



2007 QUAD CITIES COMMUNITY VITALITY SCAN

Scott County, Iowa & Rock Island County, Illinois

Sponsored By

**United Way of the Quad Cities Area, Inc.
Community Foundation of the Great River Bend
Moline Foundation
Quad City Health Initiative
Amy Helpenstell Foundation**

Prepared By PROFESSIONAL RESEARCH CONSULTANTS, INC.

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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Quad Cities Community Vitality Scan is a systematic, data-driven approach to identify and quantify measures of the quality of life of Quad Cities Area residents as they relate to seven focus areas:

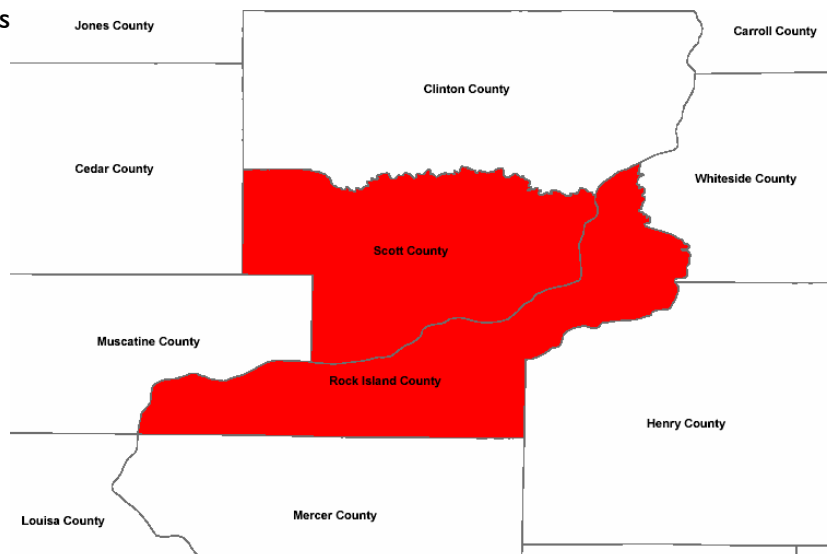
- ☑ Economy & Employment
- ☑ Health & Society
- ☑ Environment & Resources
- ☑ Education & Learning
- ☑ Arts, Culture & Recreation
- ☑ Neighborhoods, Housing & Safety
- ☑ Belonging & Leadership

Subsequently, this information may be used to develop a consistent set of data indicators for the region, as well as to provide a foundation for addressing community-wide issues and improving the quality of life for Quad Cities Area residents.

Community Definition

The “community” defined for this assessment includes Scott County, Iowa and Rock Island, Illinois, known for purposes of this assessment as the Quad Cities Area.

The adjacent map describes this geographical definition.



Acknowledgments

This report was prepared for a consortium of partners, including United Way of the Quad Cities Area, Quad City Health Initiative, The Community Foundation of the Great River Bend, The Moline Foundation, and the Amy Helpenstell Foundation. Partner organizations had representation on the Quad Cities Community Vitality Scan Task Force, which served as an executive committee for the project:

- ☐ **Denise Bulat**, Project Chair, Bi-State Regional Commission
- ☐ **John Kiley**, United Way of the Quad Cities Area
- ☐ **Nicole Carkner**, Quad City Health Initiative
- ☐ **Susan Skora**, Community Foundation of the Great River Bend
- ☐ **Joy Boruff**, The Moline Foundation
- ☐ **Dick Kleine**, Community Foundation of the Great River Bend and Community Volunteer
- ☐ **Matt Mendenhall**, Project Manager

The Quad Cities Community Vitality Scan Task Force would like to express its appreciation to community members who participated on the Steering Committee planning group and to others who participated in the telephone survey, community leadership written survey, or focus groups. A special thanks goes to the Bi-State Regional Commission, Rock Island County Health Department, and Scott County Health Department for their assistance in gathering existing data from multiple sources for this project.

- **Julio Almanza**, Davenport Community School District
- **Chuck Austin**, City Council, City of Rock Island
- **Larry Barker**, Scott County Health Department
- **Ben Biermann**, Vera French Community Mental Health Center
- **Patty Castro**, Assistant State's Attorney - Rock Island County
- **Thomas Coley**, Scott Community College
- **Mike Drymiller**, Drymiller & Associates
- **Ray Forsythe**, Office of Economic Development - City of Moline
- **Rebecca Gimbel**, First Midwest Bank
- **Denise Gonzales**, Iowa Department of Human Services
- **Helen HageBoeck**, Community Member
- **Carlos Jimenez**, Martin Luther King Jr. Community Center
- **D'Ann Lagerblade**, Community Member
- **Jim Lehman**, Genesis Health System
- **Linda Lewis**, Figge Art Museum
- **John (Dick) McClean, Jr.**, Rock Island Circuit Court

- **Cindy McDermott**, Alcoa
- **Denise Ormsby**, Amy Helpenstell Foundation; A.D. Huesing Corp.
- **Wendy Trute**, Rock Island County Health Department
- **Berlinda Tyler-Jamison**, Trinity Health System & Trinity Health Foundation
- **Tia Watson**, Deere & Company
- **Kelly Willet**, Bank of the West

Every effort has been made to include, and list correctly, all organizations and individuals involved with the Community Vitality Scan Project. We apologize for any errors or omissions.

For more information or for a copy of this report, please contact any of the following organizations:

- **United Way of the Quad Cities Area** – (563) 355-4310
- **Quad City Health Initiative** – (563) 421-2815
- **Community Foundation of the Great River Bend** – (563) 326-2840
- **The Moline Foundation** – (309) 736-3800

METHODOLOGY

There are four research components integrated into this assessment that help render a broad picture of the health and quality of life of the Quad City Area. These include the Community Vitality Survey (primary quantitative data), the Community Leader Survey (primary quantitative data), focus groups (primary qualitative data), and existing data (secondary quantitative data).

- ❑ The **Community Vitality Scan Survey** developed for this project gives a broad view of the perceptions and experiences of Quad Cities Area residents through a randomized telephone survey of community members.
- ❑ The **Community Leader Survey** is a mailed survey administered to a number of individuals who are recognized leaders by virtue of their work in and contributions to the community.
- ❑ **Focus groups** offer a unique perspective by gathering, in a facilitated discussion, individuals who have expertise in or special insight to the areas of focus of this assessment.
- ❑ **Existing data** — such as public health data, census data and others — complement the survey processes and, in some cases, provide a benchmark against which the Quad Cities' results can be compared.

Community Vitality Scan Survey

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *2007 Quad Cities Community Vitality Scan Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities. The survey instrument used for this study draws from a number of sources, but also includes many questions designed specifically for this effort.

Sample Design

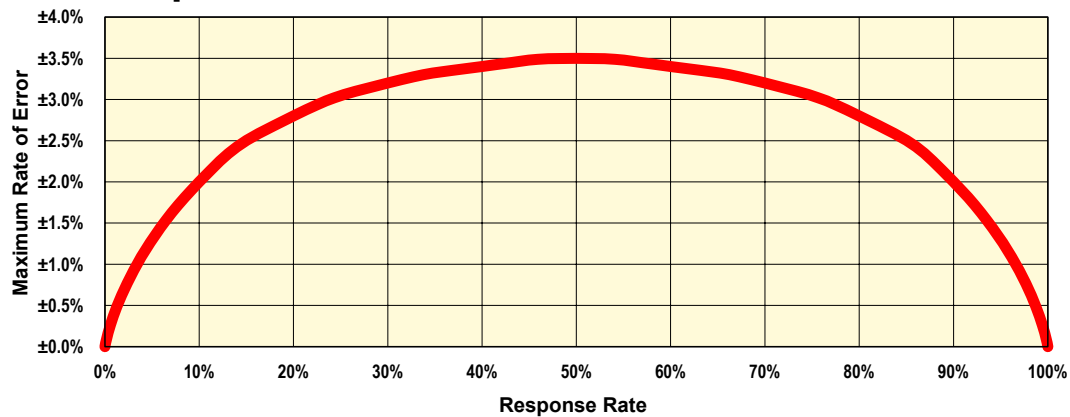
The sample design used for this effort consisted of a random sample of 800 individuals aged 18 and older in the defined community (including 400 in each of Scott and Rock Island Counties). Once these data were collected, the sample was weighted in proportion to the actual population distribution at the ZIP Code level. Population estimates were based on census projections of adults aged 18 and over provided in the latest *ESRI BIS Demographic Portfolio*.

All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 800 respondents is $\pm 3.5\%$ at the 95 percent level of confidence. [For the county-specific samples of 400 respondents, the maximum error is $\pm 4.9\%$.]

Expected Error Ranges for a Sample of 800 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.

Example 1: For example, if 10% of the sample of 800 respondents answered a certain question with a "yes," it can be asserted that between 8.0% and 12.0% (10% ± 2.0%) of the total population would offer this response.

Example 2: If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.5% and 53.5% (50% ± 3.5%) of the total population would respond "yes" if asked this question.

In addition, for further analysis, keep in mind that each percentage point recorded among the total sample of survey respondents is representative of approximately 2,350 residents aged 18 and older in the Quad Cities Area (based on current population estimates). Thus, in a case where 3.4% of the total sample gives a particular response to a survey question, this is representative of nearly 8,000 people and therefore must not be dismissed as too small to be significant.

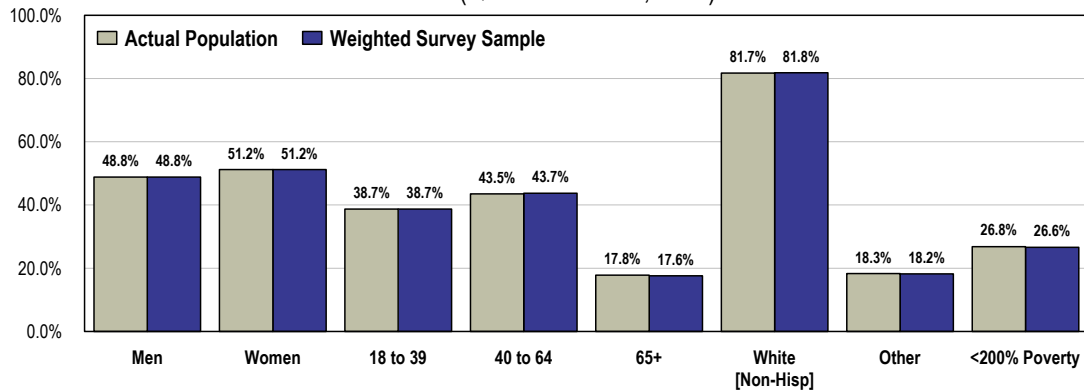
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, 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 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 gender, 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 may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the weighted sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents aged 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 and Sample Characteristics

(Quad Cities Area, 2007)



Sources: • 2006 ESRI BIS Demographic Portfolio.
 • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007.
 Notes: • Hispanic can be of any race.

Further note that the poverty descriptions and segmentation used in this report are based on 2007 administrative poverty thresholds determined by the U.S. Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2007 guidelines place the poverty threshold for a family of four at \$20,650 annual household income or lower). In sample segmentation: “<200% Poverty” refers to community members living in a household with defined poverty status, combined with those households living just above the poverty level, earning up to twice the poverty threshold; and “>200% Poverty” refers to households with incomes more than twice the poverty threshold defined for their household size.

Benchmark Data for Survey Indicators

Trending Data

For comparative purposes, results from the 2002 *Quad Cities Community Health Assessment* (conducted by PRC, Inc., for the Quad City Health Initiative) will be included where possible and applicable. This 2002 survey was approached very similarly, although the prior set of indicators was more heavily focused on health issues.

Statewide Data

For health issues, limited statewide risk factor data are provided through the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Summary Prevalence Reports* published by the Centers for Disease Control and Prevention and the U.S. Department of Health & Human Services.

Nationwide Data

Nationwide health and quality of life data, which are also provided in comparison charts, are taken from the 2005 *PRC National Health Survey*, as well as the 2006 *PRC National Quality of Life Survey*. The methodological approach for these national studies is identical to that employed in this assessment, and these data may be generalized to the U.S. population with a high degree of confidence.

Healthy People 2010

For selected health indicators, national goals are available through *Healthy People 2010: Understanding and Improving Health*; this is part of the Healthy People 2010 initiative that is sponsored by the U. S. Department of Health & Human Services. Healthy People 2010 outlines a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century.



Community Leaders Survey

To identify the perceptions of community leadership, several hundred surveys were mailed to individuals identified by the Community Vitality Scan Steering Committee. From these, 388 surveys were returned. The steering committee assumed responsibility for mailing and receiving surveys, as well as scanning returned surveys to compile a database of responses. PRC, in turn, performed the data cleaning/processing and analysis functions.

The survey instrument mailed to community leaders was specifically tailored to this audience, but addressed many cross-over indicators from the household survey as well, allowing for some level of side-by-side comparison. Data from the Community Leaders Survey are highlighted throughout this report.

Secondary Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Quad Cities Community Vitality Scan. Data were provided by the Community Vitality Scan Steering Committee from a number of sources, including, but not limited to, the following:

- ☐ Bi-State Regional Commission
- ☐ Bureau of Economic Analysis
- ☐ Bureau of Labor Statistics
- ☐ CDC WONDER Online Query System
- ☐ Centers for Disease Control and Prevention, National Center for Health Statistics
- ☐ FBI, Crime in the United States
- ☐ Illinois Department of Employment Security
- ☐ Illinois Department of Public Health
- ☐ Illinois State Police, Crime in Illinois
- ☐ Iowa Department of Public Health
- ☐ Iowa Department of Public Safety Uniform Crime Report
- ☐ Iowa Workforce Development
- ☐ Rock Island County Health Department
- ☐ Scott County Health Department
- ☐ United States Department of Justice

Key Informant Focus Groups

The final research component for this assessment included qualitative findings derived from focus groups among key informants in the community. The Community Vitality Scan Steering Committee convened and moderated seven focus groups (one for each of the focus areas of this study) between January 29 and February 5, 2007. Participants were selected and recruited by the Steering Committee.

The focus group sessions were recorded, and transcriptions and summaries were provided to PRC for integration into this report.

NOTE: Focus group findings represent qualitative, rather than quantitative, data. The groups were designed to gather input from participants regarding their opinions and perceptions of quality of life in the Quad Cities Area. Thus, these findings are based on perceptions, not facts.

SUMMARY OF INDICATORS

Overall Quality of Life

As a Place to Live. Quad Cities Area residents generally view their community as a very good place to live, particularly on the Illinois side of the river. The people, the size/convenience, and amenities are what they enjoy most about living in the Quad Cities Area. Most are also optimistic that quality of life will get better, or at least not deteriorate, in the next several years.

Community Concerns. Residents are concerned about several issues, particularly crime, the economy, and drug/alcohol use (among both teens and adults).

As a Place to Raise a Family. Quad Cities Area residents also share positive views of their community as a place to raise a family. Their concerns for families, however, center around income/employment, crime, education and health insurance.

		Comparison Between Counties		Quad Cities Area vs. Benchmarks			
QUALITY OF LIFE		Scott County	Rock Island County	Quad Cities Area	TREND (vs. 2002)	vs. US	vs. HP2010
As a Place to Live	% "Fair/Poor" - Community as a Place to Live	11.8	6.2	9.0	11.4	16.2	
	% Quality of Life Has "Grown Worse"	16.2	16.1	16.1		15.9	
	% Quality of Life Will "Grow Worse"	14.3	11.3	12.9		18.0	
	% "Fair/Poor" - Community Pride	22.2	16.3	19.3		20.8	
Community Concerns	% "Major Problem" - Teen Alcohol/Tobacco/Drug Abuse	44.3	33.8	38.8		35.1	
	% "Major Problem" - Crime	29.5	29.4	29.5		18.4	
	% "Major Problem" - Gang Violence	30.2	27.8	28.9		15.3	
	% "Major Problem" - Adult Drug Abuse	32.9	20.9	26.6		29.1	
	% "Major Problem" - Child Abuse	25.7	24.1	24.8		14.7	
	% "Major Problem" - Teen Pregnancy	28.5	20.2	24.2		25.4	
	% "Major Problem" - Adult Alcohol Abuse	26.7	20.4	23.5		25.7	
	% "Major Problem" - Domestic Violence	22.2	18.0	20.0		16.7	
	% "Major Problem" - Poverty	19.9	15.6	17.7		24.0	
	% "Major Problem" - Growth/Urban Sprawl	12.4	17.8	15.4		18.6	
	% "Major Problem" - AIDS/STDs	17.7	11.9	14.6		17.1	
	% "Major Problem" - Homelessness	14.6	13.0	13.8		15.4	
	% "Major Problem" - Racial Tension	12.0	13.2	12.6		11.3	
	% "Major Problem" - Illiteracy	14.6	7.8	11.0		15.5	
As a Place to Raise a Family	% "Fair/Poor" - Community as a Place to Raise a Family	16.4	12.5	14.5		19.5	
		Note: Each county is compared against the other.		-blank-no data favorable unfavorable similar			

Economy & Employment

Employment. The Quad Cities Area unemployment rate is close to the national average. Still, one finding of the household survey found that 30.2% of adults perceive themselves as underemployed, feeling that they are overqualified for their current job.

Income. Median household incomes are higher in Scott County than nationally, but below the national median in Rock Island County. A total of 16.0% of Quad Cities Area children live below the federal poverty level.

Residents' perceptions of their financial situations are generally better than the national average, and most feel they are doing at least as well financially as a year ago. However, those at the lower end of the income spectrum less often feel this way.

ECONOMY & EMPLOYMENT		Comparison Between Counties		Quad Cities Area vs. Benchmarks			
		Scott County	Rock Island County	Quad Cities Area	TREND (vs. 2002)	vs. US	vs. HP2010
Employment	Unemployment Rate (%)	4.8	5.1	5.0		5.1	
	% Feel Overqualified for Current Job (Underemployed)	30.9	29.3	30.2			
Income	Median Household Income	\$45,751	\$38,734			\$43,318	
	Persons Living in Poverty (%)	10.4	11.6	11.0		12.5	
	Children Living in Poverty (%)	14.8	17.3	16.0		17.6	
	% "Fair/Poor" - Personal Financial Situation	19.7	16.8	18.3		27.0	
	% Financial Situation "Worse" Than a Year Ago	11.1	12.0	11.5		15.3	
	% Payday Loan, Pawn Shop, Family Loan in Past Year	10.1	13.8	11.9			
	% "Fair/Poor" - Availability of Grocery/Retail Shopping	6.7	12.8	9.6		22.8	
		Note: Each county is compared against the other.					

Health & Society

Health Status. Most Quad Cities Area adults enjoy a healthy life. Overall ratings are generally similar to or better than found among all Americans. Still, it is important to recognize that certain segments of the population – such as lower-income residents, seniors, non-white residents – generally experience poorer health status.

Death & Disability. For most leading causes of death, the area age-adjusted death rates compare favorably to national rates, the exceptions being somewhat higher death rates for stroke and for chronic lower respiratory disease (particularly in Scott County).

Prevalence levels for tested chronic conditions, such as asthma and diabetes, are generally similar to national prevalence levels. Note, however, that the area – and especially Scott County – has had rather high rates of sexually transmitted diseases reported (gonorrhea and chlamydia).

Births. Women’s use of prenatal care is similar to the national average, although 16.7% of Quad Cities Area births still do not receive adequate prenatal care. Low-weight births and infant deaths compare favorably to national indicators. However, the local percentage of births to teen mothers (although declining) remains higher than the national average, particularly in Rock Island County.

Modifiable Health Risks. Although most residents say that they lead a fairly healthy lifestyle, two-thirds are overweight (similar to the national average). And, more than one-third say that they have engaged in no physical activity outside of work in the past month, something that has increased significantly since the 2002 survey.

On the other hand, reduced smoking levels are a positive finding for the Quad Cities Area.

Access to Healthcare Services. Overall indicators of access to healthcare services generally compare quite positively to national indicators. However, keep in mind that 11.6% of all adults reported some type of trouble getting medical care in the past year. Further, lower-income residents, as well as minority populations, report much greater difficulty accessing care.

HEALTH & SOCIETY		Comparison Between Counties		Quad Cities Area vs. Benchmarks			
		Scott County	Rock Island County	Quad Cities Area	TREND (vs. 2002)	vs. US	vs. HP2010
Health Status	% "Fair/Poor" Physical/Mental/Emotional Health	8.4	9.9	9.1		13.8	
	% "Fair/Poor" Mental Health	8.4	9.5	8.9		11.7	
	% Chronic Depression (2+ Years)	24.9	23.1	24.0	25.2	24.9	
	Suicide (Age-Adjusted Death Rate)	10.9	11.8	11.3		10.8	5.0
	% Depressed Persons Seeking Help	61.4	50.1	56.1		47.2	50.0
Death & Disability	Diseases of the Heart (Age-Adjusted Death Rate)	204.8	249.0	229.1		240.3	213.7
	% Chronic Heart Disease	8.1	9.6	8.8	7.1	8.2	
	Stroke (Age-Adjusted Death Rate)	70.9	59.5	64.4		55.9	48.0
	% Stroke	2.8	4.6	3.7	2.3	2.4	
	% Told Have High Blood Pressure	25.0	33.2	29.0	27.3	34.2	16.0
	% Told Have High Cholesterol	26.9	36.8	31.7	28.7	32.9	17.0
	Cancer (Age-Adjusted Death Rate)	211.6	182.2	195.5		193.2	159.9
	CLRD (Age-Adjusted Death Rate)	59.9	45.7	52.4		43.5	
	Pneumonia/Influenza (Age-Adjusted Death Rate)	21.4	22.4	21.9		22.2	
	% Chronic Lung Disease	7.1	13.0	10.0	11.8	8.6	
	% Asthma	8.8	14.7	11.7	12.8	10.4	
	% Breathing Problems Related to the Environment	9.1	16.7	12.8	15.0		
	Diabetes Mellitus (Age-Adjusted Death Rate)	19.2	24.7	21.9		25.3	15.1
	% Diabetes/High Blood Sugar	6.3	9.4	7.8	7.0	10.2	

HEALTH & SOCIETY (continued)		Comparison Between Counties		Quad Cities Area vs. Benchmarks			
		Scott County	Rock Island County	Quad Cities Area	TREND (vs. 2002)	vs. US	vs. HP2010
Death & Disability (cont.)	% Activity Limitations	16.4	16.8	16.6	19.0	19.8	
	% Older Dependents Living in the Household	3.9	2.4	3.2		4.4	
	% Living in Home of an Adult Child/Grandchild	2.3	1.1	1.7		3.8	
	% Flu Shot in Past Yr (Aged 65+)	67.8	71.6	69.8	67.3	71.5	90.0
	% Flu Shot in Past Yr (High-Risk Aged 18-64)	41.2	28.3	34.4		22.4	60.0
	Tuberculosis Incidence/100,000	0.8	1.4	1.1		5.1	
	HIV (Age-Adjusted Death Rate)	0.8	0.5	0.6		4.7	0.7
	Primary & Secondary Syphilis Incidence/100,000	0.0	0.0	0.0		2.5	0.2
	Gonorrhea Incidence/100,000	192.6	178.9	186.0		117.2	19.0
	Chlamydia Incidence/100,000	477.3	440.5	459.7		304.4	
Births	% Less Than Adequate Prenatal Care	15.6	18.0	16.7		16.7	
	% of Low Birthweight Births	7.7	7.0	7.4		8.1	
	Infant Death Rate	5.3	6.2	5.7		6.9	4.5
	% Births to Teenagers	10.7	14.0	12.2		10.4	
	Households Headed by a Single Mother (%)	7.7	7.7	7.7		7.6	
Modifiable Health Risks	% "Somewhat/Very Unhealthy" Lifestyle	8.1	14.2	11.0			
	% 4+ Meals/Week Eaten Away From Home	42.5	38.6	40.5			
	% Child Eats 5+ Servings of Fruits/Vegs per Day	17.4	19.5	18.6			
	% Overweight	64.2	69.5	66.8	64.1	66.1	
	% Obese	24.8	28.7	26.7	24.1	27.3	15.0
	% Unhealthy Weight (BMI <18.5 or 25+)	65.3	69.8	67.5	65.7	67.9	40.0
	% Children (Aged 6-17) Overweight	19.5	11.3	15.6		14.1	
	% No Leisure-Time Physical Activity	33.3	35.5	34.4	18.6	25.5	20.0
	% Vigorous Physical Activity	41.0	38.1	38.6	37.1	33.9	30.0
	% Child Moderate Physical Activity (5+ Days/Wk)	47.7	53.9	51.1			
	% Child Vigorous Physical Activity (3+ Days/Wk)	83.6	83.1	83.3			
	Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	7.4	8.1	7.7		9.4	3.0
	% Current Drinker	62.5	55.9	59.3	57.9	58.0	
	% Chronic Drinker	5.2	4.4	4.8	6.1	5.3	
	% Binge Drinker	24.2	16.4	20.4	18.8	16.3	6.0
	DUI/DWI Arrest Rate (per 100,000 Population)	375	595	479		463	

HEALTH & SOCIETY (continued)		Comparison Between Counties		Quad Cities Area vs. Benchmarks			
		Scott County	Rock Island County	Quad Cities Area	TREND (vs. 2002)	vs. US	vs. HP2010
Modifiable Health Risks (cont.)	% Taken an Illegal Drug in the Past Month	3.1	1.3	2.2	2.5		
	% Taken Rx w/o Dr's Orders in the Past Month	2.0	0.3	1.2	1.4		
	% Current Smoker	23.0	19.5	21.4	25.9	22.2	12.0
	% Member of HH Smokes at Home 3x/Week	19.9	14.6	17.3	26.7		
	% HHs w/Children Where Someone Smokes 3x/Week	14.9	11.6	13.4	29.0		
Access to Health Services	% Lack Health Insurance (Aged 18-64)	13.9	11.7	12.9	10.6	20.0	0.0
	% Lack Healthcare Coverage for Child	6.6	7.2	6.9	5.3		
	% Difficulty Accessing Healthcare in Past Year	12.1	11.0	11.6	9.4		7.0
	% Difficulty Getting Child's Healthcare in Past Year	0.9	3.3	2.0		6.1	
	% "Fair/Poor" - Ease of Obtaining Healthcare Svcs.	11.3	8.7	10.1	10.6	14.5	
	% "Fair/Poor" - Ease of Obtaining Mental Health Svcs.	14.3	12.7	13.5	12.6	17.1	
	% "Fair/Poor" - Ease of Obtaining Substance Abuse Svcs.	14.5	12.7	13.7	13.7	17.9	
	% "Fair/Poor" - Ease of Obtaining Dental Care	13.2	14.1	13.7	10.4	19.3	
	% Have a Regular Physician, Clinic or Health Center	87.8	88.3	88.1	83.9		96.0
	% Have Had Routine Checkup in Past Year	65.8	78.3	71.8	66.7	65.6	
	% Child Has Had Checkup in Past Year	81.7	92.5	86.6	81.3	76.6	
	% Used ER for Non-Emergency Care in Past Year	10.1	10.7	10.4			
	% Had Routine Dental Care in the Past Year	78.2	74.6	76.4	68.1		56.0
	% Child 1-17 Had Dental Checkup/Past Year	76.5	88.6	82.4	78.2		
			Note: Each county is compared against the other.				

Environment & Resources

Environment. Quad Cities Area residents express favorable ratings of their communities' physical environment (in terms of being free of pollution, having clean streets and yards, and attractive neighborhoods and buildings).

Overall, less than one-half (39.0%) of residents say they are "very concerned" about environmental issues, while 46.8% are "somewhat concerned." The biggest problem they see is pollution (including air and water pollution), followed distantly by global warming.

Resources. The vast majority (96.6%) of adults say they regularly engage in recycling or energy conservation practices. Just over one-half of adults feel they could rely on public transportation if needed (particularly in Rock Island County), although only 4.9% have used public transportation in the past month.

ENVIRONMENT & RESOURCES		Comparison Between Counties		Quad Cities Area vs. Benchmarks			
		Scott County	Rock Island County	Quad Cities Area	TREND (vs. 2002)	vs. US	vs. HP2010
Environment	% "Fair/Poor" - Physical Environment	14.7	13.8	14.2		21.6	
	% "Very Concerned" About Environmental Issues	39.6	38.9	39.3			
Resources	% Regularly Recycle/Conserve Energy at Home	98.1	95.0	96.6			
	% Alternative Fuels Are "Very Important"	43.2	52.3	47.9			
	% Could Rely on Public Transportation if Needed	43.7	61.2	52.2		41.3	
	% Used Public Transportation in the Past Month	3.3	6.6	4.9			
		Note: Each county is compared against the other.					

Education & Learning

Children. Residents' ratings of Quad Cities Area schools have improved significantly since 2002, and are much better than the national average – three-fourths currently approve of the job schools are doing in preparing Quad Cities Area children for college or the job market (rating this as “good,” “very good” or “excellent”).

High school graduation and drop-out rates are more favorable than national averages, as are average scores on ACT tests.

Continued Learning. For adults, opportunities for further education are generally viewed favorably in the Quad Cities Area. Two-thirds of adults say they have used a library in the past year (although Scott County residents have a greater percentage of adults who hold library cards), and nearly one-half say they have received some type of formal education or training in the past year (e.g., courses, private lessons, correspondence courses, workshops, seminars, craft or recreational courses).

Over 80% of Quad Cities Area households have a computer and personal access to the Internet, although this is much lower among older adults and among persons living at lower incomes.

EDUCATION & LEARNING		Comparison Between Counties		Quad Cities Area vs. Benchmarks			
		Scott County	Rock Island County	Quad Cities Area	TREND (vs. 2002)	vs. US	vs. HP2010
Children	% "Fair/Poor" - Schools' Job Preparing Children	25.4	26.3	25.8	32.6	34.8	
	% "Fair/Poor" - Child's School as a Safe Environment	8.7	10.3	9.6			
	% Child Is Unsupervised After School	14.2	15.3	14.7			
	% "Fair/Poor" - Child Day Care Services	14.5	9.4	12.3		28.8	
	High School Graduates (%)	94.6	87.9	91.4		85.8	
	Dropout Rate (%)	3.3	4.9	4.1		11.0	
	Average ACT Composite Score (Highest Possible Score = 36)	22.5	21.9	22.2		21.0	

EDUCATION & LEARNING (continued)		Comparison Between Counties		Quad Cities Area vs. Benchmarks			
		Scott County	Rock Island County	Quad Cities Area	TREND (vs. 2002)	vs. US	vs. HP2010
Continued Learning	% "Fair/Poor" - Adult Educational Opportunities	12.3	11.5	11.9	14.7	22.0	
	% Used a Library in the Past Year	68.6	64.0	66.4		63.8	
	Library Cardholders (% of Total Population)	62.0	45.1	53.2			
	% Need Help Learning to Read	1.7	1.7	1.7		3.9	
	% Have a Computer in the Household	86.0	75.6	80.9		80.1	
	% Have Access to the Internet for Personal Use	87.9	82.0	85.0		80.3	
	% Received Formal Training/Education in the Past Year	52.4	46.9	49.8			
	% >5 Hours/Week of Informal Learning	38.5	34.5	36.4			
		Note: Each county is compared against the other.					

Arts, Culture & Recreation

Local Offerings. Quad Cities Area residents rate the variety of arts/cultural offerings and the availability of recreational/entertainment offerings in the area quite positively, both in Scott and Rock Island Counties. Most say they have visited a museum, used a local park or recreational facility, and attended a live performance at least once in the past year.

Youth. Ratings of the availability of recreational facilities, activities, and programs designed specifically for youth are also more positive than found nationally.

ARTS, CULTURE & RECREATION		Comparison Between Counties		Quad Cities Area vs. Benchmarks			
		Scott County	Rock Island County	Quad Cities Area	TREND (vs. 2002)	vs. US	vs. HP2010
Arts & Culture	% "Fair/Poor" - Variety of Arts & Cultural Offerings	19.3	18.6	19.0	18.2	33.5	
	% Visited a Local Museum in the Past Year	58.2	53.2	55.8		59.2	
	% "Fair/Poor" - Recreation/Entertainment Offerings	13.5	14.5	14.0		30.8	
Recreation	% Visited a Park/Recreational Facility in the Past Year	92.2	88.5	90.4		86.4	
	% Attended a Live Performance in the Area in the Past Year	80.0	76.4	78.3			
	% "Fair/Poor" - Recreation Offerings for Youth	17.0	18.4	17.7		26.2	
		Note: Each county is compared against the other.					

Neighborhoods, Housing & Safety

Neighborhood Connections. Most Quad Cities Area residents say that they know five or more of their neighbors by name. This is lower, however, in Scott County, as well as among young adults and low-income residents throughout the area.

Housing. While a significant share of residents are critical of the availability of affordable housing (30.4% rated this as “fair” or “poor”), ratings are overall much better than found nationally. Area residents also generally respond favorably regarding the conditions of homes in their neighborhoods. A positive indicator in comparison with 2002 findings is a lower percentage of Quad Cities Area adults who report being homeless or displaced in the past year.

Safety. Ratings of neighborhood safety, security and crime control are generally positive in Rock Island County; less so in Scott County. Violent crime and child abuse rates are rather high, particularly in Scott County (recall that “crime” was among the community’s top concerns). Domestic abuse crimes, on the other hand, are higher in Rock Island County.

NEIGHBORHOODS, HOUSING & SAFETY		Comparison Between Counties		Quad Cities Area vs. Benchmarks			
		Scott County	Rock Island County	Quad Cities Area	TREND (vs. 2002)	vs. US	vs. HP2010
Neighborhood	% Do Not Know Any Neighbors by Name	7.0	2.6	4.8			
Housing	Owner-Occupied Units (%)	70.6	69.7	70.1		66.2	
	Apartment Vacancy Rate (%)	7.3	7.4	7.3		6.8	
	% "Fair/Poor" - Availability of Affordable Housing	32.2	28.5	30.4		51.0	
	% "Fair/Poor" - Condition of Neighborhood Homes	9.2	9.0	9.1		14.9	
	Homeless Persons per 100,000 Population	170	153	162		192	
	% Homeless in the Past Two Years	0.7	0.2	0.4	1.4		
	% Had to Live With Someone Else Because of Emergency	4.3	8.7	6.4	9.1	11.2	
Safety	Unintentional Injury (Age-Adjusted Death Rate)	31.4	28.1	29.5		36.6	
	Motor Vehicle Crashes (Age-Adjusted Death Rate)	11.3	11.0	11.1		15.4	
	% "Fair/Poor" - Neighborhood Safety, Security, Crime Control	19.8	10.9	15.4		20.6	
	% Neighborhood Crime Has "Grown Worse" in Recent Years	19.3	10.8	15.2		20.0	
	% "Fair/Poor" - Security Walking in Neighborhood in Daytime	6.0	2.5	4.3	5.9		
	% "Fair/Poor" - Security at Home at Night	6.2	4.9	5.6	7.3		
	Violent Crime Rate (per 100,000 Population)	948.5	546.2	755.3		469.4	
	% Victim of Violent Crime in the Area in Past 5 Years	0.6	2.4	1.5	2.6	2.3	
	Domestic Crime Rate (per 100,000 Population)	655.0	854.8	751			
	% Victim of Domestic Violence in Past 5 Years	1.8	5.1	3.4	2.2	2.0	
	Confirmed Child Abuse Cases (per 1,000 Children)	21.1	16.8	19.2		11.9	
	Homicide (Age-Adjusted Death Rate)	3.3	1.9	2.7		6.4	
	Law Enforcement Officers (per 100,000 Population)	162	211	185		190	
		Note: Each county is compared against the other.					

Belonging & Leadership











Empowerment. By and large, most Quad Cities Area residents feel that they, as individuals, are able to affect quality of life in their community (better than found nationally).

Social Environment. Ratings of the community’s social environment (including the friendliness of the people, the way people respect and help one another, and the willingness of people to work for the good of the community) are generally quite positive, and most say they have a strong network of people to turn to if they should need help.

Ratings of tolerance in the community (both racial/cultural tolerance and viewpoint/lifestyle tolerance) are similar to national findings, with just over one-fourth rating these as “fair” or “poor.”

Volunteerism & Leadership. Two-thirds of Quad Cities Area adults say they have volunteered for a charitable cause, organization, or event in the past year, with most giving more than one hour per month on average.

A significant share of residents, particularly in Scott County (45.8%), are critical of leadership in their community. Fewer (23.1% overall) say that they themselves have served in some type of leadership position in the past year.

BELONGING & LEADERSHIP		Comparison Between Counties		Quad Cities Area vs. Benchmarks		
		Scott County	Rock Island County	Quad Cities Area	TREND (vs. 2002)	vs. US
Empowerment	% Feel Able to Affect Local Quality of Life	71.6	75.2	73.3		 67.6
	Voter Turnout (% of Registered Voters)	49.1	40.1	44.5		
Social Environment	% "Fair/Poor" - Social Environment	17.6	15.4	16.5		 20.0
	% Someone to Turn to "Little/None of the Time" in the Past Year	7.0	7.7	7.3		 13.1
	% "Fair/Poor" - Racial/Cultural Tolerance	26.9	20.6	23.9		 23.3
	% "Fair/Poor" - Viewpoint/Lifestyle Tolerance	31.5	23.8	27.7		28.8
	% "Fair/Poor" - Ease of Accessing Social Services	25.1	30.3	27.6		 30.7
Volunteerism & Leadership	% Volunteered in the Past Year	64.9	65.7	65.3		 65.9
	% "Fair/Poor" - Quality of Community Leadership	45.8	29.0	37.7		
	% Served in a Leadership Position in the Past Year	22.6	23.7	23.1		
		Note: Each county is compared against the other.		 -blank-no data  favorable  unfavorable  similar		

OVERALL QUALITY OF LIFE

AS A PLACE TO LIVE

Ratings of the Quad Cities Area as a Place to Live

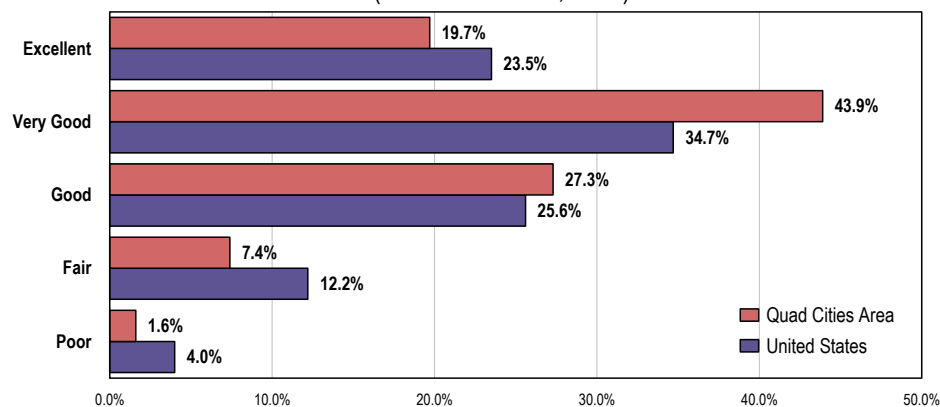
In the initial inquiry of the Quad Cities Community Vitality Scan, survey respondents were asked the question: “Overall, how would you describe your community as a place to live?”

More than 6 in 10 Quad Cities Area residents (63.6%) gave “excellent” or “very good” ratings of the community as a place to live.

- ☑ More favorable than the 58.2% reported nationally in the 2006 PRC National Quality of Life Survey.
- ☑ Another 27.3% of survey respondents gave “good” ratings of the Quad Cities Area as a place to live.

Rating of the Community as a Place to Live

(Quad Cities Area, 2007)

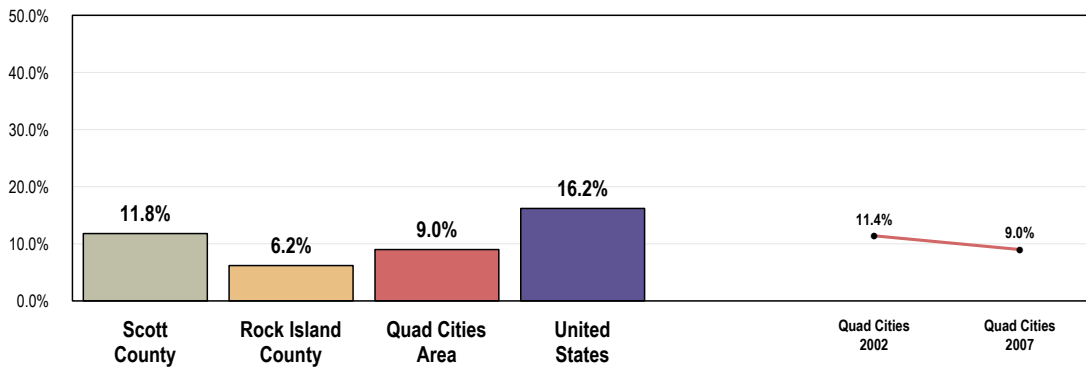


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 6]
• 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 9]
Note: • Asked of all respondents.

In contrast, 9.0% of Quad Cities Area residents gave “fair” or “poor” evaluations of their community as a place to live.

- ☑ More favorable than the 16.2% “fair/poor” ratings found nationally.
- ☑ Ranges from 6.2% in Rock Island County to 11.8% in Scott County.
- ☒ Statistically unchanged from the 11.4% reported across the Quad Cities Area by PRC in 2002.

“Fair/Poor” Ratings of the Community as a Place to Live



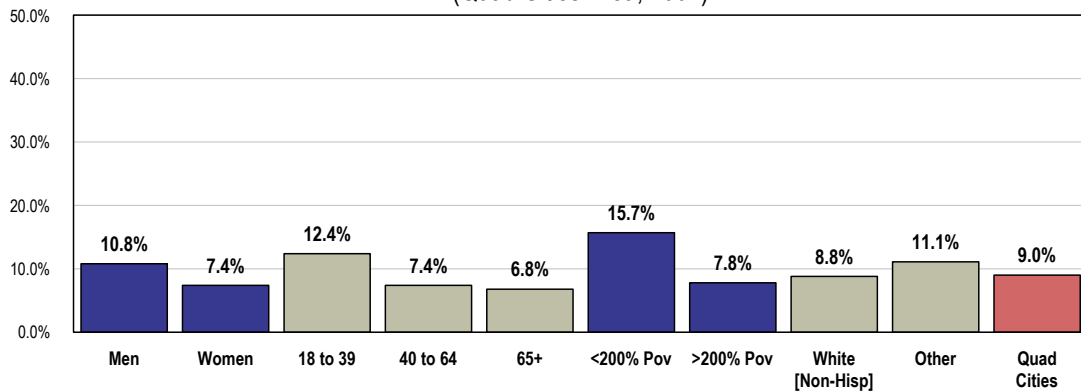
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 6]
 • 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 8]
 • 2006 PRC Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 9]

Note: • Asked of all respondents.
 • Percentages represent combined "fair" and "poor" responses.

The following chart provides an illustration of combined “fair” and “poor” ratings of the Quad Cities Area community as a place to live, segmented by demographic characteristic.

- ☐ Note the significant difference in responses when viewed by income level.
- ☐ Note that, because the sample was random and conducted in proportion to the actual population, other races were not sampled in numbers large enough to allow for segmentation.

“Fair/Poor” Ratings of the Community as a Place to Live (Quad Cities Area, 2007)

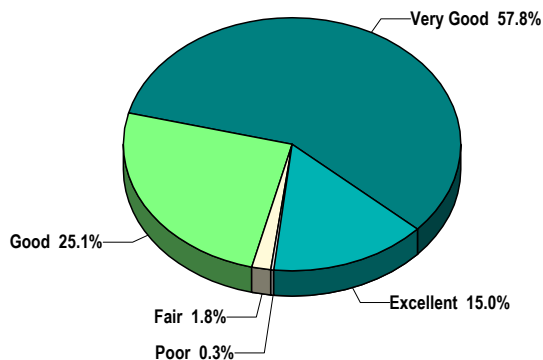


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 6]

Note: • Asked of all respondents.
 • Percentages represent combined “fair” and “poor” responses.

In response to the written Community Leaders Survey, 72.8% of Community Leaders gave “excellent” or “very good” ratings of the Quad Cities Area as a place to live.

**Community Leaders:
Rating of the Community as a Place to Live**
(Quad Cities Leader Survey, 2007)



Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 1]
Note: • Asked of all respondents.

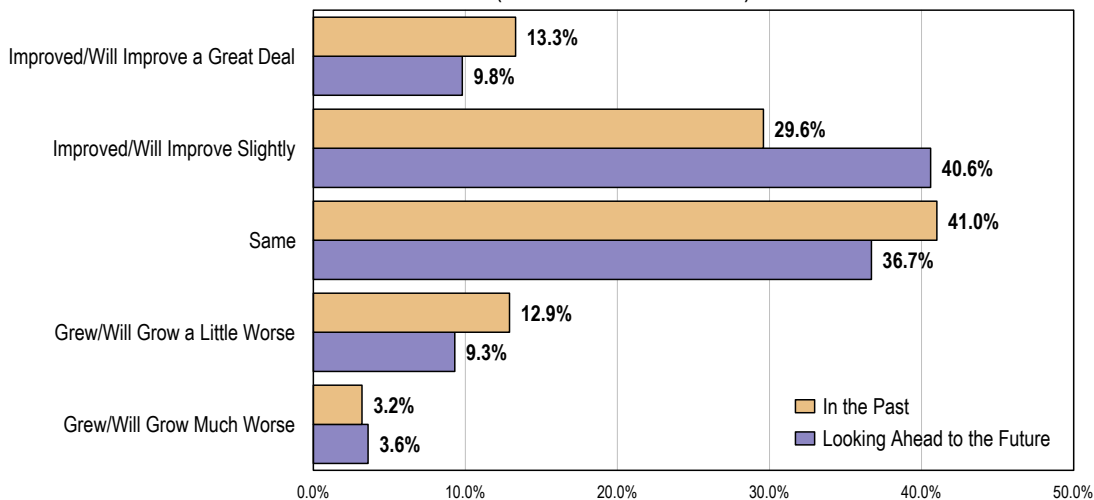
Perceived Change in Quality of Life

In a related inquiry, survey respondents were asked to indicate how the quality of life in the community has changed over time, and how they predict it will change in the future.

The largest share of respondents (41.0%) consider the local quality of life to have remained the same while they have been in the community.

When looking ahead to the future, a plurality (40.6%) of respondents feel that the quality of life in the Quad Cities Area will improve slightly.

Local Quality of Life Over Time
(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Items 7-8]
Note: • Asked of all respondents.

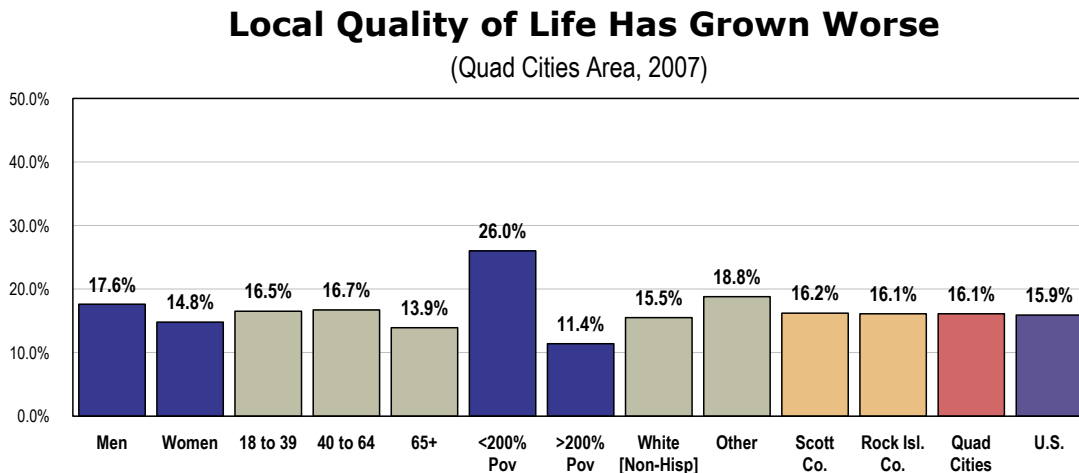
In the Past

The 16.1% of survey respondents who consider the community's quality of life to have grown worse is comparable to the U.S. prevalence.

- Similar by county.

The following chart provides a breakout of the Quad Cities Area prevalence by demographic characteristic.

- Adults in the lower income category are more likely to feel that the local quality of life has grown worse over time.



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 7]
• 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 10]
Note: • Asked of all respondents.
• Percentages represent combined "has grown a little worse" and "has grown much worse" responses.

In the Future

In looking to the future, 12.9% of Quad Cities Area residents feel that the local quality of life will grow worse over the next few years.

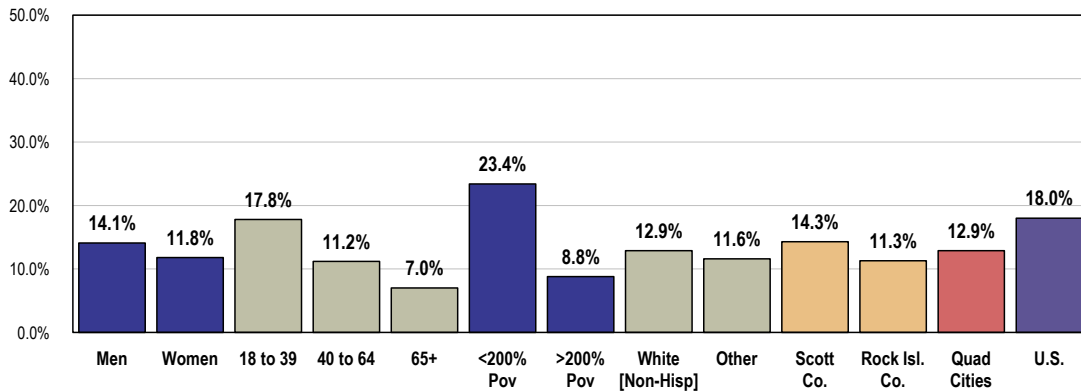
- More favorable than the 18.0% prevalence reported across the country.
- Statistically comparable between Scott and Rock Island Counties.

Highest among the following population segments:

- Young adults (those under 40 years of age).
- Residents living below the 200% poverty threshold.

Local Quality of Life Will Grow Worse

(Quad Cities Area, 2007)



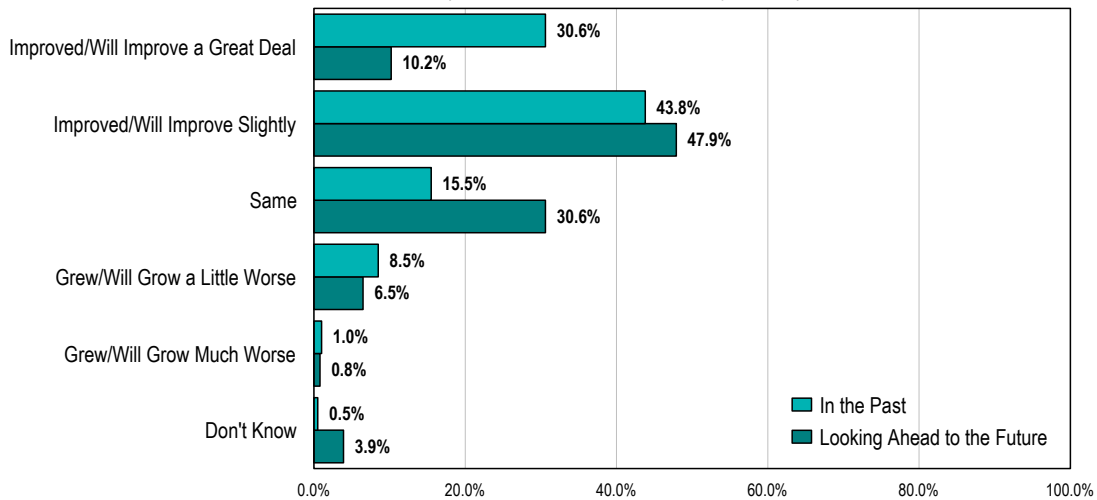
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 8]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 12]

Note: • Asked of all respondents.
 • Percentages represent combined "will grow a little worse" and "will grow much worse" responses.

Community Leaders are more likely to feel that the local quality of life has improved over time, and more likely to expect that it will improve in the future.

Community Leaders: Local Quality of Life Over Time

(Quad Cities Leader Survey, 2007)



Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Items 2-3]

Note: • Asked of all respondents.

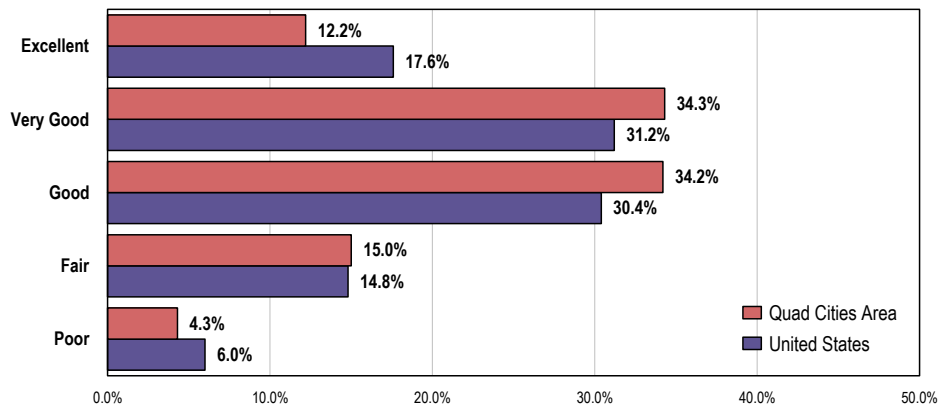
Community Pride

Nearly one-half (46.5%) of respondents gave “excellent” or “very good” ratings of community pride.

- ☐ Similar to the 48.8% reported nationally by PRC.
- ☐ Another 34.2% gave “good” evaluations, while 19.3% gave lower ratings.

Rating of Community Pride in the Area

(Quad Cities Area, 2007)



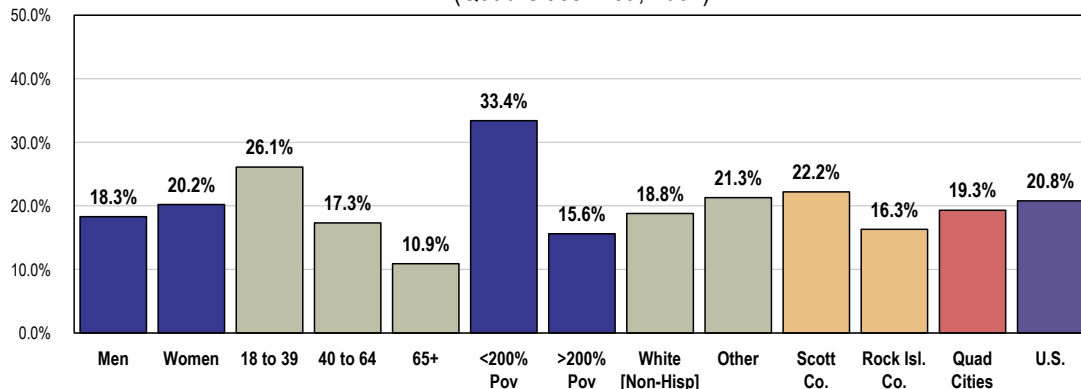
- Source:
- 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 10]
 - 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 14]
- Note:
- Asked of all respondents.

Scott County residents give lower ratings of community pride when compared with Rock Island County adults.

- ☐ Note the negative correlation between low ratings of community pride and both age and income.

“Fair/Poor” Ratings of Community Pride

(Quad Cities Area, 2007)



- Source:
- 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 10]
 - 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 14]
- Note:
- Asked of all respondents.
 - Percentages represent combined “fair” and “poor” responses.

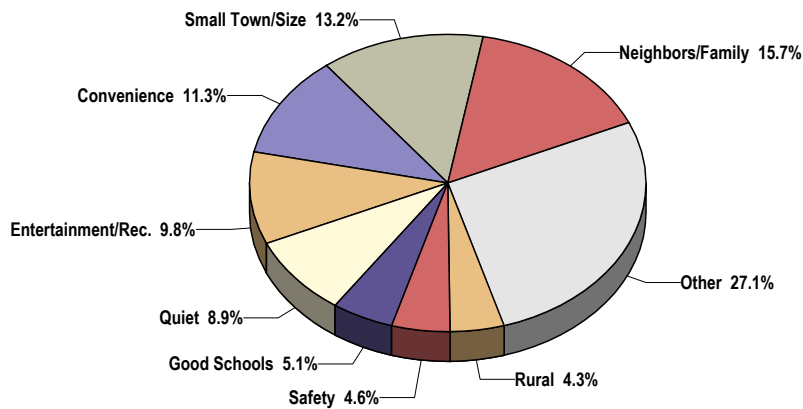
Perceived “Best” Community Traits

Survey respondents were next asked what they like best about living in the community.

A large share (37.7%) of responses related to the community’s size (e.g., small-town feel, size, convenience, quiet, rural). Another 15.7% mentioned neighbors or family as the best part about living in the Quad Cities Area.

Perceived Best Community Trait

(Quad Cities Area, 2007)

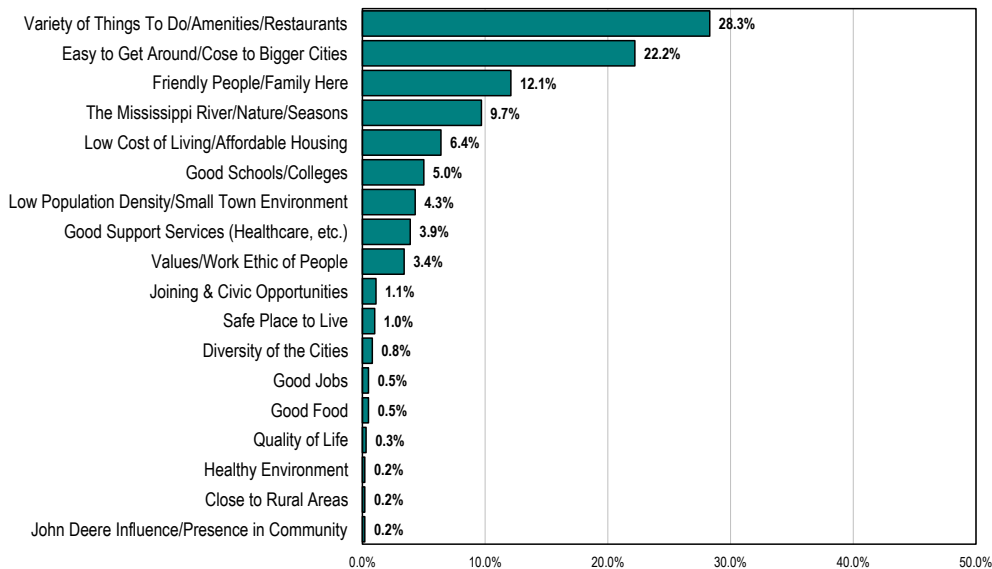


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 11]
 Note: • Asked of all respondents.

Community Leaders identified “variety of interesting things to do/amenities/restaurants” and “easy to get around/close to big cities” as what they enjoy most about living in the Quad Cities Area.

Community Leaders: Aspects Respondents Enjoy Most About Living in the Quad Cities Area

(Quad Cities Leader Survey, 2007)



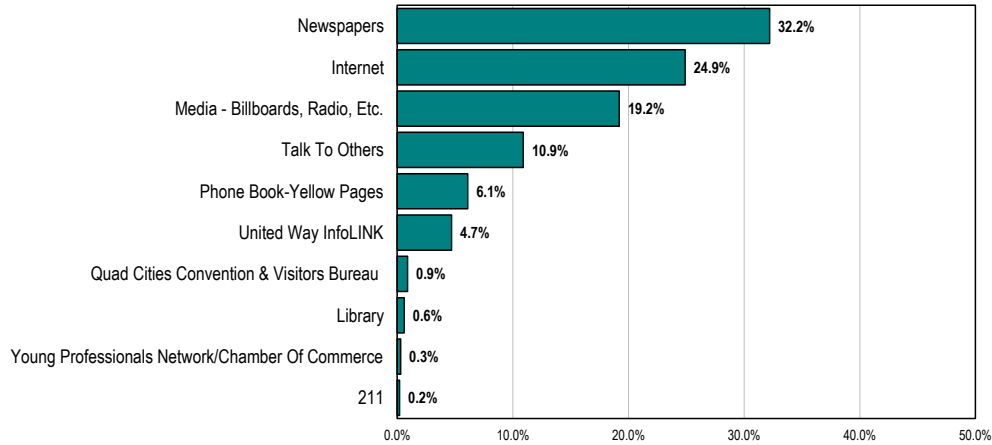
Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Items 4-5]
 Note: • Asked of all respondents.

Information Sources

When asked where they find information about available services and activities in the Quad Cities Area, Community Leaders mentioned **newspapers** (mentioned by 32.2%), followed by the **Internet** (24.9%), and **other media** such as billboards and radio (19.2%).

Community Leaders: Where Respondents Find Information About Services/Activities in the Quad Cities

(Quad Cities Leader Survey, 2007)



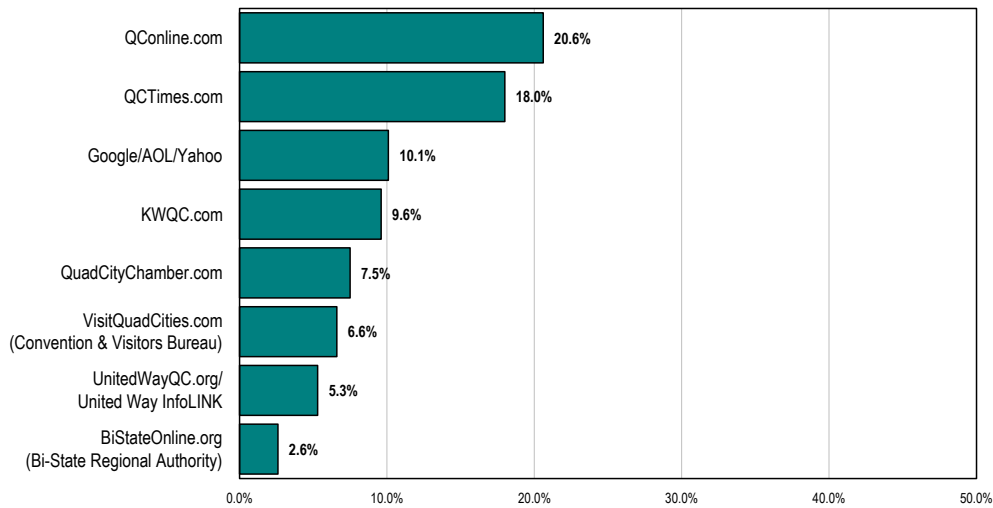
Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 44]
 Note: • Asked of all respondents.

Most Valuable Websites

QConline.com and QCTimes.com are the top websites that Community Leaders perceive as most valuable for information about the Quad Cities Area.

Community Leaders: Websites Perceived as Most Valuable for Information About the Quad Cities

(Quad Cities Leader Survey, 2007)



Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 45]
 Note: • Asked of all respondents; responses receiving less than 2% of the total mention are not shown.

Community Concerns

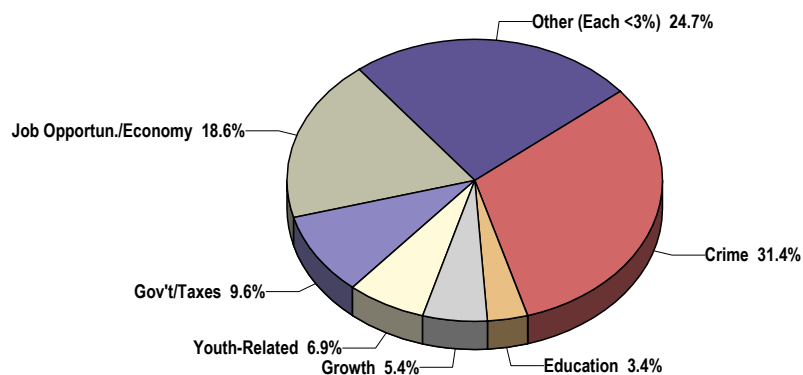
Perceived Number-One Problems

While 16.4% of survey respondents were uncertain or could not name a “number-one” problem facing the Quad Cities Area community (and thus excluded from the response distribution), crime received 31.4% of the resulting share of responses.

- Other problems include jobs/economy, government/taxes, youth-related issues, growth, and education.

Number-One Problem Facing the Community

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 12]
Note: • Asked of all respondents.
• Excludes uncertain responses. (16.4% of the sample did not respond or could not provide an answer.)

Survey respondents were next read a list of concerns that exist in some areas across the country, and asked to rank each as a “major problem,” “moderate problem,” “minor problem” or “not a problem” in the Quad Cities Area.

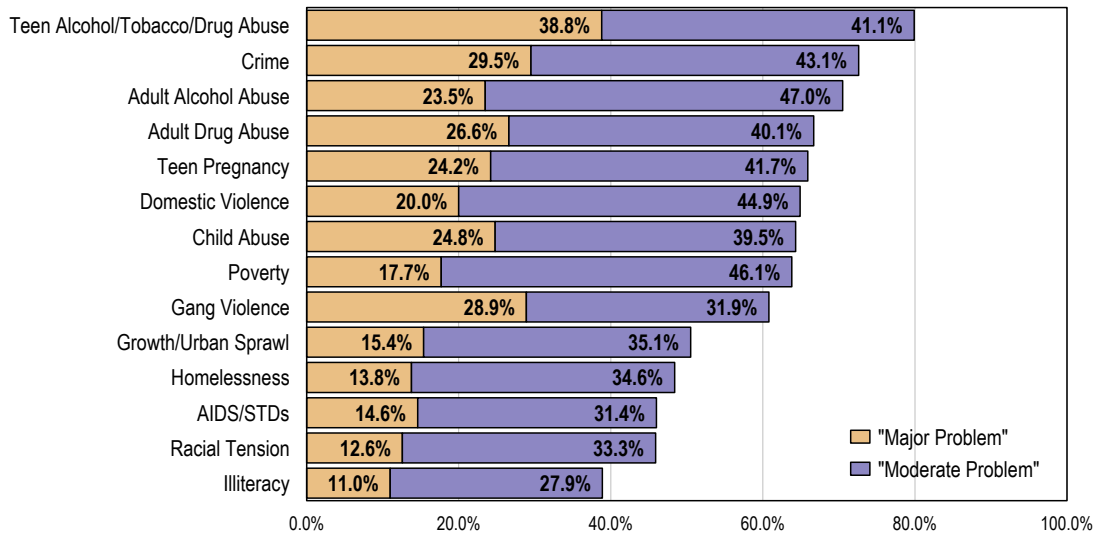
Teen alcohol/tobacco/drug abuse received the highest “major/moderate problem” response among survey respondents (8 in 10 adults).

Other issues receiving over 60% “major/moderate” responses include:

- Crime.
- Adult alcohol abuse.
- Adult drug abuse.
- Teen pregnancy.
- Domestic violence.
- Child abuse.
- Poverty.
- Gang Violence

Perceive Issues to Be “Major/Moderate” Problems in the Quad Cities Area

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Items 110-123]
 Note: • Asked of all respondents.

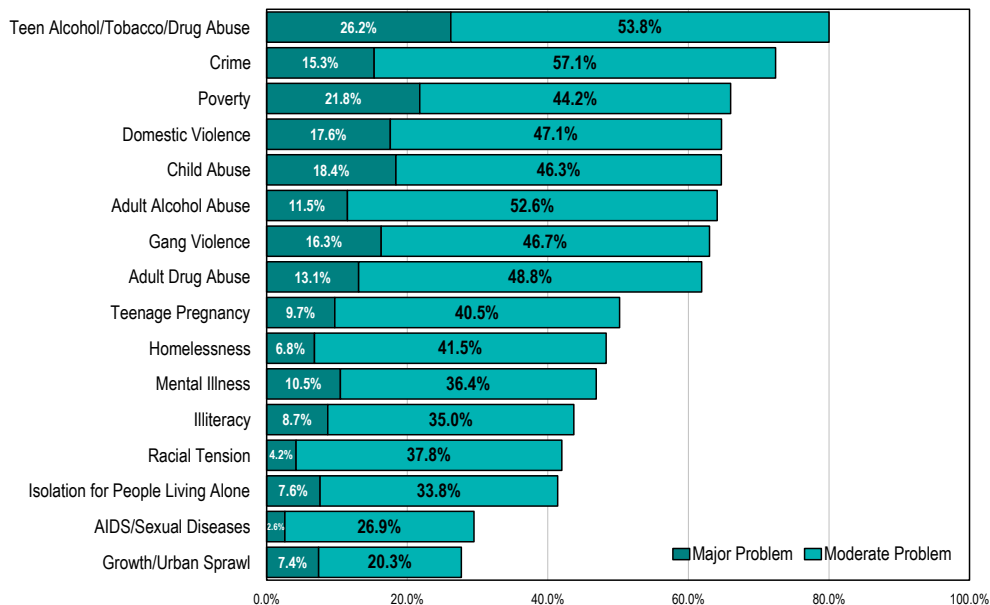
Severity of Community Issues

Community Leaders reported the following perceived severity of community problems.

