2025
COMMUNITY HEALTH NEEDS ASSESSMENT

Story County, Iowa

Sponsored by

**Story County Public Health &
Story County Quality of Life Alliance**

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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2005, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Story County, Iowa. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.

- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.

- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of the Story County Quality of Life Alliance (SCQLA) by Professional Research Consultants, Inc. (PRC), a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by the Story County Quality of Life Alliance and PRC and is similar to the previous survey used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort is defined as each of the residential ZIP Codes comprising Story County, Iowa. These include ZIP Codes in the Ames Area (50010, 50011, 50012, 50014, 50105) and areas Outside Ames such as North Story County (50236, 50248), Nevada (50201), Eastern Story County (50055, 50056, 50154, 50161, 50278), and Southern Story County (50046, 50124, 50134, 50244). This community definition is illustrated in the following map.
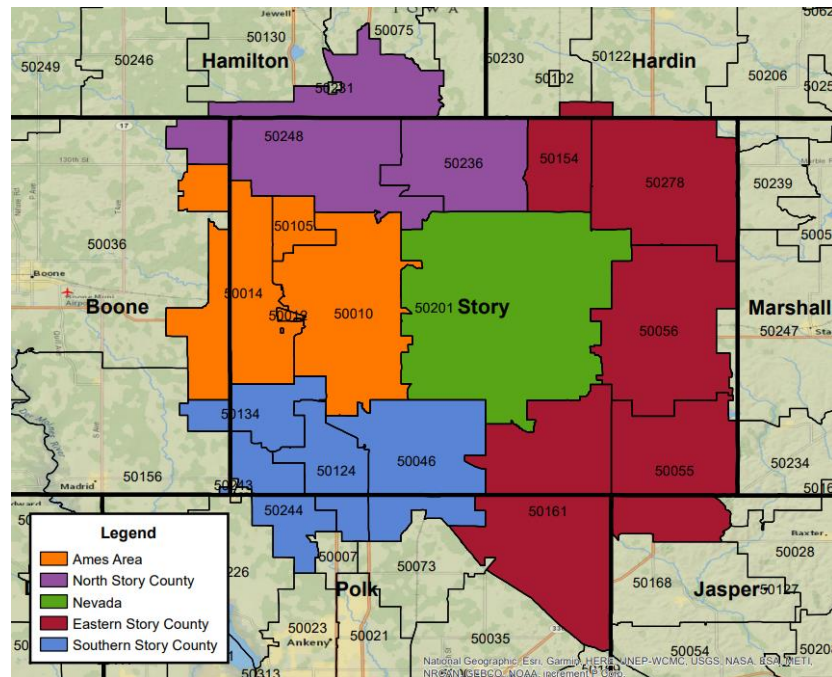
For purposes of this assessment, Story County will be illustrated broken into smaller geographies for more specific study. In particular, the Ames Area will be explored, as will the surrounding areas of North Story County, Nevada, Eastern Story County, and Southern Story County (collectively referred to as "Outside Ames").

Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort consisted of a stratified random sample of 755 individuals age 18 and older in Story County, including 551 in the Ames Area, 51 in North Story County, 52 in Nevada, 51 in Eastern Story County, and 50 in Southern Story County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Story County as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 755 respondents is ±3.6% at the 95 percent confidence level.

Expected Error Ranges for a Sample of 755 Respondents at the 95 Percent Level of Confidence
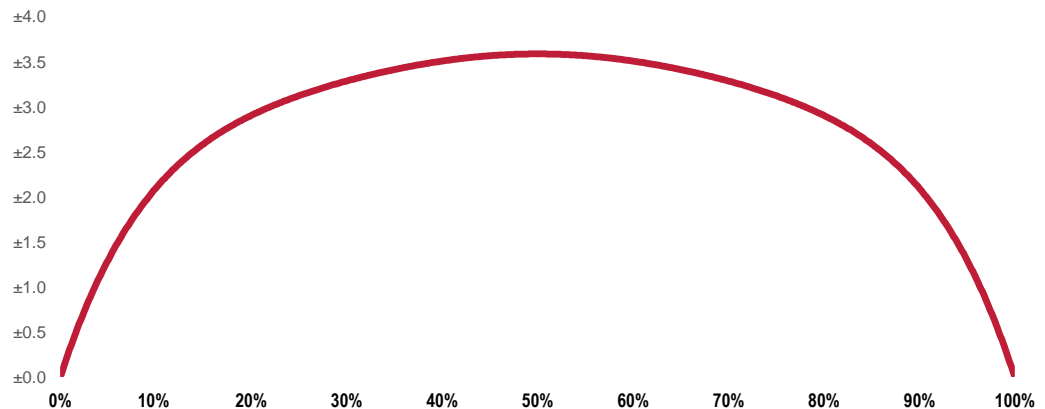
Note: • The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples: • If 10% of the sample of 755 respondents answered a certain question with a "yes," it can be asserted that between 7.9% and 12.1% (10% ± 2.1%) of the total population would offer this response.
• If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.4% and 53.6% (50% ± 3.6%) of the total population would respond "yes" if asked this question.
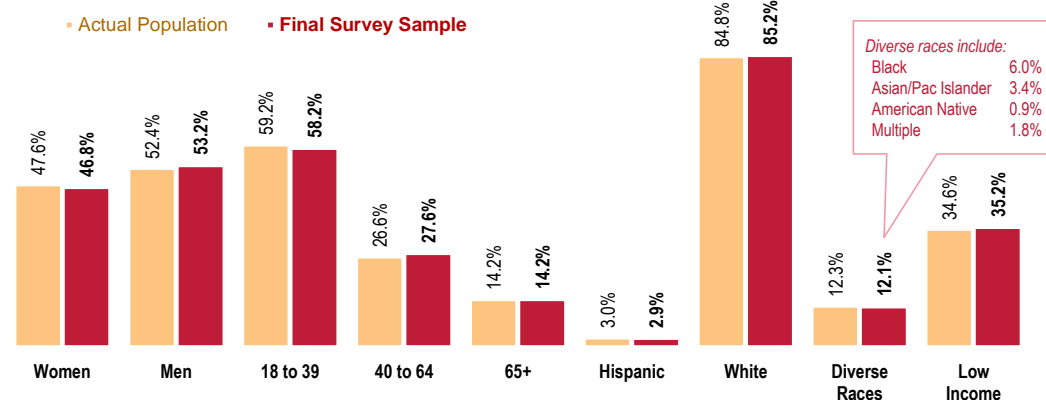
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses might contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics might have been slightly oversampled, might contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Story County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's health care needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics
(Story County, 2024)

- Actual Population   **Final Survey Sample**

	Women	Men	18 to 39	40 to 64	65+	Hispanic	White	Diverse Races	Low Income
Actual Population	47.6%	52.4%	59.2%	26.6%	14.2%	3.0%	84.8%	12.3%	34.6%
Final Survey Sample	46.8%	53.2%	58.2%	27.6%	14.2%	2.9%	85.2%	12.1%	35.2%

Diverse races include:
Black	6.0%
Asian/Pac Islander	3.4%
American Native	0.9%
Multiple	1.8%

Sources:
- US Census Bureau, 2016-2020 American Community Survey.
- 2024 PRC Community Health Survey, PRC, Inc.

Notes:
- "Low Income" reflects those living under 200% of the federal poverty level, based on guidelines established by the US Department of Health & Human Services.
- All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. "Diverse Races" includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by the Story County Quality of Life Alliance; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 87 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Public Health Representatives	3
Other Health Providers	14
Social Services Providers	29
Education Representatives	9
Other Community Leaders	32

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined below.

- Ames Community School District
- Ames Police Department
- Ames Romero House
- Ballard Community Clothes & Food Pantry
- Ballard Community School District
- Bethany Life
- Camp Fire
- Cedar Place Apartments
- Center for Creative Justice
- Central Iowa Community Services
- ChildServe
- City of Ames
- City of Colo
- City of Gilbert
- City of Maxwell
- City of Nevada
- City of Story City
- Colo-Nesco Community School District
- Communities of Excellence 2026
- Community & Family Resources
- Eagle's Loft Early Learning Center
- Eyerly Ball
- Food At First, First United Methodist Church
- Friendship Ark
- Gilbert Community School District
- Heart of Iowa Regional Transit Agency
- Home Allies, Inc.

- Huxley Police Department
- Indian Creek Independent & Assisted Living
- Iowa State University
- Mainstream Living
- Mary Greeley Medical Center
- Mary Greeley Medical Center, Behavioral Health Unit
- Mary Greeley Medical Center Home Health Services
- Matha's House of Hope
- NAMI Central Iowa
- Northcrest
- Optimae LifeServices
- Primary Health Care
- Roland-Story Community School District
- Stonebrook Community Church
- Story City Police Department
- Story County
- Story County Medical Center
- Story County Public Health
- Story County Quality of Life Alliance (SCQLA)
- Story County Veterans Affairs
- Story Time Child Care Center
- The Bridge Home
- The Salvation Army
- United Way
- University Community Childcare
- Youth and Shelter Services

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Story County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)

- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics

- National Cancer Institute, State Cancer Profiles

- US Census Bureau, American Community Survey

- US Census Bureau, County Business Patterns

- US Census Bureau, Decennial Census

- US Department of Agriculture, Economic Research Service

- US Department of Health & Human Services

- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)

- US Department of Justice, Federal Bureau of Investigation

- US Department of Labor, Bureau of Labor Statistics

Benchmark Comparisons

Trending

A similar survey was administered in Story County in 2005 by PRC. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Iowa Data

State-level findings are provided where available as an additional benchmark against which to compare local findings. For survey indicators, these are taken from the most recently published data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

National survey data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level findings (from various existing resources) are also provided for comparison of secondary data indicators.

Healthy People 2030 Objectives

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After receiving feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be individually identifiable or might not comprise a large-enough sample for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following "Areas of Opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the key informants giving input to this process.

HEALTH: AREAS OF OPPORTUNITY IDENTIFIED	

ACCESS TO HEALTH CARE SERVICES	▪ Barriers to Access
	  – Inconvenient Office Hours
	  – Cost of Prescriptions
	  – Cost of Physician Visits
	  – Appointment Availability
	  – Difficulty Finding a Physician
	  – Lack of Transportation
	▪ Difficulty Accessing Children's Health Care
	▪ Primary Care Physician Ratio
	▪ Regular Dental Care [Adults]
	▪ Specific Source of Ongoing Medical Care
	▪ Emergency Room Utilization

CANCER	▪ Leading Cause of Death
DIABETES	▪ Diabetes Deaths ▪ Diabetes Prevalence ▪ Kidney Disease Deaths
DISABLING CONDITIONS	▪ Activity Limitations ▪ Alzheimer's Disease Deaths
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ Heart Disease Deaths ▪ High Blood Pressure Prevalence ▪ Overall Cardiovascular Risk
INFANT HEALTH & FAMILY PLANNING	▪ Infant Deaths

HEALTH: AREAS OF OPPORTUNITY (continued)	
INJURY & VIOLENCE	▪ Unintentional Injury Deaths ▪ Violent Crime Experience
MENTAL HEALTH	▪ Symptoms of Chronic Depression ▪ Suicide Deaths ▪ Mental Health Provider Ratio ▪ Receiving Treatment for Mental Health ▪ Key Informants: *Mental Health* ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Leisure-Time Physical Activity ▪ Meeting Physical Activity Guidelines ▪ Overweight & Obesity [Adults & Children]
SUBSTANCE USE	▪ Alcohol-Induced Deaths ▪ Illicit Drug Use ▪ Sought Help for Alcohol/Drug Issues

Significant Social Needs of the Community

The following "Areas of Opportunity" represent social determinants of health indicators measured through this assessment (see also the summary tables presented in the following section). These are the "lens" through which many of the identified health needs must be viewed in order to improve residents' health and overall quality of life in Story County.

SOCIAL DETERMINANTS: AREAS OF OPPORTUNITY IDENTIFIED	
FOOD INSECURITY	▪ Food Insecurity (Financial) ▪ Low Food Access (Geographic)
HOUSING & HOMELESSNESS	▪ Housing Insecurity ▪ Housing Conditions ▪ Homelessness
INCOME & POVERTY	▪ Poverty ▪ Lack of Financial Resilience ▪ Unemployment
TRANSPORTATION	▪ Lack of Transportation to Medical Care

Community Feedback on Prioritization

Prioritization of the needs identified in this assessment was determined based by overlaying data uncovered through the population survey and secondary data review with the input received from providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

For **health-related indicators**, the quantitative data was used to identify significant needs, and priority was determined based on a prioritization exercise conducted as part of the Online Key Informant Survey.

For **social determinants of health**, however, the qualitative input from key informants was used to initially identify areas of need, and the quantitative data (prevalence) were used to determine priority order.

HEALTH	SOCIAL DETERMINANTS
1. Mental Health	1. Income & Poverty
2. Nutrition, Physical Activity & Weight	2. Housing & Homelessness
3. Substance Use	3. Food Insecurity
4. Cancer	4. Transportation
5. Diabetes	
6. Access to Health Care Services	

Summary Tables:
Comparisons With Benchmark Data

Reading the Summary Tables

⬛ In the following tables, Story County results are shown in the larger, gray column.

🟦 The columns to the left of the Story County column provide comparisons among the six communities, identifying differences for each as "better than" (☀), "worse than" (👾), or "similar to" (🔼) the combined opposing areas.

🟪 The columns to the right of the Story County column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether Story County compares favorably (☀), unfavorably (👾), or comparably (🔼) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

SOCIAL DETERMINANTS	DISPARITY AMONG SUBAREAS						Story County	STORY COUNTY vs. BENCHMARKS			TREND
	Ames Area	Outside Ames	N. Story Co.	Nevada	E. Story Co.	S. Story Co.		vs. IA	vs. US	vs. HP2030	
Linguistically Isolated Population (Percent)							2.1	similar 1.9	better 3.9		
Population in Poverty (Percent)							19.6	worse 11.1	worse 12.5	worse 8.0	
Children in Poverty (Percent)							8.6	better 13.0	better 16.7	similar 8.0	
No High School Diploma (Age 25+, Percent)							3.0	better 7.0	better 10.9		
Unemployment Rate (Age 16+, Percent)							2.2	better 3.0	better 3.9		better 3.3
% Unable to Pay Cash for a $400 Emergency Expense	similar 25.3	similar 29.7	similar 24.4	worse 39.5	similar 22.2	similar 29.2	26.4		better 34.0		
% Worry/Stress Over Rent/Mortgage in Past Year	worse 37.3	better 24.4	better 2.8	better 22.9	similar 40.0	similar 30.7	34.2		better 45.8		
% Unhealthy/Unsafe Housing Conditions	worse 17.5	better 11.8	better 0.4	similar 13.6	similar 17.1	similar 15.4	16.1		similar 16.4		
% Homeless at Some Point in the Past Year	better 2.2	worse 5.8	better 0.2	similar 6.0	worse 16.1	similar 3.1	3.1		better 6.9		
Population With Low Food Access (Percent)							23.2	similar 20.0	similar 22.2		
% Food Insecure	worse 33.0	better 21.5	better 14.8	better 14.7	similar 33.8	similar 25.2	30.1		better 43.3		

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better (sun)   similar (cloud)   worse (rain)

	DISPARITY AMONG SUBAREAS						Story County	STORY COUNTY vs. BENCHMARKS			
OVERALL HEALTH	Ames Area	Outside Ames	N. Story Co.	Nevada	E. Story Co.	S. Story Co.		vs. IA	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	10.7 (similar)	8.2 (similar)	7.6 (similar)	7.9 (similar)	6.0 (similar)	10.6 (similar)	**10.1**	16.2 (better)	15.7 (better)		6.0 (worse)

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Legend: better = sun | similar = cloud | worse = rain

	DISPARITY AMONG SUBAREAS						Story County	STORY COUNTY vs. BENCHMARKS			
ACCESS TO HEALTH CARE	Ames Area	Outside Ames	N. Story Co.	Nevada	E. Story Co.	S. Story Co.		vs. IA	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance							**3.7**	6.7 (better)	8.1 (better)	7.6 (better)	16.4 (better)
% Difficulty Accessing Health Care in Past Year (Composite)	45.7 (worse)	32.3 (better)	37.9 (similar)	23.7 (better)	50.9 (similar)	24.4 (better)	**42.3**		52.5 (better)		23.3 (worse)
% Cost Prevented Physician Visit in Past Year	15.5 (worse)	4.7 (better)	3.1 (better)	10.3 (similar)	4.8 (better)	0.5 (better)	**12.8**	7.2 (worse)	21.6 (better)		5.1 (worse)
% Cost Prevented Getting Prescription in Past Year	17.5 (worse)	5.8 (better)	7.3 (better)	0.5 (better)	6.0 (better)	9.3 (similar)	**14.5**		20.2 (better)		6.3 (worse)
% Difficulty Getting Appointment in Past Year	23.4 (worse)	12.6 (better)	19.6 (similar)	11.1 (better)	16.7 (similar)	6.0 (better)	**20.7**		33.4 (better)		6.8 (worse)
% Inconvenient Hrs Prevented Dr Visit in Past Year	19.8 (similar)	18.7 (similar)	17.5 (similar)	11.9 (similar)	35.9 (worse)	15.1 (similar)	**19.5**		22.9 (similar)		9.9 (worse)
% Difficulty Finding Physician in Past Year	17.4 (worse)	8.1 (better)	3.1 (better)	13.0 (similar)	19.2 (similar)	0.0 (better)	**15.1**		22.0 (better)		4.6 (worse)

ACCESS TO HEALTH CARE (continued)	Ames Area	Outside Ames	N. Story Co.	Nevada	E. Story Co.	S. Story Co.	Story County	vs. IA	vs. US	vs. HP2030	TREND
% Transportation Hindered Dr Visit in Past Year	(similar) 13.4	(similar) 9.9	(better) 0.8	(similar) 13.6	(similar) 23.4	(better) 4.7	12.5		(better) 18.3		(worse) 3.6
% Language/Culture Prevented Care in Past Year	(similar) 4.6	(similar) 3.8	(similar) 4.8	(similar) 1.7	(similar) 4.3	(similar) 4.7	4.4		(similar) 5.0		
% Stretched Prescription to Save Cost in Past Year	(similar) 14.8	(similar) 11.7	(similar) 14.7	(similar) 7.2	(similar) 11.2	(similar) 14.1	14.0		(better) 19.4		
% Difficulty Getting Child's Health Care in Past Year							5.8		(better) 11.1		(worse) 1.9
Primary Care Doctors per 100,000							64.3	(similar) 72.2	(worse) 74.9		
% Have a Specific Source of Ongoing Care	(similar) 63.5	(similar) 64.0	(similar) 60.3	(similar) 59.8	(similar) 68.3	(similar) 68.1	63.6		(worse) 69.9	(worse) 84.0	(worse) 89.2
% Routine Checkup in Past Year	(worse) 67.2	(better) 80.7	(similar) 76.9	(better) 89.2	(similar) 78.1	(similar) 77.1	70.7	(worse) 78.3	(better) 65.3		(better) 59.3
% [Child 0-17] Routine Checkup in Past Year							89.6		(better) 77.5		(similar) 89.4
% Two or More ER Visits in Past Year	(similar) 20.7	(similar) 17.9	(better) 9.6	(similar) 18.7	(worse) 36.3	(similar) 11.5	20.0		(worse) 15.6		
% Rate Local Health Care "Fair/Poor"	(worse) 9.5	(better) 3.3	(better) 1.3	(similar) 5.3	(better) 3.0	(better) 2.9	8.0		(better) 11.5		

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better	similar	worse
☀️	☁️	🌧️

CANCER	DISPARITY AMONG SUBAREAS						Story County	STORY COUNTY vs. BENCHMARKS			
	Ames Area	Outside Ames	N. Story Co.	Nevada	E. Story Co.	S. Story Co.		vs. IA	vs. US	vs. HP2030	TREND
Cancer Deaths per 100,000							117.7	☀ 197.2	☀ 182.6	☁ 122.7	☀ 137.7
Lung Cancer Deaths per 100,000							25.6	☀ 46.0	☀ 40.5	☁ 25.1	
Female Breast Cancer Deaths per 100,000							16.9	☀ 24.7	☀ 25.2	☁ 15.3	
Prostate Cancer Deaths per 100,000							10.3	☀ 21.3	☀ 20.1	☀ 16.9	
Colorectal Cancer Deaths per 100,000							9.8	☀ 17.7	☀ 16.2	☁ 8.9	
Cancer Incidence per 100,000							445.5	☁ 486.8	☁ 442.3		
Lung Cancer Incidence per 100,000							42.4	☀ 60.7	☀ 54.0		
Female Breast Cancer Incidence per 100,000							128.3	☁ 134.7	☁ 127.0		
Prostate Cancer Incidence per 100,000							128.0	☁ 120.4	☁ 110.5		
Colorectal Cancer Incidence per 100,000							37.6	☁ 40.7	☁ 36.5		
% Cancer	☀ 3.7	🌧 8.4	☁ 7.3	☁ 2.7	☁ 7.7	🌧 15.3	4.9	☀ 12.3	☀ 7.4		

CANCER (continued)

	DISPARITY AMONG SUBAREAS						Story County	STORY COUNTY vs. BENCHMARKS			TREND
	Ames Area	Outside Ames	N. Story Co.	Nevada	E. Story Co.	S. Story Co.		vs. IA	vs. US	vs. HP2030	
% [Women 50-74] Breast Cancer Screening							85.8	similar 79.6	better 64.0	similar 80.5	
% [Women 21-65] Cervical Cancer Screening							77.5		similar 75.4	worse 84.3	
% [Age 45-75] Colorectal Cancer Screening							71.1	similar 68.5	similar 71.5	similar 74.4	

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

DIABETES

	DISPARITY AMONG SUBAREAS						Story County	STORY COUNTY vs. BENCHMARKS			TREND
	Ames Area	Outside Ames	N. Story Co.	Nevada	E. Story Co.	S. Story Co.		vs. IA	vs. US	vs. HP2030	
Diabetes Deaths per 100,000							16.8	better 32.2	better 30.8		worse 11.7
% Diabetes/High Blood Sugar	better 5.1	worse 12.5	similar 10.4	similar 10.6	similar 3.2	worse 21.8	7.0	better 11.6	better 12.8		worse 4.4
% Borderline/Pre-Diabetes	worse 10.4	better 4.3	similar 4.7	better 1.4	similar 6.4	similar 5.5	8.9		better 15.0		
Kidney Disease Deaths per 100,000							9.8	better 14.0	better 16.6		worse 3.5

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

DISABLING CONDITIONS	DISPARITY AMONG SUBAREAS						Story County	STORY COUNTY vs. BENCHMARKS			
	Ames Area	Outside Ames	N. Story Co.	Nevada	E. Story Co.	S. Story Co.		vs. IA	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions	☀️ 22.2	🌧️ 31.1	☁️ 18.8	☁️ 28.2	☁️ 34.9	🌧️ 40.8	24.5		☀️ 38.0		
% Activity Limitations	☁️ 22.9	☁️ 20.0	☁️ 14.1	☁️ 20.9	☁️ 23.6	☁️ 21.3	22.2		☀️ 27.5		🌧️ 11.8
% High-Impact Chronic Pain	☁️ 17.4	☁️ 19.1	☀️ 7.6	☁️ 24.4	☁️ 27.2	☁️ 17.4	17.9		☁️ 19.6	🌧️ 6.4	
Alzheimer's Disease Deaths per 100,000							20.8	☀️ 41.9	☀️ 37.6		🌧️ 13.1
% Caregiver to a Friend/Family Member	☀️ 16.1	🌧️ 23.4	☁️ 22.8	☁️ 17.5	☁️ 28.2	☁️ 26.4	17.9		☀️ 22.8		

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀️ better ☁️ similar 🌧️ worse

HEART DISEASE & STROKE	DISPARITY AMONG SUBAREAS						Story County	STORY COUNTY vs. BENCHMARKS			
	Ames Area	Outside Ames	N. Story Co.	Nevada	E. Story Co.	S. Story Co.		vs. IA	vs. US	vs. HP2030	TREND
Heart Disease Deaths per 100,000							139.9	☀️ 240.5	☀️ 210.7	☁️ 127.4	🌧️ 113.3
% Heart Disease	☀️ 3.0	🌧️ 7.1	☁️ 5.4	☁️ 3.5	🌧️ 13.5	☁️ 7.7	4.0	☀️ 6.7	☀️ 10.3		☁️ 3.4
Stroke Deaths per 100,000							23.5	☀️ 44.2	☀️ 49.1	☀️ 33.4	☀️ 30.4
% Stroke	☁️ 1.3	☁️ 3.1	☁️ 3.5	☁️ 3.5	☀️ 0.0	☁️ 4.5	1.8	☀️ 3.1	☀️ 5.4		☁️ 1.3

HEART DISEASE & STROKE (continued)	DISPARITY AMONG SUBAREAS						Story County	STORY COUNTY vs. BENCHMARKS			
	Ames Area	Outside Ames	N. Story Co.	Nevada	E. Story Co.	S. Story Co.		vs. IA	vs. US	vs. HP2030	TREND
% High Blood Pressure	☁ 25.1	☁ 26.4	☁ 24.3	☁ 23.1	☁ 29.5	☁ 29.4	25.4	☀ 31.4	☀ 40.4	☀ 42.6	🌧 18.6
% High Cholesterol	☁ 21.9	☁ 26.8	☁ 21.8	☁ 16.8	☁ 30.6	🌧 37.8	23.1		☀ 32.4		☀ 29.3
% 1+ Cardiovascular Risk Factor	☀ 85.2	🌧 90.6	☁ 89.4	☁ 89.5	☁ 87.7	🌧 94.3	86.5		☁ 87.8		🌧 73.6

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better   ☁ similar   🌧 worse

INFANT HEALTH & FAMILY PLANNING	DISPARITY AMONG SUBAREAS						Story County	STORY COUNTY vs. BENCHMARKS			
	Ames Area	Outside Ames	N. Story Co.	Nevada	E. Story Co.	S. Story Co.		vs. IA	vs. US	vs. HP2030	TREND
Teen Births per 1,000 Females 15-19							3.3	☀ 14.4	☀ 16.6		
Low Birthweight (Percent of Births)							6.9	☁ 6.8	☀ 8.3		
Infant Deaths per 1,000 Births							5.8	🌧 4.8	☁ 5.5	☁ 5.0	🌧 4.5

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better   ☁ similar   🌧 worse

INJURY & VIOLENCE

INJURY & VIOLENCE	Ames Area	Outside Ames	N. Story Co.	Nevada	E. Story Co.	S. Story Co.	Story County	vs. IA	vs. US	vs. HP2030	TREND
Unintentional Injury Deaths per 100,000							**35.3**	☀ 54.8	☀ 65.6	☀ 43.2	🌧 24.8
Motor Vehicle Crash Deaths per 100,000							**5.7**	☀ 11.0	☀ 13.1	☀ 10.1	
% Victim of Violent Crime in Past 5 Years	☁ 4.3	☁ 8.3	☀ 1.0	☁ 8.3	☁ 14.5	☁ 9.8	**5.3**		☁ 7.0		🌧 1.0
% Victim of Intimate Partner Violence	☁ 15.2	☁ 13.4	☀ 4.9	☁ 23.0	☁ 22.2	☀ 4.8	**14.8**		☀ 20.3		

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Legend: ☀ better ☁ similar 🌧 worse

MENTAL HEALTH

MENTAL HEALTH	Ames Area	Outside Ames	N. Story Co.	Nevada	E. Story Co.	S. Story Co.	Story County	vs. IA	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	🌧 27.2	☀ 11.8	☀ 7.6	☀ 7.9	☀ 7.1	☁ 21.9	**23.4**		☁ 24.4		
% Diagnosed Depression	☁ 29.3	☁ 27.6	☀ 7.6	☁ 27.7	☁ 25.7	🌧 44.3	**28.8**	🌧 18.5	☁ 30.8		
% Symptoms of Chronic Depression	🌧 41.2	☀ 29.2	☀ 8.5	☀ 26.3	🌧 55.5	☁ 30.9	**38.2**		☀ 46.7		🌧 17.2
% Typical Day Is "Extremely/Very" Stressful	☀ 16.6	🌧 26.3	☁ 18.4	☁ 29.0	☁ 17.2	🌧 35.7	**19.0**		☁ 21.1		
Suicide Deaths per 100,000							**17.1**	☁ 17.7	🌧 14.4	🌧 12.8	🌧 10.3

MENTAL HEALTH (continued)

	DISPARITY AMONG SUBAREAS						Story County	STORY COUNTY vs. BENCHMARKS			
MENTAL HEALTH (continued)	Ames Area	Outside Ames	N. Story Co.	Nevada	E. Story Co.	S. Story Co.		vs. IA	vs. US	vs. HP2030	TREND
Mental Health Providers per 100,000							**240.8**	☀ 198.7	⛈ 313.6		
% Receiving Mental Health Treatment	☁ 27.3	☁ 23.3	☀ 14.4	☁ 25.7	☁ 25.8	☁ 26.2	**26.3**		⛈ 21.9		
% Unable to Get Mental Health Services in Past Year	⛈ 15.0	☀ 3.2	☁ 6.3	☀ 2.3	☀ 0.7	☀ 3.4	**12.1**		☁ 13.2		

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☀ better ☁ similar ⛈ worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT

	DISPARITY AMONG SUBAREAS						Story County	STORY COUNTY vs. BENCHMARKS			
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Ames Area	Outside Ames	N. Story Co.	Nevada	E. Story Co.	S. Story Co.		vs. IA	vs. US	vs. HP2030	TREND
% "Very/Somewhat" Difficult to Buy Fresh Produce	☁ 19.6	☁ 14.5	☁ 10.9	☁ 14.5	☁ 13.0	☁ 18.3	**18.4**		☀ 30.0		
% No Leisure-Time Physical Activity	☀ 31.3	⛈ 42.5	☁ 35.1	⛈ 47.6	☁ 26.7	⛈ 53.3	**34.1**	⛈ 25.9	☁ 30.2	⛈ 21.8	⛈ 25.2
% Meet Physical Activity Guidelines	☀ 26.7	⛈ 15.5	☁ 19.2	☁ 21.6	⛈ 1.4	☁ 16.0	**23.9**	☀ 20.1	⛈ 30.3	⛈ 29.7	
% [Child 2-17] Physically Active 1+ Hours per Day							**33.4**		☁ 27.4		
Recreation/Fitness Facilities per 100,000							**16.2**	☀ 12.4	☀ 12.3		

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	DISPARITY AMONG SUBAREAS						Story County	STORY COUNTY vs. BENCHMARKS			
	Ames Area	Outside Ames	N. Story Co.	Nevada	E. Story Co.	S. Story Co.		vs. IA	vs. US	vs. HP2030	TREND
% Overweight (BMI 25+)	56.5	54.8	47.5	61.0	40.1	63.8	56.1	71.2	63.3		56.0
% Obese (BMI 30+)	28.9	32.4	26.7	42.2	33.2	26.8	29.8	37.4	33.9	36.0	22.0
% [Child 5-17] Overweight (85th Percentile)							41.2		31.8		
% [Child 5-17] Obese (95th Percentile)							31.3		19.5	15.5	

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better   similar   worse

ORAL HEALTH

ORAL HEALTH	DISPARITY AMONG SUBAREAS						Story County	STORY COUNTY vs. BENCHMARKS			
	Ames Area	Outside Ames	N. Story Co.	Nevada	E. Story Co.	S. Story Co.		vs. IA	vs. US	vs. HP2030	TREND
% Have Dental Insurance	72.9	62.5	63.5	53.8	82.3	57.4	70.3		72.7	75.0	66.1
% Dental Visit in Past Year	56.6	66.1	83.8	58.7	56.6	65.9	59.0	68.3	56.5	45.0	71.4
% [Child 2-17] Dental Visit in Past Year							79.6		77.8	45.0	78.8

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better   similar   worse

RESPIRATORY DISEASE	Ames Area	Outside Ames	N. Story Co.	Nevada	E. Story Co.	S. Story Co.	Story County	vs. IA	vs. US	vs. HP2030	TREND
Lung Disease Deaths per 100,000							**22.2**	☀ 53.5	☀ 44.5		☀ 30.1
Pneumonia/Influenza Deaths per 100,000							**7.4**	☀ 14.7	☀ 14.3		☀ 11.7
% Asthma	☁ 12.2	☁ 10.1	☁ 10.7	☁ 12.1	☁ 12.1	☁ 6.3	**11.7**	☁ 9.7	☀ 17.9		☁ 9.2
% [Child 0-17] Asthma							**3.6**		☀ 16.7		☀ 8.1
% COPD (Lung Disease)	☁ 4.8	☁ 6.1	☁ 4.9	☁ 4.9	☁ 6.5	☁ 7.8	**5.1**	☁ 6.6	☀ 11.0		☁ 6.8

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better ☁ similar 🌧 worse

SEXUAL HEALTH	Ames Area	Outside Ames	N. Story Co.	Nevada	E. Story Co.	S. Story Co.	Story County	vs. IA	vs. US	vs. HP2030	TREND
HIV Prevalence per 100,000							**76.8**	☀ 119.4	☀ 386.6		
Chlamydia Incidence per 100,000							**535.8**	☁ 457.2	☁ 495.0		
Gonorrhea Incidence per 100,000							**139.7**	☁ 139.5	☀ 194.4		

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better ☁ similar 🌧 worse

SUBSTANCE USE	DISPARITY AMONG SUBAREAS						Story County	STORY COUNTY vs. BENCHMARKS			
	Ames Area	Outside Ames	N. Story Co.	Nevada	E. Story Co.	S. Story Co.		vs. IA	vs. US	vs. HP2030	TREND
Alcohol-Induced Deaths per 100,000							10.8	☀ 18.0	☀ 15.5		🌧 6.7
Cirrhosis/Liver Disease Deaths per 100,000							9.8	☀ 15.1	☀ 16.4	☁ 10.9	
% Excessive Drinking	☁ 26.3	☁ 28.4	☁ 21.3	☁ 29.9	☁ 27.2	☁ 33.2	26.9	🌧 22.6	☀ 34.3		
Unintentional Drug-Induced Deaths per 100,000							5.7	☀ 11.8	☀ 28.3		☁ 5.3
% Used an Illicit Drug in Past Month	☁ 5.1	☁ 2.6	☀ 0.2	☀ 0.5	☁ 2.9	☁ 6.2	4.5		☀ 8.4		🌧 2.3
% Used a Prescription Opioid in Past Year	☁ 11.9	☁ 9.1	☁ 9.4	☁ 12.5	☁ 7.7	☁ 6.5	11.2		☀ 15.1		
% Ever Sought Help for Alcohol or Drug Problem	☁ 4.0	☁ 5.4	☁ 1.3	☁ 6.0	☁ 2.9	☁ 9.4	4.4		🌧 6.8		☁ 3.3
% Personally Impacted by Substance Use	☁ 39.0	☁ 34.0	☀ 25.1	☁ 28.7	☁ 34.0	☁ 45.9	37.8		☀ 45.4		

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better   ☁ similar   🌧 worse

TOBACCO USE	DISPARITY AMONG SUBAREAS						Story County	STORY COUNTY vs. BENCHMARKS			
	Ames Area	Outside Ames	N. Story Co.	Nevada	E. Story Co.	S. Story Co.		vs. IA	vs. US	vs. HP2030	TREND
% Smoke Cigarettes	🌧️ 20.2	☀️ 13.1	☀️ 8.1	☁️ 17.8	☀️ 8.9	☁️ 15.1	18.4	🌧️ 14.7	☀️ 23.9	🌧️ 6.1	☁️ 15.7
% Someone Smokes at Home	☁️ 11.4	☁️ 11.5	☀️ 2.6	☁️ 15.2	☁️ 5.9	☁️ 18.2	11.4		☀️ 17.7		☁️ 12.6
% Use Vaping Products	🌧️ 19.7	☀️ 13.0	☀️ 3.0	☁️ 17.9	☁️ 10.2	☁️ 17.5	18.1	🌧️ 6.7	☁️ 18.5		

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀️ better   ☁️ similar   🌧️ worse

COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

Story County, the focus of this Community Needs Assessment, encompasses 572.54 square miles and houses a total population of 98,573 residents, according to latest census estimates.

