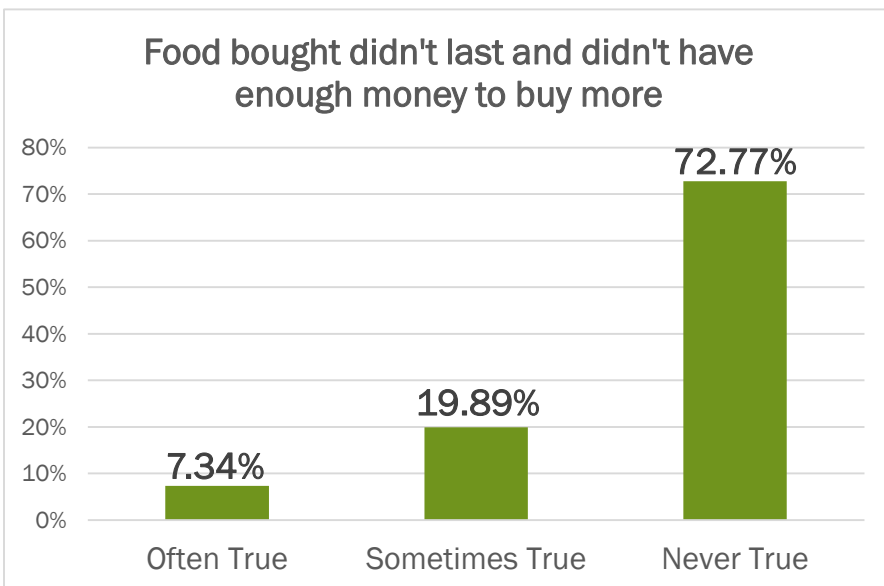
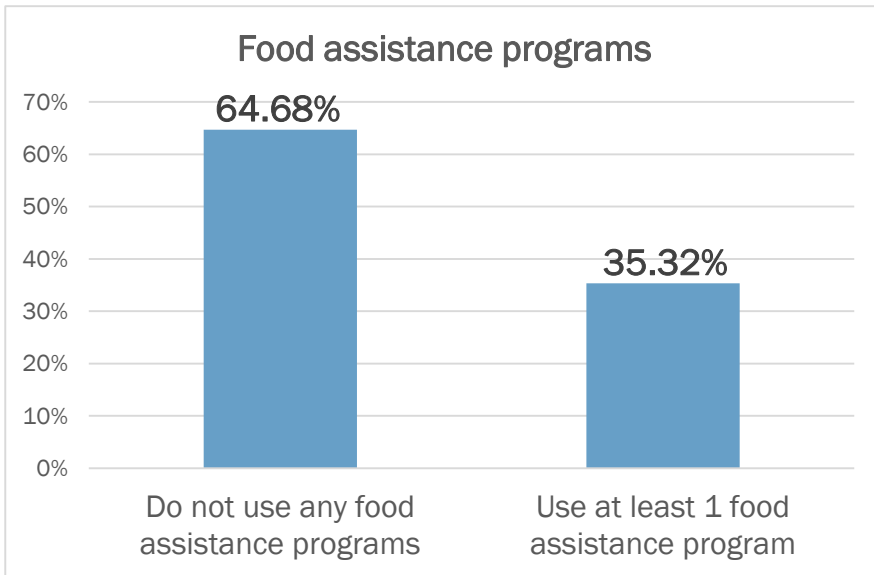
## Data Interpretation

- On average, respondents of our survey reported eating 3.0 servings of FVs per day, far lower than the recommended servings per day.
- Almost 78% of the respondents reported eating fast food and 76.3% report drinking sweet/soda beverages at least once a week.

## What We Can Do

- Efforts are underway to promote and increase the access of FVs in Ottumwa with the opening of Market on Main.
- Farmers markets and markets that offer affordable, good quality FVs and healthy convenient foods for busy families is an effective strategy to promote FVs consumption.<sup>3</sup>

# Food Assistance & Food Security



## Background

- Almost 15% of households in Wapello County are food insecure.<sup>1</sup>
- Food insecurity includes, not having enough money to buy food that lasts the whole month, eating less so children can eat or going to bed hungry.

## Data Interpretation

- 35% of the respondents reported using at least one food assistance program in Ottumwa in the last year.
- Almost 20% reported that they sometimes do not have enough money to buy food or the food they have does not last. Nearly 73% of respondents answered that this was never true for them.
- 17% of respondents sometimes could not afford to eat balanced meals.

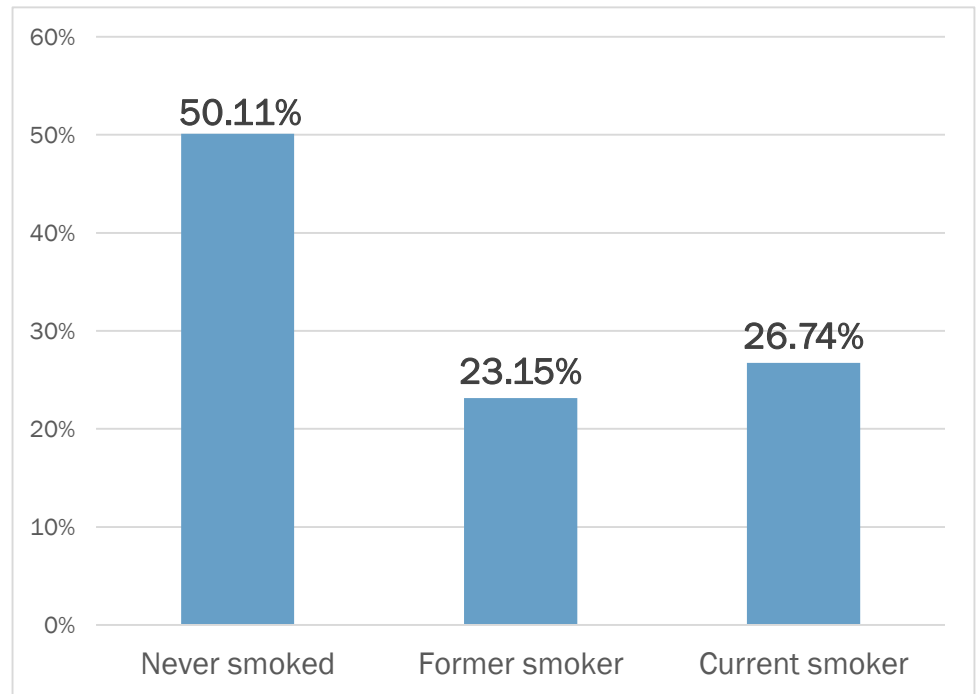
## What We Can Do

- Fortunately, there are already efforts underway in Ottumwa and Wapello County around reducing food insecurity. Continuing these ongoing efforts around food insecurity, working with families to understand the root causes of food insecurity, and identifying collective strategies to assist these families will help to address these issues.