- ☑ As was the case among phone survey respondents, the largest “major/ moderate problem” response was for teen alcohol/tobacco/drug abuse.
- ☑ In this case, however, crime and poverty ranked second and third.

Community Leaders: Perceive Issues to Be “Major/Moderate” Problems in the Quad Cities Area

(Quad Cities Leader Survey, 2007)



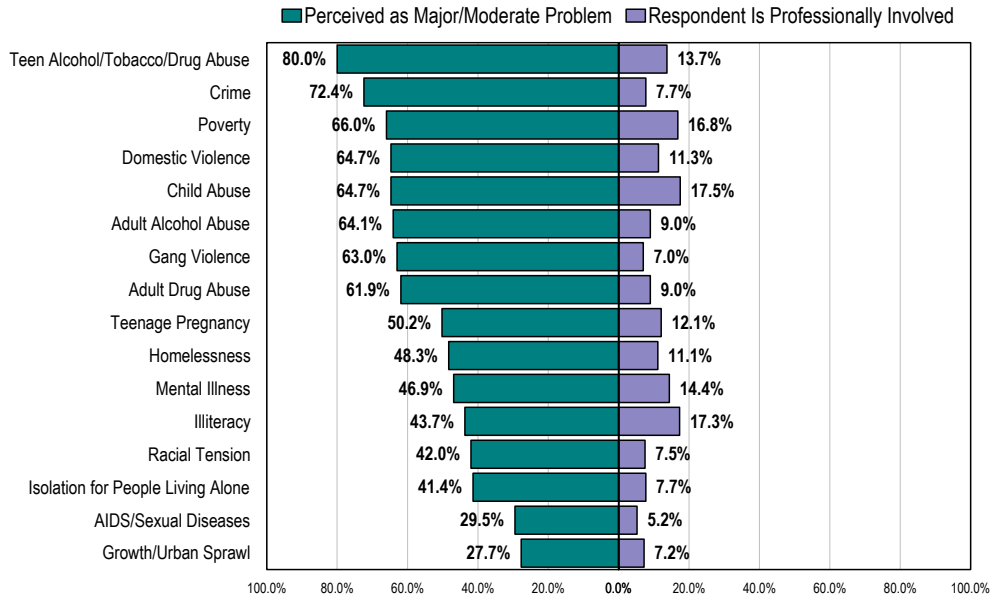
Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Items 47-62]
 Note: • Asked of all respondents.

Professional Involvement in Community Issues

Community Leaders were also asked to indicate whether they are professionally involved in any of the community issues discussed. The following chart provides an illustration of the results.

- The largest percentage of professional involvement pertained to **child abuse** (17.5% responded affirmatively) and **illiteracy** (17.3%).

Community Leaders: Community Issues With Which Respondents Are Professionally Involved
(Quad Cities Leader Survey, 2007)



Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Items 63-78]
 Note: • Asked of all respondents.

AS A PLACE TO RAISE A FAMILY

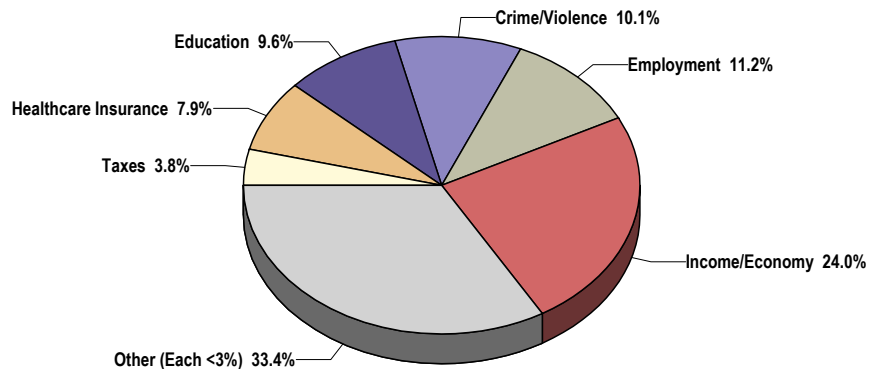
Number-One Problem Facing Local Families

When asked about the “number-one” problem facing their family, 35.2% of survey respondents mentioned factors relating to income, the economy or employment.

- Other problems cited included crime /violence (10.1%), education (9.6%), healthcare insurance coverage (7.9%), and taxes (3.8%).

Number-One Problem Facing Local Families

(Quad Cities Area, 2007)

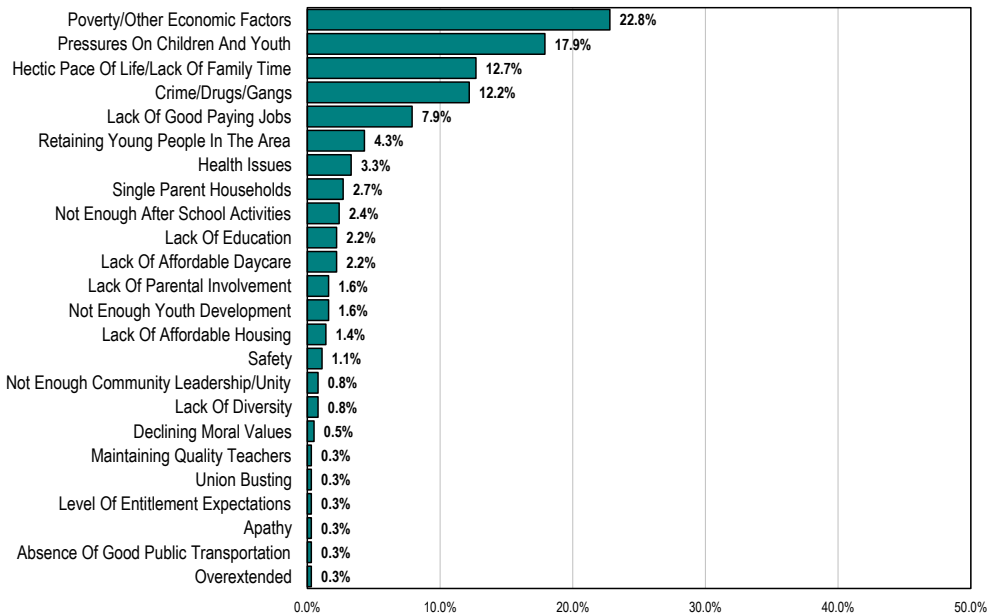


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 14]
Note: • Asked of all respondents.
• Excludes uncertain responses. (30.7% of the sample did not respond or could not provide an answer.)

Community Leaders consider poverty and other economic factors to be leading problems facing Quad Cities Area families today. Other problems mentioned include the following:

- Pressures on youth.
- Hectic pace of life/lack of family time.
- Crime/drugs/gangs.
- Lack of good paying jobs.

Community Leaders: Perceived Number-One Problem Facing Quad Cities' Families Today (Quad Cities Leader Survey, 2007)



Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 9]
 Note: • Asked of all respondents.

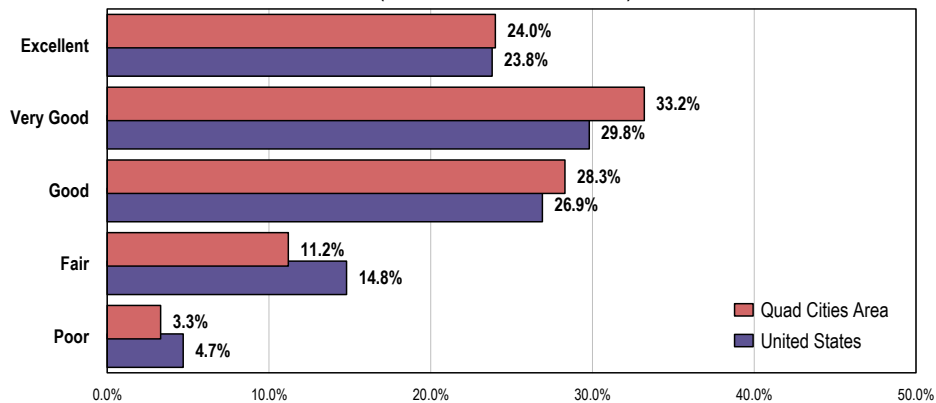
Quad Cities Area as a Place to Raise a Family

When rating the Quad Cities Area as a place in which to raise a family, more than one-half (57.2%) of residents gave “excellent” or “very good” responses.

- ☑ Statistically comparable to the 53.6% reported nationwide.
- ☑ Another 28.3% gave “good” indications (similar to the 26.9% nationally).

Rating of the Community as a Place to Raise a Family

(Quad Cities Area, 2007)

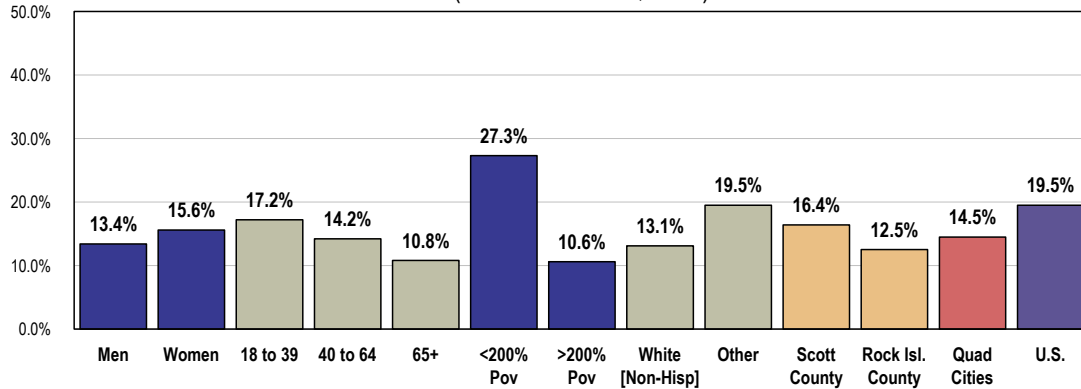


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 13]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 18]
 Note: • Asked of all respondents.

In contrast, 14.5% of Quad Cities Area residents consider the community to be a “fair” or “poor” place to raise a family.

- ☑ More favorable than the 19.5% found across the United States.
- ☑ Statistically similar between Scott and Rock Island Counties.
- ☑ Highest among residents living below the 200% poverty threshold.

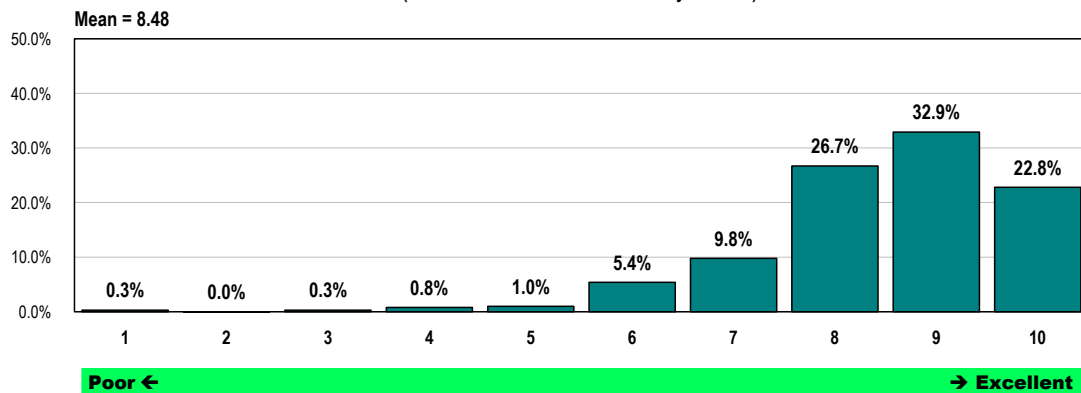
“Fair/Poor” Ratings of the Community as a Place to Raise a Family (Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 13]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 18]
 Note: • Asked of all respondents.
 • Percentages represent combined “fair” and “poor” responses.

Community Leaders gave largely favorable ratings of the community as a place to raise a family.

Community Leaders: Rating of Community as a Place to Raise a Family (Quad Cities Leader Survey, 2007)

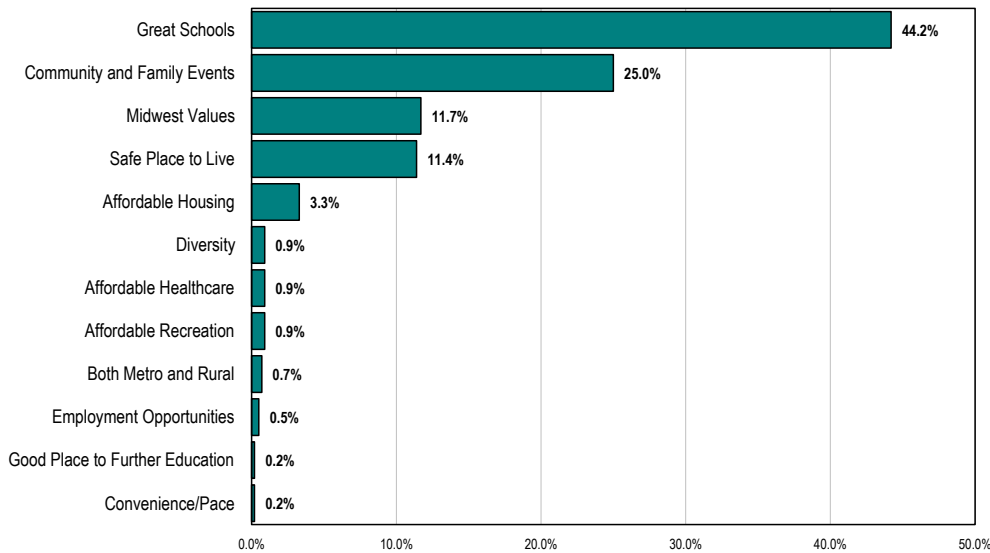


Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 7]
 Note: • Asked of all respondents.

In a related inquiry, Community Leaders were asked to give reasons for recommending the Quad Cities Area as a good place in which to raise a family. The largest share of responses (44.2%) was for the great schools in the community.

- Other reasons included community/family events (mentioned by 25.0%), Midwestern values (11.7%), and safe living (11.4%).

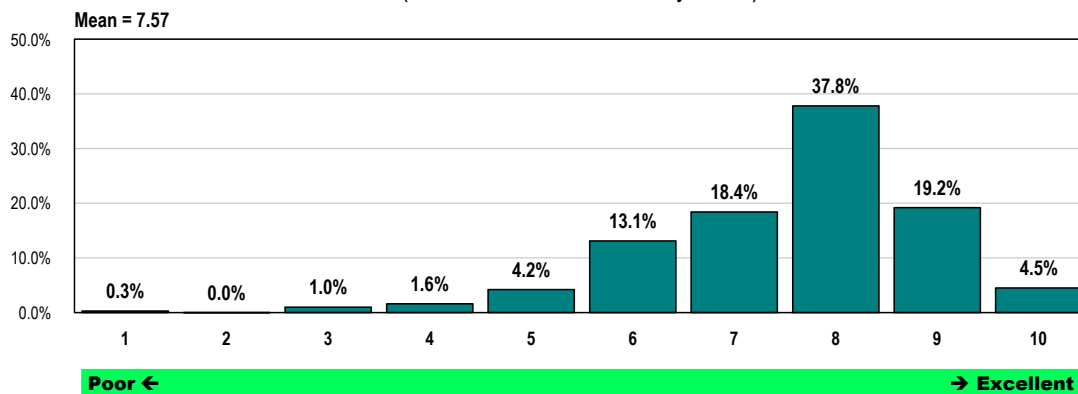
Community Leaders: Reasons for Recommending the Quad Cities Area as a Good Place to Raise a Family (Quad Cities Leader Survey, 2007)



Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 8]
 Note: • Asked of all respondents.

Community Leaders primarily rated the community as a positive and supportive environment for children and youth with a “7,” “8” or “9” out of 10 (somewhat lower than found in the previous measure).

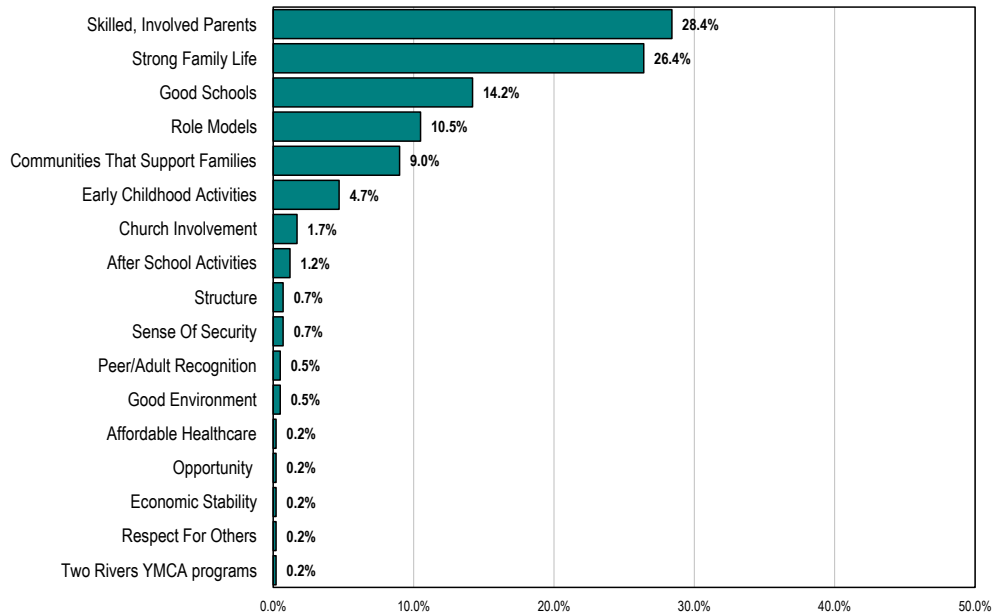
Community Leaders: Rating of the Quad Cities as a Positive and Supportive Environment for Children & Youth (Quad Cities Leader Survey, 2007)



Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 10]
 Note: • Asked of all respondents.

Skilled, involved parents and a strong family life led the responses as factors perceived as most important in a child's or youth's successful development (Community Leaders Survey).

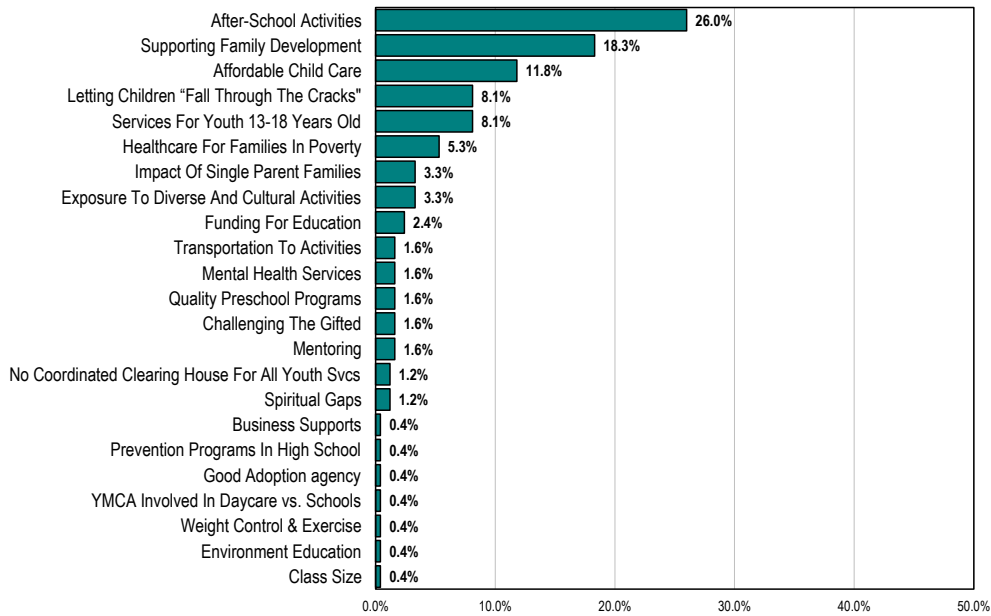
Community Leaders: Perceived Most Important Factor in a Child's/Youth's Successful Development (Quad Cities Leader Survey, 2007)



Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 11]
 Note: • Asked of all respondents.

When asked about the most significant gaps in services for children or youth in the Quad Cities Area, Community Leaders mentioned **after-school activities** (26.0%) or **supporting family development** (18.3%), followed by **affordable child care** (11.8%). Other gaps mentioned include the following:

Community Leaders: Perceived Most Significant Gaps in Services for Children/Youth (Quad Cities Leader Survey, 2007)



Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 12]
 Note: • Asked of all respondents.

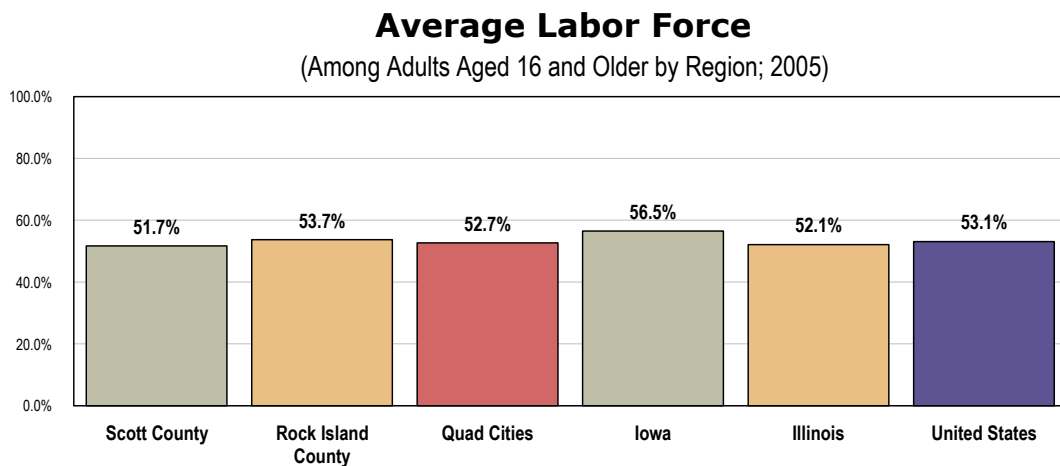
ECONOMY & EMPLOYMENT

LABOR FORCE

The “labor force” includes all civilian, non-institutionalized persons who are 16 years of age or older and are considered either employed or unemployed. Some persons, such as retirees, students and homemakers, are not considered part of the labor force because they are not actively seeking employment.

52.7% of the Quad Cities Area population is in the labor force.

■ Similar to the national average.



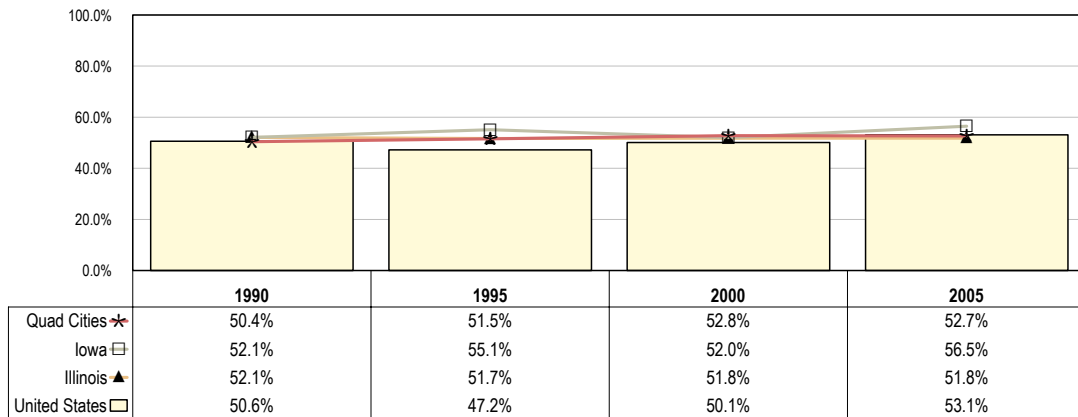
Source: • Bureau of Labor Statistics.
• Iowa Workforce Development.
• Illinois Department of Employment Security.

Note: • Numbers percentages of total population.
• The labor force includes all people classified in the civilian labor force, plus members of the U.S. Armed Forces (people on active duty with the United States Army, Air Force, Navy, Marine Corps, or Coast Guard). The Civilian Labor Force consists of people classified as employed or unemployed.

■ The proportion of the population in the labor force has increased since 1990.

Average Labor Force

(Percent of Total Population Aged 25 and Older; 1990-2005)



Source: • Bureau of Labor Statistics.
 • Iowa Workforce Development.
 • Illinois Department of Employment Security.

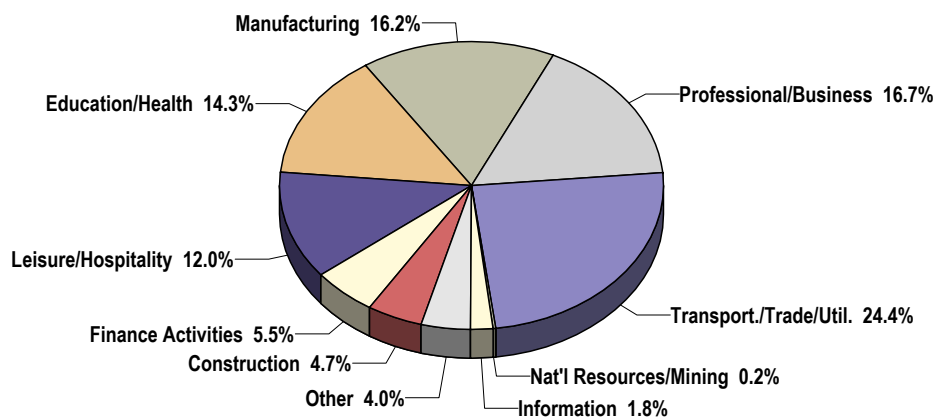
Note: • Numbers percentages of total population.

Quad Cities Area leading industry sectors include: **transportation/trade/utilities** (24.4%); **professional/business** (16.7%); and **manufacturing** (16.2%). Other industry employment includes the following:

- ☑ Education and health (14.3%).
- ☑ Leisure and hospitality (12.0%).
- ☑ Finance activities (5.5%).
- ☑ Construction (4.7%).

Sector Employment

(Quad Cities Area; 2005)



Source: • Bureau of Labor Statistics.
 • Iowa Workforce Development.
 • Illinois Workforce Information Center.

Top Ten Employers - 2006

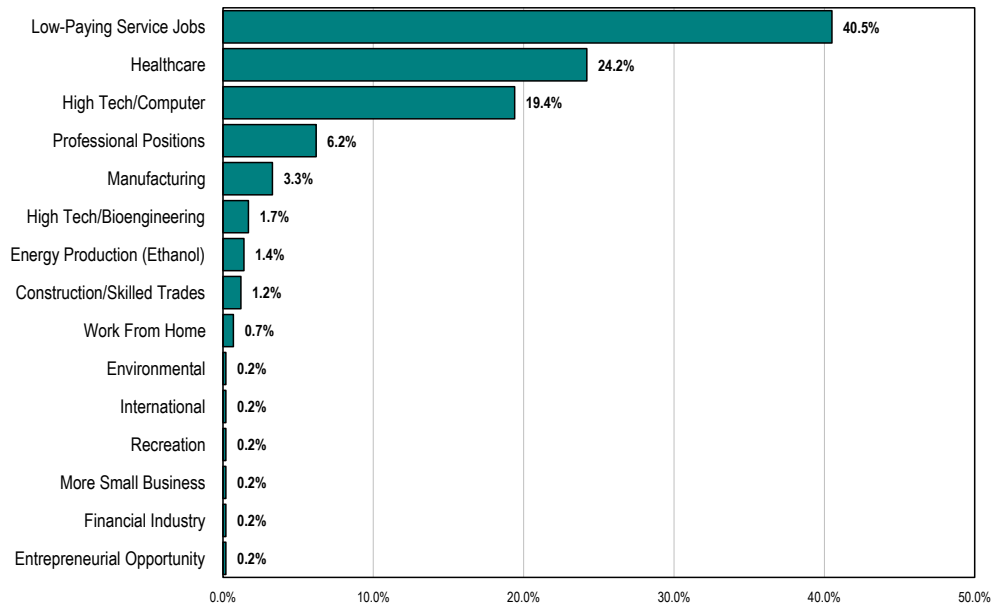
Scott County	Rock Island County
<ol style="list-style-type: none"> 1. Alcoa 2. Kraft 3. Mid-American 4. Genesis 5. Deere 6. Isle of Capri 7. APAC 8. Rhythm City 9. Nestle-Purina 10. Hy-Vee 	<ol style="list-style-type: none"> 1. Deere 2. Rock Island Arsenal 3. Tyson 4. Trinity Medical 5. Blackhawk 6. Moline Public School District 7. Kone 8. Xpac 9. Rock Island School District 10. Augustana

The greatest share of Community Leaders (40.5%) anticipate that low-paying service jobs are the type of employment opportunities they expect to increase over the next 10 years:

Other frequent responses include:

- Healthcare Professions.
- High-Tech/Computer Jobs.

Community Leaders: Types of Employment Opportunities Expected to Increase Over The Next 10 Years (Quad Cities Leader Survey, 2007)



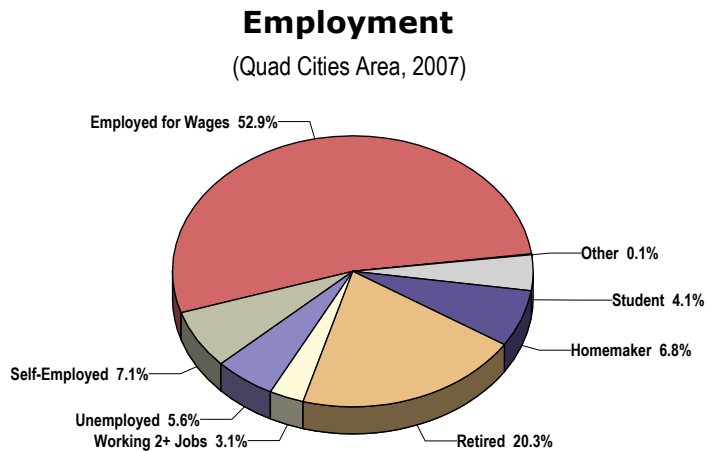
Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 34]
 Note: • Asked of all respondents.

EMPLOYMENT

Current Employment Status

A total of 6 in 10 (60.0%) survey respondents are employed for wages or self-employed. Another 3.1% of Quad Cities Area residents work two or more jobs.

In contrast, 20.3% are retired, another 6.8% are homemakers, 5.6% are unemployed, and 4.1% are students.



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 72]
Note: • Asked of all respondents.

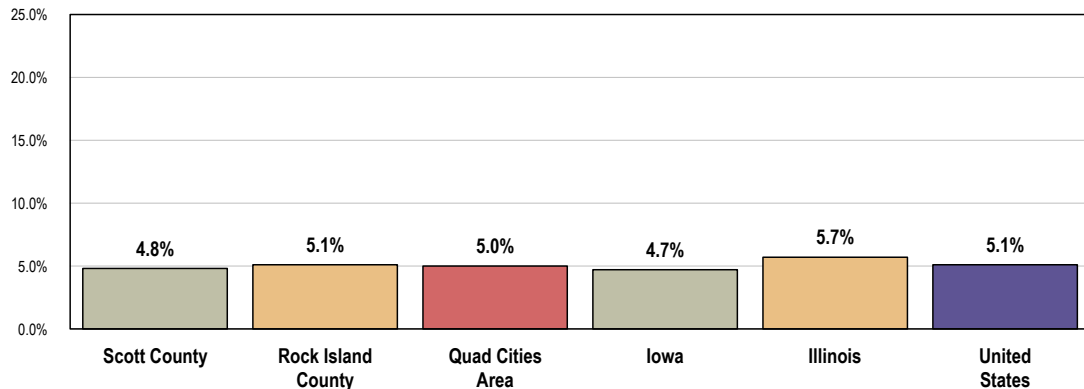
Unemployment

Quad Cities Area experienced an unemployment rate of 5.0% in 2005.

- ☑ Across the nation the prevalence was comparable (5.1%).
- ☑ 4.8% in Scott County and 5.1% in Rock Island County.

Unemployment Rate

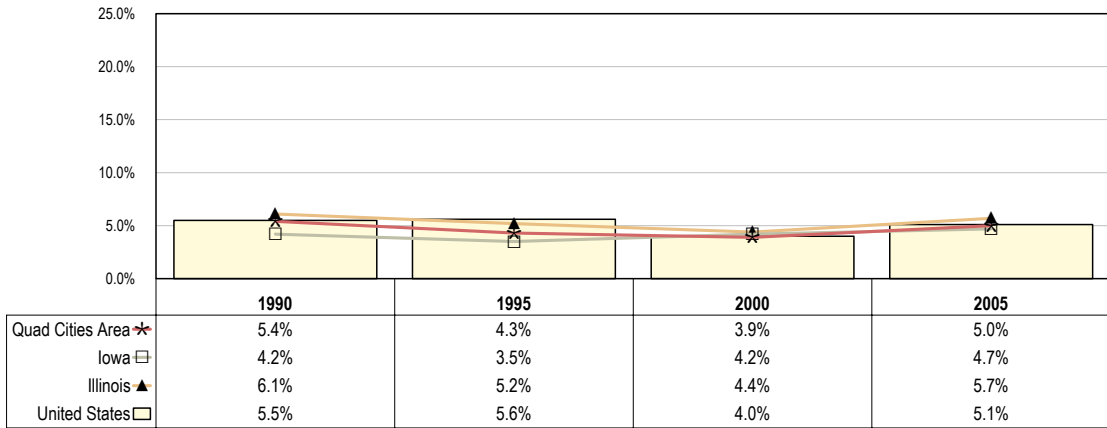
(By Region; 2005)



Source: • Bureau of Labor Statistics.
• Iowa Workforce Development.
• Illinois Department of Employment Security.
Note: • Numbers percentages of total population.

- Percentages were higher across Illinois than Iowa during this time period.

Unemployment Rate (Percent of Total Population; 1990-2005)



Source: • Bureau of Labor Statistics.
 • Iowa Workforce Development.
 • Illinois Department of Employment Security.

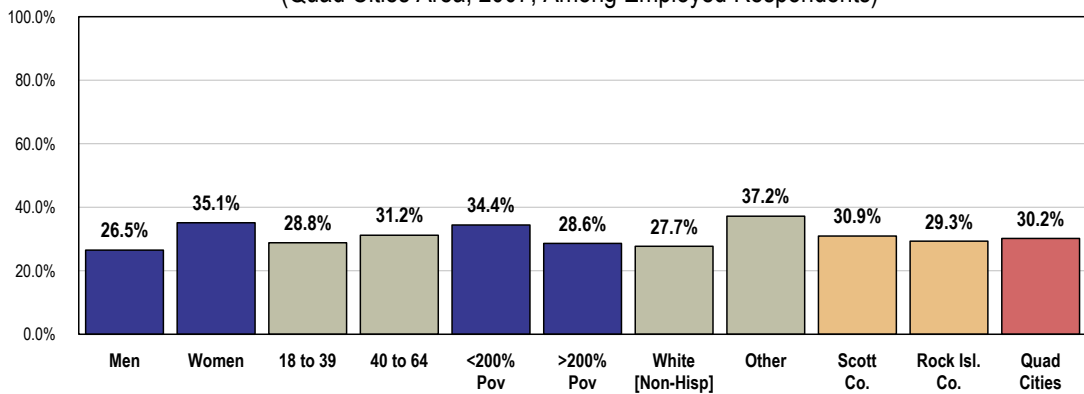
Note: • Numbers percentages of total population.

Underemployment

In a related issue, 30.2% of Quad Cities Area survey respondents who are employed or self-employed indicate that they feel overqualified for their current job (comparable between the counties).

- Employed adults more likely to feel overqualified include women and Non-Whites.

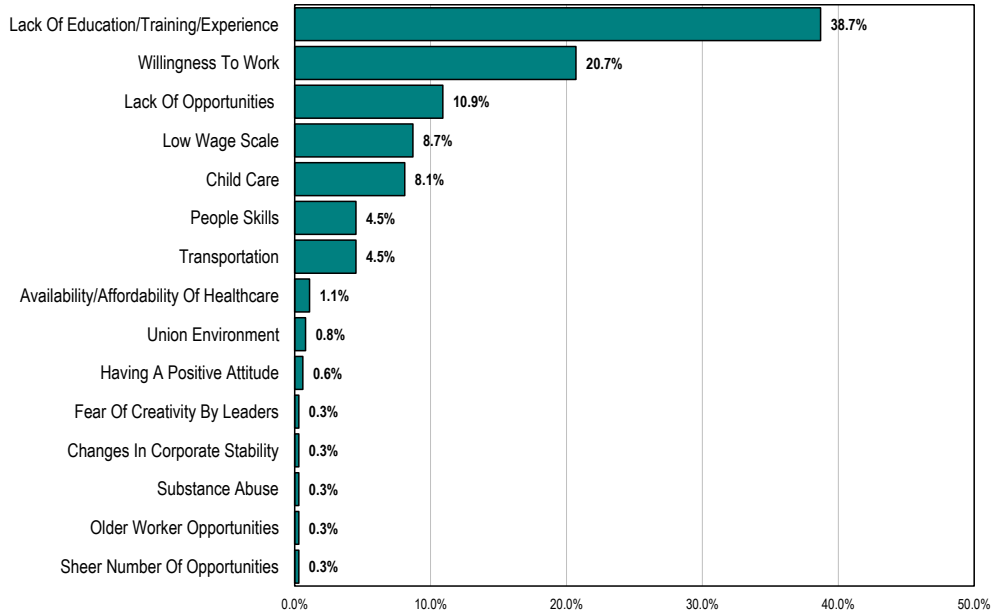
Feel Overqualified for Current Job (Quad Cities Area, 2007; Among Employed Respondents)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 73]
 Note: • Asked of those respondents who are employed or self-employed for a living.

When Community Leaders were asked to name the most significant barrier that people face in getting and keeping employment in the community, the leading response (38.7%) was for **lack of training, education, and/or experience**. Another 20.7% identified a **lack of “willingness to work.”**

Community Leaders: Most Significant Barrier People Face in Getting & Keeping Employment (Quad Cities Leader Survey, 2007)



Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 33]
 Note: • Asked of all respondents.

INCOME

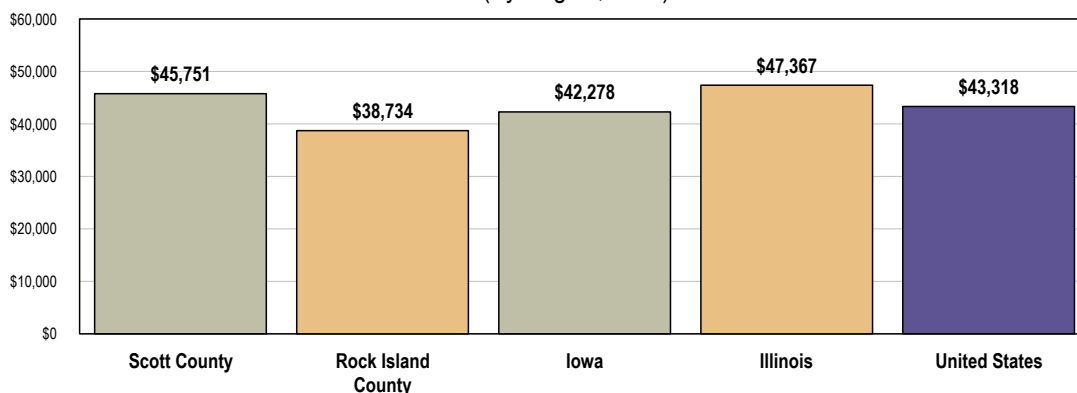
Median Income

According to the Bureau of Economic Analysis, the median household income in 2003 for Scott County was \$45,751; median income for Rock Island County in 2003 was lower (\$38,734).

- ☐ Nationally, the figure was somewhere in between the two (\$43,318) in 2003.

Median Household Income

(By Region; 2003)



Source: • Bureau of Economic Analysis.

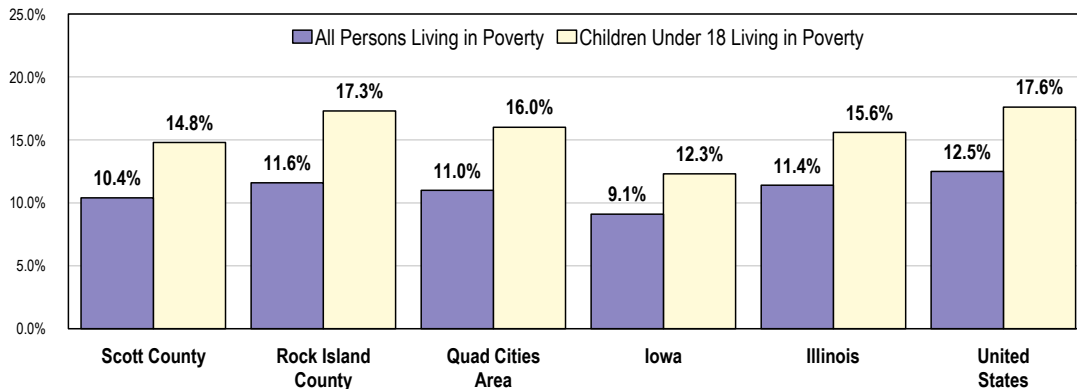
Poverty

According to the Census Bureau, 11.0% of Quad Cities Area residents lived in poverty in 2003 (10.4% in Scott County and 11.6% in Rock Island County).

- ☐ Rates are higher among the child population (16.0% in the Quad Cities Area).

Poverty

(Percent of Population by Region; 2003)

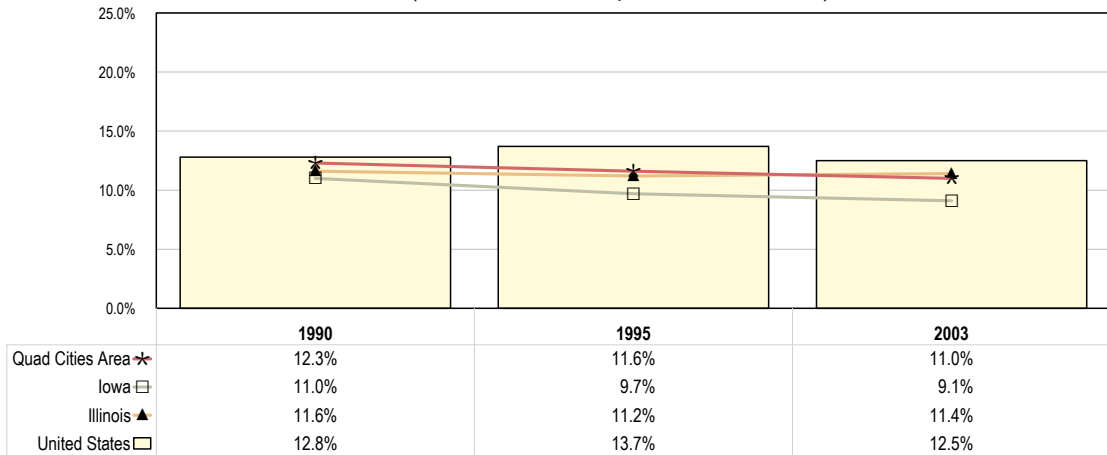


Source: • Census Bureau, Small Area Income and Poverty Estimates.
 Note: • Numbers percentages of total population.

Poverty levels across the Quad Cities Area decreased from 12.3% in 1990 to 11.0% in 2003, according to the Census Bureau.

Persons Living in Poverty

(Percent of Total Population; 1990-2003)



Source: • Census Bureau, Small Area Income and Poverty Estimates.
 Note: • Numbers percentages of total population.

Ratings of Financial Situation

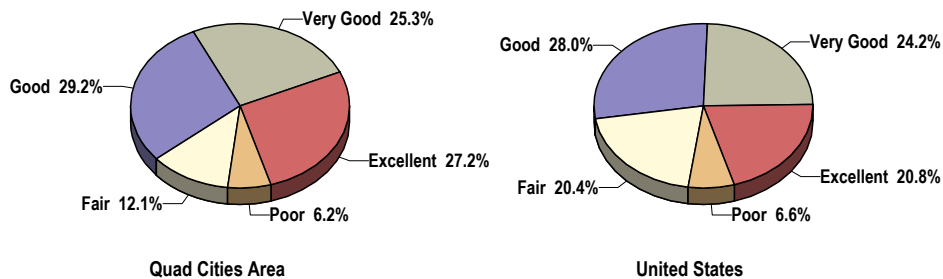
Survey respondents were next asked to consider their personal or family's financial situation in terms of being able to afford adequate food, housing, and pay the bills they currently have.

Overall, 52.5% of Quad Cities Area residents consider their personal financial situation to be "excellent" or "very good."

- ☑ More favorable than the 45.0% "excellent/very good" found nationally.
- ☑ Another 29.2% of community residents gave "good" ratings.

Rating of Personal Financial Situation

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 74]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 50]
 Note: • Asked of all respondents.

On the other hand, 18.3% of survey respondents gave “fair” or “poor” evaluations of their personal financial situations.

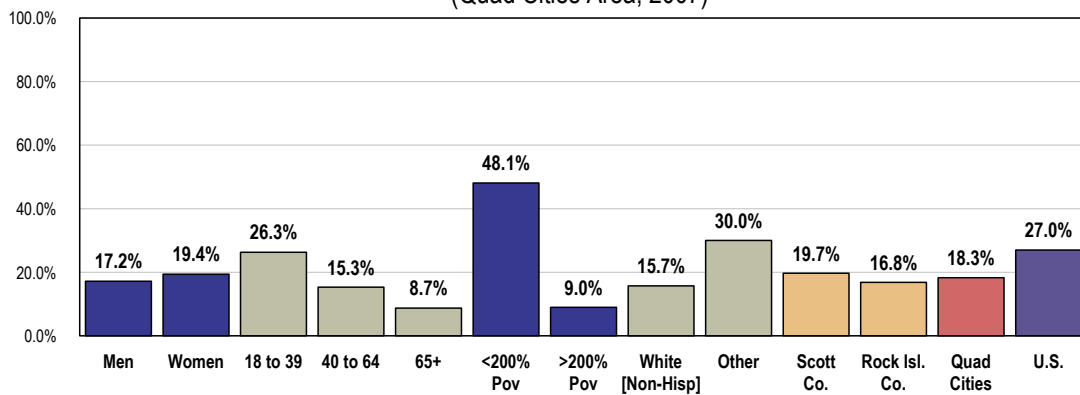
- ☐ More favorable than the 27.0% reported across the United States.
- ☐ Statistically similar between Scott County (19.7%) and Rock Island County (16.8%).

Population segments more likely to give “fair” or “poor” ratings of their personal financial situations include the following:

- ☐ Adults under the age of 40.
- ☐ Those living below the 200% poverty threshold.
- ☐ Non-Whites.

“Fair/Poor” Ratings of Personal Financial Situation

(Quad Cities Area, 2007)



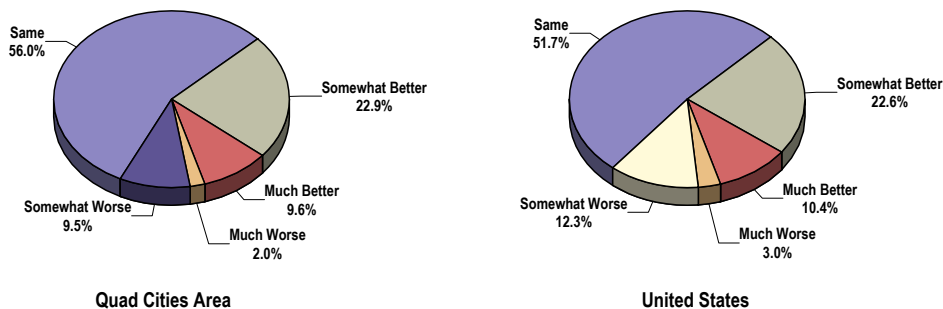
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 74]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 50]
 Note: • Asked of all respondents.
 • Percentages represent combined “fair” and “poor” responses.

The majority of adults (56.0%) indicate that their personal financial situation is the same as it was one year ago.

- ☐ Percentages are similar when compared with those found nationally.
- ☐ 32.5% of Quad Cities Area adults consider themselves to be “much better” or “somewhat better” off than a year ago..

Current Financial Situation vs. Last Year

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 75]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 51]
 Note: • Asked of all respondents.

On the other hand, 11.5% of community members consider their personal financial situations to be “somewhat” or “much” worse than it was last year.

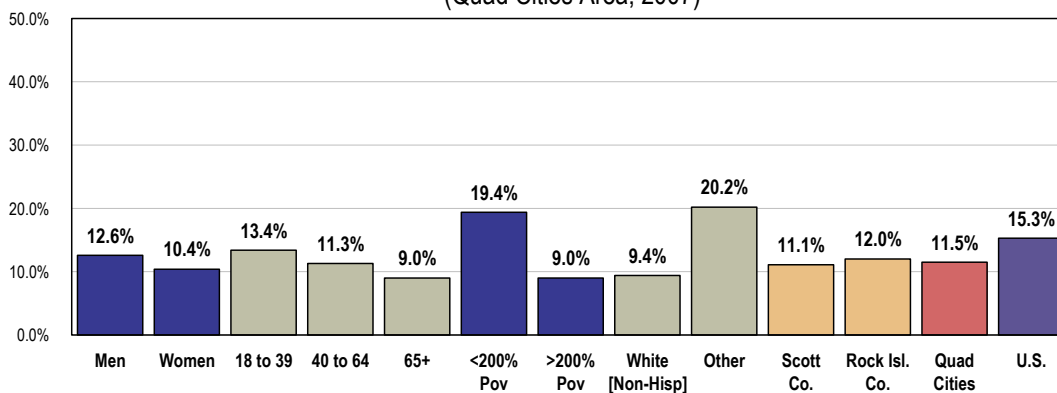
- ☐ More favorable than the 15.3% reported nationwide.
- ☐ Similar between the counties.

Population segments more likely to consider their personal financial situations to be “worse” this year include the following:

- ☐ Those living below the 200% poverty threshold.
- ☐ Non-Whites.

Current Financial Situation is “Worse” Than Last Year

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 75]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 51]
 Note: • Asked of all respondents.
 • Percentages represent combined “somewhat worse” and “much worse” responses.

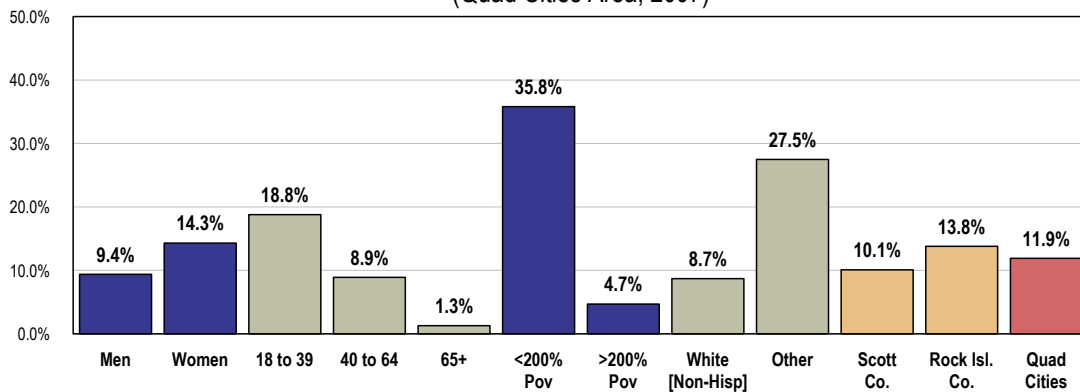
Use of Payday Loan, Paycheck Advance & Pawn Services

In the past year, 11.9% of Quad Cities Area residents (nearly 28,000 adults) relied on a payday loan company, paycheck advance, pawn shop, or borrowed money from family or friends because of financial hardship.

- ☑ Statistically similar between Scott and Rock Island Counties.
- ☑ Note particularly that over one in three adults in the lower income category have used these services in the past year.

Relied on a Payday Loan Company, Paycheck Advance, Pawn Shop, or Relative's Money in Past Year

(Quad Cities Area, 2007)



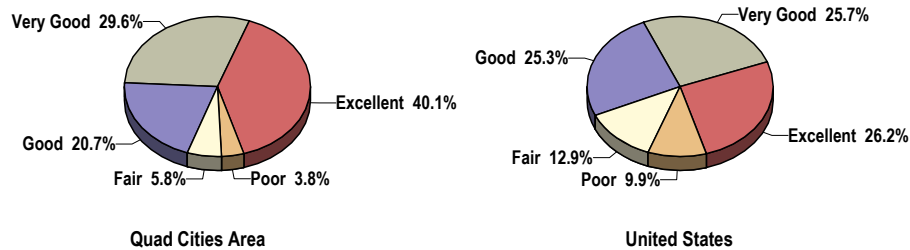
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 76]
 Note: • Asked of all respondents.

Availability of Grocery & Retail Shopping

Overall, 7 in 10 (69.7%) residents gave “excellent” or “very good” ratings of the local availability of grocery stores and retail shopping.

- ☐ Much higher than the 51.9% “excellent/good” ratings given nationally.
- ☐ Another 20.7% of community members gave “good” evaluations.

Rating of Local Availability of Grocery Stores and Retail Shopping (Quad Cities Area, 2007)



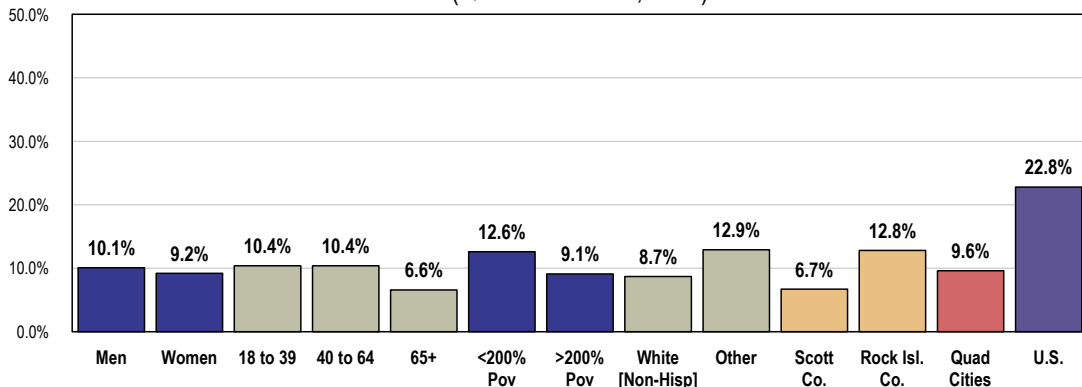
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 71]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 47]
 Note: • Asked of all respondents.

The 9.6% of “fair/poor” evaluations given by Quad Cities Area residents with regard to the availability of grocery stores and retail shopping is much lower than the 22.8% reported nationwide.

- ☐ “Fair/poor” ratings are much higher in Rock Island County (12.8%) when compared with Scott County (6.7%).

None of the following demographics include any statistically significant differences.

“Fair/Poor” Ratings of Local Availability of Grocery Stores and Retail Shopping (Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 71]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 47]
 Note: • Asked of all respondents.
 • Percentages represent combined “fair” and “poor” responses.

FOCUS GROUP FINDINGS

Participants in the *Quad Cities Economy & Employment Focus Group* made the following recommendations regarding economic development in the Quad Cities Area:

Recognize a balance between promoting a unified QCA identity and allowing for individual community interests, agendas and identities.

Selected focus group comments:

“I would like to go back to an issue though, and perhaps it is a sensitive issue, and forgive me if it is, there is a sector now that we all need to have this one image – that we are ‘one’ and we need to feel that connection to each other. And, I believe that we do. I mean I have dealt with everybody in this room. I mean, we are one – there are some things that come up constantly that, you know, we compete with each other against a business, but really I think that we do it openly and honestly and we talk to each other before we make the bids, and so, I have never really felt put out by what another community has done. Bless their heart, we tried to get Cingular and Davenport did the better number, and again, bless their heart, good for them, good for all of us. But, there is one thought that occurs to me, which is, and again, maybe this gets me in trouble, but we have - Bettendorf has the ability to satisfy that one need of bragging about educational attainment. We are 14 ½ points higher than the national average. And, I am not saying that we are better, I am not saying that we should stand out, I am just saying that if we are going to market, if financial IT firm sector wants educated work force, I mean they want four year degrees, and we have that. Is it OK for the Quad Cities to brag about the one community only to get them here? I don’t care where they live, I don’t care where the business goes, if they want to tap into our educated work force, that is great, and obviously there are educated people everywhere. I just keep having this internal fight with, ‘we all need to be the same thing, and we all have to advertise as one’, yet if we are good at one thing, can the Quad Cities brag about it? If other cities are better at other things, I am not offended when they brag about them being the best at it. Is that possible?”

“I think that communities have to be competitive. I think that we get better product when they do. So, I am not opposed to that. I am just saying, externally- when we go externally, that has to be with one voice.”

“If we get great paying jobs, it really doesn’t matter where it goes, as long as it is in this region, and we still battle that parochialism, between cities, between states, and tied to that, I don’t know that we leverage the fact that we have two separate states in which to dip into dollars for use. I think that sometimes that fragmentation hurts our efforts to maximize external dollars that we could attract.”

“It seems to me that our state, on the Iowa side, I don’t know that we are fighting each other, it is just that what I see happening, I don’t believe that the cities, the bigger cities in the State of Iowa, are being given the amount of assistance, and I am not necessarily saying financial, to help them grow. Growing the Ag economy is a wonderful thing, too, I fully support that. But, I think that what has happened is this pull – we are not being allowed, or we are not being assisted, Iowa grew 5.4% from 1990 to 2000, the Quad Cities grew 2.3%. I think that they could go a long way in helping the bigger metros grow by having a consortium of them get together and plan how we could work all in one – you know, just as we talked about our region being – it necessary for them to work together, I think that the bigger cities in Iowa and if we could do it on the Illinois side as well.”

“In Illinois, we don’t want to grow. We had an opportunity to become one City, we would have been the second largest city in the State of Illinois, and all of the amenities that go with that could have come in, but we voted as 16 little tiny communities to keep our own little fiefdoms and not become one. “

“We have an extremely unique community and that itself sometimes presents a problem for us. Compare the dollars and go to the Development Group with all the other development organizations throughout the state, whether they are in Iowa or Illinois, they want to compare with Cedar Rapids and all the others. What is unique to us is that we also have several little economic development organizations within

communities that do an excellent job, but they take away dollars that could be going to the Quad City Development Group. They are great; they really help with the Community. How do you add more dollars to the Development Group, when you have those kinds of organizations in the individual communities? It is difficult.”

“It is difficult because each one of those groups are charged with improving, ultimately, a component of the product that the Development Group is supposed to market and absenting those groups or reducing their funding will impact the product that is going to be marketed. So, it does become a challenge toward that end. I have wrestled now for over twenty years now with trying to find a comparable market to the Quad Cities, because you don’t want to say, ‘Oh well, we are so doggone unique that there is no model that we can compare ourselves to’ and then just throw up our hands and wait for people to sober up about parochialism. The one that I have lately embraced is the notion that what the Quad Cities actually is, is maybe a half dozen suburbs without a core. Think of trying to market Cicero, Aurora, Naperville, Schaumburg, Oak Park and Willamette as one voice, if none of them were tied to a Chicago. If we have a core, and I would submit that it is every city’s riverfront, then that is something that we could all tie into and embrace regardless of whether it is Iowa or Illinois.”

“It is the urban core, and we can talk simultaneously about the District, The Mark, John Deere’s material down there, the Botanical Center, the Figge, the gaming entertainment in Bettendorf – it is all along the River front, the bike trails, and everything and that becomes everybody’s core market and then the rest of us can function as continuing to improve that one product- their own somewhat suburban environment.”

“If you look at the Des Moines – you get tired of the comparisons – but there are like 30 people who work for the Des Moines Group and they get more money, and so we get jealous. We the Quad Citians get jealous because they have that horsepower, and what we are saying as a group, is because we are dividing the pie too much. You know, we have all these cities, all these Development Corporations. As a potential solution, why couldn’t we – if they have 30 people, and we have eight people at the Quad City Development Group and we have another five or another 10 more in each of the communities – why not let’s just work as one? The money is probably the same dollar amount that Des Moines is spending. If we could only work together on a unified plan, we could each have our own little pots of money and we would make sure that there is no duplication.”

“They should meet and share, what is best practice? Do we have resources that we could share between us? The cross-pollinating boards is important, so you start not having so much mission treatment. The Chamber Federation has said that we will do the Workforce Development piece, so that we are not three individual chambers, we are going to do that together. We are going to create one Leadership Academy so that we do not have three. Those are all positive steps in the right direction. Let’s celebrate those things and move on. The other thing that is important, is this Growth Steering Council, which is really intended to be what is out, what is the long-term vision, what are the targeted industries? And keep asking, ‘are we going after the right things?’”

“And our problem with all that is our parochialism. As you get a Triumph Foods in East Moline, instead of the other communities saying oh, that is great, it is great for the Community, they say, OK, they got theirs, now do we get ours next?”

“I don’t think any of the communities are saying we are unhappy when someone else succeeds or ‘where is my fair share?’”

“I think that it comes down to making the case that it is something that is absolutely unique to the Quad City region and part of the reason that we are as excited as we are about Western Illinois, is that we are pretty secure in the knowledge that nothing like that would happen on the Iowa side of the River.”

“I keep going back to the notion of ‘partnering.’ As the Chambers take point with recruiting, attraction, and development of work forces, we know that is just a bare start in the partnering. What we don’t want to do is set up some separate Work Force Development entity that undercuts the strong relationships and knowledge base that is already done.”

Develop a strong and clearly focused outreach component of the QCA’s marketing strategy that communicates its strengths beyond the typical “selection criteria” used to locate communities for new businesses.

Selected focus group comments:

“If we understand what the customer wants and needs, and we understand the skill set required, the second big challenge is figuring out how to train, how to attract, how to retain, and all of those issues around work force development is really a second, not distinct, but a second huge function.”

“There are the location factors that the companies, or the sectors want, and that is what we are talking about, aiming at what the customer wants. An educated workforce, in the research that we have done, is number one. Understanding how we can train our people at all levels, K-12, post, Community Colleges, and making sure we have four sectors that we have identified. The Development Group has identified: 1) Manufacturing; 2) Food; 3) Financial, IT; 4) Logistics. If we really believe that those are the best, then we need to analyze what our educational institutions are providing in the way of that educational focus. Are we aiming our teaching at those sectors? So, let’s find out if we are, and then secondly, let’s get statistics available to the Development Group and everybody else, saying that we have 800 graduates every year with this grade point average that are aimed right at you, the potential customer. I just think that is a huge issue, and it is Quad City wide.”

“I think that we need to target what we can actually attain and not target the ideal type of job. We were at the IT Roundtable last week, and it is disheartening to hear people in the industry saying that we should not be focusing on IT because we don’t have what it takes. We should be focusing on logistics, and do we even know if logistics, other than we are an interstate, is the right thing to go after?”

“The other thing that I keep thinking about is, not that marketing can magically make less attractive areas solve that problem, but, if we aim our marketing efforts at those things that we have. Then at least if we don’t make the first five cuts, we don’t make the first five cuts. We can’t control that, but we can control the outreach of who we go to see and what we tell them and I still believe that having a well-engineered outreach marketing campaign collectively, showing all our individual strengths, done well, at least we are going to give it a shot.”

“I think that it has to be simultaneous. You are going to attract jobs, but you also attract work force. The work force of today and tomorrow looks for a place to live and then they look for a job. What is first, the job or the workforce? The workforce or the job. I would submit that it is simultaneous. You are going to do both. We understand, from the studies that we have done, we know the ingredients that young people are looking for: 1) amenities; 2) cost of living; 3) diversity; 4) ability to get involved; 5) good school systems – etc. We know what those are, it is not a secret, so – we need to get about focusing on attracting that work force. I think that we can do it. We have a tremendous opportunity. I think that the big cities are going to get mired in their quagmire of traffic, of congestion and the high cost of living and the East and West Coasts, and the Chicago’s and Atlanta’s are going to have less and less ability to attract. Because, people are not going to want to live in that situation. And it is not as secure. That is another thing that we have, too. We need to tout what we have.”

“Well now, the whole discussion last fall was the Development Group needs to do that external selling and marketing better job of what they are doing and understanding who we are going to go after. The Chambers will focus on the Work Force Development piece, the attraction, tied to the community colleges, tied to inventory and understanding what we need, what we have and what are the various ways that we will go about attracting. But if the Chamber’s taking a lead, there are tons of other peoples that need to be involved in that effort.”

“Rock Island is a bedroom community now, a lot of people live there but they don’t work there. They either come over to Davenport or they go to Moline. That is where all the jobs are. We don’t have the jobs in Rock Island.”

“I think that there are two elements that the consultant identified, 1) we are not as diverse; 2) we are not as welcoming to young people to be involved in organizations, civic duty, community activities. They are

looking for that engagement and they want more hands-on, let me do instead of sit around at a table and develop policy. I think that we have to be sensitive to how they want to be involved.”

“Well, one of the things that came up in our last assessment, is that this is the largest Metropolitan area in the Country that does not have a state university in it’s area. That is only half the business case, because there is always going to be some largest metro area in the country that does not have a state university. Somebody is always going to be at the bottom. We still have to make the business case that says we are large enough to sustain it, and support one without sacrificing the other educational entities that we have in the marketplace.”

“At the same time, don’t forget to talk about the quality of the Ambrose and the Augustana and the community colleges.”

“One of them is a direct feeder to Western Illinois University. In fact, the people in Iowa can go to Western Illinois University without an out of state fee.”

Develop an active matching process to link job opportunities with skilled workers, especially among young adults.

Selected focus group comments:

“Well, I think that it is up to organizations to continue – the employers to continue to attract. I mean, I don’t think that changes over night. Talking about YPN, both sides of the River, we have a tremendous opportunity. We have very strong YPN Networks on both sides of the River. There is your sales force for attracting new work force and we need to figure out how to leverage that.”

“One of the strongest assets that we are working on right now is trying to get a good relationship with another adult. I know your group and others have been involved in school for a long time trying to get kids connected with adults who are in professions so that they can find out more about those occupations. I have to think that this is part of the answer to getting these people to come back. If they have a relationship with an architect or an engineer or a lawyer here in this area before they go away to school, then when they finish their schooling, they might be asked to come back as a partner.”

“Let’s go after the 28-30 year olds who have already experienced that “great life” and now are tired of a 1 ½ hour commute and school systems that they don’t want their kids to go to. Part of what we talked about is how do we create that inventory so that we are keeping them connected with where they went to school, where they grew up, you know, keeping them abreast of what is going when they come back to visit at holidays, you know throwing a reception or a party. I mean, keep them engaged. Second, is how do we match the jobs to their particular skill set? And, I would say that we have a lot of work to do. I do not think that it is overwhelming or impossible to do that, we just have not focused resources to do that.”

“One of the problems with bringing them back is now they are usually married and their spouse has a job, so you have to have some kind of a job for their spouse.”

Create pride and excitement in specified employment sectors.

Selected focus group comments:

“If we are creating the types of employment here that are exciting and that people will desire, that is how we would help them get and keep a job.”

“The reason that we have the numbers of low college graduates compared to the national average, is not because of our educational systems. We have great educational institutions. The reason is, the youth, the well-educated, are leaving and the older less-educated are staying. And so trying to make our educational systems better, I do not believe is the answer.”

“Create the employment that gives them the excitement, the desire to come back.”

“We are just saying that college-educated people are what we think the Financial-IT workforce needs. If we have this fiber optic thing and we want to partner, if they can create the people, and we can satisfy the other need, a fact pipe to move data around, we think that is natural. And so we are going to Washington with the Development Group in March, saying help us flush out how we can best understand. Do we really have what it takes? If we do, how do we attract those businesses? So, our goal is to assist the marketing campaign of the entire area, by concentrating on one sector.”

“Well, I think that the question is the new dollars from economic development, and I think results are the key that is going to drive both the private and the public sector. The public sector because they will recognize that their immediate constituency wants it and is served by it. So you don’t have to get over this hill of my tax dollars in city A need to stay in city A, but the private sector because they realize that there is a strong business case for it and you can make money at it in the long term. Both of those will come if, and only if, you have some results that you can point to. Western Illinois is going to be a key one. I think that potentially the Rock Island Arsenal and what may come of that will be another potential one that everybody can point to and say, but for A, B and C this would not have happened. So, it is less a concern about whether it is public and private or who does most, than it is about creating that context for success.”

Frame the task of developing a strong workforce as a 20-year commitment to raising our own children. This commitment, and the results, may be a strong draw for young families to locate in the QCA.