Total Population
(Estimated Population, 2018-2022)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Story County	98,573	572.54	172
Iowa	3,188,836	55,853.39	57
United States	331,097,593	3,533,269.34	94

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

Population Change 2010-2020

A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

Between the 2010 and 2020 US Censuses, the population of Story County increased by 8,995 persons, or 10.1%.

BENCHMARK ► A proportionally higher increase than found statewide or nationally.

Change in Total Population
(Percentage Change Between 2010 and 2020)

An increase of 8,995 persons

10.1%	4.7%	7.1%
Story County	IA	US
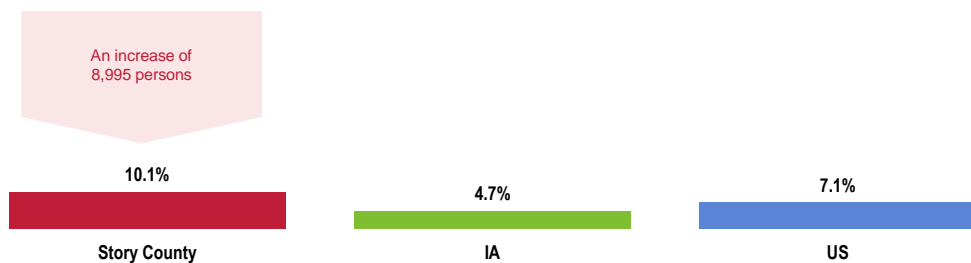
Sources:
- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

This map shows the areas of greatest increase or decrease in population between 2010 and 2020.

Map Legend

Report Location, County

Population Change, Percent by Tract, US
Census Bureau 2010 - 2020
■ Over 10.0% Increase (+)
■ 2.0 - 10.0% Increase (+)
□ Less Than 2.0% Change (+/-)
■ 2.0 - 10.0% Decrease (-)
■ Over 10.0% Decrease (-)
■ No Population or No Data

SparkMap
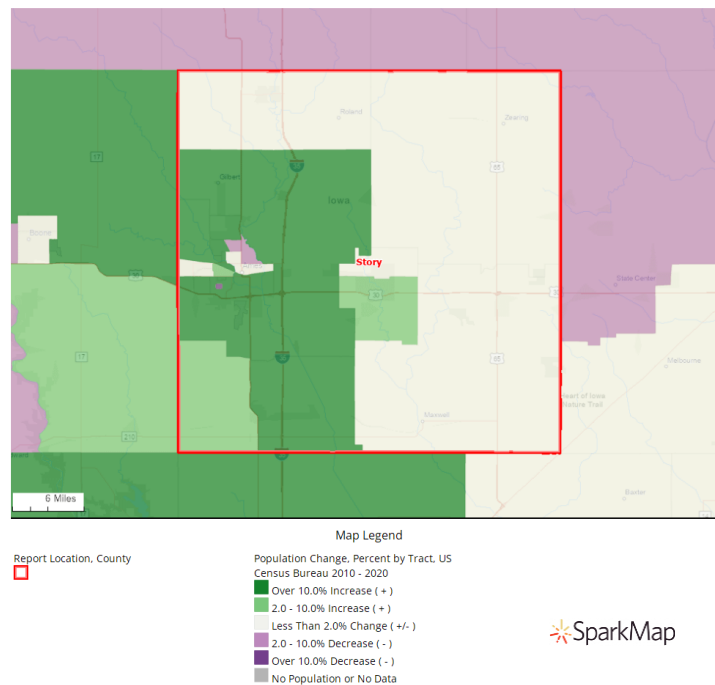
Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Story County is predominantly urban, with 74.1% of the population living in areas designated as urban.

BENCHMARK ▶ More urban than the rest of Iowa but less urban than the US.

Urban and Rural Population
(2020)

■ % Urban   ■ % Rural

	% Urban	% Rural
Story County	74.1%	25.9%
IA	63.1%	36.9%
US	80.0%	20.0%
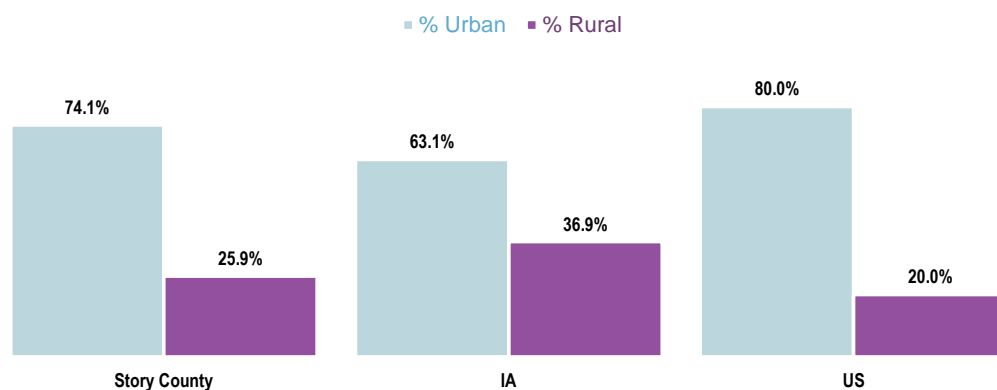
Sources:
- US Census Bureau Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In Story County, 16.0% of the population are children age 0-17; another 71.4% are age 18 to 64, while 12.6% are age 65 and older.

BENCHMARK ► Story County has a higher proportion of residents age 18 to 64 than the state and nation.

Total Population by Age Groups
(2018-2022)
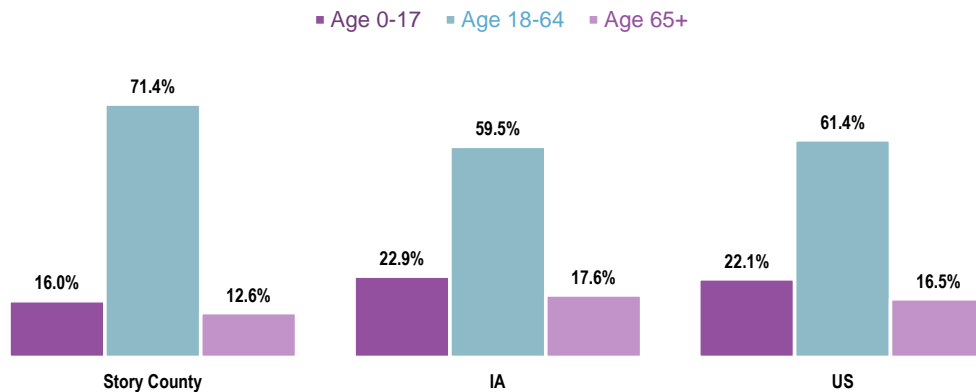
■ Age 0-17 ■ Age 18-64 ■ Age 65+

Story County: 16.0% | 71.4% | 12.6%
IA: 22.9% | 59.5% | 17.6%
US: 22.1% | 61.4% | 16.5%

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

Median Age

Story County is "younger" than the state and the nation in that the median age is lower.

Median Age
(2018-2022)
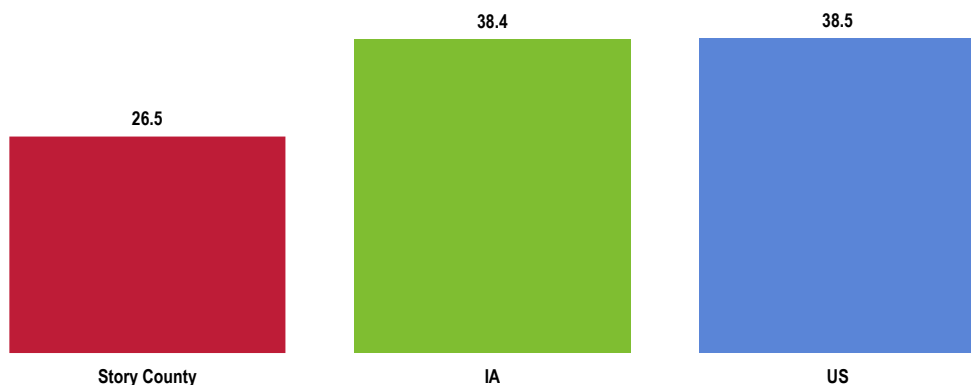
Story County: 26.5
IA: 38.4
US: 38.5

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

The following map provides an illustration of the median age by census tract throughout Story County.

Map Legend

Report Location, County

Median Age by Tract, ACS 2018-22
- Over 45.0
- 40.1 - 45.0
- 35.1 - 40.0
- Under 35.1
- No Data or Data Suppressed

SparkMap
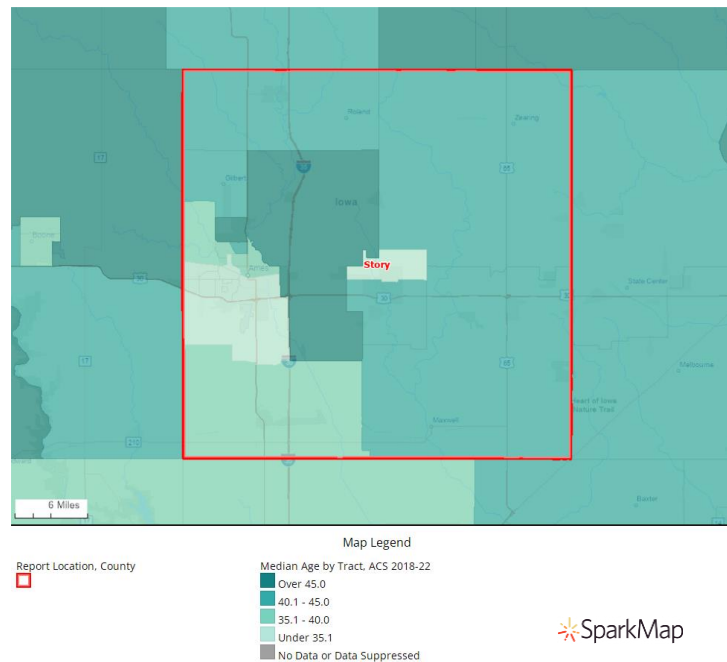
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 83.9% of residents of Story County are White and 2.4% are Black.

BENCHMARK ► More diverse than found across the state but less diverse than found across the US.

Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Total Population by Race Alone
(2018-2022)
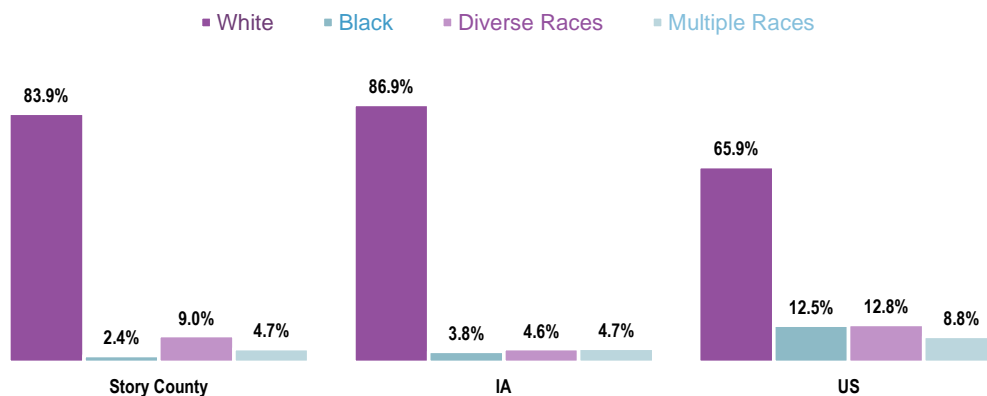
■ White   ■ Black   ■ Diverse Races   ■ Multiple Races

	White	Black	Diverse Races	Multiple Races
Story County	83.9%	2.4%	9.0%	4.7%
IA	86.9%	3.8%	4.6%	4.7%
US	65.9%	12.5%	12.8%	8.8%

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

Notes:
- "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.

Ethnicity

A total of 3.8% of Story County residents are Hispanic or Latino.

BENCHMARK ► A lower proportion than found statewide and a much lower proportion than found nationally.

Hispanic Population
(2018-2022)
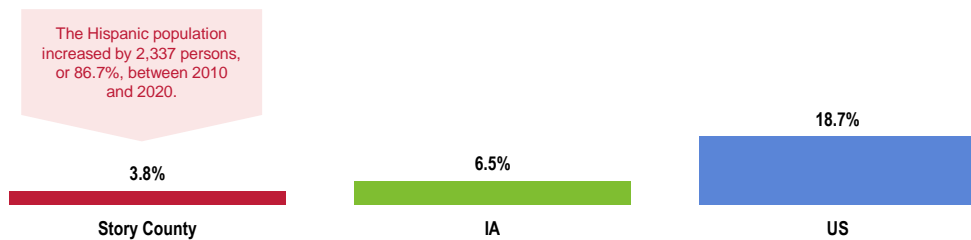
The Hispanic population increased by 2,337 persons, or 86.7%, between 2010 and 2020.

Story County	IA	US
3.8%	6.5%	18.7%

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

Notes:
- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

A total of 2.1% of the Story County population age 5 and older live in a home in which <u>no</u> person age 14 or older is proficient in English (speaking only English or speaking English "very well").

BENCHMARK ► Lower than found nationally.

Linguistically Isolated Population
(2018-2022)
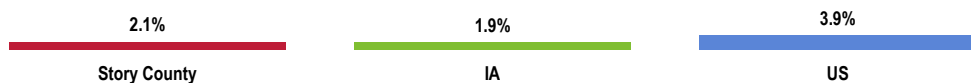
Story County	IA	US
2.1%	1.9%	3.9%

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speaks a non-English language and speak English "very well."

Note the following map illustrating linguistic isolation throughout Story County.

Map Legend

Report Location, County

Population in Linguistically Isolated
Households, Percent by Tract, ACS 2018-22
- Over 3.0%
- 1.1 - 3.0%
- 0.1 - 1.1%
- No Population in Linguistically Isolated Households
- No Data or Data Suppressed

SparkMap
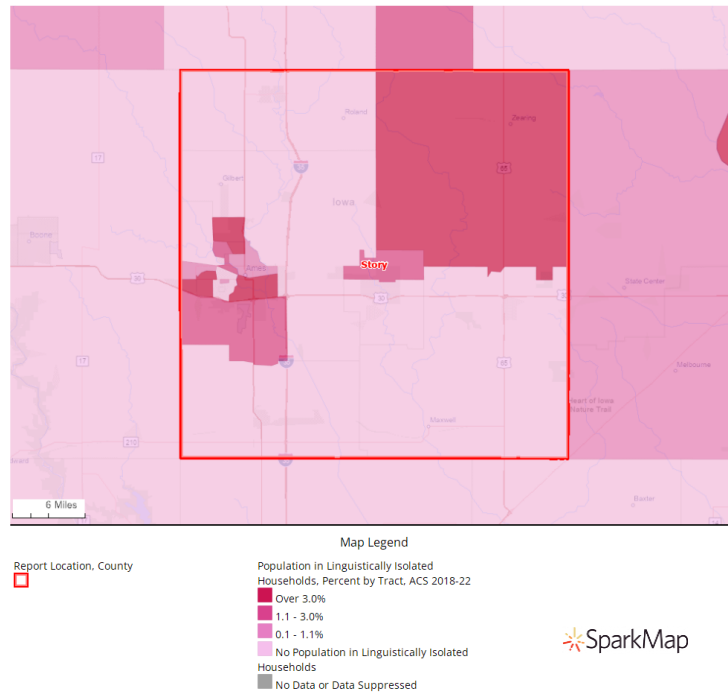
SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

– Healthy People 2030 (https://health.gov/healthypeople)

Poverty

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to overall health.

The latest census estimate shows 19.6% of the Story County total population living below the federal poverty level.

BENCHMARK ► Worse than found across Iowa and the US. Fails to satisfy the Healthy People 2030 objective.

Among just children (ages 0 to 17), this percentage in Story County is 8.6% (representing an estimated 1.327 children).

BENCHMARK ► Lower than found across Iowa and the US.

Percent of Population in Poverty
(2018-2022)
Healthy People 2030 = 8.0% or Lower

■ Total Population   ■ Children
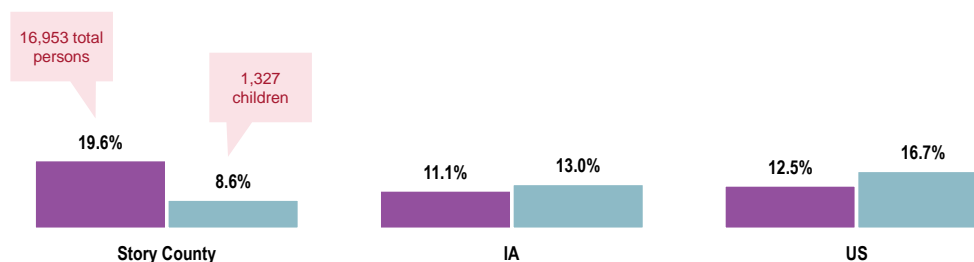
16,953 total persons

1,327 children

	Story County	IA	US
Total Population	19.6%	11.1%	12.5%
Children	8.6%	13.0%	16.7%

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

The following maps highlight concentrations of persons living below the federal poverty level.

Map Legend

Report Location, County

Population Below the Poverty Level, Percent by Tract, ACS 2018-22
- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed

SparkMap

Map Legend

Report Location, County

Population Below the Poverty Level, Children
(Age 0-17), Percent by Tract, ACS 2018-22
- Over 30.0%
- 22.6 - 30.0%
- 15.1 - 22.5%
- Under 15.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed

☀ SparkMap
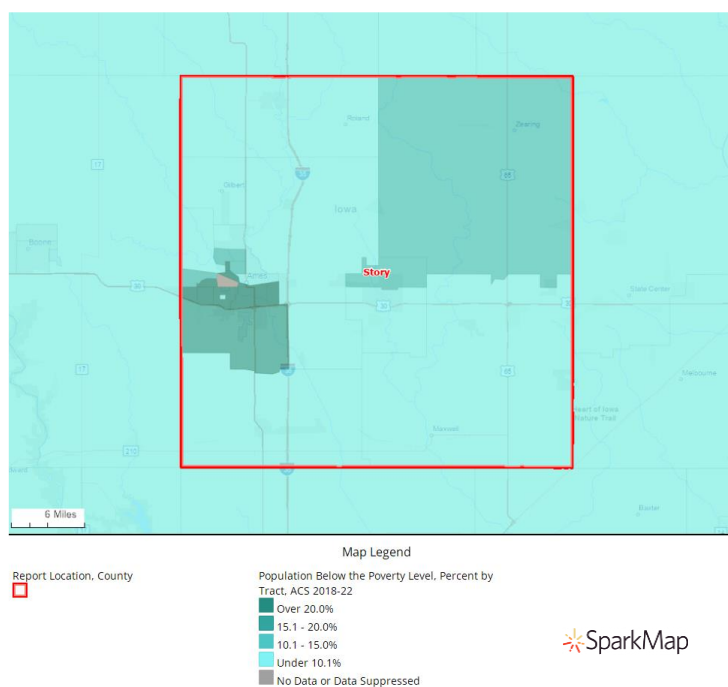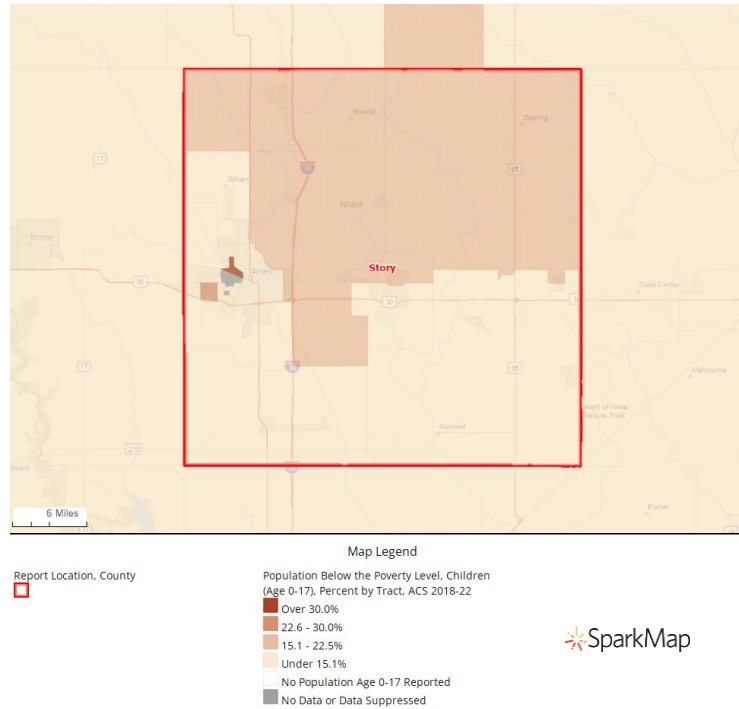
Education

Among the Story County population age 25 and older, an estimated 3.0% (over 1,500 people) do not have a high school education.

BENCHMARK ▶ Lower than the state and national percentages.

Population With No High School Diploma
(Adults Age 25 and Older; 2018-2022)
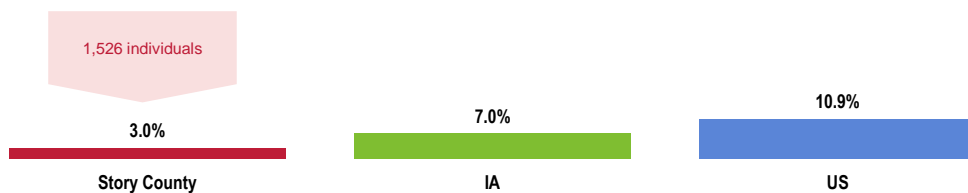
1,526 individuals

3.0%	7.0%	10.9%
Story County	IA	US

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

Map Legend

Report Location, County

Population with No High School Diploma (Age 25+), Percent by Tract, ACS 2018-22
- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed
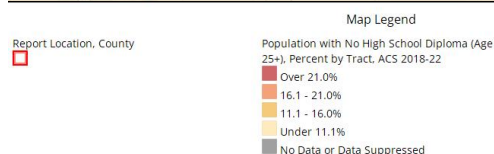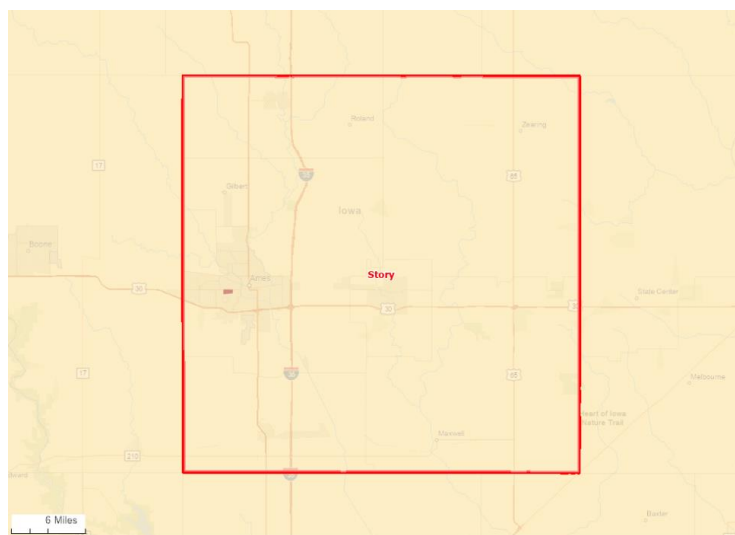
SparkMap

Employment

According to data derived from the US Department of Labor, the unemployment rate in Story County as of October 2024 was 2.2%.

BENCHMARK ▶ Lower than the state and national unemployment rates.

TREND ▶ Following significant increases in 2020 (attributed to the COVID-19 pandemic), unemployment is approaching pre-pandemic levels, and lower than found a decade ago.

Unemployment Rate

— Story County — IA — US

2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	October 2024
3.3%	2.9%	2.5%	2.3%	2.0%	1.6%	1.8%	3.5%	2.7%	2.1%	2.1%	2.2%
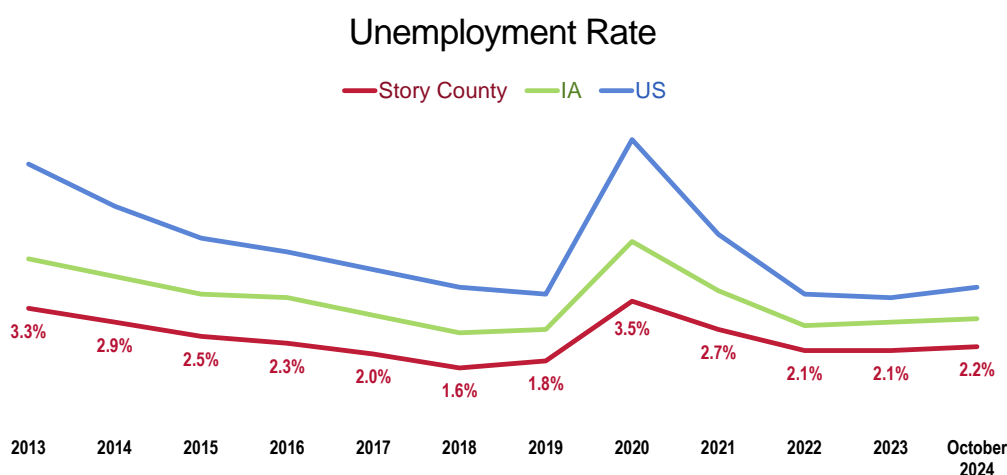
Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

Notes:
- Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).

Financial Resilience

A total of 26.4% of Story County residents would <u>not</u> be able to afford an unexpected $400 expense without going into debt.

BENCHMARK ► Lower than found nationally.

DISPARITY ► Higher in Nevada. More often reported among those with lower incomes and residents of diverse races.

Do Not Have Cash on Hand to Cover a $400 Emergency Expense

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US
25.3%	29.7%	24.4%	39.5%	22.2%	29.2%	26.4%	34.0%
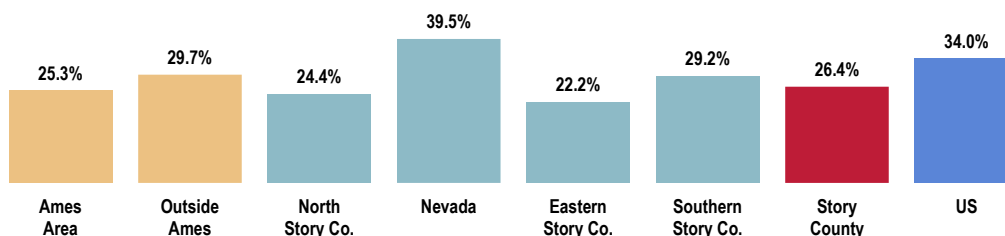
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 53]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Do Not Have Cash on Hand to Cover a $400 Emergency Expense
(Story County, 2024)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
28.2%	22.7%	27.0%	26.2%	22.7%	43.3%	20.7%	32.7%	24.8%	38.0%	34.5%	26.4%
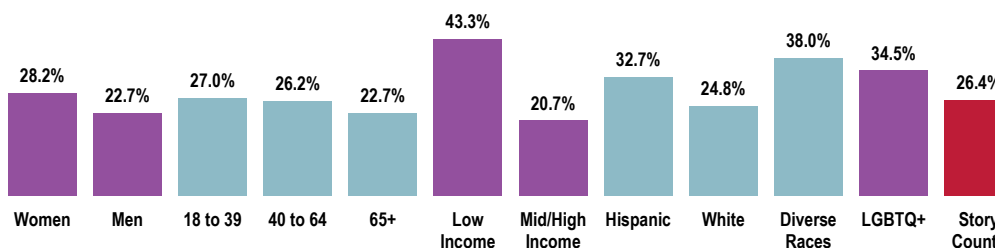
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 53]
Notes: ● Asked of all respondents.
● Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

INCOME & RACE/ETHNICITY

INCOME ► Income categories used to segment survey data in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2023 guidelines place the poverty threshold for a family of four at $30,000 annual household income or lower). In sample segmentation: "low income" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; "mid/high income" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Data are also detailed for individuals identifying with a race category, without Hispanic origin. "White" reflects those who identify as White alone, without Hispanic origin. "Diverse Races" includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

Housing

Housing Insecurity

Most surveyed adults rarely, if ever, worry about the cost of housing.

Frequency of Worry or Stress
Over Paying Rent or Mortgage in the Past Year
(Story County, 2024)
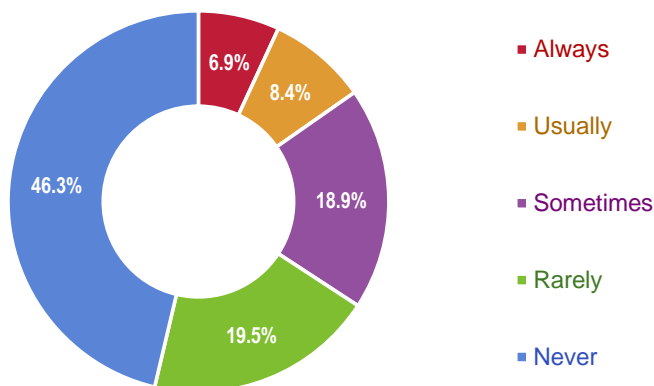
- Always 6.9%
- Usually 8.4%
- Sometimes 18.9%
- Rarely 19.5%
- Never 46.3%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: ● Asked of all respondents.

However, a considerable share (34.2%) report that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

BENCHMARK ▶ Lower than the US finding.

DISPARITY ▶ Higher in the Ames Area. More often reported among adults younger than 65, those with lower incomes, LGBTQ+ respondents, and renters.

"Always/Usually/Sometimes" Worried
About Paying Rent/Mortgage in the Past Year

Ames Area	37.3%
Outside Ames	24.4%
North Story Co.	2.8%
Nevada	22.9%
Eastern Story Co.	40.0%
Southern Story Co.	30.7%
Story County	34.2%
US	45.8%
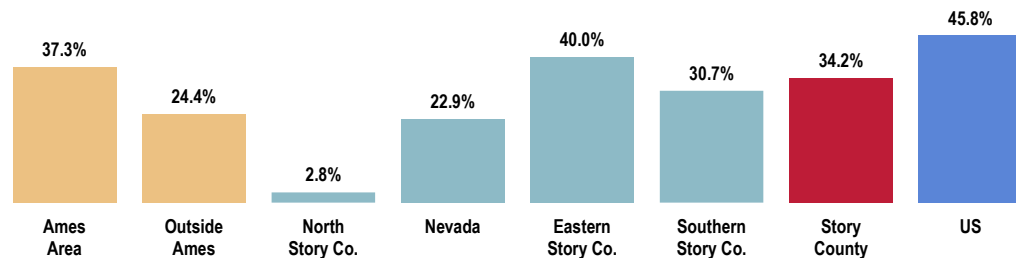
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 56]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

"Always/Usually/Sometimes" Worried
About Paying Rent/Mortgage in the Past Year
(Story County, 2024)

Among homeowners	20.7%
Among renters	54.4%

Women	35.3%
Men	30.6%
18 to 39	40.9%
40 to 64	30.1%
65+	11.6%
Low Income	57.3%
Mid/High Income	24.9%
Hispanic	42.3%
White	32.6%
Diverse Races	41.7%
LGBTQ+	54.3%
Story County	34.2%
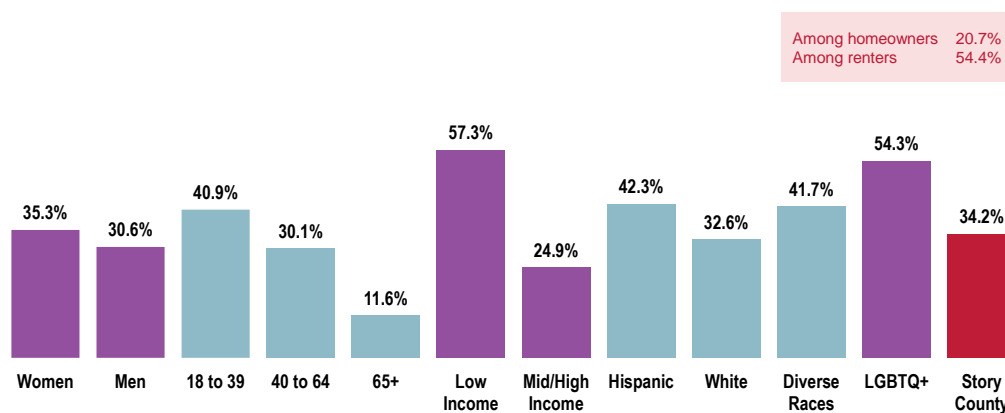
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: ● Asked of all respondents.

Unhealthy or Unsafe Housing

A total of 16.1% of Story County residents report living in unhealthy or unsafe housing conditions during the past year.

DISPARITY ► Higher in the Ames Area. More often reported among adults age 18 to 39, those with lower incomes, Hispanic residents, residents of diverse races, LGBTQ+ respondents, and renters.

Respondents were asked: "Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"

Unhealthy or Unsafe Housing Conditions in the Past Year

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US
17.5%	11.8%	0.4%	13.6%	17.1%	15.4%	16.1%	16.4%
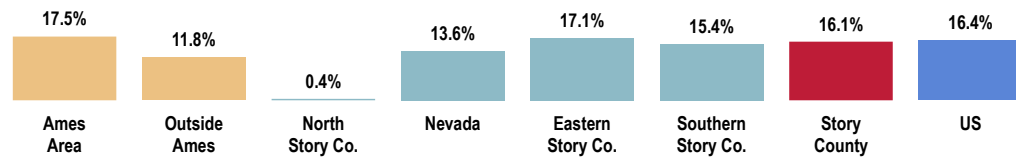
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 55]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Unhealthy or Unsafe Housing Conditions in the Past Year
(Story County, 2024)
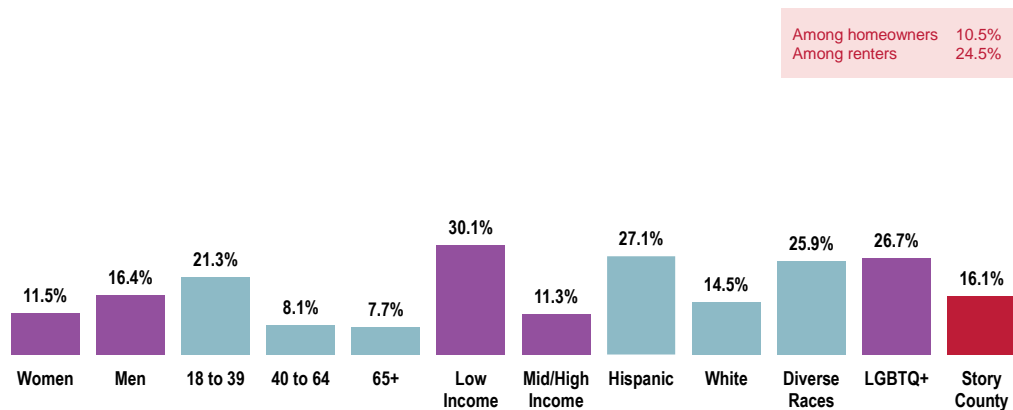
Among homeowners	10.5%
Among renters	24.5%

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
11.5%	16.4%	21.3%	8.1%	7.7%	30.1%	11.3%	27.1%	14.5%	25.9%	26.7%	16.1%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 55]
Notes: ● Asked of all respondents.
● Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Houselessness

A total of 3.1% of respondents report having been houseless at some point in the past 12 months.

BENCHMARK ► About half the national percentage.

DISPARITY ► Higher in the Outside Ames area, especially Eastern Story County. More often reported among male respondents, adults younger than 65, and White residents.

Was Houseless at Some Point in the Past Year

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US
2.2%	5.8%	0.2%	6.0%	16.1%	3.1%	3.1%	6.9%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 301]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those who were living on the street, in a car, or in a temporary shelter.
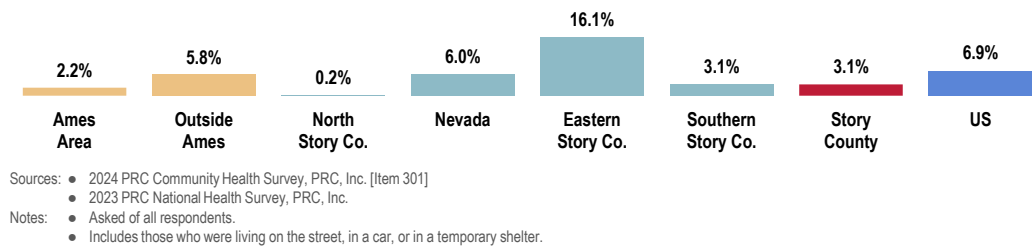
Was Houseless at Some Point in the Past Year
(Story County, 2024)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
1.0%	5.1%	3.4%	4.3%	0.0%	3.1%	3.7%	1.7%	3.5%	1.0%	0.0%	3.1%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 301]

Notes:
- Asked of all respondents.
- Includes those who were living on the street, in a car, or in a temporary shelter.