## Background

- If we eliminated smoking in the U.S. we could prevent approximately 480,000 deaths each year.<sup>4,5</sup>
- Smoking causes more death each year than HIV, illegal drug use, alcohol use, motor vehicle injuries and firearm incidents combined.<sup>6</sup>
- Nearly all cases of lung cancer are caused by smoking, about 90%.<sup>4,5</sup>
- Being around someone else's smoke, called secondhand smoke exposure, carries the same health consequences as smoking yourself.<sup>4</sup>
- Children exposed to smoke get sick more often, are more likely to get bronchitis and pneumonia, and have more ear infections.<sup>5</sup>
- Cigarette smoking takes its toll on the whole community in the form of sick days, health costs and death for smokers and non-smokers alike.<sup>4</sup>
- Quitting smoking improves your health immediately.<sup>5</sup>

## Smoking Status



### Data Interpretation

- About half of the respondents were former or current smokers.
- Just over 25% of respondents were currently defined as smokers.
- Many of the current smokers are daily smokers and others are occasional smokers.

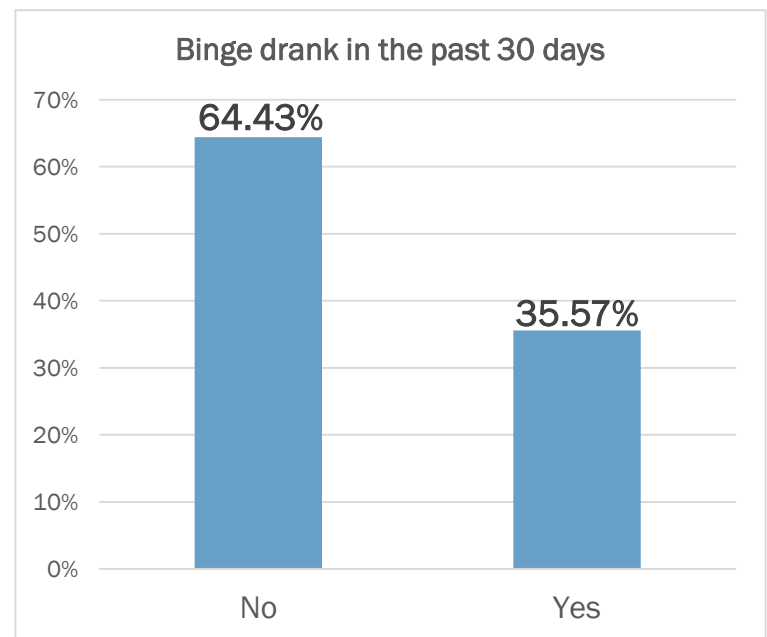
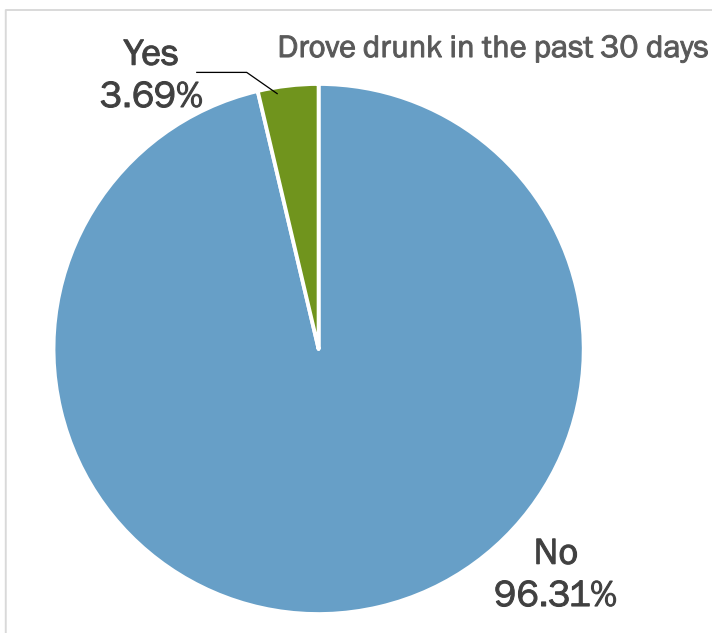
### What We Can Do

- Comprehensive indoor smoking policies have been very effective in reducing secondhand smoke exposure and increasing smoker quit attempts.
- Increasing access to quit aids such as nicotine patches and individual health counseling has been successful in helping smokers quit.
- Health campaigns targeting youth smoking help reduce the number of new smokers. For example the Division of Tobacco Use Prevention & Control in Iowa supports the I-STEP program: [www.facebook.com/turnyourbackontobacco](http://www.facebook.com/turnyourbackontobacco)
- Being sensitive to how difficult it is for smokers to quit smoking and providing support for family and friends that are trying to quit are important when helping smokers to quit.