Selected focus group comments:

“I am involved in Economic Development in a lot of communities and the biggest problem that they say they fight with is that all the young people are leaving the area. So, are all the young people going to Chicago? I mean they are not going to the Springfields, the Quincies, to the Peorias or Quad Cities or Des Moines, so where are they going?”

“I would like to pump once again for the idea of having childcare development as a component of that, because as people that are 30 years old make their decisions, the accessibility to that plays into security, it plays into spousal employment, it plays into the overall work force development. It is probably the best investment that we can make for the long term. To be able to, not only develop young people, but also to attract the families that are here.”

“This is a stretch, but let me go back to something that Bill said before, about diversity, and what are we doing as a community to help the younger minority students with technology so that they have access to the computers so that they can qualify for some of these jobs later. There are numerous disadvantaged kids out there who really do not see a computer until they get somewhere in school. They don’t have access to one at home so what are they doing to keep up? Lt. Gov. Quinn was going to give everybody in Illinois a computer in 7th grade. Well, that has been put on hold because they have found out that it really needs to be 3rd grade. So, with the minority populations, a lot of them really do not have access to any kind of technology. What are we doing to help them?”

“I think that we have had some degree of success with that mentoring element as we have gone between Bettendorf and Pleasant Valley because there is a strong relationship between business and education there. There is an openness and communication so that you don’t have that incredibly dysfunctional element that we recognize the rolls of places like Junior Achievement. We don’t want to try to do a blanket presentation to the K-8 that they do. That is being done. What we need to do is augment that. You know, Iowa has 16 career pathways that they have identified in their education system. Why not have representatives from the private sector for each of those sixteen career pathways so that we have a better assurance that we are going to have some type of a match?”

Identify a set of indicators that can be used to demonstrate progress in these areas.

Selected focus group comments:

“Economic indicators of a Community aren’t just the money ones, but divorce rates, or marriage rates would be of help to us.”

“I think that some of the educational attainment data that you are able to gather from public and private schools is useful because they have benchmarks so that you can measure what is going up and what is going down. I think that what the United Way is doing with the Developmental Assets is a useful measure and also America’s Promise Programs and things, too. There are useful partnerships there and because that is a survey essentially of what the kids think, I think that you can see what is going up and what is going down and what areas need work. That is something that is useful.”

“I think that it would be useful also for us, from a policy standpoint, to measure the level of diversity that may be becoming wider. It is not only racial or cultural, but also economic.”

HEALTH & SOCIETY

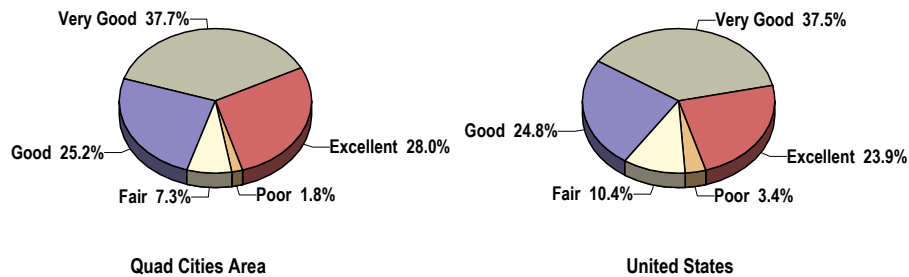
HEALTH STATUS

Overall Health

A majority of the Quad Cities Area adults (65.7%) rate their overall health as “excellent” or “very good.”

Self-Reported Overall Health Status

(Quad Cities Area, 2007)



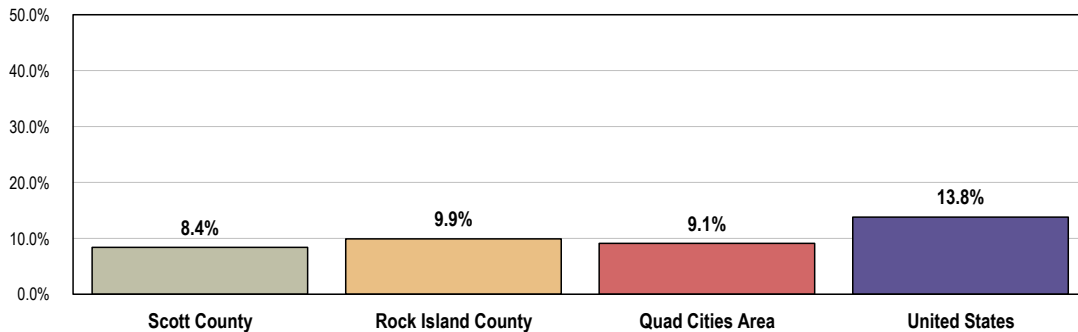
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 25]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 31]
 Note: • Asked of all respondents.

However, 9.1% of adults believe that their overall health is “fair” or “poor.”

- ☑ More favorable than national findings (13.8% “fair/poor”).
- ☑ Does not vary significantly when viewed by county.

Experience “Fair” or “Poor” Overall Health Status

(Quad Cities Area, 2007)

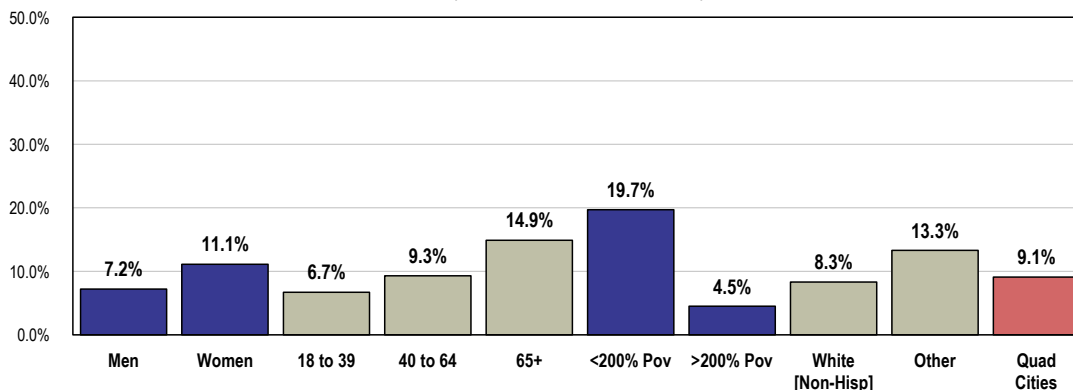


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 25]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 31]
 Note: • Asked of all respondents.
 • Percentages represent combined “fair” and “poor” responses.

Population segments more likely to give “fair” or “poor” evaluations of their overall health status include the following:

- ☑ Adults aged 65 and older.
- ☑ Residents living below the 200% poverty threshold.

Experience “Fair” or “Poor” Overall Health Status (Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 25]
 Note: • Asked of all respondents.
 • Percentages represent combined “fair” and “poor” responses.

Mental Health

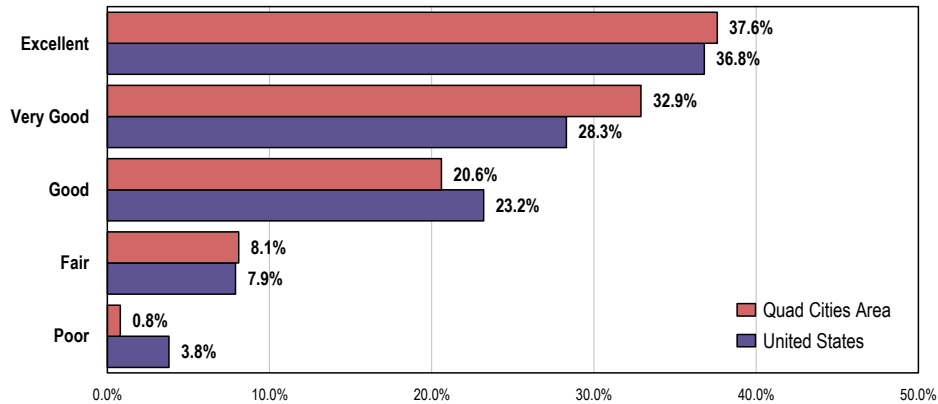
Self-Reported Mental Health Status

Survey respondents were next asked to think about their mental health (including stress, depression, and problems with emotions) and rate their own on a five-point scale.

Overall, self-reported mental health is quite good in the Quad Cities Area, with 70.5% of adults giving “excellent” or “very good” ratings of their mental health.

- ☑ More favorable than the 65.1% reporting “excellent/very good” mental health across the U.S.
- ☑ Another one-fifth (20.6%) of survey respondents gave “good” evaluations of their mental health.

Self-Reported Mental/Emotional Health Status (Quad Cities Area, 2007)

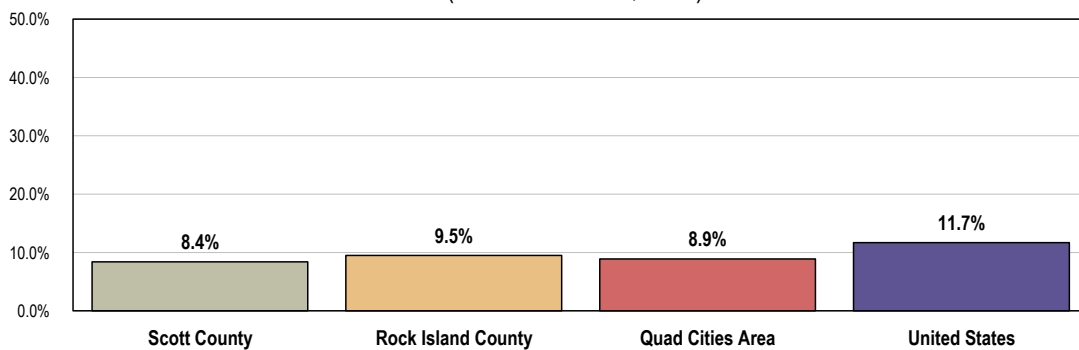


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 61]
 • 2005 PRC National Health Survey, Professional Research Consultants, Inc. © PRC 2005. [Item 141]
 Note: • Asked of all respondents.

A total of 8.9% of Quad Cities Area survey respondents experience “fair” or “poor” mental/emotional health.

- ☑ Similar to national findings (11.7%).
- ☑ Does not vary significantly by county.

Experience “Fair” or “Poor” Mental/Emotional Health (Quad Cities Area, 2007)

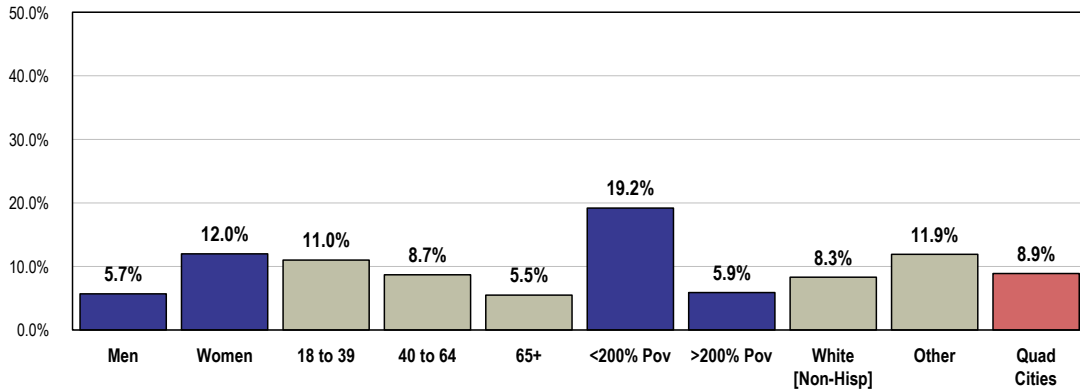


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 61]
 • 2005 PRC National Health Survey, Professional Research Consultants, Inc. © PRC 2005. [Item 141]
 Note: • Asked of all respondents.
 • Percentages represent combined “fair” and “poor” responses.

Low self-ratings of mental health status are more likely found among the following population segments in the Quad Cities Area:

- ☑ Women.
- ☑ Adults living below the 200% poverty threshold.

Experience "Fair" or "Poor" Mental/Emotional Health (Quad Cities Area, 2007)

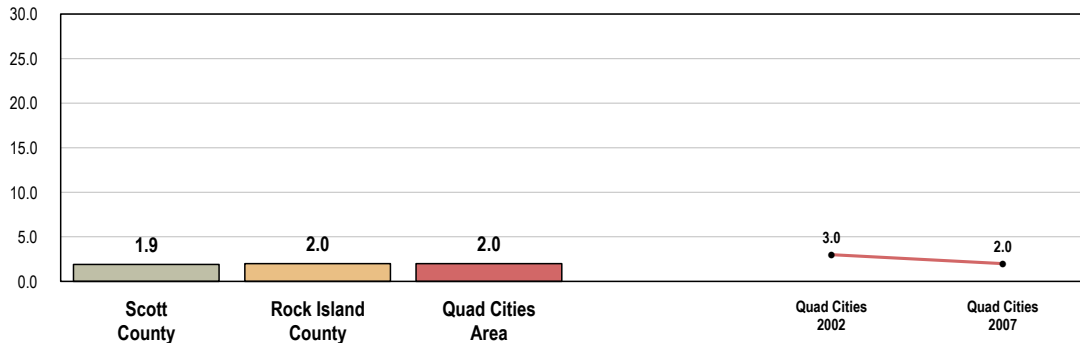


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 61]
 Note: • Asked of all respondents.
 • Percentages represent combined "fair" and "poor" responses.

Quad Cities Area adults reported an average 2.0 days of poor mental health in the past month.

- ☑ Compares to three days of poor mental health across the Quad Cities Area in 2002.
- ☑ Statistically similar averages were recorded between the counties.

Average Days of Poor Mental Health in the Past Month (Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 62]
 • 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 105]
 Note: • Asked of all respondents.

Depression

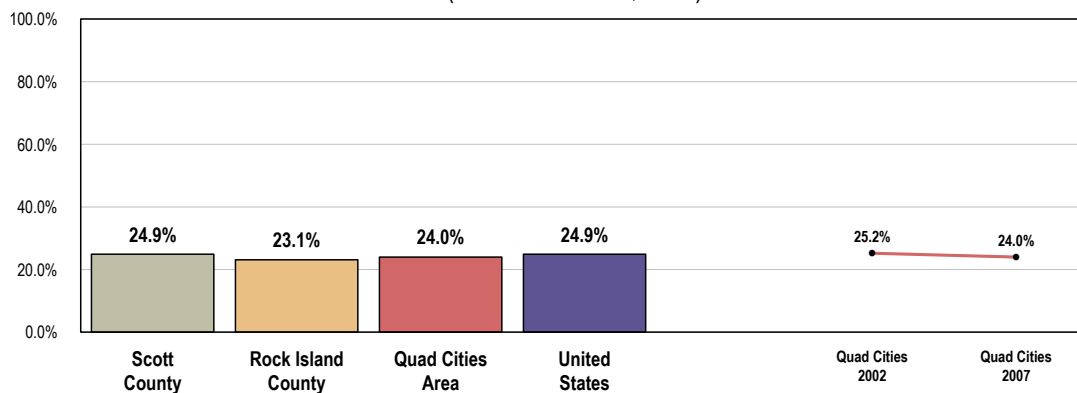
Depression is a serious illness affecting many in the population, whether occasionally or, in many cases, for prolonged periods of time.

Nearly one out of four Quad Cities Area adults (24.0%) report that they 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.

- ☑ Statistically similar to national findings (24.9%).
- ☑ Does not vary significantly when viewed by county.
- ☑ This represents roughly 56,400 adults in the Quad Cities Area who have faced or are facing prolonged bouts with depression.

Have Experienced Chronic Depression

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 63]
• 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 106]
• 2005 PRC National Health Survey, Professional Research Consultants, Inc. © PRC 2005. [Item 143]

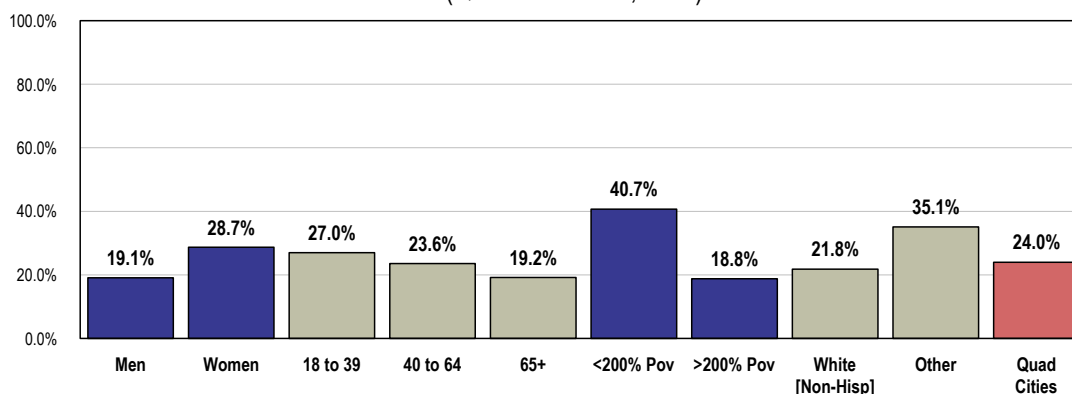
Notes: • Asked of all respondents.
• In this case, the term "chronic depression" refers to periods of self-reported depression lasting two years or longer.

The following chart illustrates differences found among key demographic groups. Note that symptoms of chronic depression are notably higher among:

- ☑ Women.
- ☑ Adults in the lower income category.
- ☑ Non-Whites.

Have Experienced Chronic Depression

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 63]

Note: • Asked of all respondents.

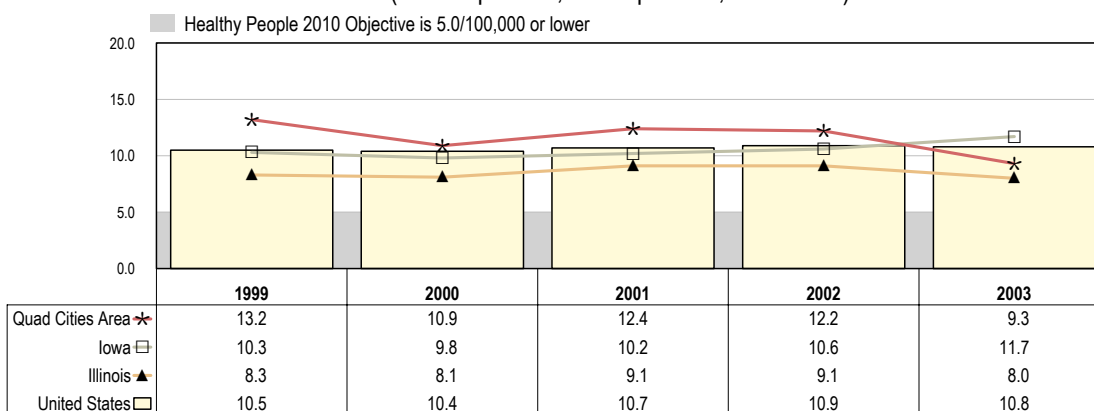
• In this case, the term "chronic depression" refers to periods of self-reported depression lasting two years or longer.

Suicide

- Between 1999 and 2003, the Quad Cities Area age-adjusted suicide rate declined, while state and national rates were fairly stable.

Age-Adjusted Mortality: Suicide

(Deaths per 100,000 Population, 1999-2003)



Source: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2006.

• CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.

• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 18-1]

Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

• Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).

Mental Health Treatment

Among Quad Cities Area respondents reporting chronic depression, 56.1% acknowledge that they have sought professional help for a mental or emotional problem.

- More favorable than national findings (47.2%).

(Related Issue: see also "Substance Abuse.")

DEATH & DISABILITY

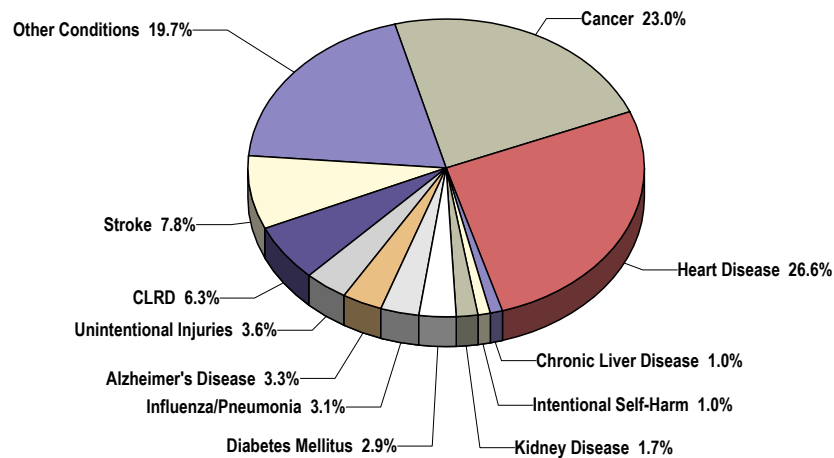
Leading Causes of Death

Together, the top five causes of death account for two-thirds of all 2003 deaths in the Quad Cities Area:

- ☐ **Heart disease** is the leading cause of death in the Quad Cities Area, accounting for 26.6% of all deaths.
- ☐ **Cancers** (malignant neoplasms) are the second leading cause of death, accounting for 23.0% of all deaths.
- ☐ Cerebrovascular disease, or **stroke**, is the third leading cause of death, accounting for 7.8% of all deaths.
- ☐ **Lower respiratory disease** is the fourth leading cause of death, accounting for 6.3% of all deaths.
- ☐ **Accidents** are the fifth leading cause of death, accounting for 3.6% of deaths.

Leading Causes of Death

(Quad Cities Area, 2003)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the Quad Cities Area with other localities (in this case, Iowa, Illinois and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size such as deaths per 100,000 population as is used here.

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age

distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against normative or benchmark data, as well as Healthy People 2010 targets.

The following chart outlines 2001-2003 age-adjusted death rates per 100,000 population for selected causes of death. Note the following comparisons:

- ☐ Quad Cities Area death rates fail to satisfy the outlined **Healthy People 2010** targets for the following conditions: heart disease, cancer, stroke, diabetes, accidents, and suicide.
- ☐ Quad Cities Area death rates compare unfavorably to **U.S.** death rates for chronic lower respiratory disease, stroke, and suicide.

(For infant mortality data, see also “Maternal, Infant & Child Health.”)

Age-Adjusted Death Rates for Selected Causes

2001-2003 Deaths per 100,000 Population

	Quad Cities Area	Iowa	Illinois	United States	HP2010
Diseases of the Heart	229.1	216.9	243.9	240.3	213.7*
Malignant Neoplasms (Cancers)	195.5	188.5	200.9	193.2	159.9
Chronic Lower Respiratory Diseases	52.4	44.7	39.2	43.5	
Cerebrovascular Disease (Stroke)	64.4	56.7	56.5	55.9	48.0
Influenza/Pneumonia	21.9	24.1	22.3	22.2	
Diabetes Mellitus	21.9	20.2	24.7	25.3	15.1*
Accidents	29.5	33.6	32.4	36.6	17.5
Homicide	2.7	1.9	8.0	6.4	3.0
HIV	0.6	0.8	39.0	4.9	0.7
Suicide	11.3	10.8	8.7	10.8	5.0

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.

• Illinois Department of Public Health.

• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population and coded using ICD-10 codes.

• The Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart; the Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus-coded deaths.

Cardiovascular Disease

Heart disease and stroke—the principal components of cardiovascular disease—are the first and third leading causes of death in the United States, accounting for more than 40% of all deaths.

- About 950,000 Americans die of heart disease or stroke each year, which amounts to one death every 33 seconds.
- Although heart disease and stroke are often thought to affect men and older people primarily, it is also a major killer of women and people in the prime of life. More than half of those who die of heart disease or stroke each year are women.
- Each year, about 63 of every 100,000 deaths are due to stroke.

Looking at only deaths due to heart disease or stroke, however, understates the health effects of these two conditions:

- About 61 million Americans (almost one-fourth of the population) live with the effects of stroke or heart disease.
- Heart disease is a leading cause of disability among working adults.
- Stroke alone accounts for the disability of more than 1 million Americans.
- Almost 6 million hospitalizations each year are due to heart disease or stroke.
- About 4.5 million stroke survivors are alive today.
- The economic effects of heart disease and stroke on the U.S. health care system grow larger as the population ages. In 2001, for example, the [nationwide] cost for all cardiovascular diseases was \$300 billion: for heart disease the cost was \$105 billion; for stroke, \$28 billion. Lost productivity due to stroke and heart disease cost more than \$129 billion.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Heart Disease

Heart Disease Deaths

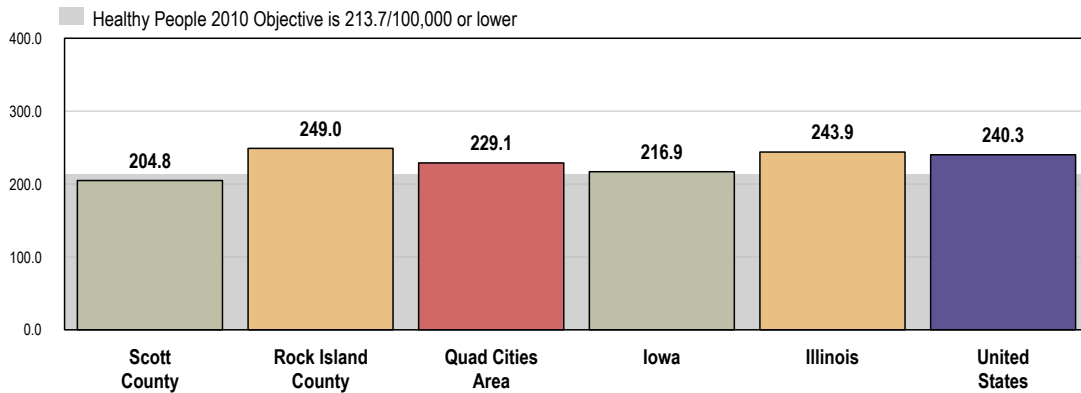
The greatest share of cardiovascular deaths are attributed to heart disease.

Between 2001 and 2003, the annual average age-adjusted heart disease death rate in the Quad Cities Area was 229.1 per 100,000 population.

- ☐ Higher than the age-adjusted rate for Iowa during that time period (216.9).
- ☐ Lower than the age-adjusted rate for Illinois during that time period (243.9).
- ☐ More favorable than the 240.3 reported across the United States.
- ☐ Ranges from 204.8 in Scott County (which satisfies the Healthy People 2010 objective of 213.7/100,000 or lower) to 249.0 in Rock Island County.

Age-Adjusted Mortality: Heart Disease

(2001-2003 Deaths per 100,000 Population)



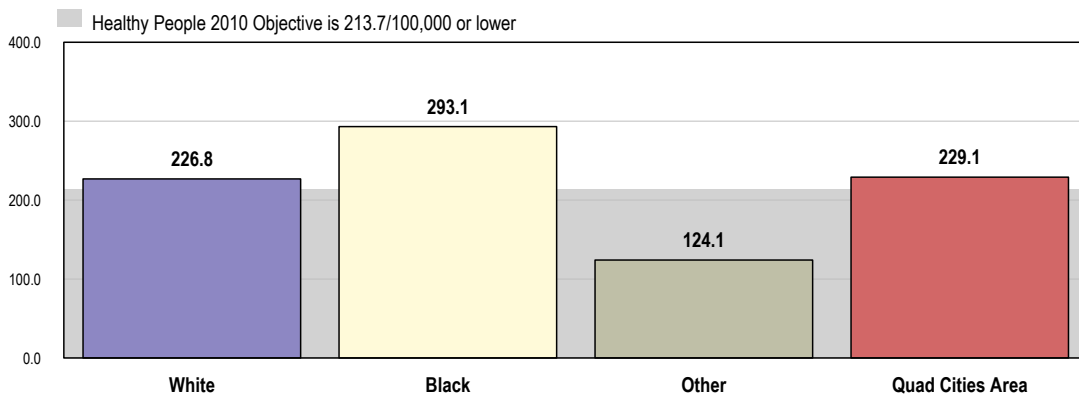
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.
 - Illinois Department of Public Health.
 - National Center for Health Statistics. National Vital Statistics System, Mortality.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 12-1]

- 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, age-adjusted to the 2000 U.S. Standard Population.
 - County, state and national data are simple three-year averages, the area three-year averages are weighted by population.
 - The Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart [Objective 12-1].

Viewed by race, age-adjusted heart disease death rates are much higher among Blacks than among Whites and individuals of other races/ethnicities.

Age-Adjusted Mortality: Heart Disease

(Quad Cities Area by Race; 2001-2003 Deaths per 100,000 Population)



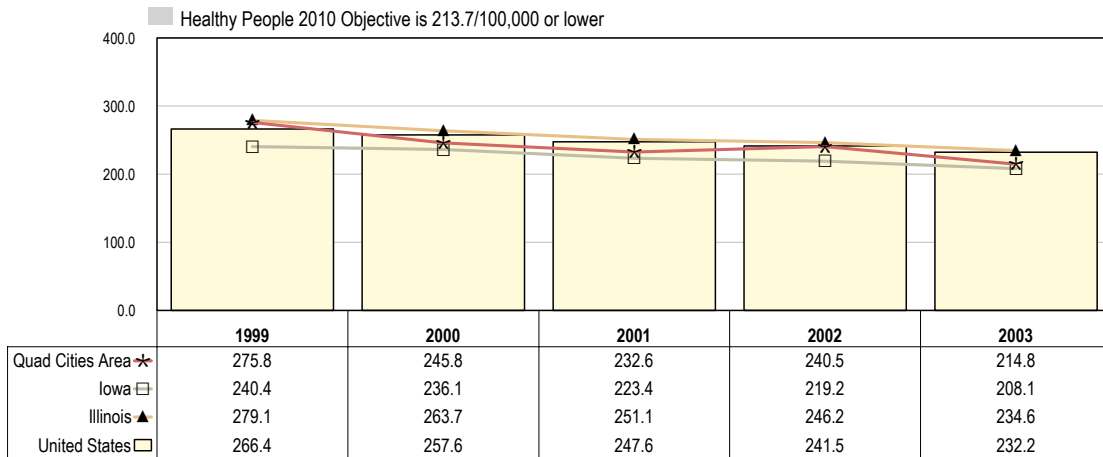
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.
 - Illinois Department of Public Health.
 - National Center for Health Statistics. National Vital Statistics System, Mortality.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 12-1]

- 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, age-adjusted to the 2000 U.S. Standard Population.
 - The Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart [Objective 12-1].

- Between 1999 and 2003, the annual average age-adjusted heart disease rate in the Quad Cities Area trended downward, mirroring the trend evident across Iowa and Illinois, as well as the overall trend occurring nationally.

Age-Adjusted Mortality: Heart Disease

(Deaths per 100,000 Population, 1999-2003)



Sources: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2006.
 • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 12-1]

Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

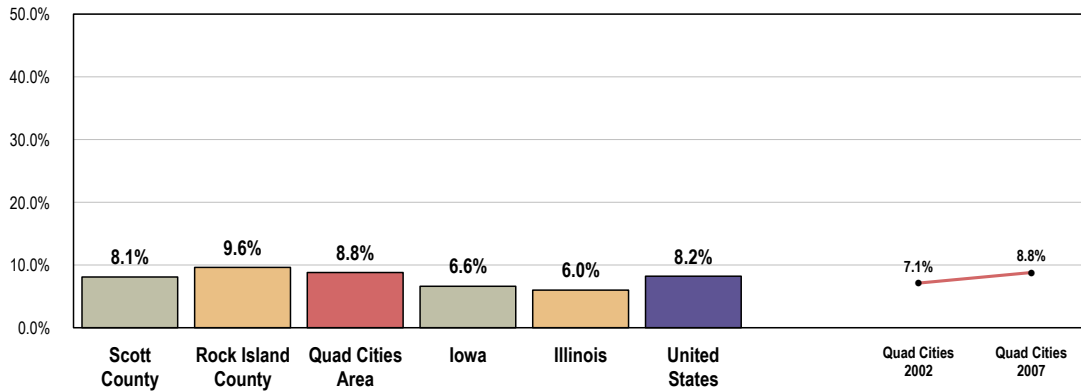
Self-Reported Heart Disease

From the *Quad Cities Community Vitality Scan Survey*:

8.8% of Quad Cities Area adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Less favorable than the 6.6% prevalence reported across Iowa.
- Less favorable than the 6.0% reported across Illinois.
- Does not vary significantly by county.
- This represents roughly 20,680 adults in the Quad Cities Area.
- Statistically similar to national findings (8.2%).
- Statistically unchanged from the 7.1% reported across the area in 2002.

Self-Reported Prevalence of Chronic Heart Disease (Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 39]
 • 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 57]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2005 Iowa & Illinois data.
 • 2005 PRC National Health Survey, Professional Research Consultants, Inc. © PRC 2005. [Item 42]

Notes: • Asked of all respondents.
 • Respondents were asked if they have ever been diagnosed with chronic heart disease, including coronary heart disease, angina, or a heart attack.

Stroke

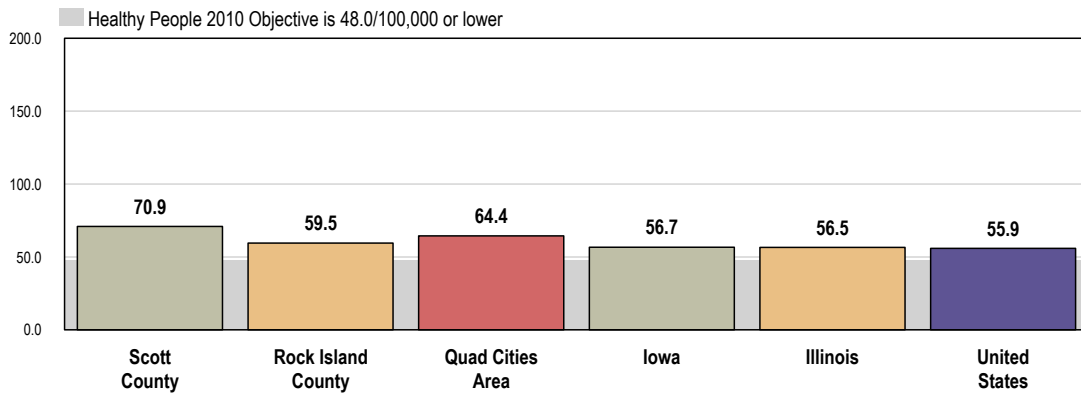
Stroke Deaths

Between 2001 and 2003, the annual average age-adjusted stroke (cerebrovascular disease) death rate in the Quad Cities Area was 64.4 per 100,000 population.

- ☐ Less favorable than the age-adjusted rate for Iowa during that time period (56.7).
- ☐ Less favorable than the age-adjusted rate for Illinois during that time period (56.5).
- ☐ Less favorable than the 55.9 reported across the United States.
- ☐ Fails to satisfy the Healthy People 2010 objective of 48.0/100,000 or lower.
- ☐ Particularly high (70.9) in Scott County.

Age-Adjusted Mortality: Stroke

(2001-2003 Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.

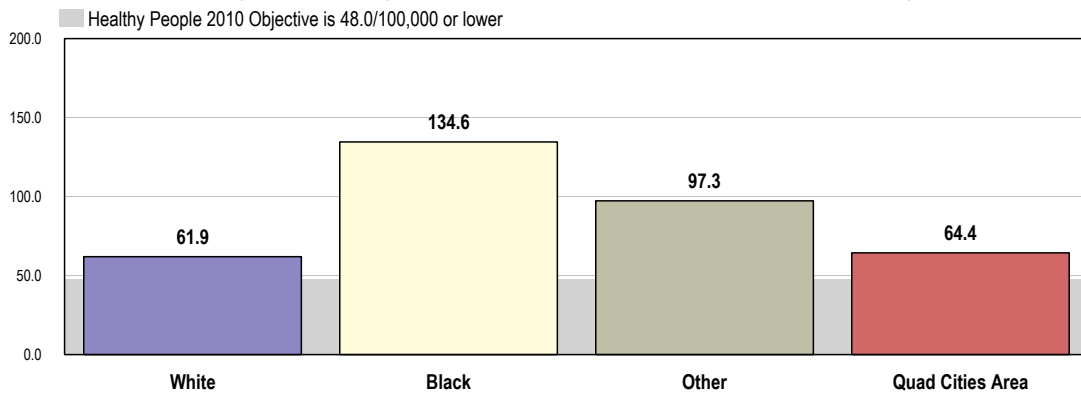
- Illinois Department of Public Health.
- National Center for Health Statistics. National Vital Statistics System, Mortality.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 12-7]

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, age-adjusted to the 2000 U.S. Standard Population.
• County, state and national data are simple three-year averages, the area three-year averages are weighted by population.

Viewed by race, age-adjusted stroke death rates are more than twice as high among Blacks than Whites.

Age-Adjusted Mortality: Stroke

(Quad Cities by Race; 2001-2003 Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.

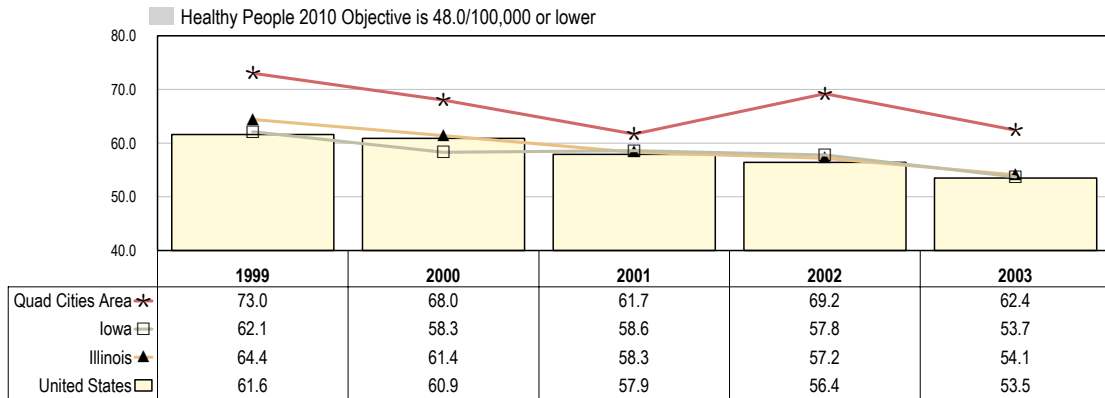
- Illinois Department of Public Health.
- National Center for Health Statistics. National Vital Statistics System, Mortality.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 12-7]

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, age-adjusted to the 2000 U.S. Standard Population.

- Annual average age-adjusted stroke rates in the Quad Cities Area increased between 2001 and 2002, but decreased in the other years shown in the following chart.

Age-Adjusted Mortality: Stroke

(Deaths per 100,000 Population, 1999-2003)



Sources: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2006.
 • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 12-7]
 Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

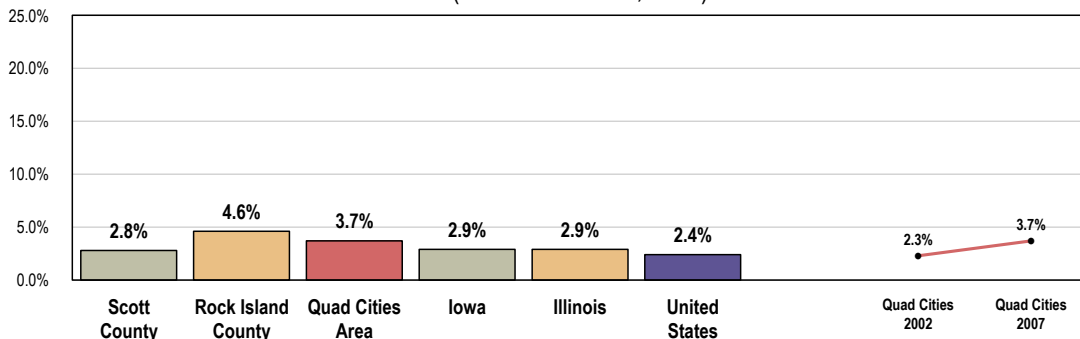
Self-Reported Prevalence of Stroke

3.7% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Statistically similar to national findings (2.4%).
- Similar to both statewide figures.
- Does not vary significantly by county.
- Unchanged from the 2.3% reported across the Quad Cities Area in 2002.

Self-Reported Prevalence of Stroke

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 40]
 • 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 58]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Iowa and Illinois data.
 • 2005 PRC National Health Survey, Professional Research Consultants, Inc. © PRC 2005. [Item 43]
 Note: • Asked of all respondents.

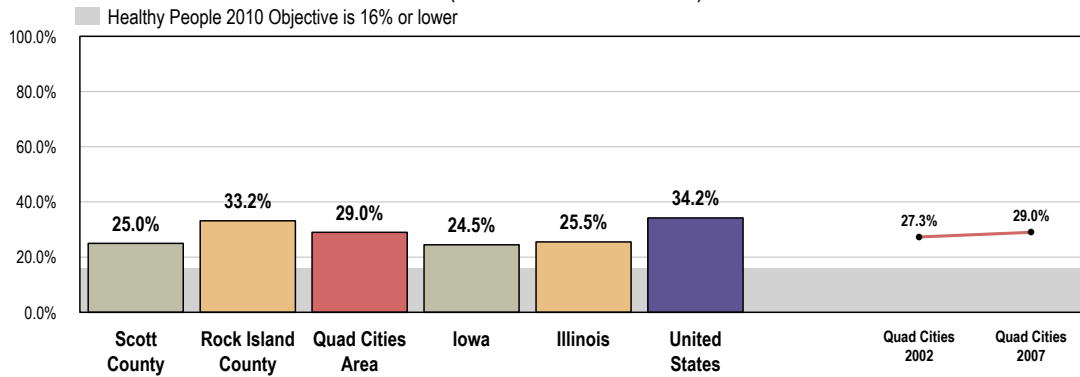
Cardiovascular Risk Factors

Hypertension (High Blood Pressure)

29.0% of the Quad Cities Area adults have been told at some point that their blood pressure was high.

- ☑ More favorable than national findings (34.2%).
- ☑ Less favorable than Iowa findings (24.5%).
- ☑ Less favorable than Illinois findings (25.5%).
- ☑ Fails to satisfy the Healthy People 2010 target (16% or lower).
- ☑ Ranges from 25.0% in Scott County to 33.2% in Rock Island County.
- 📊 **Statistically unchanged from the 27.3% reported across the Quad Cities Area in 2002.**

Self-Reported Prevalence of High Blood Pressure (Quad Cities Area, 2007)



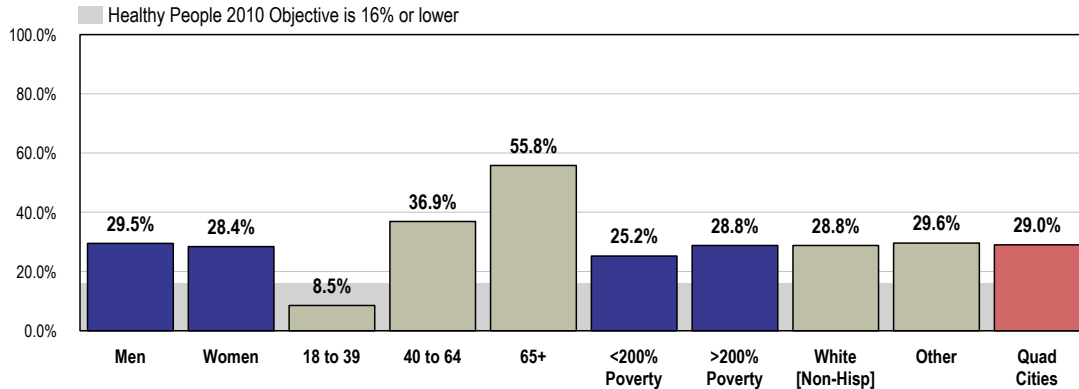
- Source:
- 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 42]
 - 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 64]
 - 2005 PRC National Health Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 181]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Iowa and Illinois data.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-9]
- Note:
- Reflects the total sample of respondents.

Demographic analysis reveals that:

- The prevalence of high blood pressure in the Quad Cities Area ranges from 8.5% among adults under 40 (satisfying the Healthy People 2010 objective of 16% or lower) to 55.8% among older adults (65 and older).

Self-Reported Prevalence of High Blood Pressure

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 42]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-9]

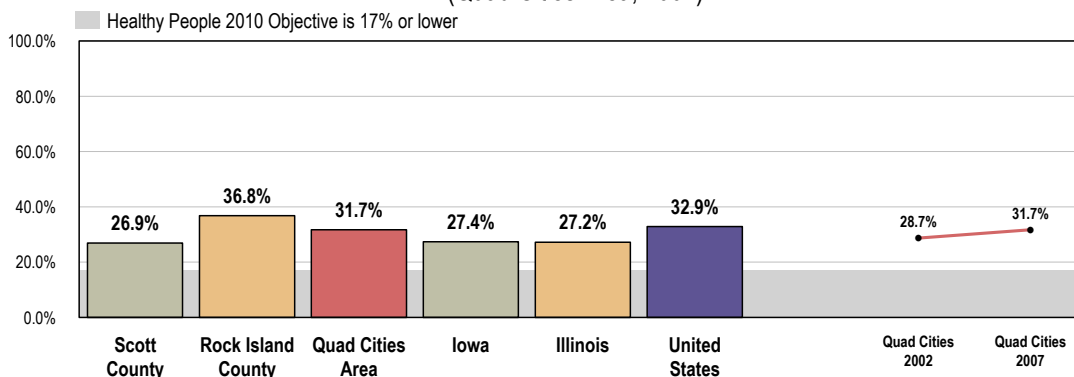
Note: • Reflects the total sample of respondents.

High Blood Cholesterol

31.7% of Quad Cities Area adults have been told by a health professional that their blood cholesterol level was high.

- Statistically similar to national findings (32.9%).
- Less favorable than Iowa findings (27.4%).
- Less favorable than the Illinois figure (27.2%).
- Fails to satisfy the Healthy People 2010 target (17% or lower).
- Ranges from 26.9% in Scott County to 36.8% in Rock Island County.
- Statistically unchanged from the 28.7% reported in 2002.

Self-Reported Prevalence of High Blood Cholesterol (Quad Cities Area, 2007)

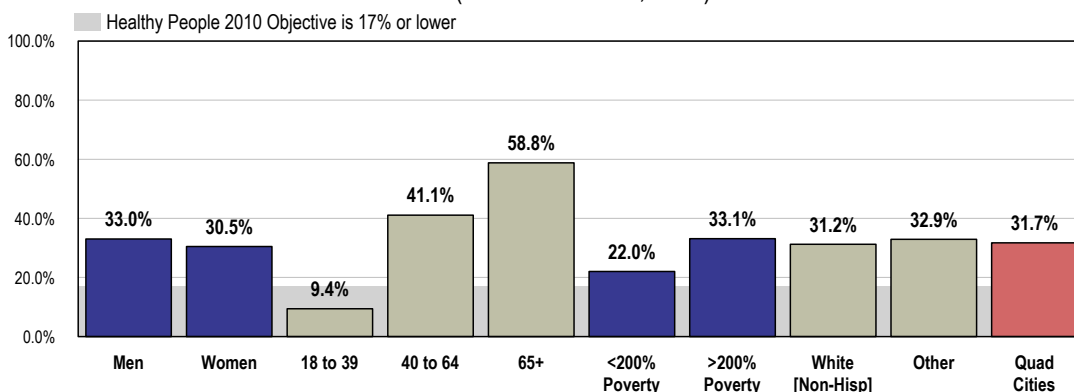


- Source:
- 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 43]
 - 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 65]
 - 2005 PRC National Health Survey, Professional Research Consultants, Inc. © PRC 2005. [Item 182]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Iowa and Illinois data.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-14]
- Note:
- Reflects the total sample of respondents.

Note the following demographic breakout of self-reported prevalence of high blood cholesterol. High blood cholesterol is more likely found among:

- ☑ Adults aged 40 and older.
- ☑ Residents in the higher income segment.

Self-Reported Prevalence of High Blood Cholesterol (Quad Cities Area, 2007)



- Source:
- 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 43]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-14]
- Note:
- Reflects the total sample of respondents.

(Related Issue: See also “Nutrition & Overweight,” “Physical Activity & Fitness” and “Tobacco Use” in the Modifiable Health Risk section.)

Cancer

Cancer, the second leading cause of death among Americans, is responsible for one of every four deaths in the United States. In 2003, over half a million Americans—or more than 1,500 people a day—will die of cancer. Black Americans are more likely to die from cancer than people of any other racial or ethnic group.

The number of new cancer cases can be reduced substantially, and many cancer deaths can be prevented. Healthier lifestyles can significantly reduce a person's risk for cancer—for example, avoiding tobacco use, increasing physical activity, improving nutrition, and avoiding sun exposure. Making cancer screening and information services available and accessible to all Americans is also essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths from these diseases by finding them early, when they are most treatable. Screening tests for cervical and colorectal cancers can actually prevent these cancers from developing by detecting treatable precancerous conditions.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

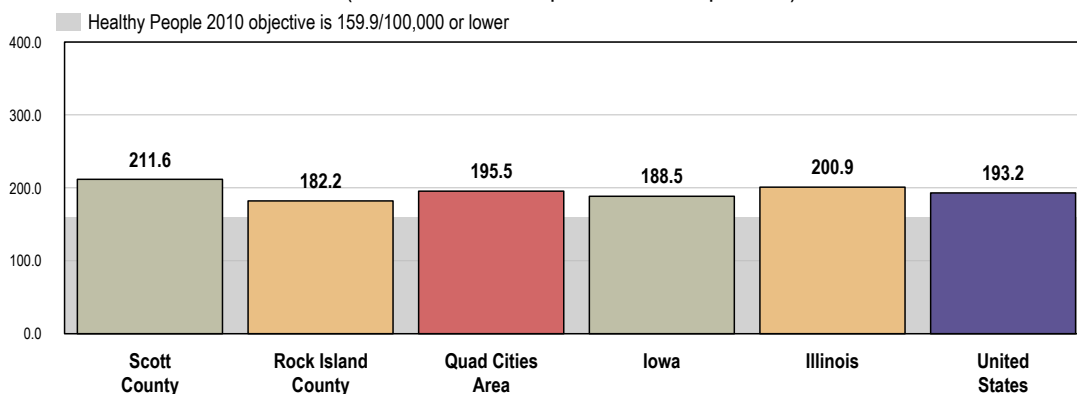
Age-Adjusted Cancer Deaths

Between 2001 and 2003, the annual average age-adjusted cancer death rate in the Quad Cities Area was 195.5 per 100,000 population.

- ☑ Higher than the Iowa rate for the same period (188.5).
- ☑ Lower than the Illinois rate (200.9).
- ☑ Similar to the U.S. rate (193.2).
- ☑ Fails to satisfy the Healthy People 2010 objective of 159.9 per 100,000 population.
- ☑ Particularly high (211.6) in Scott County.

Age-Adjusted Mortality: Cancer

(2001-2003 Deaths per 100,000 Population)



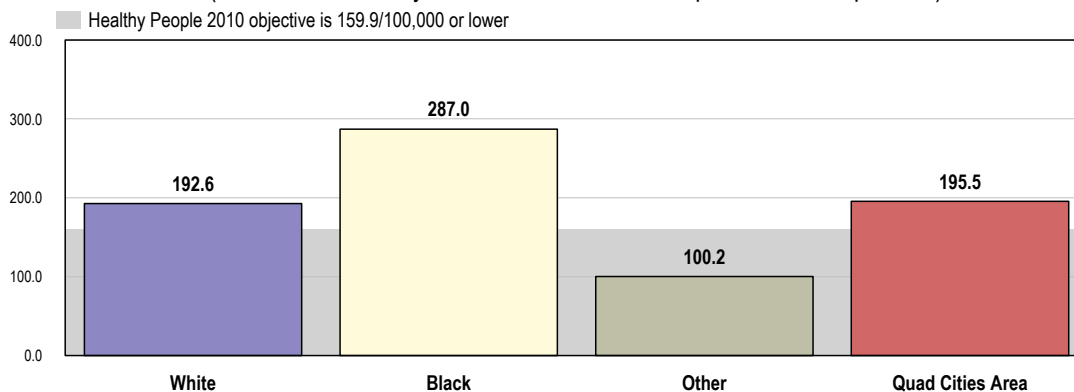
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.
 - Illinois Department of Public Health.
 - National Center for Health Statistics. National Vital Statistics System, Mortality.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 3-1]

- 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, age-adjusted to the 2000 U.S. Standard Population.
 - County, state and national data are simple three-year averages, the area three-year averages are weighted by population.

Viewed by race, age-adjusted cancer mortality is highest among Blacks in the Quad Cities Area (287.0).

Age-Adjusted Mortality: Cancer

(Quad Cities Area by Race; 2001-2003 Deaths per 100,000 Population)



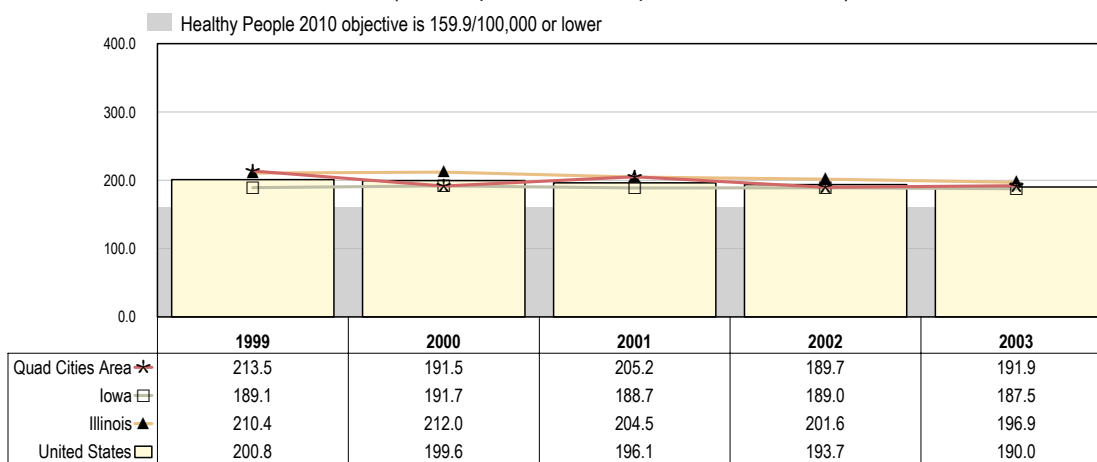
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.
 - Illinois Department of Public Health.
 - National Center for Health Statistics. National Vital Statistics System, Mortality.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 3-1]

- 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, age-adjusted to the 2000 U.S. Standard Population.

Between 1999 and 2003, the Quad Cities Area age-adjusted cancer death rate declined. Rates were fairly stable across Iowa but decreased throughout Illinois and the nation overall during this time period.

Age-Adjusted Mortality: Cancer

(Deaths per 100,000 Population, 1999-2003)

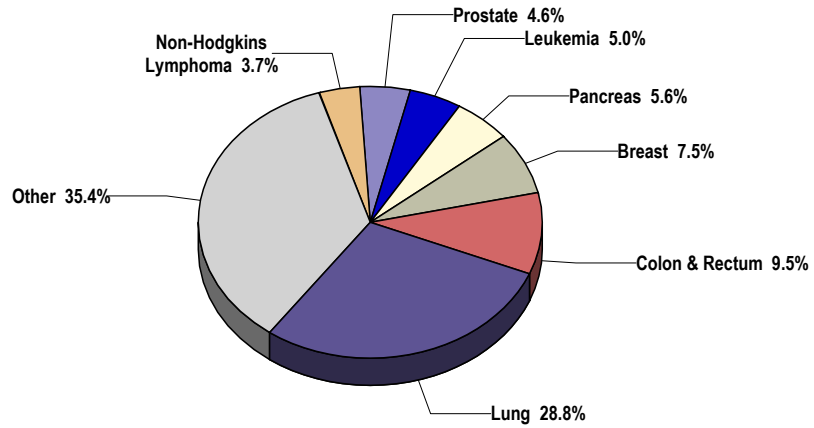


- Sources:
- Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2006.
 - CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 3-1]
- Notes:
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in the Quad Cities Area, followed by colorectal cancer, breast cancer, pancreatic cancer, leukemia, prostate cancer, and non-Hodgkin's lymphoma.

Leading Types of Cancer Deaths by Site
(Quad Cities Area; 2001-2003)



Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2007.

Respiratory Disease

Asthma and COPD (chronic obstructive pulmonary disease) are among the 10 leading chronic conditions causing restricted activity [in Americans]. After chronic sinusitis, asthma is the most common cause of chronic illness in children. Methods are available to treat these respiratory diseases and promote respiratory health.

Asthma is a serious and growing health problem. An estimated 14.9 million persons in the United States have asthma. Asthma is responsible for about 500,000 hospitalizations, 5,000 deaths, and 134 million days of restricted activity a year. Yet most of the problems caused by asthma could be averted if persons with asthma and their health care providers managed the disease according to established guidelines.

COPD includes chronic bronchitis and emphysema—both of which are characterized by irreversible airflow obstruction and often exist together. Similar to asthma, COPD may be accompanied by an airway hyperresponsiveness. Most patients with COPD have a history of cigarette smoking. COPD worsens over time with continued exposure to a causative agent—usually tobacco smoke or sometimes a substance in the workplace or environment. COPD occurs most often in older people.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

[Note: Chronic lower respiratory disease (CLRD) was called chronic obstructive pulmonary disease (COPD) prior to 1999 with the issuance of the International Classification of Diseases, Tenth Revision (ICD-10). Healthy People 2010 refers to COPD rather than CLRD.]

Age-Adjusted Respiratory Disease Deaths

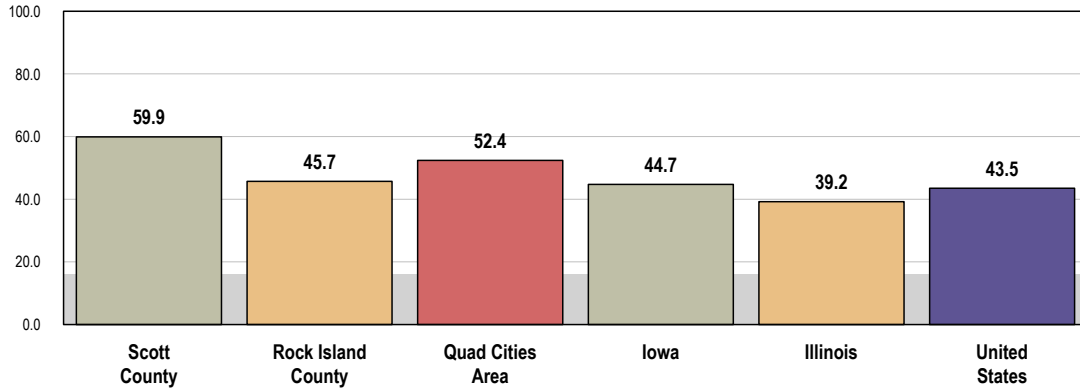
Chronic Respiratory Disease Deaths

Between 2001 and 2003, the annual average age-adjusted chronic lower respiratory disease death rate in the Quad Cities Area was 52.4 per 100,000 population.

- ❑ Less favorable than the Iowa rate for the same period (44.7).
- ❑ Less favorable than the Illinois rate as well (39.2).
- ❑ Less favorable than the U.S. rate (43.5).
- ❑ Particularly high (59.9) in Scott County.

Age-Adjusted Mortality: CLRD

(2001-2003 Deaths per 100,000 Population)

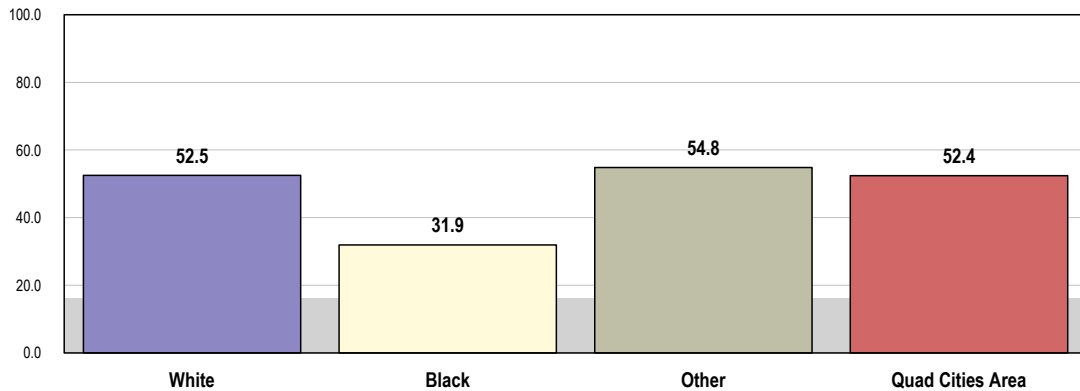


- Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.
 - Illinois Department of Public Health.
 - National Center for Health Statistics. National Vital Statistics System, Mortality.
- Note:
- 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, age-adjusted to the 2000 U.S. Standard Population.
 - County, state and national data are simple three-year averages, the area three-year averages are weighted by population.

Age-adjusted CLRD rates in the Quad Cities Area are highest among Whites and other non-Black individuals.

Age-Adjusted Mortality: CLRD

(Quad Cities Area by Race; 2001-2003 Deaths per 100,000 Population)

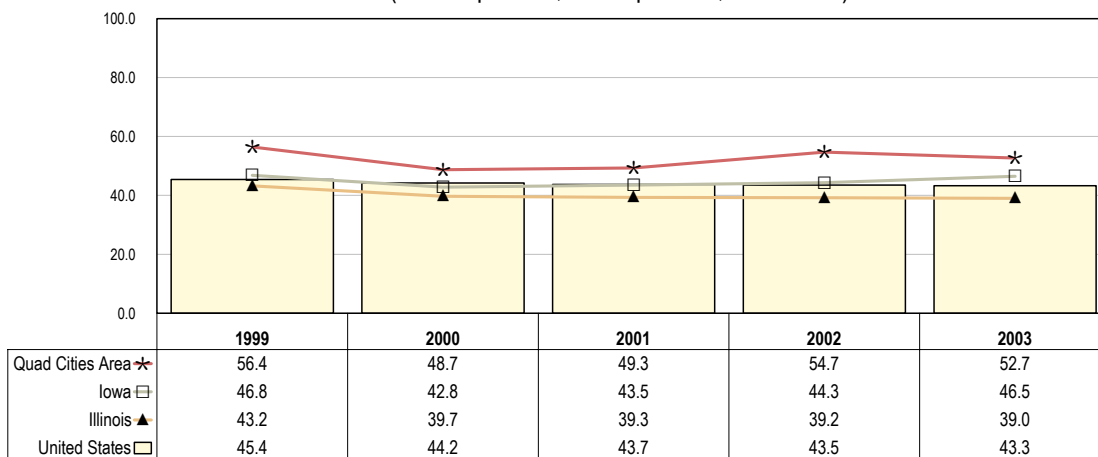


- Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.
 - Illinois Department of Public Health.
 - National Center for Health Statistics. National Vital Statistics System, Mortality.
- Note:
- 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, age-adjusted to the 2000 U.S. Standard Population.

- Between 1999 and 2003, the Quad Cities Area age-adjusted CLRD death rate fluctuated. Rates were fairly stable across Iowa but decreased throughout Illinois and the nation overall during this time period.

Age-Adjusted Mortality: CLRD

(Deaths per 100,000 Population, 1999-2003)



Source: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2006.
 • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.
 Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

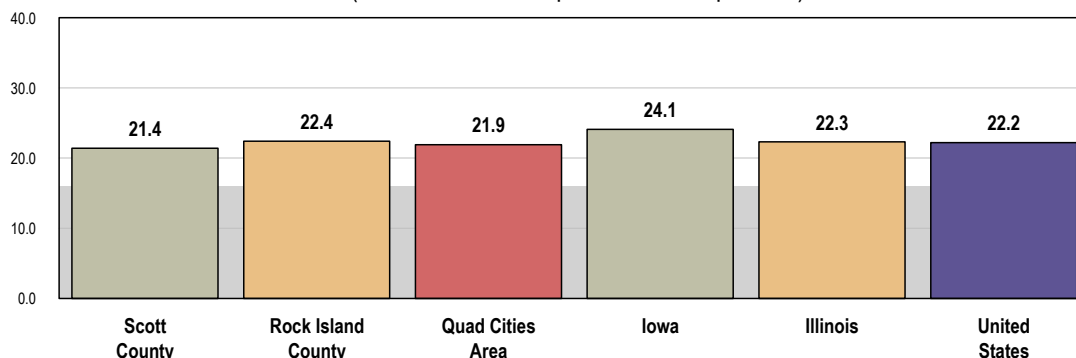
Pneumonia/Influenza Deaths

Between 2001 and 2003, the annual average age-adjusted pneumonia/influenza death rate in the Quad Cities Area was 21.9 per 100,000 population.

- Lower than the Iowa rate for the same period (24.1).
- Similar to the Illinois rate (22.3).
- Similar to the U.S. rate (22.2).

Age-Adjusted Mortality: Pneumonia/Influenza

(2001-2003 Deaths per 100,000 Population)

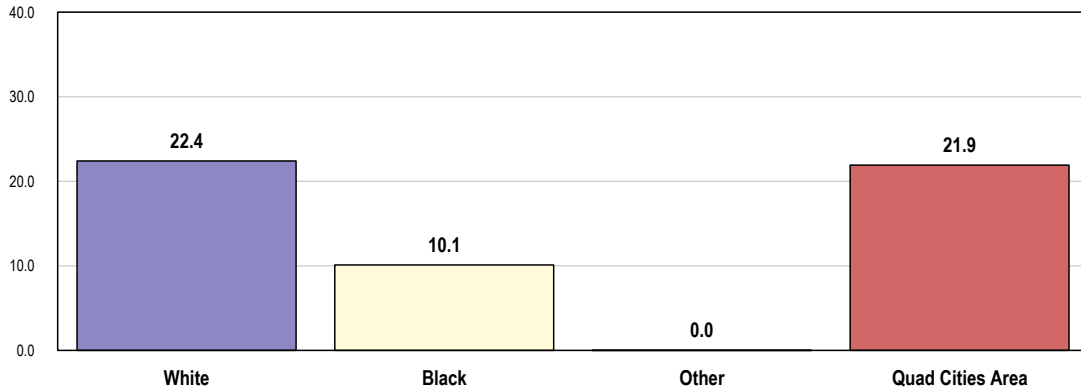


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.
 • Illinois Department of Public Health.
 • National Center for Health Statistics. National Vital Statistics System, Mortality.
 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, age-adjusted to the 2000 U.S. Standard Population.
 • County, state and national data are simple three-year averages, the area three-year averages are weighted by population.

Pneumonia/influenza mortality rates are highest among Whites in the Quad Cities Area.

Age-Adjusted Mortality: Pneumonia/Influenza

(Quad Cities Area by Race; 2001-2003 Deaths per 100,000 Population)



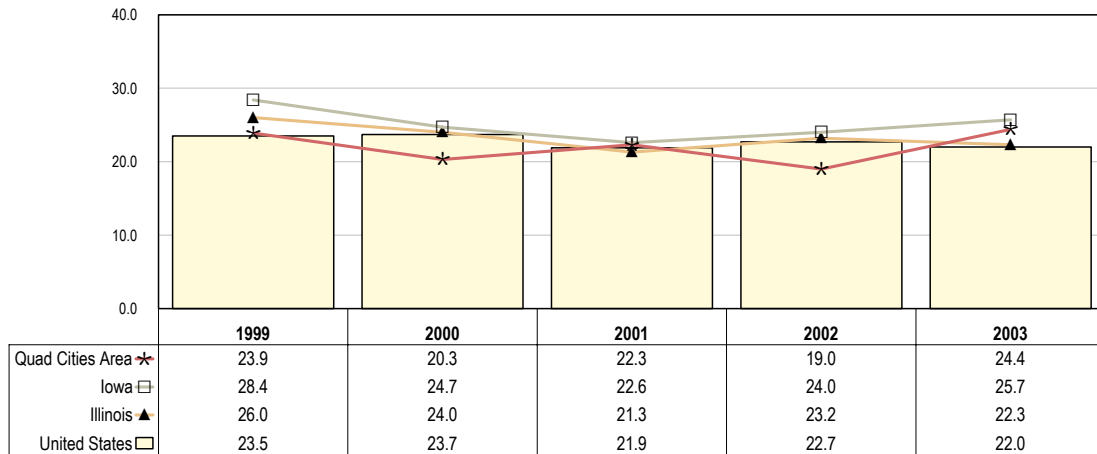
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.
 • Illinois Department of Public Health.

Notes: • National Center for Health Statistics. National Vital Statistics System, Mortality.
 • 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, age-adjusted to the 2000 U.S. Standard Population.

Between 1999 and 2003, age-adjusted pneumonia/influenza mortality rates fluctuated.

Age-Adjusted Mortality: Pneumonia/Influenza

(Deaths per 100,000 Population, 1999-2003)



Source: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2006.
 • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.

Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

(For prevalence of vaccinations for pneumonia and influenza, see also “Infectious Disease.”)