Low Food Access

US Department of Agriculture data show that 23.2% of the Story County population (representing over 20,700 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

Population With Low Food Access
(2019)

20,727 individuals have low food access

Story County	IA	US
23.2%	20.0%	22.2%
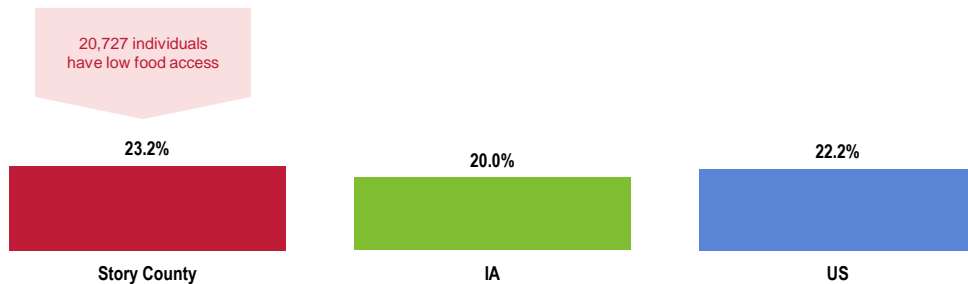
Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

Notes:
- Low food access is defined as living far (more than 1 mile in urban areas, more than 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.

Map Legend

Report Location, County

Population with Limited Food Access, Percent by Tract, USDA - FARA 2019
- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access
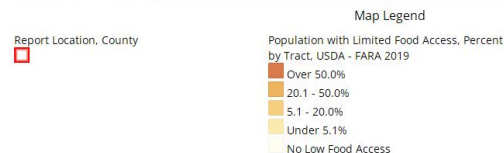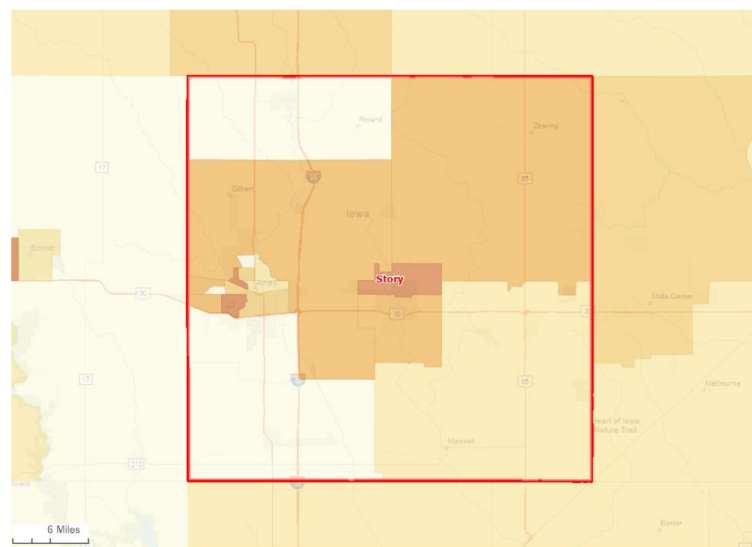
SparkMap

Food Insecurity

Overall, 30.1% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

BENCHMARK ▶ Lower than found nationally.

DISPARITY ▶ Higher in the Ames Area. More often reported among adults younger than 65, adults with lower incomes, Hispanic residents, and residents of diverse races.

Food Insecurity

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US
33.0%	21.5%	14.8%	14.7%	33.8%	25.2%	30.1%	43.3%
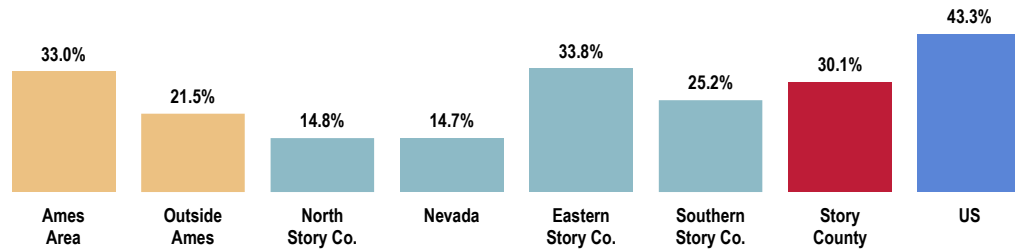
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 98]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Food Insecurity
(Story County, 2024)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
28.1%	30.5%	36.5%	26.0%	10.6%	54.8%	20.7%	49.5%	26.9%	50.3%	35.9%	30.1%
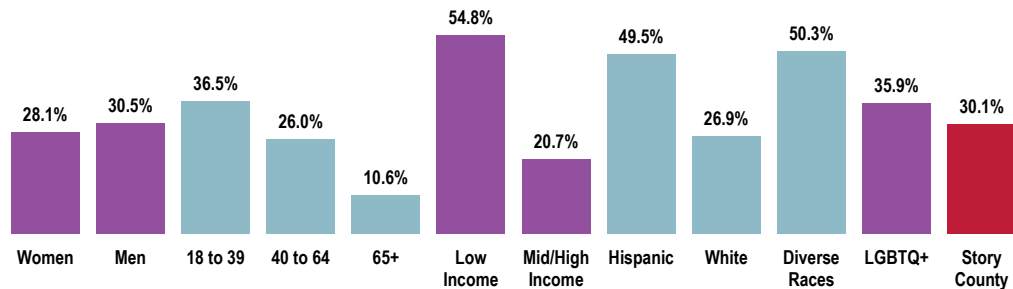
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 98]
Notes: ● Asked of all respondents.
● Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Key Informant Input: Social Determinants of Health

The greatest share of key informants taking part in an online survey characterized *Social Determinants of Health (especially Housing)* as a "moderate problem" in the community.

Perceptions of Social Determinants of Health
as a Problem in the Community
(Among Key Informants; Story County, 2024)

▪ Major Problem ▪ Moderate Problem ▪ Minor Problem ▪ No Problem At All

32.9%	52.4%	12.2%

2.4%

Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.
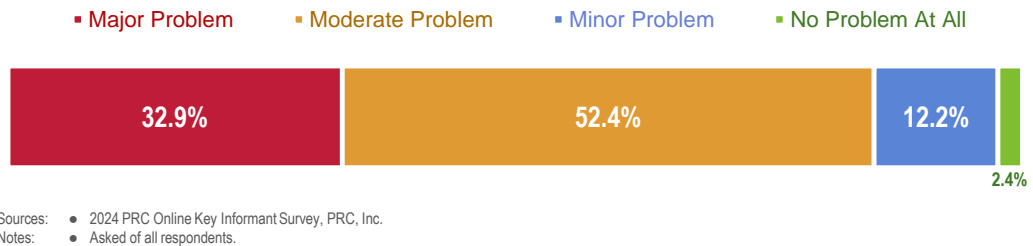
Among those rating this issue as a "major problem," reasons related to the following:

Housing

Affordable housing in Story County. – Social Services Provider

Lack of affordable housing, lack of income – for many, there is a lack of income, or inability to apply for disability benefits, struggles to work. – Social Services Provider

Safe, stable housing is so important to the health of humans. I lead a new rental housing and tenant education program offering subsidies housing for up to one year to tenants who have been homeless or at severe risk of being unhoused. We have been open four months, and since then, the five tenants renting individual apartments from us have made significant strides. They are reestablishing relationships with family members. Two are enrolling at DMACC to get their GEDs. One is working part-time. Another is receiving services from Iowa Vocational Rehab. One tenant is finally feeling settled enough to have surgery that will allow him to return to work. The four who were homeless by federal definition are now eating healthier due to being able to cook fresh fruits and vegetables they get from local food pantries. All report getting more sleep and having more periods of calmness and serenity. Their interactions with others are less defensive, more pleasant. They say they feel "safe." – Social Services Provider

Lack of affordable housing. Lack of accessible housing. – Social Services Provider

Story County has an affordable housing crisis. There is simply not enough affordable housing for the low-income individuals that are in our community. Many individuals and families are spending over 50% of their income on housing, leaving very little to pay for child care, transportation, food, diapers, etc. There is also a large problem with homelessness in our community, but the root of the housing problem is poverty. When working with individuals experiencing homelessness, you will find that their problems are so much greater than just not having a place to lay their head at night. Many times, these individuals are working through complex and interwoven issues such as substance abuse, mental health problems, generational poverty, and poor nutrition. Being able to address these issues is nearly impossible with the quick turnaround times that are given to clients at the homeless shelters. This is a very complex issue, but the root is poverty and homelessness. – Social Services Provider

Homelessness is an issue, but it is a symptom of other causes that need to be explored more deeply. – Community Leader

Social determinants of health, such as housing, income, and education, are major issues in our community, particularly for vulnerable youth and young adults. Limited access to affordable housing and stable income affects mental health, safety, and self-sufficiency. Education disparities reduce opportunities, and without supportive environments, youth struggle to overcome addiction and trauma. Environmental factors also impact health, especially in underserved areas. Discrimination adds barriers, preventing equitable access to resources. Addressing these issues requires a communitywide effort focused on prevention, early intervention, and creating supportive systems for recovery, growth, and stability. – Social Services Provider

There is not enough affordable housing, especially for those at or under 30% AMI. Homelessness is increasing, and there is a lack of support from local government. Income is not at a livable wage, as even jobs that pay a decent hourly wage are part-time, sporadic hours, and have no benefits. Discrimination is elusive and pervasive yet everywhere in housing discrimination. – Social Services Provider

Skin diseases due to people's substandard living conditions and the contagious nature of these infections. – Social Services Provider

Adequate housing shows up as a serious problem throughout the county. Housing in the larger cities, like Ames, tends to be very expense. People that are low-income struggle to live in the town that they work in, which exacerbates the transportation issues for this group. There is an extreme difference in education level given the existence of Iowa State University and the high level of poverty that exists within the county. The existence of the large student body masks some of the poverty across the county. The environment is an important issue within Iowa. The level of cancer within the state has been climbing due to changes in the environment. Agricultural processes have caused concern in terms of their impact on the environment. – Community Leader

Affordable and attainable housing remains a critical need in our community. Lack of housing options for low- to moderate-income individuals and families deters the workforce for needed services/businesses, which leads to workforce shortages. Inability of individuals and families to have any viable housing options for those utilizing Section 8 due to lack of participation/acceptance by housing owners/landlords. – Community Leader

Story County landlords are very unforgiving of criminal history and evictions; they discriminate by requiring applicants to make three times the amount of rent (which leaves most people on SSI or SSDI struggling to find permanent housing); rent is affordable for students but too high for many families; we are seeing more and more families unable to pay their rent and more and more unhoused (homeless) residents in Story County. The cost of living is constantly increasing, but salaries aren't. – Social Services Provider

The lack of economical housing in this community is shameful. Is our environment impacted by the constant burning of garbage? When was the last environmental impact study completed regarding this? Discrimination impacts all areas of life in this community. Closed minds equal less opportunity, less listening, and less assistance for traditionally underserved and "other" populations in the community. – Public Health Representative

Homelessness

I see many homeless, jobless, or with low-income jobs, low or very little educated people. Housing is expensive in a university town, and while our bus system is pretty good, it isn't the best for some of the jobs on the outskirts of town. I see people turning to drugs/alcohol when they feel overwhelmed with homelessness and how to get out of it, and I also see discrimination of people that use drugs/alcohol when they are in businesses or medical facilities. – Social Services Provider

A lot of unhoused individuals. – Health Care Provider

We have more homelessness in Ames than most people care to recognize, and it is getting worse. Additionally, we have a significant substance abuse problem, and providers who address this issue need to collaborate rather than compete. – Health Care Provider

There seems to be a major homelessness issue in the downtown area, especially near the library. Currently, Food At First and the Ames Romero House are the main providers helping them with food and other human dignity services. – Social Services Provider

Story County has a large problem with people experiencing homelessness. Unfortunately, this population is growing, and many are families with children under the age of 18 who are experiencing homelessness for the first time. The local government does not see this as a priority issue and provides little to no funding to the nonprofits who are trying to help those who are most vulnerable in our community. – Social Services Provider

Income/Poverty

Social determinants of health are the root of many different health challenge experiences in communities. Rise of income inequality has hurt lower-income families. Lack of affordable housing, particularly in Ames. We have a diverse community and people who are in LGBTQ+ community, people of color, people with disabilities, etc., all experience higher rates of discrimination, which affects health. – Education Representative

Lack of funds. – Social Services Provider

Government/Policy

Social determinants aren't used widely as an analysis criteria for local problem solving – and when they are, I'm afraid that this community is not ready to tackle these challenges in the way it needs to due to various reasons, including political considerations. – Community Leader

Awareness/Education

Often, these determinants go together – education may impact one's ability to work (have an income), and income affects one's ability to have stable housing, which affects one's mental health. It's a cycle. – Health Care Provider

Environmental Contributors

Story county is a highly-educated county. Education is not the challenge; it is the environmental conditions to allow people access and affordability. – Community Leader

Impact on Quality of Life

> Social determinants of health encompass many aspects of overall well-being, which severely impact quality of life in the community. – Social Services Provider

Access to Care/Services

> Impedes access to health care, healthy foods, educational opportunities, and the opportunity to thrive. – Social Services Provider

Transportation

> Transportation to medical appointments. – Health Care Provider

HEALTH STATUS

OVERALL HEALTH STATUS

Most Story County residents rate their overall health favorably (responding "excellent," "very good," or "good").

Self-Reported Health Status
(Story County, 2024)
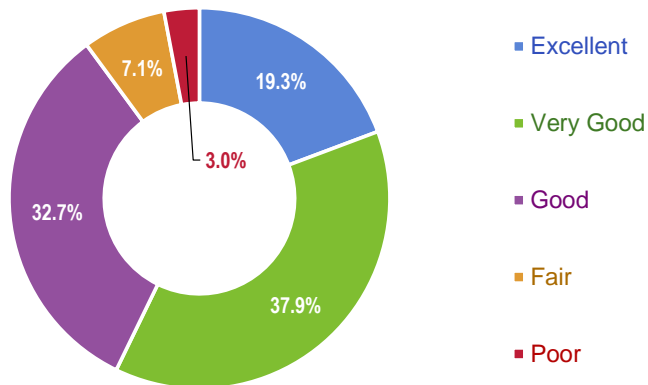
- Excellent — 19.3%
- Very Good — 37.9%
- Good — 32.7%
- Fair — 7.1%
- Poor — 3.0%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: ● Asked of all respondents.

However, 10.1% of Story County adults believe that their overall health is "fair" or "poor."

BENCHMARK ► Lower than found across Iowa and the US.

TREND ► Marks a significant increase from 2005.

DISPARITY ► More often reported among women, adults age 65+, those with lower incomes, Hispanic residents, White residents, and LGBTQ+ respondents.

Experience "Fair" or "Poor" Overall Health

Story County

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	IA	US		2005	2024
10.7%	8.2%	7.6%	7.9%	6.0%	10.6%	10.1%	16.2%	15.7%		6.0%	10.1%
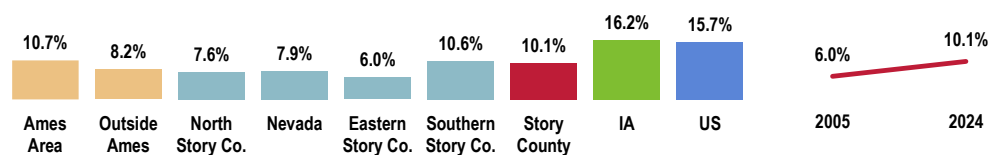
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Experience "Fair" or "Poor" Overall Health
(Story County, 2024)

12.0%	7.2%	9.2%	7.1%	16.1%	19.5%	4.9%	14.6%	11.0%	2.4%	24.4%	10.1%
Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: ● Asked of all respondents.

MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all ages and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

   –   Healthy People 2030 (https://health.gov/healthypeople)

Mental Health Status

Most Story County adults rate their overall mental health favorably ("excellent," "very good," or "good").

"Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is excellent, very good, good, fair, or poor?"

Self-Reported Mental Health Status
(Story County, 2024)

- Excellent — 19.5%
- Very Good — 29.3%
- Good — 27.8%
- Fair — 16.6%
- Poor — 6.8%
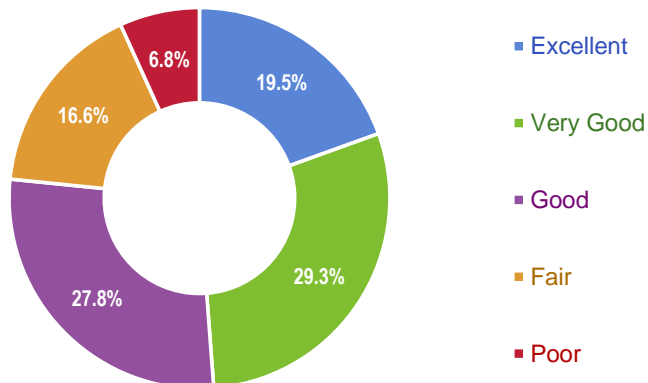
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: ● Asked of all respondents.

However, 23.4% believe that their overall mental health is "fair" or "poor."

DISPARITY ► Higher in the Ames Area.

Experience "Fair" or "Poor" Mental Health

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US
27.2%	11.8%	7.6%	7.9%	7.1%	21.9%	23.4%	24.4%
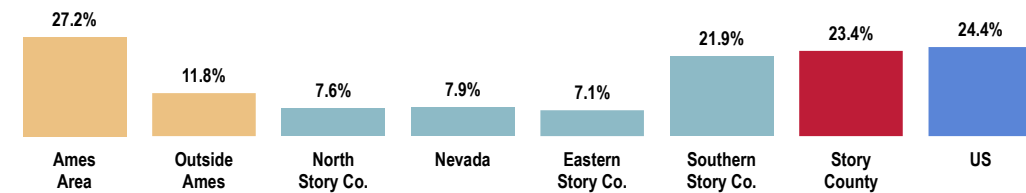
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 77]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Depression

Diagnosed Depression

A total of 28.8% of Story County adults have been diagnosed by a physician or other health professional as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Higher than found across Iowa.

DISPARITY ► Higher in Southern Story County.

Have Been Diagnosed With a Depressive Disorder

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	IA	US
29.3%	27.6%	7.6%	27.7%	25.7%	44.3%	28.8%	18.5%	30.8%
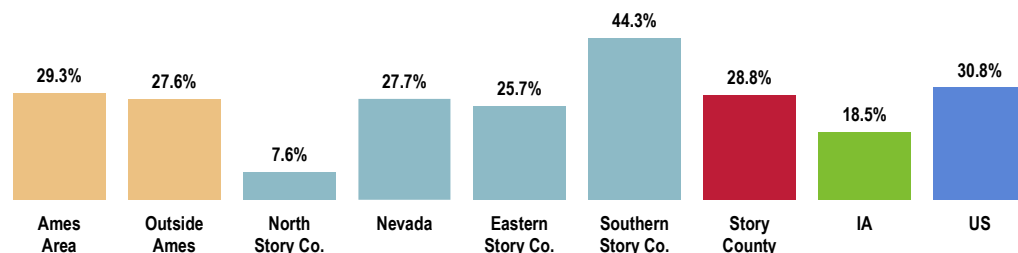
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 80]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

A total of 38.2% of Story County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

BENCHMARK ► Lower than the US finding.

TREND ► Marks a significant increase from 2005.

DISPARITY ► Higher in the Ames Area and Eastern Story County. More often reported among women, adults age 18 to 39, those with lower incomes, and LGBTQ+ respondents.

Have Experienced Symptoms of Chronic Depression

Story County

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US		2005	2024
41.2%	29.2%	8.5%	26.3%	55.5%	30.9%	38.2%	46.7%		17.2%	38.2%
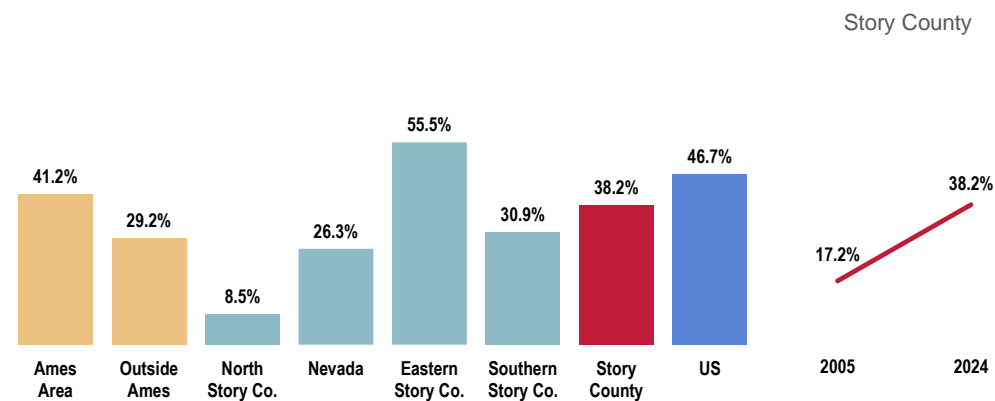
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 78]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Have Experienced Symptoms of Chronic Depression
(Story County, 2024)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
44.8%	29.7%	48.1%	25.0%	22.7%	63.9%	26.7%	36.7%	37.9%	40.6%	70.3%	38.2%
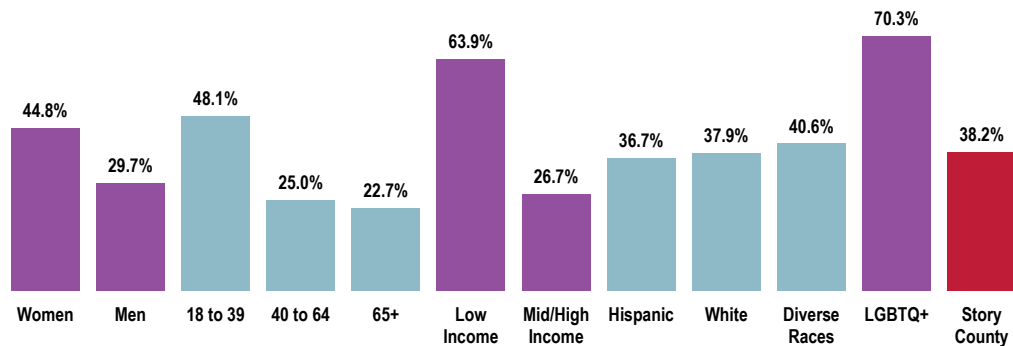
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 78]
Notes: ● Asked of all respondents.
● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Stress

A majority of surveyed adults characterize most days as no more than "moderately" stressful.

Perceived Level of Stress On a Typical Day
(Story County, 2024)
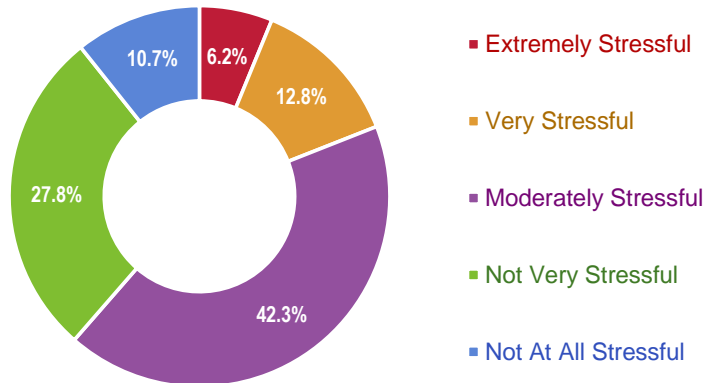
- ■ Extremely Stressful
- ■ Very Stressful
- ■ Moderately Stressful
- ■ Not Very Stressful
- ■ Not At All Stressful

6.2% Extremely Stressful
12.8% Very Stressful
42.3% Moderately Stressful
27.8% Not Very Stressful
10.7% Not At All Stressful

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: ● Asked of all respondents.

In contrast, 19.0% of Story County adults feel that most days for them are "very" or "extremely" stressful.

DISPARITY ► Higher Outside Ames (especially in Southern Story County). More often reported among adults younger than 65.

Perceive Most Days As "Extremely" or "Very" Stressful

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US
16.6%	26.3%	18.4%	29.0%	17.2%	35.7%	19.0%	21.1%
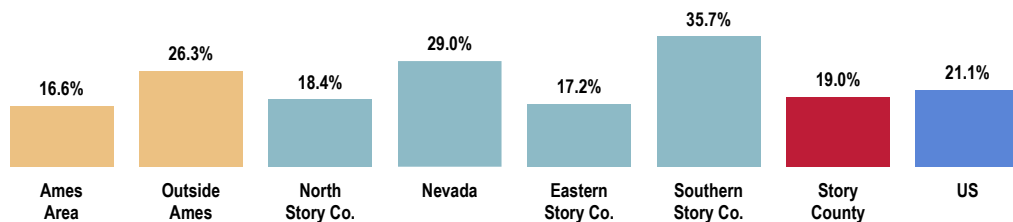
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 79]
   ● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Most Days as "Extremely" or "Very" Stressful
(Story County, 2024)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
17.4%	21.7%	19.3%	24.0%	9.8%	21.1%	20.9%	15.3%	20.0%	14.3%	12.9%	19.0%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: ● Asked of all respondents.
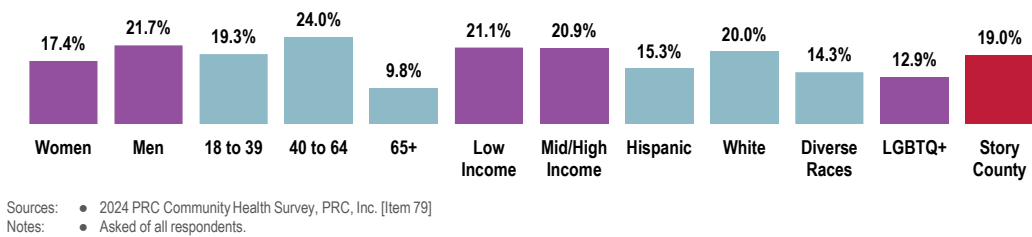
Suicide

In Story County, there were 17.1 suicides per 100,000 population (2020-2022 annual average rate).

BENCHMARK ► Higher than the national rate. Fails to satisfy the Healthy People 2030 objective.

TREND ► Increasing significantly in Story County over time.

Suicide Mortality
(2020-2022 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower

Story County	IA	US
17.1	17.7	14.4

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Suicide Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower

	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022
Story County	10.3	9.1	8.6	7.5	9.9	14.3	18.7	17.1
IA	13.8	13.8	14.5	15.0	15.8	16.5	17.1	17.7
US	13.4	13.7	14.0	14.4	14.6	14.4	14.3	14.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Mental Health Treatment

Mental Health Providers

In Story County in 2023, there were 240.8 mental health providers (including psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care) for every 100,000 population.

BENCHMARK ► More favorable than the statewide rate but less favorable than the national rate.

Note that this indicator only reflects providers practicing in Story County and residents in Story County; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

Number of Mental Health Providers per 100,000 Population
(2023)

Story County	IA	US
240.8	198.7	313.6

240 Mental Health Providers

Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Currently Receiving Treatment

A total of 26.3% of area adults are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

BENCHMARK ► Higher than found across the US.

DISPARITY ► Lower in North Story County.

Currently Receiving Mental Health Treatment

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US
27.3%	23.3%	14.4%	25.7%	25.8%	26.2%	26.3%	21.9%
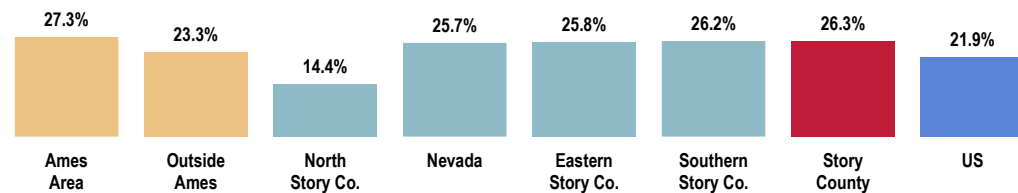
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 81]
　　　　 ● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
　　　　 ● Includes those now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.

Difficulty Accessing Mental Health Services

A total of 12.1% of Story County adults report a time in the past year when they needed mental health services but were not able to get them.

DISPARITY ► Higher in the Ames Area. More often reported among adults younger than 65, those with lower incomes, and LGBTQ+ respondents.

Unable to Get Mental Health Services When Needed in the Past Year

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US
15.0%	3.2%	6.3%	2.3%	0.7%	3.4%	12.1%	13.2%
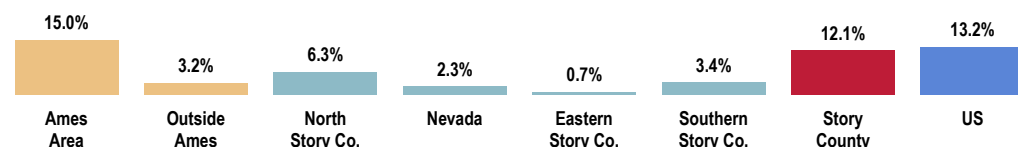
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 82]
　　　　 ● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Unable to Get Mental Health Services When Needed in the Past Year
(Story County, 2024)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
11.9%	9.0%	16.3%	7.1%	1.4%	26.4%	6.3%	13.5%	12.4%	10.1%	27.8%	12.1%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 82]
Notes: ● Asked of all respondents.
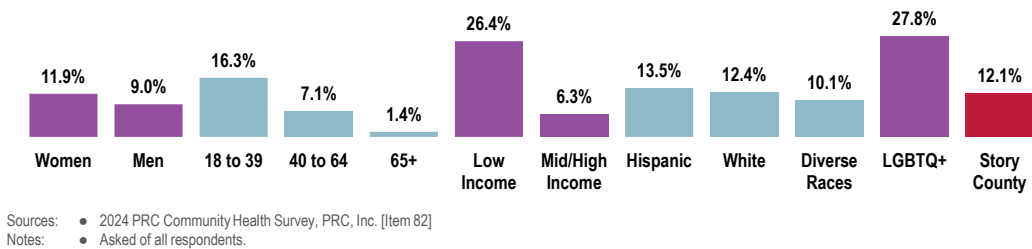
Key Informant Input: Mental Health

The greatest share of key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.

Perceptions of
Mental & Emotional Health as a Problem in the Community
(Among Key Informants; Story County, 2024)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

Major Problem	Moderate Problem
67.9%	31.0%

1.2%

Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

Access to mental health services, such as available psychiatrists and therapists, especially for those who are low-income or on Medicaid. – Social Services Provider

Getting the help they need in a timely manner and being heard. – Social Services Provider

Not enough beds and not enough providers. – Health Care Provider

Lack of access to providers; lack of access to medications/non-compliance with prescribed medications (due to mental illness or costs associated with medications); there is little coordination of care once a patient is released from the behavioral health unit at the hospital or from an emergency room. – Health Care Provider

There are not enough services available, such as service providers, for the increase in mental health issues seen. – Community Leader

Access to trained mental health care providers. – Education Representative

Access to and availability of services, especially in the rural areas when their income is already tight. – Education Representative

A major challenge for youth mental health is limited access to specialized support in schools, where early intervention is crucial. The surgeon general's advisory highlighted COVID-19's impact on youth mental health, with rising rates of anxiety and depression. Social media and excessive screen time also worsen mental health, leading to issues like low self-esteem, cyberbullying, and social isolation. High screen time disrupts sleep and physical activity, essential for mental wellness. Addressing these issues requires accessible school resources, guidance on healthy technology use, and reducing the stigma around youth mental health. – Social Services Provider

Accessibility to services and options for immediate and urgent care. Services are limited, demand is high. If it's an acute issue, the patient is treated and released too soon. – Health Care Provider

The biggest challenge for people with mental health issues in our community is the lack of available resources. Many providers have long wait lists for psychiatric services and counseling. Experienced and licensed mental health providers have long wait lists, are expensive, or don't take state health insurance. Also, there are many people that are presenting at the homeless service providers that have severe mental health issues and are not going to receive the services they need at the homeless shelter. They need to be in a mental health residential program, and there are not enough of those in Ames. – Social Services Provider

The lack of resources and help. I work with the homeless and disadvantaged, so I see many not getting any help whatsoever. Then they turn to drugs and alcohol, and then, unfortunately, the police officers end up taking care of things. – Social Services Provider

Access to providers. Many providers have waitlists months out, plus the typical insurance coverage issues. – Community Leader

Access to ongoing care for chronic mental health conditions. 24/7 crisis management away from the emergency department, the police, and jail. Adequate number of providers authorized to prescribe appropriate medications. – Community Leader

Access to timely care. – Community Leader

Access to care and cost. – Community Leader

Access and education needed about available mental health services and how to navigate them. Education to all about available crisis services and how to navigate that system. Education about mental health needs, in general, is needed in the community. – Social Services Provider

Mental health is such a large issue in our society, impacting nearly everyone. We need to have supportive, affordable resources available to everyone, from children to senior citizens. We should have trained mental health counselors available in our schools to support kids dealing with a variety of mental health issues. This alone would make a huge impact on the problems we're facing. – Community Leader

Access to counseling, inpatient housing, and financial assistance. – Health Care Provider

Accessibility and inpatient care. – Social Services Provider

Access to services, availability of low-cost medications, stigma, and lack of understanding with family or other support systems. – Health Care Provider

Growing mental health needs of our population and shrinking mental health services. – Social Services Provider

No place to go or knowing what resources are available. – Social Services Provider

Access to services for no-, low-, or moderate-income families, especially those without insurance. – Community Leader

Finding a therapist that fits with them. Even if they can get an appointment, the fit is not always right. – Community Leader

Access to mental health providers. – Community Leader

Access and affordability of treatment. – Community Leader

People with mental health issues have a hard time finding an avenue for assistance in dealing with their mental health. – Community Leader

Finding a provider and the wait times to see a provider are too long. If you need to talk to someone because you have suicidal thoughts, you have a long wait to get into a provider. – Health Care Provider

Access to psychiatric medication management professionals and other behavioral health experts. – Social Services Provider

Lack of Providers

Excessive waitlists, lack of providers in the area, difficulty for people with dual diagnosis, mental health and behavioral or physical health needs, lack of groups that accept Medicaid or MCOs. – Social Services Provider

Not enough community mental health providers – there is a six-month wait for most. Private providers also have long wait times and tend not to accept Medicaid. Not enough psych beds. Many who present for treatment are turned away. Agencies that try to get assistance for clients experiencing mental health issues are often told there isn't any assistance available. The ARCH team is often unavailable. There are a lot of unhoused mentally ill adults in Story County because there aren't enough resources and because landlords won't accept them. – Social Services Provider

Having enough providers for people that need help. Having providers that have availability. Having providers for all age groups. – Education Representative

Finding and accessing providers. – Health Care Provider

Uninsured or underinsured folks have a hard time getting services. Even those with insurance may experience long wait times for mental health services. – Community Leader

Lack of treatment options due to provider shortages, wait times for appointments, cost, isolation, and lack of social and family support due to symptom manifestation. – Social Services Provider

There are no providers locally. We have no place for geriatric psychiatry. For nursing home residents that have other chronic health issues, there is no place for them to go when they have a psychiatric episode. – Health Care Provider

There are not enough providers generally, and most definitely not enough licensed psychiatrists in the community setting. Sometimes, the lack of providers means being on a waitlist for a long time or not even being able to be added to a waitlist. Also, there are not enough providers who take Medicaid/Medicare or assist uninsured individuals. Additionally, there is a desperate need for a pediatric behavioral health "ward" in Story County, as well as an intensive outpatient program. – Social Services Provider

There are very few providers for the amount of people who need these services. – Social Services Provider

Inadequate number of psychiatrists, psychologists, and licensed social workers to provide timely diagnosis, treatments, and follow-up. Inadequate funding of mental health services and long-term support, such as a higher basic monthly income and subsidized housing. A sharp increase in the number of children and youth experiencing significant or debilitating mental health symptoms. – Social Services Provider