# Alcohol & Drug Use

## Background

- In Iowa, drunk driving is defined as driving with .08 grams of alcohol per deciliter of blood.<sup>6</sup> This amount of alcohol in the system is enough to impair a person's ability to react to sudden unexpected events like a child running into the street or misjudging a turn coming up ahead.<sup>7</sup>
- Nearly 1 in 3 traffic-related deaths involve alcohol-impaired drivers and about 17% of children dying in traffic accidents involve alcohol impaired drivers.<sup>7</sup>
- Young people are most at risk for being involved in an alcohol-related traffic incident.<sup>7</sup>
- Binge drinking has been defined as 5 or more drinks (4 or more for women) over about 2 hours. People that binge drink are more at risk for alcohol related side effects than people that do not binge drink.
- About 1 in 6 (17%) U.S. adults binge drink 4 or more times a month.<sup>9</sup>



## Data Interpretation

- Nearly 4% of respondents reported driving drunk in the past 30 days.
- Almost 36% of respondents reported at least one binge drinking event in the last 30 days.

## What We Can Do

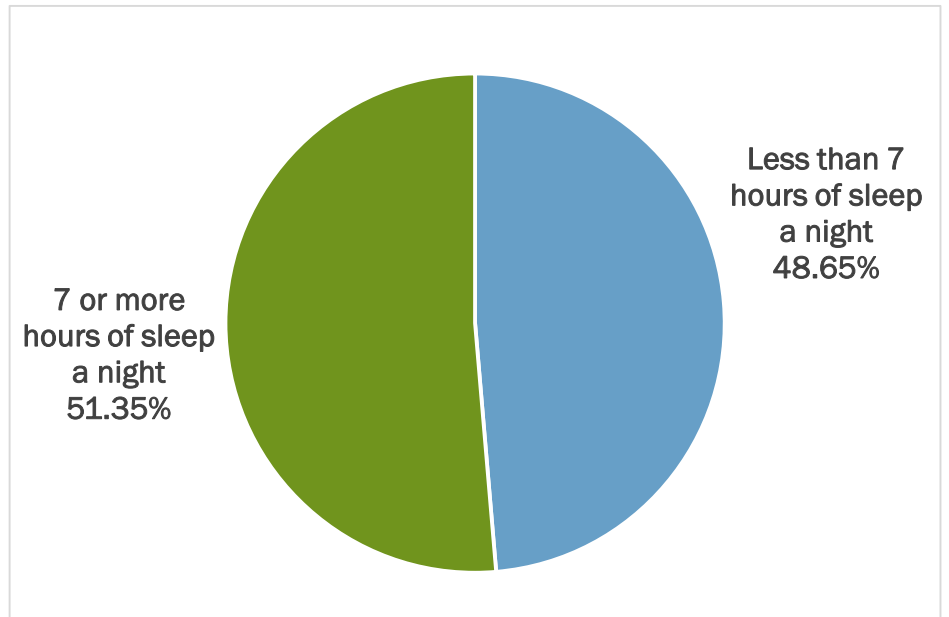
- Social media campaigns have been very effective in reducing drunk driving, especially among youth.
- Services that provide free cab or shuttle services are also effective to reduce drunk driving.
- Initiating designated driver campaigns that reward groups for choosing a designated driver can work well.



## Background

- Most adults need 7-9 hours of sleep a day and 25% of U.S. adults report not getting enough sleep. Not getting enough sleep can contribute depression, diabetes, heart disease and obesity.<sup>10</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

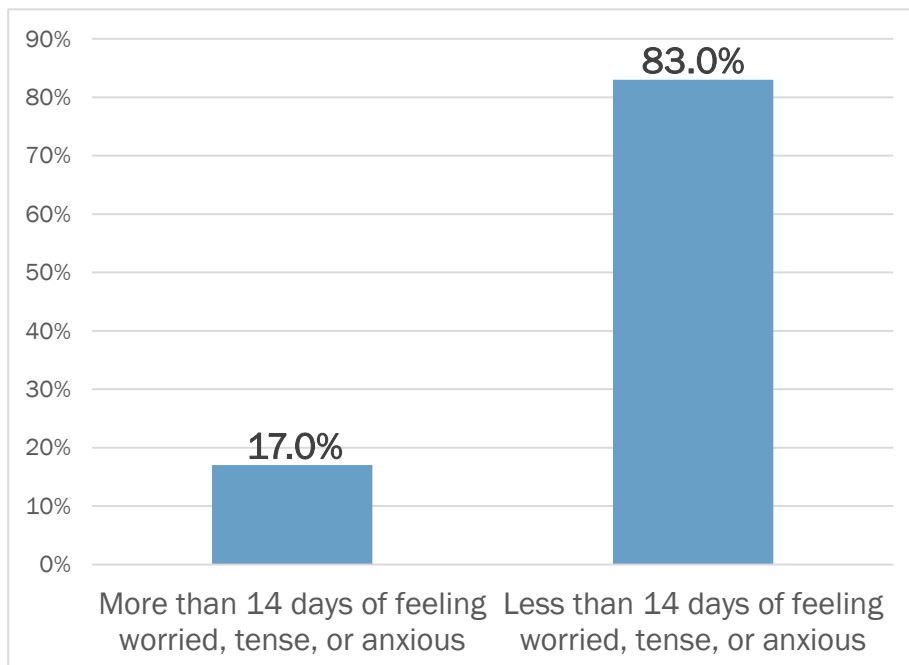
- Nearly 52% reported typically getting 7 or more hours of sleep a night in the last month. In addition, those that did not get at least 7 hours of sleep reported an average of 9 days out of the last 30 in which they did not get enough sleep (data not shown).

## What We Can Do

- To get quality sleep, go to bed at the same time each night, sleep in a room that is neither too hot nor too cold and use your bed and room only for sleeping. Also avoid eating large meals just before bed.<sup>11</sup>