Self-Reported Respiratory Conditions

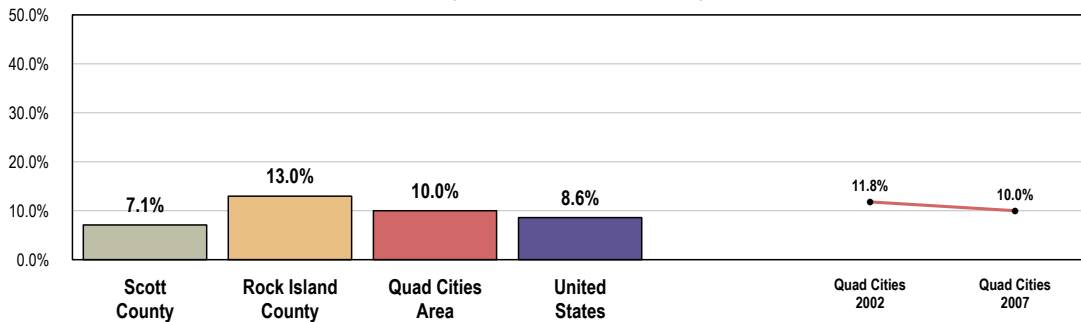
Chronic Lung Disease

10.0% of Quad Cities Area adults report suffering from chronic lung disease.

- ☑ Statistically similar to national findings (8.6%).
- ☑ Higher (13.0%) in Rock Island County.
- ☒ Unchanged from the 11.8% reported during 2002 in the community.

Self-Reported Prevalence of Chronic Lung Disease

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 37]
• 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 50]
• 2005 PRC National Health Survey, Professional Research Consultants, Inc. © PRC 2005. [Item 37]
Note: • Asked of all respondents.

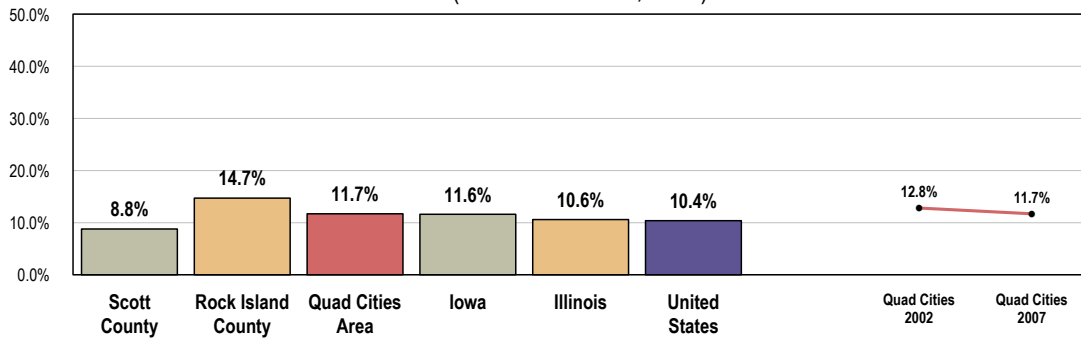
Asthma

11.7% of Quad Cities Area adults reportedly suffer from asthma.

- ☑ Comparable to the national figure (10.4%).
- ☑ Comparable to the Iowa (11.6%) and Illinois (10.6%) percentages.
- ☑ Higher (14.7%) in Rock Island County.
- ☒ Statistically unchanged from the 2002 prevalence (12.8%).

Self-Reported Prevalence of Asthma

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 38]
 • 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 53]
 • 2005 PRC National Health Survey, Professional Research Consultants, Inc. © PRC 2005. [Item 52]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Iowa and Illinois data.

Note: • Asked of all respondents.

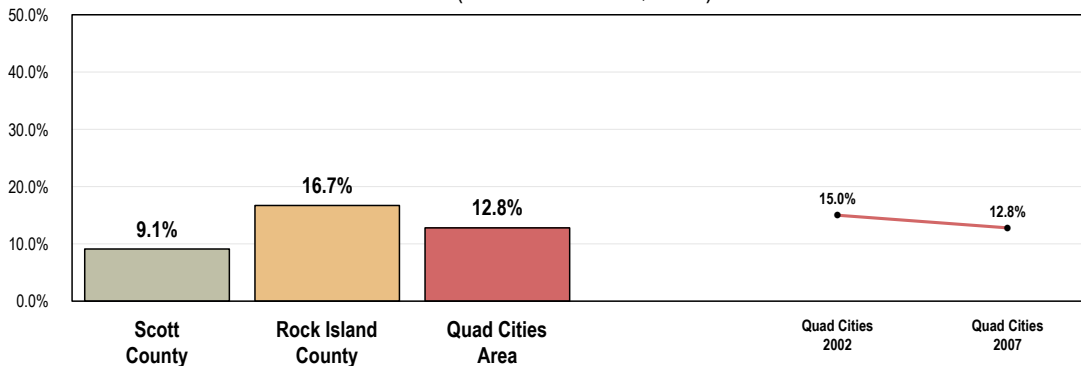
Environmental Health Problems

12.8% of Quad Cities Area adults report suffering from breathing problems related to environmental dust, smoke, smog, or other pollution.

- ☑ Represents more than 30,000 community members in the Quad Cities Area.
- ☑ Higher (16.7%) in Rock Island County.
- ☒ Statistically unchanged from the 15.0% reported locally in 2002.

Have Breathing Problems Related to Environmental Dust, Smoke, Smog, or Other Pollution

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 36]
 • 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 49]

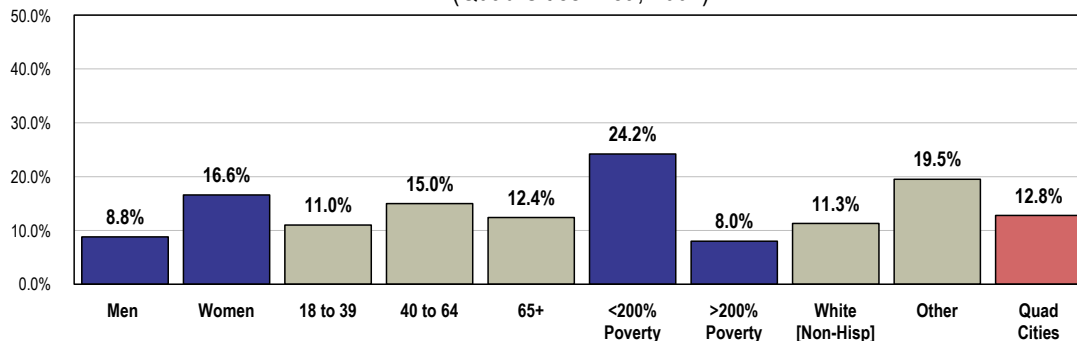
Note: • Asked of all respondents.

Quad Cities Area residents more likely to experience what they believe to be pollution-related breathing problems include the following segments:

- ☑ Women.
- ☑ Adults in the lower income category.
- ☑ Non-Whites.

Have Breathing Problems Related to Environmental Dust, Smoke, Smog, or Other Pollution

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 36]
 Note: • Reflects the total sample of respondents.

Diabetes

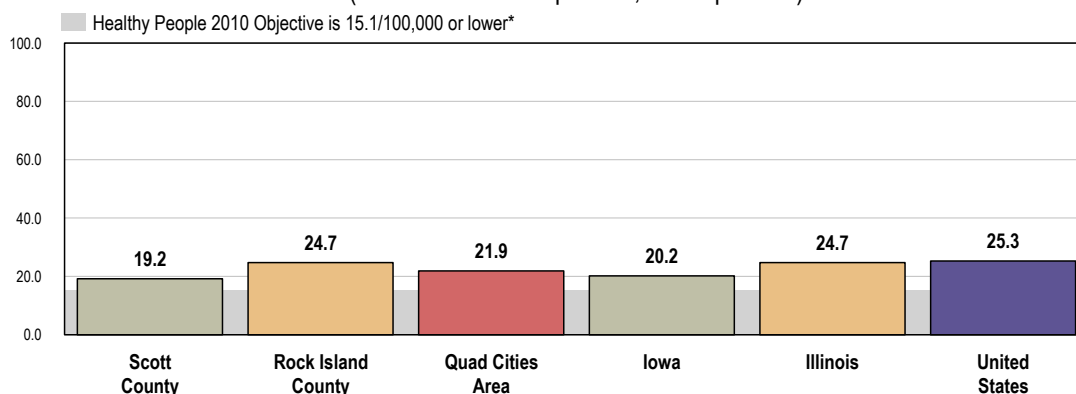
Diabetes Deaths

Between 2001 and 2003, the annual average age-adjusted diabetes death rate in the Quad Cities Area was 21.9 per 100,000 population.

- ☐ Slightly higher than the Iowa rate for the same period (20.2).
- ☐ Lower than the 24.7 rate recorded across Illinois.
- ☐ Lower than the U.S. rate (25.3).
- ☐ Fails to satisfy the Healthy People 2010 objective of 15.1 or lower.
- ☐ Higher (24.7) in Rock Island County.

Age-Adjusted Mortality: Diabetes

(2001-2003 Deaths per 100,000 Population)

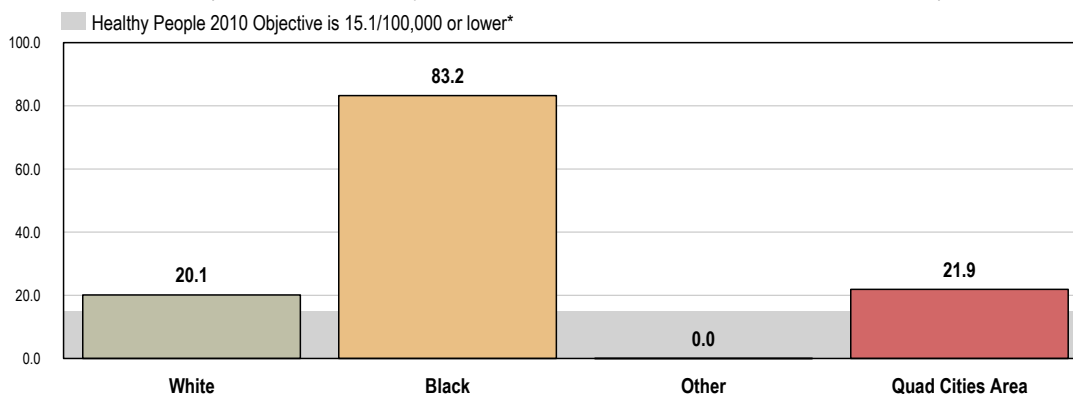


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.
 - Illinois Department of Public Health.
 - National Center for Health Statistics. National Vital Statistics System, Mortality.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 5-5]
- 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, age-adjusted to the 2000 U.S. Standard Population.
 - County, state and national data are simple three-year averages, the area three-year averages are weighted by population.
 - *The Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths [Objective 5-5].

Viewed by race, age-adjusted diabetes mortality is notably high among Blacks in the Quad Cities Area (rate of 83.2/100,000 between 2001-2003).

Age-Adjusted Mortality: Diabetes

(Quad Cities Area by Race; 2001-2003 Deaths per 100,000 Population)

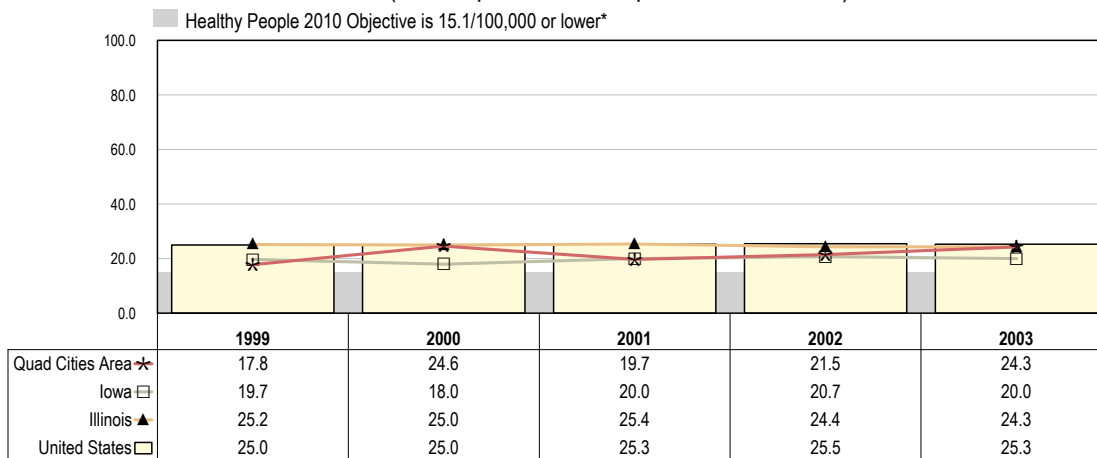


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.
 - Illinois Department of Public Health.
 - National Center for Health Statistics. National Vital Statistics System, Mortality.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 5-5]
- 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, age-adjusted to the 2000 U.S. Standard Population.
 - *The Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths [Objective 5-5].

Between 2001 and 2003, the Quad Cities Area age-adjusted diabetes death trended upward, while state and national rates were stable.

Age-Adjusted Mortality: Diabetes

(Deaths per 100,000 Population, 1999-2003)



- Sources:
- Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2006.
 - CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 5-5]
- Notes:
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 - *The Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths [Objective 5-5].

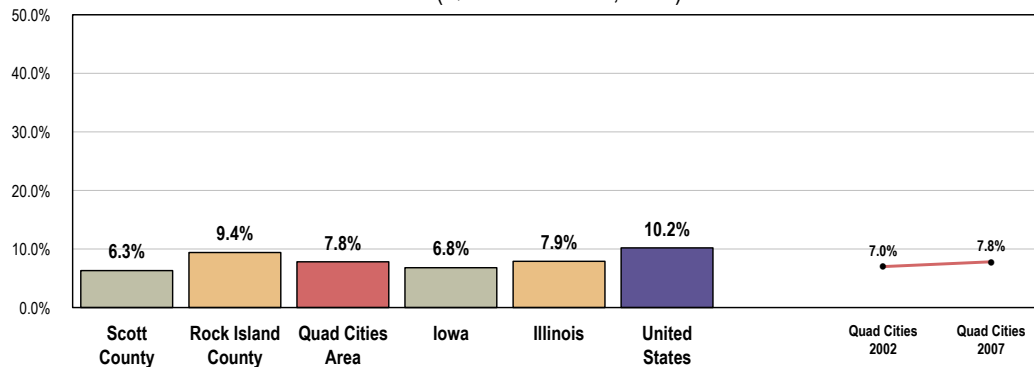
Self-Reported Diabetes

7.8% of Quad Cities Area adults report having been diagnosed with diabetes.

- ☐ Similar to the 6.8% across Iowa and the 7.9% across Illinois.
- ☐ Similar to the 10.2% reported nationwide in 2005.
- ☐ Does not vary significantly between counties.
- ☐ Represents approximately 18,000 adults.
- ☒ **Statistically unchanged from the 7.0% reported locally in 2002.**

Self-Reported Prevalence of Diabetes

(Quad Cities Area, 2007)

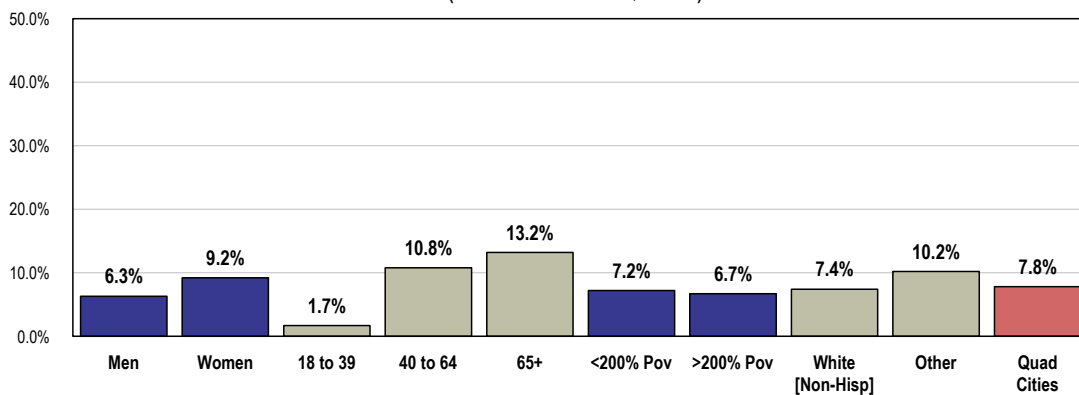


- Source:
- 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 41]
 - 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 63]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Iowa and Illinois data.
 - 2005 PRC National Health Survey, Professional Research Consultants, Inc. © PRC 2005. [Item 54]
- Note:
- Asked of all respondents. Excludes gestational diabetes.

Diabetes is more prevalent among Quad Cities Area adults aged 40 and older.

Self-Reported Prevalence of Diabetes

(Quad Cities Area, 2007)



- Source:
- 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 41]
- Note:
- Asked of all respondents.

Disability

Self-Reported Activity Limitations

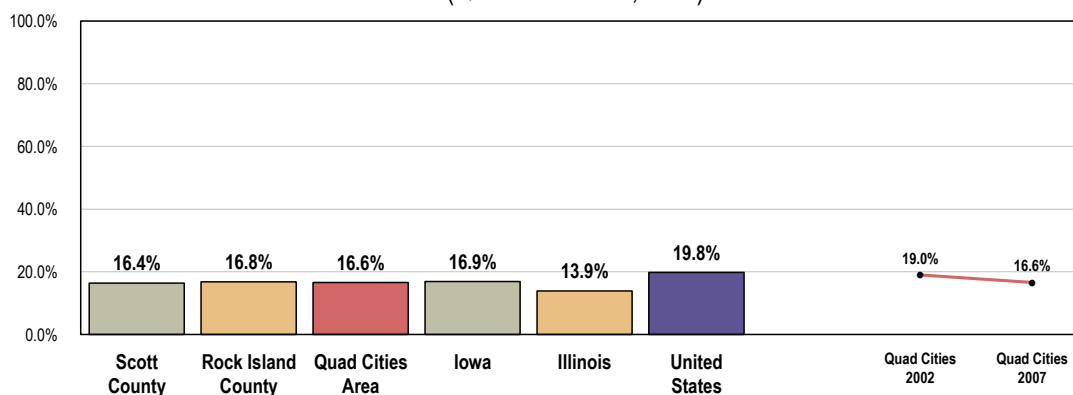
A total of 16.6% of Quad Cities Area adults experience some type of activity limitation due to a health problem.

- ☑ Nearly identical to the 16.9% reported throughout Iowa.
- ☑ Statistically comparable to the 13.9% found throughout Illinois.
- ☑ Similar to the national prevalence of activity limitations (19.8%).
- ☑ Nearly identical between Scott and Rock Island Counties.
- ☒ **Statistically unchanged from the 19.0% reported across the Quad Cities Area in 2002.**

Population segments more likely to experience activity limitations in the Quad Cities Area include

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

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 65]
• 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 107]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Iowa & Illinois data.
• 2005 PRC National Health Survey, Professional Research Consultants, Inc. © PRC 2005. [Item 149]

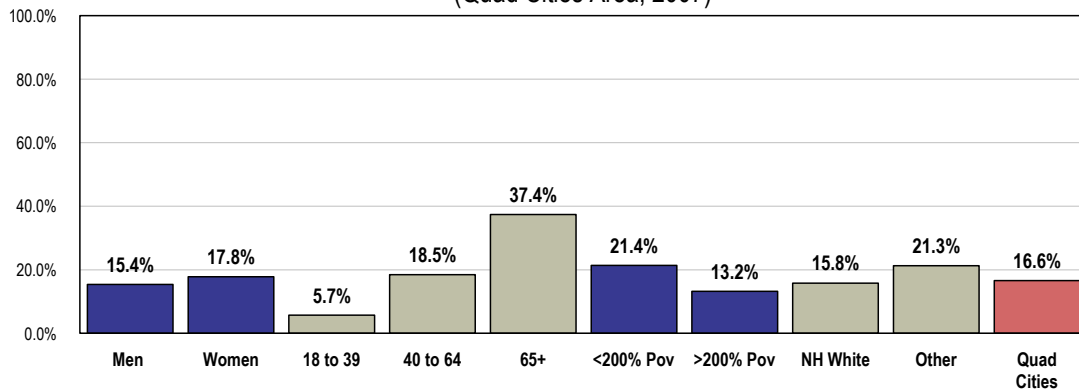
Note: • Asked of all respondents.

the following:

- ☑ Adults aged 65 and older.
- ☑ Residents living below the 200% poverty threshold.

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

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 65]
Note: • Asked of all respondents.

Older Dependents

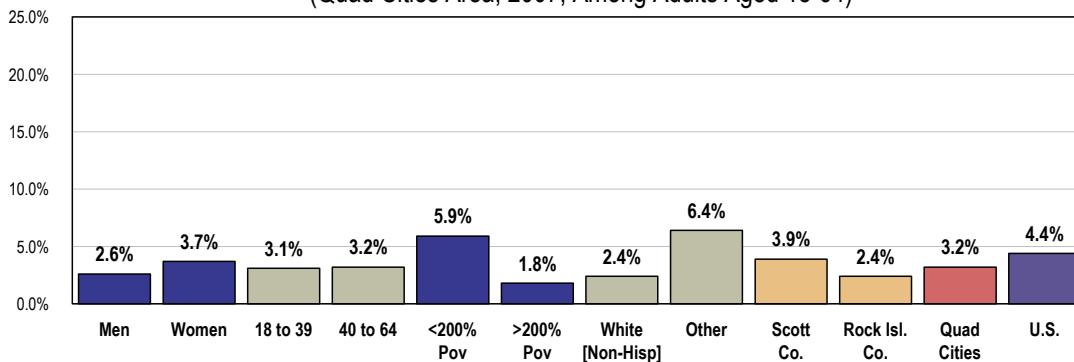
Just 3.2% of Quad Cities Area respondents have older dependents (such as parents, aunts, or uncles) living in the household because they cannot live alone.

- ☑ Similar to the 4.4% prevalence reported across the country.
- ☑ Does not vary significantly when viewed by county.

Non-White and lower-income residents are more likely to report having older dependents in the home.

Have Older Dependents (Parents, Aunts, Uncles) Living in the Household Because They Cannot Live Alone

(Quad Cities Area, 2007; Among Adults Aged 18-64)

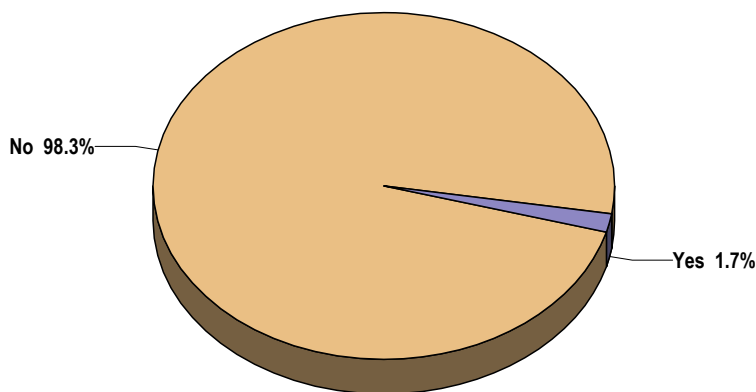


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 127]
• 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 111]
Note: • Asked of respondents aged 18 to 64.

A total of 1.7% of adults aged 50 and older currently live in the home of an adult child or grandchild.

- Statistically similar to the 3.8% reported nationally.

Currently Live in the Home of an Adult Child or Grandchild
(Quad Cities Area, 2007; Among Adults Aged 50+)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 128]
Note: • Asked of respondents aged 50 and older.

Infectious Disease

Vaccine-Preventable Diseases

The following chart provides an illustration of 2003-2005 Quad Cities Area rates for measles, mumps, and rubella.

- Rates are nearly non-existent across the region, states, and country overall, meeting the Healthy People 2010 objective for both measles and rubella.

Reported Rates of Vaccine-Preventable Diseases
(2003-2005; By Region)

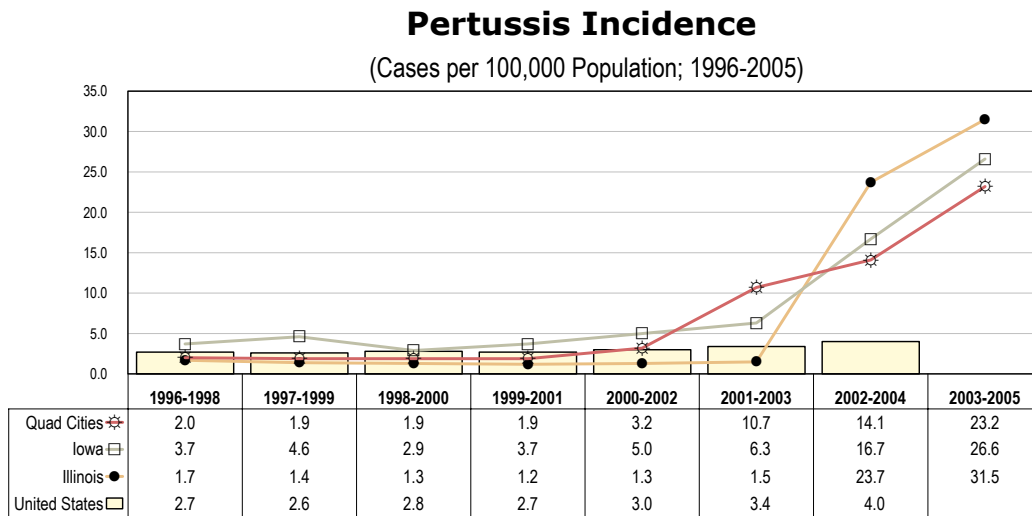
	Quad Cities Area	Iowa	Illinois	United States	HP2010 Objective
Measles	0.0	0.0	0.0	0.0	0.0
Mumps	0.1	0.1	0.1	0.1	0.0
Rubella	0.0	0.0	0.0	0.0	0.0

Source: • Centers for Disease Control and Prevention, Division of Public Health Surveillance and Informatics. Epidemiology Program Office.
• Illinois Department of Public Health.
• Iowa Department of Public Health.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Note: • Rates are per 100,000 population.

Pertussis Incidence

- Note the increase in pertussis (a.k.a. “whooping cough”) incidence across the Quad Cities Area (as well as across Iowa and Illinois) between 2002 and 2005.



Sources: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2006.
 • Illinois Department of Public Health.
 • Iowa Department of Public Health.

Notes: • Rates are per 100,000 population.

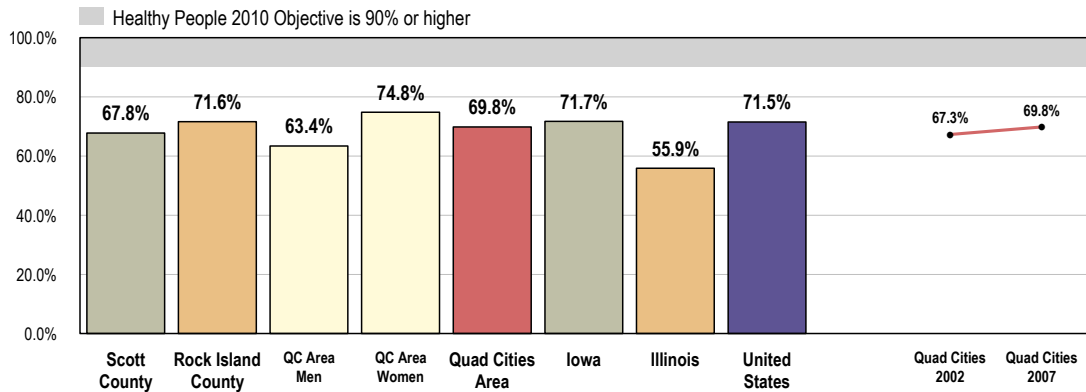
Influenza Vaccination

Older Adults

69.8% of Quad Cities Area adults aged 65 and older received a flu shot within the past year.

- Similar to Iowa findings (71.7%) but higher than the Illinois figure (55.9%).
- Statistically similar to national findings (71.5%).
- Fails to satisfy the Healthy People 2010 target (90% or higher).
- Does not vary significantly by county.
- Includes 63.4% of women aged 65+ and 74.8% of men 65+.
- Comparable to the 67.3% reported across the Quad Cities Area in 2002.

Have Had a Flu Shot in the Past Year (Among Adults Aged 65+; Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 171]
 • 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 165]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Iowa & Illinois data.
 • 2005 PRC National Health Survey, Professional Research Consultants, Inc. © PRC 2005 [Item 213]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-29c]

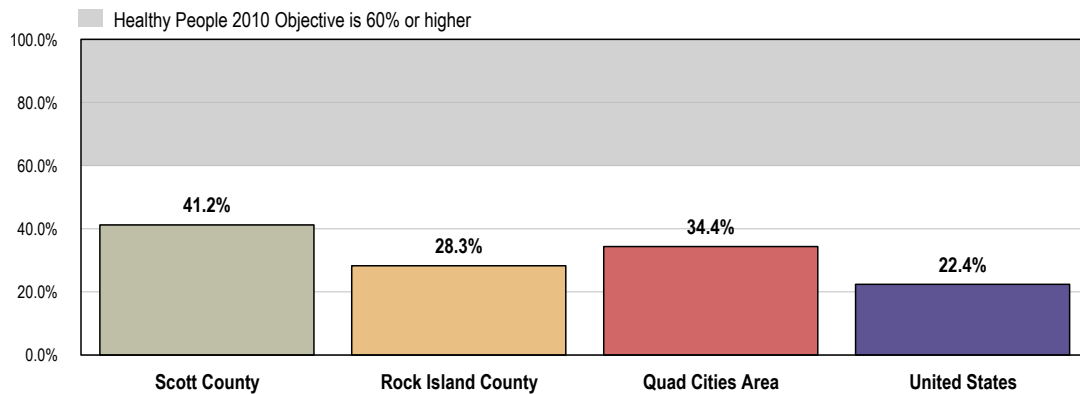
Note: • Asked of all respondents aged 65 and older.

High-Risk Adults

Among Quad Cities Area adults under 65 who have been diagnosed with heart disease, diabetes, or respiratory disease, 34.4% had a flu vaccination in the past year.

- ☑ More favorable than the U.S. percentage of 22.4%.
- ☑ Statistically similar between the counties.
- ☑ *It is important to keep in mind the relatively small sample sizes which these percentages represent when making comparisons.*

Have Had a Flu Shot in the Past Year (Among High-Risk Adults Aged 18 to 64; Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 171]
 • 2005 PRC National Health Survey, Professional Research Consultants, Inc. © PRC 2005 [Item 214]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-29c]

Note: • "High-Risk" includes adults aged 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

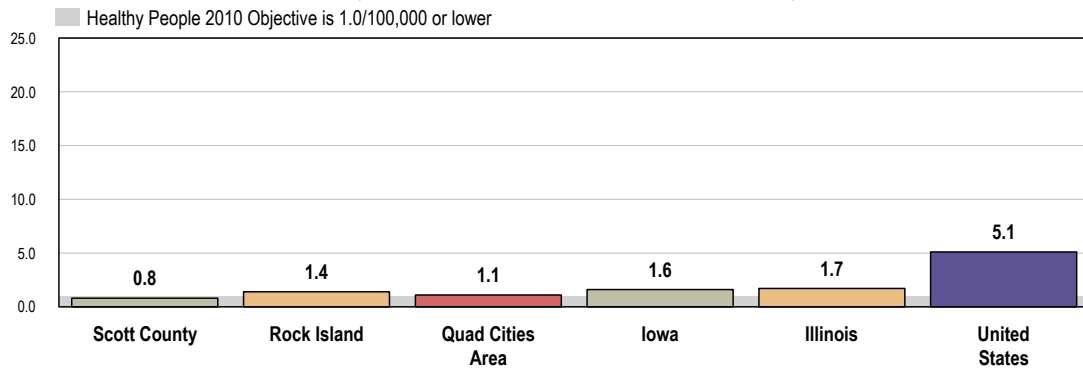
Tuberculosis Incidence

Between 2003 and 2005, the Quad Cities Area tuberculosis incidence was an annual average of 1.1 new cases per 100,000 population.

- ☑ Lower than the rates reported across Iowa (1.6) and Illinois (1.7).
- ☑ Significantly lower than the 5.1 per 100,000 rate reported across the country.
- ☑ Close to the Healthy People 2010 objective of 1.0 per 100,000 or lower.
- ☑ Tuberculosis incidence rates range from 0.8 in Scott County to 1.4 in Rock Island County.

Tuberculosis Incidence

(2003-2005 Cases per 100,000 Population)

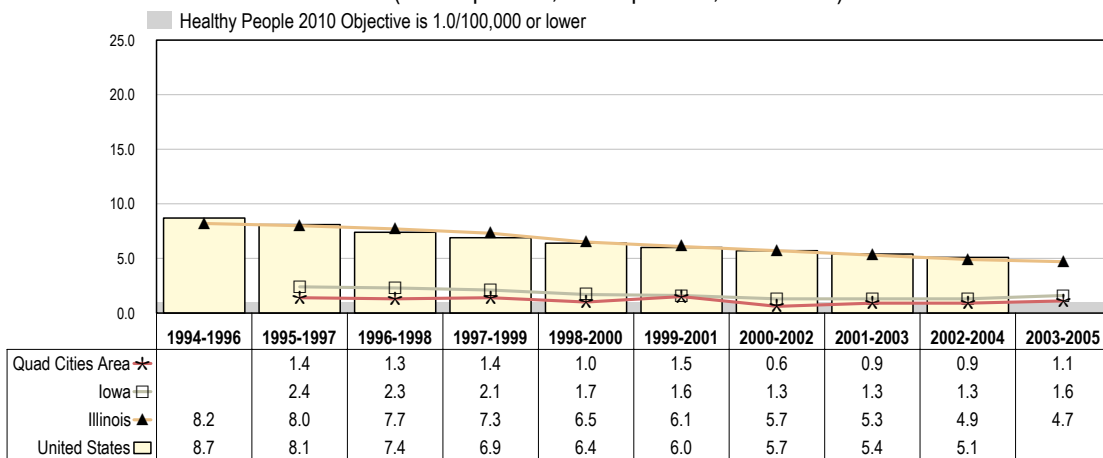


- Sources:
- National Center for Health Statistics. Health, United States, 2004.
 - Illinois Department of Public Health.
 - Iowa Department of Public Health.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-11]
- Notes:
- Rates are per 100,000 population.

- ☒ Over the past decade, the Quad Cities Area tuberculosis incidence rate has declined, echoing the trend apparent across Iowa, Illinois, and the nation as a whole.

Tuberculosis Incidence

(Cases per 100,000 Population, 1996-2005)



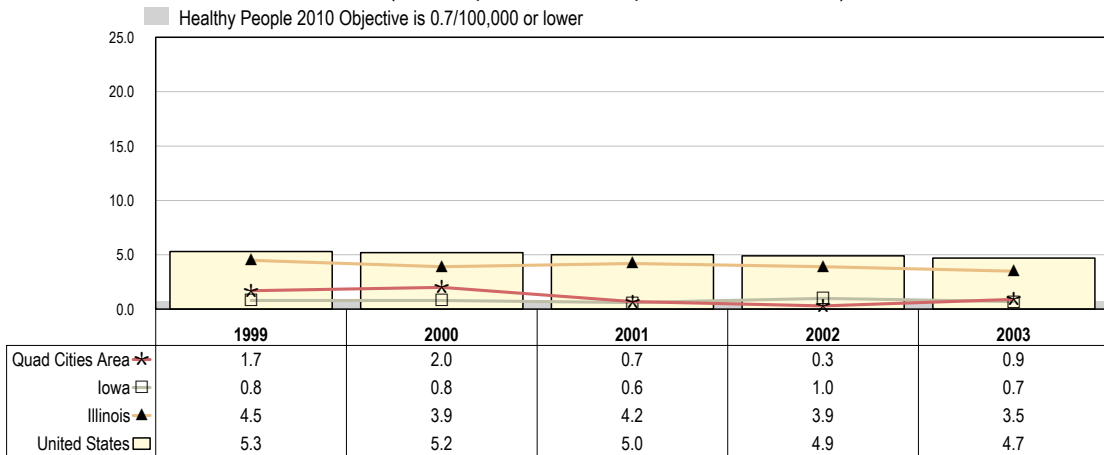
- Sources:
- National Center for Health Statistics. Health, United States, 2004.
 - Illinois Department of Public Health.
 - Iowa Department of Public Health.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-11]
- Notes:
- Rates are per 100,000 population.

HIV Mortality

- Between 1999 and 2003, the Quad Cities Area age-adjusted HIV death rate has decreased overall, mirroring the trend illustrated across Illinois and the U.S. overall. Across Iowa, HIV mortality was largely unchanged during this time.

Age-Adjusted Mortality: HIV

(Deaths per 100,000 Population, 1999-2003)



- Sources:
- Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2006.
 - CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 13-14]
- Notes:
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

STD Incidence

Primary/Secondary Syphilis

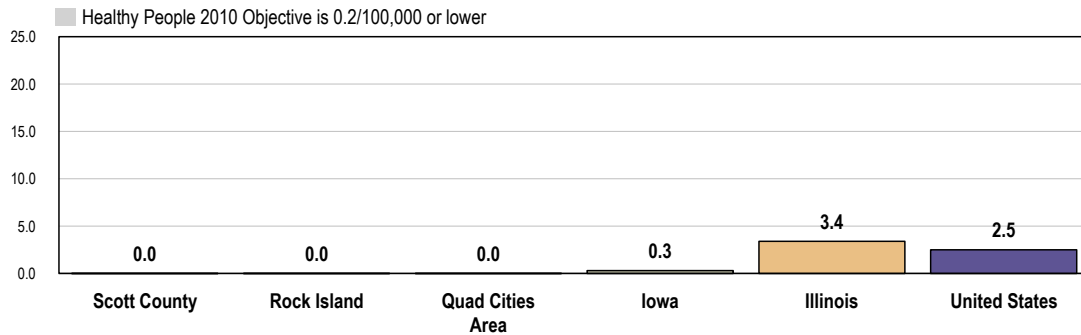
Between 2003 and 2005, the Quad Cities Area did not experience any incidence of primary/secondary syphilis.

- Across Illinois, the rate was 3.4, significantly higher than the 0.3 across Iowa.

- The national incidence rate was 2.5 per 100,000 population.

Primary/Secondary Syphilis Incidence

(2003-2005 Cases per 100,000 Population)



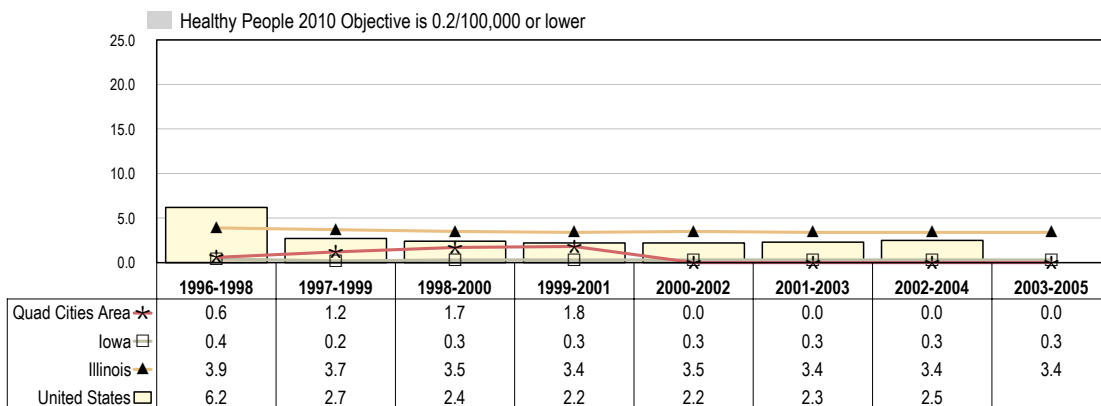
Source: • Centers for Disease Control and Prevention, Division of STD Prevention. Sexually Transmitted Disease Surveillance, 2003.
 • Illinois Department of Public Health.
 • Iowa Department of Public Health.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 25-3].

Note: • Rates are per 100,000 population.
 • National rates are 2002-2004 as 2005 data is not yet available.

- Between 2000 and 2005, the Quad Cities Area did not report any cases of primary or secondary syphilis.

Primary/Secondary Syphilis Incidence

(Cases per 100,000 Population, 1996-2005)



Source: • Centers for Disease Control and Prevention, Division of STD Prevention. Sexually Transmitted Disease Surveillance, 2003.
 • Illinois Department of Public Health.
 • Iowa Department of Public Health.
 • Healthy People 2010, 2nd Edition. U.S. Dept of Health and Human Svcs. Washington, DC: U.S. Govt Printing Office, Nov. 2000. [Objective 25-3].

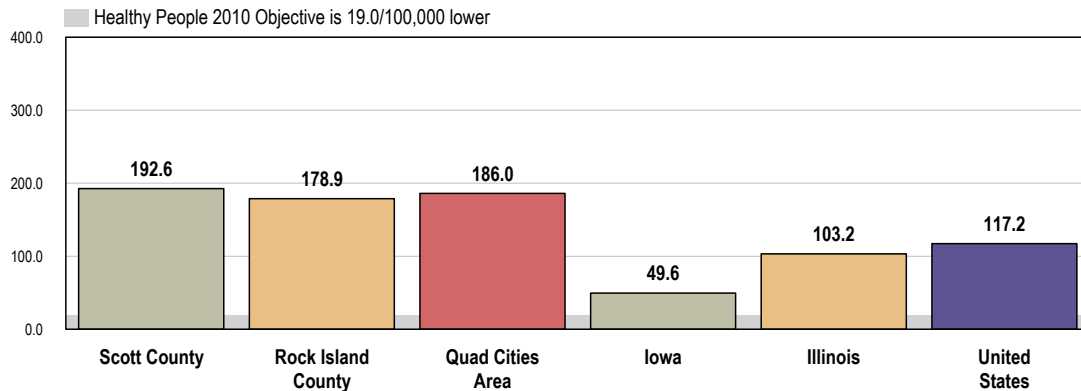
Note: • Rates are per 100,000 population.

Gonorrhea

Between 2003 and 2005, the annual average gonorrhea incidence rate in the Quad Cities Area was 186.0 new cases per 100,000 population.

- ☑ Significantly higher than the Iowa rate (49.6) and the Illinois rate (103.2).
- ☑ Higher than the U.S. rate (117.2).
- ☑ Ranges from a rate of 178.9 in Rock Island County to 192.6 in Scott County.

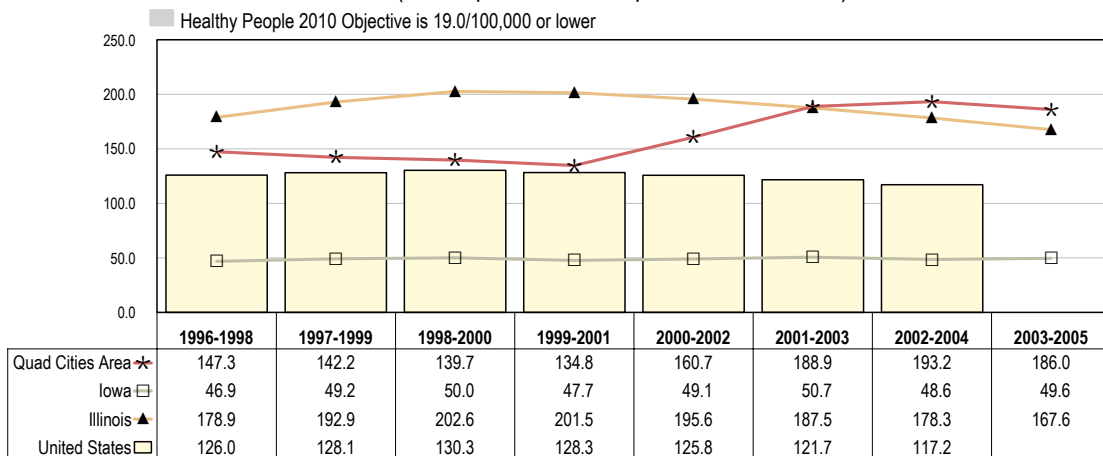
Gonorrhea Incidence (2003-2005 Cases per 100,000 Population)



- Sources:
- Centers for Disease Control and Prevention, Division of STD Prevention. Sexually Transmitted Disease Surveillance, 2003.
 - Illinois Department of Public Health.
 - Iowa Department of Public Health.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 25-2].
- Notes:
- Rates are per 100,000 population.
 - National rates are 2002-2004 as 2005 data is not yet available.

- ☒ Over the past decade, the Quad Cities Area gonorrhea incidence rate has increased. In contrast, Iowa rates were stable and Illinois/U.S. rates decreased.

Gonorrhea Incidence (Cases per 100,000 Population, 1996-2005)



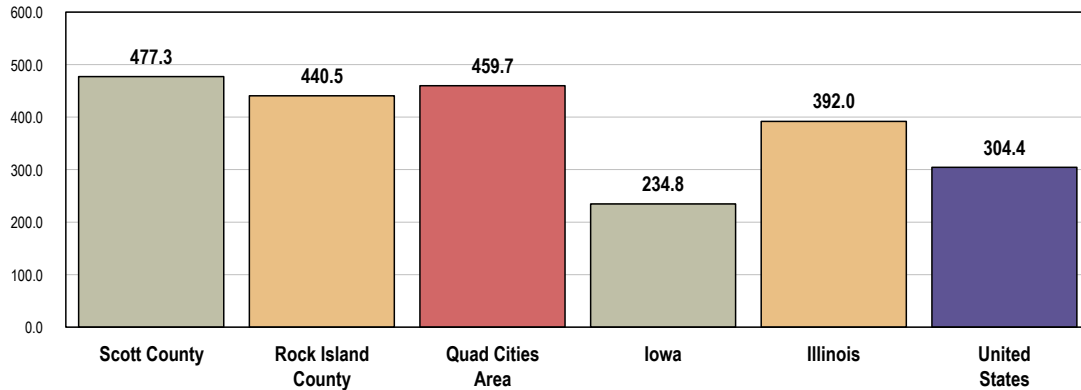
- Source:
- Centers for Disease Control and Prevention, Division of STD Prevention. Sexually Transmitted Disease Surveillance, 2003.
 - Illinois Department of Public Health.
 - Iowa Department of Public Health.
 - Healthy People 2010, 2nd Edition. U.S. Dept of Health and Human Svcs. Washington, DC: U.S. Govt Printing Office, Nov. 2000. [Objective 25-2].
- Note:
- Rates are per 100,000 population.

Chlamydia

Between 2003 and 2005, the chlamydia incidence rate in the Quad Cities Area was 459.7 per 100,000 population.

- ☑ Nearly twice the Iowa rate (234.8) and higher than the Illinois rate (392.0).
- ☑ Higher than the U.S. rate (304.4).
- ☑ Varies from 440.5 in Rock Island County to 477.3 in Scott County.

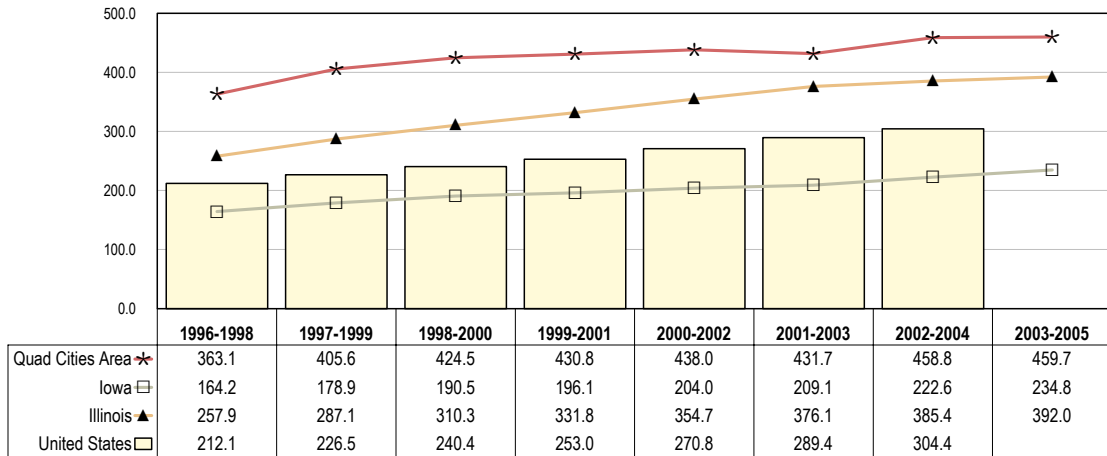
Chlamydia Incidence
(2003-2005 Cases per 100,000 Population)



- Sources:
- Centers for Disease Control and Prevention, Division of STD Prevention. Sexually Transmitted Disease Surveillance, 2003.
 - Illinois Department of Public Health.
 - Iowa Department of Public Health.
- Notes:
- Rates are per 100,000 population.
 - National rates are 2002-2004 as 2005 data is not yet available.

☒ Over the past decade, the Quad Cities Area chlamydia incidence rate has increased steadily, mirroring the trend happening across Iowa, Illinois, and the nation as a whole.

Chlamydia Incidence
(Cases per 100,000 Population, 1996-2005)



- Sources:
- Centers for Disease Control and Prevention, Division of STD Prevention. Sexually Transmitted Disease Surveillance, 2003.
 - Illinois Department of Public Health.
 - Iowa Department of Public Health.
- Notes:
- Rates are per 100,000 population.

Births

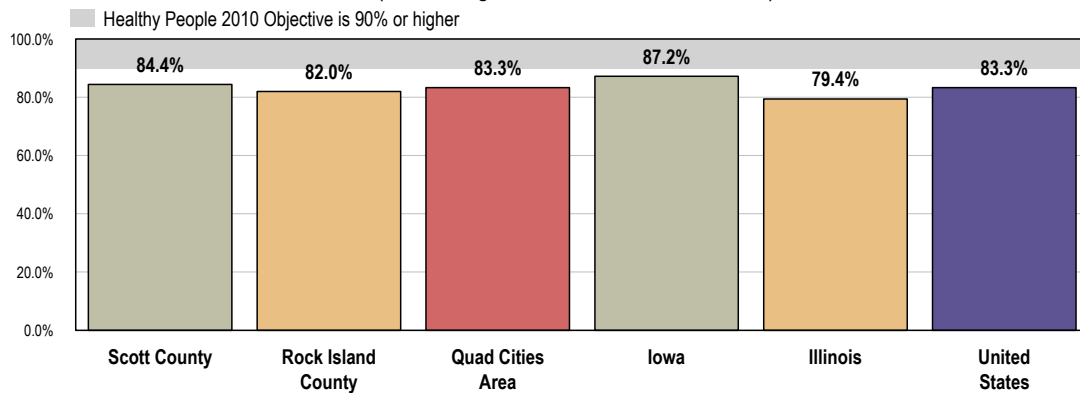
Prenatal Care

Between 1999 and 2001, a total of 83.3% of Quad Cities Area mothers received at least adequate prenatal care. (In this case the term “adequate prenatal care” refers to the Kessner Index; see chart footnotes.)

- ☐ Compares to 87.2% across Iowa and 79.4% across Illinois.
- ☐ Identical to the U.S. prevalence during this time period.
- ☐ Does not vary significantly by county.

Mothers Receiving at Least Adequate Prenatal Care

(Percentage of Live Births; 1999-2001)



- Sources:
- Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2006.
 - Illinois Department of Public Health.
 - Iowa Department of Public Health, Vital Statistics.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-6b].

- Notes:
- Numbers are a percentage of all live births within each population.
 - Adequate prenatal care is measured by the Kessner Index, which defines prenatal care as adequate if the first prenatal visit occurred in the first trimester of pregnancy and if the total number of visits was appropriate to the gestational age of the baby at birth.

Low-Weight Births

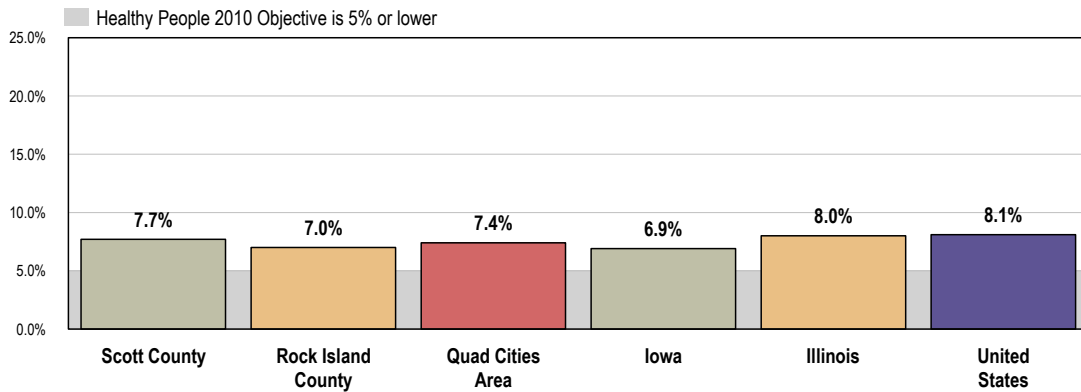
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

An annual average of 7.4% of Quad Cities Area births between 2003 and 2005 were of low birthweight.

- ☐ Lower than the proportion nationwide (8.1%).
- ☐ Compares to 6.9% across Iowa and 8.0% throughout Illinois.
- ☐ Fails to satisfy the Healthy People 2010 target (5% or lower).

Low-Weight Births

(Percentage of Live Births; 2003-2005)



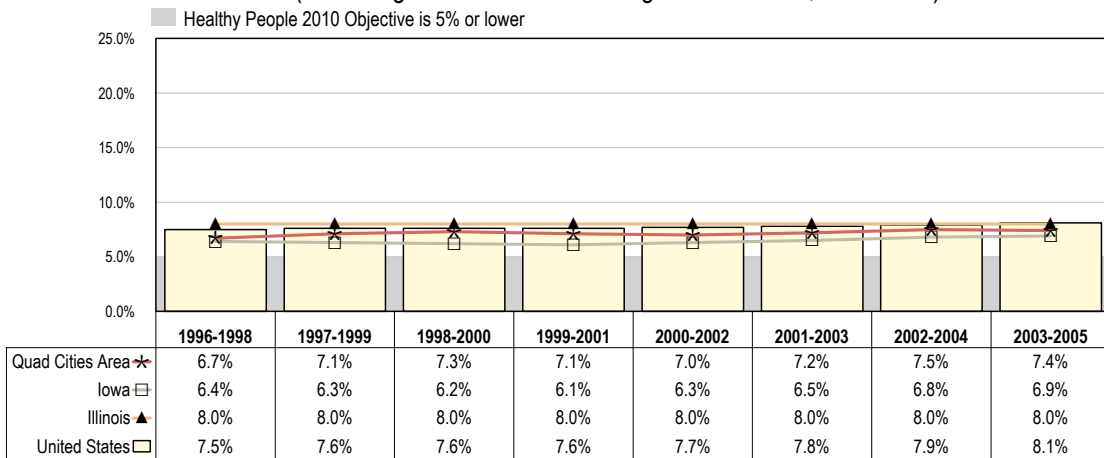
Sources: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2006.
 • Illinois Department of Public Health.
 • Iowa Department of Public Health, Vital Statistics.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-10a].

Notes: • Numbers are a percentage of all live births within each population.

Over the past several years, the proportion of the Quad Cities Area low-weight births has increased slightly, as it has nationwide.

Low-Weight Birth Trends

(Low-Weight Births as a Percentage of Live Births, 1996-2005)



Sources: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2006.
 • Illinois Department of Public Health.
 • Iowa Department of Public Health, Vital Statistics.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-10a].

Notes: • Numbers are a percentage of all live births within each population.

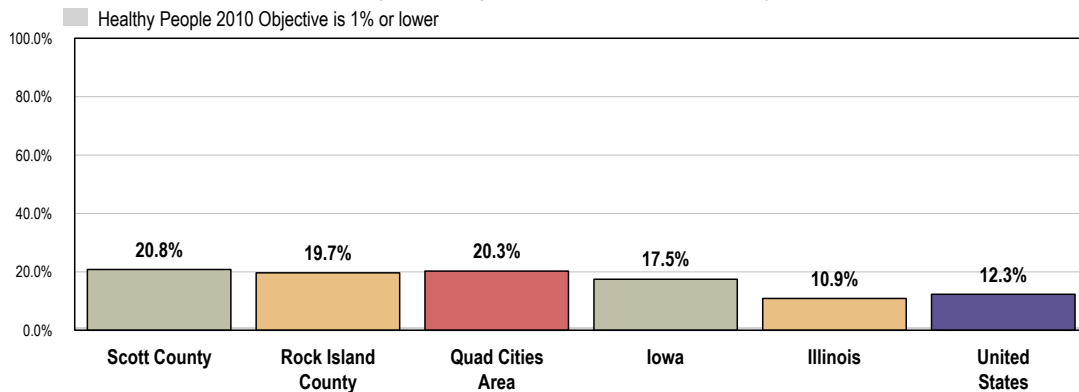
High-Risk Maternal Behaviors

Tobacco Use

Between 1999 and 2001, 20.3% of live births in the Quad Cities Area were to mothers who smoked during pregnancy.

- ☑ Higher than the 17.5% recorded throughout Iowa and nearly twice the 10.9% throughout Illinois.
- ☑ Higher than the U.S. rate (12.3%).
- ☑ Far from reaching the Healthy People 2010 objective of 1% or lower.
- ☑ Similar between the counties.

Percentage of Births to Mothers Who Smoked During Pregnancy
(Percentage of Live Births; 1999-2001)



Sources: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2006.
• Illinois Department of Public Health.
• Iowa Department of Public Health, Vital Statistics.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-17c].

Notes: • Numbers are a percentage of all live births within each population.

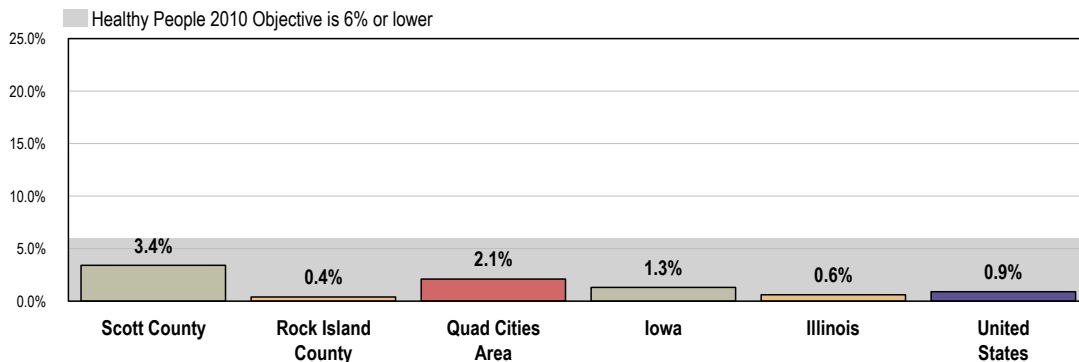
Alcohol Use

Between 1999 and 2001, 2.1% of live births in the Quad Cities Area were to mothers who drank during pregnancy.

- ☑ Higher than the 1.3% recorded throughout Iowa and more than three times the 0.6% across Illinois.
- ☑ Higher than the U.S. rate (0.9%).
- ☑ Satisfies the Healthy People 2010 objective of 6% or lower.
- ☑ Higher (3.4%) in Scott County.

Percentage of Births to Mothers Who Drank During Pregnancy

(Births as a Percentage of Live Births; 1999-2001)



- Sources:
- Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2006.
 - Illinois Department of Public Health.
 - Iowa Department of Public Health, Vital Statistics.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-17a].
- Notes:
- Numbers are a percentage of all live births within each population.
 - Maternal alcohol use is substantially underreported on birth certificates compared with information collected in nationally representative surveys of pregnant women (National Center for Health Statistics).

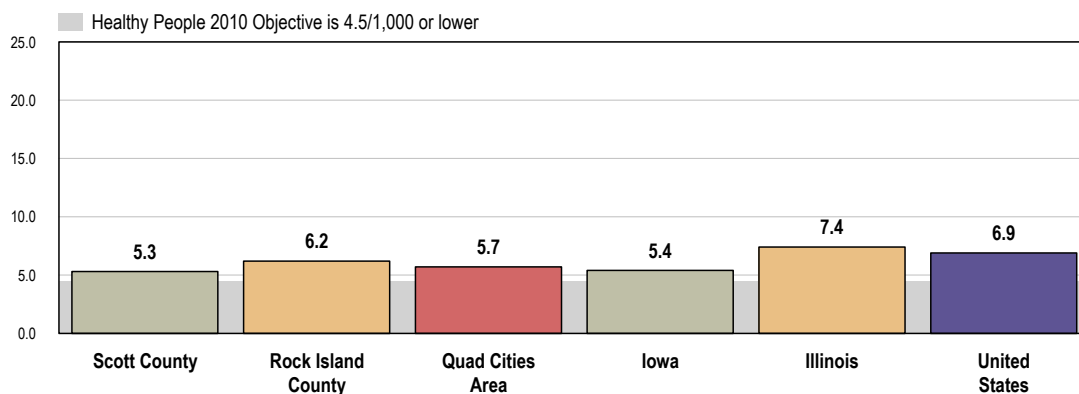
Infant Mortality

Between 2002 and 2004, the Quad Cities Area experienced an annual average infant death rate of 5.7 per 1,000 live births.

- ☐ Compares to 5.4 across Iowa and 7.4 per 1,000 live births in Illinois.
- ☐ Lower than the U.S. rate (6.9).
- ☐ Fails to satisfy the Healthy People 2010 objective of 4.5 or lower.
- ☐ Infant mortality ranges from 5.3 in Scott County to 6.2 in Rock Island County.

Infant Mortality Rates

(Average Annual Infant Deaths per 1,000 Live Births; By Region, 2002-2004)

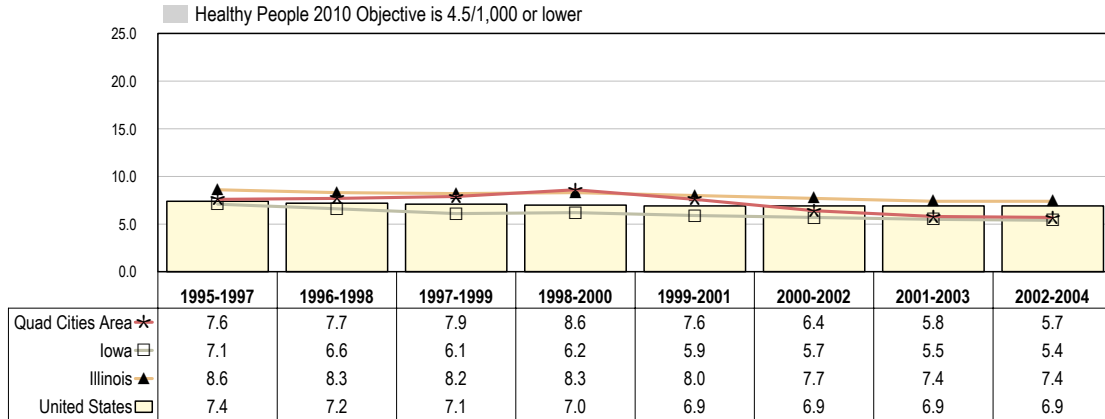


- Sources:
- Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2006.
 - Illinois Department of Public Health.
 - Iowa Department of Public Health, Vital Statistics.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-1c].
- Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

- After rising between 1995 and 2000, the Quad Cities Area infant mortality rate declined steadily from 8.6 to 5.7 per 1,000 live births; infant mortality rates decreased across Iowa, Illinois, and the U.S. between 1995 and 2004.

Infant Mortality Rates

(Infant Deaths per 1,000 Live Births, 1995-2004)



Source: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2006.
 • Illinois Department of Public Health.
 • Iowa Department of Public Health, Vital Statistics.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-1c].

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

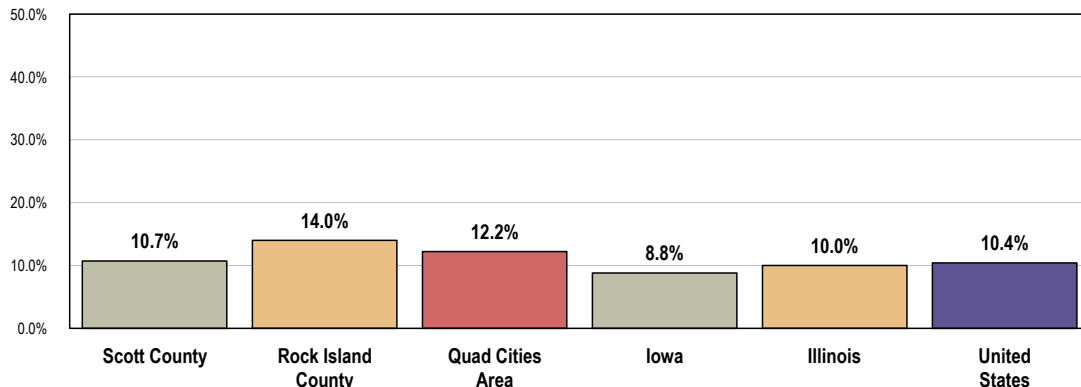
Births to Teens

Between 2002 and 2004, 12.2% of all live births were to mothers under 20 in the Quad Cities Area.

- Higher than the 8.8% across Iowa and the 10.0% throughout Illinois.
- Higher than the national percentage (10.4%).
- Higher (14.0%) in Rock Island County.

Percentage of Births to Teen Mothers

(Average Annual Percentage of Births to Mothers Under 20 Years Old; 2002-2004)



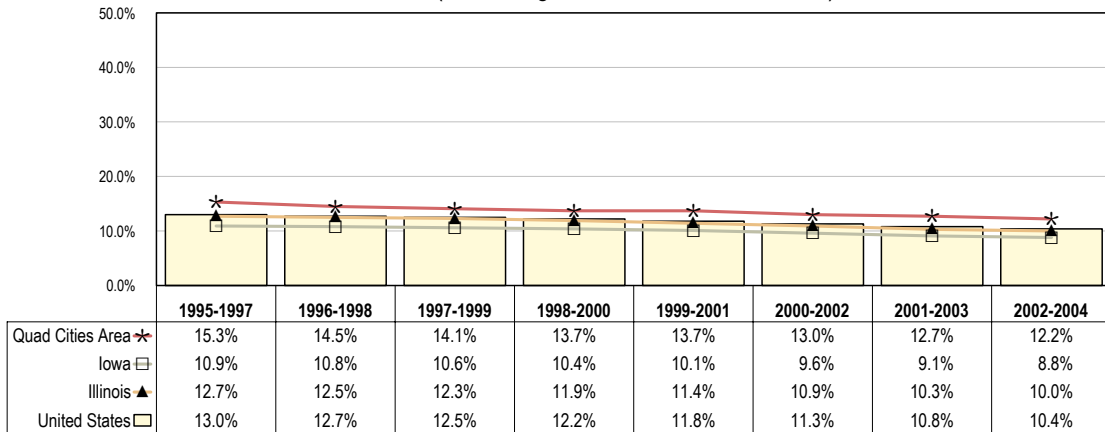
Source: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2006.
 • Illinois Department of Public Health.
 • Iowa Department of Public Health, Vital Statistics.

Note: • Numbers are a percentage of all live births within each population.

- Teen births as a percentage of all live births decreased steadily between 1995 and 2004 for the Quad Cities Area, Iowa, Illinois, and the U.S. as a whole.

Teen Births (Ages 10-19)

(Percentage of Live Births; 1995-2004)



Sources: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2006.

- Illinois Department of Public Health.
- Iowa Department of Public Health, Vital Statistics.

Notes: • Numbers are a percentage of all live births within each population.

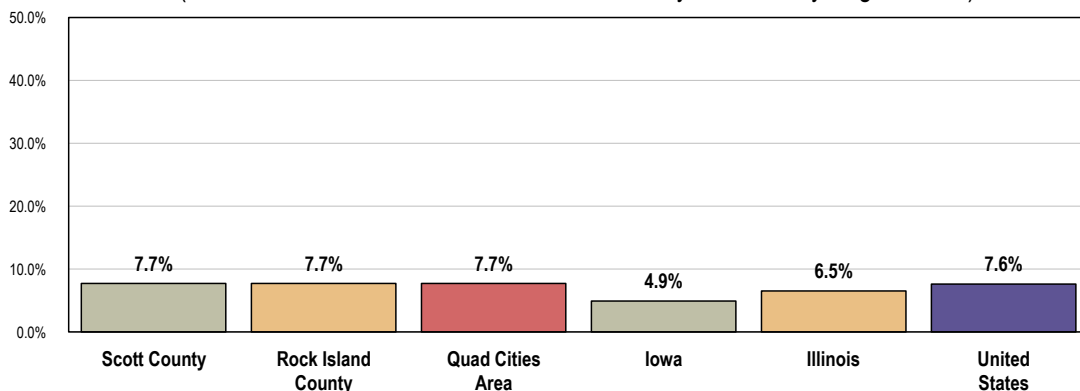
Single Mother Households

According to census data, 7.7% of Quad Cities Area households were headed by single mothers in 2000.