Affordable Care/Services

Getting access to services. It can be hard for families due to finances, insurance, location, and availability. – Education Representative

Access to affordable, timely, and consistently available evaluations and follow-up services. – Social Services Provider

Access to affordable options, navigating the system, and where to turn for help. – Health Care Provider

Mostly costs and an inefficient system that requires a wait for an open general practitioner appointment to then be referred to a specialist, which will delay the patient care further. – Community Leader

Continuum of Care

The continuum of care for those in need is my biggest concern. We have many resources and organizations working on this concern; however, it feels very disjointed. I do not believe we all understand the resources available in our community and the true gaps that exist. Outpatient services and Inpatient services are in high demand. – Health Care Provider

We lack a full continuum of services needed to provide prevention, treatment, and related needs. Crisis support for youth and young adults remains a growing need, along with a workforce (particularly child psychiatry) to adequately manage the population. A greater presence of Community Mental Health Center services in Story County is needed. A 24/7/365 immediate response team is needed to provide crisis and outreach services to those experiencing immediate, life-threatening issues (suicidal ideations, psychosis). It must be fully funded and implemented in the community. A growing population of chronic homeless individuals with SMI/SED is also of concern. – Community Leader

Access for Medicare/Medicaid Patients

Lack of mental health services that take Medicaid. Lack of mental health services that understand mental health with dual diagnosis of intellectual disability. – Social Services Provider

Mental health services continue to be in high demand. Lack of psychiatrists and psychologists that take Medicaid equals a delay in services for adults and children. – Community Leader

Stigma

This may not be a health issue, but it certainly applies to health issues. It is to treat people with caring and dignity. I see it all the time in town. People with mental illness, addictions, and other issues are shunned or looked down upon. They are all humans, almost all of them decent, wonderful people inside. If they are treated with kindness, dignity, and no judgment, it goes a very long way in just helping them to try to get some help with whatever their issues may be. – Social Services Provider

Transportation

Mental health issues in Story County suffer from the availability of mental health programs that are readily available to people in need. Many of the people within the county are scattered across the county in small towns or rural areas that require transportation to get to facilities that provide mental health care. The high percentage of low-income people that exist in Story County further complicates the problem of people in need getting access to the appropriate care. – Community Leader

Social Determinants of Health

Mental health challenges are strongly connected to social determinants of health. Folks who are housing/food insecure are more likely to experience mental health challenges. Mental health challenges are high among youth and young adults (which Story County has a high percentage of due to the university). Lack of access in rural areas and cost are a challenge. Lack of prevention education and resources, in particular getting that information to folks who need it. Mental health is more than just access to treatment; we need to think about developing a broader continuum of care that includes prevention. – Education Representative

Funding

Mental health is affecting our children, young adults, and adults so drastically, it's becoming debilitating. We need more funding for peer-run organizations so they can staff their organizations with highly qualified individuals who can help fill the gap and work more closely with hospitals, providers, and families. – Social Services Provider

Diagnosis/Treatment

We have too many behavior problems in the schools. We have too many ways to medicate but not actually treat mental illness, and we gain nothing this way.- Community Leader

Follow Up/Support

Access to follow-up care following a hospitalization. Recently, CIPS closed, which leads to another gap in access. – Health Care Provider

Insurance Issues

Access to therapy due to insurance coverage. – Community Leader

Stress

Stress, social media influence, reduced connections to community and friends, and inability to access mental health services. – Community Leader

Isolation

Loneliness. There are considerable numbers of people who feel socially isolated. – Social Services Provider
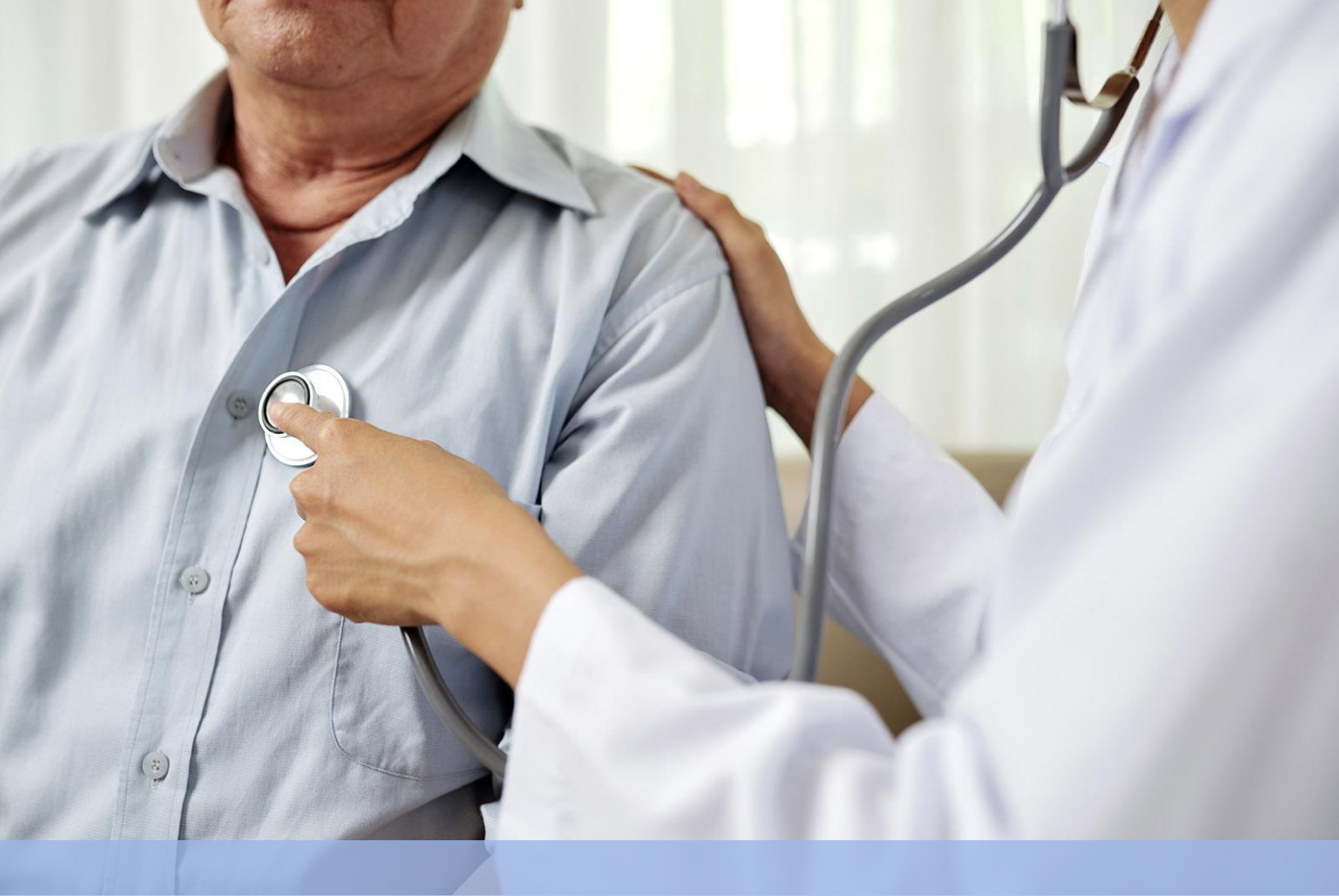
DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for 4 in 10 deaths in Story County in 2022.

Leading Causes of Death
(Story County, 2022)
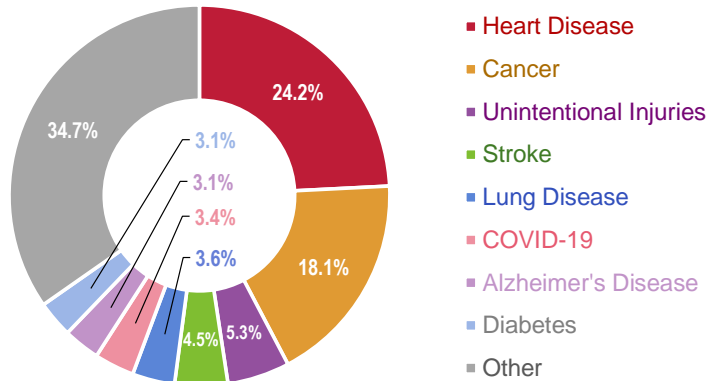
- Heart Disease — 24.2%
- Cancer — 18.1%
- Unintentional Injuries — 5.3%
- Stroke — 4.5%
- Lung Disease — 3.6%
- COVID-19 — 3.4%
- Alzheimer's Disease — 3.1%
- Diabetes — 3.1%
- Other — 34.7%

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.
Notes: ● Lung disease includes deaths classified as chronic lower respiratory disease.

Death Rates for Selected Causes

Here, deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

The following chart outlines 2020-2022 annual average death rates per 100,000 population for selected causes of death in Story County.

Leading causes of death are discussed in greater detail in subsequent sections of this report.

Death Rates for Selected Causes
(2020-2022 Deaths per 100,000 Population)

	Story County	Iowa	US	Healthy People 2030
Heart Disease	139.9	240.5	210.7	127.4*
Cancers (Malignant Neoplasms)	117.7	197.2	182.6	122.7
Unintentional Injuries	35.3	54.8	65.6	43.2
Stroke (Cerebrovascular Disease)	23.5	44.2	49.1	33.4
Lung Disease (Chronic Lower Respiratory Disease)	22.2	53.5	44.5	—
Alzheimer's Disease	20.8	41.9	37.6	—
Suicide	17.1	17.7	14.4	12.8
Diabetes	16.8	32.2	30.8	—
Alcohol-Induced Deaths	10.8	18.0	15.5	—
Cirrhosis/Liver Disease	9.8	15.1	16.4	10.9
Kidney Disease	9.8	14.0	16.6	—
Pneumonia/Influenza	7.4	14.7	14.3	—
Unintentional Drug-Induced Deaths	5.7	11.8	28.3	—
Motor Vehicle Deaths	5.7	11.0	13.1	10.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople.

Note:
- *The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Heart Disease & Stroke Deaths

Heart Disease Deaths

The greatest share of cardiovascular deaths is attributed to heart disease.

Between 2020 and 2022, there was an annual average heart disease mortality rate of 139.9 deaths per 100,000 population in Story County.

BENCHMARK ► Considerably lower than the state and national rates.

TREND ► Increasing significantly to the highest level recorded in Story County in a decade.

Heart Disease Mortality
(2020-2022 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)

Story County	IA	US
139.9	240.5	210.7

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Heart Disease Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)

	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022
Story County	113.3	112.1	108.7	119.2	129.8	125.7	135.0	139.9
IA	219.1	217.4	222.5	225.7	231.3	234.2	238.7	240.5
US	194.4	195.5	197.5	198.6	200.0	204.2	207.3	210.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Stroke Deaths

Between 2020 and 2022, there was an annual average stroke mortality rate of 23.5 deaths per 100,000 population in Story County.

BENCHMARK ► Much lower than the state and national rates. Satisfies the Healthy People 2030 objective.

TREND ► Decreasing significantly in Story County over time.

Stroke Mortality
(2020-2022 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 33.4 or Lower

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Stroke Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 33.4 or Lower

	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022
Story County	30.4	27.9	28.9	27.3	24.6	19.4	20.4	23.5
IA	45.7	45.3	44.9	45.0	45.1	45.0	44.4	44.2
US	42.1	43.1	44.2	44.7	45.3	46.5	47.8	49.1

Sources:
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 4.0% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

BENCHMARK ► Lower than the state and national findings.

DISPARITY ► Higher Outside Ames (especially in Eastern Story County). More often reported among adults age 40+, especially those age 65+.

Prevalence of Heart Disease

Story County

18 to 39	0.6%
40 to 64	6.2%
65+	14.3%

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	IA	US	2005	2024
3.0%	7.1%	5.4%	3.5%	13.5%	7.7%	4.0%	6.7%	10.3%	3.4%	4.0%

Sources:
● 2024 PRC Community Health Survey, PRC, Inc. [Item 22]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Iowa data.
● 2023 PRC National Health Survey, PRC, Inc.

Notes:
● Asked of all respondents.
● Includes diagnoses of heart attack, angina, or coronary heart disease.

Prevalence of Stroke

A total of 1.8% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

BENCHMARK ► Lower than the state and national findings.

DISPARITY ► Lower in Eastern Story County. More often reported among adults age 65+.

Prevalence of Stroke

Story County

Age	Percent
18 to 39	0.4%
40 to 64	1.6%
65+	7.8%

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	IA	US		2005	2024
1.3%	3.1%	3.5%	3.5%	0.0%	4.5%	1.8%	3.1%	5.4%		1.3%	1.8%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 23]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 25.4% of Story County adults have been told by a health professional at some point that their blood pressure was high.

BENCHMARK ► Lower than found statewide and nationally. Satisfies the Healthy People 2030 objective.

TREND ► Represents a significant increase from 2005.

A total of 23.1% of adults have been told by a health professional that their cholesterol level was high.

BENCHMARK ► Lower than found nationally.

TREND ► Represents a significant decrease from 2005.

DISPARITY ► Higher in Southern Story County (not shown).

Prevalence of
High Blood Pressure
Healthy People 2030 = 42.6% or Lower
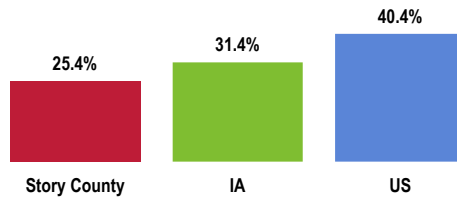
Prevalence of
High Blood Cholesterol

25.4%	31.4%	40.4%		23.1%	32.4%
Story County	IA	US		Story County	US
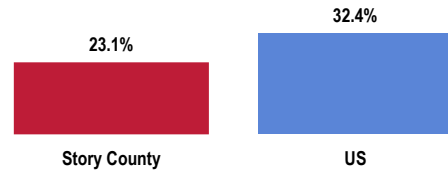
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Prevalence of
High Blood Pressure
(Story County)
Healthy People 2030 = 42.6% or Lower

Prevalence of
High Blood Cholesterol
(Story County)

18.6%	25.4%		29.3%	23.1%
2005	2024		2005	2024
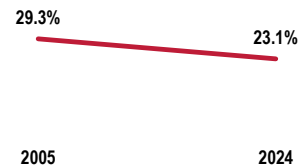
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

A total of 86.5% of Story County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

TREND ► Denotes a significant increase from 2005.

DISPARITY ► Higher Outside Ames (especially in Southern Story County). More often reported among men, adults age 40+, and Hispanic residents.

Exhibit One or More Cardiovascular Risks or Behaviors

85.2%	90.6%	89.4%	89.5%	87.7%	94.3%	86.5%	87.8%	73.6%	86.5%
Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US	2005	2024

Story County
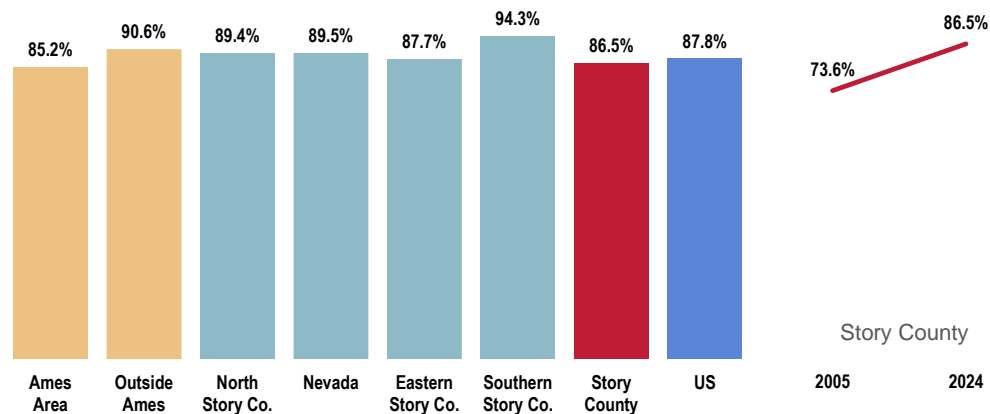
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 100]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Reflects all respondents.
● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Exhibit One or More Cardiovascular Risks or Behaviors
(Story County, 2024)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
81.8%	89.6%	82.7%	91.6%	91.5%	88.3%	84.3%	92.2%	86.9%	82.7%	90.0%	86.5%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 100]
Notes: ● Reflects all respondents.
● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "moderate problem" in the community.

Perceptions of Heart Disease & Stroke as a Problem in the Community
(Among Key Informants; Story County, 2024)
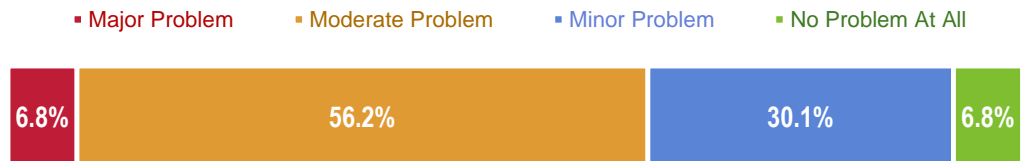
■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

6.8%	56.2%	30.1%	6.8%

Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> Mostly because I hear of so many friends, family members, and others that have heart issues. – Social Services Provider
>
> High incidence of heart disease. Also tied to diet and exercise. – Health Care Provider

CANCER

ABOUT CANCER

The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (https://health.gov/healthypeople)

Cancer Deaths

All Cancer Deaths

Between 2020 and 2022, there was an annual average cancer mortality rate of 117.7 deaths per 100,000 population in Story County.

BENCHMARK ► Lower than state and national rates.

TREND ► Decreasing over the past decade.
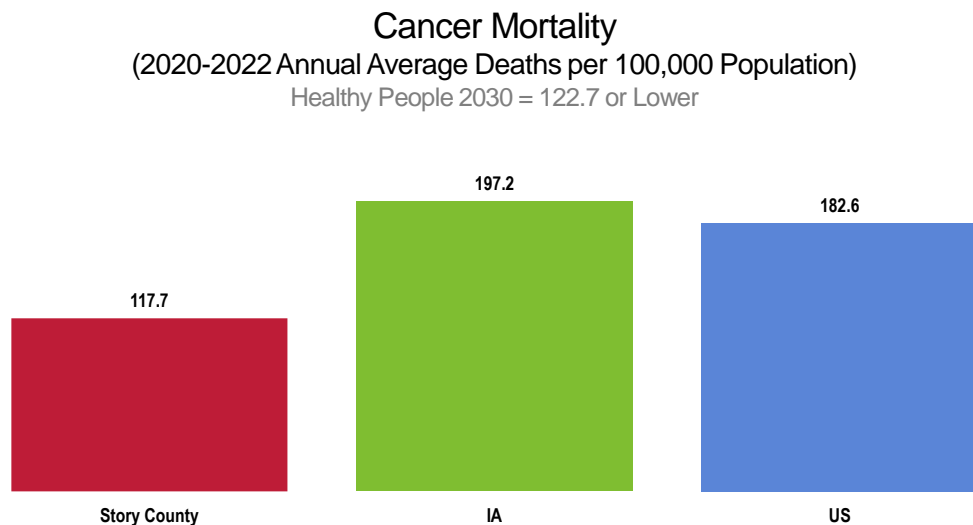
Cancer Mortality
(2020-2022 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower

117.7	197.2	182.6
Story County	IA	US

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Cancer Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower

	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022
Story County	137.7	137.2	127.7	125.7	122.3	128.5	122.1	117.7
IA	209.5	207.7	206.2	204.6	203.1	201.2	198.7	197.2
US	185.3	185.4	184.8	184.1	183.3	182.9	182.6	182.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Cancer Deaths by Site

Lung cancer is the leading cause of cancer deaths in Story County.

Other leading sites include female breast cancer, prostate cancer, and colorectal cancer (both sexes).

BENCHMARK

Lung Cancer ► Lower than both state and national rates.

Female Breast Cancer ► Lower than both state and national rates.

Prostate Cancer ► Lower than both state and national rates. Satisfies the Healthy People 2030 objective.

Colorectal Cancer ► Lower than both state and national rates.

Cancer Death Rates by Site
(2020-2022 Annual Average Deaths per 100,000 Population)

	Story County	Iowa	US	Healthy People 2030
ALL CANCERS	117.7	197.2	182.6	122.7
Lung Cancer	25.6	46.0	40.5	25.1
Female Breast Cancer	16.9	24.7	25.2	15.3
Prostate Cancer	10.3	21.3	20.1	16.9
Colorectal Cancer	9.8	17.7	16.2	8.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Cancer Incidence

"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. It is usually expressed as cases per 100,000 population per year.

The highest cancer incidence rates are for female breast cancer and prostate cancer.

BENCHMARK

Lung Cancer ► Lower than both state and national rates.

Cancer Incidence Rates by Site
(2016-2020)

■ Story County ■ IA ■ US

Site	Story County	IA	US
All Sites	445.5	486.8	442.3
Female Breast Cancer	128.3	134.7	127.0
Prostate Cancer	128.0	120.4	110.5
Lung Cancer	42.4	60.7	54.0
Colorectal Cancer	37.6	40.7	36.5

Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the incidence rate (cases per 100,000 population per year) for select cancers.

Prevalence of Cancer

A total of 4.9% of surveyed Story County adults report having ever been diagnosed with cancer.

BENCHMARK ► Lower than found statewide and nationally.

DISPARITY ► Higher Outside Ames (especially Southern Story County). More often reported among adults age 65+ and White residents.

Prevalence of Cancer

The most common types of cancers cited locally include:
1) Skin Cancer   36.3%
2) Breast Cancer   25.7%
3) Prostate Cancer   13.4%

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	IA	US
3.7%	8.4%	7.3%	2.7%	7.7%	15.3%	4.9%	12.3%	7.4%
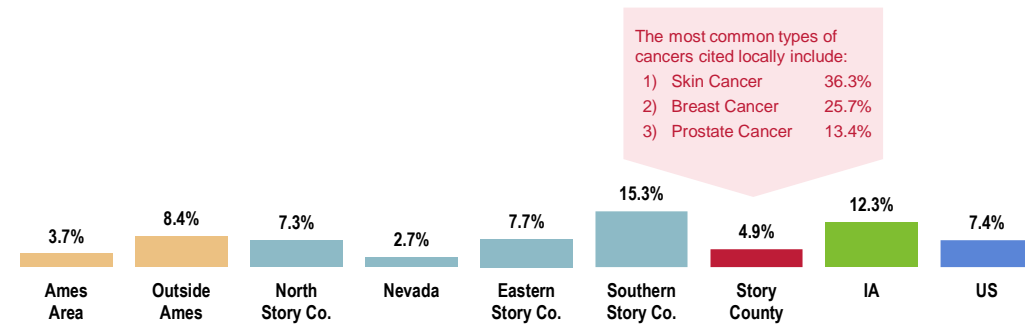
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 24-25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Cancer
(Story County, 2024)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
6.0%	4.3%	1.4%	3.7%	22.4%	3.3%	5.6%	2.9%	5.6%	0.0%	1.4%	4.9%
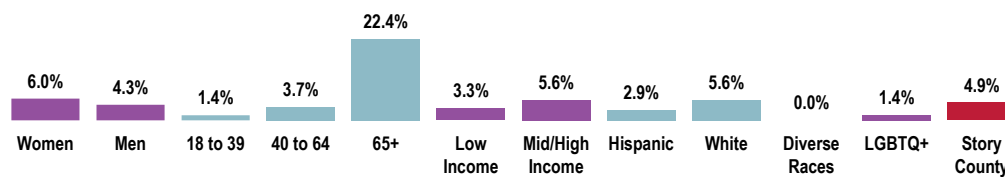
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 24]

Notes:
- Asked of all respondents.

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures. Screening levels in the community were measured in the PRC Community Health Survey relative to the following cancer sites:

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 50 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women age 21 to 29 years. For women age 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 45 years and continuing until age 75 years.

‒ US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every 3 years in women age 21 to 65.

Among women age 50 to 74, 85.8% have had a mammogram within the past 2 years.

> BENCHMARK ► More favorable than the US percentage.

Among Story County women age 21 to 65, 77.5% have had appropriate cervical cancer screening.

> BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

Among all adults age 45 to 75, 71.1% have had appropriate colorectal cancer screening.

Breast Cancer Screening
(Women 50-74)
Healthy People 2030 = 80.5% or Higher

Cervical Cancer Screening
(Women 21-65)
Healthy People 2030 = 84.3% or Higher

Colorectal Cancer Screening
(All Adults 45-75)
Healthy People 2030 = 74.4% or Higher

Breast Cancer Screening:
- Story County: 85.8%
- IA: 79.6%
- US: 64.0%

Cervical Cancer Screening:
- Story County: 77.5%
- US: 75.4%

Colorectal Cancer Screening:
- Story County: 71.1%
- IA: 68.5%
- US: 71.5%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 101-103]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Each indicator is shown among the gender and/or age group specified.
- Note that national data for colorectal cancer screening reflect adults ages 50 to 75.

Key Informant Input: Cancer

Key informants taking part in an online survey most often characterized *Cancer* as a "moderate problem" in the community.

Perceptions of Cancer as a Problem in the Community
(Among Key Informants; Story County, 2024)
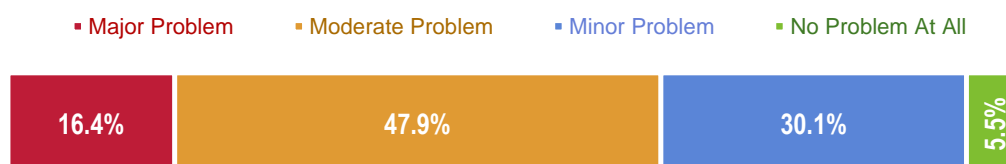
■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
16.4%	47.9%	30.1%	5.5%

Sources:
- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

Iowa has some of the highest rates of cancer in the country. I was told we are one of the only states where the problem is getting worse. – Social Services Provider

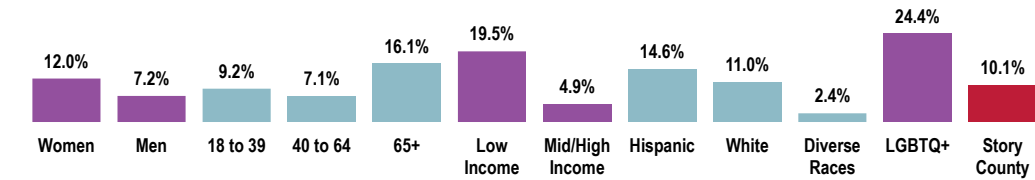The high prevalence of cancer in Iowa is an ongoing concern. – Social Services Provider

Many individuals in my close circle have been diagnosed with cancer in some capacity. – Community Leader

Looking at recent data being reported by the Iowa Cancer Registry, Iowa is experiencing the fastest or second-fastest rates of new cancer diagnoses in the country. Access to prevention, treatment, and supportive resources are paramount to addressing these alarming trends. – Community Leader

I believe a large number of people get cancer and that too many people die from it, suffer long-term from treatment, and are financially devasted by the health care costs. This isn't unique to our community nor is it necessarily due to poor screening habits, as some cancers are not screened for, such as pancreatic. – Social Services Provider

The number of people in our community that are on treatment for it, or that have died from it. – Community Leader

> Although we have excellent cancer care services, the incidence of cancer seems to be continuing at a high level, with onset increasing at earlier ages. Perhaps some of the awareness relates to the fact that more people are living longer lives after diagnosis. – Community Leader

Affordable Care/Services

> Cancer is everywhere, and when a person gets cancer, it is a financial burden as well as a burden on the entire community. That much you know. Having some method of early detection, early treatment, and community support (access to transportation, day care and meal trains, for example) and a way to let people know where to find access to these programs is something we need to think about doing and publicizing. – Community Leader

Environmental Contributors

> Iowa has the second-largest cancer rate in the United States. I do believe the chemicals in our fields and soil contribute to this. We also have very poor water quality. Radon and alcohol binging are also common problems. – Public Health Representative

RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

– Healthy People 2030 (https://health.gov/healthypeople)

Respiratory Disease Deaths

Lung Disease Deaths

Between 2020 and 2022, the Story County reported an annual average lung disease mortality rate of 22.2 deaths per 100,000 population.

BENCHMARK ▶ Lower than the Iowa and US rates.

TREND ▶ Decreasing significantly to the lowest level recorded in Story County in a decade.

Note: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

Lung Disease
(2020-2022 Annual Average Deaths per 100,000 Population)

Story County	IA	US
22.2	53.5	44.5

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.
Notes: ● Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Lung Disease Mortality Trends
(Annual Average Deaths per 100,000 Population)
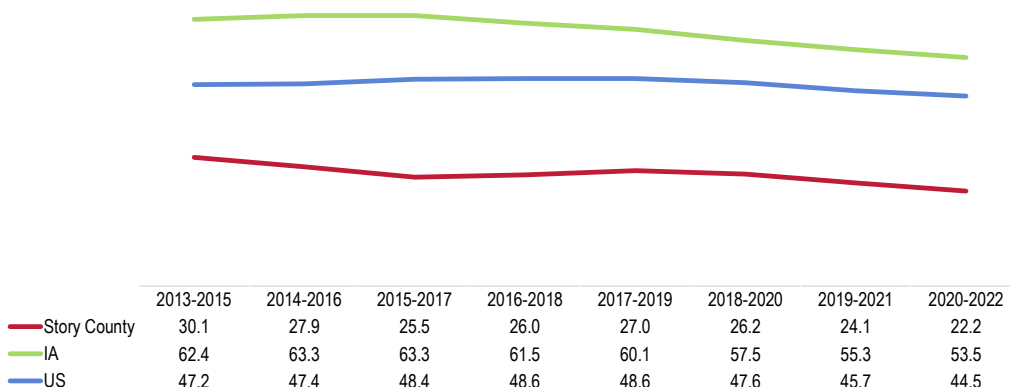
	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022
Story County	30.1	27.9	25.5	26.0	27.0	26.2	24.1	22.2
IA	62.4	63.3	63.3	61.5	60.1	57.5	55.3	53.5
US	47.2	47.4	48.4	48.6	48.6	47.6	45.7	44.5

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.

Notes: ● Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Pneumonia/Influenza Deaths

Between 2020 and 2022, Story County reported an annual average pneumonia/influenza mortality rate of 7.4 deaths per 100,000 population.

BENCHMARK ► About half the state and US rates.

TREND ► Decreasing significantly in Story County over time.

Pneumonia/Influenza Mortality
(2020-2022 Annual Average Deaths per 100,000 Population)
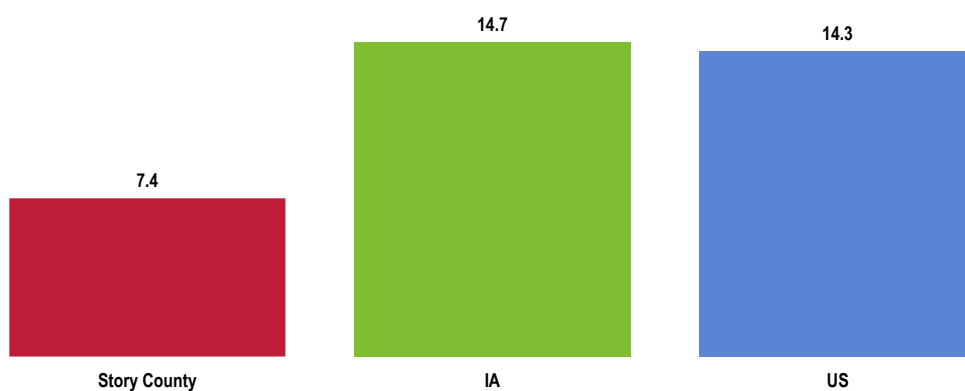
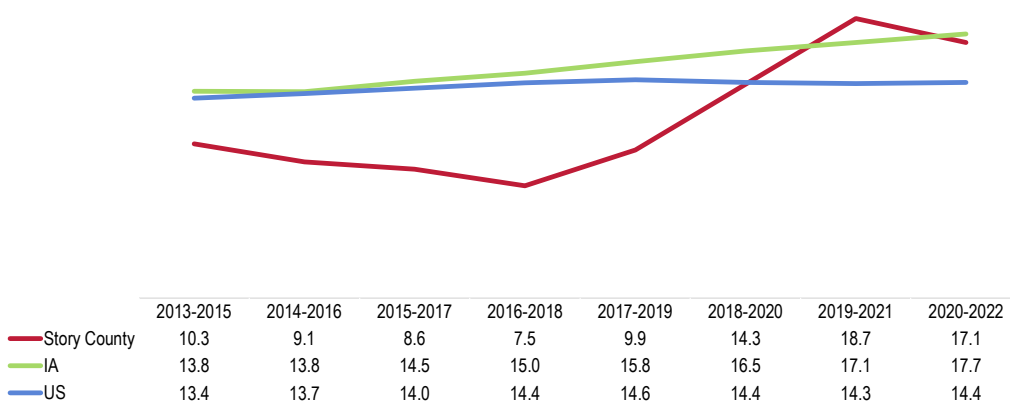| Story County	IA	US
7.4	14.7	14.3

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Pneumonia/Influenza Mortality Trends
(Annual Average Deaths per 100,000 Population)
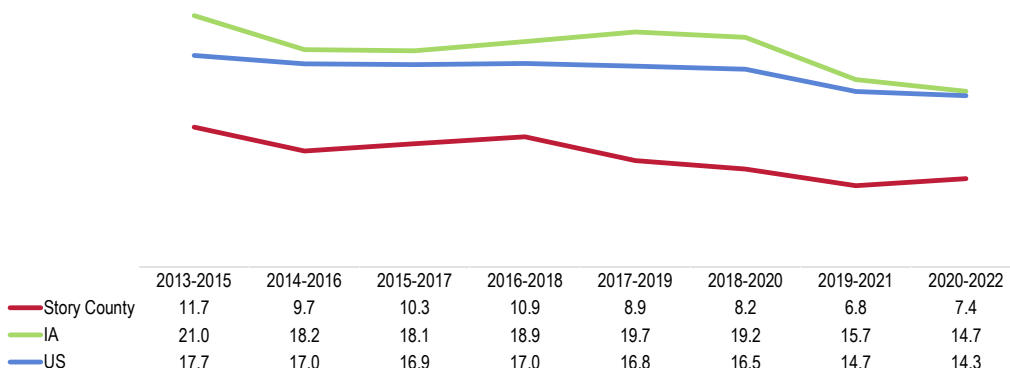
	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022
Story County	11.7	9.7	10.3	10.9	8.9	8.2	6.8	7.4
IA	21.0	18.2	18.1	18.9	19.7	19.2	15.7	14.7
US	17.7	17.0	16.9	17.0	16.8	16.5	14.7	14.3

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Prevalence of Respiratory Disease

Asthma

Adults

A total of 11.7% of Story County adults have asthma.

BENCHMARK ► Lower than the national percentage.

DISPARITY ► More often reported among women and those with lower incomes.

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

Prevalence of Asthma

Story County

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	IA	US		2005	2024
12.2%	10.1%	10.7%	12.1%	12.1%	6.3%	11.7%	9.7%	17.9%		9.2%	11.7%
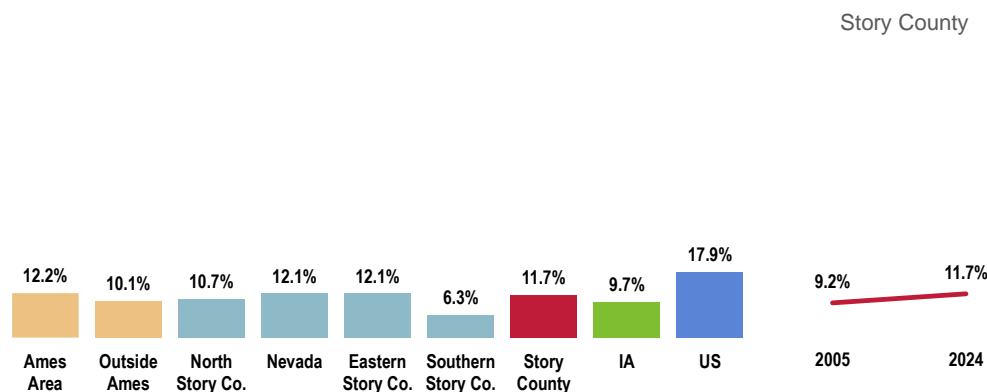
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 26]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Prevalence of Asthma
(Story County, 2024)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
16.4%	6.2%	11.2%	12.6%	8.1%	18.2%	8.7%	19.7%	11.7%	10.7%	14.6%	11.7%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 26]

Notes:
- Asked of all respondents.
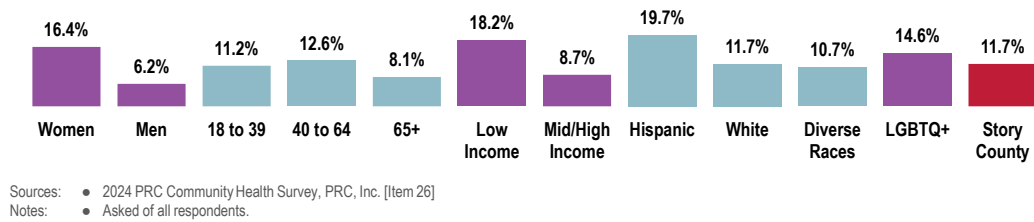
Children

Among Story County children under age 18, 3.6% have been diagnosed with asthma.