## MENTAL HEALTH

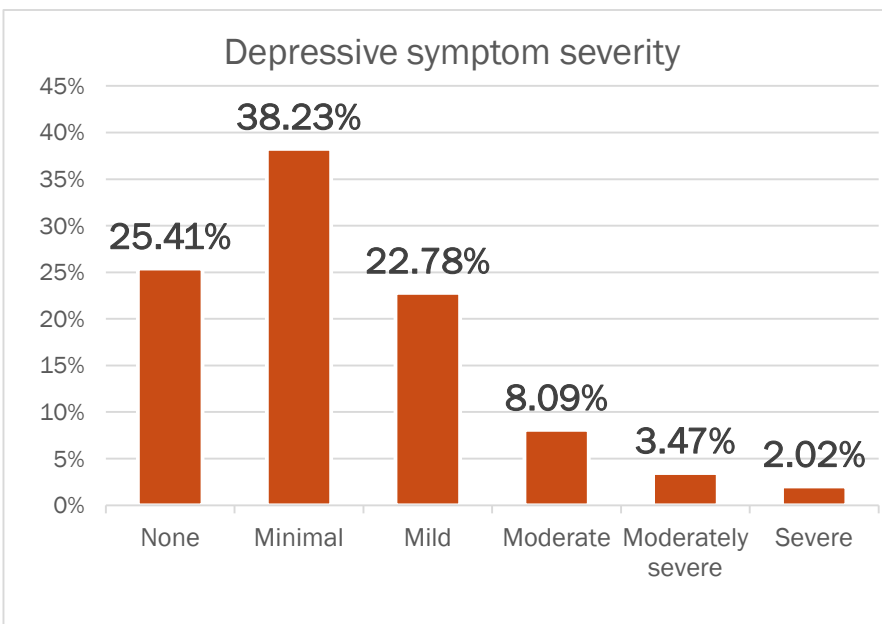
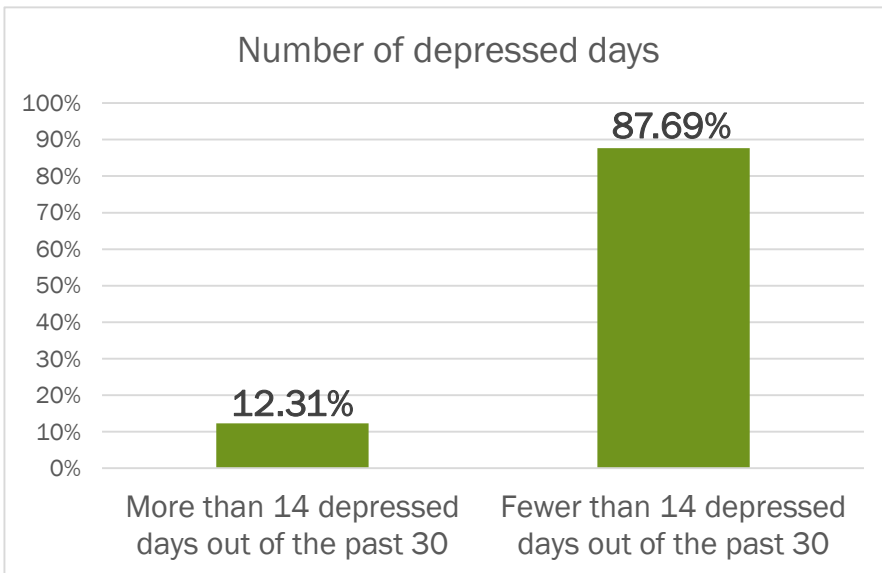
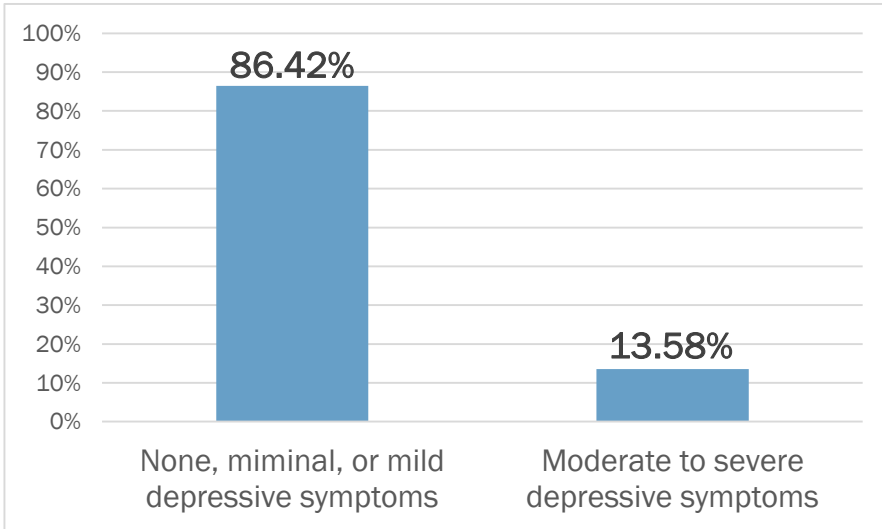
### Mood



## Background

- Feelings of anxiety can have a major impact on one's quality of life
- Depression can be expressed through sadness, weight gain or weight loss, fatigue, difficulty concentrating and sleeping, and irritability.<sup>12,13</sup>
- Often problems with mood go undiagnosed and people may suffer long periods of illness.

# Depression



## Background continued

- Older people, people living alone or people that report having few or no close friends, tend to experience more days of anxiousness and depression.<sup>14</sup>
- We asked respondents questions about their mood and questions to assess if they were experiencing depressive symptoms.

## Data Interpretation

- 17% of respondents said that they felt anxious or nervous 14 or more days a month.
- Around 12% reported feeling depressed for 14 or more days in the past month.
- There are levels of depression symptom severity; about 36% of survey respondents reported mild or higher depressive symptoms and another 38% reported minimal levels of depressive symptoms.