- Higher than the 4.9% across Iowa.
- Higher than the 6.5% across Illinois.
- Comparable to the 7.6% nationally.

Households Headed By a Single Mother

(Percent of Households With Children Headed by a Female by Region; 2000)



Source: • Census Bureau, SF 1.

Note: • Numbers percentages of households with children headed by a female.

MODIFIABLE HEALTH RISKS

Perceived Healthiness of Current Lifestyle

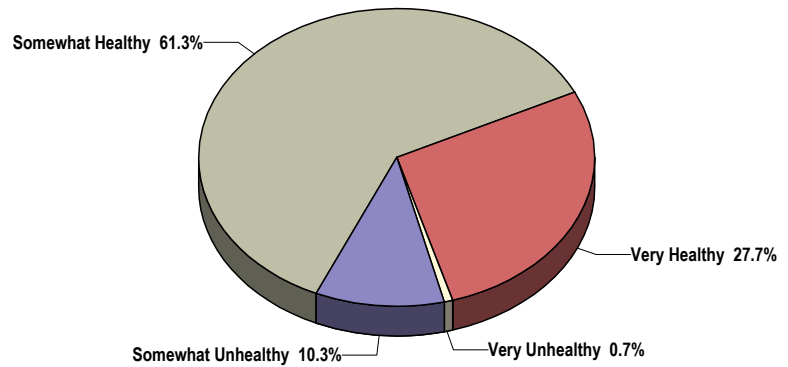
More than one-fourth (27.7%) of Quad Cities Area residents consider their current lifestyle to be “very healthy.” The majority (61.3%) gave “somewhat healthy” ratings.

In contrast, 11.0% of Quad Cities Area adults consider their lifestyle to be “somewhat” or “very” unhealthy.

- ☐ “Unhealthy” ratings are higher (14.2%) among Rock Island County respondents.

Perceived Healthiness of Current Lifestyle

(Quad Cities Area, 2007)



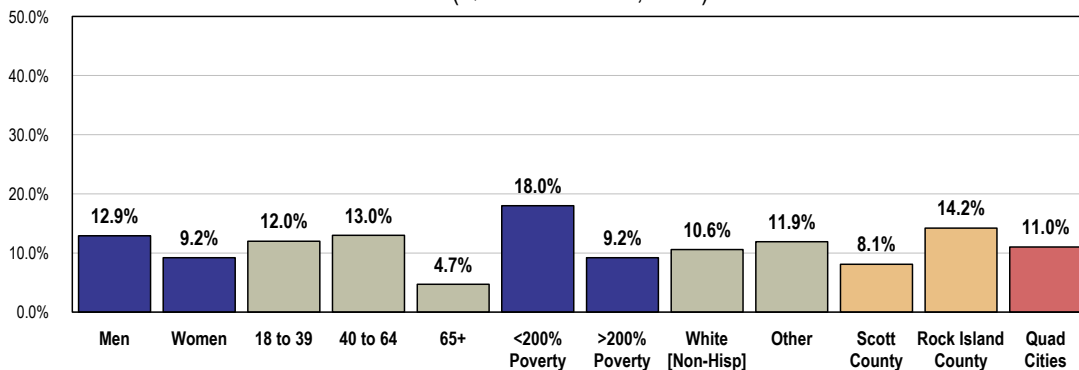
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 66]
 Note: • Asked of all respondents.

Viewed by demographic characteristic, the following population segments in the Quad Cities Area are more likely to lead “somewhat/very unhealthy” lifestyles:

- ☐ Adults under 65 years of age.
- ☐ Residents living below the 200% poverty threshold.

“Somewhat/Very Unhealthy” Ratings of Current Lifestyle

(Quad Cities Area, 2007)

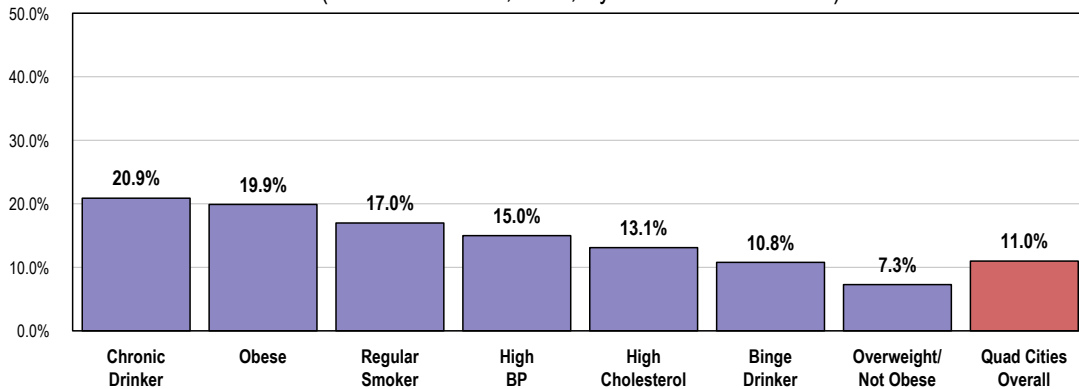


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 66]
 Note: • Asked of all respondents.
 • Percentages represent combined “somewhat unhealthy” and “very unhealthy” responses.

In a separate demographic analysis, the following chart provides an illustration of “somewhat/very unhealthy” ratings of current lifestyles, segmented by various health risks among Quad Cities Area adults. As shown, low ratings of lifestyles range from 7.3% among overweight (not obese) adults to 20.9% among chronic drinkers.

“Somewhat/Very Unhealthy” Ratings of Current Lifestyle

(Quad Cities Area, 2007; By Various Health Risks)

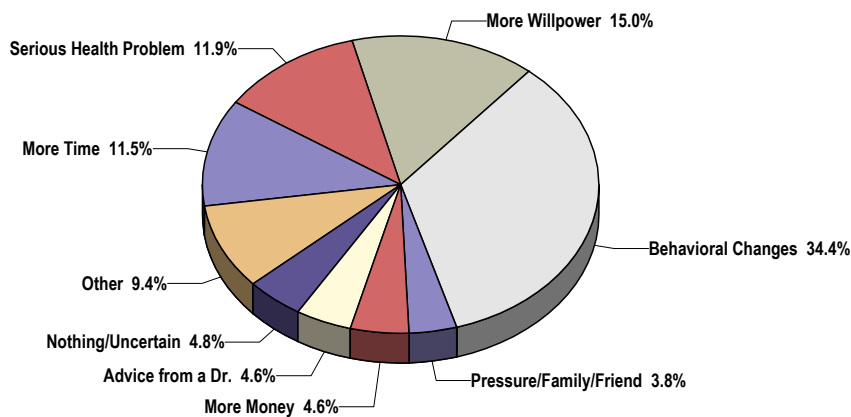


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 66]
 Note: • Asked of all respondents.
 • Percentages represent combined “somewhat unhealthy” and “very unhealthy” responses.

Residents giving less than “very healthy” responses were asked what it would take for them to make healthier lifestyle choices. More than one-third (34.4%) of these respondents cited specific **behavioral changes**, while 15.0% mentioned **willpower**, 11.9% indicated that a serious **health problem** would cause them to make healthier lifestyle choices, and 11.5% mentioned more **time**.

Impetus to Make Healthier Lifestyle Choices

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 67]
 Note: • Asked of those respondents who consider their current lifestyles to be less than “very healthy.”

Nutrition & Overweight

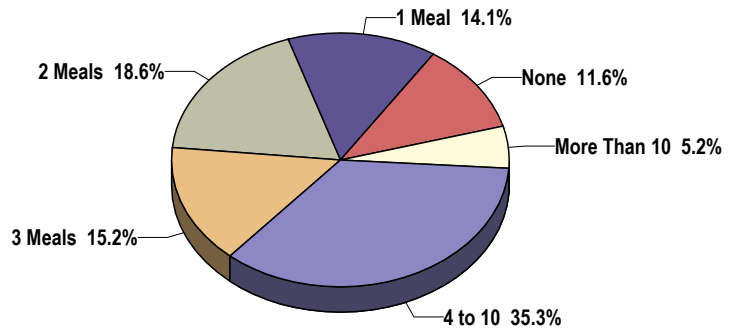
Nutrition

Survey respondents were next asked to think back over the past week and estimate the number of meals eaten away from home (including breakfasts, lunches, and dinners bought from restaurants, as well as ready-to-eat foods purchased from a vending machine or other place).

A total of 40.5% of Quad Cities Area residents ate four or more meals away from home during the week preceding the interview.

Viewed by county, the prevalence of eating four or more meals out in a week's time does not vary significantly.

Number of Meals Eaten Away From Home in the Past Week
(Quad Cities Area, 2007)



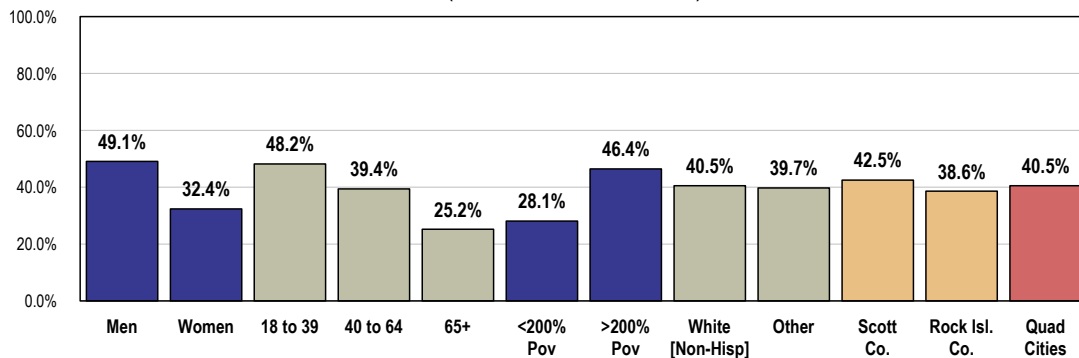
Quad Cities Area residents more likely to consume four or more meals away from home in the past week include the following population segments:

- ☑ Men.
- ☑ Adults under 65.
- ☑ Those living in the higher income category.

Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 58]
 Note: • Asked of all respondents.
 • In this case, meals eaten away from home include breakfasts, lunches, and dinners purchased from a restaurant, or ready-to-eat foods bought from a vending machine or another place.

Consumed Four or More Meals Away From Home in the Past Week

(Quad Cities Area, 2007)

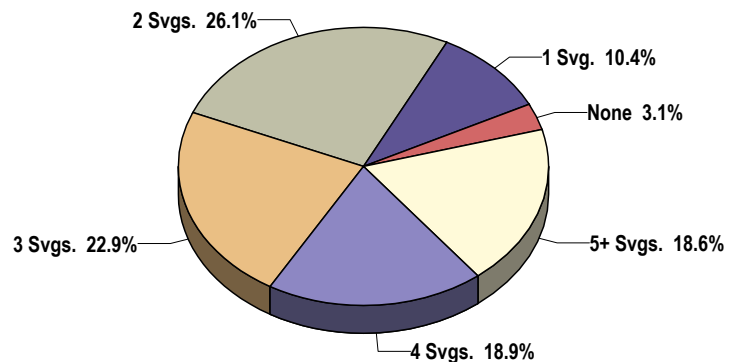


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 58]
 Note: • Asked of all respondents.
 • In this case, meals eaten away from home include breakfasts, lunches, and dinners purchased from a restaurant, or ready-to-eat foods bought from a vending machine or another place.

Nutrition & Children

Fewer than one in five Quad Cities Area children (18.6%) eats five or more servings of fruits and vegetables per day.

Average Servings of Fruits or Vegetables Eaten Daily by Child
(Quad Cities Area, 2007; Among Parents of Children Under 18)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 150]

Note: • Asked of all respondents with children under 18 at home.

Body Weight

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 (inches²)] 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 of ≥ 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 of ≥ 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 .

Overweight and obesity result from a complex interaction between genes and the environment characterized by long-term energy imbalance due to a sedentary lifestyle, excessive caloric consumption, or both. They develop in a socio-cultural environment characterized by mechanization, sedentary lifestyle, and ready access to abundant food. Attempts to prevent overweight and obesity are difficult to both study and achieve.

—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.

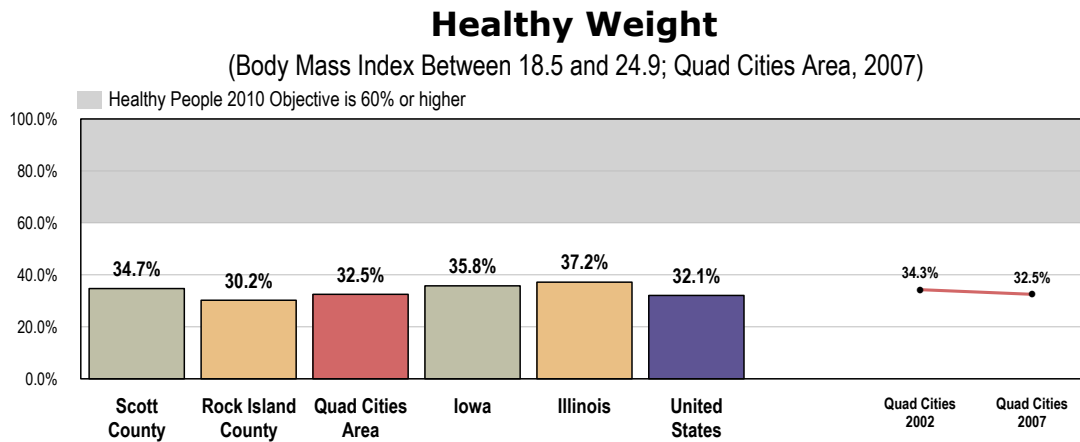
CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI		
		BMI (kg/m ²)
Underweight		<18.5
Normal		18.5 – 24.9
Overweight		25.0 – 29.9
Obesity	Obesity Class	
	I	30.0 – 34.9
	II	35.0 – 39.9
Extreme Obesity	III	≥40

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.

Healthy Weight

Based on self-reported heights and weights, 32.5% of Quad Cities Area adults are at a healthy weight (neither underweight nor overweight, BMI = 18.5-24.9).

- ☑ Statistically similar to the Iowa prevalence (35.8%).
- ☑ Less favorable than the 37.2% percentage reported across Illinois.
- ☑ Statistically similar to national findings (32.1%).
- ☑ Far from reaching the Healthy People 2010 target (60% or higher).
- ☑ Comparable between counties.
- 🗒 Statistically unchanged from the 34.3% reported in 2002.



Source:

- 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 161]
- 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 139]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Iowa & Illinois data.
- 2005 PRC National Health Survey, Professional Research Consultants, Inc. © PRC 2005 [Item 185]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Note:

- Based on self-reported height and weight, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight

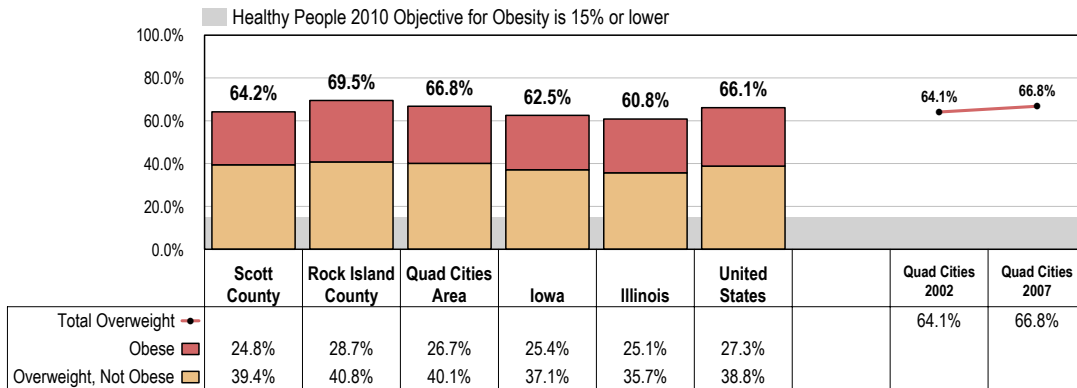
66.8% of Quad Cities Area adults are overweight (BMI ≥ 25).

- ☑ Less favorable than Iowa (62.5%) and Illinois findings (60.8%).
- ☑ Statistically similar to the U.S. overweight proportion (66.1%).
- ☑ Does not vary significantly by county.
- ☒ Statistically unchanged from the 64.1% obesity prevalence in 2002.

26.7% of the Quad Cities Area adults are obese (BMI ≥ 30).

- ☑ Similar to Iowa (25.4%) and Illinois findings (25.1%).
- ☑ Statistically comparable to U.S. findings (27.3%).
- ☑ Far from satisfying the Healthy People 2010 target (15% or lower).
- ☑ Does not vary by county.
- ☒ Statistically unchanged from the 24.1% obesity prevalence in 2002.

Prevalence of Overweight (Quad Cities Area, 2007)



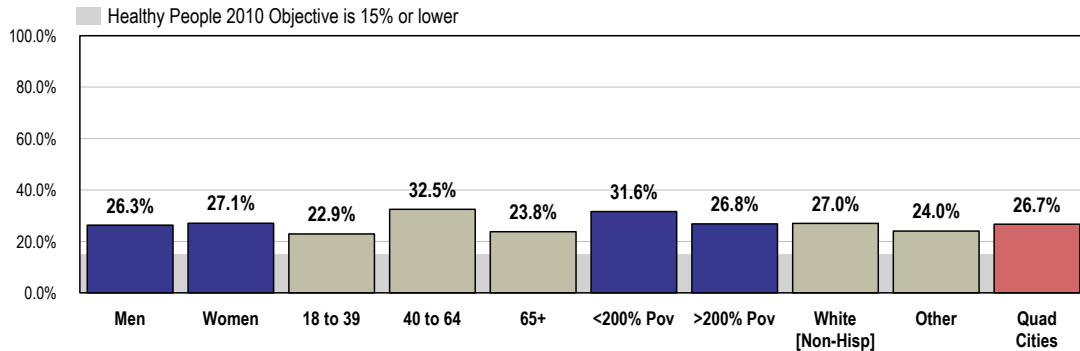
- Source:
- 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 161]
 - 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 139]
 - 2005 PRC National Health Survey, Professional Research Consultants, Inc. © PRC 2005 [Item 185]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Iowa & Illinois data.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-2]

- Note:
- Based on self-reported height and weight, 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, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Obesity in the Quad Cities Area is notably higher among adults aged 40 through 64.

Prevalence of Obesity

(Quad Cities Area, 2007)



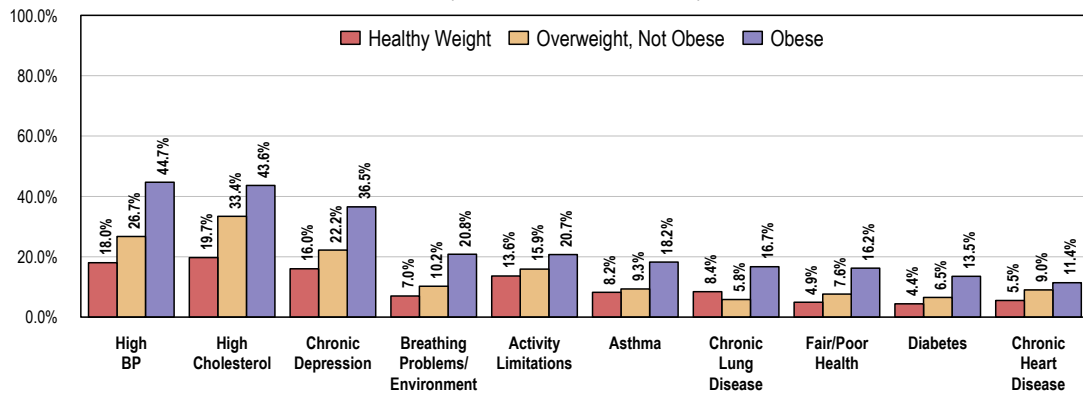
- Source:
- 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 161]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-2]
- Note:
- Based on self-reported height and weight, 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.

Relationship of Overweight With Other Issues

The correlation between overweight and various health issues cannot be disputed. Among Quad Cities Area community members, overweight and obese adults are more likely to report a number of adverse health conditions. These are illustrated in the following chart.

Relationship of Overweight With Other Health Issues

(Quad Cities Area, 2007)



- Source:
- 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Items 25, 36-39, 41-43, 63, 65]
- Note:
- Reflects responses among the total sample of respondents, segmented by their bodyweight category (categories are mutually-exclusive).

Children

In children and teens, body mass index is used to assess underweight, overweight, and risk for overweight. Children's body fatness changes over the years as they grow. Also, girls and boys differ in their body fatness as they mature. This is why BMI for children (also referred to as BMI-for-age) is gender- and age-specific. BMI-for-age is plotted on gender specific growth charts. These charts are used for children and teens 2 – 20 years of age. Healthcare professionals use the following established percentile cutoff points to identify underweight and overweight in children.

Underweight..... <5th percentile
 At Risk of Overweight..... 85th to 95th percentile
 Overweight..... ≥ 95th percentile

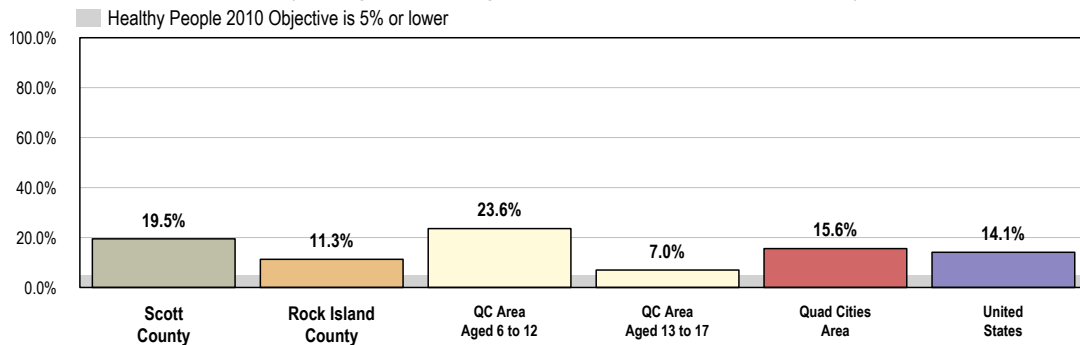
– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

15.6% of Quad Cities Area children aged 6 to 17 are overweight, based on heights and weights reported by surveyed parents.

- ☑ Statistically similar to national findings (14.1%).
- ☑ Fails to satisfy the Healthy People 2010 objective of 5% or lower.
- ☑ Does not vary significantly by county.
- ☑ Statistically comparable by gender.
- ☑ Significantly higher among children aged 6 through 12 in the Quad Cities Area (23.6%) compared with teens (7.0%).

Child Overweight

(Among Children Ages 6 to 17; Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 162]
 • 2005 PRC National Health Survey, Professional Research Consultants, Inc. © PRC 2005 [Item 188]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-3a-b]

Note: • Asked of all respondents with children aged 6 to 17 at home.
 • Overweight among children is estimated based on children's Body Mass Index status above the 95th percentile of U.S. growth charts by gender and age.

Physical Activity & Fitness

Research has demonstrated that virtually all individuals will benefit from regular physical activity. A Surgeon General's report on physical activity and health concluded that moderate physical activity can reduce substantially the risk of developing or dying from heart disease, diabetes, colon cancer, and high blood pressure. Physical activity also may protect against lower back pain and some forms of cancer (for example, breast cancer), but the evidence is not yet conclusive.

On average, physically active people outlive those who are inactive. The risk posed by physical inactivity is almost as high as several well-known coronary heart disease (CHD) risk factors, such as cigarette smoking, high blood pressure, and high blood cholesterol. Physical inactivity, though, is more prevalent than any one of these other risk factors. People with other risk factors for CHD, such as obesity and high blood pressure, may particularly benefit from physical activity.

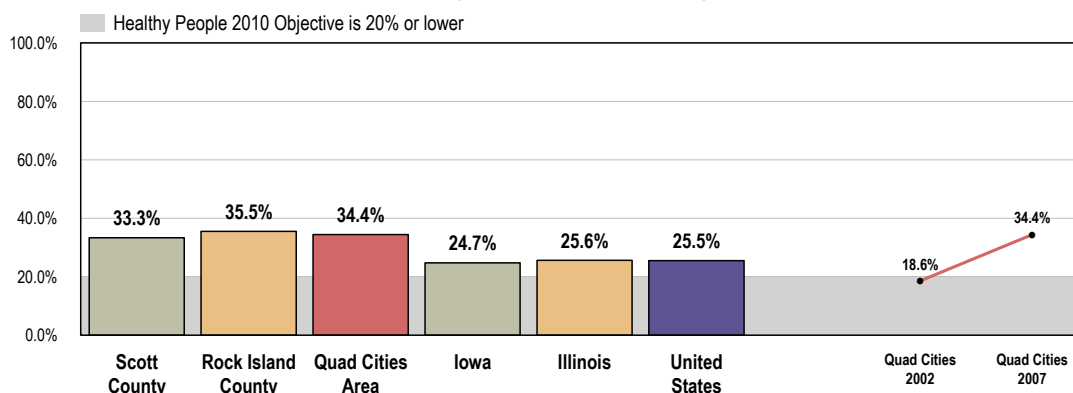
– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Leisure-Time Physical Activity

One-third (34.4%) of Quad Cities Area adults report participating in no leisure-time physical activity in the past month.

- ☑ Less favorable than Iowa (24.7%) and Illinois findings (25.6%).
- ☑ Less favorable than the national prevalence (25.5%).
- ☑ Fails to satisfy the Healthy People 2010 objective (20% or lower).
- ☑ Statistically comparable by county.
- 📊 Denotes a *statistically significant increase* from the 18.6% reported in the area in 2002.

No Leisure-Time Physical Activity in the Past Month (Quad Cities Area, 2007)



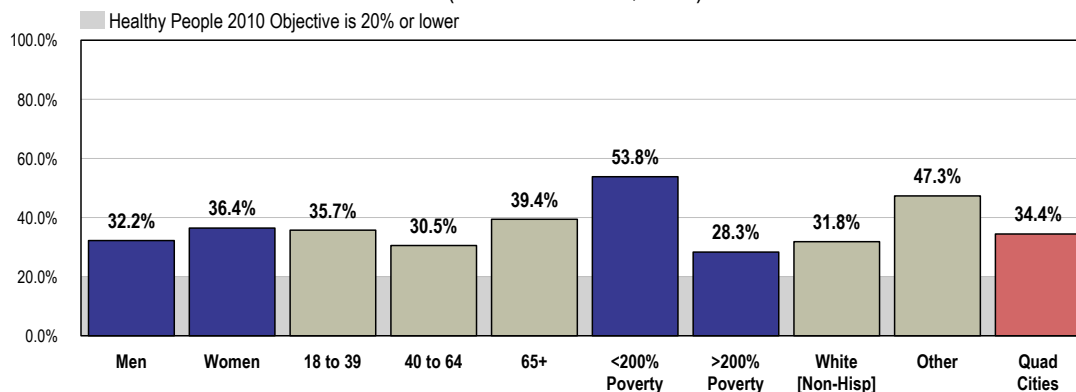
- Source:
- 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 59]
 - 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 102]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2005 Iowa & Illinois data.
 - 2005 PRC National Health Survey, Professional Research Consultants, Inc. © PRC 2005. [Item 133]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-1]
- Note:
- Asked of all respondents.

The following Quad Cities Area population segments are more likely to report a lack of leisure-time physical activity in the past month:

- ☑ Adults aged 65 and older.
- ☑ Residents living below the 200% poverty threshold.
- ☑ Non-White respondents.

No Leisure-Time Physical Activity in Past Month

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 59]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-1]

Note: • Asked of all respondents.

Vigorous Physical Activity

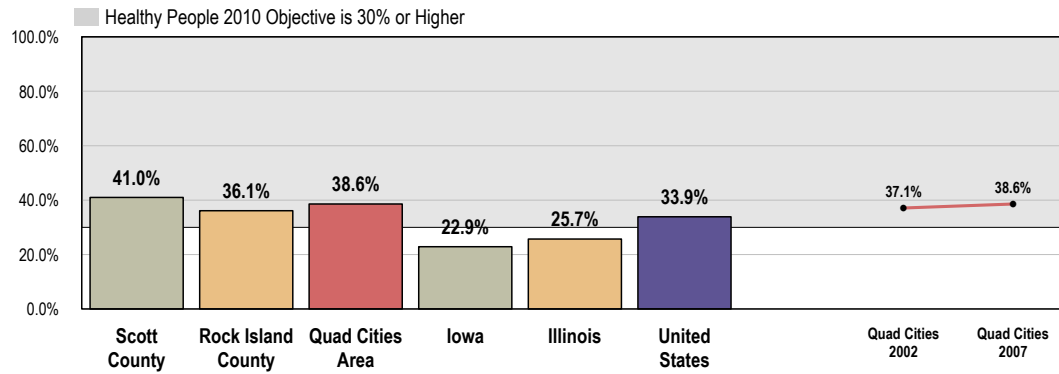
The term “vigorous physical activity” refers, in this case, to engaging in activities that cause heavy sweating or large increases in breathing or heart rate at least three times weekly for 20 minutes at a time.

A total of 38.6% of Quad Cities Area residents participated in vigorous physical activity in the past month.

- ☑ More favorable than the percentage reported across Iowa (22.9%) and Illinois (25.7%).
- ☑ More favorable than the national figure (33.9%).
- ☑ Satisfies the Healthy People 2010 objective of 30% or higher.
- ☑ Comparable between the counties.
- ☒ Statistically comparable to the 37.1% reported in 2002.

Vigorous Physical Activity

(Quad Cities Area, 2007)



- Source:
- 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 163]
 - 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 141]
 - 2005 PRC National Health Survey, Professional Research Consultants, Inc. © PRC 2005. [Items 190]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Iowa and Illinois data.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-2]

- Note:
- Asked of all respondents.
 - In this case the term "vigorous physical activity" includes activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times a week for 20 minutes at a time.

Children

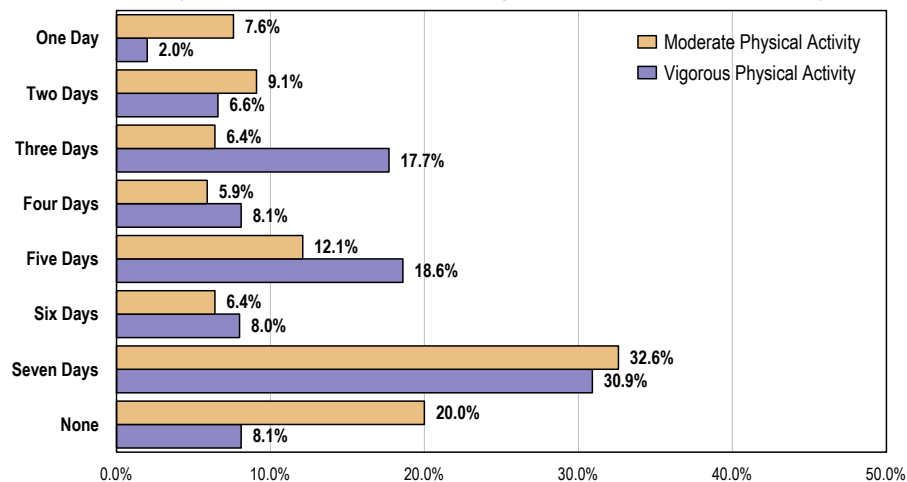
The following chart provides a breakout of recent physical activity among children in the Quad Cities Area. (In this case, the term “moderate physical activity” includes 30 minutes of activity that does not make a child breathe hard, such as fast walking, slow bicycling, skating, or pushing a lawn mower; the term “vigorous physical activity,” on the other hand, includes exercise for 20 minutes that makes a child breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities.)

Note that 20.0% of area children did not get any moderate physical activity in the past week, another 32.6% reportedly participated in moderate activity every day in the past week.

With regard to vigorous physical activity, 30.9% of Quad Cities Area children under 18 participated every day in the past week.

Average Days of Moderate or Vigorous Physical Activity for Child Last Week

(Quad Cities Area, 2007; Among Parents of Children Under 18)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 151]

Note: • Asked of all respondents with children under 18 at home.

• In this case, the term “moderate physical activity” includes 30 minutes of activity that does not make a child breathe hard, such as fast walking, slow bicycling, skating, or pushing a lawn mower; the term “vigorous physical activity,” on the other hand, includes exercise for 20 minutes that makes a child breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities.

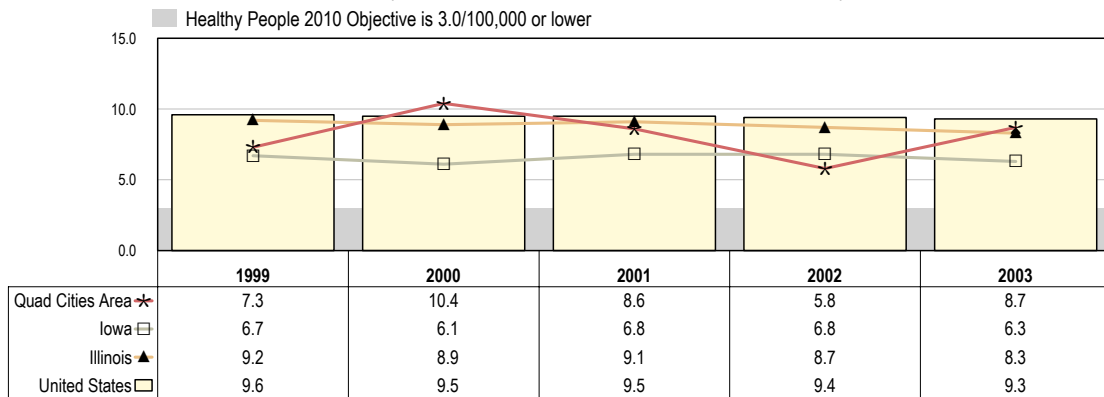
Substance Abuse

Cirrhosis/Liver Disease Deaths

- Between 1999 and 2003, the age-adjusted cirrhosis/liver disease death rate varied from 5.8 to 10.4 per 100,000 population across the Quad Cities Area, avoiding any specific trend. Across Iowa, Illinois, and the U.S., age-adjusted cirrhosis/liver disease death rates decreased slightly.

Age-Adjusted Mortality: Cirrhosis/Liver Disease

(Deaths per 100,000 Population, 1999-2003)



Sources: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2006.
 • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000

Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Self-Reported Alcohol Use

Across the Quad Cities Area, 59.3% of adults are current drinkers (those who have had at least one drink in the past month), similar to the 58.0% reported across the country.

High-Risk Alcohol Use

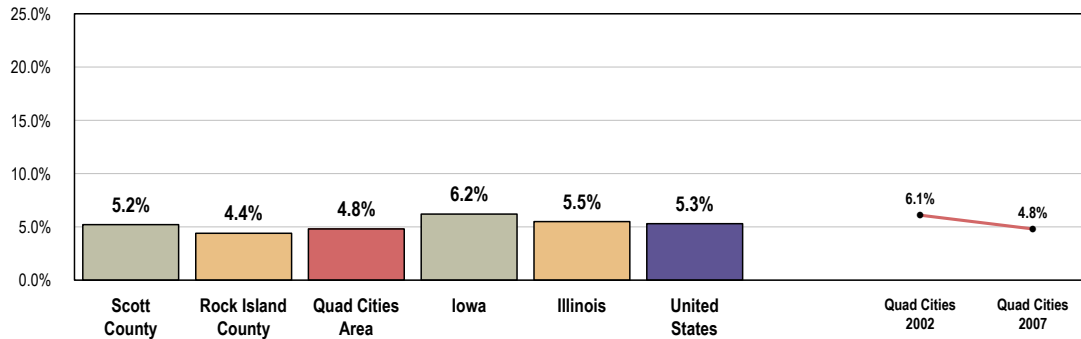
Chronic Drinkers

Chronic drinkers include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview. For the purposes of this study, a “drink” is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail or one shot of liquor.

Among Quad Cities Area residents, 4.8% are classified as chronic drinkers.

- Similar to the Iowa (6.2%) and Illinois (5.5%) percentages.
- Comparable to the 5.3% chronic drinking prevalence across the nation.
- Does not vary significantly by county.
- Statistically unchanged from the 6.1% reported in 2002.

Chronic Drinkers (Quad Cities Area, 2007)



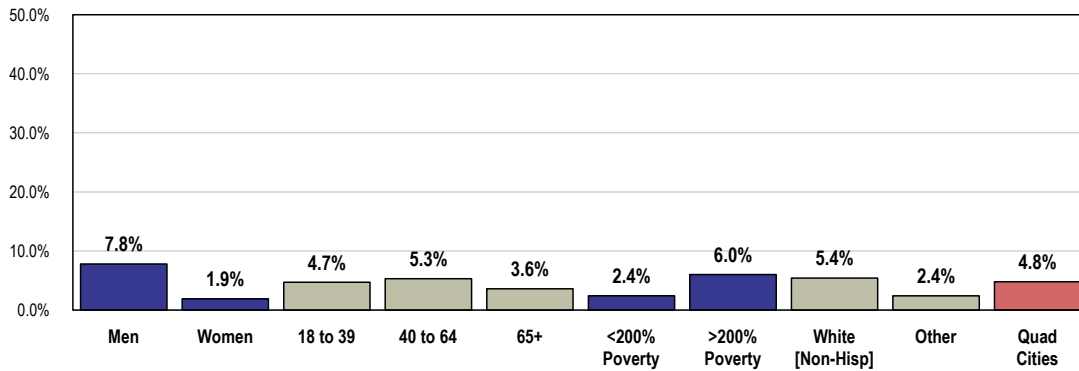
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 168]
 • 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 147]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Iowa & Illinois data.
 • 2005 PRC National Health Survey, Professional Research Consultants, Inc. © PRC 2005. [Item 200]

Note: • Reflects the total sample of respondents.
 • Chronic drinkers are defined as those who have had at least 60 drinks of alcoholic beverages during the past month.

Population segments more likely to be chronic drinkers include the following:

- ☑ Men.
- ☑ Adults in the higher income category.

Chronic Drinkers (Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 168]

Note: • Reflects the total sample of respondents.
 • Chronic drinkers are defined as those who have had at least 60 drinks of alcoholic beverages during the past month.

Binge Drinkers

Binge drinkers include survey respondents who report that there was one or more times in the past month when they drank five or more drinks on a single occasion.

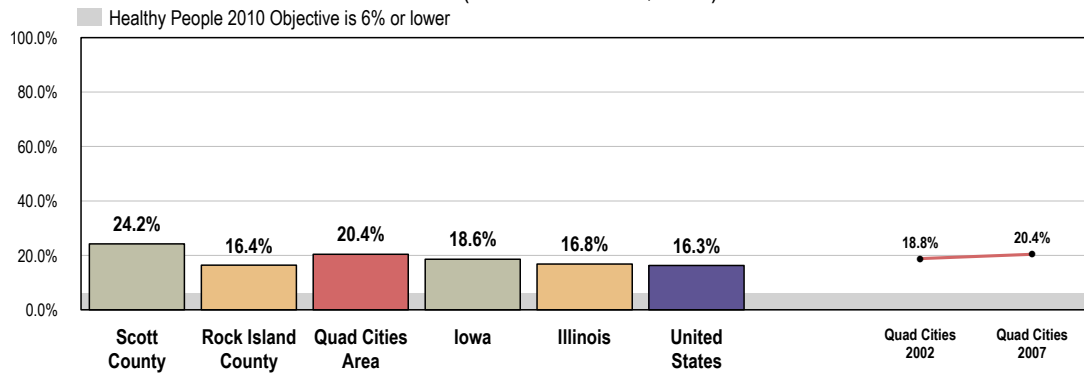
Across the Quad Cities Area, one-fifth (20.4%) of adults are binge drinkers.

- ☑ Similar to the 18.6% across Iowa and the 16.8% throughout Illinois.
- ☑ Less favorable than the 16.3% reported across the U.S.

- Far from reaching the Healthy People 2010 objective of 6% or lower.
- Higher in Scott County (24.2%) than in Rock Island County (16.4%).
- Statistically unchanged from the 18.8% reported in 2002.

Binge Drinkers

(Quad Cities Area, 2007)



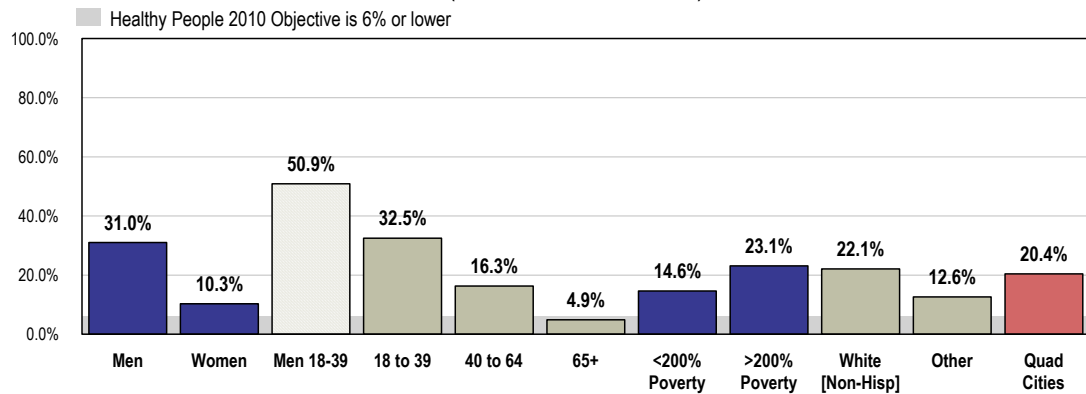
- Source:
- 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 169]
 - 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 148]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Iowa and Illinois data.
 - 2005 PRC National Health Survey, Professional Research Consultants, Inc. © PRC 2005. [Item 201]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-11c]

- Note:
- Reflects the total sample of respondents.
 - Binge drinkers are those who have had 5 or more alcoholic drinks on any one occasion at least once in the past month.

Note that each of the differences illustrated below is statistically significant.

Binge Drinkers

(Quad Cities Area, 2007)



- Source:
- 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 169]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-11c]

- Note:
- Reflects the total sample of respondents.
 - Binge drinkers are those who have had 5 or more alcoholic drinks on any one occasion at least once during the past month.

DWI/DUI Arrests

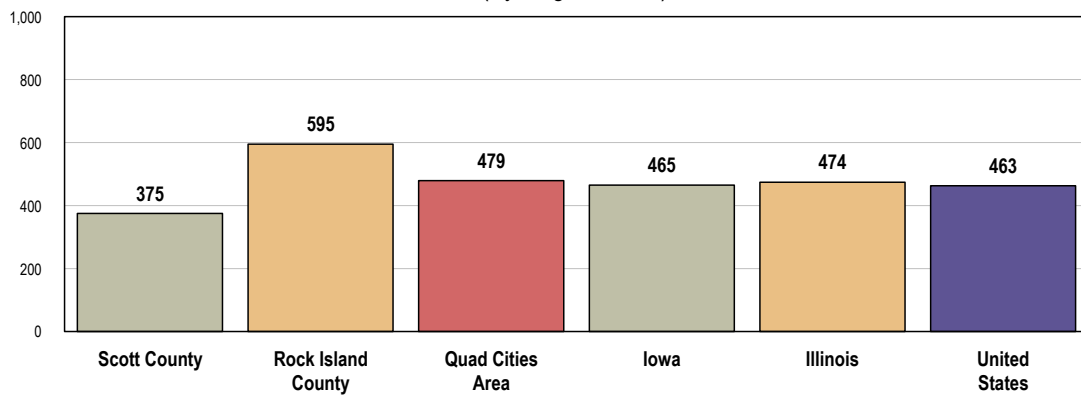
For purposes of this assessment, the term “DUI/DWI arrest rate” refers to arrests for “driving under the influence/driving while intoxicated.”

According to state crime data, the Quad Cities Area reported a DUI/DWI arrest rate of 479 per 100,000 population in 2005.

- ☑ Similar to the Iowa (465/100,000) and Illinois (474/100,000) rates.
- ☑ Similar to the 463/100,000 found across the nation.
- ☑ Particularly high (595/100,000) in Rock Island County.

DUI/DWI Arrests Rate

(By Region; 2005)



Source: • FBI Uniform Crime Reports.
• Iowa Uniform Crime Reports.
• Illinois Uniform Crime Reports.
Note: • Numbers are per 100,000 population.

Drug Use

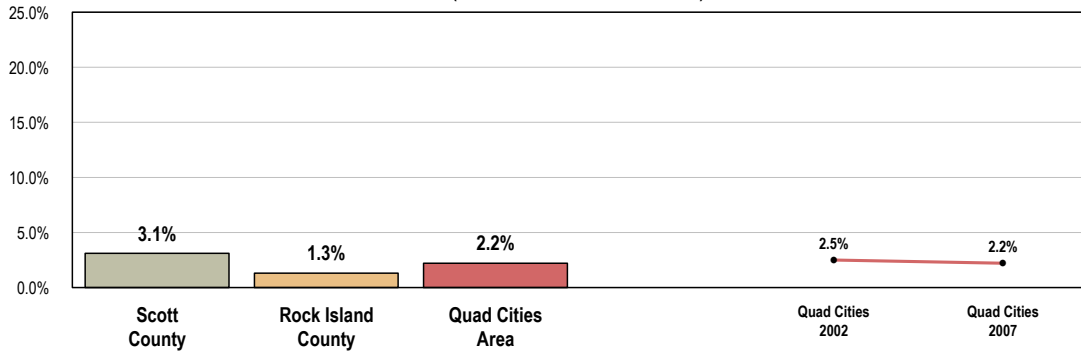
Illegal Drugs

2.2% of Quad Cities Area residents admit to using illegal drugs in the past month.

☑ Does not vary significantly when viewed by county.

☒ Statistically comparable to the 2.5% reported across the Quad Cities Area in 2002.

Have Taken an Illegal Drug in the Past Month (Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 53]
• 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 78]
Note: • Asked of all respondents.

Prescription Drugs

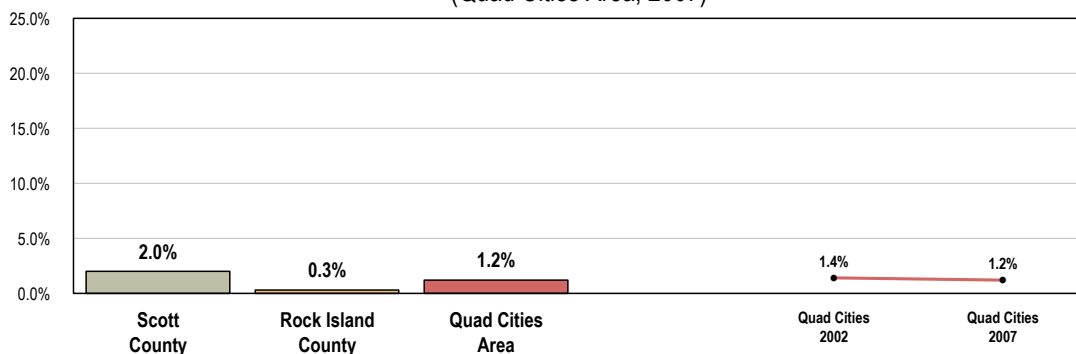
1.2% of adults took a prescription drug in the past month without a physician's orders.

☑ Representative of approximately 2,820 community members.

☑ Higher (2.0%) in Scott County compared to Rock Island County (0.3%).

☒ Statistically comparable to the 1.4% reported across the Quad Cities Area in 2002.

Have Taken a Prescription Drug in the Past Month Without a Physician's Orders (Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 52]
• 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 77]
Note: • Asked of all respondents.

Tobacco Use

Cigarette smoking causes heart disease, several kinds of cancer (lung, larynx, esophagus, pharynx, mouth, and bladder), and chronic lung disease. Cigarette smoking also contributes to cancer of the pancreas, kidney, and cervix. Smoking during pregnancy causes spontaneous abortions, low birth weight, and sudden infant death syndrome. Other forms of tobacco are not safe alternatives to smoking cigarettes.

Tobacco use is responsible for more than 430,000 deaths per year among adults in the United States [about 20% of all deaths]... If current tobacco use patterns persist in the United States, an estimated 5 million persons under age 18 years will die prematurely from a smoking-related disease. Direct medical costs related to smoking total at least \$50 billion per year [other sources estimate more than \$75 billion in 1998 (about 8% of the personal healthcare expenditures in the U.S.)]; direct medical costs related to smoking during pregnancy are approximately \$1.4 billion per year.

Evidence is accumulating that shows maternal tobacco use is associated with mental retardation and birth defects such as oral clefts. Exposure to secondhand smoke also has serious health effects. Researchers have identified more than 4,000 chemicals in tobacco smoke; of these, at least 43 cause cancer in humans and animals. Each year, because of exposure to secondhand smoke, an estimated 3,000 nonsmokers die of lung cancer, and 150,000 to 300,000 infants and children under age 18 months experience lower respiratory tract infections.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Cigarette Smoking Prevalence

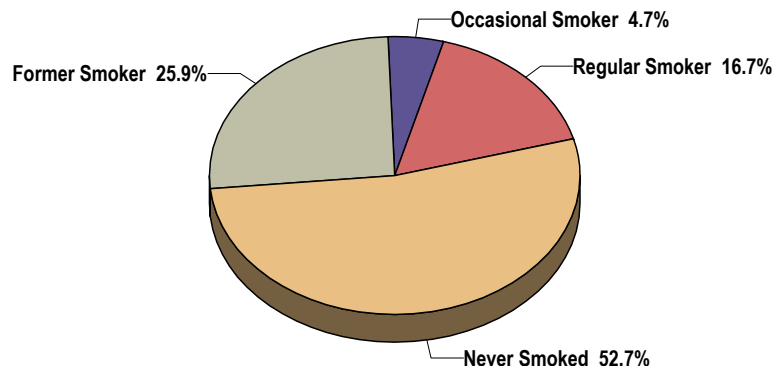
21.4% of Quad Cities Area adults currently smoke cigarettes, either regularly (16.7% every day) or occasionally (4.7% on some days).

- Similar to the Iowa (20.4%) and Illinois (19.9%) figures.
- Similar to the 22.2% prevalence recorded across the United States.
- Fails to satisfy the Healthy People 2010 objective of 12% or lower.
- Does not vary significantly by county.

Denotes a statistically significant decrease from the 25.9% reported in 2002.

Cigarette Smoking Prevalence

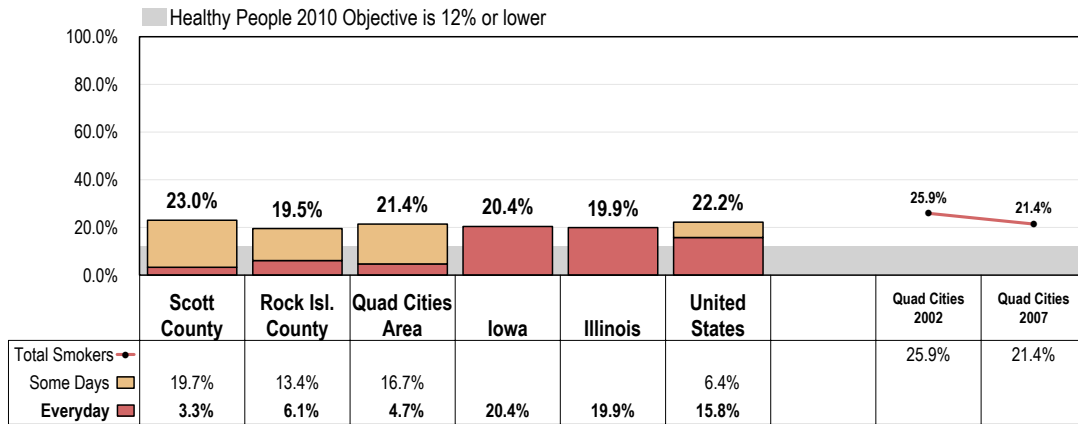
(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 164]

Note: • Asked of all respondents.

Current Smokers



Source:

- 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 164]
- 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 143]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Iowa and Illinois data.
- 2005 PRC National Health Survey, Professional Research Consultants, Inc. © PRC 2005. [Item 196]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-1a]

Note:

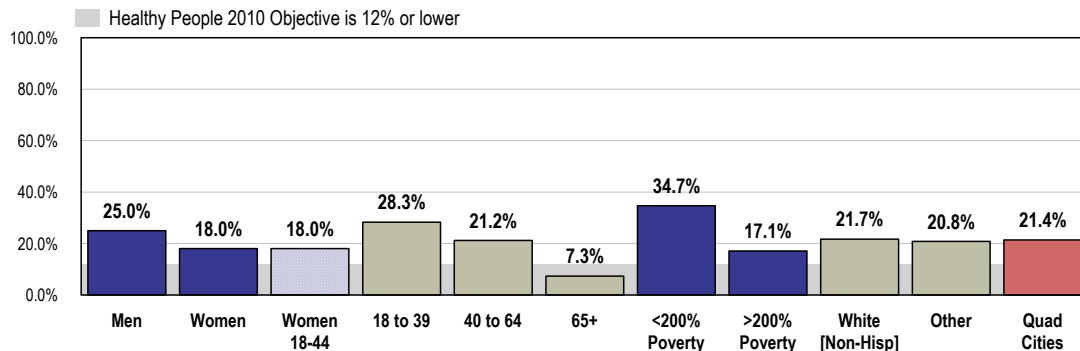
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).
- State data do not distinguish between (but include both) regular and occasional smokers.

The following population segments are more likely to smoke cigarettes:

- ☑ Men.
- ☑ Adults under 65.
- ☑ Those residents living below the 200% poverty threshold.
- ☑ *Note also that 18.0% of women of child-bearing age (age 18-44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.*

Current Smokers

(Quad Cities Area, 2007)



Source:

- 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 164,165]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-1a]

Note:

- Asked of all respondents.
- Includes those who smoke everyday or on some days.

Smoking in the Home

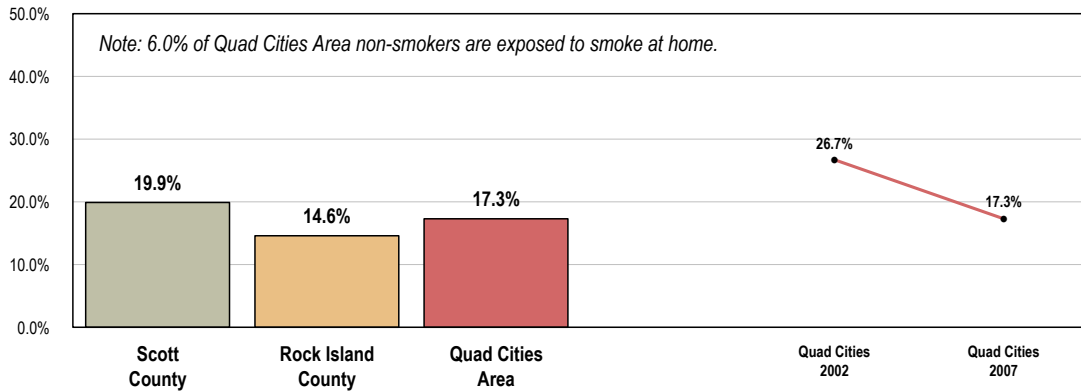
17.3% of Quad Cities Area community members report that a member of their household smokes at home.

☑ Higher (19.9%) in Scott County.

☒ Marks a *statistically significant decrease* in secondhand smoke in Quad Cities Area homes since 2002.

Member of Household Smokes at Home

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 48]
• 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 71]

Note: • Asked of all respondents.

• In this case, "smokes at home" refers to someone smoking cigarettes, cigars or a pipe in the home an average of three or more times per week in the past month.

Exposure Among Children

Among Quad Cities Area households with children under 18, 13.4% report someone who smokes in the home at least three times weekly.

☑ Does not vary by county.

☒ Marks a *statistically significant decrease* since 2002.

ACCESS TO HEALTHCARE SERVICES

Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life for all persons in the United States... Limitations in access to care extend beyond basic causes, such as a shortage of healthcare providers or a lack of facilities. Individuals also may lack a usual source of care or may face other barriers to receiving services, such as financial barriers (having no health insurance or being underinsured), structural barriers (no facilities or healthcare professionals nearby), and personal barriers (sexual orientation, cultural differences, language differences, not knowing what to do, or environmental challenges for people with disabilities).

— Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

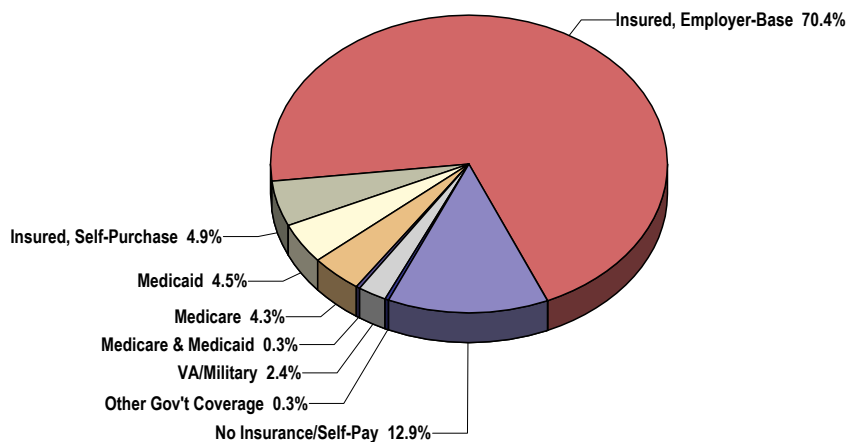
Health Insurance Coverage

75.3% of Quad Cities Area adults aged 18 to 64 report having healthcare coverage through private insurance.

11.8% of Quad Cities Area adults aged 18 to 64 report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage

(Among Adults Age 18 to 64; Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 156]
Note: • Reflects respondents age 18 to 64.

Lack of Coverage

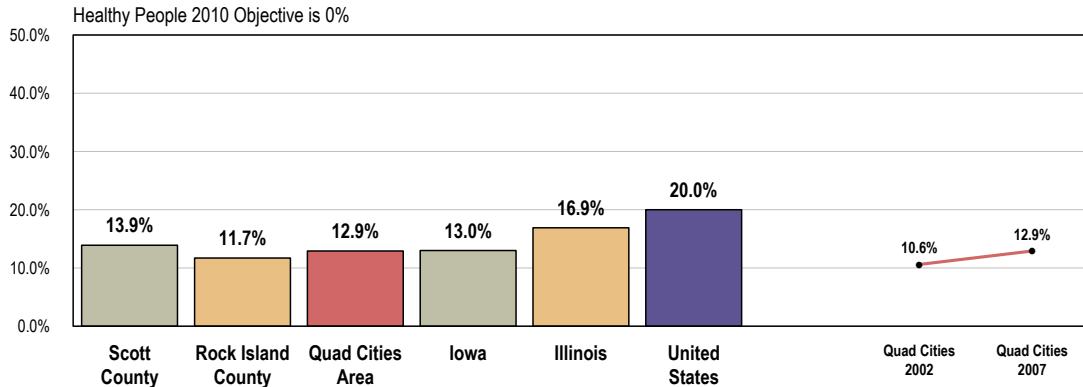
In contrast, 12.9% of Quad Cities Area adults under 65 are without healthcare insurance coverage.

- ☑ Nearly identical to the 13.0% prevalence across Iowa.
- ☑ Statistically similar to the 16.9% percentage throughout Illinois.

- ☑ More favorable than the 20.0% of Americans who are uninsured.
- ☑ Does not vary significantly by county.
- ☒ Comparable to the 10.6% reported across the Quad Cities Area in 2002.

The following Quad Cities Area population segments are more likely to be without healthcare

Lack Healthcare Insurance Coverage (Among Adults Aged 18 to 64; Quad Cities Area, 2007)



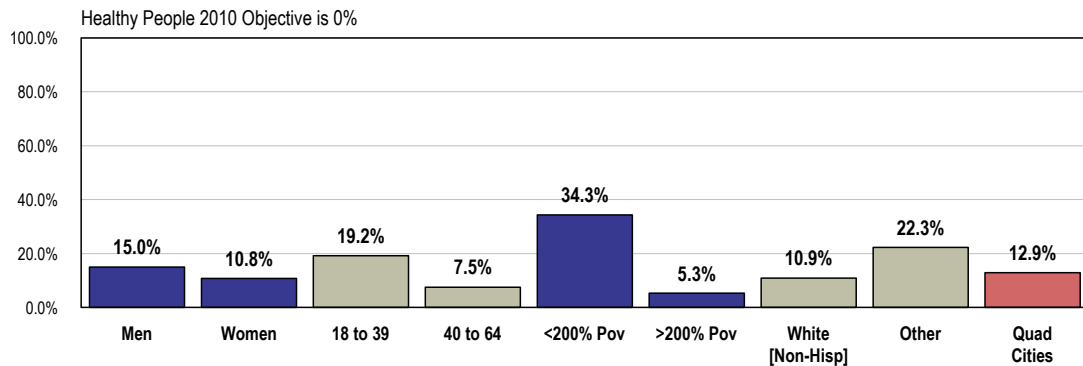
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 156]
 • 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 167]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Iowa & Illinois data.
 • 2005 PRC National Health Survey, Professional Research Consultants, Inc. © PRC 2005. [Item 217]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-1]

Note: • Reflects respondents aged 18 through 64.

insurance coverage (among adults under 65):

- ☑ Adults aged 18 to 39.
- ☑ Residents living below the 200% poverty threshold.
- ☑ Non-Whites.

Lack Healthcare Insurance Coverage (Among Adults Age 18 to 64; Quad Cities Area, 2007)



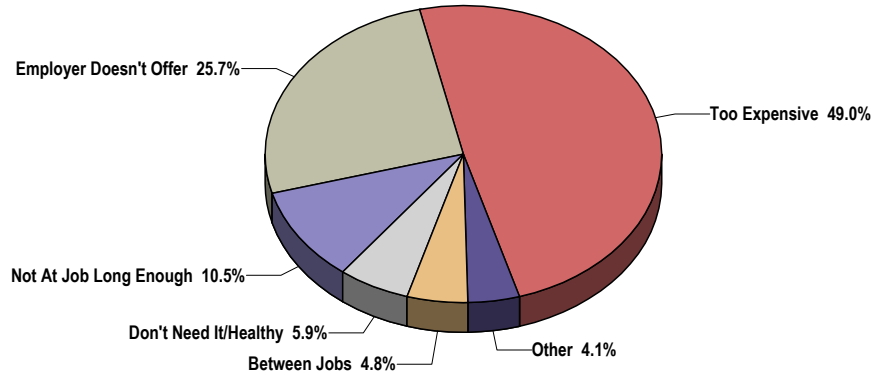
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 156]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-1]

Note: • Reflects respondents age 18 through 64.

Nearly one-half of uninsured adults (49.0%) mentioned cost as a reason for their lack of coverage, while another one-fourth (25.7%) indicated that their employer doesn't offer health benefits.

Reason for Current Lack of Insurance

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 70]
 Note: • Asked of those respondents without healthcare insurance coverage.

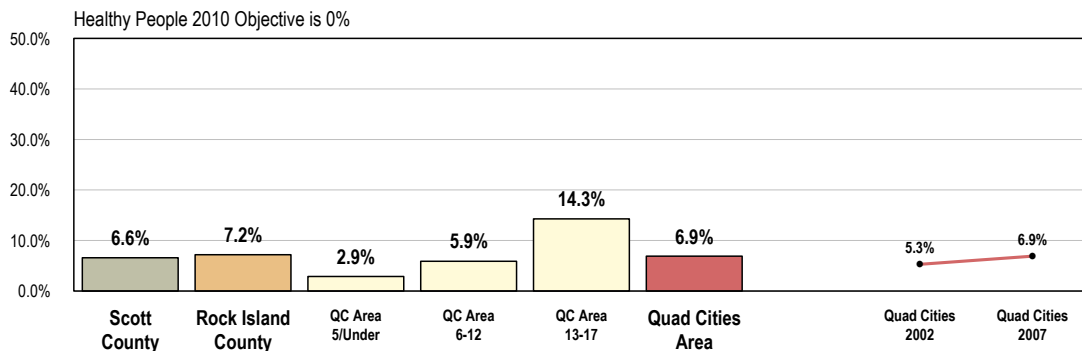
Child's Healthcare Coverage

A total of 6.9% of Quad Cities Area parents indicate that they do not have healthcare coverage for their children.

- ☐ Does not vary by county.
- ☐ Highest (14.3%) among Quad Cities Area teens.
- ☒ Statistically comparable to the 5.3% reported in 2002.

Lack Healthcare Coverage For Child

(Among Parents of Children Under 18; Quad Cities Area, 2007)

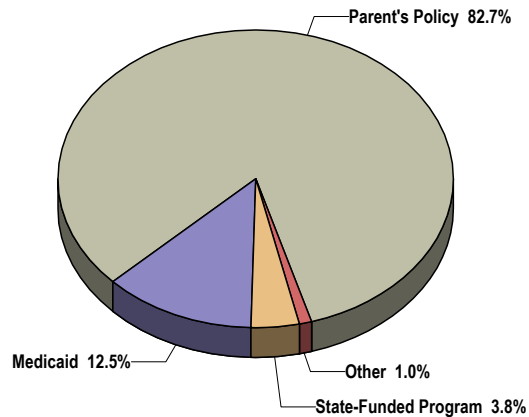


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 141]
 • 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 134]
 Note: • Reflects respondents with children under the age of 18.

Among Quad Cities Area parents who indicate that their child is covered by healthcare insurance, the vast majority (82.7%) indicates that the child is covered by the parent's policy.

Note that 16.3% of insured children rely on Medicaid or a state-funded program for their child's health coverage.

Child's Healthcare Coverage
(Among Parents of Insured Children; Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 142]
Note: • Among parents whose child is covered by health insurance.

Employee Benefits

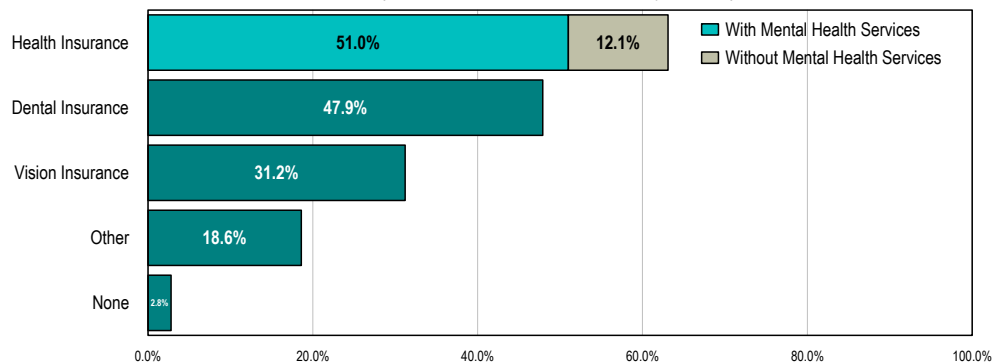
Community Leaders were asked to report on the benefits which their organizations offer to employees (responses are not mutually-exclusive).

Health insurance with mental health services is offered by 51.0% of responding community employers; another 12.1% offer health insurance without mental health benefits.

Other benefits offered include dental (47.9%) and vision coverage (31.2%).

Community Leaders: Benefits Offered to Employees of Responding Organizations

(Quad Cities Leader Survey, 2007)



Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Items 37-42]
Note: • Asked of all respondents; excludes respondents who state they "are not an employer."

Experience Accessing Healthcare Services

Reported Difficulties Accessing Healthcare Services

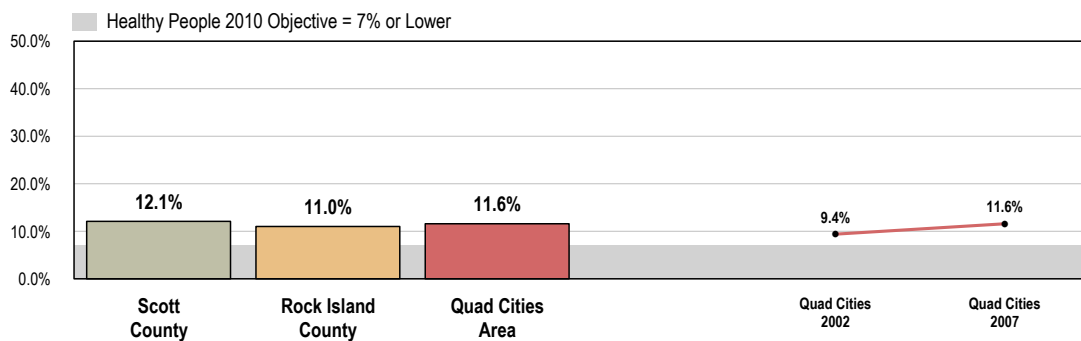
Across the Quad Cities Area, 11.6% of survey respondents experienced difficulties or delays of some kind in receiving healthcare in the past year.

☑ Does not vary significantly by county.