BENCHMARK ► Much lower than the national percentage.

TREND ► Marks a significant decrease from 2005.

Prevalence of Asthma in Children
(Children 0-17)

Story County

Story County	US	2005	2024
3.6%	16.7%	8.1%	3.6%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 92]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
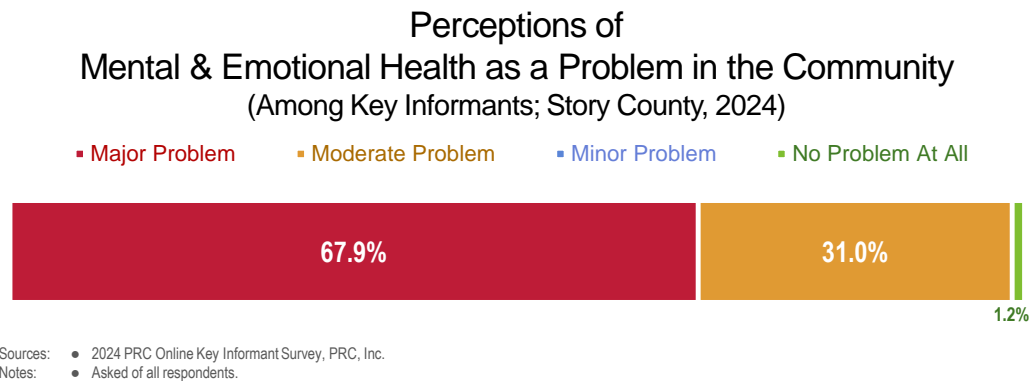- Asked of all respondents with children age 0 to 17 in the household.
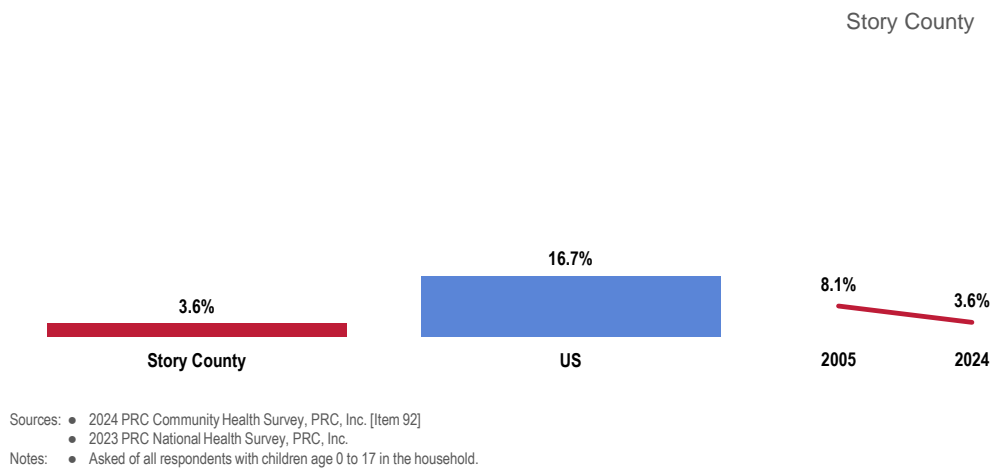
Chronic Obstructive Pulmonary Disease (COPD)

A total of 5.1% of Story County adults suffer from chronic obstructive pulmonary disease (COPD).

BENCHMARK ▶ Much lower than the US finding.

Prevalence of
Chronic Obstructive Pulmonary Disease (COPD)

Story County

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	IA	US	2005	2024
4.8%	6.1%	4.9%	4.9%	6.5%	7.8%	5.1%	6.6%	11.0%	6.8%	5.1%
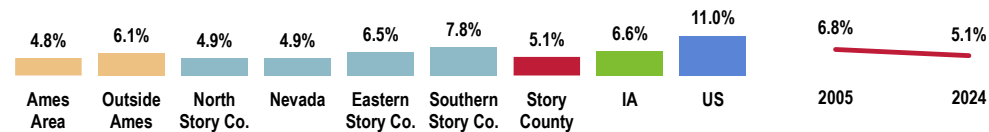
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 21]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes conditions such as chronic bronchitis and emphysema.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a "minor problem" in the community.

Perceptions of Respiratory Disease as a Problem in the Community
(Among Key Informants; Story County, 2024)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

Moderate Problem	Minor Problem	No Problem At All
30.1%	56.2%	13.7%

Sources:
- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. …Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. …Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (https://health.gov/healthypeople)

Unintentional Injury

Unintentional Injury Deaths

Between 2020 and 2022, there was an annual average unintentional injury mortality rate of 35.3 deaths per 100,000 population in Story County.

BENCHMARK ► Lower than the Iowa and US rates. Satisfies the Healthy People 2030 objective.

TREND ► Increasing significantly in Story County over the past decade.

Unintentional Injury Mortality
(2020-2022 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower

	35.3	54.8	65.6
	Story County	IA	US

Unintentional Injury Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower

	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022
Story County	24.8	25.8	26.5	28.7	29.0	31.4	33.6	35.3
IA	48.0	49.8	49.8	49.0	48.1	49.2	51.8	54.8
US	43.2	46.0	49.2	51.1	52.0	54.9	60.5	65.6

Leading Causes of Unintentional Injury Deaths

Falls, poisoning (including unintentional drug overdose), and motor vehicle crashes accounted for most unintentional injury deaths in Story County between 2020 and 2022.

Leading Causes of Unintentional Injury Deaths
(Story County, 2020-2022)
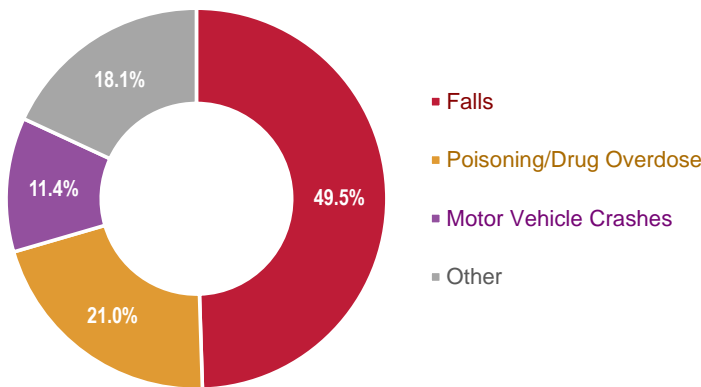
- Falls — 49.5%
- Poisoning/Drug Overdose — 21.0%
- Motor Vehicle Crashes — 11.4%
- Other — 18.1%

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.

Intentional Injury (Violence)

Violent Crime

Community Violence

A total of 5.3% of surveyed adults acknowledge being the victim of a violent crime in the area in the past five years.

TREND ► Represents a significant increase from 2005.

DISPARITY ► Lower in North Story County. More often reported among adults younger than 65 and Hispanic residents.

Victim of a Violent Crime in the Past Five Years

Story County

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US		2005	2024
4.3%	8.3%	1.0%	8.3%	14.5%	9.8%	5.3%	7.0%		1.0%	5.3%
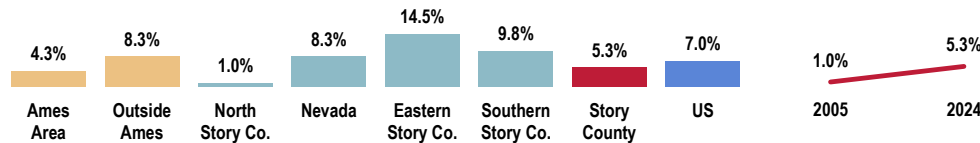
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 32]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Victim of a Violent Crime in the Past Five Years
(Story County, 2024)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
7.1%	4.2%	5.8%	5.1%	0.0%	8.6%	4.1%	15.1%	5.0%	5.7%	4.6%	5.3%

Intimate Partner Violence

A total of 14.8% of Story County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

BENCHMARK ► Lower than found nationally.

DISPARITY ► Lower in North Story County and Southern Story County.

Respondents were read: "By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US
15.2%	13.4%	4.9%	23.0%	22.2%	4.8%	14.8%	20.3%
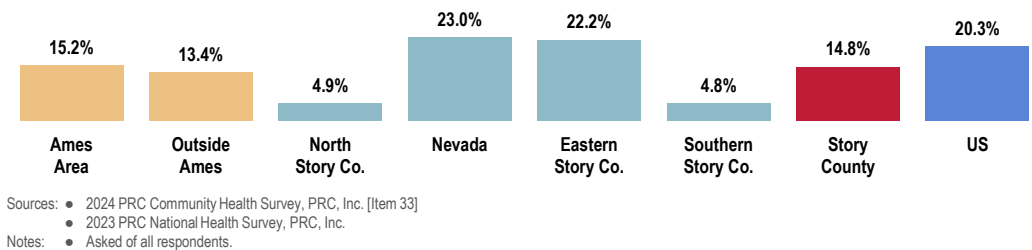
Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a "minor problem" in the community.

Perceptions of Injury & Violence as a Problem in the Community
(Among Key Informants; Story County, 2024)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

8.2%	30.1%	49.3%	12.3%

Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

Violence is growing in Ames. – Health Care Provider

Health care violence is on the rise, primarily in the emergency room. – Health Care Provider

Alcohol/Drug Use

This is related to violence against hospital employees, and I believe it is related to increased substance abuse and social unrest. – Health Care Provider

Impact on Quality of Life

The impact of injury and violence are detrimental to the quality of life in the community. – Social Services Provider

DIABETES

Diabetes Deaths

Between 2020 and 2022, there was an annual average diabetes mortality rate of 16.8 deaths per 100,000 population in Story County.

BENCHMARK ► Lower than the state and national rates.

TREND ► Increasing significantly in Story County over time.

Diabetes Mortality
(2020-2022 Annual Average Deaths per 100,000 Population)

16.8	32.2	30.8
Story County	IA	US

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Diabetes Mortality Trends
(Annual Average Deaths per 100,000 Population)
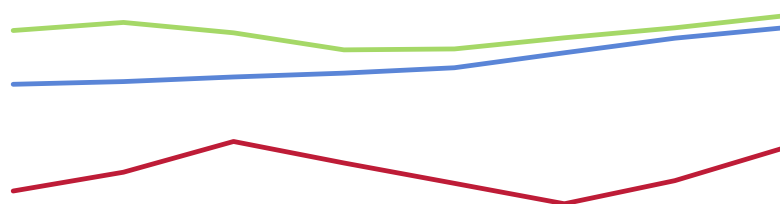
	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022
Story County	11.7	13.9	17.5	15.0	12.6	10.2	12.9	16.8
IA	30.5	31.4	30.2	28.2	28.3	29.6	30.8	32.2
US	24.2	24.5	25.1	25.5	26.1	27.9	29.6	30.8

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Prevalence of Diabetes

A total of 7.0% of Story County adults report having been diagnosed with diabetes.

BENCHMARK ► Lower than the Iowa and US findings.

TREND ► Denotes a significant increase from 2005.

DISPARITY ► Higher Outside Ames (especially in Southern Story County). More often reported among adults age 40+ (especially those age 65+), Hispanic residents, and White residents.

Prevalence of Diabetes

Another 8.9% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

Story County

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	IA	US	2005	2024
5.1%	12.5%	10.4%	10.6%	3.2%	21.8%	7.0%	11.6%	12.8%	4.4%	7.0%
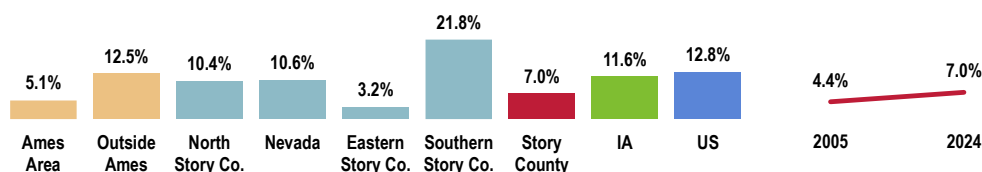
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 106]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Diabetes
(Story County, 2024)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
7.8%	6.7%	2.3%	8.2%	23.4%	5.9%	6.1%	10.3%	7.8%	0.5%	1.4%	7.0%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 106]
Notes: ● Asked of all respondents.
● Excludes gestational diabetes (occurring only during pregnancy).

Kidney Disease Deaths

ABOUT KIDNEY DISEASE & DIABETES

Chronic kidney disease (CKD) is common in people with diabetes. Approximately one in three adults with diabetes has CKD. Both type 1 and type 2 diabetes can cause kidney disease. CKD often develops slowly and with few symptoms. Many people don't realize they have CKD until it's advanced and they need dialysis (a treatment that filters the blood) or a kidney transplant to survive.

– Centers for Disease Control and Prevention (CDC)
https://www.cdc.gov/diabetes/managing/diabetes-kidney-disease.html
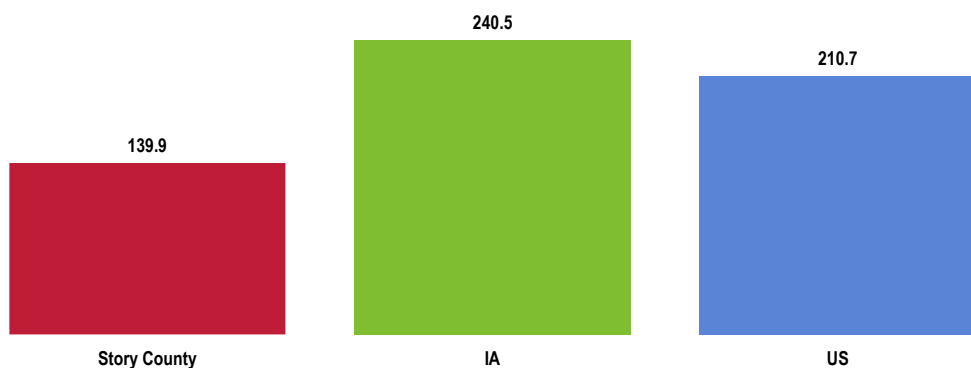
Between 2020 and 2022, there was an annual average kidney disease mortality rate of 9.8 deaths per 100,000 population in Story County.

BENCHMARK ► Lower than state and national rates.

TREND ► Increasing sharply in Story County.

Kidney Disease Mortality
(2020-2022 Annual Average Deaths per 100,000 Population)
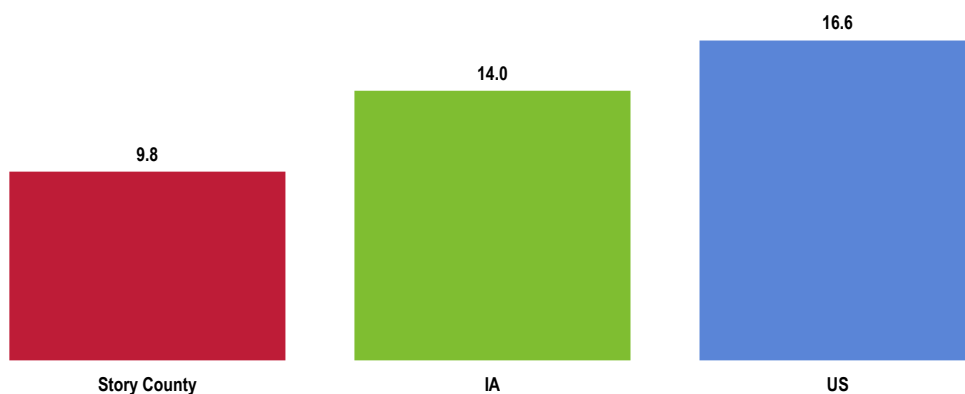
	Story County	IA	US
	9.8	14.0	16.6

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Kidney Disease Mortality Trends
(Annual Average Deaths per 100,000 Population)
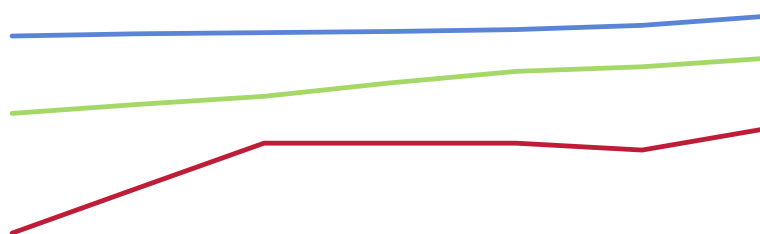
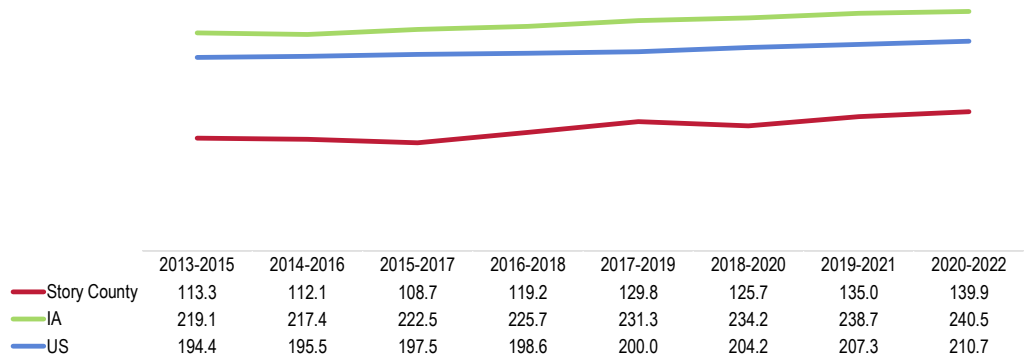|	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022
Story County	3.5	6.2	8.9	8.9	8.9	8.5	9.8
IA	10.7	11.2	11.7	12.5	13.2	13.5	14.0
US	15.4	15.5	15.6	15.6	15.8	16.0	16.6

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Key Informant Input: Diabetes

Key informants taking part in an online survey most often characterized *Diabetes* as a "moderate problem" in the community.

Perceptions of Diabetes as a Problem in the Community
(Among Key Informants; Story County, 2024)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

16.4%	49.3%	26.0%	8.2%

Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.
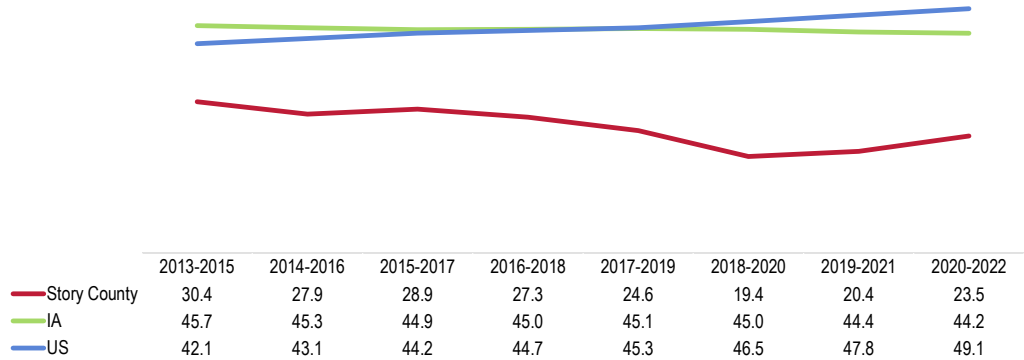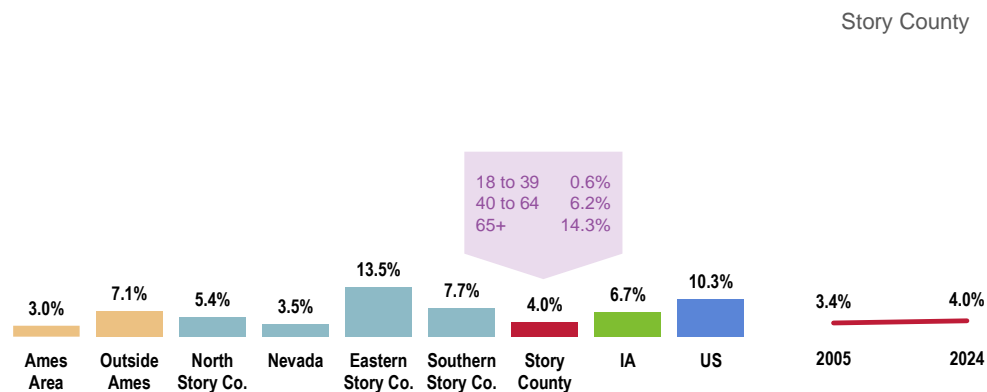
Among those rating this issue as a "major problem," reasons related to the following:

Nutrition

How best to maintain their diet in a consistent manner. – Community Leader

Too many people with type 2 diabetes or undiagnosed diabetes. It's not just genetics to blame; often people make poor food choices or don't have options for healthy foods due to income or location. Inactivity also contributes to diabetes. – Health Care Provider

An overabundance of fast food restaurants and ready-to-eat options in grocery and convenience stores, not making and cooking healthier options at home. The offerings in the above businesses are slanted to high-sugar, high-fat, and nutrient-poor content. Lower prices on the above-noted food as opposed to healthier options such as fresh fruits, vegetables, and lean proteins. Low incomes in about 20% to 30% of the households in the county, preventing those households from being able to purchase healthier food. Poor decisions when individuals with adequate or ample resources are faced with choices, regardless of purchase site. – Social Services Provider

Access to Affordable Healthy Food

Access to affordable foods that fit within a diabetic diet is a big challenge. There are a lot of food pantries and even free community meals, but it's hard to find low-carb, high-protein, low-sugar items in the pantries and at the free meals. There also isn't access to free exercise classes (or they are hard to find). Free education to care for yourself or family with diabetes isn't available or not advertised. – Social Services Provider

Access to affordable, healthy foods. Education on caring for their health and access to preventative care. – Social Services Provider

Cost of healthy food and healthy options. – Education Representative

Disease Management

Access to holistic health care, physician, dietitian, and physical activity support. – Education Representative

Taking insulin as prescribed and following up with primary care providers as recommended for the management of diabetes. – Social Services Provider

Regular, ongoing support from a certified diabetes educator or care coordinator who is maintaining continuous check-ins with resources and support to ensure adequate, long-term management of diabetes. – Community Leader

Lifestyle

Healthy eating and exercise, A1C control, obesity, and access to low-cost medications. – Health Care Provider

Overall poor health habits impressed upon us by the food supply, leading to an inordinate number of diabetics. – Community Leader

DISABLING CONDITIONS

Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:

- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart disease
- High blood cholesterol
- High blood pressure
- Lung disease
- Obesity
- Stroke

Among Story County survey respondents, most report having at least one chronic health condition.

Number of Chronic Conditions
(Story County, 2024)
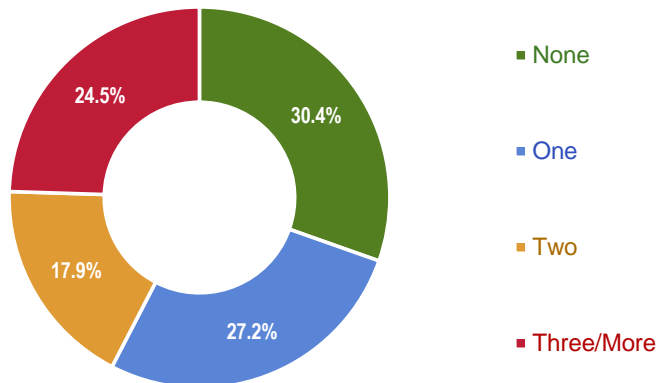
- None: 30.4%
- One: 27.2%
- Two: 17.9%
- Three/More: 24.5%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: ● Asked of all respondents.
● In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

In fact, 24.5% of Story County adults report having three or more chronic conditions.

BENCHMARK ► Lower than found across the US.

DISPARITY ► Higher Outside Ames (especially in Southern Story County). More often reported among women, adults age 40+ (especially those 65+), and White residents.

Have Three or More Chronic Conditions

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US
22.2%	31.1%	18.8%	28.2%	34.9%	40.8%	24.5%	38.0%
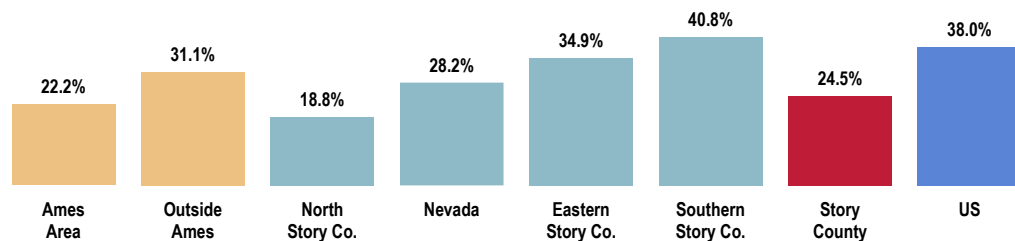
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

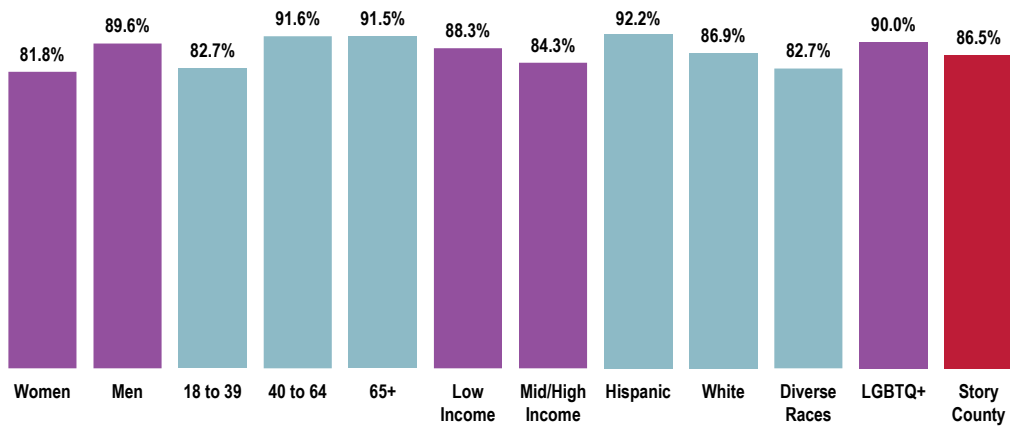## Have Three or More Chronic Conditions
(Story County, 2024)
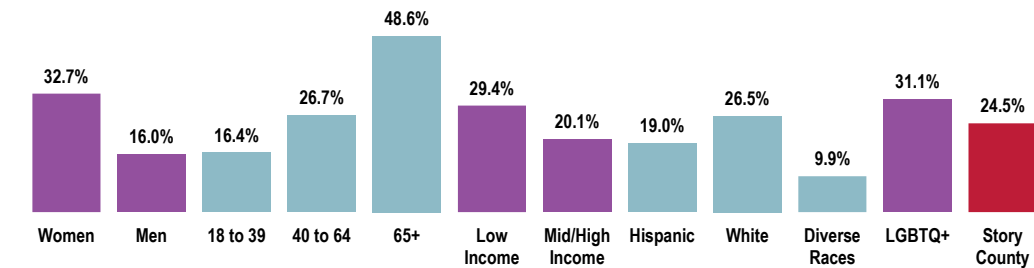
Category	%
Women	32.7%
Men	16.0%
18 to 39	16.4%
40 to 64	26.7%
65+	48.6%
Low Income	29.4%
Mid/High Income	20.1%
Hispanic	19.0%
White	26.5%
Diverse Races	9.9%
LGBTQ+	31.1%
Story County	24.5%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: ● Asked of all respondents.
● In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

Activity Limitations

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (https://health.gov/healthypeople)

A total of 22.2% of Story County adults are limited in some way in some activities due to a physical, mental, or emotional problem.

BENCHMARK ► Lower than found across the US.

TREND ► Marks a significant increase from 2005.

DISPARITY ► More often reported among women, adults age 65+, those with lower incomes, White residents, and LGBTQ+ respondents.

Limited in Activities in Some Way
Due to a Physical, Mental, or Emotional Problem

Story County

Most common conditions:
- Mental health
- Back/neck problems
- Arthritis
- Difficulty walking
- Bone/joint injury

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US
22.9%	20.0%	14.1%	20.9%	23.6%	21.3%	22.2%	27.5%

2005: 11.8%   2024: 22.2%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Items 83-84]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Limited in Activities in Some Way
Due to a Physical, Mental, or Emotional Problem
(Story County, 2024)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
28.5%	13.7%	19.7%	16.4%	37.6%	37.4%	13.7%	20.5%	23.7%	11.0%	39.9%	22.2%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 83]
Notes: ● Asked of all respondents.

Chronic Pain

A total of 17.9% of Story County adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities "every day" or "most days" during the past six months.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Lower in North Story County. More often reported among adults age 40+, Hispanic residents, and White residents.

Experience High-Impact Chronic Pain
Healthy People 2030 = 6.4% or Lower

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US
17.4%	19.1%	7.6%	24.4%	27.2%	17.4%	17.9%	19.6%
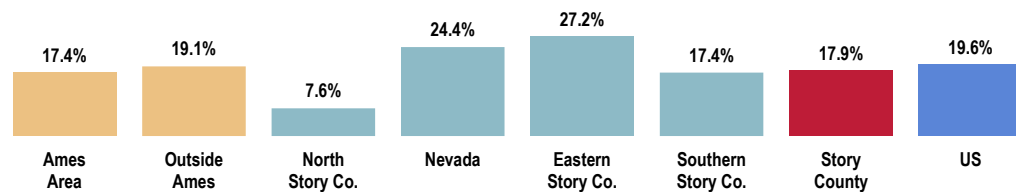
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 31]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Experience High-Impact Chronic Pain
(Story County, 2024)
Healthy People 2030 = 6.4% or Lower

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
18.8%	16.2%	13.4%	20.2%	25.3%	18.4%	16.9%	32.3%	18.7%	5.1%	18.1%	17.9%
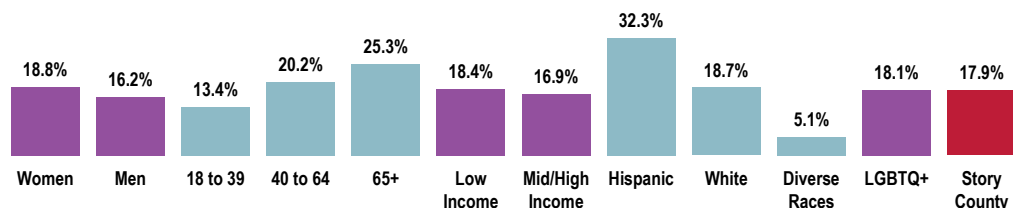
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 31]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia. Nearly 6 million people in the United States have Alzheimer's, and that number will increase as the population ages.

Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

— Healthy People 2030 (https://health.gov/healthypeople)

Alzheimer's Disease Deaths

Between 2020 and 2022, there was an annual average Alzheimer's disease mortality rate of 20.8 deaths per 100,000 population in Story County.

BENCHMARK ► Lower than the state and national rates.

TREND ► Increasing significantly in Story County over time.

Alzheimer's Disease Mortality
(2020-2022 Annual Average Deaths per 100,000 Population)
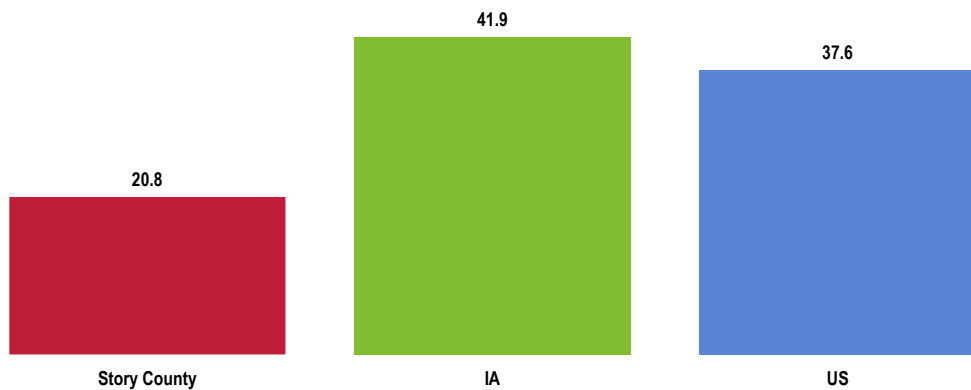
Story County	IA	US
20.8	41.9	37.6

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
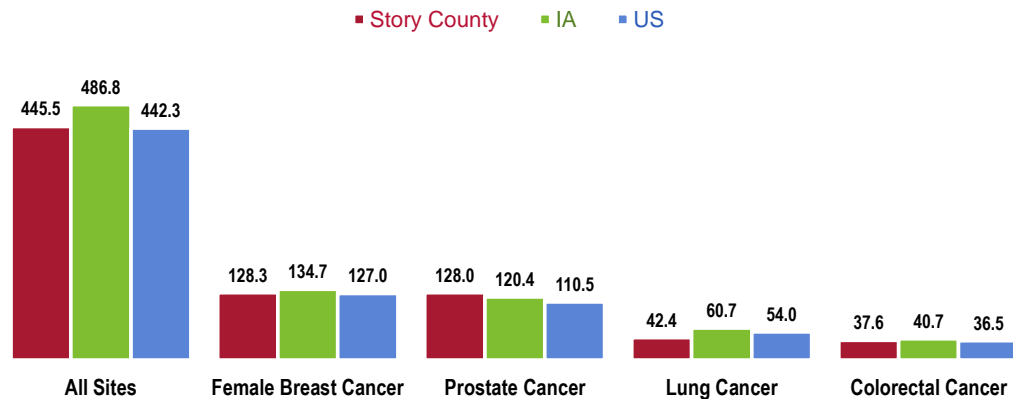 ● Rates are per 100,000 population.

Alzheimer's Disease Mortality Trends
(Annual Average Deaths per 100,000 Population)
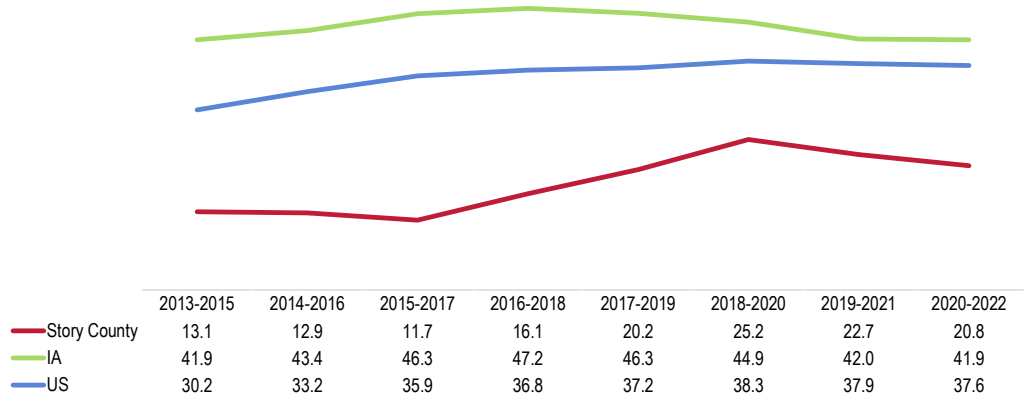
	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022
Story County	13.1	12.9	11.7	16.1	20.2	25.2	22.7	20.8
IA	41.9	43.4	46.3	47.2	46.3	44.9	42.0	41.9
US	30.2	33.2	35.9	36.8	37.2	38.3	37.9	37.6

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Caregiving

A total of 17.9% of Story County adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

BENCHMARK ▶ Lower than found across the US.