## What We Can Do

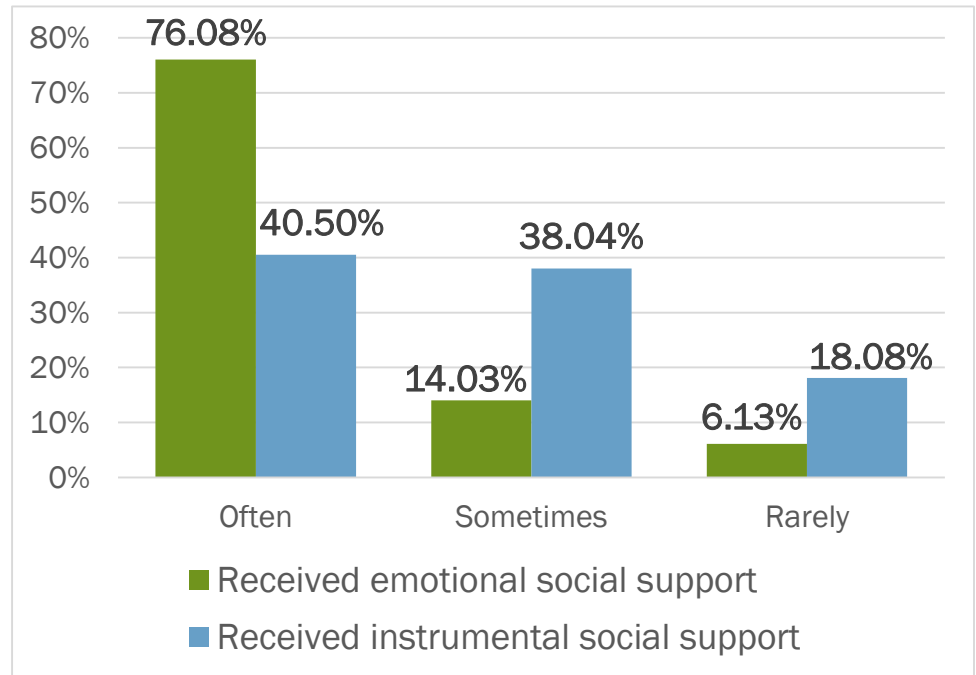
- Ensuring adequate availability of mental health services.
- Working to ensure residents don't feel stigmatized for having mental health issues and seek help when they need it.

## Background

- Social support is defined as the support received from our relations with each other.
- High levels of social support can increase one's chances of good physical and mental health and decrease one's chance of depression.<sup>15</sup>
- Social support and social relationships may also influence health behaviors.<sup>16</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 adding the scores of the responses to these 3 questions:
  - Needed help around the house, could they get someone to help without pay?
  - Could not use their car or usual way of getting around for a week, could they find someone to take them where they needed to go?
  - Needed to borrow a large sum of money, did they have someone to borrow from?

# PERCEIVED SOCIAL SUPPORT

## Emotional & Instrumental Support



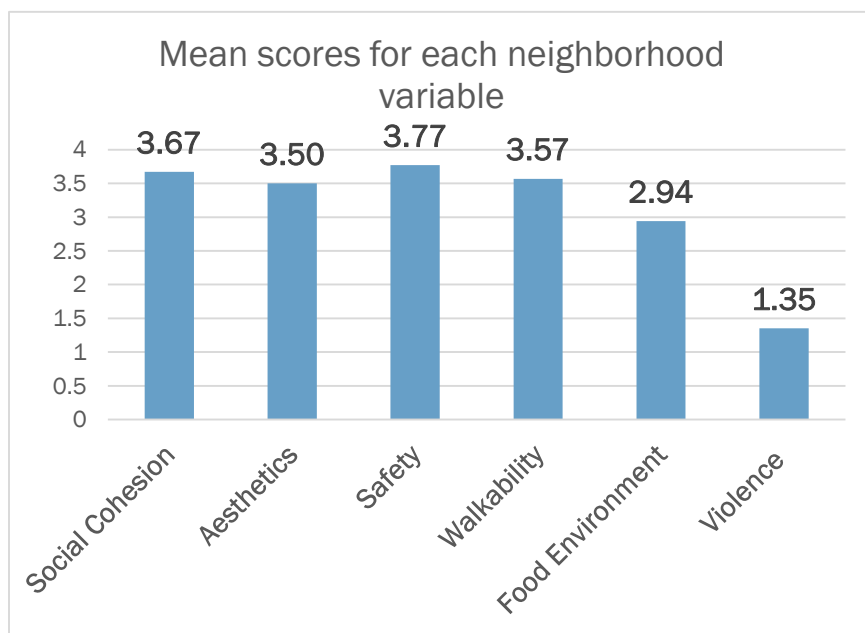
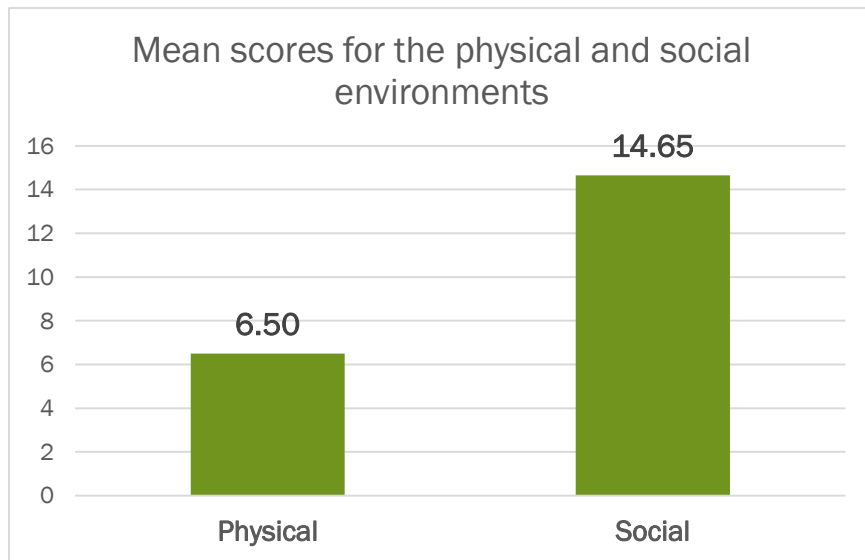
## Data Interpretation

- For instrumental support, less than half of the respondents (nearly 41%) reported that they often could rely on someone for instrumental health when needed.
- For emotional support, 76% reported they could rely on someone often.

## What We Can Do

- At a community level, potential activities that will enhance the relationships and support between residents can be helpful.
- The *Active Ottumwa* project that will begin in the fall of 2014 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.

# NEIGHBORHOOD PERCEPTIONS



\* Violence is measured on a scale of 1-4, all other variables are measured on a scale of 1-5

## Data Interpretation

- The average score for the overall physical environment was 6.50 out of 10 and for the overall social environment it was 14.95 out of 19.
- For the individual components of social cohesion, aesthetics, safety, walkability and field environment, a higher score is better. For violence, a lower score means less violence. Mean scores for each neighborhood variable were highest for safety and lowest for food environment for the 5 point scales.