☒ Statistically comparable to the 9.4% reported across the Quad Cities Area in 2002.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(Quad Cities Area, 2007)



Adults experiencing difficulties or delays in receiving healthcare were asked to specify their reason for the problem. Responses included references to **cost or expense**, **long waits**, and **problems with healthcare coverage**.

Children's Healthcare

Surveyed parents were also asked if, within the past year, they experienced any trouble in receiving medical care for a randomly-selected child in their household.

2.0% 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.

☑ More favorable than the 6.1% reported nationally.

☑ Statistically similar between counties.

Specific problems with obtaining care included **cost** and a **lack of specialists**.

Ease of Obtaining Various Types of Healthcare Services

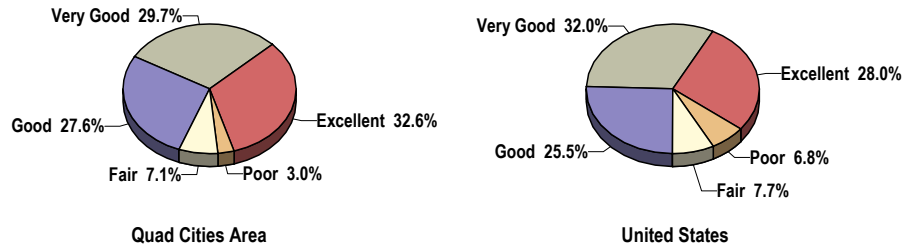
Overall Healthcare Services

62.3% of Quad Cities Area adults gave “excellent” or “very good” ratings of the ease with which they are able to obtain healthcare services in the area.

- ☑ Similar to the 60.0% reported by adults across the country.
- ☑ Another 27.6% of Quad Cities Area adults gave “good” evaluations.

Ease of Obtaining Healthcare Services

(Quad Cities Area, 2007)



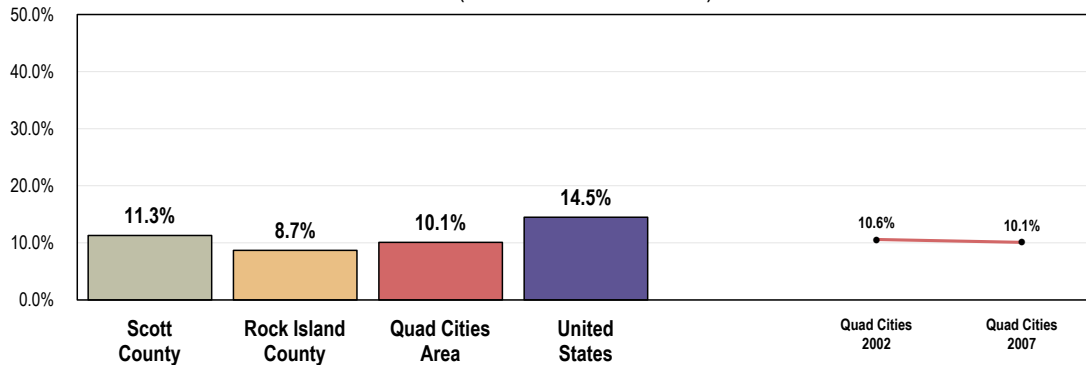
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 26]
 • 2006 PRC Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 32]
 Note: • Asked of all respondents.

On the other hand, 10.1% of Quad Cities Area adults consider the ease of obtaining healthcare services in the community to be “fair” or “poor.”

- ☑ Lower (more favorable) than the 14.5% reported nationally.
- ☑ Does not vary significantly by county.
- ☒ Nearly identical to the 10.6% reported across the Quad Cities Area in 2002.

Ease of Obtaining Healthcare Services is “Fair/Poor”

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 26]
 • 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 14]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 32]
 Note: • Asked of all respondents.
 • Percentages represent combined “fair” and “poor” responses.

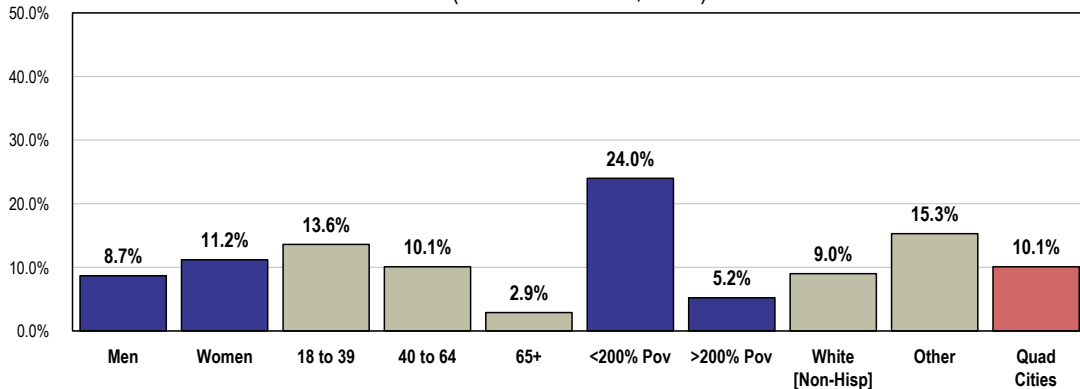
The following demographic breakouts are more likely to give “fair” or “poor” ratings of the ease of obtaining healthcare services in the Quad Cities Area:

- ☐ Adults under 65.
- ☐ Residents living in the lower income segment.

Mental Health Services

Ease of Obtaining Healthcare Services is “Fair/Poor”

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 26]
 Note: • Asked of all respondents.
 • Percentages represent combined “fair” and “poor” responses.

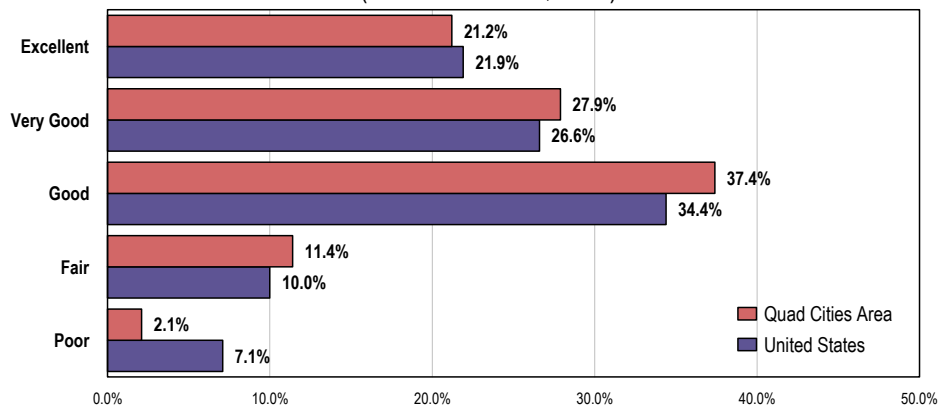
Survey respondents were next asked to rate the ease with which they can obtain mental health services in the Quad Cities Area. (Those residents who have not needed mental health services are not represented in these findings.)

Overall, nearly one-half (49.1%) of the answering adults gave “excellent” or “very good” ratings of the ease of obtaining mental health services.

- ☐ Nearly identical to the 48.5% reported across the country.
- ☐ Another 37.5% of the respondents gave “good” ratings.

Ease of Obtaining Mental Health Services

(Quad Cities Area, 2007)

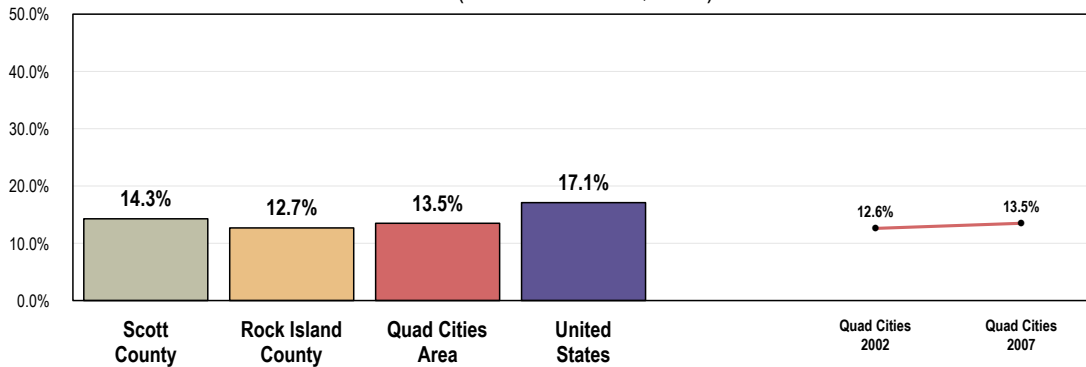


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 27]
 • 2006 PRC Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 33]
 Note: • Asked of all respondents. Note that many did not answer as they have not needed mental health services.

On the other hand, 13.5% of survey respondents gave “fair” or “poor” evaluations of the ease of obtaining mental health services in the community.

- ☑ More favorable than the 17.1% reported across the United States.
- ☑ Does not vary significantly by county.
- ☒ Statistically unchanged from the 12.6% reported across the Quad Cities Area in 2002.

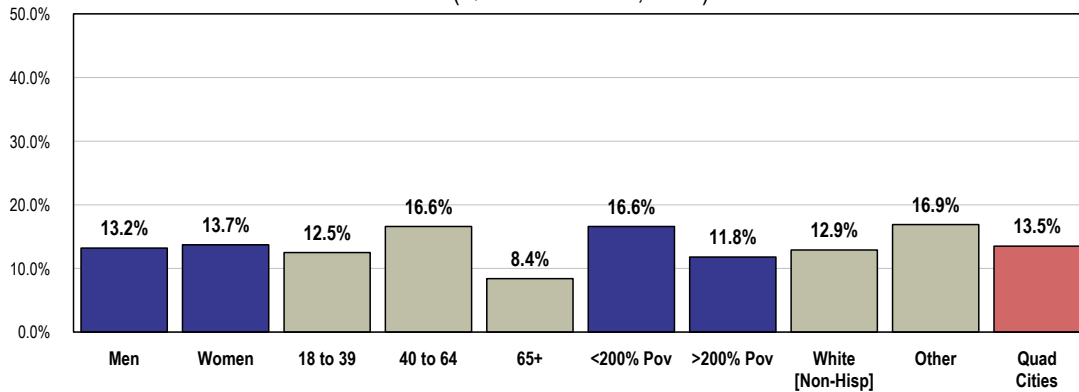
Ease of Obtaining Mental Health Services is “Fair/Poor”
(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 27]
 • 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 15]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 33]
 Note: • Asked of all respondents. Note that many did not answer as they have not needed mental health services.
 • Percentages represent combined “fair” and “poor” responses.

Adults more likely to give “fair” or “poor” ratings regarding the ease of obtaining mental health services in the community are those under the age of 65.

Ease of Obtaining Mental Health Services is “Fair/Poor”
(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 27]
 Note: • Asked of all respondents. Note that many did not answer as they have not needed mental health services.
 • Percentages represent combined “fair” and “poor” responses.

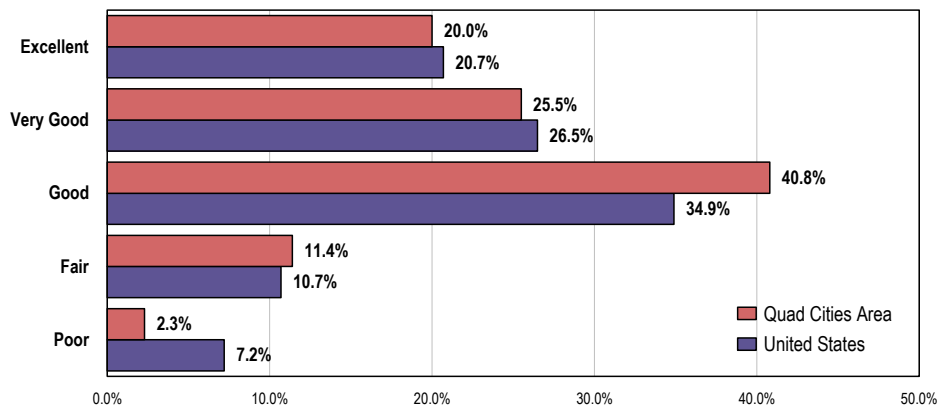
Substance Abuse Services

Survey respondents were next asked to rate the ease with which they can obtain substance abuse services in the Quad Cities Area. (Those residents who have not needed substance abuse services are not represented in these findings.)

Overall, 45.5% of the answering adults gave “excellent” or “very good” ratings of the ease of obtaining substance abuse services.

- ☑ Similar to the 47.2% reported across the United States.
- ☑ Another 40.8% of the respondents gave “good” ratings.

Ease of Obtaining Substance Abuse Services
(Quad Cities Area, 2007)

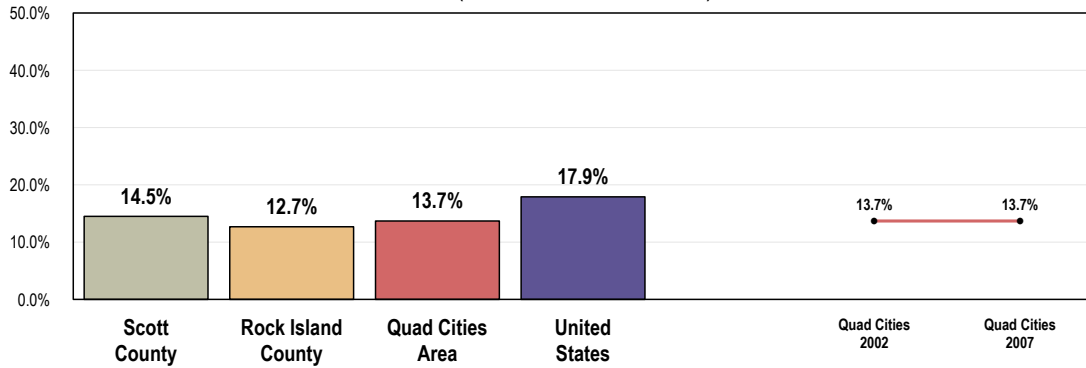


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 28]
• 2006 PRC Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 34]
Note: • Asked of all respondents. Note that many did not answer as they have not needed substance abuse services.

On the other hand, 13.7% of survey respondents gave “fair” or “poor” evaluations of the ease of obtaining substance abuse services in the community.

- ☑ More favorable than the 17.9% reported across the United States.
- ☑ No significant difference when viewed by county.
- ☒ Identical to the 13.7% reported in 2002.

Ease of Obtaining Substance Abuse Services is "Fair/Poor" (Quad Cities Area, 2007)

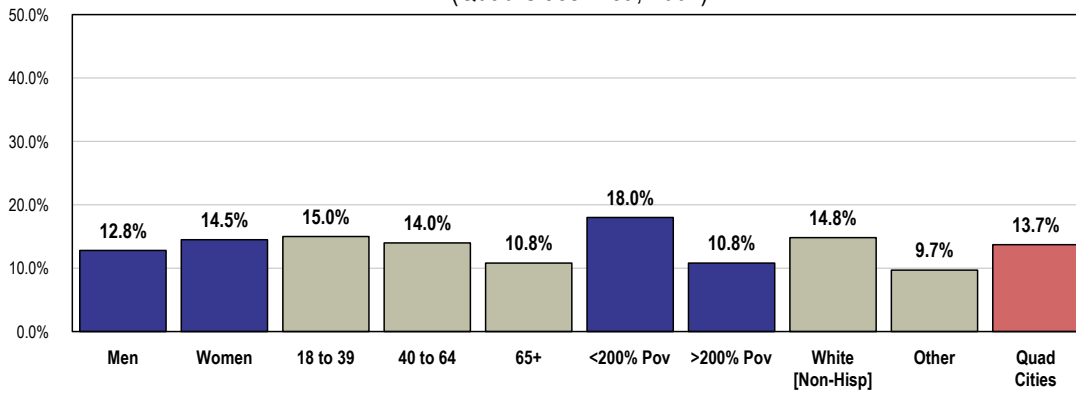


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 28]
 • 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 16]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 34]

Note: • Asked of all respondents. Note that many did not answer as they have not needed substance abuse services.
 • Percentages represent combined "fair" and "poor" responses.

Note that none of the differences in the following chart is statistically significant.

Ease of Obtaining Substance Abuse Services is "Fair/Poor" (Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 28]

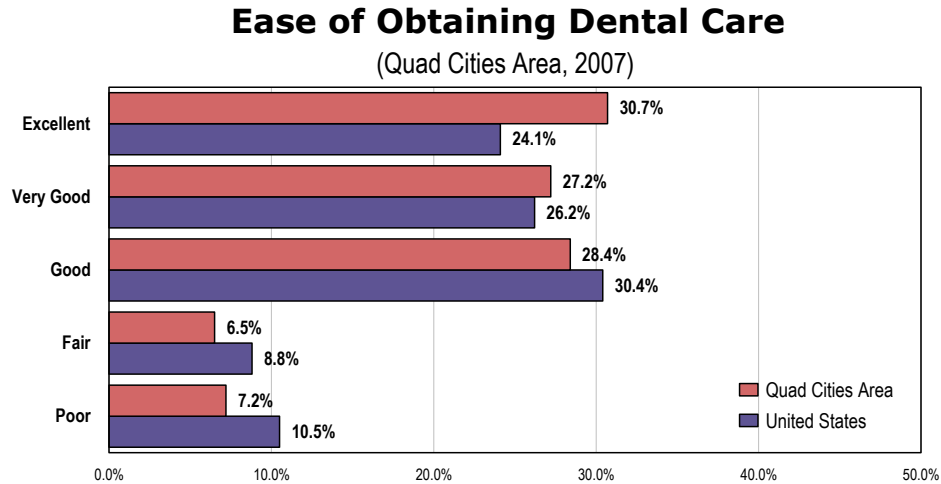
Note: • Asked of all respondents. Note that many did not answer as they have not needed substance abuse services.
 • Percentages represent combined "fair" and "poor" responses.

Dental Care

Survey respondents were next asked to rate the ease with which they can obtain dental care in the Quad Cities Area.

Overall, 57.9% of the responding adults gave “excellent” or “very good” ratings of the ease of obtaining dental care in the community.

- ☑ More favorable than the 50.3% reported across the United States.
- ☑ Another 28.4% of the respondents gave “good” ratings.

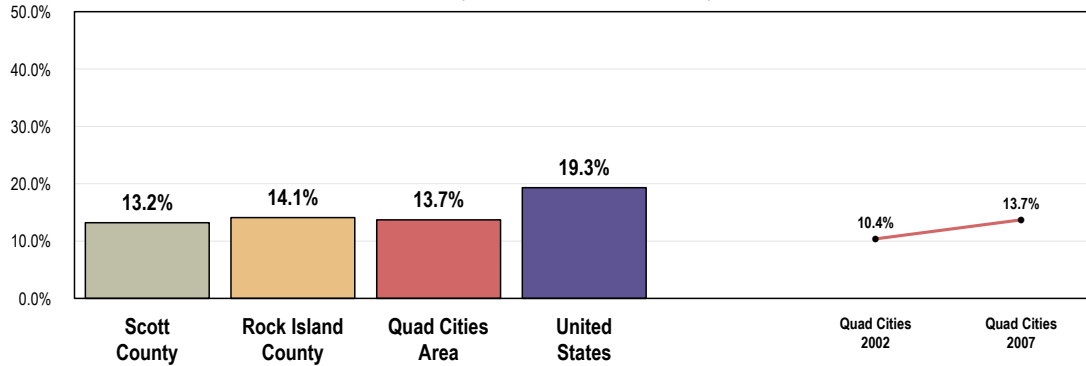


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 29]
• 2006 PRC Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 36]
Note: • Asked of all respondents.

On the other hand, 13.7% of survey respondents gave “fair” or “poor” evaluations of the ease of obtaining dental care in the community.

- ☑ More favorable than the 19.3% reported across the United States.
- ☑ No significant difference when viewed by county.
- ☒ Marks a *statistically significant increase* from the 10.4% reported in 2002.

Ease of Obtaining Dental Care is "Fair/Poor" (Quad Cities Area, 2007)



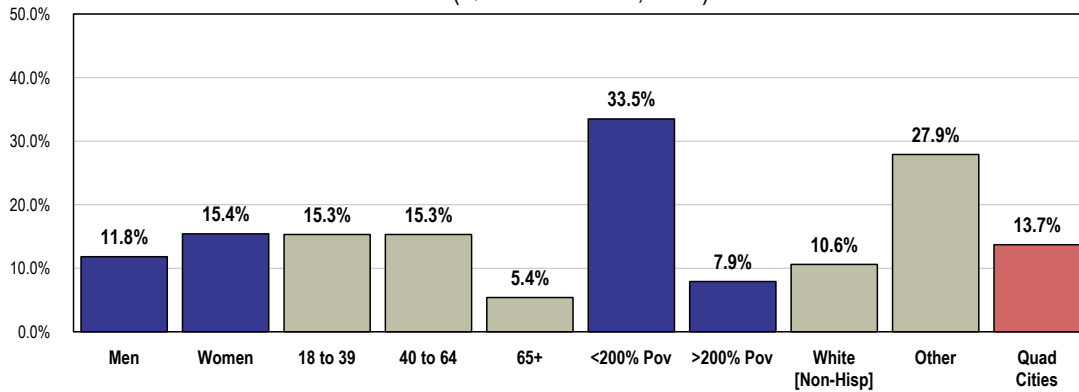
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 29]
 • 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 18]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 36]

Note: • Asked of all respondents.
 • Percentages represent combined "fair" and "poor" responses.

Low ratings of the ease of obtaining dental care are more likely found among:

- ☑ Adults under 65.
- ☑ Residents living in the lower income category.
- ☑ Non-White respondents.

Ease of Obtaining Dental Care is "Fair/Poor" (Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 29]

Note: • Asked of all respondents.
 • Percentages represent combined "fair" and "poor" responses.

Primary Care

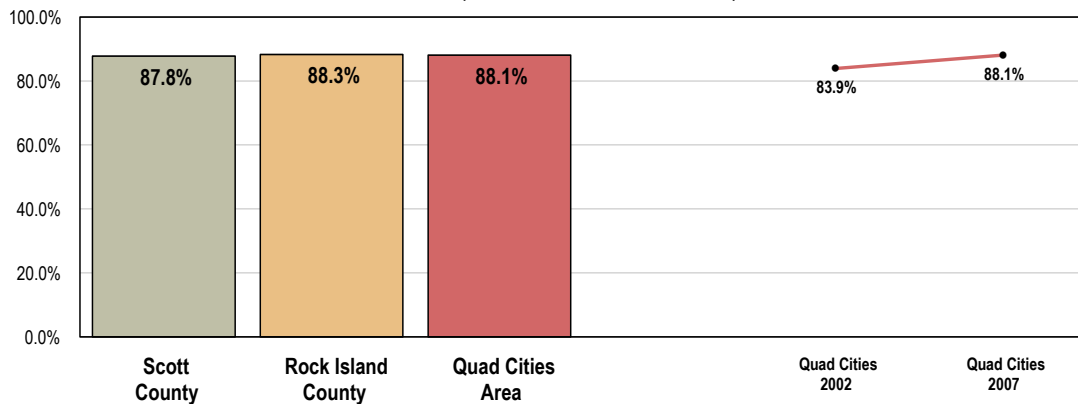
Source of Medical Care

Most Quad Cities Area adults (88.1%) have a regular physician, clinic, or health center for their regular medical care.

- ❑ Fails to satisfy the Healthy People 2010 objective of 96% or higher.
- ▣ Marks a statistically significant increase from the 83.9% in 2002.

Have a Regular Physician, Clinic, or Health Center

(Quad Cities Area, 2007)



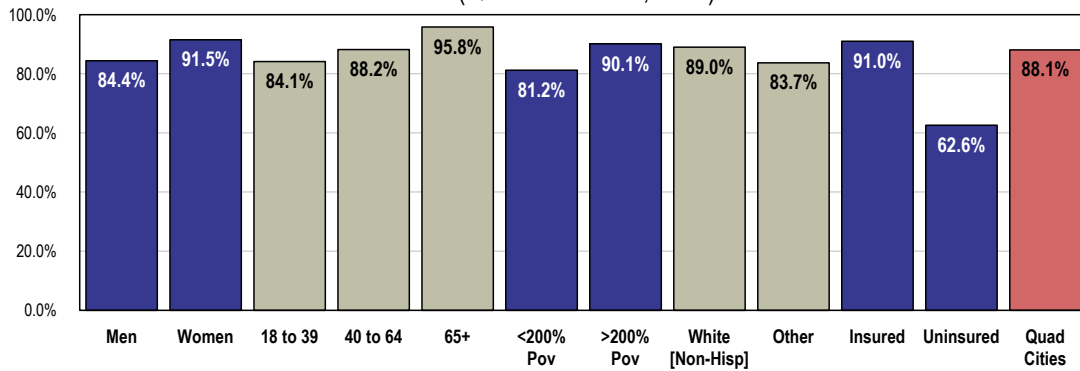
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 32]
• 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 45]
Note: • Asked of all respondents.

Adults more likely to have a regular source for medical care include the following population segments:

- ❑ Women.
- ❑ Adults aged 65 and older.
- ❑ Residents in the higher income category.
- ❑ Insured individuals.

Have a Regular Physician, Clinic, or Health Center

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 32]
 Note: • Asked of all respondents.

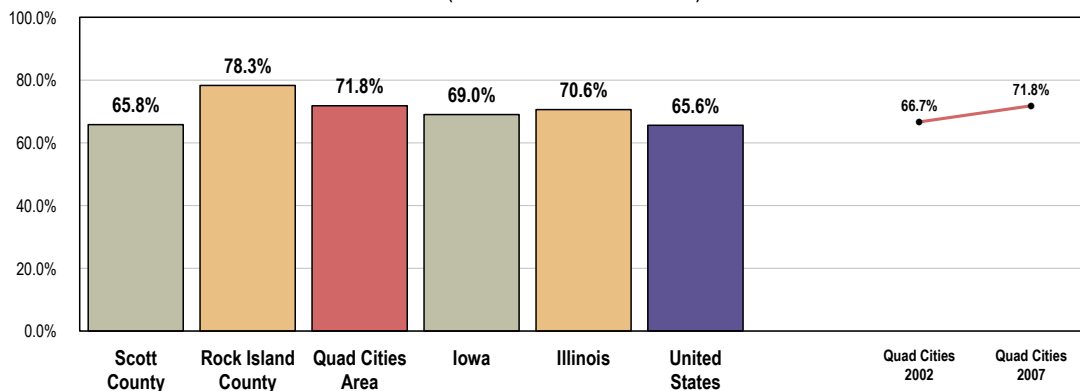
Routine Checkups

71.8% of Quad Cities Area adults visited a physician for a routine checkup in the past year.

- Similar to the Iowa (69.0%) and Illinois (70.6%) percentages.
- More favorable than the 65.6% reported nationwide.
- Less favorable in Scott County (65.8%).
- Denotes a statistically significant increase from the 66.7% found in the Quad Cities Area in 2002.

Have Visited a Physician for a Routine Checkup Within the Past Year

(Quad Cities Area, 2007)

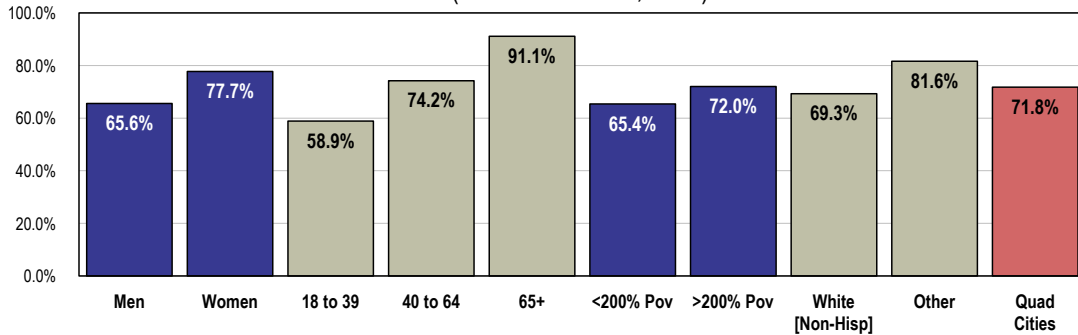


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 33]
 • 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 46]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Iowa & Illinois data.
 • 2005 PRC National Health Survey, Professional Research Consultants, Inc. © PRC 2005. [Item 21]
 Note: • Asked of all respondents.

Adults less likely to have visited a physician for a checkup last year include:

- ☐ Men.
- ☐ Adults under age 40.
- ☐ Whites.

Have Visited a Physician for a Routine Checkup Within the Past Year (Quad Cities Area, 2007)



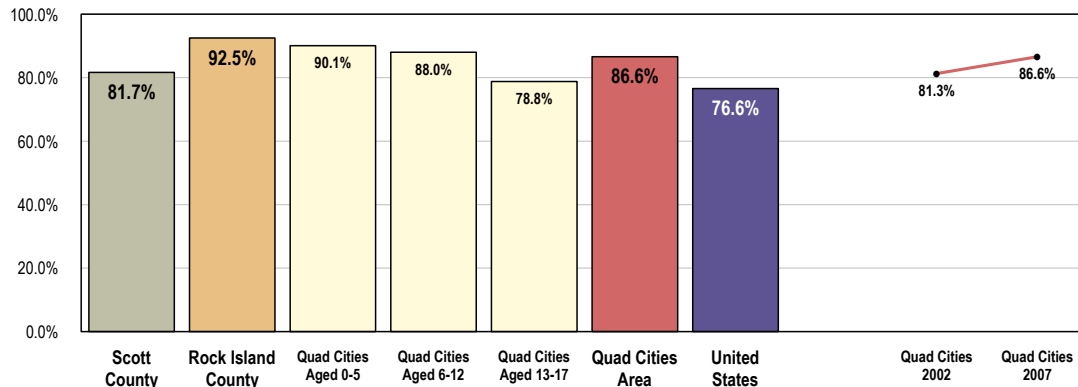
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 33]
 Note: • Asked of all respondents.

Children

The majority of Quad Cities Area children (86.6%) visited a physician for a routine checkup in the past year.

- ☐ More favorable than the 76.6% reported among children across the U.S.
- ☐ Less favorable among children in Scott County (81.7%).
- ☐ Lower (78.8%) among area teens.
- ☒ Statistically comparable to the 81.3% reported locally in 2002.

Child Has Visited a Physician for a Routine Checkup Within the Past Year (Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 140]
 • 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 132]
 • 2005 PRC National Health Survey, Professional Research Consultants, Inc. © PRC 2005. [Item 171]
 Note: • Asked of respondents with children under the age of 18.

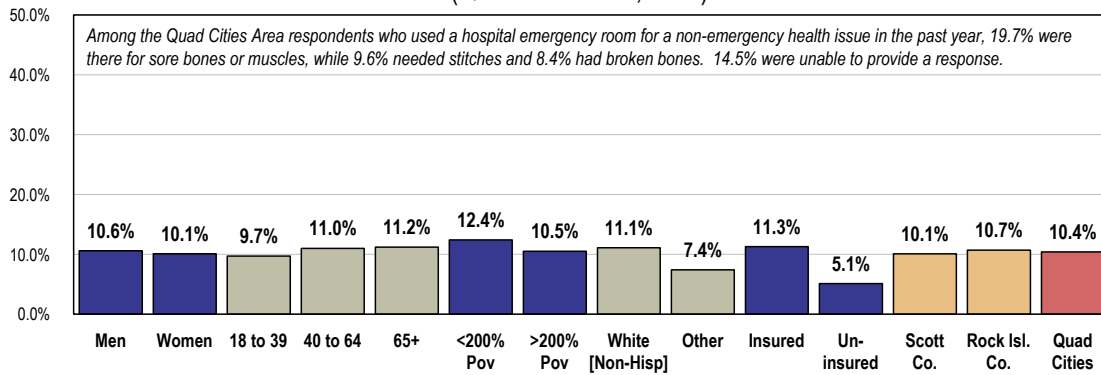
Use of Emergency Rooms for Non-Emergency Care

A total of 10.4% of survey respondents say that they used an emergency room for a non-emergency medical issue in the past year.

▣ Similar by county.

Viewed by demographics, insured respondents are more likely to respond affirmatively in this case than are uninsured respondents.

Used a Hospital Emergency Room for a Non-Emergency Medical Issue in the Past Year (Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Items 44-45]
 Note: • Asked of all respondents.

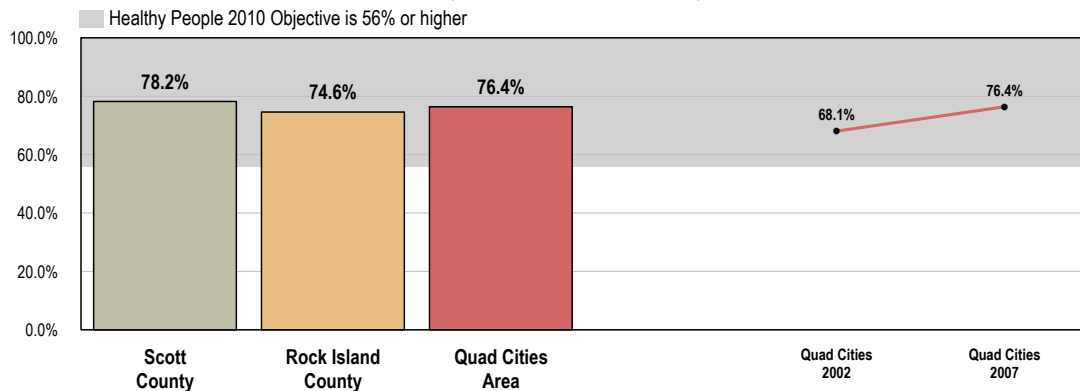
Oral Health

Overall, three-fourths (76.4%) of Quad Cities Area residents received a dental checkup in the past year.

- ☑ Satisfies the Healthy People 2010 objective of 56% or higher.
- ☑ Does not vary significantly when viewed by county.
- ☒ Marks a *statistically significant increase* in dental checkups since 2002.

Have Visited a Dentist or Dental Clinic For a Checkup Within the Past Year

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 34]
 • 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 47]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 21-10]

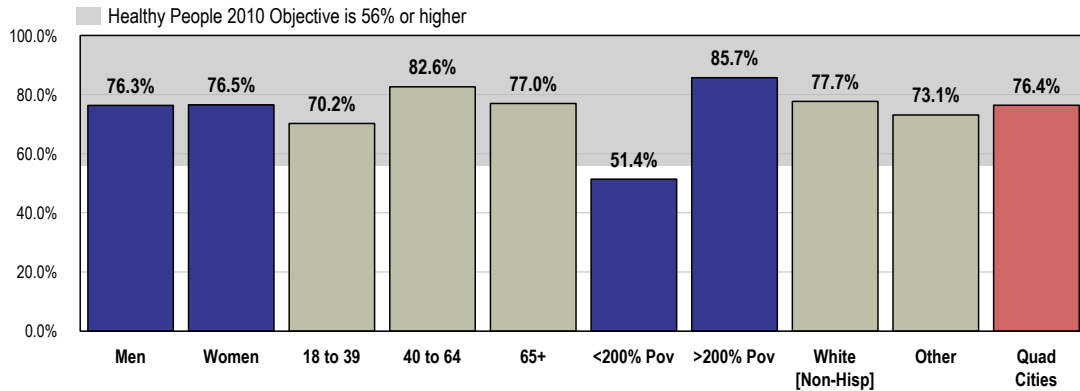
Note: • Asked of all respondents.

Further:

- ☑ Adults aged 40 and older are more likely to have had routine dental care in the past year.
- ☑ In contrast, lower-income adults are much less likely to receive dental care.

Have Visited a Dentist or Dental Clinic For a Checkup Within the Past Year

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 34]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 21-10]

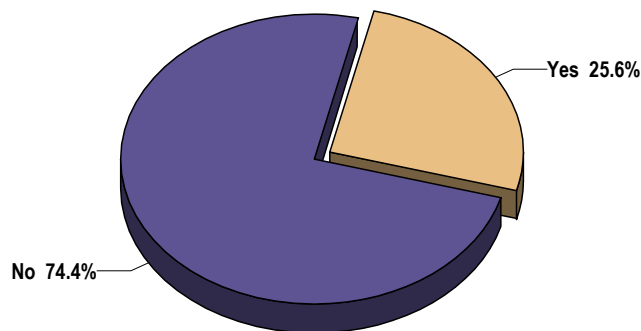
Note: • Asked of all respondents.

A total of 25.6% of Quad Cities Area adults visited a dentist or dental specialist for non-routine care in the past year.

☐ Does not vary significantly by county.

Visited a Dentist or Dental Specialist for Non-Routine Care in the Past Year

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 35]

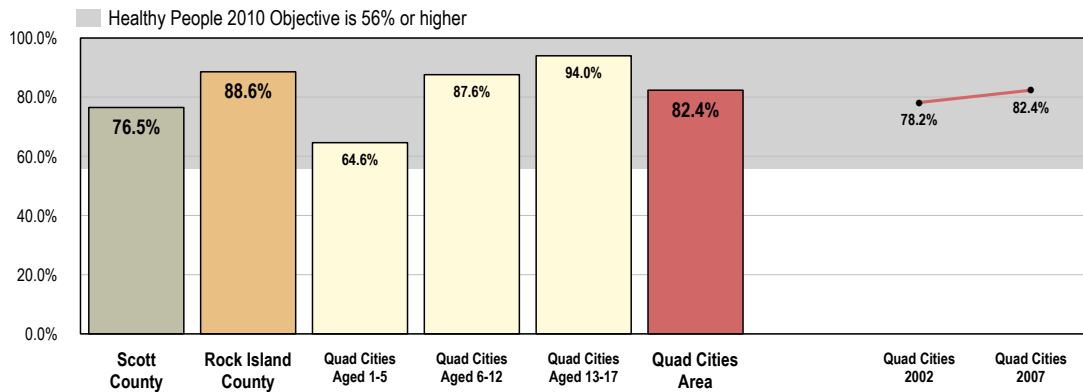
Note: • Asked of all respondents.

Children

82.4% of Quad Cities Area parents report that their child visited a dentist or dental clinic within the past year.

- ☑ Satisfies the Healthy People 2010 objective of 56% or higher.
- ☑ Less favorable (76.5%) among Scott County children.
- ☒ Statistically unchanged from the 78.2% reported among children in 2002.

**Child Has Visited a Dentist
or Dental Clinic Within the Past Year**
(Among Respondents With Children Aged 1-17; Quad Cities Area, 2006)



- Source:
- 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 137]
 - 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 125]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 21-10]
- Note:
- Asked of respondents with children aged 1 to 17.

FOCUS GROUP FINDINGS

Participants in the *Quad Cities Health & Society Focus Group* outlined the following health-related needs for the area:

We must find strategies to engage individuals and families in making healthier lifestyle choices.

- ☐ Create healthy environments through institutional policies that reach large numbers of people.

“One strategy that I think would have an impact is to reach people through institutional policies and changes because then you can reach masses. We feed 925 kids a day in our programs and when we instituted another nutrition policy, we changed what we fed those kids, we also had to increase our budget to buy that food, but it is a matter of walking your talk. We actually had the vending company take our vending machines out because they did not have anything to put in them, and took a hit as far as that revenue, but now we are going to buy our own and stock it ourselves because there is nobody in the community that can stock it with anything that meets the nutrition policy. There are churches that are thinking about instituting nutrition policies about what they serve in their churches to their kids. I think that we can reach thousands of people at a time rather than try to reach one person at a time, even through corporate nutrition policies what they have in their cafeterias, and those types of things, won’t impact what people eat all the time but look at how many kids are in childcare and they are getting half of their food in those childcare centers.”

“And, I think beginning at an early age, as you indicated, especially if you do it in the schools. I remember when we were first starting to recycle and I was going to throw a glass bottle away in the trash and my son was just irate. So, I think that if we can get the kids to indicate to the parents when they come home, mom let’s have carrots for a snack instead of a brownie that might be helpful. We always say in the churches, give up on the middle age group because you can’t change their behavior; get the kids to change the parents’ minds.”

“I think that there are major things happening in both states as far as tobacco goes. In Iowa, of course, they are looking at raising the tobacco tax \$1.00 but and Illinois is doing some things, too, but I think that one of the things that we need to move towards, is definitely smoke free restaurants, allowing for if there is preemption at a state level, to allow locals. If you are not going to adopt a state wide ban in public places, then at least allow locals the ability to adopt legislation to have smoke free public places.”

“Tobacco Free Quad Cities is also another initiative, and that is really beginning to have some impact.”

- ☐ Recognize and address barriers to healthy choices, such as time and cost.

“We need to provide an environment that encourages healthy choices. But I also think that we need to take into consideration the current lifestyle that we find. Everyone is busy, they are running through fast food restaurants, and I think that is one of the biggest challenges that we face – getting a fast food restaurant to offer a healthy choice there. I think that we need to encourage choices within current lifestyles.”

“It costs money to be healthy.”

- ☐ Target efforts according to issues (e.g., tobacco) & population (e.g., youth).
Examples of targets populations:

- Youth and Mental Health

“One of the issues that both of our medical societies are facing this year, and I see that it is down here, is the lack of mental health services. The really severe funding cuts are going to have a tremendous impact on

the services in our community and our physicians are really recognizing that. So, one of our really big initiatives this year is to work with our local legislators to see if we can't get some of those funding cuts, especially in Scott County, reversed. Because, if you cannot get mental health services through Vera French [Community Mental Health Center] and some of the other areas, then it is going to be impossible for the physician base in this community to provide those adequately. And, the situation with that is abysmal, especially for kids and teenagers in this community."

"Trinity and Genesis have been known to collaborate and partner on community health issues. The Quad Cities Health Initiatives, we have done it with a couple of other things, we have done it with Tobacco Free – this is a community health issue. And, I think that Genesis and Trinity have a responsibility to step up to the plate and look to ways that they can bring some resources to bear, working with Vera French and working with the Robert Young Center and whomever else are the players, so we can help respond to what is clearly a very serious gap [in mental health services for teens] in the community."

"The School Health Link is another local initiative that does a great job, but they are subject to funding cuts and I think that they, at one point, were interested in adding mental health services to their array of things and that might be an opportunity."

— Youth and Physical Health

"One of the challenges that I see is that there doesn't seem to be – I know the Y is going to say that there are – activities, but I have a daughter who fits into this category – activities for that young teenager, that 12, 13, 14 year-old to get them to be involved in activities, particularly if they a larger body type. They don't want to go to the Y, because that is embarrassing to exercise in front of other kids. It is hard to get them outside, particularly this time of year. I tried to look for programs and I am having real difficulty and there doesn't seem to be something to try to engage her where it is not embarrassing. Because all the boys those ages are at the Y playing basketball. So, I would put that under a challenge for that age group of girls who are so body-conscious to find an activity for them."

"I think that what stuck in my mind most is that there are lots of services for youth in our community and lots of activities, we seem to still have lots of gaps. Whether that is in the mental health, whether that is in dietary information, whether that is in exercise programs, whether – and maybe it is communication to our youth, whether it is a continuum that it is going from youth to parents to home that – and I do agree, I think educating the youth is where it has to start – so that – every time that I hear that our youth are going to live less long than we are, it scares me to think that this generation is the first generation that won't live longer than their parents, that something has to be done and that is due to lifestyle and how do we change it. What I have heard today, it seems like it was in many different areas where we have gaps in services for our youth."

— Seniors and Access to Services

"There are also senior services that are limited access to local health. For example, I think of Meals on Wheels, there are huge waiting lines for that. And, that just seems so tragic to me. And, you know the reason why there is a waiting list there; it is because there are not enough people to deliver the meals. They have a certain number that they will reimburse them for their gas and things, but I just think that is so tragic. We are acutely aware of that with having overseen that contract now, that I had no idea that the reason why – and you think that how for so many of these folks, that is their only contact with anyone from the outside, and they rely on 100% of their nutrition from those meals. They are really not meant to be for the 100% but they do rely on them."

- Increase public's health knowledge (e.g., aspects of heart health) and highlight effects of choices (e.g., direct consequences of behaviors).

"I think that more nutrition services, such as like having Diabetes classes or cardiac or weight control. You would think that everybody knows what heart healthy means, but they really sometimes don't. So, having more programs that are out in the community and the grocery stores and wherever, in the churches and different places, just getting out to senior areas, and so forth, and helping them with some of the challenges

that they have. Along with that, it was really a fun thing for me to pick up on, choosing restaurants, and it is great to hear people's responses, and so wouldn't it be fun if we could start out of this an effort of having like some award, you know, that they get the award from the Quad Cities Quality of Life Vitality Scan for Restaurants and have like a heart to heart or heart healthy or this is the heart healthy choice that this restaurant won or that restaurant won, and maybe how to make it, if they would be willing to share how to prepare. Then you can get into like having a little class, or people come or whatever ."

"I think that another challenge is really educating the public on what portion control means. I think that the public knows that French fries are not healthy, but I don't think that they recognize that there is a difference in the size of one bagel over another and exactly what that means. So, I think that some of that might be important."

"I don't know if it is, I agree with you, but there is almost a cause and effect kind of issue, too. I may understand that a Big Mc is supposedly not good for me, but I don't really know what the effects are. You have got to make that real for me. You know, when I have spoken to people, it is like you can abstract that so much, and so somehow we have got to bring it home to them that this is real and this is a direct consequence of eating those French fries that I love so much."

☐ Increase utilization of outreach and extension programs.

"I think that programs that go into the communities and work with nutrition and exercise and those types of education are very helpful, we go into the churches and community centers and do those programs."

"I think that through the Quad Cities Health Initiative and the Wellness Champions, there have been a number of different initiatives that have proven to be fairly successful and whether that it is going into a particular community area or just a targeted focus area and doing marketing around that."

"I think that the resources are there, I think that they are just misallocated in many cases. For example, if we would invest in preventative health care, we would not have to pay for as many ICU stays. We talk about health care and people not smoking and having healthier lifestyles, but, nobody will pay for people to get help in that area. Like if someone needs treatment to quit smoking, or for obesity, whatever, those things aren't considered health problems."

"I think on a one-on-one basis, I think that the collaboration between the churches and the hospitals, with the health ministry program and the Parish Nurse program, I think that it does work. I think that you could ask any Parish nurse and they could tell you how they helped people with access, they have helped one-on-one with education and they have made a difference. There are volunteers, there is transportation that is provided, and there are hook-ups with Meals on Wheels. It is probably not going to effect the community-wide statistics unfortunately, but I do think that there is some value in the one-on-one connections."

☐ Identify and address the impact of cultural diversity on initiatives to improve community health.

"I think that the F-Net program really has done a good job. That is the cooperative extension program where it is expanded food and nutrition education. And what they try to do is make sure that they find people who are in the community, that live in that community that they can relate to, that speak their language, for example. Then they teach them how to utilize their foods and how to adapt. That is actually something that is really a great thing to expand upon a little bit and I think that we do have a language barrier. With one of our diabetes programs into the Latino community, they said – we need to go to the grocery store – but again, you need people who speak the language and who understand the different kinds of foods. It is not just that community; there are multiple communities like that."

"That really gets into the access. I was kind of holding back until we got to that part, but certainly I think when we look at any kind of health education or health literacy, or health promotion or any of that, that it has to be culturally confident. That it has to be something that we are taking great consideration of what they call those cultural and linguistic appropriate services and standards as we put those programs together. It is not just as you said Hispanic people with a language barrier, perhaps, but it also may be African-Americans and some of the things that we look at or do, or it may be a certain immigrant population, so we

have to be really very sensitive as we are rolling out whatever, to make certain that we are getting very, very sensitive cultural nuances that really do get in the way.”

“The cultural competency really comes into place in that accessing medical and dental care and we know that continues to be a significant problem.”

- ☐ Link people to service delivery “homes” in order to promote consistency of preventive care.

“I think that health diversity is a huge issue in all ages. Whether you have healthcare or not, I know that we just changed healthcare plans at the county level, and you need a PhD to even get to see them, just to get through the whole system, let alone the changes with prescriptions for seniors.

“I think that this is way bigger than we can take care of – you know you have the insured and the uninsured and the uninsured group just keeps getting bigger and bigger and bigger – that is the group that is truly having troubles with access. The insured group – I mean there may be a little confusion, it may get complicated, but I have got access, I can get what I need.”

“It would seem like that it is true, but a lot of times people with insurance have less access to certain services.”

Access to healthcare continues to be an issue for many in our community.

- ☐ Transportation – location of services in a bi-state, multi-city community.

“One of our big challenges is transportation for those who do not have it. Good transportation. We provide it to some of our clients, but I know that a lot of the physicians, in order to get them to take the population that we serve, you have to get them to keep their appointments, otherwise, they are on the black list and that is one more physician that they can’t see.”

- ☐ Consider both functional and recreational opportunities for bike & walking paths.

“On the preventive side, as far as access one of the things that we have very little of, regardless of economics, is that is an adult environment that encourages or really accesses functional path and bike routes. Rock Island is putting in bike rails as they redo streets, and pedestrian routes. But, if I wanted to ride my bike to work, I would be dead within a week.”

“We have done a great job of putting in recreational trails. But, as far as functional trails, very lacking. My kids could not walk to school, even though it is only three blocks, because they would be out in the busy street. There just weren’t sidewalks. I think that only 11% of our kids walk to school. There are some other influences there also, but – it is the same thing with getting to the grocery stores and getting to doctor’s offices. If you can’t walk without being in the street – it makes it tough.”

- ☐ Promote a more unified communications plan that includes use of web sites, media coverage, InfoLINK, etc.

“I think that we need to find a way – there are a lot of resources available, but I think that we need to find a way to collaborate and coordinate them so that they all work together. In my mind, our system is very fragmented. You know, this agency does this and this agency does this and this agency does this – they all do a little bit, but not enough. If we can bring things together, and think about it as a whole and coordinate efforts more, it would be a tremendous help.”

“The book that the United Way publishes is extremely helpful in terms of letting folks know where the services are available, but again, it is costly and only agencies typically have that book. They did put it online a few years ago, so it is available that way, too.”

“I would probably just go back to making sure that we could have some kind of a health advocacy web page that includes what is available, but also I like the idea of being able to post what your needs are. Like this

idea – we need drivers for this, and so I was reminded of that might be a great way to just bring a number of things meshed together there.”

“I would have to agree with everything that has been said. I think that we have a lot of resources right here in our Quad Cities and, getting them all connected properly and communication. I think that one thing that we did not have the time to discuss very much would be getting the information to the people who don’t have access to Internets, those who don’t have insurance – we need to get more creative on how those people get access. I think that right now, the best way that they have is somehow getting connected with an agency. If they don’t even have that, how do they get into the network?”

- ☐ Increase public ‘health literacy’ regarding health insurance, prevention opportunities, and treatment directions.

“We would not have those people, the seniors, worrying about diabetes – we should be starting the action when they are age 5 and 6, if not sooner. We should not be teaching them about diabetes when they are 60, as I am. Communications can never start too early.”

- ☐ Differentiate between issues we can address directly (e.g., community communications and awareness) and issues that are mediated through state and federal governments (e.g., health insurance issues).

“One thing that I really admire Quad Cities Health Initiative for, is their grass roots effort at communicating very basic wellness preventive types of messages and networking within the community. I think that if we can expound on that and grow that, even more so and reach out to other folks or other resources in the community, who may not be really linked in with that, that – we have already got a start there and we can certainly grow that and just sort of increase the value of what is already out there. I also think that we need to give the folks in our community, who need these services, and are reaching out for them, a pat on the back, because I work with them every day, who are interested in preventive health care, they want those messages, they want the education, but as we already talked about, they have some stumbling blocks in their own lives. Time, certainly financial resources and that kind of thing. So, how do we sort of streamline our efforts for them, keep the preventive messages real basic and simple and yet increase their own sense of self-efficacy and this is something that even if they just take the first step – they can do this and they can access what is out there.”

“I am not a healthcare economist, but I certainly know that it is much more than a business model that we have to look at when we look about what we do about health care in this Country. Health care is that ‘perfect storm’ if you will. So, I think that things are going to have to happen. I think frankly it is very simplistic, and it is simplistic to look at it only from provider and consumer. There are a lot of issues there that we have yet to understand ourselves sitting around this table, to try to articulate what might be an antigen issue. Universal payer – I have heard that and there are all the ethics that you have to work into a model, there are all of those pieces yet, and it could be overwhelming.”

“Just to go back to the insured and uninsured, one thing to keep in mind, even those falling under insured, Medicaid and all of that, it is still not a full reimbursement – and that is an issue – in particular from CHC’s point of view. Where, we serve 25,000 people and over 40% are Medicaid, and you are getting 60 cents on the dollar.”

- ☐ Amplify current community strengths and assets.
- ☐ Bridge lifespan issues – engage citizenry’s resources/volunteerism.

“I have to speak up for the seniors in the community and the things that we talked about, the mental health issues, and the transportation issues and the nutrition issues. We have our Gen-H Cafes and we also deliver meals to rural folks that live in the home and you are probably right, that may be the only meal that they have. I don’t know if transportation is an issue. We have several agencies that provide transportation. But I don’t know if it is also a matter of education. Everyone is so used to being independent and jumping into their car and going where they need to go and now all of a sudden, for

whatever reason, finances, or inability to drive or whatever reason, they can't do that. If there was a way to bridge everybody across the life span to some of these providers that provide the service for transportation, you know private, not just cities, but also mental health is a big issue as well, across the life span, going on into our seniors."

Issues that Require Collaborative Efforts

- ❑ Assure basic health care and promoting preventative services to diverse populations, including those in poverty.
- ❑ Advocating and guiding the public through the health insurance maze.
- ❑ Expanding the continuum of services for youth with mental health needs (e.g., day treatment).
- ❑ Developing a unified source of information for both the public and for professionals about both available services and needs for volunteer efforts.

ENVIRONMENT & RESOURCES

ENVIRONMENT

Air Quality

During 2005, the Quad Cities Area experienced 2 days when air quality standards exceeded allowances for PM2.5 (particulate matter greater than 2.5 microns in size).

Zero exceedances were found for the following substances:

- ☐ Ozone
- ☐ PM10 (particulate matter > 10 microns)
- ☐ Sulfur Dioxide (SO₂)
- ☐ Carbon Dioxide

Ratings of Physical Environment

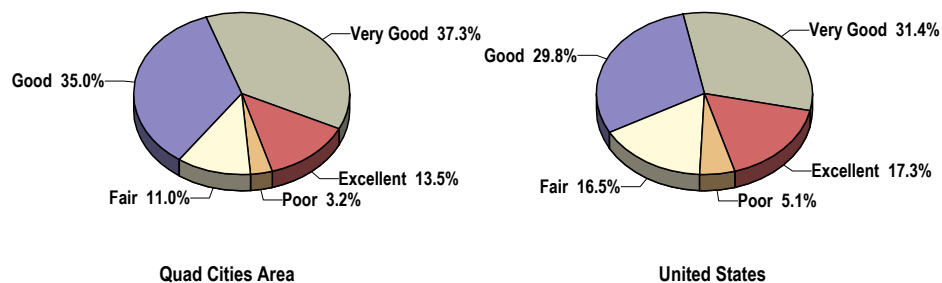
In this section of the assessment, Quad Cities Area survey respondents were asked to rate the community's physical environment (in this case, the term "physical environment" refers to being free of pollution, having clean streets and yards, and attractive neighborhoods and buildings).

Overall, 50.8% of community members gave "excellent" or "very good" ratings of the community's physical environment.

- ☐ Statistically similar to the 48.7% rating given across the U.S.
- ☐ Another 35.0% of survey respondents gave "good" ratings.

Rating of Community's Physical Environment

(Quad Cities Area, 2007)



- Source:
- 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 84]
 - 2006 PRC Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 62]
- Note:
- Asked of all respondents.
 - In this case, the term "physical environment" refers to being free of pollution, having clean streets and yards, and attractive neighborhoods and buildings.

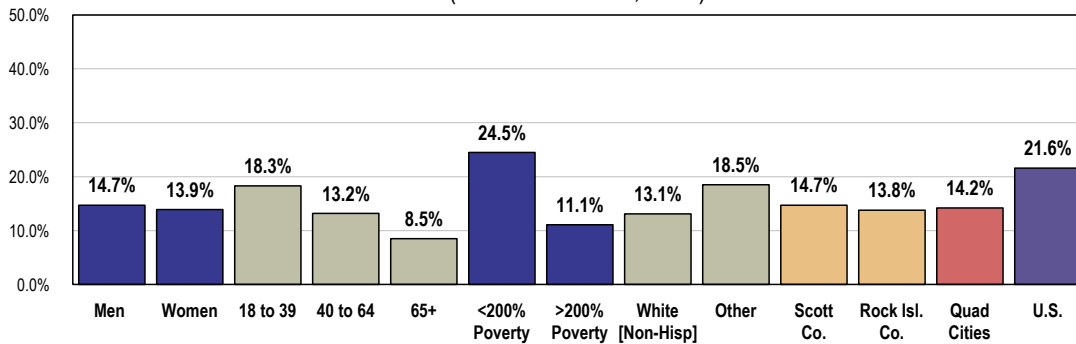
On the other hand, 14.2% of Quad Cities Area residents perceive the physical environment to be “fair” or “poor.”

- ☑ More favorable than the 21.6% found nationwide.
- ☑ Statistically similar when viewed by county.

Adults more likely to consider the community’s physical environment to be “fair” or “poor” include the following population segments:

- ☑ Adults under age 40.
- ☑ Residents living in the lower income category.

Community’s Physical Environment is “Fair/Poor”
(Quad Cities Area, 2007)

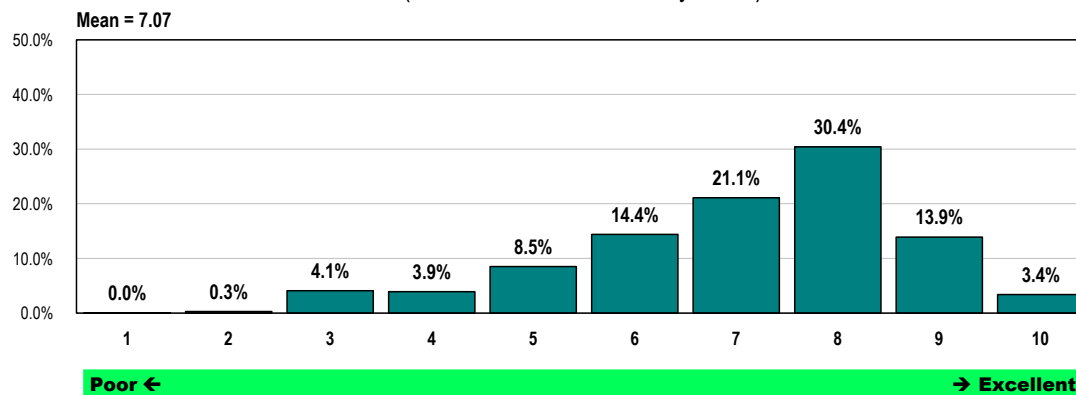


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 84]
 • 2006 PRC Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 62]

Note: • Reflects the total sample of respondents.
 • Percentages represent combined “fair” and “poor” responses.
 • In this case, the term “physical environment” refers to being free of pollution, having clean streets and yards, and attractive neighborhoods and buildings.

Community Leaders predominantly rated the physical environment as a “7” or “8” out of 10.

Community Leaders: Rating of Physical Environment
(Quad Cities Leader Survey, 2007)



Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 19]

Note: • Asked of all respondents.
 • In this case, the term “physical environment” refers to being free of pollution, having clean streets and yards, and attractive neighborhoods and buildings.

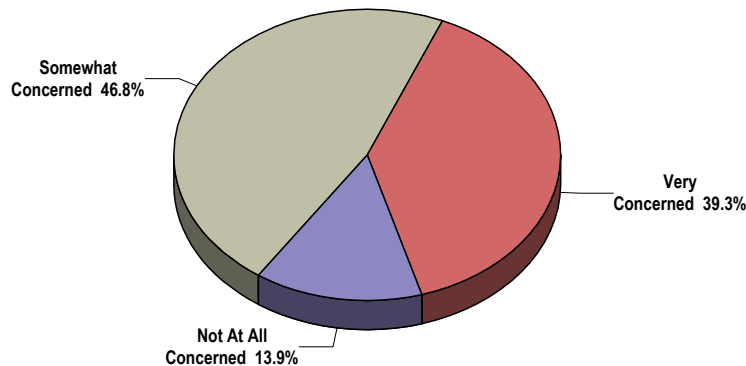
Environmental Concerns

A total of 39.3% of Quad Cities Area residents are “very concerned” about local environmental issues.

- ☐ Another 46.8% of residents are “somewhat concerned.”

Level of Concern for Local Environmental Issues

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 85]
 Note: • Asked of all respondents.
 • In this case, environmental issues include air and water quality, or the use of land in the Quad Cities area.

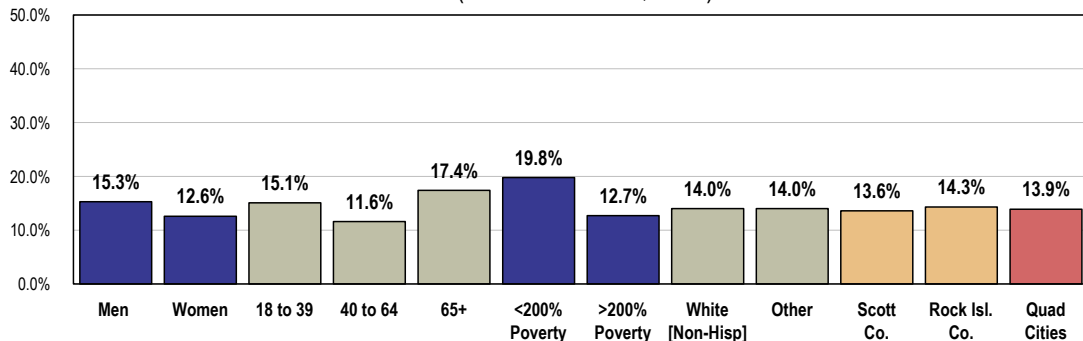
In contrast, 13.9% of Quad Cities Area adults are “not at all concerned” about local environmental issues.

- ☐ Statistically similar between the counties.

Note that none of the differences in the following demographic breakout chart is statistically significant.

“Not At All Concerned” About Local Environmental Issues

(Quad Cities Area, 2007)

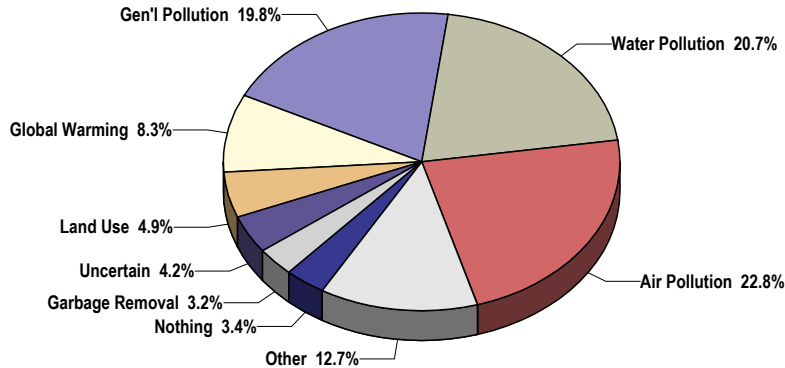


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 85]
 Note: • Reflects the total sample of respondents.
 • Percentages represent “very concerned” responses.

Pollution topped the list of “number-one” environmental concerns among Quad Cities Area residents.

Number-One Concern About the Environment

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 86]
 Note: • Asked of all respondents.

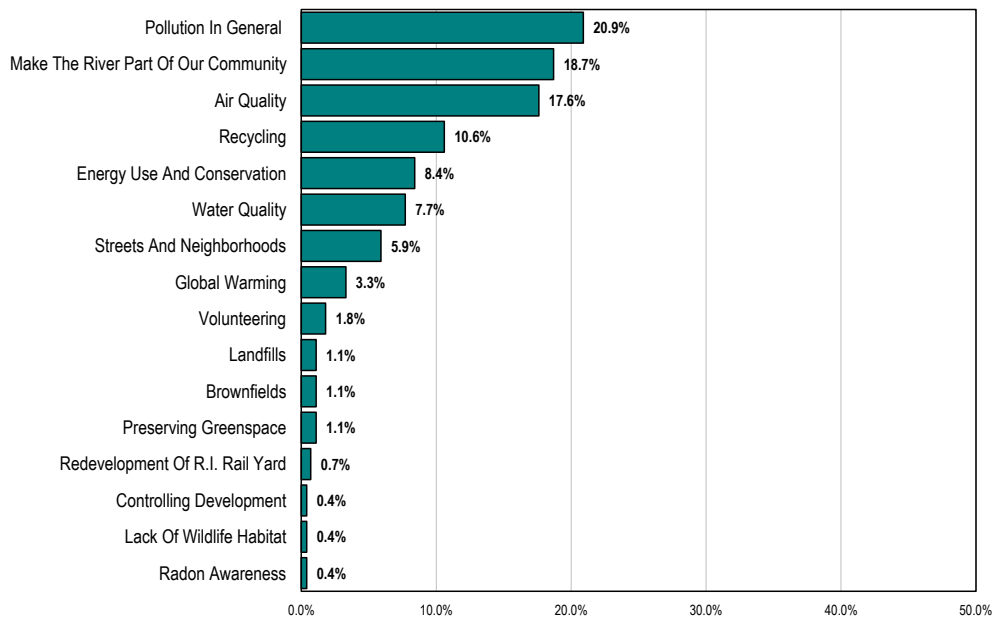
Among Community Leader respondents, 20.9% cited “pollution in general” as the most important environmental issue facing the Quad Cities Area.

Other common responses included the following:

- ☑ “Make the river part of our community.”
- ☑ Air quality.

Community Leaders: Most Important Environment-Related Issue Facing the Quad Cities

(Quad Cities Leader Survey, 2007)



Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 31]
 Note: • Asked of all respondents.

RESOURCES

Recycling & Energy Conservation

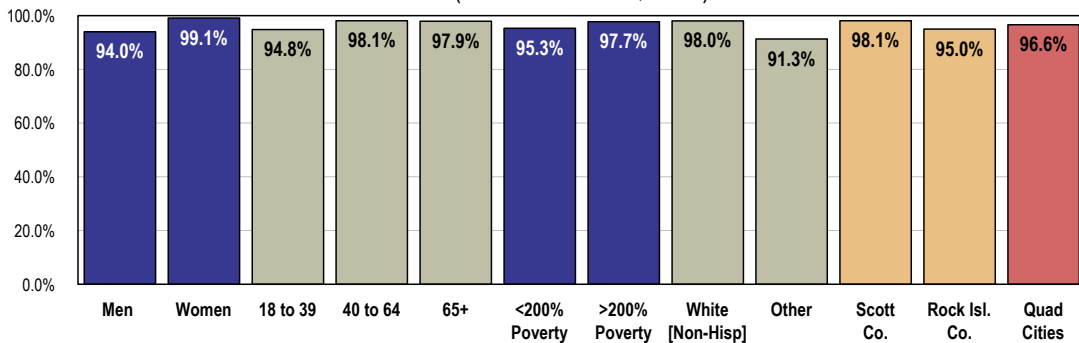
Nearly all (96.6%) area adults say that they currently recycle or conserve energy at home. [In this case, conserving energy includes turning off lights and appliances when not in use, lowering the thermostat in the winter, buying energy-efficient appliances, etc.]

☐ Lower (95.0%) in Rock Island County compared to Scott County (98.1%).

Adults less likely to regularly recycle or conserve energy at home include men and Non-White adults.

Regularly Recycle or Conserve Energy At Home

(Quad Cities Area, 2007)



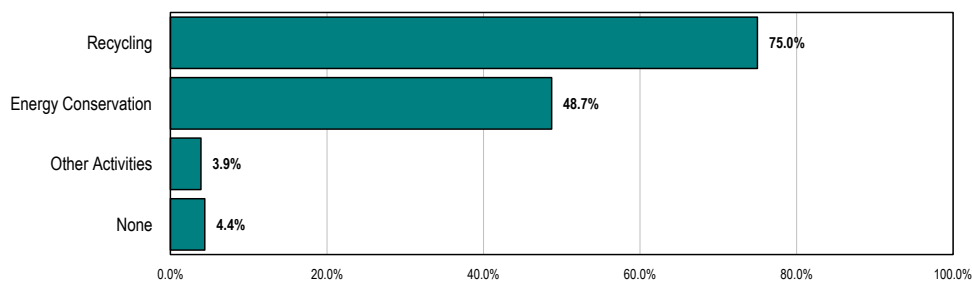
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 87]
 Note: • Reflects the total sample of respondents.
 • In this case, conserving energy at home includes turning off lights and appliances when not in use, lowering the thermostat in the winter, buying energy-efficient appliances, etc.

The majority of Community Leaders surveyed indicate that their workplace recycles (75.0%).

☐ Another 48.7% say their workplace participates in energy conservation efforts.