DISPARITY ▶ Higher in the Outside Ames area.

Act as Caregiver to a Friend or Relative
with a Health Problem, Long-Term Illness, or Disability

The top health issues affecting those receiving their care include:
· Developmental disabilities
· Bone/joint injury
· Diabetes
· Dementia/cognitive impairment
· Mental illness

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US
16.1%	23.4%	22.8%	17.5%	28.2%	26.4%	17.9%	22.8%
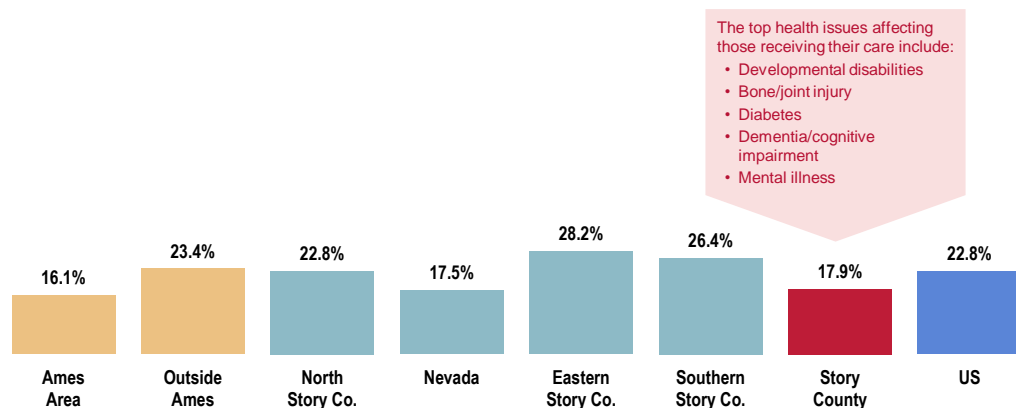
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Items 85-86]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Disabling Conditions

The greatest share of key informants taking part in an online survey characterized *Disabling Conditions* as a "moderate problem" in the community.

Perceptions of Disabling Conditions as a Problem in the Community
(Among Key Informants; Story County, 2024)
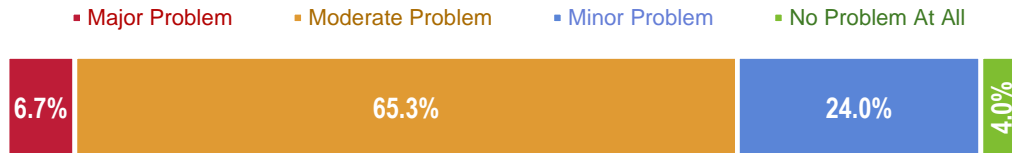
■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

6.7%	65.3%	24.0%	4.0%

Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> I see a lot of people suffering for many reasons. Lack of support or knowledge about what is available, no insurance, or paranoia about being in any system is huge. The amount of untreated mental illness and addictions is staggering. – Social Services Provider

> As the leader of a community, we are continuing to see an increase in individuals experiencing chronic, comorbid conditions, e.g., major mental health diagnoses with substance use/abuse disorders and chronic medical/physical health conditions, seeking services. This creates a cycle of difficulties in being able to effectively manage multiple conditions (time off work, cost of care, ability to manage taking multiple medications and shift in lifestyle and behaviors, etc.) which impacts the ability to maintain employment, housing, and financial security. – Community Leader

Transportation

> Lack of transportation and poor insurance coverage. – Social Services Provider

BIRTHS

BIRTH OUTCOMES & RISKS

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

– Healthy People 2030 (https://health.gov/healthypeople)

Low-Weight Births

A total of 6.9% of 2016-2022 Story County births were low-weight.

BENCHMARK ► Lower than the US percentage.

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Low-Weight Births
(Percent of Live Births, 2016-2022)

Story County	IA	US
6.9%	6.8%	8.3%
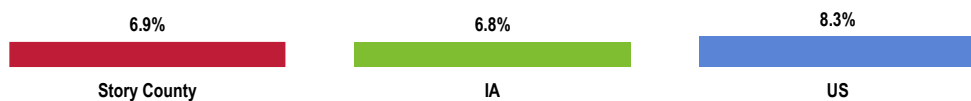
Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g).

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2018 and 2020, there was an annual average of 5.8 infant deaths per 1,000 live births.

BENCHMARK ► Higher than found across Iowa.

TREND ► Increasing significantly in Story County over time.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)
Healthy People 2030 = 5.0 or Lower
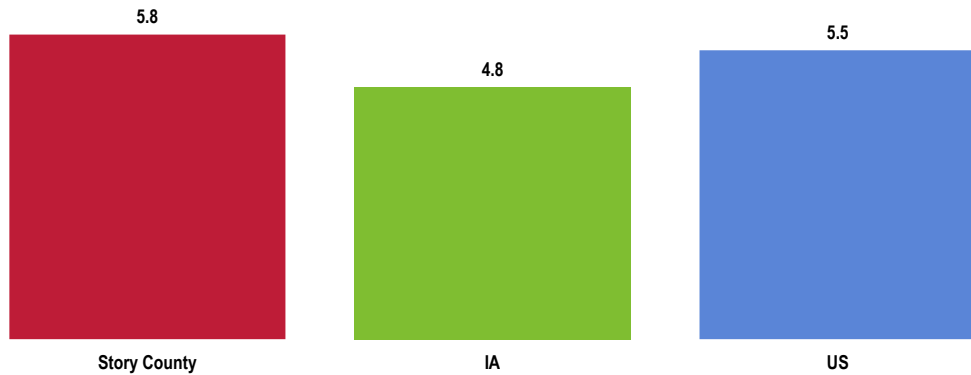
Story County	IA	US
5.8	4.8	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted December 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Infant deaths include deaths of children under 1 year old.

Infant Mortality Trends
(Annual Average Infant Deaths per 1,000 Live Births)
Healthy People 2030 = 5.0 or Lower
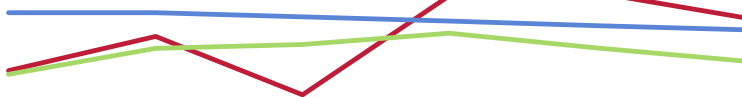
	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Story County	4.5	5.3	4.0	6.3	6.4	5.8
IA	4.5	5.1	5.2	5.4	5.1	4.8
US	5.9	5.9	5.8	5.7	5.6	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted December 2024.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

– Healthy People 2030 (https://health.gov/healthypeople)

Births to Adolescent Mothers

Between 2016 and 2022, there were 3.3 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in Story County.

BENCHMARK ► Much lower than the state and national rates.

DISPARITY ► Higher among Black and Hispanic female adolescents.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2016-2022)
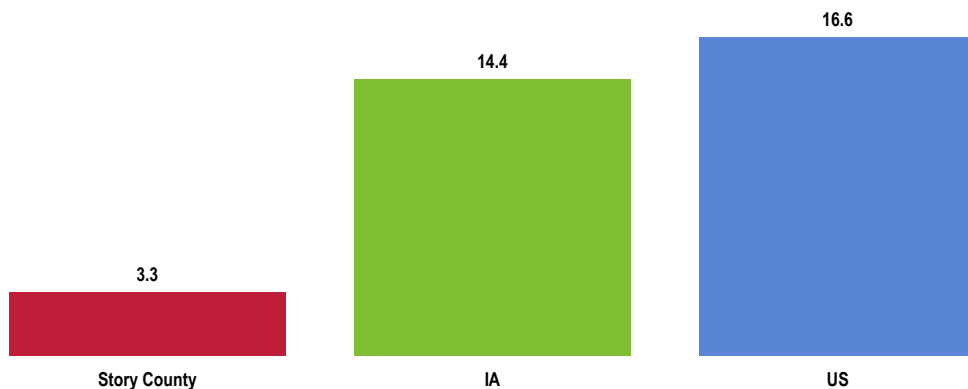
Story County	IA	US
3.3	14.4	16.6

Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
Notes: ● This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19.

Teen Birth Rate by Race/Ethnicity
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19; Story County, 2016-2022)

2.9	12.1	12.9	3.3
White	Black	Hispanic	All Races/Ethnicities

Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
Notes: ● This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19.
● Race categories reflect individuals without Hispanic origin.

Key Informant Input: Infant Health & Family Planning

Key informants taking part in an online survey largely characterized *Infant Health & Family Planning* as a "minor problem" in the community.

Perceptions of Infant Health & Family Planning
as a Problem in the Community
(Among Key Informants; Story County, 2024)
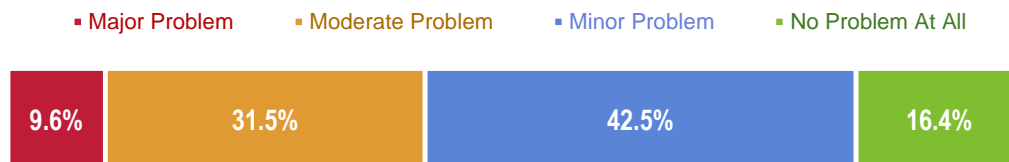
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

9.6%	31.5%	42.5%	16.4%

Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Government/Policy

There is a lack of family planning due to the political environment of our state. Abortion is health care, and it needs to be available. Birth control needs to be accessible to individuals easily and economically. – Public Health Representative

Because of the changes of when a woman can have an abortion. – Community Leader

Mostly due to restricted and limiting legislation at the state level. – Social Services Provider

Access to Care/Services

Access to quality gynecology is becoming a problem in the state of Iowa. – Community Leader

> In my career, I learned firsthand how many families rely on state assistance for child care, and many of those families are quite young, leading me to believe that there just aren't enough supports in place for the youth population. Education, resources, etc. – Community Leader

Foreign-Born

> Undocumented persons have difficulty accessing prenatal care if a specialist is required. A mom pregnant with twins is considered high-risk. If a safety net provider does not have the specialty care required, other private groups/organizations refuse to treat the patient due to lack of insurance. – Social Services Provider

Lack of Racially Diverse Providers

> There are few practitioners of color within the community who can help mitigate infant health and family planning in the community. – Community Leader

MODIFIABLE
HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

‒ Healthy People 2030 (https://health.gov/healthypeople)

Difficulty Accessing Fresh Produce

Most Story County adults report little or no difficulty buying fresh produce at a price they can afford.

Respondents were asked, "How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say very difficult, somewhat difficult, not too difficult, or not at all difficult?"

RELATED ISSUE
See also *Food Access* in the **Social Determinants of Health** section of this report.

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Story County, 2024)

- Very Difficult
- Somewhat Difficult
- Not Too Difficult
- Not At All Difficult

3.0%
15.4%
28.3%
53.3%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

However, 18.4% of Story County adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

BENCHMARK ► Lower than found nationally.

DISPARITY ► More often reported among women, adults age 18 to 39, those with lower incomes, and LGBTQ+ respondents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

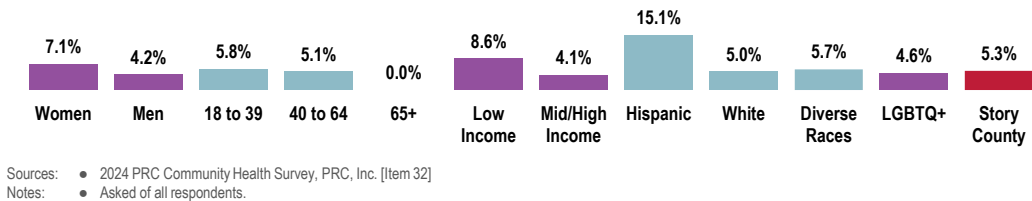|							
19.6%	14.5%	10.9%	14.5%	13.0%	18.3%	18.4%	30.0%
Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US
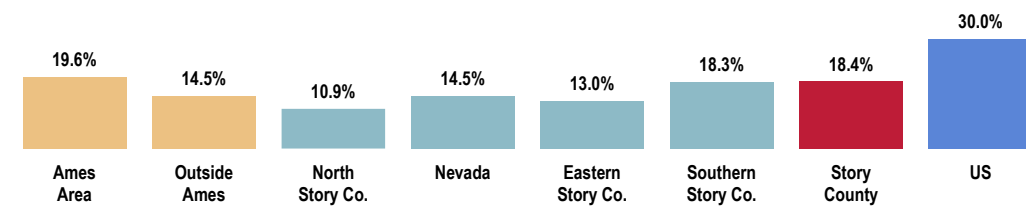
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(Story County, 2024)

23.2%	13.5%	21.6%	13.2%	12.1%	38.9%	9.0%	19.4%	17.8%	23.1%	28.3%	18.4%
Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
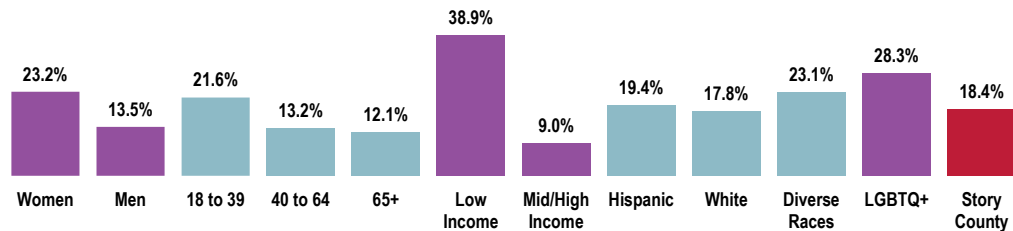
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

‒ Healthy People 2030 (https://health.gov/healthypeople)

Leisure-Time Physical Activity

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

A total of 34.1% of Story County adults report no leisure-time physical activity in the past month.

BENCHMARK ► Higher than the statewide finding. Falis to satisfy the Healthy People 2030 objective.

TREND ► Marks a significant increase from 2005.

DISPARITY ► Higher Outside Ames (especially in Nevada and Southern Story County).

No Leisure-Time Physical Activity in the Past Month
Healthy People 2030 = 21.8% or Lower

Story County

	Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	IA	US	2005	2024
	31.3%	42.5%	35.1%	47.6%	26.7%	53.3%	34.1%	25.9%	30.2%	25.2%	34.1%
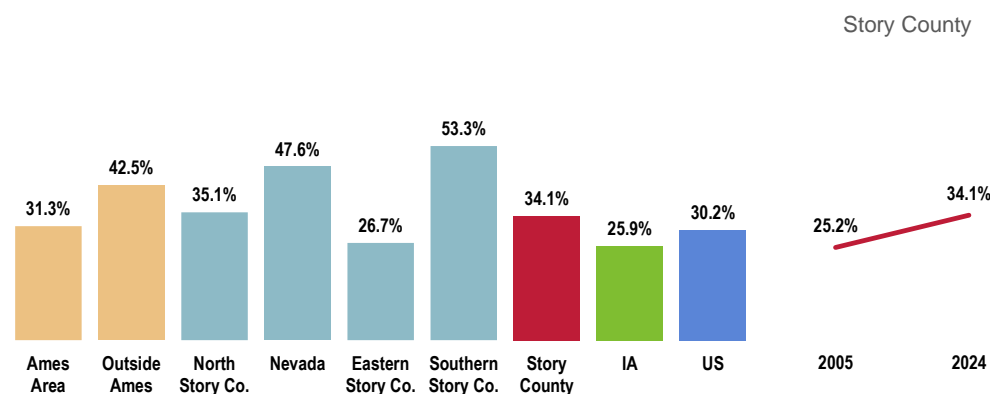
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 69]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes: ● Asked of all respondents.

Activity Levels

Adults

A total of 23.9% of Story County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

BENCHMARK ► More favorable than the statewide finding but less favorable than the national finding. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Lower in the Outside Ames area (particularly Eastern Story County). <u>Less</u> often reported among White residents and residents of diverse races.

Meets Physical Activity Recommendations
Healthy People 2030 = 29.7% or Higher

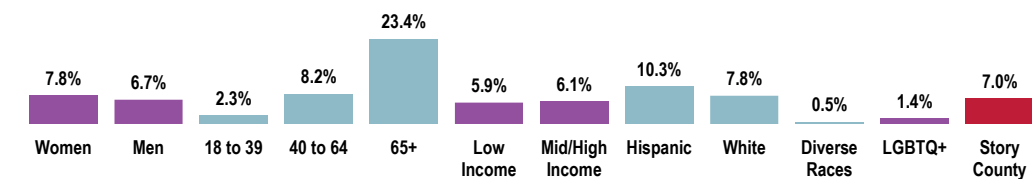| Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	IA	US
26.7%	15.5%	19.2%	21.6%	1.4%	16.0%	23.9%	20.1%	30.3%
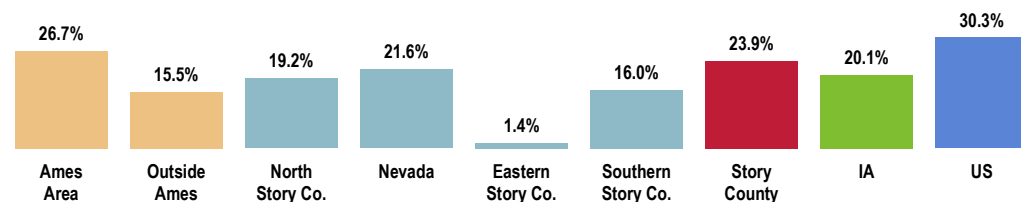
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 110]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Iowa data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) <u>and</u> who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

Meets Physical Activity Recommendations
(Story County, 2024)
Healthy People 2030 = 29.7% or Higher

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
22.5%	24.8%	26.4%	20.6%	21.8%	20.1%	26.5%	37.2%	25.2%	13.2%	20.8%	23.9%
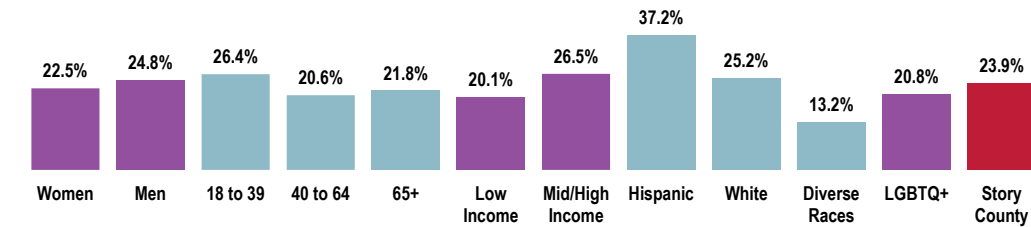
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 110]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) _and_ who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Story County children age 2 to 17, 33.4% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

Child Is Physically Active for One or More Hours per Day
(Children 2-17)

Story County	US
33.4%	27.4%
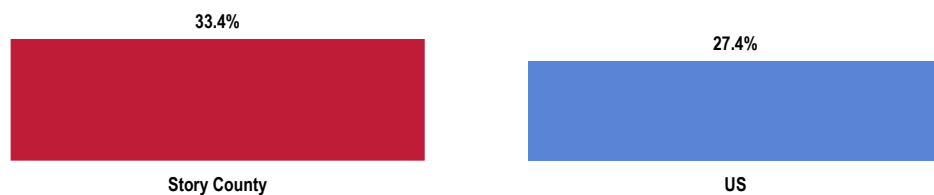
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 94]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Access to Physical Activity Facilities

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

In 2022, there were 16.2 recreation/fitness facilities for every 100,000 population in Story County.

BENCHMARK ► More favorable than the state and national ratios.

Number of Recreation & Fitness Facilities per 100,000 Population
(2022)

Story County	IA	US
16.2	12.4	12.3
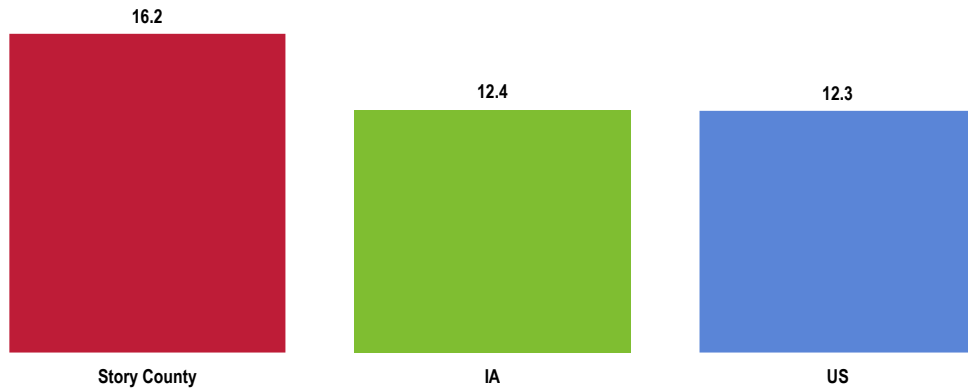
Sources:
● US Census Bureau, County Business Patterns. Additional data analysis by CARES.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

Notes:
● Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities." Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.*

WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

− Healthy People 2030 (https://health.gov/healthypeople)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches^2)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

− Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Overweight Status

More than one-half of Story County adults (56.1%) are overweight.

BENCHMARK ► Lower than found across Iowa and the US.

DISPARITY ► Lower in Eastern Story County.

Prevalence of Total Overweight (Overweight and Obese)
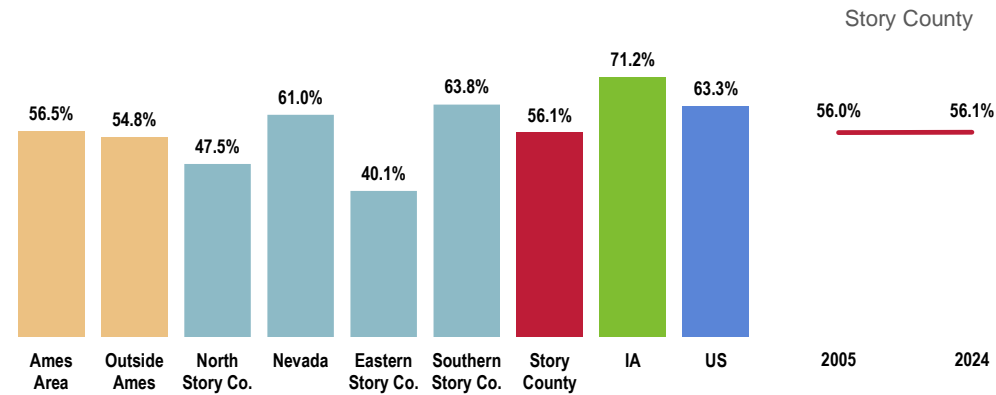
Story County

	Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	IA	US		2005	2024
	56.5%	54.8%	47.5%	61.0%	40.1%	63.8%	56.1%	71.2%	63.3%		56.0%	56.1%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0. The definition for obesity is a BMI greater than or equal to 30.0.

The overweight prevalence above includes 29.8% of Story County adults who are obese.

BENCHMARK ► Lower than found across Iowa. Satisfies the Healthy People 2030 objective.

TREND ► Denotes a significant increase from 2005.

DISPARITY ► More often reported among women, adults age 40 to 64, and those with lower incomes.

Prevalence of Obesity
Healthy People 2030 = 36.0% or Lower
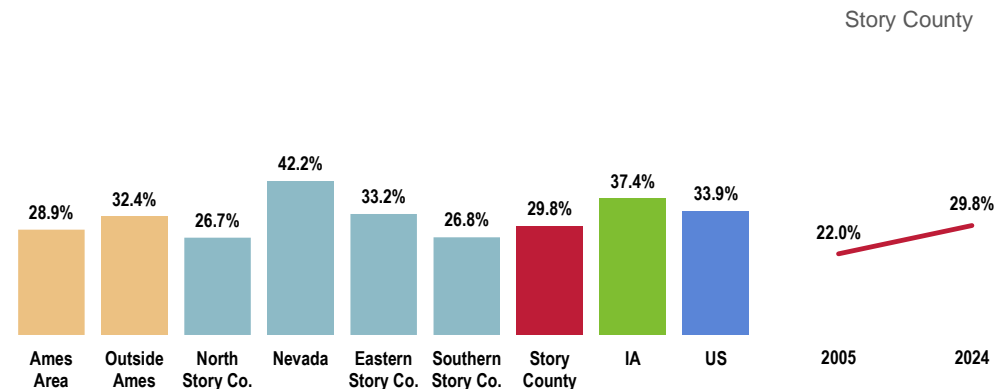
Story County

	Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	IA	US		2005	2024
	28.9%	32.4%	26.7%	42.2%	33.2%	26.8%	29.8%	37.4%	33.9%		22.0%	29.8%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.

Prevalence of Obesity
(Story County, 2024)
Healthy People 2030 = 36.0% or Lower

Category	Value
Women	37.3%
Men	22.3%
18 to 39	27.7%
40 to 64	35.5%
65+	25.7%
Low Income	37.8%
Mid/High Income	25.0%
Hispanic	25.8%
White	30.8%
Diverse Races	23.9%
LGBTQ+	39.3%
Story County	29.8%
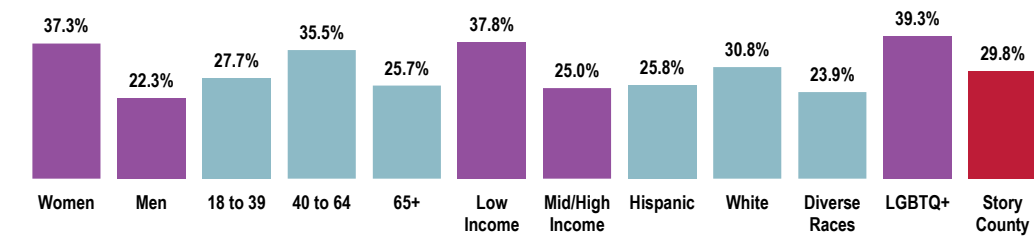
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues
(Story County, 2024)

■ Among Healthy Weight   ■ Among Overweight/Not Obese   ■ Among Obese

Condition	Among Healthy Weight	Among Overweight/Not Obese	Among Obese
Chronic Depression	29.0%	43.0%	47.3%
Diagnosed Depression	18.9%	28.7%	43.6%
High Blood Pressure	17.8%	22.6%	37.8%
Activity Limitations	10.1%	23.1%	35.3%
"Fair/Poor" Mental Health	16.7%	23.3%	32.8%
Asthma	4.9%	7.7%	26.0%
"Fair/Poor" Health	4.5%	9.6%	19.1%
Diabetes	3.9%	8.5%	9.9%
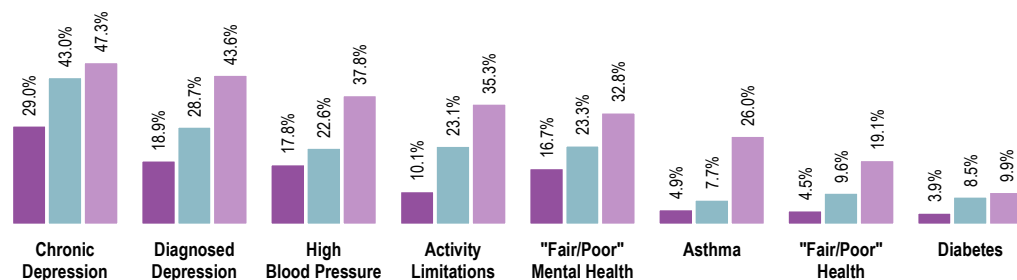
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]

Notes:
- Based on reported heights and weights, asked of all respondents.

Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight   <5th percentile
- Healthy Weight   ≥5th and <85th percentile
- Overweight   ≥85th and <95th percentile
- Obese   ≥95th percentile

    – Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 41.2% of Story County children age 5 to 17 are overweight or obese (≥85th percentile).

Prevalence of Overweight in Children
(Children 5-17)
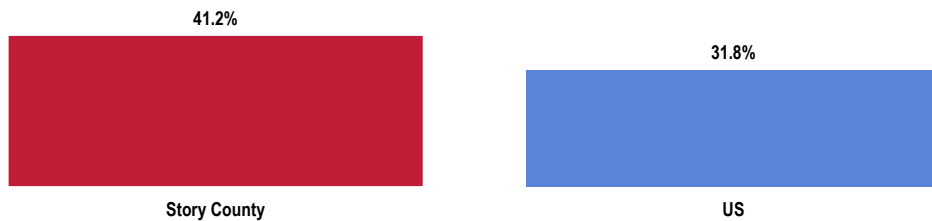
41.2% Story County

31.8% US

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 113]
        ● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 5-17 at home.
      ● Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

The childhood overweight prevalence above includes 31.3% of area children age 5 to 17 who are obese (≥95th percentile).

BENCHMARK ► Much higher than found nationally. Far from satisfying the Healthy People 2030 objective.

Prevalence of Obesity in Children
(Children 5-17)
Healthy People 2030 = 15.5% or Lower
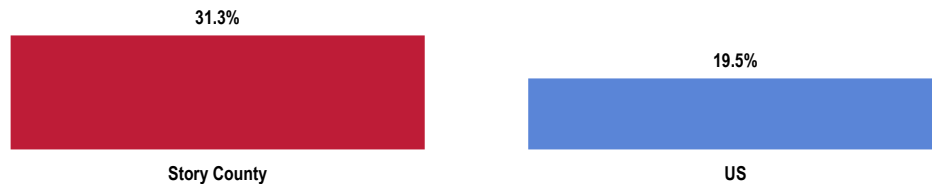
31.3%

19.5%

Story County

US

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 113]
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents with children age 5-17 at home.
● Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input:
Nutrition, Physical Activity & Weight

More than one-half of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a "moderate problem" in the community.

Perceptions of Nutrition, Physical Activity & Weight
as a Problem in the Community
(Among Key Informants; Story County, 2024)
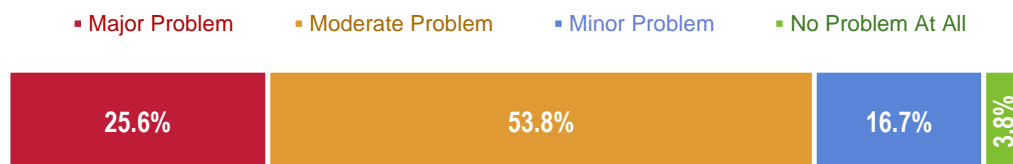
▪ Major Problem ▪ Moderate Problem ▪ Minor Problem ▪ No Problem At All

| **25.6%** | **53.8%** | **16.7%** | **3.8%** |

Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Affordable Healthy Food

The costs of healthy food. – Social Services Provider

Lack of affordable healthy foods; there are plenty of food pantries, but the options aren't always low-sugar/low-carb/low-salt; there aren't low-cost/no-cost exercise classes (or they aren't advertised); minimal access to nutrition classes; lack of transportation to get to any place other than convenience stores for many. – Social Services Provider

A significant issue within Story County, especially in the smaller towns and rural areas of the county, is the lack of grocery stores that provide access to healthy food. Most of smaller communities in the county only have access to dollar stores that provide access to food, but primarily processed food that tends to be high in calories, saturated fat, salt, or sugar. The lack of local availability, combined with the high number of low-income within the county, makes this an especially critical problem. For individuals with sufficient resources and adequate transportation, cities like Ames provide access to a wide variety of healthy food. The problem is that there is a significant population within the county that lacks both resources and transportation options. – Community Leader

Cost, and not always a priority for patients. Other, more critical care barriers. – Health Care Provider

Meals outside of school hours, access to education about quality choices. Cost-prohibitive access to fresh fruit and vegetables. – Community Leader

Access to nutritious foods for all, food deserts, and prohibitive cost of fruits and vegetables for some. – Community Leader

Affordable Recreation Facilities

Having the money to join a gym and having the trails to walk on. – Health Care Provider

Access to gyms/fitness that are too costly. People on very limited incomes cannot afford the luxury of a gym or fitness center for them or their children. Food costs are high, particularly access to healthy foods. Junk food is more affordable and less healthy. Not everyone is an ISU student or faculty member, and not everyone can afford other private fitness centers. – Community Leader

Cost of gym memberships and access to a nutritionist. – Education Representative

Access to gyms and working out. The cost is prohibitive for many. – Community Leader

Lifestyle

This is a major driver for poor health outcomes. Many people don't seriously take action to improve. – Community Leader

We drive everywhere instead of walking. Many families are so busy that they just want to eat quickly between activities, so they pick up fast food. Healthy food is expensive. Many adults and children spend more and more hours on screen time. – Social Services Provider

In Iowa, one of the biggest challenges related to nutrition, physical activity, and weight is the need for more opportunities and motivation for youth to engage in regular physical activity. Many kids lead sedentary lifestyles, often due to increased screen time and limited access to safe, structured activity programs. Additionally, access to nutritious food can be limited in some areas, contributing to poor dietary habits. Addressing these challenges requires community support for physical education in schools, access to recreational spaces, and initiatives promoting healthy eating and active living for youth. – Social Services Provider

Nutrition

Food insecurity. – Social Services Provider

There are people within the community navigating food insecurity who might not have nutritious meals due to financial challenges. – Community Leader

Poor diet. – Community Leader

Obesity

Just a general issue for the overall population with an increase in obesity and diabetes due to poor nutrition and lack of exercise. – Health Care Provider

Obesity in general and the chronic health conditions associated with it. – Social Services Provider

Awareness/Education

People not understanding the importance of it, and/or not having the funds available to get healthy food or have their kids in activities. – Education Representative

Built Environment

Biggest opportunities include walkable streets, access to more bike paths and trails, healthy eating options within the community, and access to fresh fruits and vegetables year-round. – Health Care Provider

SUBSTANCE USE

ABOUT DRUG & ALCOHOL USE

Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

–   Healthy People 2030 (https://health.gov/healthypeople)

Alcohol Use

Alcohol-Induced Deaths

Between 2020 and 2022, Story County reported an annual average mortality rate of 10.8 alcohol-induced deaths per 100,000 population.

BENCHMARK ▶   Lower than the Iowa and US rates.

TREND ▶   Overall increasing in Story County over the past decade.

Alcohol-Induced Mortality
(2020-2022 Annual Average Deaths per 100,000 Population)
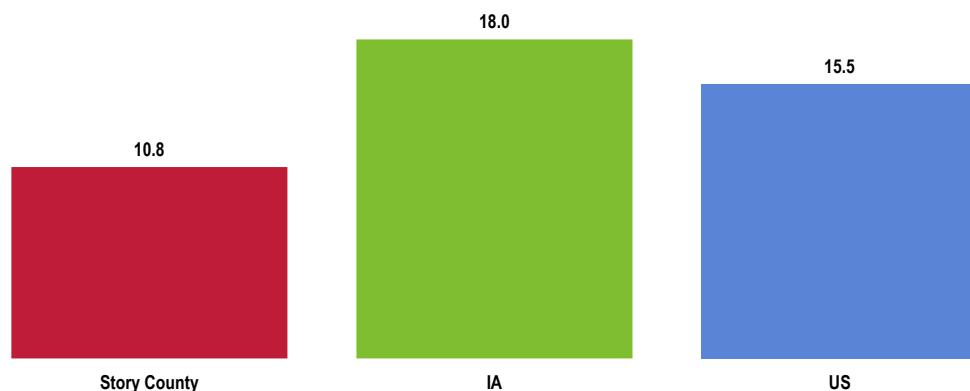
Story County	IA	US
10.8	18.0	15.5

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
         ● Rates are per 100,000 population.

Alcohol-Induced Mortality Trends
(Annual Average Deaths per 100,000 Population)
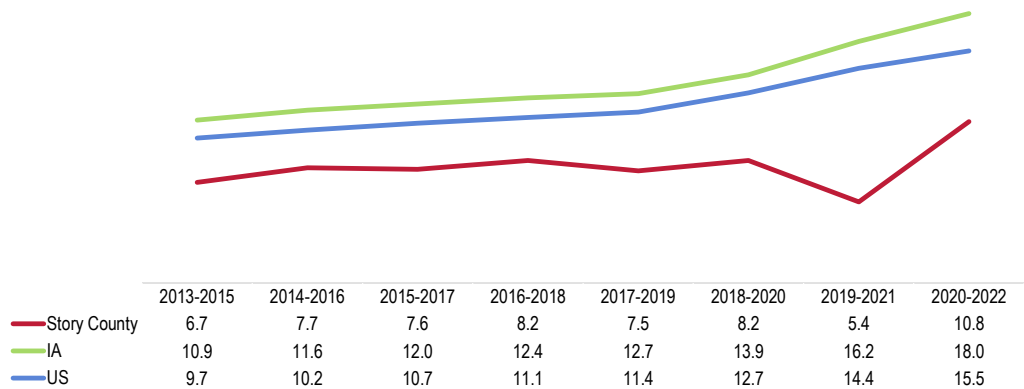
	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022
Story County	6.7	7.7	7.6	8.2	7.5	8.2	5.4	10.8
IA	10.9	11.6	12.0	12.4	12.7	13.9	16.2	18.0
US	9.7	10.2	10.7	11.1	11.4	12.7	14.4	15.5

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

- HEAVY DRINKING ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.