## Background

- There is increasing interest in how the built environment of neighborhoods impacts the health of the residents of those neighborhoods.
- Aspects of the social environment of neighborhoods (e.g., sense of community, cohesion) have been shown to affect residents' civic engagement and even their health status.<sup>17</sup>
- We measured respondents' perceptions of the physical and social environments of their neighborhoods. The physical environment questions asked about walkability, and availability of healthy food in the neighborhood. The social environment questions asked about social cohesion, aesthetics, safety, and violent crime in the neighborhood. Respondents were asked if they strongly agree, agree, neither agree nor disagree, disagree or strongly disagree to statements reflecting the various aspects of their neighborhoods (e.g., food environment, walkability). Possible scores for the physical environment ranged from 1 to 10 and the possible scores for the social ranged from 1 to 20, with higher scores reflecting more positive perceptions of the environments.

## Background

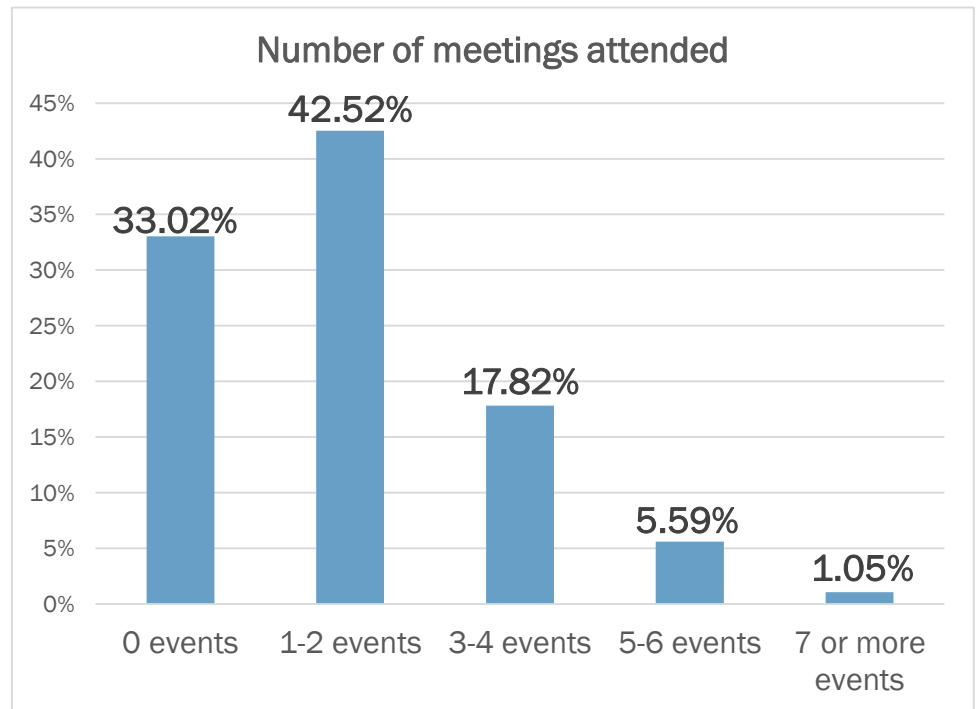
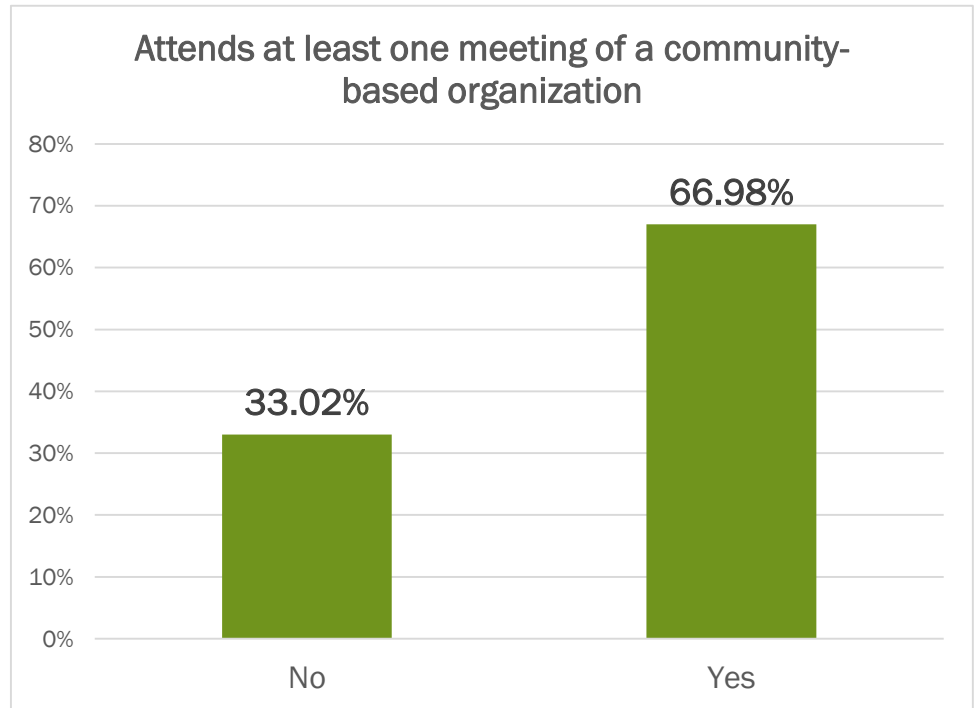
- Engagement in community activities and organizations is important for the quality of life of the community and can also positively impact the health of those who are participating in these organizations and activities.<sup>18</sup>
- To measure engagement, respondents were asked if they attended at least one meeting of the following types of community organizations in Ottumwa: Religious; Sports, outdoor activity club, or other physical activity group; Parents' support of youth groups or other youth-oriented groups; Senior citizens' center or group; Charity or social welfare group (e.g. Rotary); Public interest group or political party; Literary, art, discussion, study or crafts groups or classes; Job training and job seeking assistance; Health class); Other.