Community Leaders: Workplace Participates in Specific Environmentally-Friendly Activities

(Quad Cities Leader Survey, 2007)



Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Items 26-30]
 Note: • Asked of all respondents.

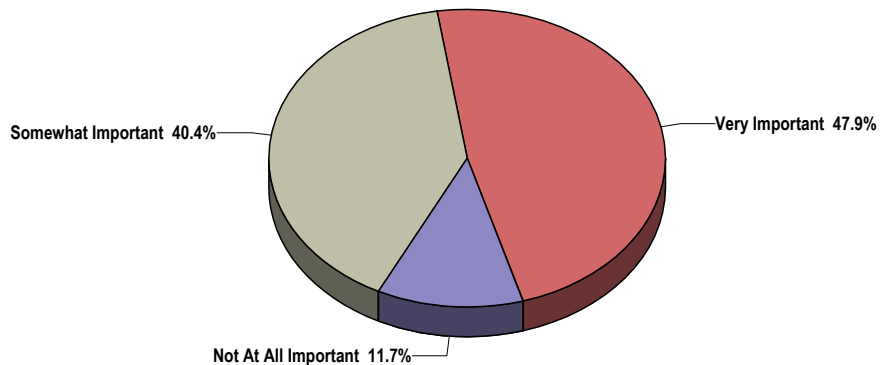
Alternative Fuels

Overall, nearly one-half (47.9%) of residents consider alternative fuel use (such as ethanol-blend gasoline, bio-diesel, or hybrid vehicles which attempt to reduce the use of fossil fuels) to be “very important.”

- ☐ Another 40.4% of respondents gave “somewhat important” ratings.

Importance of Using Alternative Fuels

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 88]
Note: • Asked of all respondents.
• In this case, alternative fuels include ethanol-blend gasoline, bio-diesel, or hybrid vehicles which attempt to reduce the use of fossil fuels.

In contrast, 11.7% of survey respondents gave “not at all important” evaluations of the importance of using alternative fuels.

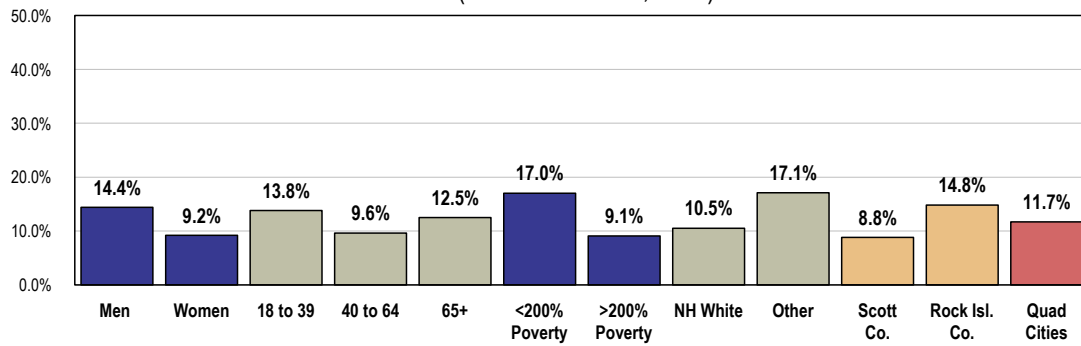
- ☐ Higher (14.8%) in Rock Island County.

The following population segments in the Quad Cities Area are more likely to consider the use of alternative fuels to be “not at all important”:

- ☐ Men.
- ☐ Adults in the lower income category.

Alternative Fuels Are “Not At All Important”

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 88]

Note: • Reflects the total sample of respondents.
• Percentages represent “not at all important” responses.

Public Transportation

Ability to Rely on Public Transportation

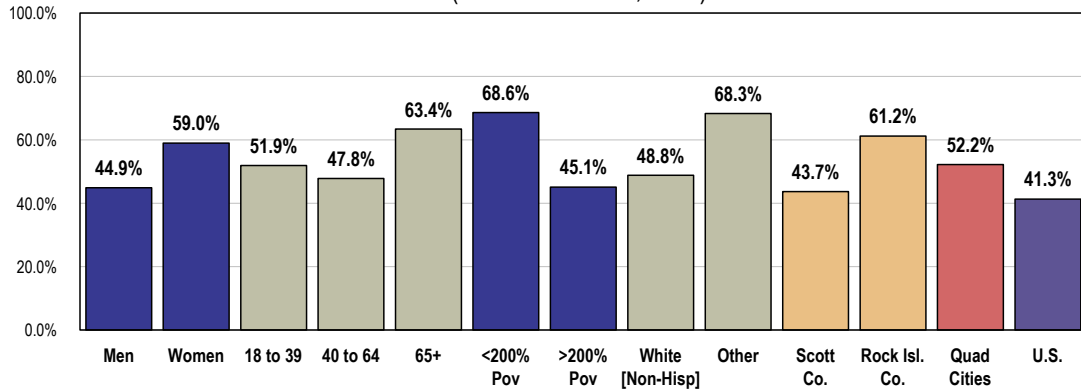
More than one-half (52.2%) of community members feel that they could rely on public transportation to get them to work, appointments, and shopping if necessary.

- ☑ A more favorable response than found nationally (41.3%).
- ☑ Ranges from 43.7% in Scott County to 61.2% in Rock Island County.

These demographic groupings are more likely to feel they can rely on public transportation:

- ☑ Women.
- ☑ Adults aged 65 and older.
- ☑ Individuals in the lower income category.
- ☑ Non-Whites.

Could Rely on Public Transportation if Necessary (Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 77]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 54]
 Note: • Asked of all respondents.
 • Percentages represent positive responses from adults who feel they could rely on public transportation to get them to work, appointments, and shopping.

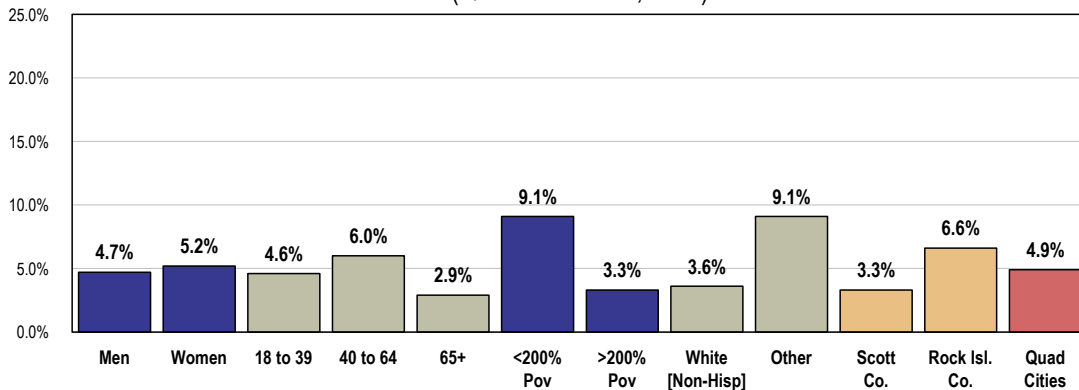
Use of Public Transportation

However, only 4.9% of Quad Cities Area adults used public transportation in the past month.

- ☐ Less prevalent (3.3%) in Scott County compared to Rock Island County (6.6%).
- ☐ Represents approximately 11,500 people.

Adults living below the 200% poverty threshold are more likely to have used public transportation in the past month.

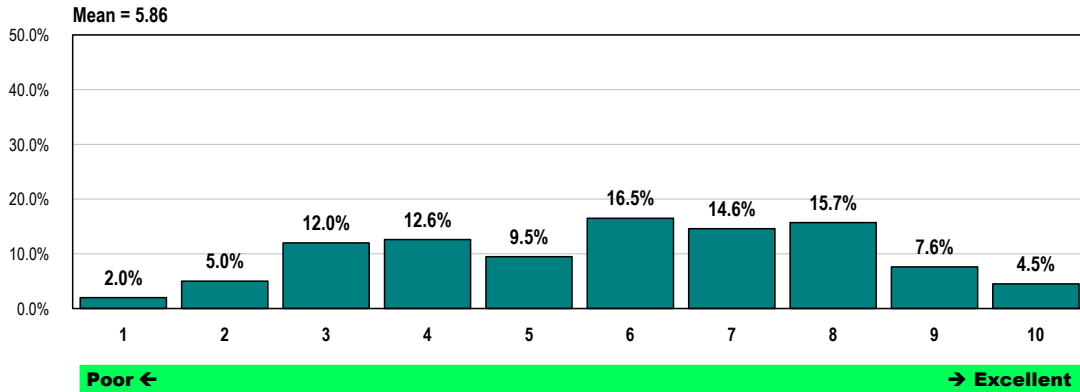
Used Public Transportation in the Past Month (Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 78]
 Note: • Asked of all respondents.

Among Community Leaders, most ratings of public transportation ranged from “3” to “8” out of 10.

Community Leaders: Rating of Public Transportation (Quad Cities Leader Survey, 2007)

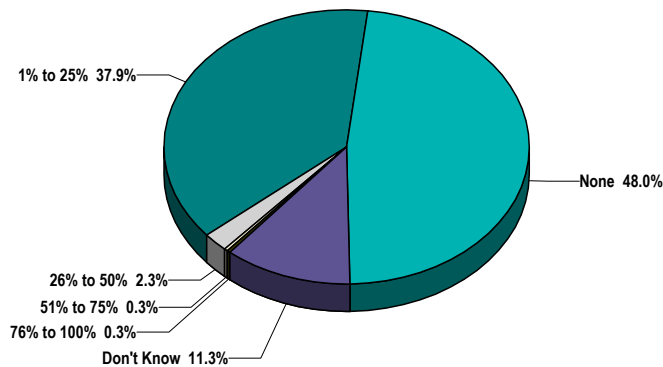


Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 35]
 Note: • Asked of all respondents.

Nearly one-half (48.0%) of Community Leaders estimate that none of their organization’s employees regularly use public transportation.

- ☑ Another 37.9% of Community Leaders estimate that between 1% and 25% of their employees regularly use public transportation.
- ☑ Note also that 11.3% were uncertain.

Community Leaders: Estimated Percentage of Organization’s Employees Who Regularly Use Public Transportation (Quad Cities Leader Survey, 2007)



Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 36]
 Note: • Asked of all respondents.

FOCUS GROUP FINDINGS

The following statements are excerpts from the *Quad Cities Environment & Resources Focus Group* held as part of this Community Vitality Scan.

A broader base of community members must adopt an “environmental ethic.”

☐ Corporations and competition with capitalist values

“Last week we had about 10-12 major corporations say that they want to develop green house gas standards now. They are saying that this does have an impact on quality of life and our ability to continue to do business, and maybe you can say, and I am sure there are people who are cynical and will say, it is just a public relations campaign. But, these companies got ahead of the curve and said that we are going to do something about this now. I think there are a lot of companies who are starting to take a look at the community that they live in and work in as an important stakeholder as well as the customer that they make products for.”

☐ Role of the collective voice

“Like community activism is lacking for those figurations. I think that you are right. There are lots of smaller groups, you know, whether it is River Action, or Local Lands & Waters, or the other organizations. But, it seems like they have their own agendas, and it is not bad, but trying to get them all together on one bigger on-going activism is more of a problem and challenge.”

“I wouldn’t say that there is not environmental ethic here – there is, it is pretty obvious, but it just doesn’t get the whole community-wide scope involved.”

☐ Framing green practices as amenities

“Rock Island is actually [doing something], dedicated bicycle lanes on some of their streets. I think that is really a step forward.”

“I lived in DC for a year and real estate, as you know, is so expensive out there, that developers have been forced into incorporating storm water retention, and green space into their communities and their houses. So, instead of everybody having their postage stamp house, it is designed so that they incorporate those kinds of community costs. So, they will take out storm water detention basin that they have to build, you know based on regulation and zoning requirements and then they will, with a little landscaping architecture, you turn it into a wetland, a walk way and a little park, and you can almost forget what the heck the thing was there for in the beginning. And I think that part of the reason, maybe I am just speculating now around here, is that land is still so cheap, we just keep going out and eating up more farmland, it is easier for developers to do that. Like you say, it takes a lot of effort. But, people who live in those communities, that have that green space, and bike path in their backyard, or a walking space, or something, they love it. They perceive it as an amenity even if they don’t use it.”

☐ Facilitating connections between people and the environment

“It makes you wonder if there was a central web site, like a ‘Quad Cities Green website’, where you could go and it would be linkable for Quad Cities Online, and you could get all that information. So you could scroll down to Rock Island and find out where to get rid of all that stuff, and Moline, and have all those things in a centralized web site that would be easy.”

“Right now, we have a Scott County Waste Commission Website and Rock Island County Waste Management and they each have information on all the communities, but there is not a unified one.”

"I think that most agencies have some sort of thing that you can go out to the students. I think what is a real embarrassment since I moved down here I can't believe that the schools in this area only allow one field trip a year, I mean up in Wisconsin, you can't go through the school system without going to a landfill, without going to a farm and without going to a waste management facility, so that you can see why. You go, and you have a bunch of kids, I remember I think I was in fourth grade, and I remember standing there and looking at one of those great big nasty holds. I also remember standing on the edge of a landfill and they said, 'You know, this will be filled up before you are even a senior'. You know, those sorts of things, in my mind I mean, I think that it is embarrassing to have one field trip a year."

"They all want to seem to be able to pass these tests or whatever. I am reading a book right now by Richard Lieu, 'The Last Child in the Woods', and schools that started doing environmental-based education system, their students scored triple better than other students just because they are getting out there, they see what the effects are. All this environmental stuff helps with math scores, helps with science scores, and yet what do we do, we start cutting field trips, we don't let them outside, they don't get a recess. It is just a big spiral."

"It seems like the solution to that is you have got to get the parents to demand it. I mean it is not enough that the kids want it, but whenever there is a budget cutback in the schools or something, like for example, in Rock Island, well we are not going to have fifth grade band this year. Holy Cow, every student's parent that wants to play something, they all show up at the school board meeting, and they get the money restored for the band. How many people are going to come and complain when they don't have buses for the field trips? Until you get the parents to demand that is an important part of education, just like you are saying, you are not going to get that to happen because there are too many other demands. Another argument for a collective voice of having a community green site, or something to help start that process."

"We talked a lot about education of the children, and I think that I would agree with that, I think that is very important and the way to go. But, somewhere along the line, the children that are now 50, lost some of their memory what they learned in 1970 on Earth Day, and so I think that we still have to focus on educating the adults, because they are the ones who are going to make the most immediate impact change. I mean, the child is not going to make a change, it is going to take 20 years to see the results of that education and we still have to focus on educating the adults."

"I have been becoming more and more concerned about the green space in the Quad Cities, about the Quad Cities urban sprawl, and about the educational system here. I think that looking at environmental-based education not only is going to help our children, but if we don't start getting our children started outside, or getting interested in being outside, they won't understand the environment outside, they won't care about the environment and later on, they are never going to vote for it. I just think that the kids are where it is at and I just think that is where we want to go. I think if you are doing this for the Cities, the Quad Cities, I think a greener city is a healthier city, both physically and mentally, a greener city is a safer city and a greener city is a smarter city, and those are all measurable. And there are cities within the United States that have tried this and when they have gone green, crime rates have dropped, physically people have become more healthy, and you will find those things happening, and a lot of things that I have heard and really got kick-started by."

● Recognizing cost factors

"I would like the Quad Cities to offer something off their water bill if you have a rain barrel. Why not have incentives like tax incentives, or for using environmentally friendly products?"

"We do have one success story in that some of our utility fees have freed up some money for the kinds of projects that we need. And, in Rock Island, they should really get a pat on the back for having their rain garden initiative and that does give back money to the person who is putting in a rain garden."

"I was thinking of the incentives, and you have to understand my perspective, I am agricultural, I am rural, so I don't really have an urban spin on things. We have a program, it is Conservation Security Program, and it is all based on a tier system. You start at a base level, and as you progress with the different practices or conservation efforts that you want to do, well, they are going to make more money, but you could give them

different types of breaks or if they add more green space, different types of energy savers. You know, depending on what kind of practices that they want to use, would build them into different tiers which would give them different types of incentives, which ever incentive they would they chose to use, which is a different kind of system.”

☐ Community recognition of businesses that consider the environment in their decisions

“We met with governments, but we also went out and did some outreaches to the local businesses and what we are finding is that a lot of them are looking to greener use of products because of health concerns to their employees and they are looking for a better way to do business and a lot of businesses in the area are not necessarily celebrating their environmental accomplishments. So one of the things that we talked about was is there a way that we could get businesses better recognized? I know that through the Iowa Department of Natural Resources, they do have a program that does recognize businesses for best practices.”

“There needs to be a need to kind of shout out to some of the local businesses that they are not the polluters that they may have been in the past, that they are making improvements. Deere has done significant changes to their painting of the tractors to capture or change the paint that they use so that it doesn't create the emissions and air quality issues.”

“I think that one of the major ones is the construction of leading energy certified buildings. For example, the new police station in Davenport.”

“The Bettendorf Library building was involved in something like that.”

☐ Promoting environmental behaviors and an awareness of their benefits and consequences to quality of life

“I think that the challenge is education, basically, about what is out there. A lot of people, they don't know what the problems are so they feel that they don't know what to do about them.”

“We do a lot of air quality public education; try to get individuals to take responsibility by combining their trips, driving less, walking, bicycling, and those kinds of things. But again, it is the education part, so that the message is out there and the challenge is, how do you go from the message of awareness, or in this message, integrating this into peoples daily lives?”

“When you think about it, in the 70's when I was growing up, you saw that stuff on the TV all the time, the 'Don't Litter' campaign was huge and you really don't see that any more, there are not really any public service announcements any more.”

“We need to quantify it greater, we need to bring it down to a level where it is easy for us to see why it is important. People who don't share our interests don't get the connection. We need to bring it to them in a way where it makes sense to them and where it would drive them to be curious about why it is there. We need to get it down to, or to be able to show them or tell them on that individual level how important it is because I think that is the biggest thing, yeah, if we all recycle because our landfill doesn't get as full. But for you, as a person, why should that be so important to your family, and to pass it on to your children and to not just start with the children. Like you said, parents are examples and to start there is a good place. I see people, I try to talk to them about my job, and they have grown up in the country but they still don't get it. They don't understand why waterways would be important. Why would you do a contour buffer strip? Why would you put a sediment basin above your lake? Why should I care?”

“I think that it would be nice to see some urban green space, either park restorations, some of the parks are in pretty bad shape, or even lands purchased and more urban area, if they are empty lots, you know, downtown green space creation.”

Environmental behaviors at every level – individual, corporate, governmental – have an impact.

☐ Defining types of behaviors for household, businesses, cities, etc.

“I know that the local building officials have talked about a ‘smart code’ so it kind of is being discussed at that level. The next step would be to go out to the builders, the building community, and to talk to them.”

“Builders say that it is all driven by the people who are asking them to build something, not so much them.”

“It seems that our effectiveness as a community is very fragmented. I think that we all share our common goal of better environment and some issues but sometimes I don’t always hear about it even though that is my job in a sense, and having a central location and a data base and coordination whether Sierra Club says, ‘Hey, this is going on, we need everybody to write a letter and do something.’ It just doesn’t happen here like it does in communities up in Wisconsin. I do a lot of work to different communities up and down the River and it is amazing, some of these little communities, Prairie du Chien, WI and some of those places, whenever we hold a meeting, 300 people show up in a town that only has 1500 people in it. You go to St. Louis, you have a meeting about the Mississippi River, you want public comment, 25 people will show up sometimes and you go, ‘This is St. Louis, where the heck is everybody?’”

☐ Recycling

“If we can get people out there and doing things, getting them involved, then it means something to them directly and making things easy for people is another way to get them doing it. I mean, when I had a friend who moved here from an area that doesn’t recycle, and she can just put these things in these bins and they take them for her, that is great, and she feels wonderful about it, and now she picks up stuff and takes it home to throw in her little bins and stuff and she is so happy about it. It is just a simple easy thing, and it might not solve our huge problems, but it is a step in the right direction.”

“Event-based activities like that have been a great success in the last few years. A couple of things, 1) in the educational programs in the grade schools, it seems like there is still a jump from getting from the students in the grade schools to the families, you know, to the family level. I mean it is surprising how few families actually have recycling barrels in their garage or some place. In Rock Island, we have actually taken a step backwards, we used to have curb-side recycling and some of the other cities did that too. Well, now we don’t do that any more. You have to put it in your car and you have to drive it up to a recycling center, which wastes gas, too. But, then it is a little bit more of an effort than some people probably want to do. So there needs to be another way to try to get the household doing that, whether it is mandatory or whatever, I don’t know.”

☐ Handling hazardous materials

“A couple of things that I have had problems with that needs to be addressed is toxic chemicals. For us in Rock Island County, to get rid of old paint, insecticides and that kind of stuff, you have to set up an appointment to come over to Davenport at the landfill to get rid of it. And then another one is electronics. You know, how many TVs and stuff do you see in road ditches and everywhere now because no one is going to take them? That is kind of a problem, too, as it is hard to find out where to take those things.”

“I guess that I represent also the Rock Island County Waste Management Agency. So, we do have a program, again with Scott County, that does take the electronics now. It is a fairly new program, what we have budgeted, we are about 85% through the year on the budget, and actually only about 50% through our fiscal budget.”

“We usually get about 35 households per month using the household hazardous waste program. I am sure that Scott County is a little higher because it is right there. But at least, these services are available as opposed to not.”

“We really don’t educate enough on the bigger picture. I mean like taking care of your car because of the global warming issues. We try to talk about taking care of the River, but what about all the industrial pollution? Nobody outside of the federal government is taking a look at that. I think that the local issues are lacking. There is a lack of education. Having Quad Cities mayors coming to the Green Cities Program for air pollution because it has never gotten adopted nationally, or whatever, and talking to the mayors and things like that. I mean, all these little efforts are good, but sometimes we need something a little bit bigger.”

☐ Encouraging simple household actions to conserve energy

“On a very small scale, buying compact fluorescents and that has a Mid-American tie in, as well as being measurably economical to people.”

“Something maybe more comprehensive on a community level might be a green community initiative that would incorporate a lot of the stuff that has been talked about.”

“We did an initiative with the local governments and went out and went through some of the different kinds of things the community could implement. So, if they are putting in LED traffic signals, they are saving money. If they are implementing lights, just turning off your computers or having your computers shut down at the end of the day, you are saving energy. That kind of thing, which ultimately saves energy and reduces the use of power plants, helps air quality in the long-term. So, I like the idea of the ‘green initiative’ because it is interdisciplinary and a lot of efforts have been single source issues. And so if there is a way, as a Quad Cities, do an interdisciplinary green effort, you could solve, or at least make headway towards a lot of different interconnection, land, water and air.”

There are many good ideas and excellent examples of environmental best practices in the Quad Cities Area.

☐ Living Lands Living Waters

“Living Lands and Waters have started from the idea of one individual, a kid named Chad, who wanted to go out and clean the Rivers. It has turned into a multi-million dollar operation. Our problem here is that we have got the Quad Cities pretty well cleaned up. It started here, we have been going out to the Ohio River, we are there right now to spruce up the Ohio River, and we are going down to Washington DC to the Potomac and we have really become what used to be thought of what used to be Quad Cities-based thing has gotten all the way up and down the Mississippi and we worked on Katrina last year for a while, too, and has moved all the way out to other rivers in the area. One of the things that they do for Living Lands, is as we go through and clean up the rivers, they follow it up with a tree planting program that puts trees in there that have fruits that are available to the animals that live on the edges, and then the third component is an educational component where we actually teach teachers. We actually get teachers to come to the barge and teach them to go back to their students and say, ‘You have got to stop this.’ We feel that getting to the kids, you know, a person is either a litter bug or they are not and at some point in time they have made that decision to go one way or the other and with the River clean-ups, those people almost always come out of there not being a litter bug. They say, ‘Gee, look at that mess’, and they will actually pick up and do that. So we think that our goal is to get to the kids, you know, this generation is what it is, so we try to get to our youth and try to help them grow up to be environmentalists, so they are in one home in each neighborhood, and then two homes, then three and just kind of build it up from the bottom up.”

☐ Retain the Rain

“We have a program that we call ‘Retain the Rain’, and that is quite a few things that relate to education and demonstration projects. One of the things that we talked about is resources, finding out to get the builders and how we all access the products here in the Quad Cities for these green builders and so on. We just finished accounting for six simple things that you can do to save the Mississippi River and at the back of that, after we discussed the three simple things, we reported a resource guide on where we purchased everything, for all the demonstrated products that were pictured and then where you can go ahead and buy

other products, or additional or same products but different sources. And I think that is how, as well as where you get the service fees for designing and architectural firms that will do green building, and like that.”

☐ Friends of the Nahant Marsh

“Well, there are probably other agencies that have done something similar. We just thought that it was a unique opportunity to pair up photos of things that we actually accomplished, like the front of a parking lot at the Arsenal, or other areas and then show how we did it. In that way, that was the first time that we have ever done anything like that. Then I made a note to explain about the Nahant Marsh; we do have an educational center there to teach the value of wetlands and that kind of thing. One of the things that has occurred recently is that we have Friends of the Nahant Marsh, and that is active and is involved in a lot of the aspects of the education and conservation.”

☐ Sierra Club

“There are a lot of volunteer opportunities for people to do things. The Sierra Club believes that if you get people involved in doing something then that is going to carry over into their daily life, in whatever they are doing. I think that is a positive thing, but it is hard to reach. If we are all smaller, and based upon limited budgets, then it is hard to reach everything. Our disadvantage I guess is that we work on so many different issues, the rivers, and air quality, and maintenance are basic things here, but you never know when it is going to be the one thing that trips the trigger. I think that education involved in Bald Eagle Days is another really positive thing in the Quad Cities that we utilize and educate a lot of people that way. So, I think that those two things to me are the very core of what we all try to do, volunteer effort and large scale environmental education are the tools that we have and I ourselves to a large scale for education, and those three things I think are good and critical.”

☐ Teaching kits to support volunteers in educating children and youth

“In our office, I have been saying for years, we could use a dedicated, at least half-time Outreach person, and all of us in our office do go out to Optimist Club and we talk to grade schools and we do all of that, but it is kind of catch-as-catch-can, and who has the time for it? And if you had someone, especially if it was tied to the Quad Cities, you could also come up with. We have these boxes at work, one is Wetlands, one is Threatened and Endangered Species, but if you had one that was more keyed into the Quad Cities environment and it was a box, and it was in a central location where people, if you were talking to a grade school and you wanted to do a Quad Cities green focus, you had a kit with teaching skills in there, it was tailored to grade levels, but you could get these kits out either to the schools or to outreach people with different agencies, and it was easy to just pick that kit up and go when you needed to give a presentation.”

“I think that there are several organizations that have kits or supplies. The Waste Commission of Scott County, through a grant, a few years ago, bought an enviroscape that you can actually show pollution by squeezing a sponge and then it infiltrates and shows how that affects the ground water so we have some of those visuals that could be loaned out to different groups.”

☐ Rain Gardens/Rain Barrels

“I think that when we went to recycling in the cities we created environmentalists in everybody, so we really changed behaviors by doing that. It is hard to come up with something similar right now, but I do think that is our goal to get that sustainable behavior changed, and I think that some of our little programs do that, if not on a daily basis, periodically. We have one project that I think kind of does it too, and making it easy to get a rain barrel, and then someone has a personal investment as they start using it. If that changes behaviors, it opens eyes I guess that you would say.”

☐ Other examples:

- Neighborhood clean-ups

- Dedicated bicycle lanes
- Kirkwood Blvd. re-beautification
- Use vacant lots as instructional and productive opportunities for residents
- Utilize schools as environmental outreach centers
- Agricultural Environmental Practice Tiers – reward advancement through more environmentally sound practices
- Create a QC Green Website; database of contacts within the environmental movement; promote volunteerism and advocacy
- Emulate Chicago’s Green Community Initiative
- Create incentives for families to be “green”
- Create “smart” building codes to require builders to make environmentally sound decisions

Dimensions of Fragmentation

- ☑ Lateral collaboration is better than vertical collaboration.
- ☑ Need to do a better job communicating information related to volunteer opportunities.
- ☑ Recognize differences between urban and rural settings and needs.
- ☑ We’ve done the best job educating on recycling and litter; we need to do a better job of educating about the whole environment.
- ☑ Community collaborative can help by cost-sharing and/or creating pilot projects.

EDUCATION & LEARNING

CHILDREN

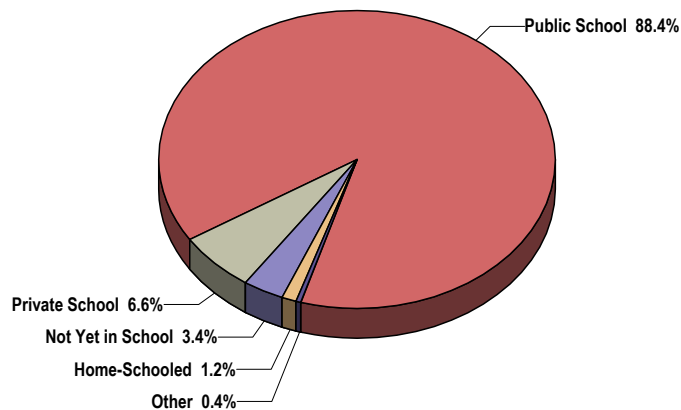
Children's Education

The majority (88.4%) of Quad Cities Area children aged 6 through 17 currently attend a public school.

- ☐ Another 6.6% of local children are enrolled in private school.
- ☐ 3.4% are not yet old enough for school, and 1.2% are home-schooled.

Child's Schooling

(Quad Cities Area, 2007; Among Parents of Children Aged 6-17)



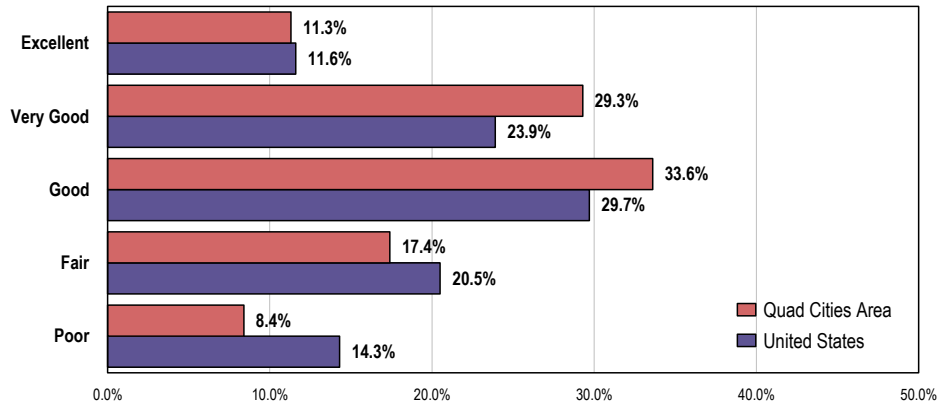
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc.
© PRC 2007. [Item 143]
Note: • Asked of parents with children aged 6 through 17.

Local Schools' Performance Preparing Children for College/Job Market

Overall, 40.6% of area adults consider local schools to be doing an "excellent" or "very good" job in preparing children for college or the job market.

- ☐ More favorable than the 35.5% reported nationally.
- ☐ Another one-third (33.6%) of survey respondents gave "good" ratings.

Rating of Local Schools' Job Preparing Children for College or the Job Market (Quad Cities Area, 2007)

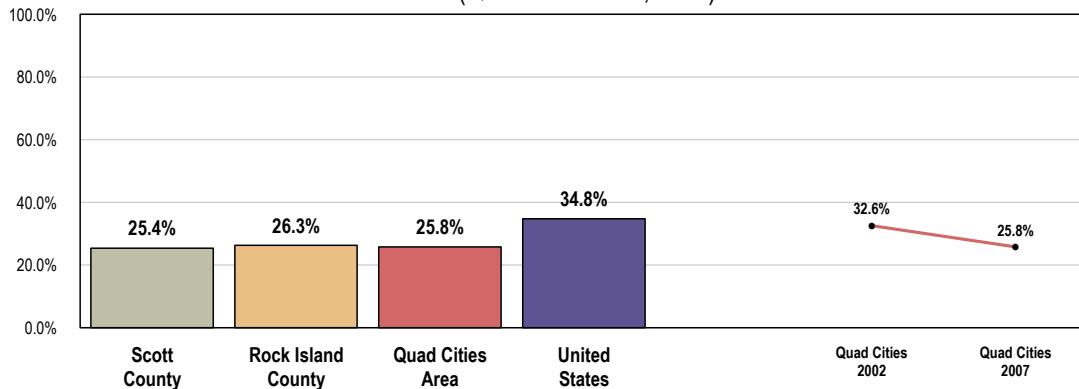


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 96]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 77]
 Note: • Asked of all respondents.

In contrast, 25.8% of Quad Cities Area respondents gave “fair” or “poor” ratings of the job that local schools are doing to prepare children for college or the job market.

- ☑ Much better than the 34.8% reported across the United States.
- ☑ Does not vary significantly by county.
- ☒ Denotes a statistically significant decrease (an improvement) from the 32.6% in 2002.

Local Schools Do a "Fair/Poor" Job Preparing Children for College or the Job Market (Quad Cities Area, 2007)



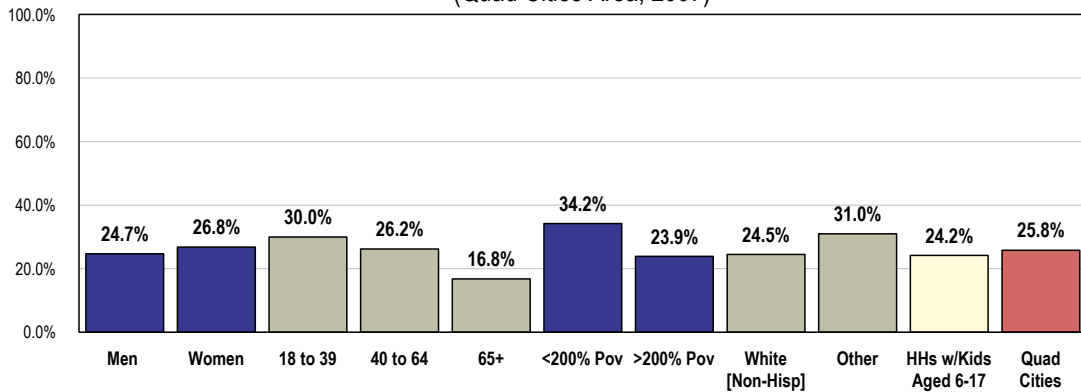
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 96]
 • 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 113]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 77]
 Note: • Asked of all respondents.

Quad Cities Area populations more likely to give “fair/poor” ratings of the job that local schools are doing in preparing children for college or the job market include:

- ☐ Adults under age 65.
- ☐ Residents in the lower income category.
- ☐ Note that 24.2% of households with school-aged children gave “fair” or “poor” evaluations of local schools.

Local Schools Do a "Fair/Poor" Job Preparing Children for College or the Job Market

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 96]
 Note: • Asked of all respondents.
 • Percentages represent combined “fair” and “poor” responses.

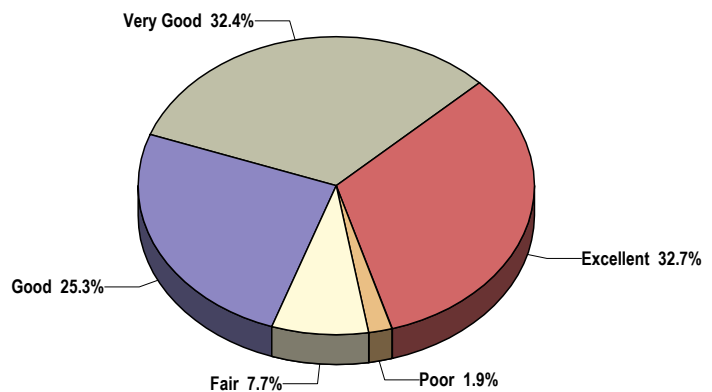
Schools as Safe Environments

65.1% of Quad Cities Area parents of children aged 6 through 17 gave “excellent” or “very good” evaluations of their child’s school as a safe environment for education.

- ☐ Another one-fourth (25.3%) gave “good” ratings.

Rating of Child’s School as a Safe Environment for Education

(Quad Cities Area, 2007; Among Parents of Children Aged 6-17)



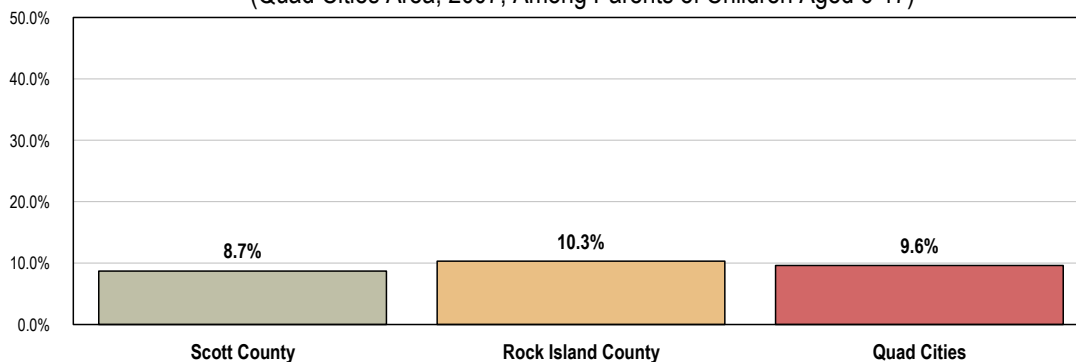
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 144]
 Note: • Asked of parents with children aged 6 through 17.

In contrast, 1 in 10 Quad Cities Area parents of children aged 6 to 17 (9.6%) gave “fair” or “poor” ratings of their child’s school as a safe environment.

- ☑ Does not vary significantly by county.

“Fair/Poor” Rating of Child’s School as a Safe Environment for Education

(Quad Cities Area, 2007; Among Parents of Children Aged 6-17)



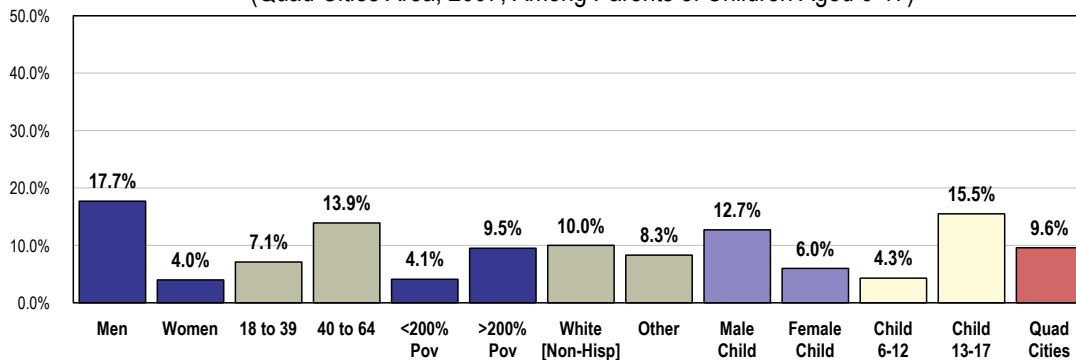
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 144]
 Note: • Asked of respondents with children aged 6 through 17 at home.
 • Percentages represent combined “fair” and “poor” responses.

Survey respondents more likely to give low ratings of their child’s school as a safe environment for education include the following:

- ☑ Men (fathers).
- ☑ Adults aged 40 to 64.
- ☑ Residents in the higher income bracket.
- ☑ Parents of teens in the Quad Cities Area.

“Fair/Poor” Rating of Child’s School as a Safe Environment for Education

(Quad Cities Area, 2007; Among Parents of Children Aged 6-17)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 144]
 Note: • Asked of respondents with children aged 6 through 17 at home.
 • Percentages represent combined “fair” and “poor” responses.

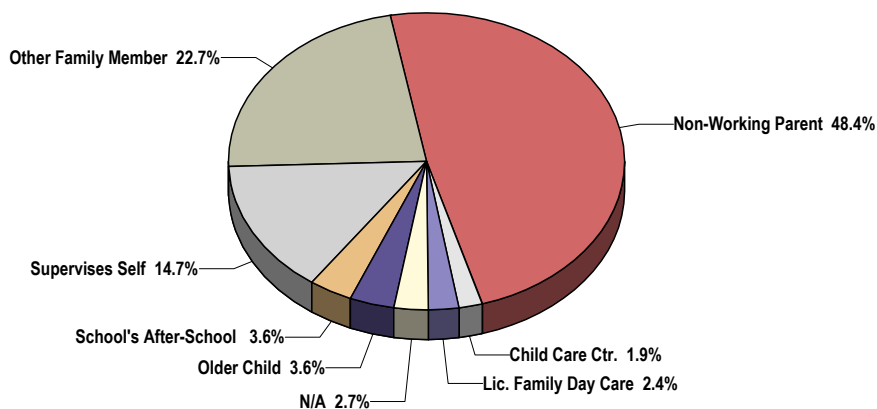
After-School Supervision

Nearly one-half (48.4%) of Quad Cities Area parents of children aged 6-17 indicate that their child is supervised by a non-working parent after school.

- ☐ Another 22.7% of parents report that their child is supervised by another family member after school.
- ☐ Note that 14.7% of Quad Cities Area children aged 6 to 17 are **unsupervised** after school (similar by county).

Child's Supervision After School

(Quad Cities Area, 2007; Among Parents of Children Aged 6-17)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 145]
 Note: • Asked of parents with children aged 6 through 17.

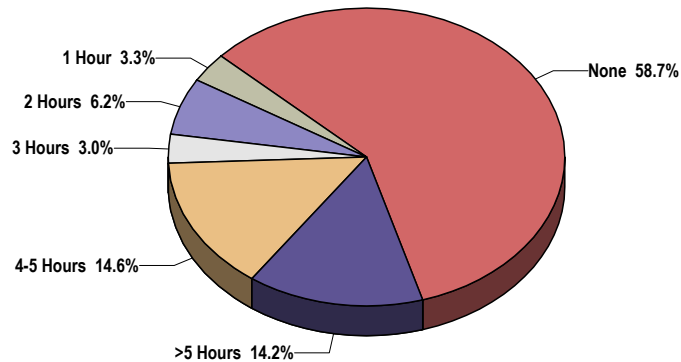
Parents of children aged 6 to 17 were next asked to estimate the number of hours during which their children are unsupervised in a typical week.

Nearly 6 in 10 parents (58.7%) indicated that their children do not spend any time unsupervised during a typical week.

- ☐ In contrast, 28.8% of parents (of children 6-17) report that their child is unsupervised for four or more hours each week.

Average Hours During Which Child is Unsupervised in a Typical Week

(Quad Cities Area, 2007; Among Parents of Children Aged 6-17)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 146]
 Note: • Asked of parents with children aged 6 through 17.

Childcare Arrangements

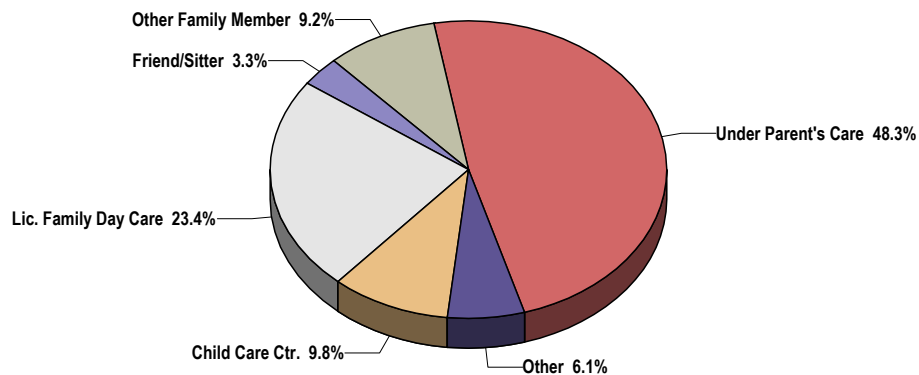
were asked about their child's typical care arrangements.

Nearly one-half of Quad Cities Area parents of children under age 6 (48.3%) report that one or both parents typically provide all childcare.

- ☐ 9.2% mentioned a family member and 3.3% mentioned a friend or sitter as their typical childcare arrangement.
- ☐ However, one-third rely on a **licensed day care** (23.4%) or a **child care center** (9.8%).

Typical Child Care Arrangements for Children Under 6

(Quad Cities Area, 2007; Among Parents of Children Under 6)

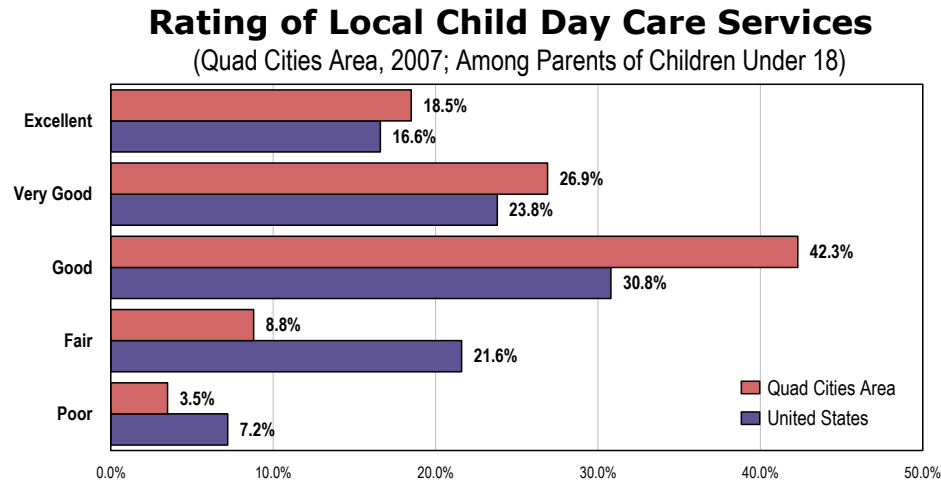


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 147]
 Note: • Asked of parents with children under 6.

Rating of Local Child Day Care Services

Overall, 45.4% of parent respondents gave “excellent” or “very good” ratings of local child day care services.

- ☐ More favorable than the 40.4% reported across the U.S.
- ☐ Another 42.3% of Quad Cities Area parents gave “good” ratings.



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 126]
• 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 109]

Note: • Asked of parents with children under 18 at home.

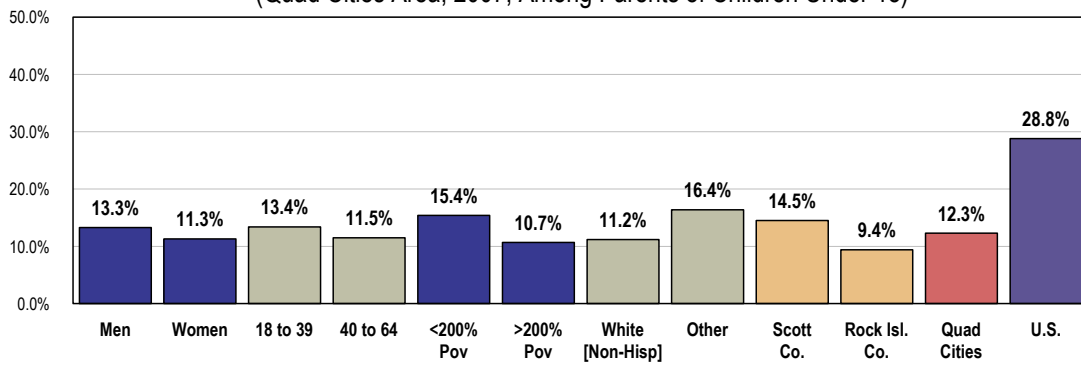
On the other hand, 12.3% of area parents gave “fair” or “poor” evaluations of local child day care services.

- ☐ Much better than the 28.8% reported among parents nationally.
- ☐ Ranges from 9.4% in Rock Island County to 14.5% in Scott County.
- ☐ *Note that, among parents of children under 6 who rely on some type of child care services, none gave “fair” or “poor” evaluations of their services.*

Non-Whites are more likely to give low ratings of local child care services in the Quad Cities Area.

“Fair/Poor” Rating of Local Child Day Care Services

(Quad Cities Area, 2007; Among Parents of Children Under 18)

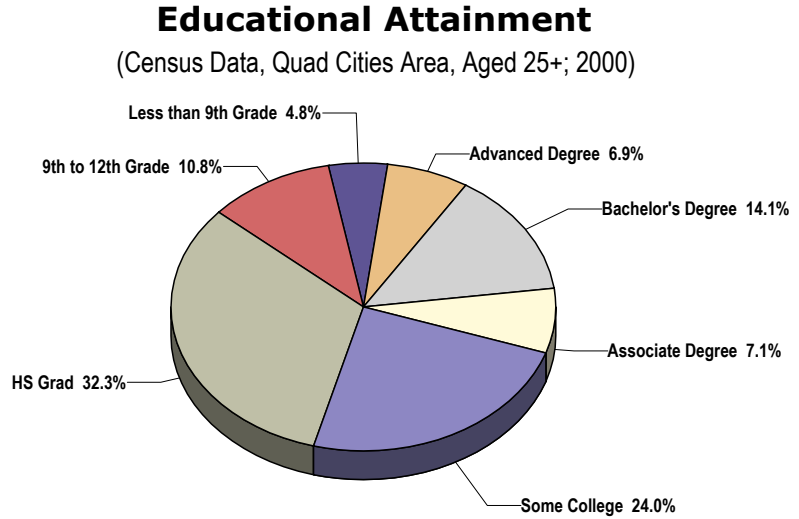


- Source:
- 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 126]
 - 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 109]
- Note:
- Asked of respondents with children under 18 at home.
 - Percentages represent combined “fair” and “poor” responses.

EDUCATION LEVELS

Education Attainment

Among Quad Cities Area adults aged 25 and older, 15.6% have less than a high school education. A total of 32.3% have a high school diploma only, and 52.1% have postsecondary education.



Source: • Census Bureau, SF 3.
 Note: • Includes persons 25 and over.

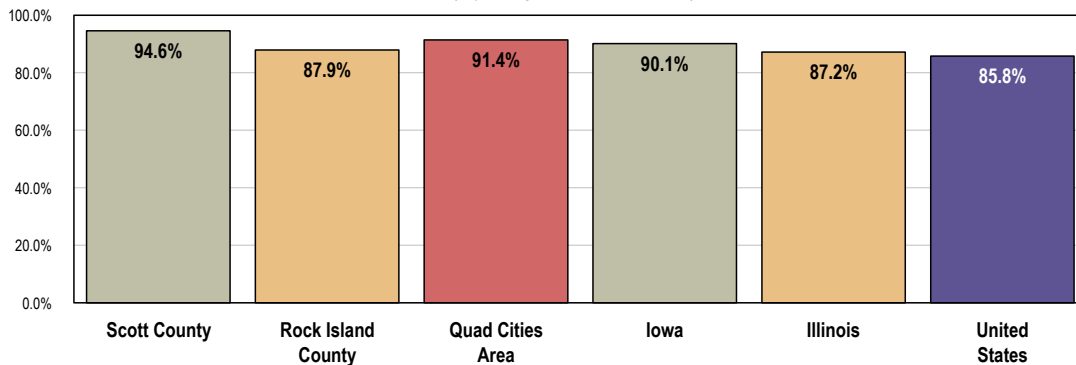
Graduation Rates

Between 2004 and 2005, an estimated 91.4% Quad Cities Area residents are high school graduates.

- ☑ Similar to the Iowa percentage (90.1%), higher than the Illinois percentage (87.2%).
- ☑ More favorable than the 85.8% reported throughout the United States.
- ☑ Higher (94.6%) in Scott County.

High School Graduates

(By Region; 2004-2005)

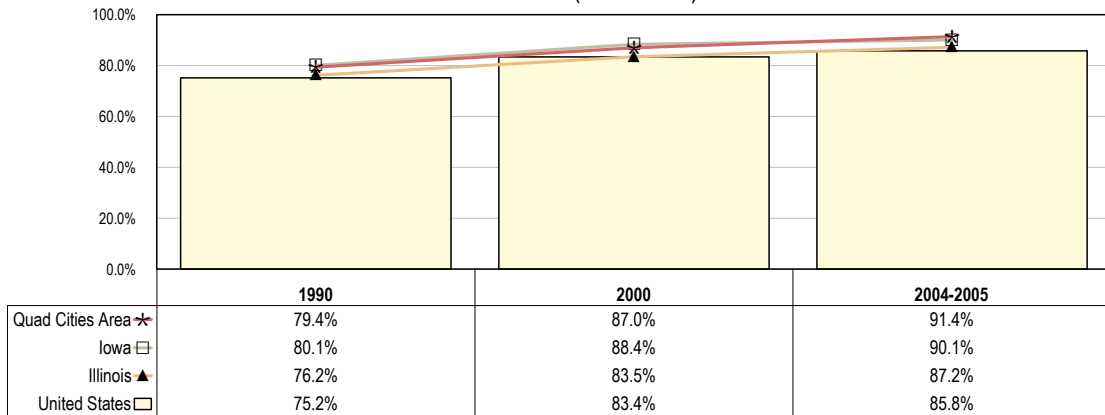


Source: • Statistical Abstract of the United States.
 • Iowa Department of Education.
 • Illinois Department of Education.

- Since 1990, high school graduation rates have increased steadily in the Quad Cities Area, mirroring the trend statewide and nationwide.

High School Graduates

(1990-2005)



Source:

- Statistical Abstract of the United States.
- Iowa Department of Education.
- Illinois Department of Education.

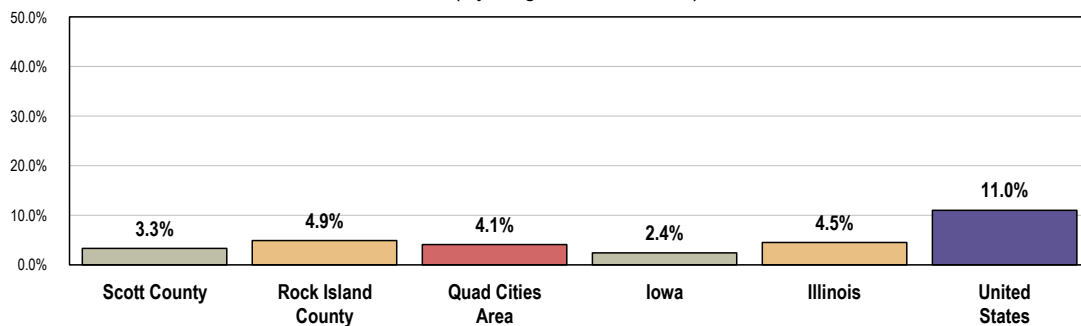
Graduation Rates

The 2003-2004 dropout rate in the Quad Cities Area was 4.1%.

- Across Iowa the percentage was 2.4%; 4.5% was reported throughout Illinois.
- Much lower than the U.S. prevalence (11.0%).
- Slightly higher in Rock Island County than in Scott County.

Dropout Rate

(By Region; 2003-2004)



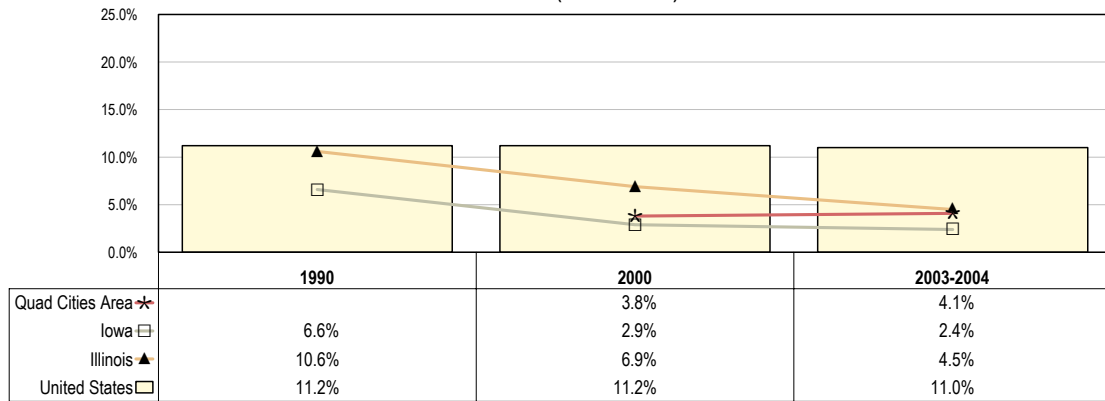
Source:

- Statistical Abstract of the United States.
- Iowa Department of Education.
- Illinois Department of Education.

☒ The following chart provides an illustration of the recent trend in regional dropout rates.

Trend in Dropout Rates

(1990-2004)



Source: • Statistical Abstract of the United States.
 • Iowa Department of Education.
 • Illinois Department of Education.

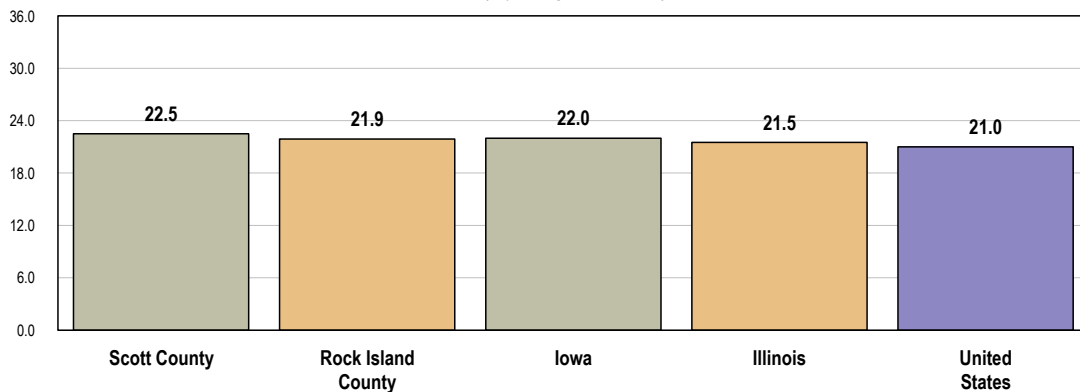
ACT Scores

Average ACT composite scores in the Quad Cities Area residents are higher than the national average.

- ☑ 22.5 (out of a possible 36) in Scott County.
- ☑ 21.9 (out of a possible 36) in Rock Island County.

Average ACT Composite Score

(By Region; 1999)



Source: • Statistical Abstract of the United States.
 • Iowa Department of Education.
 • Illinois Department of Education.

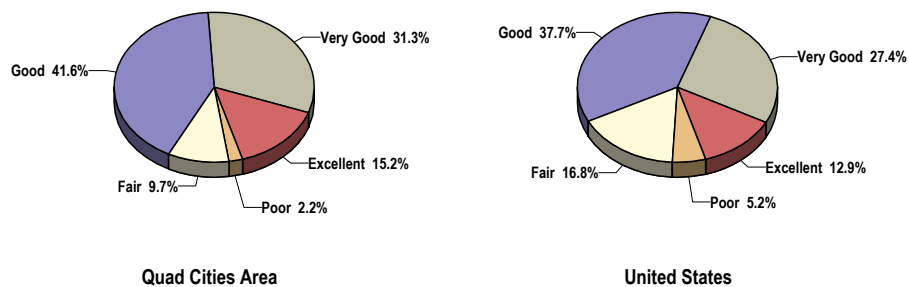
CONTINUED LEARNING

Ratings of Adult Educational Opportunities

A total of 46.5% of surveyed adults gave “excellent” or “very good” ratings of adult educational opportunities in the Quad Cities Area.

- ☑ More favorable than the 40.3% reported nationwide.
- ☑ Another 41.6% of community members gave “good” evaluations.

Rating of Local Adult Educational Opportunities (Quad Cities Area, 2007)

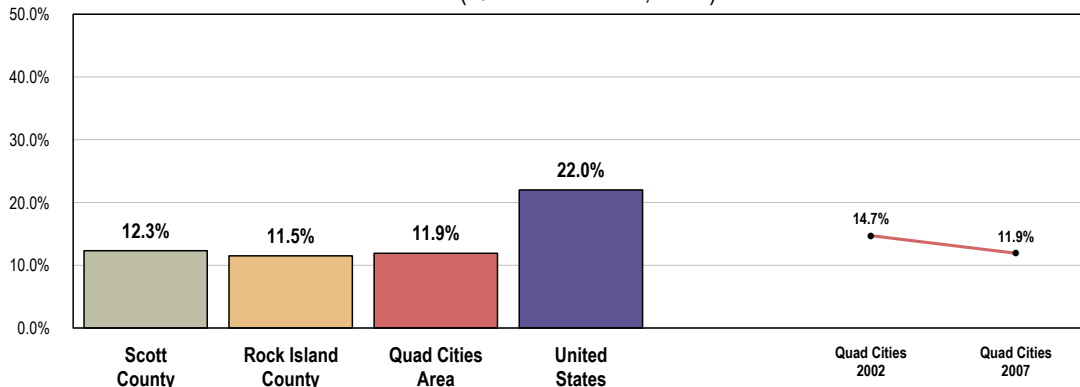


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 97]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 82]
 Note: • Asked of all respondents.

In contrast, 11.9% of survey respondents gave “fair” or “poor” ratings.

- ☑ More favorable than the U.S. prevalence (22.0%).
- ☑ Does not vary significantly by county.
- ☒ Statistically comparable to the 14.7% reported in 2002.

Local Adult Educational Opportunities Are “Fair/Poor” (Quad Cities Area, 2007)

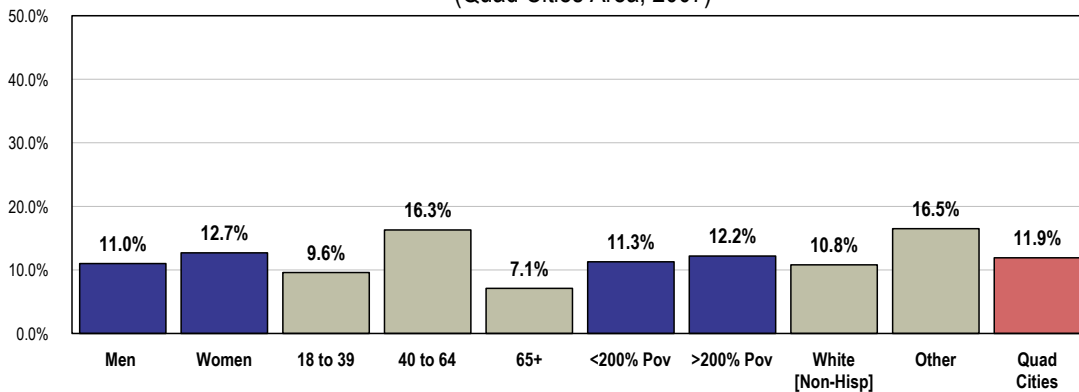


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 97]
 • 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 115]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 82]
 Note: • Asked of all respondents.

Adults between the ages of 40 and 64 are more likely to give low ratings with regard to adult educational opportunities in the Quad Cities Area.

Local Adult Educational Opportunities Are “Fair/Poor”

(Quad Cities Area, 2007)

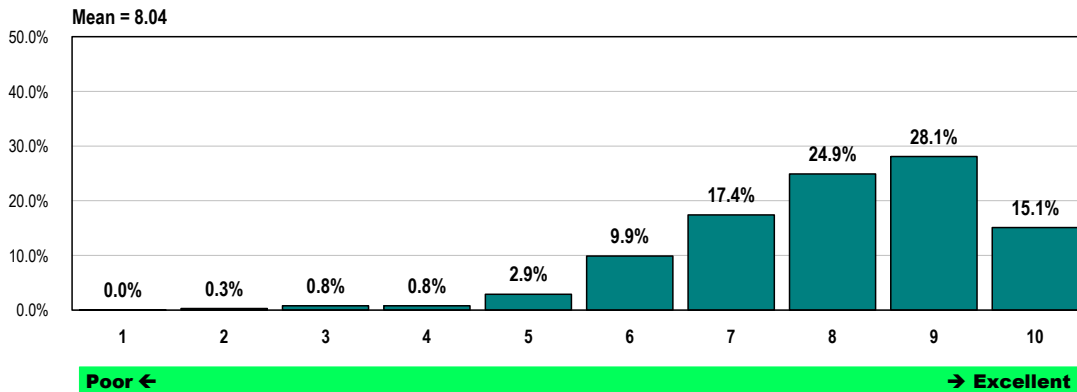


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 97]
 Note: • Asked of all respondents.
 • Percentages represent combined “fair” and “poor” responses.

Community Leaders predominantly gave ratings of “8” or “9” out of a possible 10.

Community Leaders: Rating of Adult Educational Opportunities

(Quad Cities Leader Survey, 2007)



Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 32]
 Note: • Asked of all respondents.

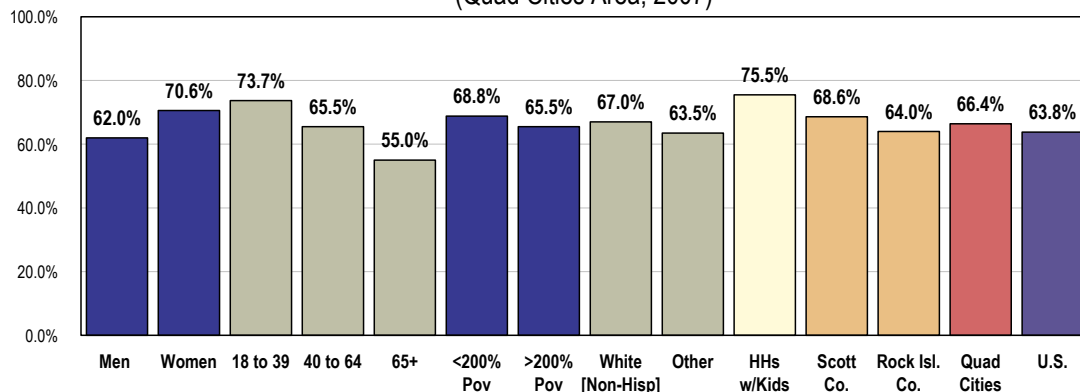
Library Usage

Two-thirds (66.4%) of Quad Cities Area residents used a local library in the past year.

- ☐ Similar to the 63.8% reported across the nation.
- ☐ Does not vary significantly by county.
- ☐ Women and adults under 65 are more likely to have used a local library in the past year.
- ☐ Note that three-fourths (75.5%) of households with children at home report using a local library in the past year.

Used a Local Library in the Past Year

(Quad Cities Area, 2007)



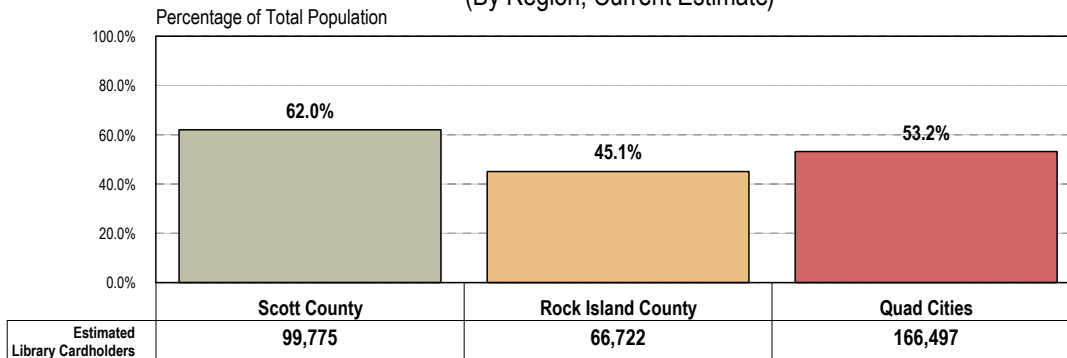
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 99]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 84]
 Note: • Asked of all respondents.

In the Quad Cities Area, 53.2% of the population are library card holders.

- ☐ Lower (45.1%) in Rock Island County than in Scott County (62.0%).

Library Patrons

(By Region; Current Estimate)



Sources: • Bi-State Regional Commission, Prairie Library System.
 Notes: • Represents library cardholders as a percent of the total population.

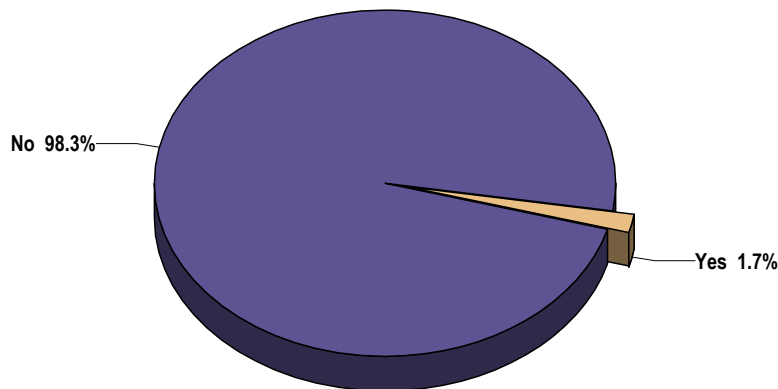
Illiteracy

Just 1.7% of survey respondents in the Quad Cities Area indicate needing help learning to read.