- BINGE DRINKING ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

A total of 26.9% of area adults engage in excessive drinking (heavy and/or binge drinking).

BENCHMARK ► Higher than found across the state but lower than found across the US.

DISPARITY ► More often reported among men, adults younger than 65 (especially those age 40 to 64), those with higher incomes, and Hispanic residents.

Engage in Excessive Drinking

Chart showing percentage who engage in excessive drinking by area:
- Ames Area: 26.3%
- Outside Ames: 28.4%
- North Story Co.: 21.3%
- Nevada: 29.9%
- Eastern Story Co.: 27.2%
- Southern Story Co.: 33.2%
- Story County: 26.9%
- IA: 22.6%
- US: 34.3%
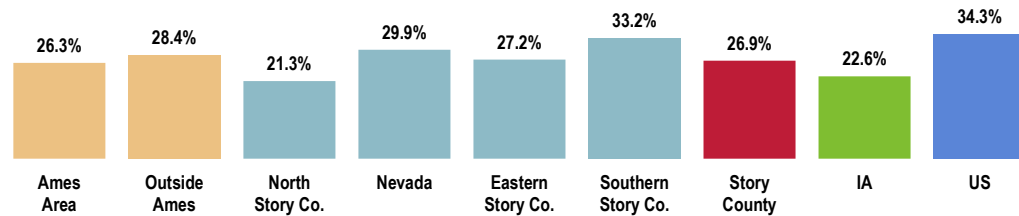
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 116]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Engage in Excessive Drinking
(Story County, 2024)

Chart showing percentage who engage in excessive drinking by demographic group:
- Women: 19.5%
- Men: 34.7%
- 18 to 39: 25.9%
- 40 to 64: 40.3%
- 65+: 6.2%
- Low Income: 12.8%
- Mid/High Income: 36.4%
- Hispanic: 47.3%
- White: 25.8%
- Diverse Races: 28.8%
- LGBTQ+: 9.5%
- Story County: 26.9%

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 116]

Notes:
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Drug Use

Unintentional Drug-Induced Deaths

Between 2020 and 2022, there was an annual average mortality rate of 5.7 unintentional drug-induced deaths per 100,000 population in Story County.

BENCHMARK ► Lower than the statewide rate and considerably lower than the national rate.

Unintentional Drug-Induced Mortality
(2020-2022 Annual Average Deaths per 100,000 Population)

Story County	IA	US
5.7	11.8	28.3

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Unintentional Drug-Induced Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022
Story County	5.3	5.2	5.5	5.5	4.8	4.4	5.1	5.7
IA	7.0	7.3	8.0	7.7	8.1	8.9	10.9	11.8
US	12.4	14.3	16.5	17.9	18.6	20.8	24.6	28.3

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2024.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Illicit Drug Use

A total of 4.5% of Story County adults acknowledge using an illicit drug in the past month.

BENCHMARK ► Lower than the national percentage.

TREND ► Represents a significant increase from 2005.

DISPARITY ► Lower in North Story County and Nevada. More often reported among male respondents and White residents.

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

Illicit Drug Use in the Past Month

Story County

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US		2005	2024
5.1%	2.6%	0.2%	0.5%	2.9%	6.2%	4.5%	8.4%		2.3%	4.5%
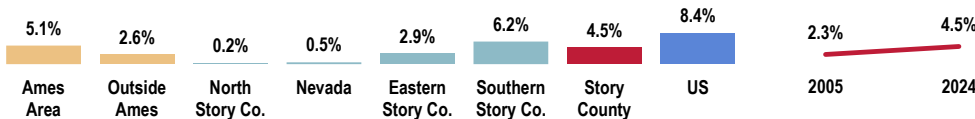
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 40]
　　　　 ● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Illicit Drug Use in the Past Month
(Story County, 2024)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
2.2%	6.7%	4.5%	6.7%	0.8%	8.8%	3.0%	1.5%	4.8%	3.1%	9.7%	4.5%
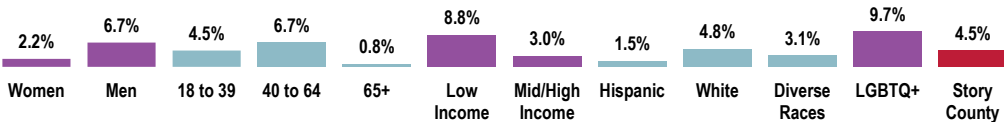
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: ● Asked of all respondents.

Use of Prescription Opioids

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

A total of 11.2% of Story County adults report using a prescription opioid drug in the past year.

BENCHMARK ► Lower than the US finding.

DISPARITY ► More often reported among those with lower incomes and White residents.

Used a Prescription Opioid in the Past Year

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US
11.9%	9.1%	9.4%	12.5%	7.7%	6.5%	11.2%	15.1%
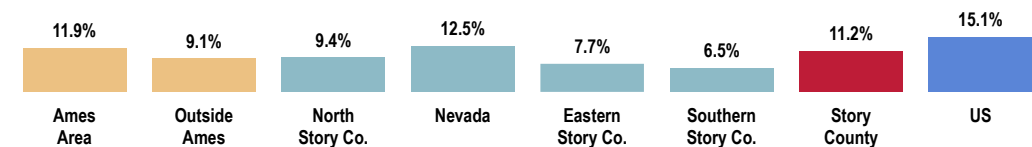
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 41]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Used a Prescription Opioid in the Past Year
(Story County, 2024)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
11.7%	9.6%	8.9%	12.9%	11.3%	17.6%	8.2%	4.2%	12.1%	4.8%	12.1%	11.2%
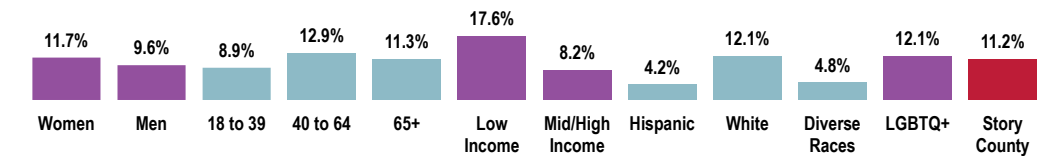
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 41]
Notes: ● Asked of all respondents.

Alcohol & Drug Treatment

A total of 4.4% of Story County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

BENCHMARK ► Lower than found nationally.

Have Ever Sought Professional
Help for an Alcohol/Drug-Related Problem

Story County

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US		2005	2024
4.0%	5.4%	1.3%	6.0%	2.9%	9.4%	4.4%	6.8%		3.3%	4.4%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 42]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
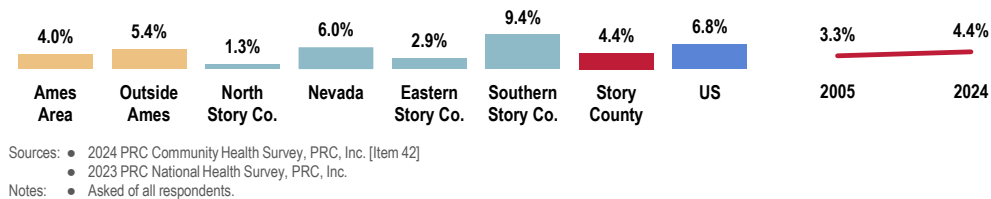
Personal Impact From Substance Use

Most Story County residents' lives have <u>not</u> been negatively affected by substance use (either their own or someone else's).

Degree to Which Life Has Been Negatively
Affected by Substance Use (Self or Other's)
(Story County, 2024)
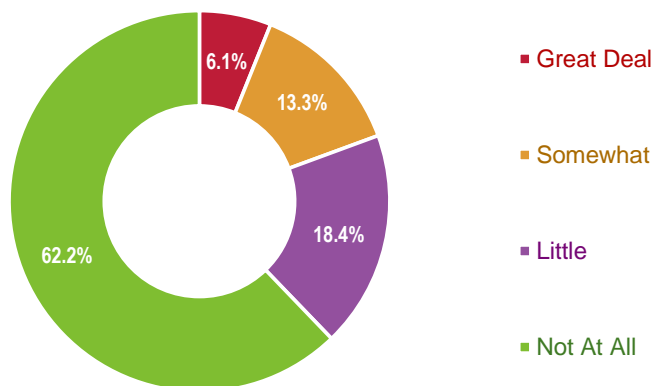
- Great Deal: 6.1%
- Somewhat: 13.3%
- Little: 18.4%
- Not At All: 62.2%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: ● Asked of all respondents.

However, 37.8% have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

BENCHMARK ► Lower than the US percentage.

DISPARITY ► Lower in North Story County. More often reported among those younger than 65 (especially those age 40 to 64) and Hispanic residents.

Life Has Been Negatively Affected by Substance Use (by Self or Someone Else)

39.0%	34.0%	25.1%	28.7%	34.0%	45.9%	37.8%	45.4%
Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US
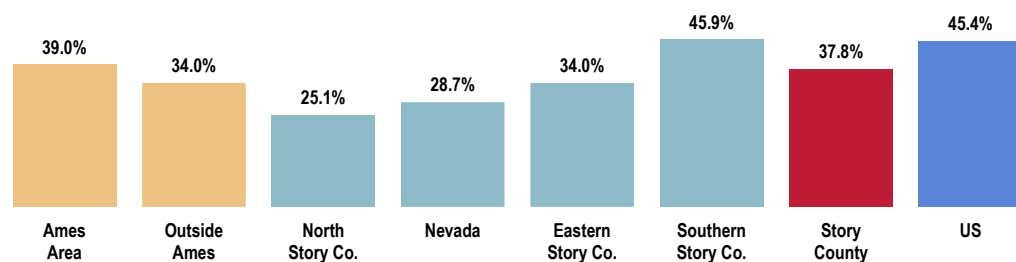
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
     ● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
     ● Includes those responding "a great deal," "somewhat," or "a little."

Life Has Been Negatively Affected by Substance Use (by Self or Someone Else)
(Story County, 2024)
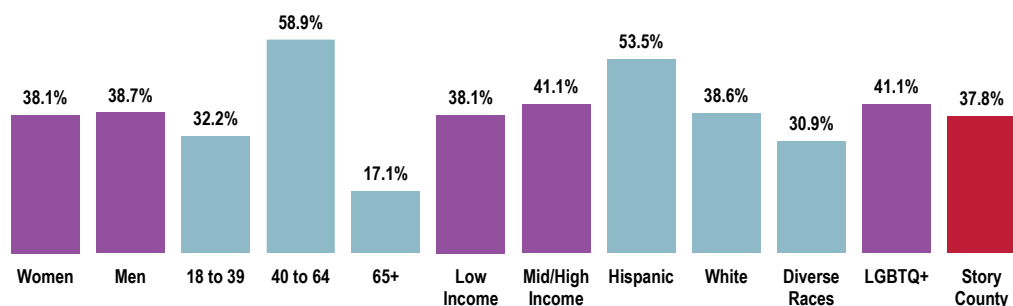
38.1%	38.7%	32.2%	58.9%	17.1%	38.1%	41.1%	53.5%	38.6%	30.9%	41.1%	37.8%
Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: ● Asked of all respondents.
     ● Includes those responding "a great deal," "somewhat," or "a little."

Key Informant Input: Substance Use

The greatest share of key informants taking part in an online survey characterized *Substance Use* as a "moderate problem" in the community.

Perceptions of Substance Use as a Problem in the Community
(Among Key Informants; Story County, 2024)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

23.4%	61.0%	14.3%	

1.3%
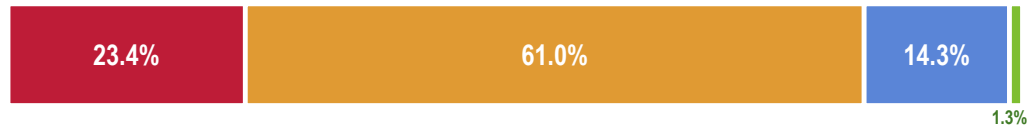
Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Lack of local treatment facilities. – Social Services Provider

> Personal patient barriers, providing access at the exact time the patient has a desire for treatment, cost, and access. – Health Care Provider

> There is a lack of available options within the area that both specialize in substance abuse and mental health services for those who suffer with both simultaneously. Further, it is harder to find inpatient services that will allow individuals to complete a program when they have more than 24 hours free of substance abuse; rather, they only take individuals that are actively using/high, and if someone spends any time in a hospital to work with professionals in regards to their mental health, we have seen them then denied for inpatient substance abuse treatment due to the "successful time of sobriety" while being in the hospital. – Social Services Provider

> There are no options in this community. – Health Care Provider

> Substance use evaluation, and treatment is also lacking. – Community Leader

> The lack of treatment resources, especially for adults. YSS is working hard to address the need within the adolescent community up to age 25; however, beyond that age, there appears to be very few resources available. – Health Care Provider

> Just getting into a program! I know alcoholics and methamphetamine addicts that really want to get help, but they cannot get into a program unless they are suicidal, harming others, or court-ordered. Also, if they do get into a program, there is no place for them or help when they get out, so most of them go right back to what they were doing. – Social Services Provider

Denial/Stigma

> The stigma associated with using substances. Many people don't know how to admit they have a problem and don't want to be judged for having a substance abuse disorder. Parents fear that they will have HHS involvement or get their kids taken away because they admit that they are struggling and asking for help. – Social Services Provider

> Stigma, limited treatment providers available, and cost. – Social Services Provider

Lack of Providers

> Not enough providers, long wait time, no inpatient treatment beds in Story County, and a waiting list for those in nearby counties. Also, easy access to illegal drugs and lack of transportation to treatment. – Social Services Provider

> The number of health care providers is extremely needed and cannot meet the demand. – Social Services Provider

Impact on Quality of Life

> Substances, including marijuana, are very prominent and hurtful to overall health and well-being. I have no idea why or how people think marijuana is some sort of miracle drug. I've seen it cause way, way more problems than it has helped. – Community Leader

Awareness/Education

> There are two groups that are particularly vulnerable to substance abuse in Story County. The first group is made up of young people that are faced with choices early in their lives and throughout their school years, when drugs and alcohol can be seen as joining the "cool crowd." Part of the problem is that this is happening at a level where many adults are totally unaware. The second group consists of people of all ages that are overwhelmed by life, and they look at drugs and alcohol as a means of dealing with the helpless feeling that comes from struggling to survive. The biggest barrier for people in these groups is that society does not do a good job of identifying people headed toward substance abuse. The rural nature (small towns that lack treatment facilities) of most of Story County makes it harder for people to make it to treatment centers. This is especially true for low-income and senior citizens that may find it difficult to be able to travel to treatment centers. – Community Leader

Affordable Care/Services

> Access to affordable, timely, and consistently available evaluations and follow-up services. – Social Services Provider

Homelessness

> Downtown Ames has become a congregating point for homeless and individuals who struggle with substance abuse. – Education Representative

Drug Addiction

> Drug addiction. – Community Leader

Income/Poverty

> Financial insecurity, accessibility of resources, and lack of awareness. – Community Leader

Most Problematic Substances

Key informants (who rated this as a "major problem") identified **methamphetamine/other amphetamines** as causing the most problems in the community, followed by **alcohol** and **heroin/other opioids**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Use as a "Major Problem")	
METHAMPHETAMINE OR OTHER AMPHETAMINES	31.0%
ALCOHOL	26.2%
HEROIN OR OTHER OPIOIDS	19.0%
PRESCRIPTION MEDICATIONS	7.0%
MARIJUANA	4.8%
SYNTHETIC DRUGS (e.g. Bath Salts, K2/Spice)	4.8%
COCAINE OR CRACK	2.4%
HALLUCINOGENS OR DISSOCIATIVE DRUGS (e.g. Ketamine, PCP, LSD, DXM)	2.4%
OVER-THE-COUNTER MEDICATIONS	2.4%

TOBACCO USE

Cigarette Smoking

Prevalence of Cigarette Smoking

A total of 18.4% of Story County adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Prevalence of Cigarette Smoking
(Story County, 2024)

- Every Day — 7.0%
- Some Days — 11.4%
- Not At All — 81.6%
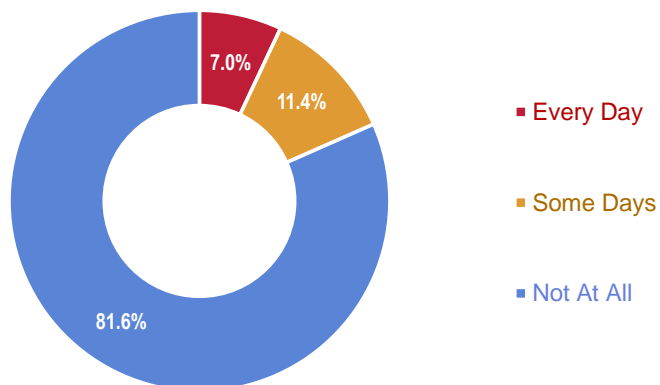
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: ● Asked of all respondents.

Note the following findings related to cigarette smoking prevalence in Story County.

BENCHMARK ▶ Higher than found across Iowa but lower than found across the US. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ▶ Higher in the Ames Area. Men, adults younger than 65 (especially those age 40 to 64), and Hispanic residents are more likely to report they smoke cigarettes.

Currently Smoke Cigarettes
Healthy People 2030 = 6.1% or Lower

Story County

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	IA	US	2005	2024
20.2%	13.1%	8.1%	17.8%	8.9%	15.1%	18.4%	14.7%	23.9%	15.7%	18.4%
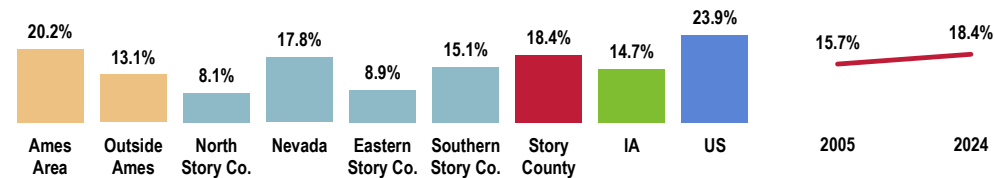
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
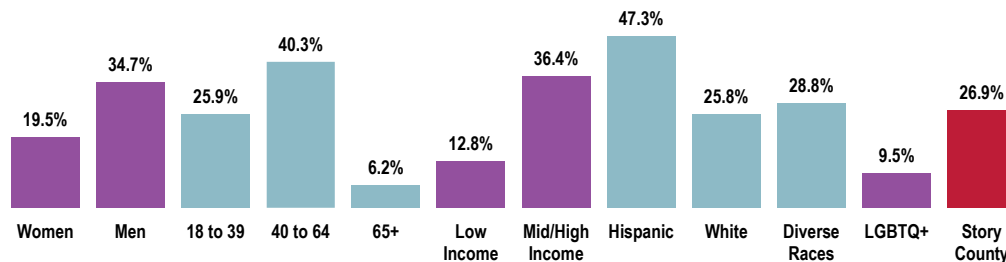● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents.
● Includes those who smoke cigarettes every day or on some days.

Currently Smoke Cigarettes
(Story County, 2024)
Healthy People 2030 = 6.1% or Lower

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
9.6%	27.0%	15.8%	30.4%	7.6%	16.9%	21.1%	32.5%	17.8%	20.5%	14.3%	18.4%
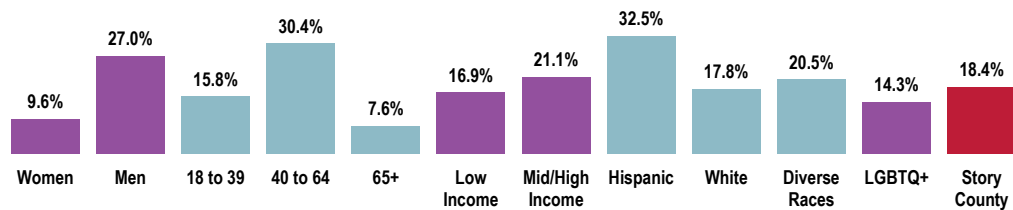
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents.
● Includes those who smoke cigarettes every day or on some days.

Environmental Tobacco Smoke

Among all surveyed households in Story County, 11.4% report that someone has smoked cigarettes, cigars, or pipes anywhere in their home an average of four or more times per week over the past month.

BENCHMARK ► Lower than the national percentage.

DISPARITY ► Lower in North Story County.

Member of Household Smokes at Home

Story County

19.8% among households with children

11.4%	11.5%	2.6%	15.2%	5.9%	18.2%	11.4%	17.7%	12.6%	11.4%
Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US	2005	2024
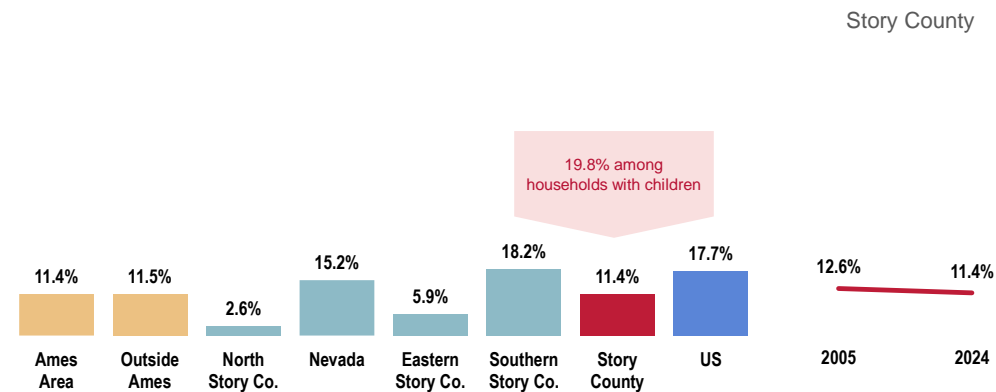
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Items 35, 114]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Use of Vaping Products

Most Story County adults do not use electronic vaping products.

Use of Vaping Products
(Story County, 2024)
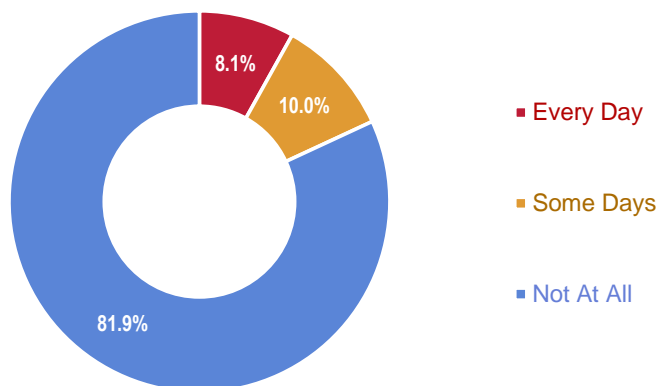
- 8.1% Every Day
- 10.0% Some Days
- 81.9% Not At All

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 36]
Notes: ● Asked of all respondents.

However, 18.1% currently use electronic vaping products either regularly (every day) or occasionally (on some days).

BENCHMARK ► Much higher than found across Iowa.

DISPARITY ► Higher in the Ames Area. More often reported among men, adults younger than 65 (especially those age 40 to 64), and Hispanic residents.

Currently Use Vaping Products
(Every Day or on Some Days)

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	IA	US
19.7%	13.0%	3.0%	17.9%	10.2%	17.5%	18.1%	6.7%	18.5%
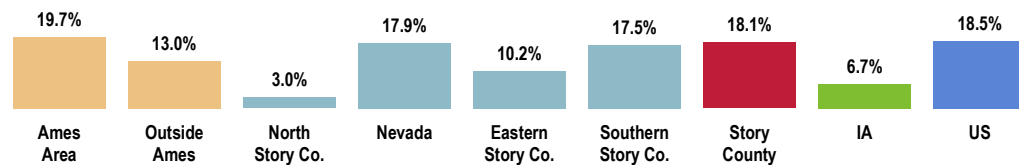
Sources:
● 2024 PRC Community Health Survey, PRC, Inc. [Item 36]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
● 2023 PRC National Health Survey, PRC, Inc.

Notes:
● Asked of all respondents.
● Includes those who use vaping products every day or on some days.

Currently Use Vaping Products
(Story County, 2024)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
10.8%	24.8%	16.9%	30.4%	1.1%	21.6%	18.7%	29.6%	17.2%	20.9%	22.7%	18.1%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 36]
Notes: ● Asked of all respondents.
● Includes those who use vaping products every day or on some days.

Key Informant Input: Tobacco Use

One-half of key informants taking part in an online survey characterized *Tobacco Use* as a "minor problem" in the community.

Perceptions of Tobacco Use as a Problem in the Community
(Among Key Informants; Story County, 2024)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

8.6%	37.1%	50.0%	4.3%

Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Easy Access

> In addition to three big-box grocery retailers, seven regional grocery stores, at least five liquor stores, and five vape shops, the county has at least 25 convenience stores. They all sell tobacco products. It is easily available, even to underage users. Smokers and their byproducts can be observed outside of many public and business locations. Upon operating housing for low-income, homeless tenants, I found that of the approximately 20 of the 35 applicants for the five apartments were smokers. At $4.50 to $9 per pack of cigarettes and $20 for a vape device with 700 "draws," it is not only expensive, but the tobacco products are sometimes used as currency between unhoused county residents. – Social Services Provider

Co-Occurrences

> There are still a lot of residents who smoke, especially those with mental health issues. I don't know of any tobacco cessation programs available in Story County specifically. – Social Services Provider

E-Cigarettes

> Most of the individuals that we work with either use tobacco or vape. Vaping is a very common substance that our clients use. – Social Services Provider

Incidence/Prevalence

> I see a lot of people smoking in no-smoking areas. – Health Care Provider

SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

‒   Healthy People 2030 (https://health.gov/healthypeople)

HIV

In 2022, there was a prevalence of 76.8 HIV cases per 100,000 population in Story County.

BENCHMARK ► Lower than the statewide rate and much lower than the US rate.

DISPARITY ► Considerably higher among Black and Hispanic residents.
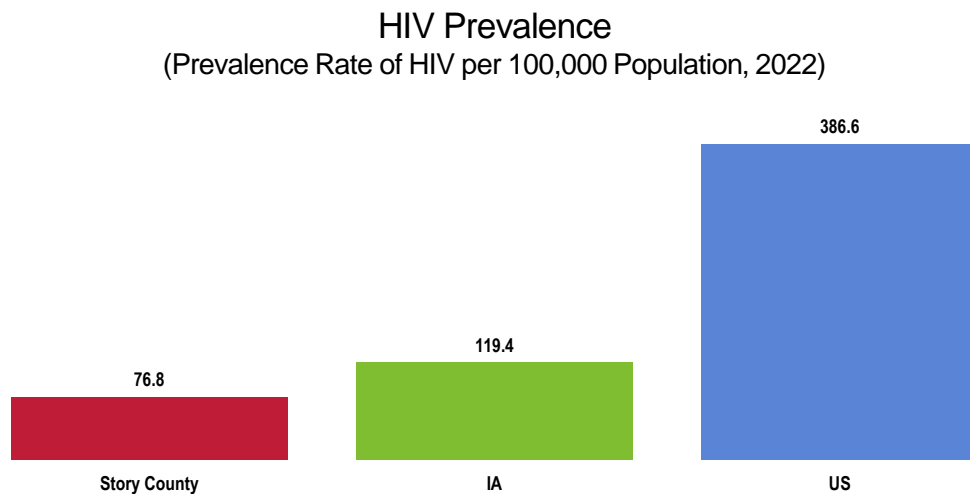
HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2022)

Story County	IA	US
76.8	119.4	386.6

Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).

HIV Prevalence by Race/Ethnicity
(Rate per 100,000 Population; Story County, 2022)

White	Black	Hispanic	All Races/Ethnicities
41.7	688.7	299.0	76.8

Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

In 2022, the chlamydia incidence rate in Story County was 535.8 cases per 100,000 population.

The Story County gonorrhea incidence rate in 2022 was 139.7 cases per 100,000 population.

BENCHMARK ► Lower than the national rate.

Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2022)

Legend: ■ Story County ■ IA ■ US

	Chlamydia			Gonorrhea		
Story County	535.8			139.7		
IA		457.2			139.5	
US			495.0			194.4

Key Informant Input: Sexual Health

A plurality of key informants taking part in an online survey characterized *Sexual Health* as a "minor problem" in the community.

Perceptions of Sexual Health as a Problem in the Community
(Among Key Informants; Story County, 2024)
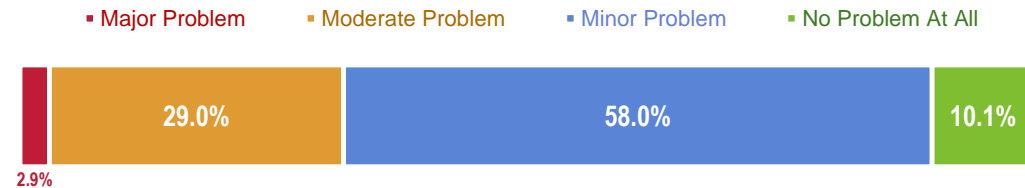
▪ Major Problem　　　▪ Moderate Problem　　　▪ Minor Problem　　　▪ No Problem At All

2.9%	29.0%	58.0%	10.1%

Sources:　● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes:　　● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> University campus with higher incidences of STDs. – Health Care Provider

> We have a high percentage of youth and older adults in our community, and those populations have the highest rates of STDs. Syphilis, in particular, is dramatically on the rise. With changes to federal funding, state laws, etc., access to testing, stigma around testing, lack of sexual health education, etc., are very limited in Iowa. All of that contributes to higher rates of STDs. – Education Representative

ACCESS TO HEALTH CARE

HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

A total of 49.9% of Story County adults age 18 to 64 report having health care coverage through private insurance. Another 46.4% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage
(Adults 18-64; Story County, 2024)

- Private Insurance
- VA/Military
- Medicaid/Medicare/ Other Gov't
- No Insurance/Self-Pay

3.7%
44.4%
2.0%
49.9%
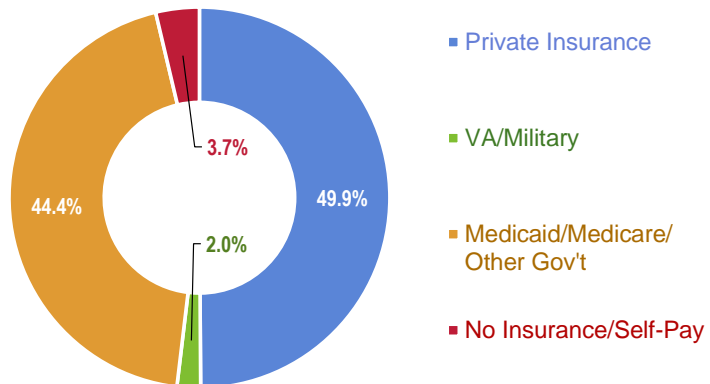
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
Notes: ● Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 3.7% report having no insurance coverage for health care expenses.

BENCHMARK ► Lower than the Iowa and US findings. Satisfies the Healthy People 2030 objective.

TREND ► Represents a significant improvement from 2005.

DISPARITY ► Adults age 18 to 39 are more likely to report being without health insurance.

Lack of Health Care Insurance Coverage
(Adults 18-64)
Healthy People 2030 = 7.6% or Lower

Story County

Story County	IA	US	2005	2024
3.7%	6.7%	8.1%	16.4%	3.7%
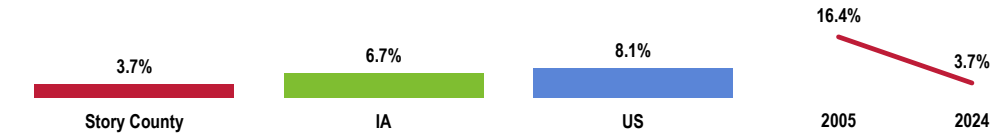
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

Lack of Health Care Insurance Coverage
(Adults 18-64; Story County, 2024)
Healthy People 2030 = 7.6% or Lower

Women	Men	18 to 39	40 to 64	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
2.4%	4.9%	4.8%	1.6%	5.7%	2.6%	4.6%	3.6%	2.4%	6.2%	3.7%
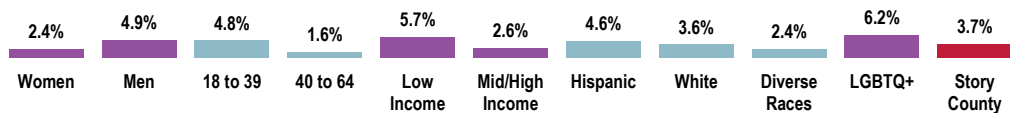
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

- Healthy People 2030 (https://health.gov/healthypeople)

Difficulties Accessing Services

A total of 42.3% of Story County adults report some type of difficulty or delay in obtaining health care services in the past year.

BENCHMARK ► Lower than found nationally.

TREND ► Marks a significant increase from 2005.

DISPARITY ► Higher in the Ames Area. More often reported among adults younger than 65 (especially those age 18 to 39), those with lower incomes, Hispanic residents, White residents, and LGBTQ+ respondents.

This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year

Story County

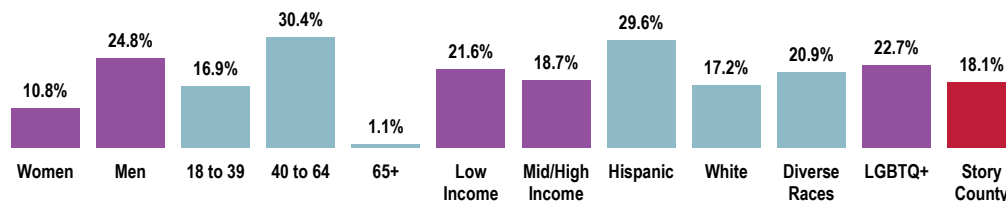| Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US		2005	2024
45.7%	32.3%	37.9%	23.7%	50.9%	24.4%	42.3%	52.5%		23.3%	42.3%
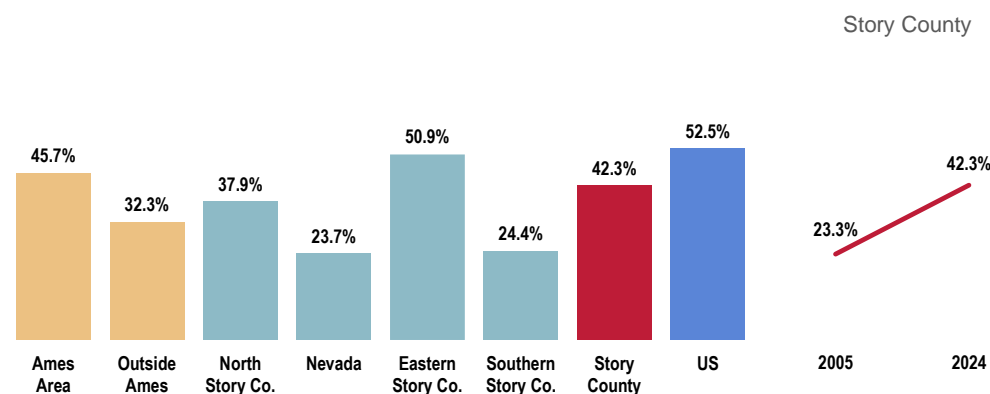
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 119]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Experienced Difficulties or Delays of Some Kind
in Receiving Needed Health Care in the Past Year
(Story County, 2024)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
44.4%	39.6%	50.7%	37.2%	16.8%	55.4%	37.8%	65.0%	42.8%	31.2%	60.7%	42.3%
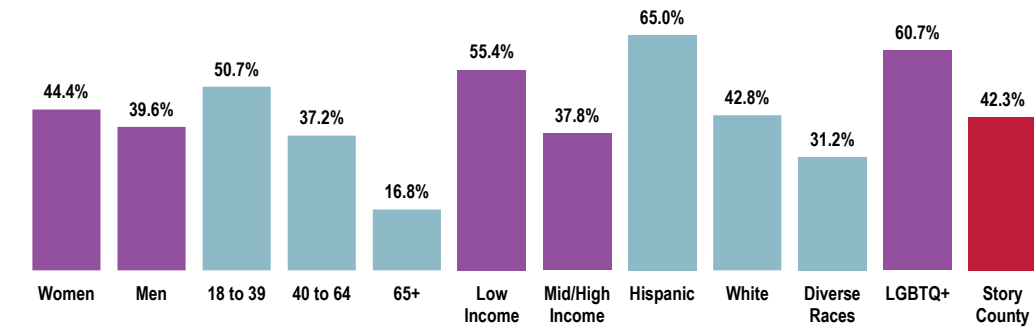
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 119]
Notes: ● Asked of all respondents.
● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Barriers to Health Care Access

Of the tested barriers, appointment availability and inconvenient office hours impacted the greatest shares of Story County adults.