## Data Interpretation

- Around 66% of respondents reported that they attend meetings of community-based organizations.
- Forty-two percent attended 1 to 2 meetings, 17% reported attending 3-4 events and 5% reported attending 5-6 meetings.

# COMMUNITY STATUS

## Engagement



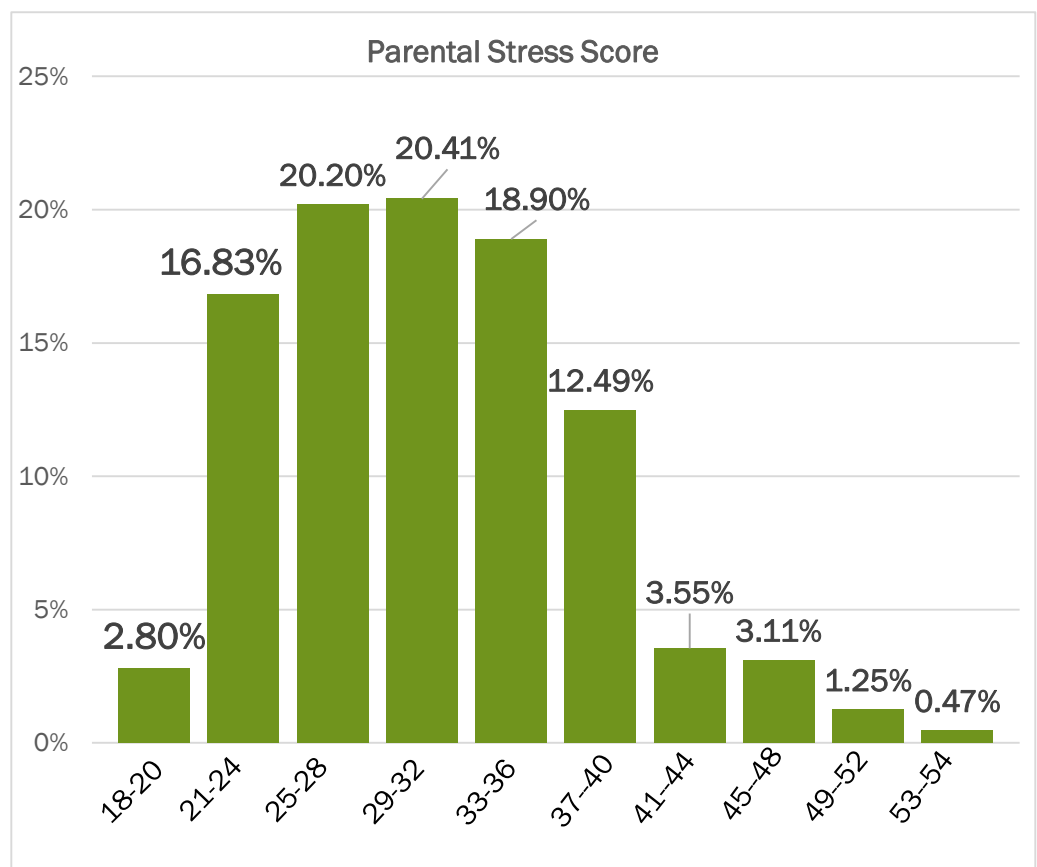
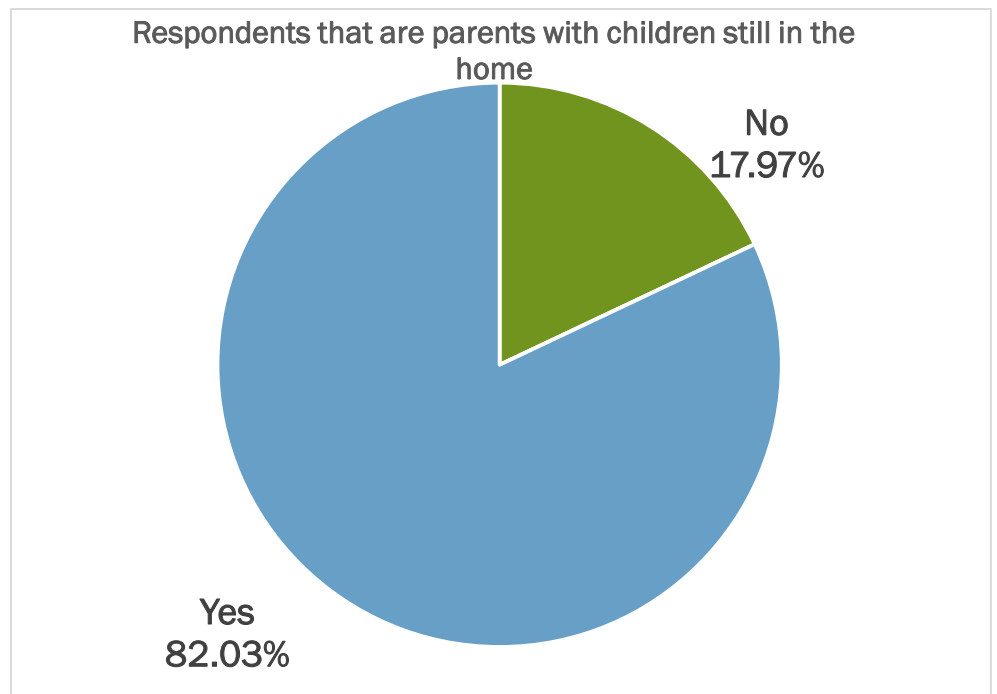
## Background

- Parental stress can be defined as the amount of stress an individual feels and perceives related to their role as a parent.
- The level of parental stress can negatively impact health through experiences of depression, physical health problems, and lower quality of life
- The Parental Stress measure asks the respondent if they strongly agree, agree, neither agree nor disagree, disagree or strongly disagree to each of 16 questions. Examples of the questions asked include “I am happy in my role as a parent”, “If I had to do it over again, I might decide not to have children”, and “I am satisfied as a parent”. The questions are then summed and the possible scores range from 18 to 90, with 90 being most stressed.