BENCHMARK ► Five of the seven barriers are <u>less</u> prevalent in Story County than across the US: **appointment availability**, **finding a physician**, **cost of prescriptions**, **cost of a physician visit**, and lack of **transportation**.

TREND ► Each of the six barriers tested in the 2005 survey has recorded a significant increase in mention in Story County: **appointment availability**, **inconvenient office hours**, **finding a physician**, **cost of prescriptions**, **cost of a physician visit**, and lack of **transportation**.

DISPARITY ► **Appointment availability**, **finding a physician**, **cost of prescriptions**, and **cost of a physician visit** are more of a barrier in the Ames Area, while **inconvenient office hours** are more of a barrier in Eastern Story County (not shown).

To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have
Prevented Medical Care in the Past Year

■ Story County   ■ US

In addition, 14.0% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.

	Story County	US
Getting a Dr Appointment (Increasing since 2005)	20.7%	33.4%
Inconvenient Office Hours (Increasing since 2005)	19.5%	22.9%
Finding a Doctor (Increasing since 2005)	15.1%	22.0%
Cost (Prescriptions) (Increasing since 2005)	14.5%	20.2%
Cost (Doctor Visit) (Increasing since 2005)	12.8%	21.6%
Lack of Transportation (Increasing since 2005)	12.5%	18.3%
Language/ Culture	4.4%	5.0%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Items 6-13]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

A total of 5.8% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

BENCHMARK ► Lower than the US finding.

TREND ► Denotes a significant increase from 2005.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Children 0-17)

Story County

Story County	US	2005	2024
5.8%	11.1%	1.9%	5.8%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 90]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.
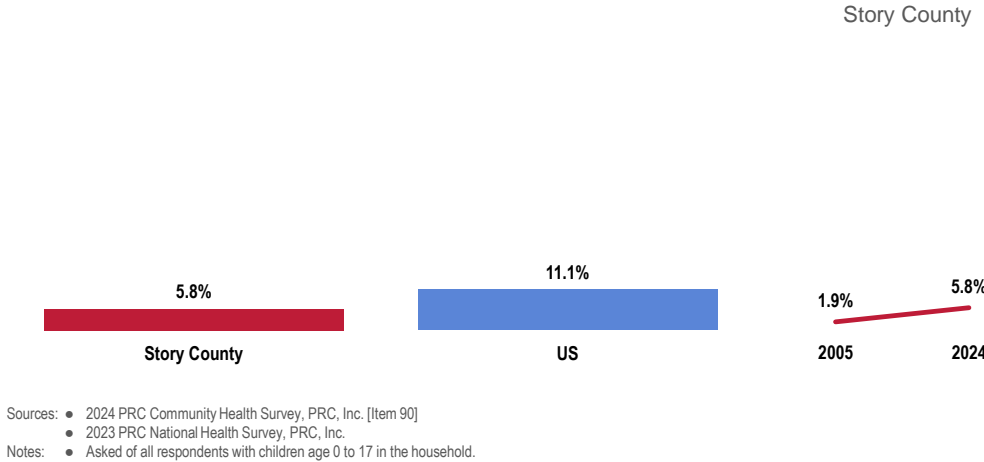
Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey were equally as likely to characterize *Access to Health Care Services* as a "moderate" or "minor" problem in the community.

Perceptions of Access to Health Care Services as a Problem in the Community
(Among Key Informants; Story County, 2024)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

11.8%	40.0%	40.0%	8.2%

Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Access to health care in general is a problem. Too much of the county has very limited access to health care without traveling to locations like Ames. Even in Ames, it can take significant time to get an appointment with specialists. – Community Leader

> A lack of primary care access and mental health services is a major issue. – Health Care Provider

> Lack of available health care providers, i.e. connecting with health care providers in a timely fashion; finding a provider that is accepting new patients, accessing specialty providers. I personally wanted to see a dermatologist for psoriasis. I got a referral from my PCP and called in August to set up an appointment. The first available was in June the following year. I had to go outside McFarland to another clinic to get an appointment sooner. I had to find a doctor and go to a clinic that was not my first choice. Individuals served by my organization are on Medicaid. There are no dentists in this area that take Medicaid or new patients with Medicaid. – Social Services Provider

Transportation

> Our clients have lots of issues with transportation, knowledge of services, finances. And, of course, very few have health insurance. – Social Services Provider

> Dialysis. We provide transportation to medical appointments, hospitals, etc., for medical services. However, when these types of surveys are done, they often say transit is a barrier to health. What does that actually mean? People can't afford it, we don't run at the right times, we don't operate on the weekend, etc. Also, transit is not a fully funded service. To improve health care access, hospitals, clinics, and services (like dialysis) should help fund the transit agencies that provide the services for their clients. – Social Services Provider

> Transportation, programs for the frail elderly, accessibility to quality dental care, access to quality assisted living (elderly) facilities. Most of the options for these services in Story County are based on one's ability to "qualify" or pay, which limits access to many. – Health Care Provider

Lack of Providers

> Not enough primary care physicians to see patients for wellness, routine care, or sick care. – Health Care Provider

> Growing issue of nursing and physician shortages. – Health Care Provider

Affordable Care/Services

> Cost. Any serious illness can quickly outstrip financial resources for even those who have savings and own property. For those who live with few to no resources, they can literally die of illnesses that most of us overcome with little to no treatment because we have access to housing, clean water, good nutrition, etc. – Social Services Provider

Access to Care for Uninsured/Underinsured

> Individuals with no insurance struggle to be seen by medical providers. Primary health care is overbooked. Another option is needed for individuals with no health insurance. – Public Health Representative

Income/Poverty

> For those living at the poverty level, there is little to no access to mental health care in a timely manner. Asking people to wait a month when they are in a current crisis situation makes no sense at all. – Social Services Provider

Awareness

> Knowing where to go and who to contact for any issues physically, mentally, emotionally, and financially. – Health Care Provider

PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (https://health.gov/healthypeople)

Access to Primary Care

Note that this indicator takes into account *only* primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

In 2021, there were 64 primary care physicians in Story County, translating to a rate of 64.3 primary care physicians per 100,000 population.

BENCHMARK ► Less favorable than the US rate.

Number of Primary Care Physicians per 100,000 Population
(2021)
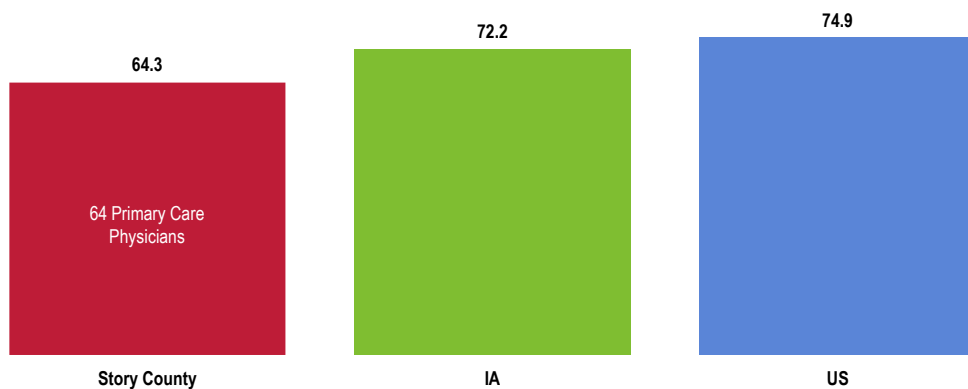
Story County	IA	US
64.3 (64 Primary Care Physicians)	72.2	74.9

Sources: ● Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2024 via SparkMap (sparkmap.org).
Notes: ● Doctors classified as "primary care physicians" by the AMA include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

Specific Source of Ongoing Care

A total of 63.6% of Story County adults were determined to have a specific source of ongoing medical care.

> BENCHMARK ► Lower than found nationally. Fails to satisfy the Healthy People 2030 objective.

> TREND ► Marks a significant decrease from 2005.

Have a Specific Source of Ongoing Medical Care
Healthy People 2030 = 84.0% or Higher

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US		2005	2024
63.5%	64.0%	60.3%	59.8%	68.3%	68.1%	63.6%	69.9%		89.2%	63.6%

Story County
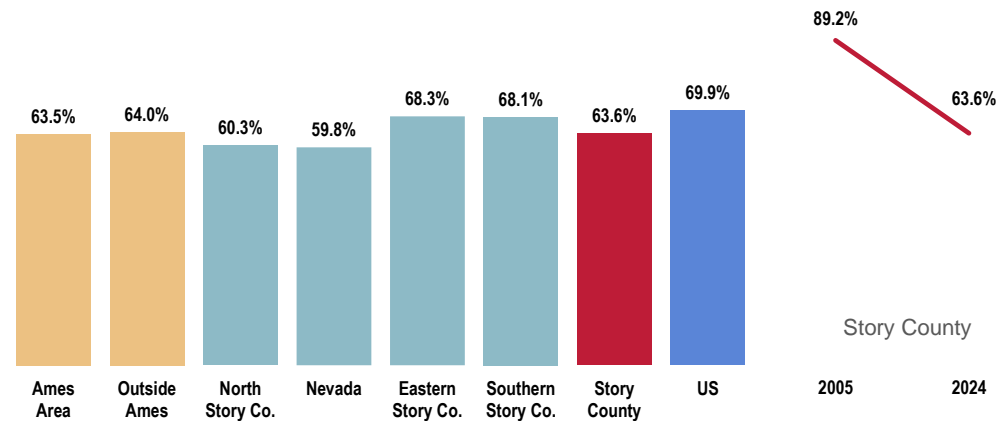
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 118]
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents.

Utilization of Primary Care Services

Adults

Seven in 10 area adults (70.7%) visited a physician for a routine checkup in the past year.

> BENCHMARK ► Lower than found statewide but higher than found nationally.

> TREND ► Represents a significant increase from 2005.

> DISPARITY ► Lower in the Ames Area. Male respondents and adults younger than 65 are less likely to report having received a checkup.

Have Visited a Physician for a Checkup in the Past Year

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	IA	US
67.2%	80.7%	76.9%	89.2%	78.1%	77.1%	70.7%	78.3%	65.3%

Story County
- 2005: 59.3%
- 2024: 70.7%
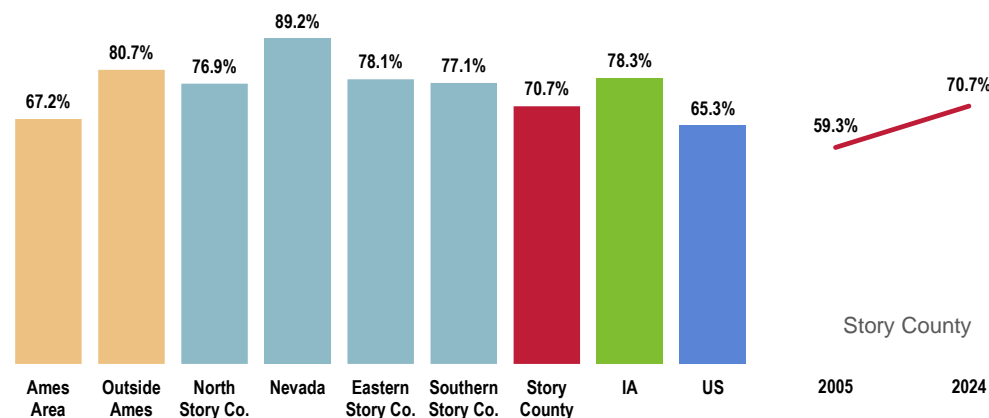
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 16]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Iowa data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year
(Story County, 2024)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
80.4%	62.9%	66.9%	66.1%	90.9%	63.6%	72.1%	66.5%	70.8%	68.7%	65.6%	70.7%
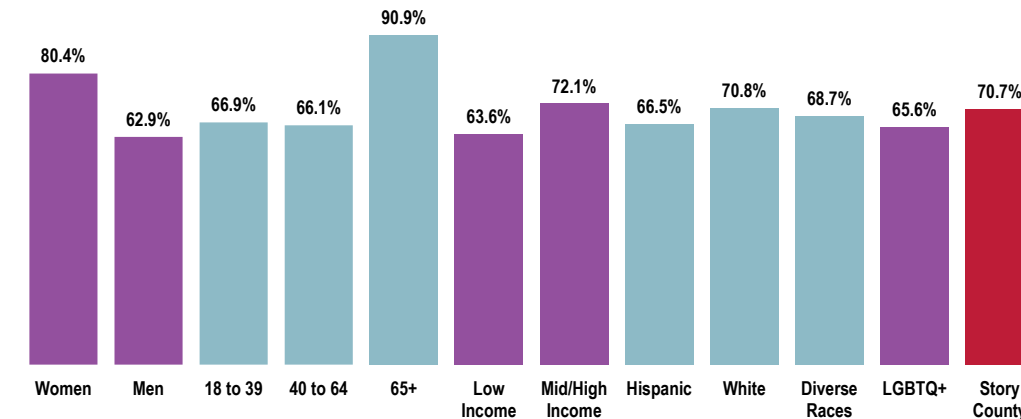
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 16]

Notes:
- Asked of all respondents.

Children

Among surveyed parents, 89.6% report that their child has had a routine checkup in the past year.

BENCHMARK ▶ More favorable than found across the US.

Child Has Visited a Physician
for a Routine Checkup in the Past Year
(Children 0-17)

89.6%
77.5%
89.4%   89.6%

Story County   US   Story County

2005   2024
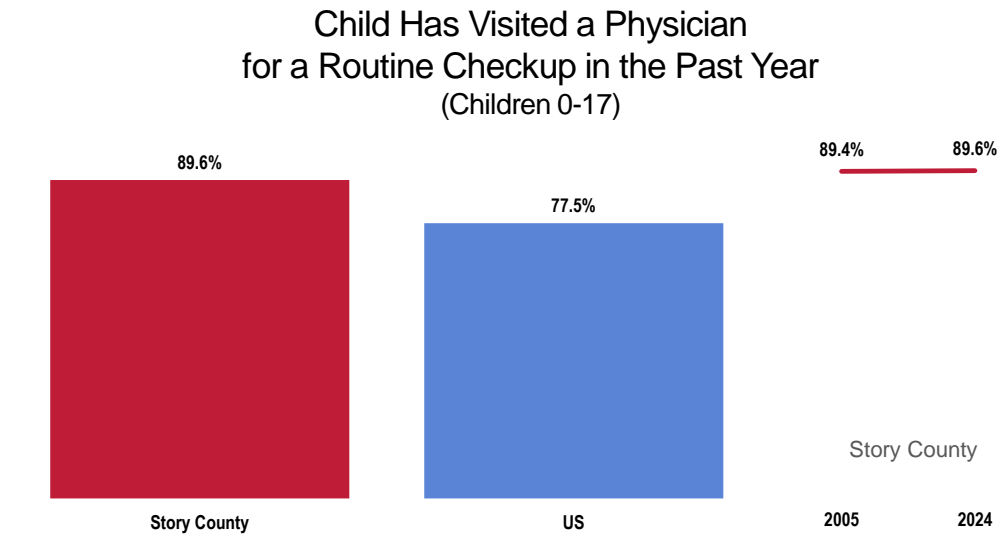
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 91]
         ● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.

EMERGENCY ROOM UTILIZATION

A total of 20.0% of Story County adults have gone to a hospital emergency room more than once in the past year about their own health.

BENCHMARK ► Higher than found nationally.

DISPARITY ► Higher in Eastern Story County. Male respondents are more likely to report using the emergency room.

Have Used a Hospital
Emergency Room More Than Once in the Past Year

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US
20.7%	17.9%	9.6%	18.7%	36.3%	11.5%	20.0%	15.6%
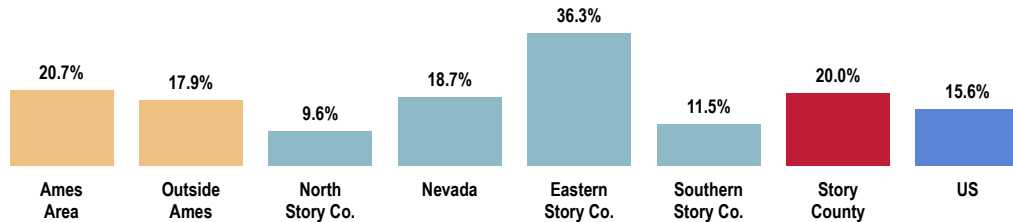
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 19]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Have Used a Hospital Emergency Room
More Than Once in the Past Year
(Story County, 2024)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
11.5%	23.2%	20.7%	21.0%	15.8%	24.2%	19.0%	15.3%	20.6%	16.1%	27.6%	20.0%
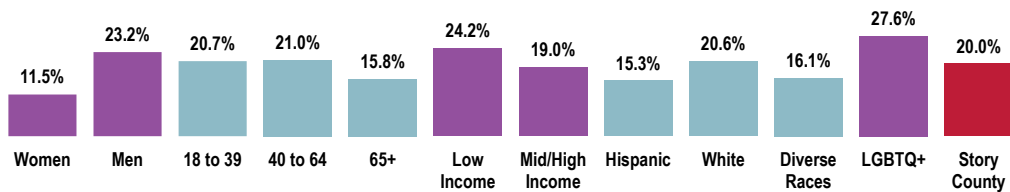
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 19]
Notes: ● Asked of all respondents.

ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (https://health.gov/healthypeople)

Dental Insurance

Seven in 10 Story County adults (70.3%) have dental insurance that covers all or part of their dental care costs.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Lower Outside Ames (especially in Nevada).

Have Insurance Coverage
That Pays All or Part of Dental Care Costs
Healthy People 2030 = 75.0% or Higher

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US
72.9%	62.5%	63.5%	53.8%	82.3%	57.4%	70.3%	72.7%

Story County — 2005: 66.1%, 2024: 70.3%
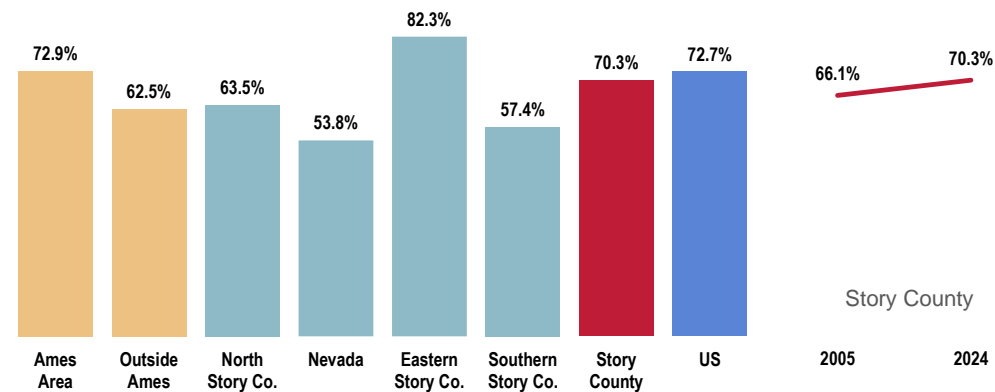
Sources:
● 2024 PRC Community Health Survey, PRC, Inc. [Item 18]
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes:
● Asked of all respondents.

Dental Care

Adults

A total of 59.0% of Story County adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ► Lower than found across Iowa. Satisfies the Healthy People 2030 objective.

TREND ► Denotes a significant decrease from 2005.

DISPARITY ► Lower in the Ames Area. Those <u>less</u> likely to report a dental visit include men, adults younger than 65, those with lower incomes, Hispanic residents, residents of diverse races, and those without dental insurance.

Have Visited a Dentist or Dental Clinic Within the Past Year
Healthy People 2030 = 45.0% or Higher

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	IA	US	2005	2024
56.6%	66.1%	83.8%	58.7%	56.6%	65.9%	59.0%	68.3%	56.5%	71.4%	59.0%

Story County
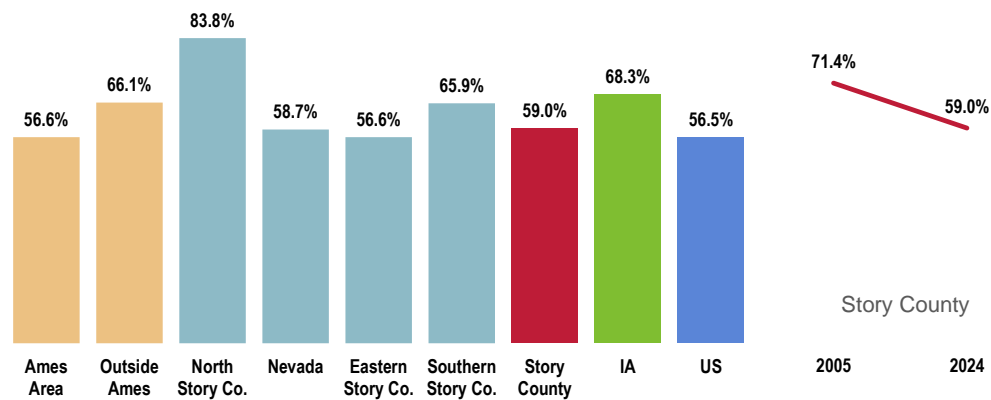
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Iowa data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year
(Story County, 2024)
Healthy People 2030 = 45.0% or Higher

With Dental Insurance	67.5%
No Dental Insurance	39.6%

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
66.4%	53.4%	54.6%	57.9%	73.9%	45.5%	62.8%	48.5%	62.1%	40.2%	58.4%	59.0%
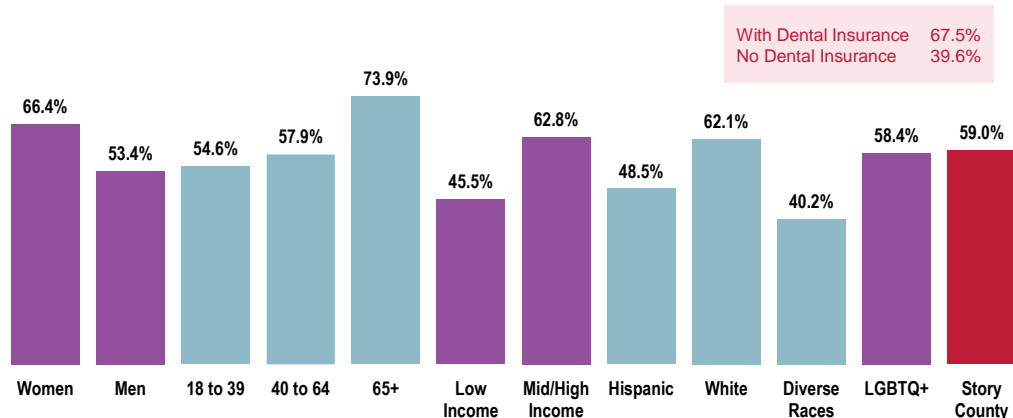
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Children

A total of 79.6% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

BENCHMARK ► Satisfies the Healthy People 2030 objective.

Child Has Visited a Dentist or Dental Clinic Within the Past Year
(Children 2-17)
Healthy People 2030 = 45.0% or Higher

79.6% — Story County
77.8% — US
78.8% — 2005 | 79.6% — 2024 | Story County
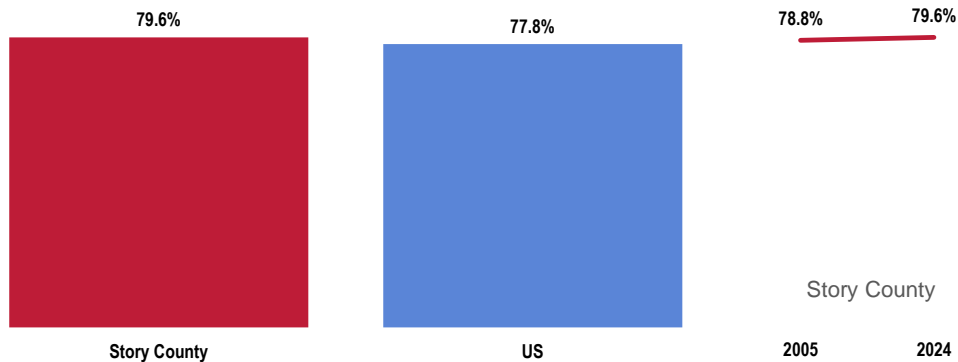
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 93]
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a "minor problem" in the community.

Perceptions of Oral Health as a Problem in the Community
(Among Key Informants; Story County, 2024)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

| 10.0% | 31.4% | 47.1% | 11.4% |

Sources: ● 2024 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access for Medicare/Medicaid Patients

> Not enough local dentists accept Medicaid, including through managed care companies, except for emergencies, which means no access to preventative check-ups and cleanings. – Social Services Provider

> Lack of providers that take Medicaid. Primary Health Dental is an absolute gem in Story County, but the need is great, and wait times can be long. – Community Leader

> There are not enough dentists in the county who accept Medicaid patients. – Social Services Provider

> Dentists do not take Medicaid. Dentists do not file insurance, and customers must pay the full cost upfront and be reimbursed by insurance. – Social Services Provider

Affordable Care/Services

> Lack of access, especially for the low-income. – Health Care Provider

> Cost of dental care or the affordability of dental insurance is too cost prohibitive for many. Therefore, many people go without dental care until such time it becomes chronic and costly. – Community Leader

Alcohol/Drug Use

> I see a lot of poor oral health. Quite a bit of it is most likely from drug activity, but also from people not having access to dental health that they can afford, or good nutrition. – Social Services Provider

LOCAL RESOURCES

PERCEPTIONS OF
LOCAL HEALTH CARE SERVICES

Most Story County adults rate the overall health care services available in their community as "excellent" or "very good."

Rating of Overall Health Care Services Available in the Community
(Story County, 2024)
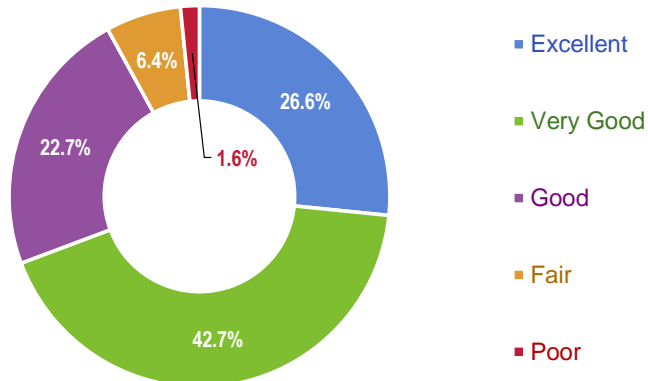
- Excellent: 26.6%
- Very Good: 42.7%
- Good: 22.7%
- Fair: 6.4%
- Poor: 1.6%

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ● Asked of all respondents.

However, 8.0% of residents characterize local health care services as "fair" or "poor."

BENCHMARK ► Lower than the US finding.

DISPARITY ► Higher in the Ames Area. Those more likely to give "fair" or "poor" ratings of local services include adults age 18 to 39, those with lower incomes, Hispanic residents, residents of diverse races, and those with difficulty accessing services.

Perceive Local Health Care Services as "Fair/Poor"

Ames Area	Outside Ames	North Story Co.	Nevada	Eastern Story Co.	Southern Story Co.	Story County	US
9.5%	3.3%	1.3%	5.3%	3.0%	2.9%	8.0%	11.5%
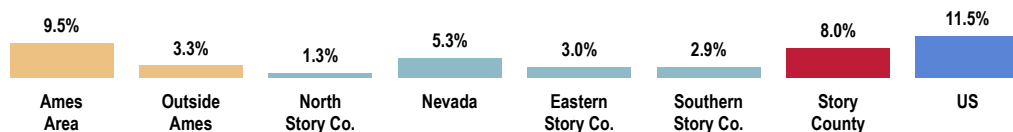
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Local Health Care Services as "Fair/Poor"
(Story County, 2024)

| With Access Difficulty | 14.6% |
| No Access Difficulty | 3.1% |

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Hispanic	White	Diverse Races	LGBTQ+	Story County
8.8%	7.7%	11.3%	1.5%	3.3%	16.2%	4.2%	18.1%	6.6%	15.1%	12.8%	8.0%
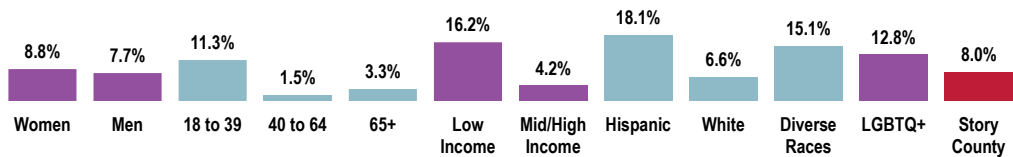
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ● Asked of all respondents.

HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Story County as of December 2023.

Map Legend

Report Location, County

Federally Qualified Health Centers, POS December 2023

SparkMap

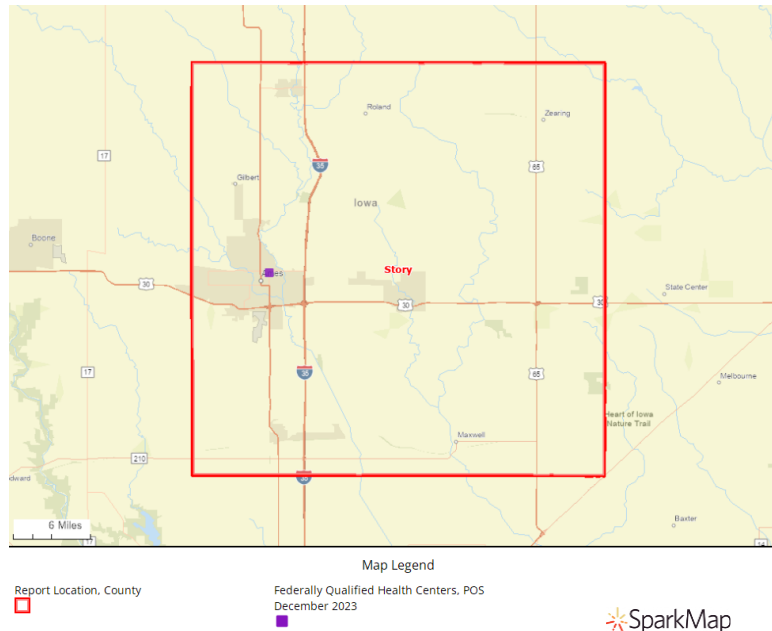# Resources Available to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- 211 Support Line
- Assault Care Center Extending Shelter & Support
- Boys and Girls Club
- Central Iowa Community Services
- Doran Clinic for Women
- Employers
- Eyerly Ball
- Mary Greeley Medical Center
- McFarland Clinic
- Mental Health and Disability Services of Story County
- Mid-Iowa Community Action
- National Alliance on Mental Illness
- Optimae LifeServices
- Primary Health Care
- Salvation Army
- Story County Public Health
- The Bridge Home
- United Way
- Youth and Shelter Services

Cancer

- American Cancer Society National Consortium
- American Cancer Society
- Bliss Cancer Center
- Church Meal Trains
- Iowa Department of Health and Human Services
- Mary Greeley Medical Center
- McFarland Clinic
- Patient Navigation
- Primary Health Care
- Primary/Secondary Prevention/Treatment Options
- Story County Medical Center
- Story County Public Health
- Word-of-Mouth

Diabetes

- Affordable Medications
- Certified Diabetes Educators
- Food Pantries/Banks
- Grocery Stores
- Iowa State University
- Mary Greeley Medical Center
- McFarland Clinic
- Medicaid
- Nutrition Education
- Pharmacies
- Primary Health Care
- Story County Medical Center
- Story County Public Health
- Supplemental Nutrition Assistance Program

Disabling Conditions

- Bethany Life
- Case Management
- Eyerly Ball
- Heart of Iowa Regional Transit Agency
- Homeward Public Health
- Mary Greeley Medical Center
- McFarland Clinic
- National Alliance on Mental Illness
- Primary Health Care
- RSVP
- Sons of Norway

Heart Disease & Stroke

- Iowa Heart Center
- Mary Greeley Medical Center
- McFarland Clinic
- Primary Health Care

Infant Health & Family Planning

Ames Public Library

Child Care Access Means Parents In School

Martha's House of Hope

Mary Greeley Medical Center

McFarland Clinic

Planned Parenthood

Story County Library

Story County Public Health

Injury & Violence

Alternatives Program

Alternative Response for Community Health

Ames Police Department

Assault Care Center

Center for Creative Justice

Iowa State University

Mary Greeley Medical Center

National Alliance on Mental Illness

Peer Support Programs

Wings of Refuge

Mental Health

211 Support Line

5th Street Mental Health Professionals

988 Suicide Hotline

Alternative Response for Community Health

Ames Police Department

Ames Psychological Counseling and Wellness Center

Ames Romero House

Applied Suicide Intervention Skills Training

Central Iowa Community Services

Clearbrook Counseling

Community Family Resources

Cornerstone Counseling

Crisis Response Teams

Doctors' Offices

Employee Assistance Program

Eyerly Ball

Food At First

Foundation 2

Good Neighbor

Heart and Solutions

Hospitals

Iowa State University

Life Works

Mary Greeley Medical Center

McFarland Clinic

Mental Health and Disability Services of Story County

Mental Health Counseling Services

Mental Health First Aid Training

Mental Health Outpatient Clinics

Mobile Crisis Unit

National Alliance on Mental Illness

Optimae LifeServices

Primary Health Care

Salvation Army

School System

Social Workers

Story County Extension Office

Story County Medical Center

The Bridge Home

Thielen Student Health Center

United Way

Walnut Creek Psychiatry

Your Life Iowa

Youth and Shelter Services

Nutrition, Physical Activity, & Weight

60 Forward

Access to Fresh Food and Groceries

Ames Fitness Center

City of Ames

Doctors' Offices

Dollar General

Farmers' Markets

Food At First

Food Pantries/Banks

Free Food Program

Gyms/Fitness Centers

Iowa State University

Loaves and Fishes

Mary Greeley Medical Center

McFarland Clinic

Parks and Recreation

Primary Health Care

School System

Story County Medical Center

Weight Watchers

Oral Health

Aspen Dental

Primary Health Care

University of Iowa Dental Clinic

Sexual Health

- Iowa State University
- Mary Greeley Medical Center
- McFarland Clinic
- Planned Parenthood
- Primary Health Care
- Thielen Student Health Center

Social Determinants of Health

- Affordable Housing
- Agencies Providing Housing/Rental Units
- Ames Alliance
- Ames Romero House
- Assault Care Center Extending Shelter & Support
- Central Iowa Community Services
- City of Ames
- Emergency Residence
- Food At First
- Food Pantries/Banks
- Good Neighbor
- Housing Coalition
- Human Relations Commission
- Hunger Collaboration
- Iowa State University
- Law Enforcement
- Martha's House of Hope
- Mary Greeley Medical Center
- Mid-Iowa Community Action
- NAACP
- Primary Health Care
- Salvation Army
- Section 8
- Story County General Assistance
- Story County Public Health
- Story County Veterans' Office
- The Bridge Home
- Transportation Collaboration
- United Way
- Youth and Shelter Services

Substance Use

- AA/NA
- Celebrate Recovery
- Central Iowa Community Services
- Clerk of Court
- Community Family Resources
- Creative Counseling Services
- Doctors' Offices
- Eyerly Ball
- Foundation 2
- Mary Greeley Medical Center
- Primary Health Care
- Story County Diversion Program
- Youth and Shelter Services

Tobacco Use

- Community Family Resources
- Doctors' Offices
- Pharmacies
- QuitLine Iowa
- Youth and Shelter Services