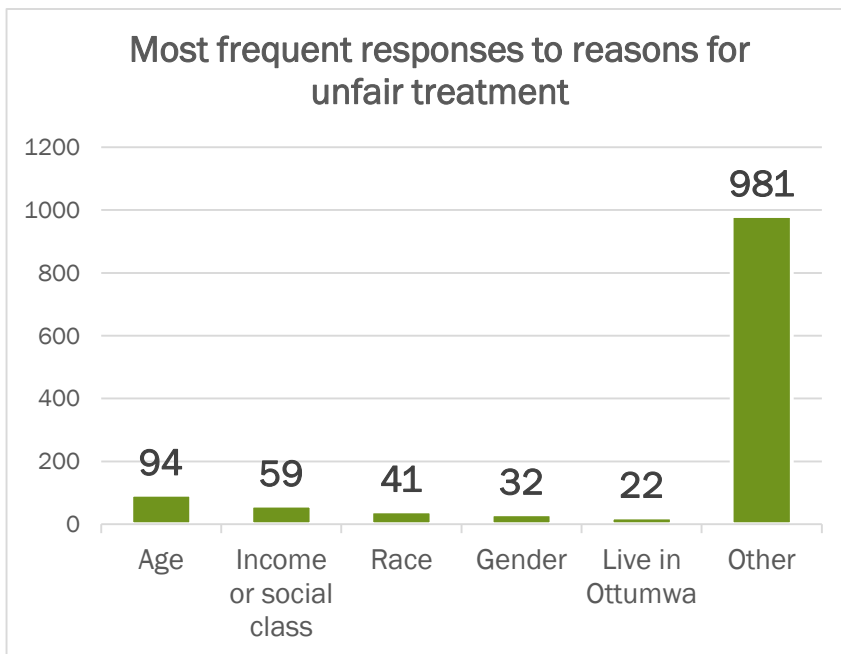
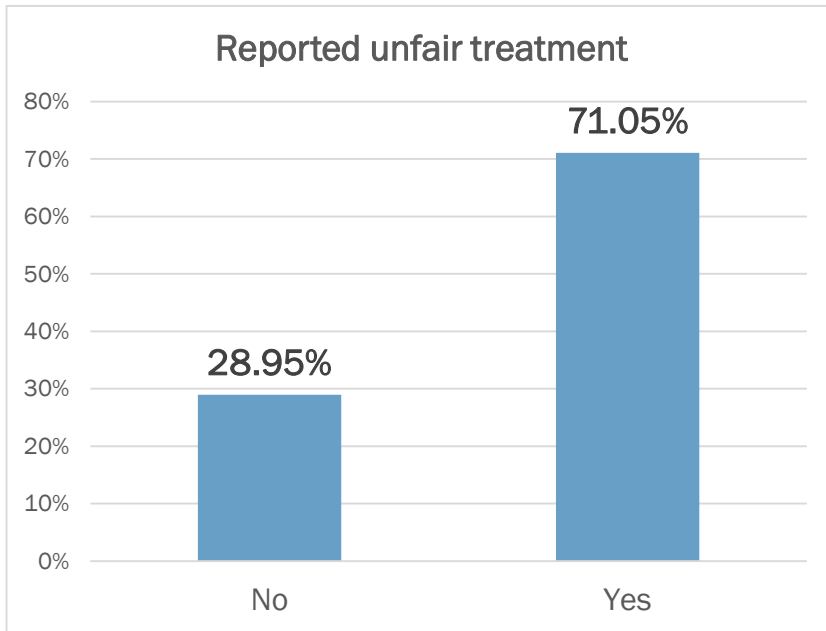
## Data Interpretation

- Eighty-two percent of the respondents reported that they are parents with children still in the home.
- Of those respondents who still have children in the home, Parental Stress scores ranged from 17 to 54.
- The majority of respondents (around 88%) fell in the range of scores from 21 to 40.

## Parental Stress



# Experiences of Unfair Treatment



## Data Interpretation

- Seventy-one percent of the respondents said that they had been treated unfairly (at least less than once a year)

## What We Can Do

- As a community, discuss reasons for why people feel they are being treated unfairly and explore how to address these issues.

## Background

- Unfair treatment can be defined as experiences of discrimination or poor treatment due to a particular social status (i.e., race, gender, community, age).
- 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.
- To assess experiences of unfair treatment, respondents were read a list of situations around unfair treatment and asked if this happened to them almost every day, at least once a week, a few times a month, a few times a year, less than once a year or never. An example of an item on the list is "how often are you treated with less courtesy or respect than other people?".
- Respondents were also asked what they thought was the main reason for this unfair treatment happening to them, including, for example, national origin, gender, race, age, religion, weight, English language skills, income, or resident of Ottumwa.



# CONCLUSIONS

The PRC-RH and the Ottumwa Community Advisory Board's next steps as a result of the survey was to design a physical activity intervention research project entitled *Active Ottumwa* which will begin in the fall of 2014. Results of the survey showed that only 36% of the respondents of Ottumwa met recommended amounts of physical activity, compared to 43.9% of Iowans. Ottumwa respondents living at or under median income level were less likely to have met the physical activity guidelines (25%) compared with respondents living above (50%;  $p < .01$ ). Physical activity can also improve mental health status.

*Active Ottumwa* will be community-based and will **seek to increase minutes of moderate-to-vigorous physical activity among adults in Ottumwa**. This study will use Lay Health Advisors (members of the community to whom others can turn to for help and advice) to help community members increase their physical activity.

**The goals of *Active Ottumwa* are to:**

1. Look at whether adults who participate in this community-based physical activity program engage in more minutes of moderate-to-vigorous physical activity at 6-months and 12-months after they started the program.
2. Assess whether the increase in physical activity also increases the use of parks and recreational facilities.
3. Determine if *Active Ottumwa* can be sustained in Ottumwa past the initial first year of the program.
4. Disseminate lessons learned and best practices of *Active Ottumwa* to other communities in Iowa.





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- Lynelle Diers\* of Wapello County Health Department

\*Co-chairs of the Ottumwa Community Advisory Board

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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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