- ☐ More favorable than the 3.9% reported nationally.
- ☐ Identical (1.7%) in Scott and Rock Island Counties.

Need Help Learning to Read

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 98]
Note: • Asked of all respondents.

Computer/Internet Usage

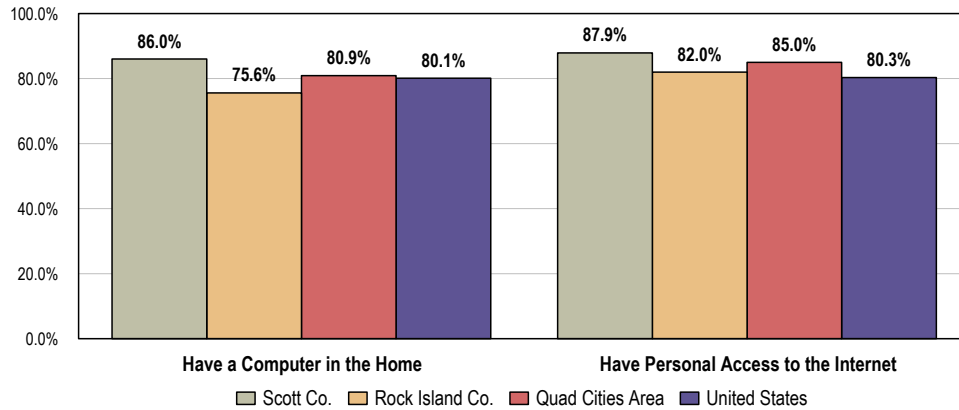
The majority (80.9%) of surveyed adults have a computer in the home.

- ☐ Nearly identical to the 80.1% prevalence across the country.
- ☐ Lower (75.6%) in Rock Island County than in Scott County (86.0%).
- ☐ This represents more than 190,000 residents in the Quad Cities Area.

Another 85.0% of Quad Cities Area residents have personal access to the Internet (either at work, home or school).

- ☐ Higher than the 80.3% reported nationally.
- ☐ Lower (82.0%) in Rock Island County than in Scott County (87.9%).

Computer Use (Quad Cities Area, 2007)



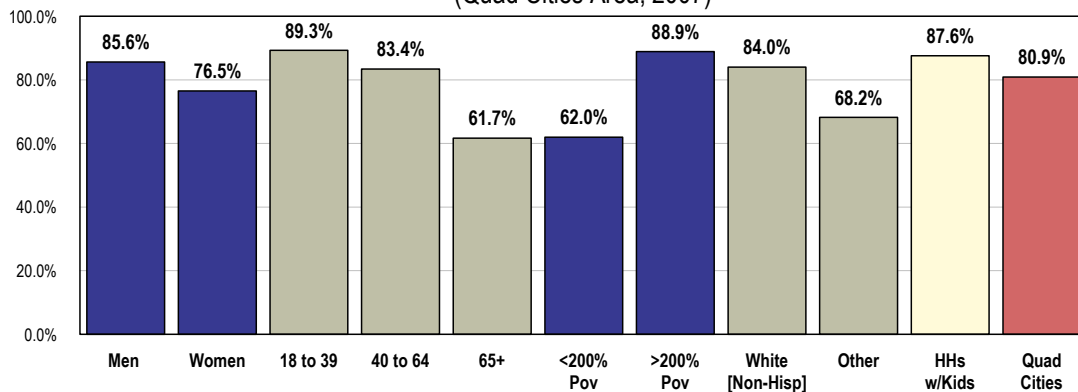
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Items 100-101]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Items 85-86]
 Note: • Asked of all respondents.

The following Quad Cities Area population segments are less likely to **have a computer** in the home:

- ☐ Women.
- ☐ Older adults.
- ☐ Residents living below the 200% poverty threshold.
- ☐ Non-Whites.

Note that 87.6% of households with children currently have a computer at home.

Currently Have a Computer in the Household (Quad Cities Area, 2007)



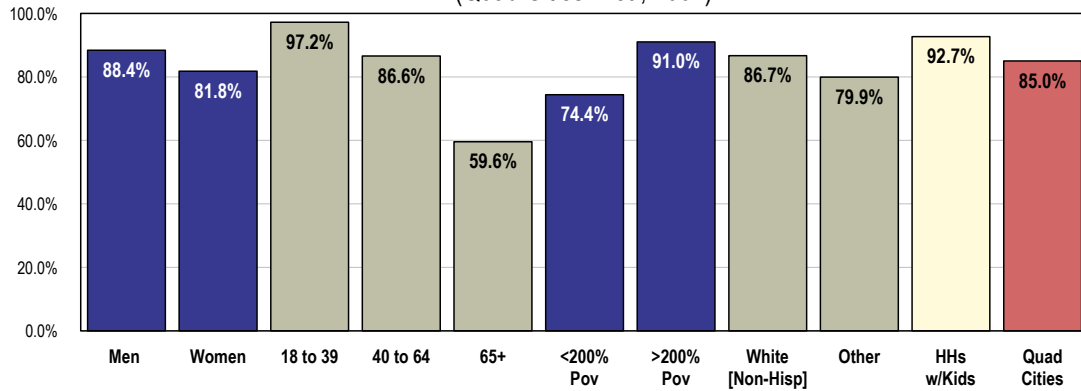
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 100]
 Note: • Asked of all respondents.

The following Quad Cities Area population segments are less likely to **have personal access to the Internet**:

- ☐ Women.
- ☐ Older adults.
- ☐ Residents living below the 200% poverty threshold.

Have Access to the Internet for Personal Use

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 101]
 Note: • Asked of all respondents.
 • In this case, having personal access to the Internet includes at home, work, or school.

Ongoing Education (Formal & Informal)

Formal Education/Training

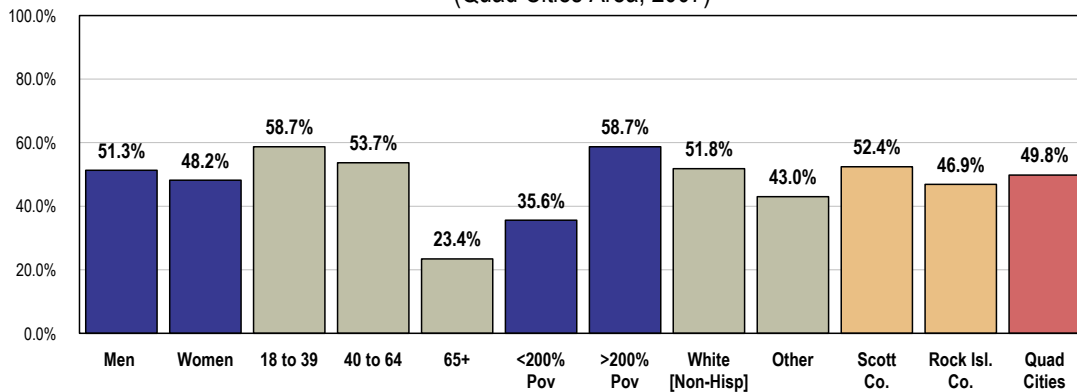
One-half (49.8%) of survey respondents received some type of formal training or education in the past year (such as courses, private lessons, workshops, seminars, craft or recreational courses, etc.).

- ☑ Does not vary significantly by county.

The following population segments are more likely to have received some type of formal training or education:

- ☑ Adults under the age of 65.
- ☑ Residents living in the higher income category.

Received Formal Training or Education in the Past Year
(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 102]
 Note: • Asked of all respondents.
 • In this case, the term "training or education" includes courses, private lessons, correspondence courses, workshops, seminars, craft or recreational courses, or any other formal training or education.

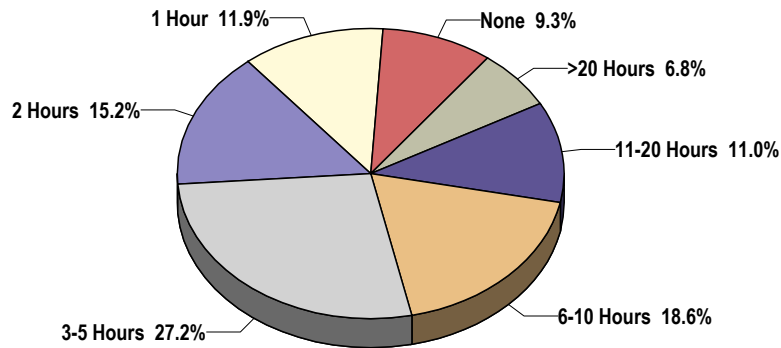
Informal Education/Training

Informal education/training includes learning outside of formal classes or organized programs – anything a person might do to gain knowledge, skill, or understanding of things that are practical or interesting.

90.7% of respondents estimate that they spend an average of at least one hour per week on informal learning.

- 17.8% of adults estimate an average of more than 10 hours per week.

Average Hours of Informal Learning Per Week in the Past Year
(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 103]
Note: • Asked of all respondents.
• In this case, the term "informal learning" includes learning outside of formal classes or organized programs, anything a person might do to gain knowledge, skill, or understanding of things that are practical or interesting.

FOCUS GROUP FINDINGS

In the *Quad Cities Education & Learning Focus Group*, participants made the following points:

Access to educational resources is not universal.

- ☐ At-risk populations include: English Language Learners, racial minority students (especially African American boys), Special Education students, students with social/emotional disorders, students from single-headed households or dual income households, and lower-income students.

“Our data is real clear; there is a significant gap for particularly students with special needs, disabilities, and low socioeconomic status. The difference between their achievement levels and the achievement levels of the students not in those categories is significant, and we struggle closing that gap.”

“You know, on a complete almost opposite level for early childhood, it would seem to me that we have made some strides, at least in Illinois, that our lowest income families are probably most well being served for pre-K services and it is the middle gap, the moderate income, that are struggling but make too much to be eligible for a sliding fee – that group, I think, is being left out.”

“For our district, there are two subgroups that are in great need: African Americans, as a subpopulation and also special education students. Again, we do see an increased poverty among our total student population and again the issue with early childhood, for the most needy, there are some resources, it is that fringe income that is basically a two parent, if there are two parents at home, they are both having to work. The issues of resources for them is a great need.”

- ☐ Access issues are different for pre-school, primary schools, secondary schools, and higher education.

“A continuing phenomenon is that moderate and upper income families are leaving, and I think that it is probably true to some extent or other for other public districts in the area, so their representation in the student body continues to dwindle, whereas very low to low income populations either stay or grow. The reason that I find that to be troubling is that, the public educational systems are ideally a place where Americans learn to be Americans. That is not to say anything against private education, because that can be very diverse, too, but if that somehow goes too far out of balance, in terms at least of economic diversity, that could be troubling.”

“I would like to see more programs address the issue of minority or falling through the gap. There used to be a program designed to help the minority students, to make sure that they go through the educational system, and give them some mentoring and just a little extra support. Moline ran that, too, and I volunteered for it, but they never seemed to be able to pull together with enough support. I would like to see those kinds of programs. Because, the retention rates are really poor in minorities, not in just African-American, but in all the minority groups, and I would like to see programs developed to assist in that.”

- ☐ Strategies to improve access to educational resources should account for system-level differences and for the variables of demographics.
- ☐ Specifically address the gaps that are identified.

Our community must commit to investing in children and young adults.

- ☐ Education is an economic engine for the community.

"If you look at the legislator's agenda, for example, at least at the Illinois Quad Cities Chamber of Commerce, deals with issues of taxation, labor, workman's compensation reform, tort reform, but largely does not push the importance of education. But, there are only so many private dollars that are for education. We need, as a community, to really push for adequate funding of our public institutions."

- ☐ The value of a quality education system in drawing people to live in the QCA.

"Kalamazoo, Michigan – Michigan as a whole state has had economic troubles and Kalamazoo is no different. About three years ago, from an economic development perspective, the business leadership of Kalamazoo decided to fund what is called 'The Kalamazoo Promise.' The promise is geared to graduates from their public institutions, understanding that public education is key to a city's economic well-being. They made a promise to every graduate from the Kalamazoo school system, that they would assist them in paying for college. If you spent all of your years in the Kalamazoo educational system, you would be able to collect 100% of college expenses. If you went to the military, you could come back and reactivate this. This is a community that is investing in it's children, long term. It is used again, not only to help strengthen the school district, one of the issues is that we educate kids but we really don't have a way to take advantage of a post secondary action. Here is a perfect way for them to do that. What it does, it not only impacts the schools, it impacts the housing. In terms of the house value of that apartment in Kalamazoo, it also gives businesses, small and large, wonderful recruitment tools to be used. Again, a community that turned around and said that if we want our community to survive, what can we do? I think this is a promise, as I look at it, it would be well worth considering as an option."

- ☐ Community's perception of/satisfaction with quality of educational institutions.

"Well, the poll in the Des Moines Register yesterday or the day before, ranking public services, schools had the second to the lowest satisfaction rating out in the public."

- ☐ Recognize the impact of soft grant money on innovation sustainability.

"I am thinking of public support also, the community embracing education as a priority in the community, making that commitment to support model programs so that we are not relying on the soft money grants and that we do have sustainability in the community, that we can show some proven programs that the community will step forward and say 'yes we want this' and find ways to fund that."

"On both sides of the River, we are really in need of programming that is being supported by grant money. When those funds are gone, those programs are gone, and that is probably not demonstrated to be effective. It would seem to me that we could demonstrate the effectiveness, we show them not only student achievements, academic achievements, and also in academic related achievements – we should somehow be able to support the continuation of those programs."

- ☐ Identify how community volunteers and organizations can contribute to improving development of children, youth, and young adults.
- ☐ Recognize international competition factors.

More parents need to become more involved in children's education.

- ☐ Expand perceptions of what it means for schools to involve parents.

"In our school districts, contact with parents is always an issue. We have gone to where we have a website where all of our staff is listed, their e-mail addresses are listed. We are looking at a parent portal that will allow parents to come in through the web and look at your child's' attendance and grades and then leave a message for your child or for the teacher on those issues. But again, those are technology enhancements that we are beginning to do. Everybody in Davenport knows about our automatic dialer. We have used it effectively to call parents on those issues. But, it is not just one time, but it is every time that this has to be

done. On the other issue, you need to realize that some of our teachers aren't parents and so they know how to deal with this aspect of it, but they don't necessarily know all the parenting skills that go on. Our middle school teachers will tell you that the best lesson that you can learn, forget everything that worked yesterday with your child, because it may not work today. Many school kids go through that stage, and so you have to start them fresh each and every day. One of the things that we are trying to focus on is 'how do we hold those children accountable for their own learning and for their behavior?'"

"A communication to parents in a knowledgeable format. It can work real well when the parent has some sort of an understanding of our educational system. But, when we deal with refugees who come with no understanding, not only of our educational system but also of our society, it is an almost impossible task."

☐ Expand perceptions of what it means for parents to be involved in their child's education.

"Parents are not active in school."

"It is so important at that middle school and high school, that lapse of keeping parents involved. That is the place where the kids want disconnect, want independence and they want to disconnect a little bit from their parents. Even the best kids don't want mom and dad to be showing up at the classroom if they can help it."

"It is critical for those kids who are at risk, in that transition, that you can keep the parents involved. Keeping mom and keeping dad involved in their education. That is where we lose them. In that area, that is where we have a student, when you get to that critical juncture in time and start losing kids, and that is when we have the drop-out situation."

"If you look at parent teacher conferences that we do at the secondary level, we will get about one-third of the parents to participate. Elementary, they will be here. But, at the high school, we will set up and wait for parents, we ask to schedule them and the whole deal, but you will end up with about one-third of the parents and usually the teachers will say, 'I got to see parents, but not the parents that I wanted to see.'"

"There is a study out by Harvard that looks at parenting engagement in schools. She would attest to what you just said, that at the elementary level, that most schools do show a lot of parent engagement or parent involvement, and have parent involvement opportunities, but as kids get older, it drops off. She said that there are several levels to parent involvement. Whether you are looking at parenting skills, whether you are looking at parents coming into a school activity, or whether they are involved in homework. More importantly, and probably the thing that we haven't done a very good job of, is inviting parents to be part of the decision-making teams, building leadership teams, and so forth, because it brings a new perspective to what happens at that level. Having a parent voice is critical because they can inform us as to what brings parents to school, what keeps them engaged. I have the study, if anybody would like to look at it. It is huge, but I think in Iowa, particularly, there is going to be a greater emphasis from the state level to look at different strategies and opportunities for parents and this would be in the education of their own children, not necessarily expanding or providing educational opportunities for adults."

☐ Barriers to involvement include:

- Times that schools/teachers are available – parents' work may interfere.

"Economics plays a factor in whether parents are engaged in their children."

"Another issue that I see is working parents who don't have the time to get involved in their kid's education. You have working parents who work, maybe factory jobs, who are not family-friendly and cannot take off to go to meetings because they have to go to work. A lot of single parents have that issue as well. They would like to be more involved in their children's education, but they can't because of their work schedule."

- Parents may feel inadequate in their relationships with schools for various reasons.

"I think that some parents are very intimidated when it comes to approaching the schools to ask for assistance or to discuss their child. They feel that school is not welcoming or that they will be challenging the parents, as far as parenting practices. I think that the first step in parent involvement is to really analyze how welcoming our schools are to parents – at whatever level that is. Whether it is the elementary building on up to the high school building where the parents go to find information, who they talk to, they feel comfortable there."

- ☐ Increase parent knowledge and skills related to child development and school readiness

"One thing that I think would be to strengthen even the link between school and home, it is for a parent to know child development, to know what is normal and what is not normal. To know that in first grade, it is very typical that they we may be learning this by that grade- you know, if you are in kindergarten and you are multiplying, it might not be appropriate. So, just that idea of parents who are busy, at work, and honestly don't have the time to get on-line and look up child development, if there is a way to give that to them."

- ☐ Some believe that the parenting philosophy has changed, and the sense of accountability for children and youth has lessened.

Indicators of Academic Achievement

- ☐ Retention
- ☐ Graduation
- ☐ Completed higher degrees
- ☐ Standardized test scores
- ☐ No Child Left Behind standards/indicators are misleading and emphasize academic progress without accounting for the impact of social/emotional development on academic learning.

— School status for NCLB is dependent on performance of sub-populations of students.

"Are we doing a good job of teaching the kids? That is the first thing – I don't think the 'No Child Left Behind' is going to improve it. I don't know what the answer is."

"The way that "No Child Left Behind" is set up, I think that gives a false impression to the public."

"Kids who have good parents, good mothers, good fathers, good tax payers, good job holders, are now being held up to a standard that they cannot achieve. Year after year after year they are seeing and we can see that ourselves, they can't help it because of the pressure that is put on by the school, by the public, by the media. They will see themselves as a failure. That is worst part of 'No Child Left Behind'. The absolute worst part of it, is what it is doing to a group of children who are good people and have been raised in a nurturing, caring environment, if it had not been for prescriptive tests?"

"The true assessment should not be the 'No Child Left Behind' and the 100% proficiency for all, but really where did your child come in and how far did we take them? The growth model value to education is what I believe I would be more than happy to embrace and be held accountable for it."

— Impact on building scores of high-mobility families.

"I hear that a lot at the elementary school level, too. A lot of young people, in some schools, attendance is a large percentage of lower income, the families are moving all the time, they may be moving two to three times in the school year."

- Become clearer, at a macro level, about what parents and the community expect from schools; develop clarity of measures that demonstrate meeting those expectations in order to foster a greater sense of satisfaction.

“I think that my wish would involve parents not feeling like the school is responsible for everything. You know, when I hear a child talk about not having enrichment programs available, they should be there, they should be provided by YMCA, Community Park and Rec and they should be affordable, that is not the schools’ program. There are other agencies out there who need to step in.”

Impact of Social/Emotional Disorders on Academic Achievement

- There is a general sense that social/emotional disorders are not adequately addressed in schools and in the community.
 - Examples given of current resources, such as the Vera French Community Mental Health Center School-Based Therapy program and consultants available on in Illinois to meet with teachers about mental health issues.

“No Child Left Behind has also had some impact on the social service delivery in schools as well. Part of that has to do with being pressed to keep kids in the classroom to serve them academically despite the social and psychological needs. Often time, that would happen outside the classroom, there is no time for that. So, it puts additional pressure on social workers and psychologists to find ways to work with youth who need to be in the classroom to be academically successful.”

“There is a definite mental health assistance needed, which is not covered under our requirements and nobody is really stepping up to the plate to address mental health issues of children. So, we keep them in classrooms without service.”

“In the Davenport school system and I believe in Bettendorf, having a school-day therapist on-site from Vera French Mental Health Center is working out pretty well, but there is only one person for many, many, many needy kids. They only serve like twenty kids which is a huge caseload for them and we just have so many more that could use help. But the other part is that it is funded through grants. There is no sustainability issue and there is no responsibility. So, once that grant runs out, that service, as limited as it is, is not even going to be able to be carried on. Nobody is really stepping up to address that issue.”

“DHS does have a mental health consultant for our early childhood programs that we share – many, many, many of us. It is to provide the guidance to the classroom teachers. Because, our early childhood teachers are dealing with such a different level of family dysfunction, for lack of better of terms – everybody knows what I mean by that these days, than we were 15-20 years ago. So, this has become, how unfortunate, but this is what our teachers need because they are not equipped, they are not taught.”

- There is a sense that needs related to social-emotional development of students are increasing, and that social/emotional development has a direct impact on academic achievement.

“I am a parent of a special needs child who needs socialization and there is no way that he is going to get that. We can’t afford it. Quite honestly, there are so many people waiting for the waiver that and I know that there is nothing that any of the schools offers that would meet his needs. So, he is just one of those kids, that just kind of gets lost.”

“Even the anxiety and the pressure that is put on the kids in the third grade. They are a nervous wreck on test day and they are not going to perform well on that.”

Children, Youth, Young Adult Roles in the School and Community

- ☐ Students need to belong, to have a valued role in the school and community.

“If you look at it from a developmental perspective, it is that middle-aged child that doesn’t know where he or she belongs and doesn’t want to get engaged with parents and we allow that to happen, as parents, rather than going in and saying ‘no we are not going to go there’. And, that holds true also for the high school students. At the elementary level, kids don’t get to choose, we are going to tell them what they are going to do.”

- ☐ Promote student responsibility for their own learning.
- ☐ Consider the importance of transition times for students (e.g., middle school to high school).

Innovative Approaches

- ☐ Kalamazoo Promise – Program to cover cost of college education
- ☐ Lighted School House – expanded use of school as a community center

“‘Lights on for Learning’, when you are talking about the lighted school house, 18 of our schools in Rock Island County that are involved in the after school, trying to bring in social agencies, trying to have educational opportunities for parents, more parental involvement before school, after school, extended year, that is what we call 21st century money. Again, the problem is the money dries up and then we have to continue to bring in partners who might have some more money to fill in so that we can continue some of these things.”

- ☐ Adopt-a-School Program
- ☐ Current restructuring efforts (e.g., High Schools that Work, Smaller Learning Communities)
- ☐ State-level ‘Career Strands’
- ☐ Parent web portal to promote involvement, connection, and communication
- ☐ Increase numbers of community partnerships

“We start early. In terms of other things that have worked, again partnerships that we have had with the Y, being able to do joint activities in facilities that could not be provided by the school district alone but with the Y, you are able to serve the community as well as the school student body. We have had the 21st Century Grants again. The greatest start-up, we were able to do a lot of middle school activities after school with kids. But, again this issue becomes, once that money is gone, the sustainability of these programs is not there.”

“My first college work experience was with a program called Upward Bound, which had as its goal helping kids who had potential who had not yet realized it as good as it could be, and who did want to go to college, and help to make that happen. It was a great society program. Of course, funding went away, it still exists in many schools, but it is not as broadly supported as it needs to be. I know an awful lot of people, who are now, adults doing well in the community because of that program.”

- ☐ Library tutor supports
- ☐ Job/Career Fairs at schools to put school success in context of value

“I would like to see, not like the end all, but I would like to see maybe college fairs and job fairs available at our high schools, for times, when parents are coming in. I don’t think that we are doing this. It is a draw to bring parents in, maybe they are coming in for report cards, or parent teacher conferences, or something, to help parents and students to see the direct link to doing well in school, as ‘hey, I could go apply for this job and earn money for the family or myself’ or ‘I am going to get myself into Augustana, or St. Ambrose or Black Hawk College.”

ARTS, CULTURE & RECREATION

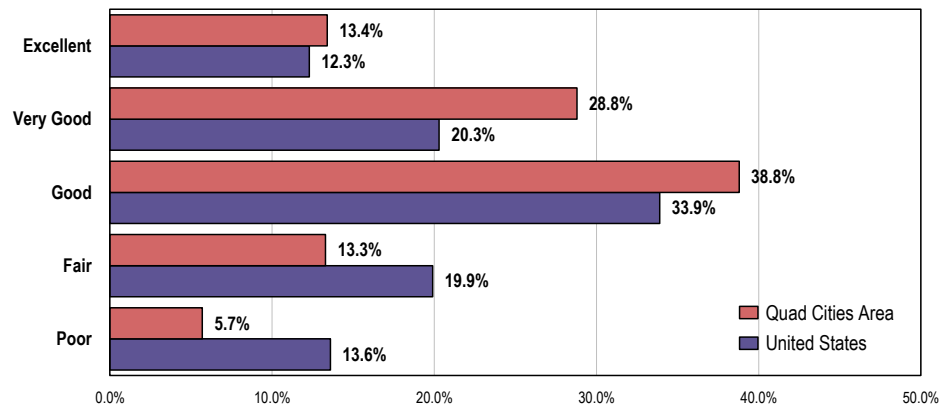
ARTS & CULTURAL OFFERINGS

Ratings of Arts & Cultural Offerings

A total of 42.2% of Quad Cities Area residents gave “excellent” or “very good” ratings of the variety of arts and cultural offerings in the community.

- ☑ More favorable than the 32.6% reported across the country.
- ☑ Another 38.8% of residents gave “good” evaluations.

Rating of the Community’s Variety of Arts and Cultural Offerings
(Quad Cities Area, 2007)

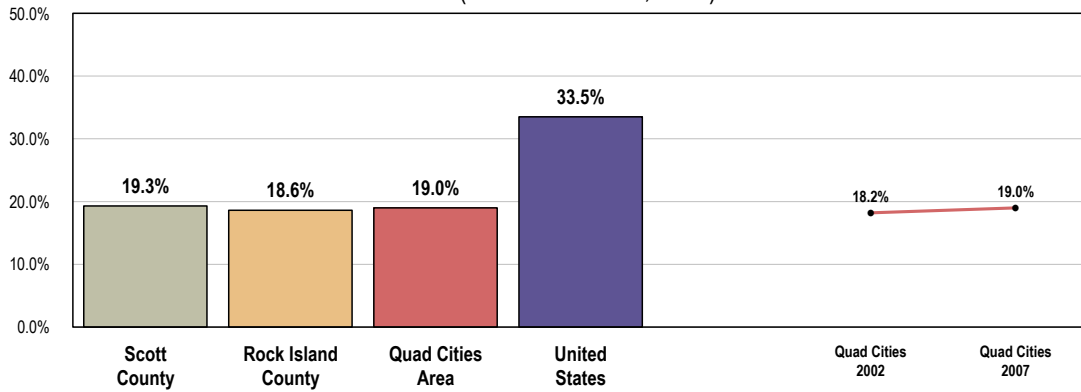


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 104]
• 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 87]
Note: • Asked of all respondents.

On the other hand, 19.0% of survey respondents consider the community’s variety of arts and cultural offerings to be “fair” or “poor.”

- ☑ Much lower than the 33.5% reported across the nation.
- ☑ Does not vary significantly by county.
- ☒ Statistically comparable to the 18.2% reported across the area in 2002.

Variety of Arts and Cultural Offerings Is “Fair/Poor” (Quad Cities Area, 2007)



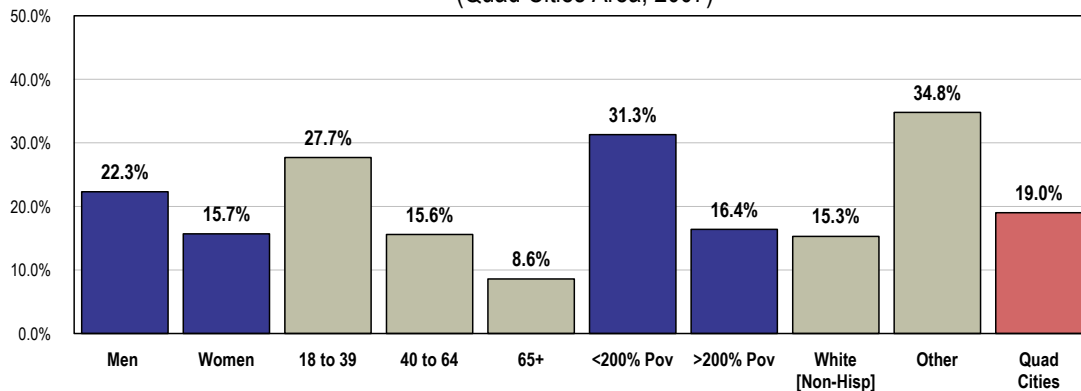
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 104]
 • 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 116]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 87]

Note: • Asked of all respondents.

The following population segments are more likely to consider the Quad Cities Area’s variety of arts and cultural offerings to be “fair” or “poor”:

- ☑ Men.
- ☑ Adults under age 40.
- ☑ Residents living below the 200% poverty threshold.
- ☑ Non-Whites.

Variety of Arts and Cultural Offerings Is “Fair/Poor” (Quad Cities Area, 2007)

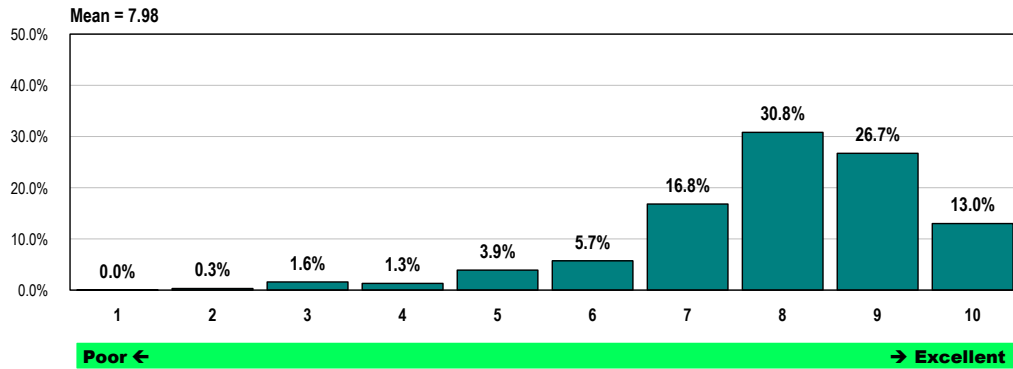


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 104]

Note: • Asked of all respondents.
 • Percentages represent combined “fair” and “poor” responses.

Community Leaders predominantly rated arts/cultural/recreational offerings in the Quad Cities Area as “8” or “9” out of 10.

**Community Leaders:
Rating of Arts/Cultural/Recreational Facilities**
(Quad Cities Leader Survey, 2007)



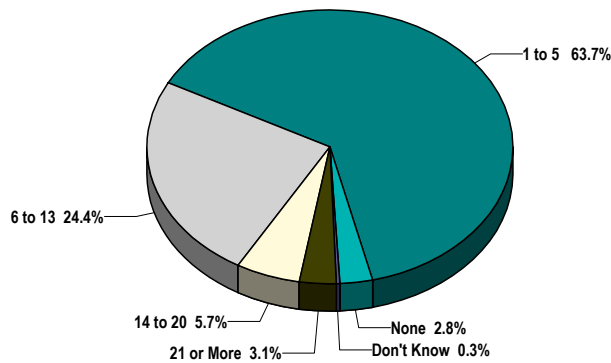
Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 22]
 Note: • Asked of all respondents.

Nearly two-thirds (63.7%) of Community Leaders attend an average of 1 to 5 arts/cultural/recreational activities or programs per month.

☑ 96.9% responded at least 1 per month.

**Community Leaders: Average Number of Arts/Cultural/
Recreational Activities/Programs Attended Per Month**

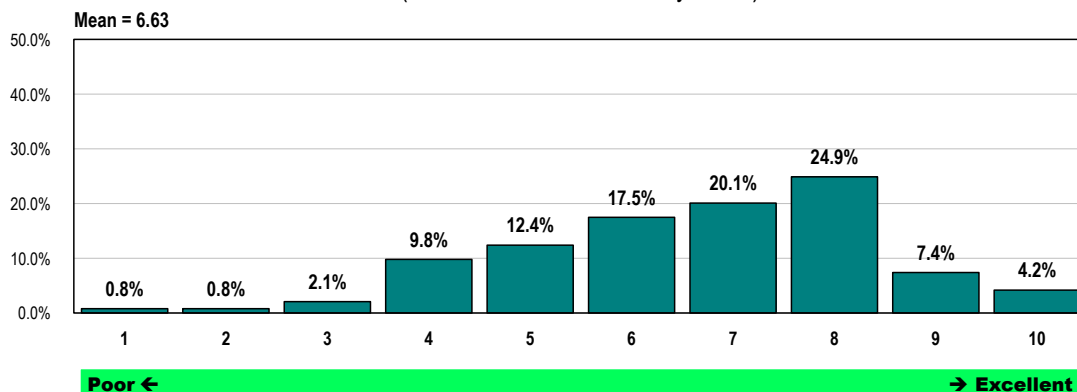
(Quad Cities Leader Survey, 2007)



Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 23]
 Note: • Asked of all respondents.

Arts, cultural, and recreational facilities designed specifically for youth predominantly earned ratings of “6,” “7” or “8” out of 10 among Community Leaders.

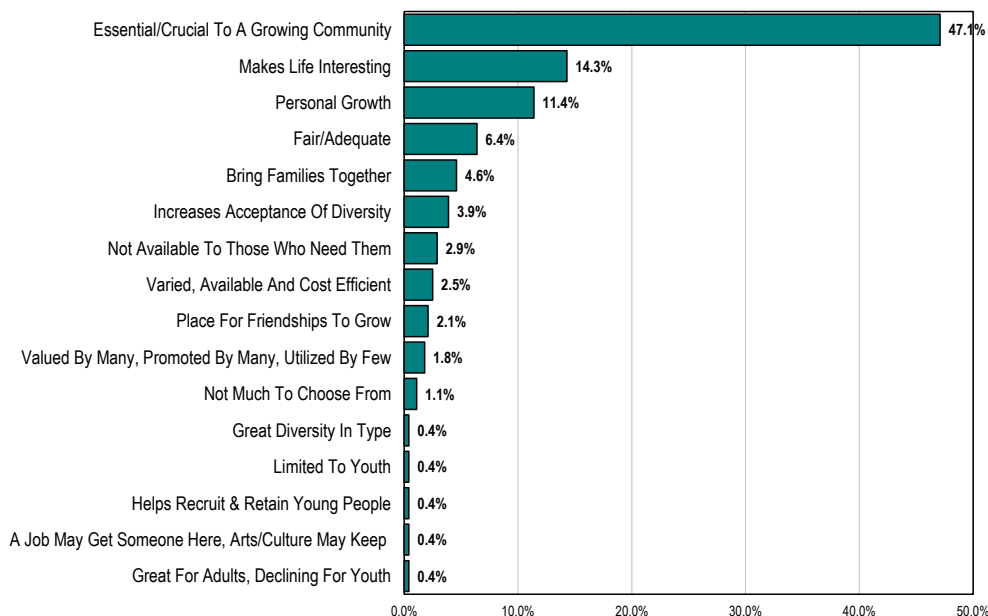
Community Leaders: Rating of Arts/Cultural/Recreational Facilities Designed Specifically for Youth (Quad Cities Leader Survey, 2007)



Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 25]
Note: • Asked of all respondents.

When asked about the value that arts, cultural, and recreational activities bring to community life, 47.1% of Community Leaders indicated that they are “essential” or “crucial” to a growing community.

Community Leaders: Perceived Value of Arts/ Cultural/Recreational Activities in Community Life (Quad Cities Leader Survey, 2007)



Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 24]
Note: • Asked of all respondents.

Visits to Local Museums

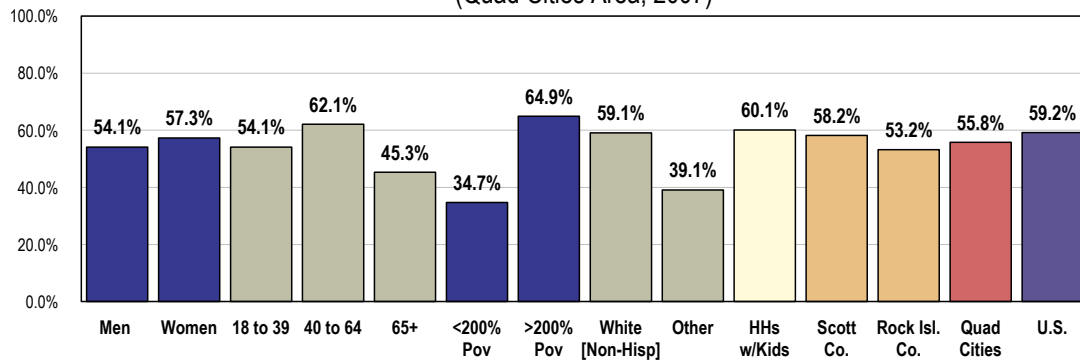
More than one-half (55.8%) of respondents visited a local museum in the past year.

- ☐ Statistically similar to the 59.2% reported nationally.
- ☐ Does not vary significantly by county.

The following population segments are more likely to have visited a local museum in the past year:

- ☐ Adults under age 65.
- ☐ Residents living at the higher income level.
- ☐ Whites.
- ☐ *60.1% of households with children visited a local museum last year.*

Visited a Local Museum in the Past Year
(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 105]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 88]
 Note: • Asked of all respondents.

RECREATIONAL OFFERINGS

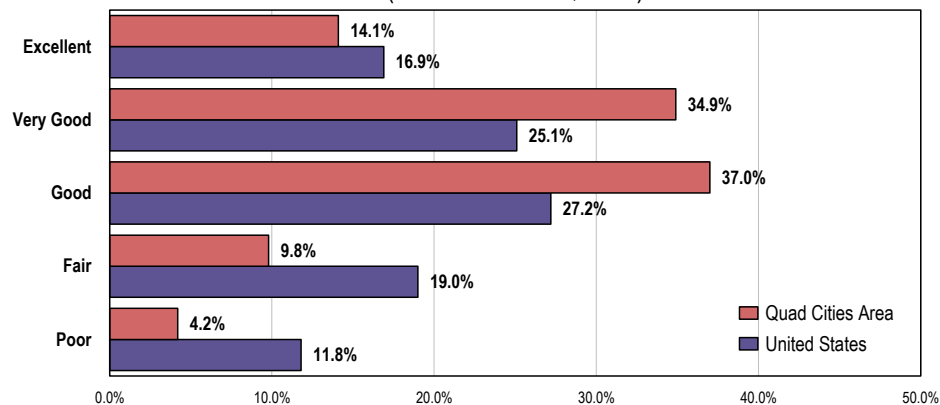
Ratings of Recreational Facilities, Activities & Offerings

Nearly one-half (49.0%) of Quad Cities Area residents gave “excellent” or “very good” ratings of the community’s availability of recreational facilities, activities, and entertainment offerings.

- More favorable than the 42.0% reported across the U.S.
- Another 37.0% of residents gave “good” evaluations.

Rating of the Availability of Recreational Facilities, Activities, and Entertainment Offerings

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 106]
• 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 89]

Note: • Asked of all respondents.

In contrast, 14.0% of survey respondents gave “fair” or “poor” ratings of the Quad Cities Area’s availability of recreational facilities, activities, and entertainment offerings.

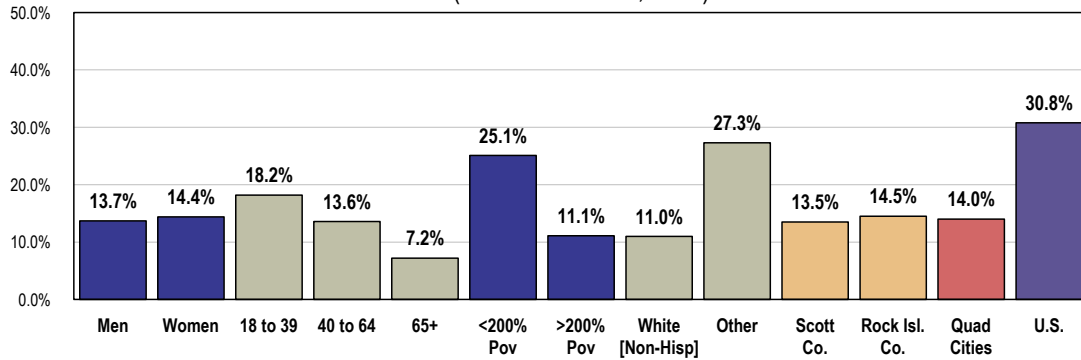
- Less than one-half the U.S. prevalence (30.8%).
- Does not vary significantly by county.

Adults more likely to give “fair” or “poor” ratings include:

- Adults under age 40.
- Residents living below the 200% poverty threshold.
- Non-Whites.

“Fair/Poor” Rating of the Availability of Recreational Facilities, Activities, and Entertainment Offerings

(Quad Cities Area, 2007)



- Source:
- 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 106]
 - 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 89]
- Note:
- Asked of all respondents.
 - Percentages represent combined “fair” and “poor” responses.

Use of Local Parks

A full 9 in 10 survey respondents (90.4%) report visiting a park or using a public recreational facility in the past year.

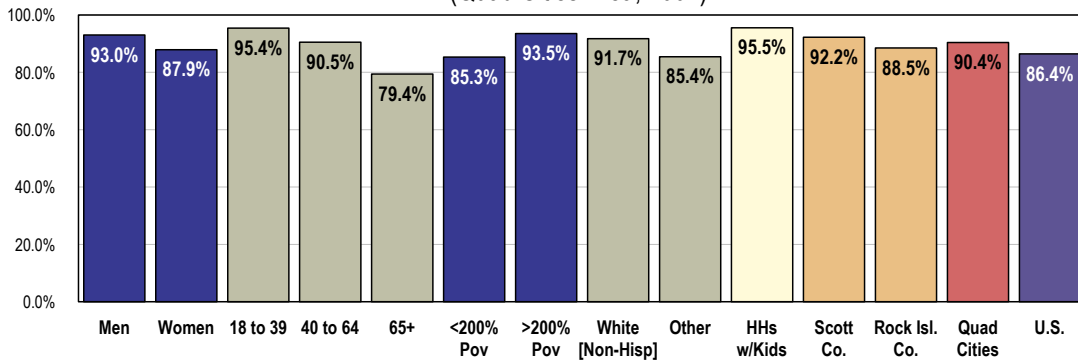
- ☑ Higher (more favorable) than the 86.4% reported across the United States.
- ☑ Does not vary significantly by county.

Adults less likely to have used a park or recreational facility include:

- ☑ Women.
- ☑ Adults aged 65 and older.
- ☑ Residents living below the 200% poverty threshold.
- ☑ *Note also that 95.5% of households with children visited a park or recreational facility at least once in the past year.*

Visited a Park or Used a Public Recreational Facility in the Past Year

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 107]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 91]

Note: • Asked of all respondents.

Attendance at Local Live Events

More than three-fourths of survey respondents (78.3%) attended a live performance in the Quad Cities Area last year (such as the theater, a concert, school event, or cultural event).

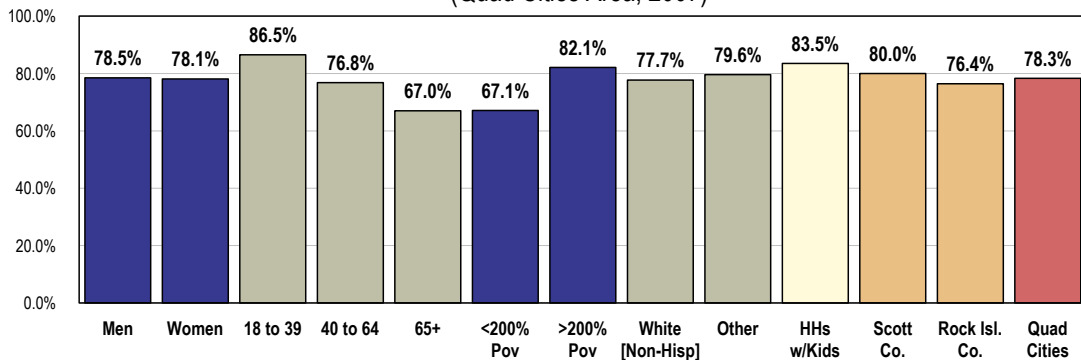
- ☐ Similar between Scott and Rock Island Counties.

Adults less likely to have attended a live performance include:

- ☐ Adults aged 65 and older.
- ☐ Residents living below the 200% poverty threshold.
- ☐ *Note that 83.5% of households with children attended a live performance in the Quad Cities Area in the past year.*

Attended a Live Performance in the Quad Cities Area in the Past Year

(Quad Cities Area, 2007)



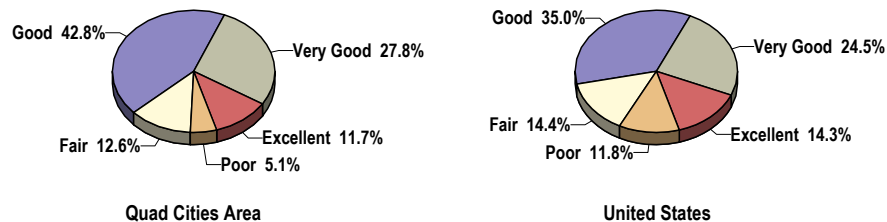
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 108]
 Note: • Asked of all respondents.
 • In this case the term "live performance" includes the theater, a concert, school event, or cultural event.

Ratings of Offerings Designed Specifically for Youth

A total of 39.5% of Quad Cities Area residents consider the availability of recreational facilities, activities, and programs for youth in the area to be “excellent” or “very good.”

- ☐ Similar to the 38.8% reported nationally.
- ☐ Another 42.8% of survey respondents gave “good” ratings.

Rating of the Availability of Recreational Facilities, Activities, and Programs for Youth (Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 109]
• 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 92]
Note: • Asked of all respondents.

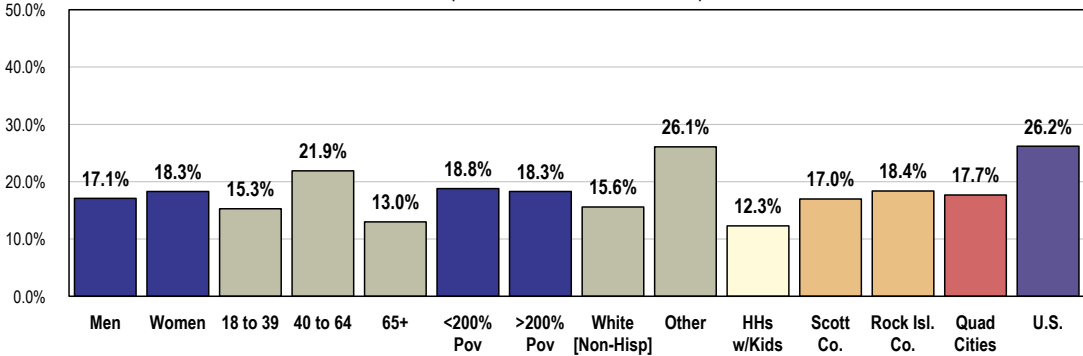
On the other hand, 17.7% of area adults gave “fair” or “poor” evaluations of the availability of recreational facilities, activities, and programs for youth.

- ☐ Lower than the 26.2% reported across the United States.
- ☐ Does not vary significantly by county.

Adults more likely to give “fair” or “poor” ratings include:

- ☐ Adults under age 65.
- ☐ Non-Whites.
- ☐ Note that 12.3% of households with children under age 18 gave “fair” or “poor” ratings of the availability of recreational facilities, activities, and programs designed specifically for youth.

“Fair/Poor” Rating of the Availability of Recreational Facilities, Activities, and Programs for Youth (Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 109]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 92]

Note: • Asked of all respondents.
 • Percentages represent combined “fair” and “poor” responses.

FOCUS GROUP FINDINGS

The Quad Cities Arts, Culture & Recreation Focus Group identified several themes for promoting arts, culture and recreation in the community.

The culture of board membership is shaped by several factors.

☐ Defining the role.

“We were talking about getting people on boards, and I don’t think that there are very many people who want to go to meetings for the sake of going to meetings. That seems to be something that happens too often with a lot of different organizations. So, defining what it is that you want to accomplish, like you have mentioned early on, having a declared goal before the meeting, letting people know what you want to accomplish, I think that is critical.”

“I just think that there is a stigma of being on a board, too. Sometimes policy making governing is not what you want to do, you want to be hands on, you want to be a planner, you want to do that, the board might not be the right place for you, you want to be involved in the volunteer, direct service organization or something with that. So, I think that there is just a great need for education on what your role really is and it needs to be consistent throughout the organization.”

“I think in the area of arts and culture, we certainly have a leadership void right now as far as staff positions with all the vacancies that have occurred and seem to be having some difficulty filling those and I am not sure what the reason for that is.”

“There are several cultural organizations in the Quad Cities right now, in terms of leadership; I think that we are at a real turning point. We have got quite a few interim directors and presently, those interim directors are not museum professionals and what direction are those organizations going to take with the next director? And, as a museum background, that concerns me.”

“It would seem to me that it might be good to not have the function of the board duplicating the management function, and that boards need to move from duplicating management, which they probably don’t find very fulfilling, to do something to actually advance the organization, perhaps structure our sub-committees to be working on initiatives and moving our organizations forward rather than to be monitoring management functions.”

“One of the things that we are struggling with at the Putnam is how to find the right mix, you know – how many board meetings do you have in a year, so that we are not over-extending the board members to give up too much of their time but still keeping them actively involved and informed and it is really a fine line you know, between sub-committee meetings, and the community meetings and school board meetings, and how do you find that balance.”

“I think that it is also hard to solicit board members to advance an organization, which means fund raising, and that is the hardest thing to get board members to do. I think that in some ways, they would rather be on the Building and Grounds Committee than to have to go out and do the fund raising for the cultural and petitioning that we have to do. That is the common thing between all the cultural institutions, that no one has enough money.”

☐ The required commitment can be a barrier to younger/busier people.

“Even those of us who have been around for a long time, the Symphony is entering our 93rd season, and we are going through almost simultaneously to this situation, a transition between board members who functionally did the work for years and we have built to pretty much a full staff, and board members are taking a completely different role on. So, how do we make that transition while recruiting new members? It is very, very difficult. We brought a class of six new members in, and for us, all under 50, it’s celebration.”

“I think that one of the things that are causing some of the problems is the lack of time. Young families fail to get involved in nonprofit organizations and community and cultural organizations. The trend I see is that young people are so busy, and so some of that reverts back to the lack of time for volunteerism.”

“I think that a lot of the challenge that I am seeing with young people wanting to be involved, is they want to have the very best use of their time and they may not be able to do meeting after meeting and the little bit of work, or community work that they are going to do. The other thing is that they want leadership roles. They don’t necessarily want folding mail and that kind of thing, so I think that it can be a challenge to find the right match, and therefore, it goes back to what Margaret says, it is just harder to do that, you have to put more effort in to make that happen.”

“I think as institutions and organizations, we have got to figure out how to be flexible, to allow those people who want to be involved to do that at the times when they’re available, and that means that we have to change the culture of our dynamics of our organizations to be able to do that.”

- ☐ Succession planning that involve mentoring new members who can lead and take ownership of an organization’s mission.

“And, a little bit farther out than the succession planning is how are we getting to our very youngest citizens, building their interests and appreciation in arts, culture and recreation? And giving them an incentive to stay in the community and be part of that? And, just as an example, we have a Metro Arts Summer Youth Employment Program that is about seven years old now. They start out in high school, they work in summer arts projects, they go on to college, they can come back and be senior apprentices if they want, they graduate and our last two employees have come from that pool of apprentices. So, helping ourselves you know, not only with potential employees but also leaders for the community by working with our younger people.”

“At the Figge, I think they are having trouble attracting new board members because people are waiting. And we have been without a Director now for eight months or so. So, we are in a real tough situation because we are having to sell ourselves that much harder, not only to the community but to sponsors, and potential board members. The people need to get on board to get us where we want to go. So we are in a tough spot.”

The current status of leadership in these fields is shaped by several factors.

- ☐ Attractiveness of the Quad City Area

- ☐ “Some of the current leadership may have been a little ahead of what the public was ready for.”

“I think that a lot of the leadership, or the people who are trying to do things, are a little bit ahead of our community. So I think that you are right, and it is a turning point, and we are kind of waiting for the community to get on board. We are all there with the train, but they are not quite on there yet. I do not mean that in a discouraging way, I mean that in an optimistic way.”

- ☐ Fragmentation and parochialism of organizational missions as they relate to community enrichment factors.

“I think that partnerships should be strategic alliances, whatever, they should be based on what is going to best serve the community, economies of scale, bringing unlike assets together to form a whole. A lot of our partnerships in this community are based on, ‘if you don’t have a partnership, you don’t get funds’ and so you create a truck with wings because you can get funding for that, even though you don’t need it to fly. And so, I just think that there are a lot of partnerships that are put together because if we don’t have a partnership, we can’t get funds.”

“We are more fragmented than we should be. There are too many different places to go and if everybody would just kind of agree to pool all of our efforts into this one place and promote that one domain, and have it be something that we need to remember and so forth, and then get it to folks like myself that are bringing new faces in. That would help and then I think that, speaking as a parent of young kids, I will do what my kids will. I think that spending time in the schools and promoting cultural opportunities in schools is a key.”

“Well, it can happen where you get both sides of the river to come together. It took the realtors 18 years but we have our board office under one roof now and we, so economies of scale do apply and the Quad Cities is not that big that we should have so many different entities. We kind of need to pool our resources and do a better job, which is hard, you know, because everyone has things that they want to accomplish as individuals, but I would think that it would be in everyone’s best interest to come together at the table like this, I mean this is great, but I don’t know how often you have these kinds of meetings.”

- Transitional nature of some organizations.

A regionally-orientated “cultural plan” involves recognizing and addressing various dynamics.

- Generating an overall interest in arts, culture, and recreation.

“I think that there is some sort of educational and marketing that needs to be done on educating the community on what we have and that all of these things are open, and they are welcome. I think that there is another side of this and I think that is tourism. For any entity that wants to grow, it takes new blood and new input, and that is not only the Quad Cities. I think that marketing and working together to market the Quad Cities, that it is a great place, that these directors that we want to bring in, that it is a great place to live, for your families, - and we have a great responsibility to market the Quad Cities, so that everyone knows that it is a great place to live.”

“We want young people, we want old people, we want new people, I think that there is this impulse that we are all trying to do too much. You kind of carve your niche; you have to talk to the other people to find out what their niches are, too. And, you have to find out whether, I mean you can learn from other people, you have the Metro Art thing. It is a great example of a program that works, and you can learn to adopt things from one another and we are not doing that. And I think that the programming, the collaborations are often missing. I think that often they are to please the funders because we know that the funders like the partnership. So, we say, oh well, let’s see what we can do.”

“My dream is that the Quad Cities truly value and treasure historic architecture and the history and their culture.”

“Frankly, we need a community-wide cultural plan.”

- Identifying and promoting the distinct benefits associated with arts, culture, and recreation involvement.
- Taking advantage of economies of scale.
- Facilitating non-duplication.

“Well, we have a lot of wonderful people bringing together wonderful ideas, creating great programs and projects and then we need to fund them, and I will include buildings in that too. So, we are all coming together, no we are not coming together, we are all working somewhat separately in building cultural programming and we need to do more in the way of talking with each other and having a plan. I think that we are getting fairly good at non-duplicating programming. That is providing additional enhancement for the Community and for visitors but still for us to know the direction of each other’s organizations and to maybe come together and start planning how that all fits together for this Community. And, of course, you can’t do that just with cultural people, you also need all the other segments of our Community because it

needs to revolve around what is needed and wanted in our community and how we can attract people from outside in. Just like it is a strategic plan for your organization, it needs to be a strategic plan for not Davenport, not Rock Island, but the Quad Cities.”

“I think that what happens, is we get together, we do quite a bit of discussion, but we are missing the element of strategic planning that includes the whole community and so, after a while, you are meeting to be meeting and just sharing ideas, and something that takes precedence will move in there and the next thing that you know, you are not meeting regularly.”

● Developing a unified source of information for tourism consumers.

“Also, if you go on the CVB website, there is a listing you can put on your own activities, there is a listing month by month by month of what is available, what events are coming up, there is packaging opportunities between hotels and theaters and things like that, that is available on line.”

“Another thing that I would like to see is a brochure and website that actually encompasses everything that we have. You know, short blurbs, we have the Figge, we have the RMA, WQPT, we have the Mall, and it is just blurbs, telephone numbers, websites that you can go to for the events of each one.”

● Developing a unified source of information for tourism planners & leaders.

“For me, as a real estate agent, I have got someone who is coming from outside the community, and I would like a relocation package in their lap, it will have maps, and all kinds of brochures from all the different opportunities in the community, and there is just too much information, they don’t know where to go. I think that you can save a lot of money if you do this kind of thing on the web. Because, people will start there and then they will have other focus once they get here.”

● Facilitating a common approach to engaging our community’s educational systems.

“To me, if the arts and culture and recreation in the Quad Cities are going to prosper, we have got to tie in with the education and learning better. It is not about our brochures and getting to know what each of us are doing, we have got to somehow do a better job of reaching kids and developing a love for arts and culture in their community. And, I don’t know, we don’t seem to progress at all with that. I develop a lot of programs to get in to the schools and I reach some kids, but we have got to find a better way.”

“We want those kids to develop an interest and want to do those things. But, more importantly, we want it to stick with them so that when they become adults and have kids of their own... We have got to hit the kids now so that when they are adults that they still do it, that they still have a love and an interest for it.”

“I really want, and I have no idea what it is, but an art university for the Quad Cities that progresses very much like the athletic programs. If I have a child who is not interested in athletics, I want to be able to start them at 3 and 4 years old and progress through comprehensive art exploration.”

● Addressing the common tension between offering programs that increase attendance and programs that expand thinking or offer unique perspectives.

“There is a competition between entertainment and culture, and I think that without dumbing down our culture, we need to get those on an even level. It is true that we do have an opportunity with kids to come home to say ‘you know there are some really great quilts at the museum, I really want to go see them, my teacher told me or she showed me a postcard or something’ and that is the time that you have got to grab them.”

Several factors impact consumer behavior and engagement with arts, culture, and recreational offerings.

- Competition for time and resources.

- Attitudes – stigma associated with the value of arts, culture, recreation.

“My vision, what I would hope for, is for art to become mainstream, we touched on that, or for it to become part of the obvious package of things to do, because it is over-looked. Awareness in the general public of arts opportunities would be a critical thing that I would like to see.”

“I guess for me, I am sitting here listening to what people say, and we have talked a lot about art, culture, and music, and I guess that I would like to see the mission focus on awareness because those things are never going to be popular in mainstream, and I don’t think that we want it to. I mean, all that stuff gets turned over so quickly, gets discarded and forgotten about, but the arts and the music and the Festival of Jazz is never going to get forgotten about. I think that the biggest thing is the awareness of it. If we can get people out, it is not that we want everybody to latch on to it. You might have some who really appreciate this, but there is going to be a huge percentage of those who never will. And I feel that is why we just need to focus on awareness, and still, we want the quantities, but we have to set the expectations that this is something that is very select and specialized thing. I would just like to see more collaboration and feel that diversity is good, and tying things together.”

- Cost, especially for low-income individuals and families.

“A lot of families can’t afford to go to a movie. They are lucky if they can rent a movie, a lot of the people that we work with. You know, there are a lot of talented kids, and a lot of talented teenagers, who do not have the opportunity to go to the Figge, or to go to the Family Museum because it is just too expensive. In most major cities, there is a day when people can go free. Anybody can go to the Art Institute in Chicago on Tuesdays and get in free, and this community has never had anything like that and I think that there are a lot of disenfranchised people that would attend if it became a regular thing and if they knew that every Tuesday you could get into the Figge free.”

“I guess that I would just like to see all these wonderful things available to everybody in the community and that through scholarships, or free family passes, or a free day, whatever, so it would be open to everyone.”

- A perceived distinction between entertainment and cultural enrichment.

- Children and youth have to focus their development efforts early on in order to be competitive in an activity.

“Well, not only that but taking a lesson from the athletic people, no matter what you follow because I mean if you have a 5 year-old that wants to learn to play ball, by God there is a team and there is a structure and you can go from 5 to 6 year olds, to 7 to 8 year olds, and they can progress all the way through. Is there any arts education in this community that I can start my child in, other than dance? I think that they progress along that same field, but sculpture, painting, any of the visual arts, any kind of lessons, that I can start and there is a curriculum that will continue with my child throughout?”

- Access issues such as transportation, hours of operation, parking.

Focus Group Members' Vision/Dream for the Future

- Event promotion through a “hot picks” idea to promote and increase exposure to the diversity of events already occurring.

“I would like to see some type of ‘hot picks’ program. I would like to see something on Friday afternoon from 4-7 that you could go on-line and you could look for. Too many times our family previously and now my husband and I, we settled for a movie because you go to the third page of the paper and there are the movie listings. I know that I have seen all of you at the movies and have gone to the movies with some of you and yes that is lovely and wonderful, but what if I had the same opportunity to say, I could do the ballet, or I could be at Music Guild, just a spur of the moment I know that I can go and these are the tickets. It doesn’t have to be half price, but it could be some reduced price and it is all a listing of the tickets that are available for all of the performing arts. We have enough performing arts in the area and the Comedy Clubs, our Comedy Sports, whatever, just to fill it up and to get people thinking outside the box as far as entertainment, or maybe once a month, some kind of hot picks program.”

- Thoroughly consider how changing demography should impact program and event offerings (e.g., time, location, etc.).

“The demographics of family life have changed. Maybe we don’t change what we do but we change how we do things. Maybe if we had something Saturday night or a Sunday afternoon. I think that we really need to think about when people can attend things. I don’t know that we can address organizations without really looking at who our constituents are, who our audience is and when they can attend as opposed to just presenting something and hoping that people can come and enjoy. My hope is that we can look at our audience, look at our people, and see what works for them. My son and his family and children, really time is a big thing for them. Maybe it is not what we are doing but when we are doing it and how.”

- Re-examine how the missions of various organizations contribute to an overall sense of increasing the value of arts, culture, and recreation in the Quad Cities.

- Initiate new or strengthen current coordination efforts – such as the Convention & Visitors Bureau and current arts collaboratives – to support functions such as human resources, financials, and other aspects of organizational functioning.

- Strategize and collaborate on reaching and engaging school-aged children, especially middle and high school students.

“I guess that I will speak from the high school aspect of trying to better connect and not have that lapse for junior high to high school, you know making arts cool for that demographic, because I do think that we have a lapse there. I think Jingle Jam is a good way to do that, that is cool to go to, they have fun, but it doesn’t really bring them into a facility. I don’t want to get the museums ripped up, but can you do kind of a bash there? Something that that is cool for them to go to or even bringing more artists into high school classes? You know, every high school has art classes and more of that, or getting them out to see exhibits and so forth. Is anyone planning an outdoor ice-skating rink by the River? Is Bettendorf doing that, I would just love to see that, too. I just love that Millennium Park in Chicago.”

- Convene to more clearly articulate the value and benefits associated with arts, culture, and recreational activities in community life.

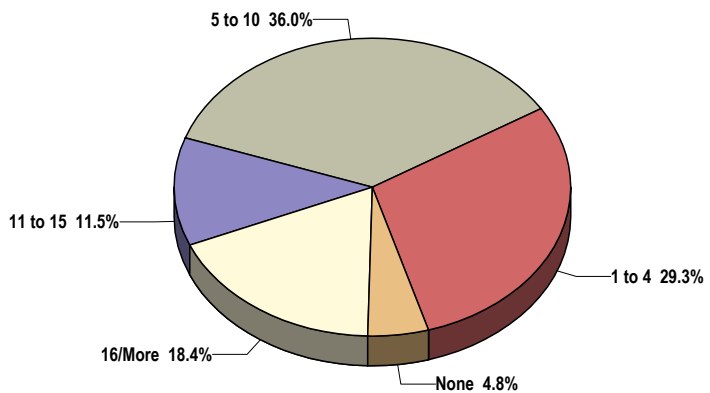
“What are the benefits of culture and recreation? I don’t think that we get that out there enough sometimes – what we actually have, what is available and what is the benefit of being here?”

NEIGHBORHOOD CONNECTIONS

Nearly two-thirds (65.9%) of Quad Cities Area residents know at least five neighbors by name.

- ☐ In contrast, 4.8% do not know the names of any of their neighbors.

Number of Neighbors Known by Name
(Quad Cities Area, 2007)



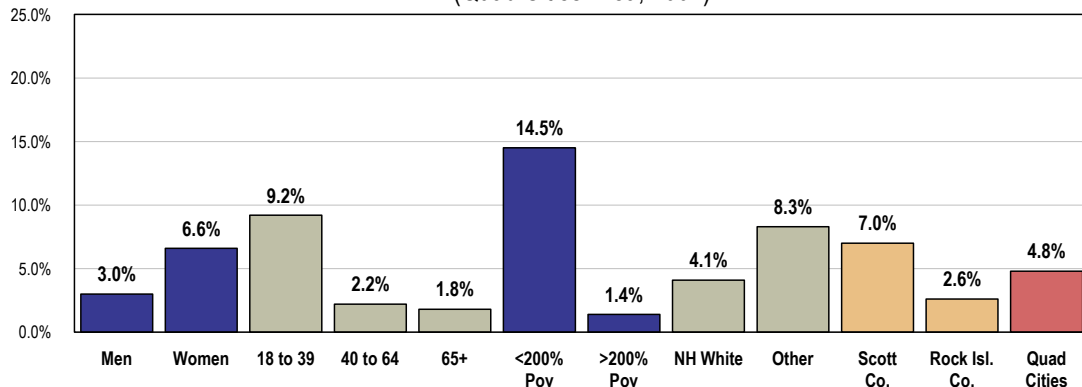
Adults less likely to know any of their neighbors by name include the following:

- ☐ Residents of Scott County (7.0%).
- ☐ Women.
- ☐ Adults under age 40.
- ☐ Residents living in the lower income category.

Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 18]
Note: • Asked of all respondents.

Do Not Know Any Neighbors By Name

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 18]
Note: • Asked of all respondents.

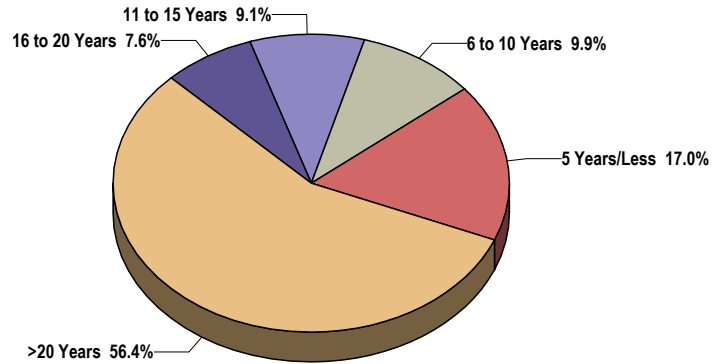
HOUSING

Length of Residency

More than one-half (56.4%) of survey respondents have lived in the community for more than 20 years.

- ☐ In contrast, 17.0% of community members have lived in the Quad Cities Area for five years or less.

Length of Residency in the Community
(Quad Cities Area, 2007)



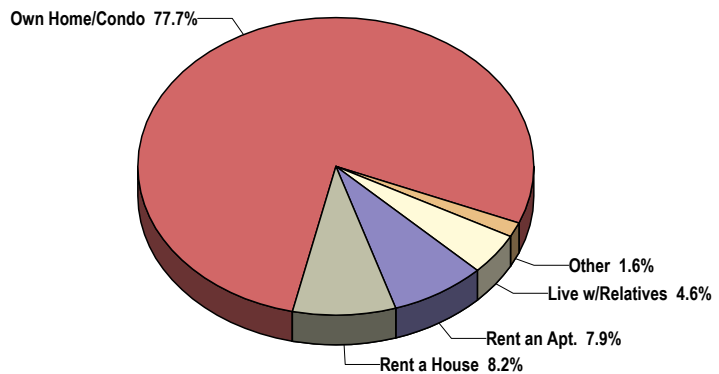
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 129]
Note: • Asked of all respondents.

Housing Situation

More than three-fourths (77.7%) of survey respondents currently own their own home.

- ☐ Another 8.2% rent a house, and 7.9% rent an apartment.
- ☐ 4.6% of community adults live with relatives.

Current Housing Situation
(Quad Cities Area, 2007)



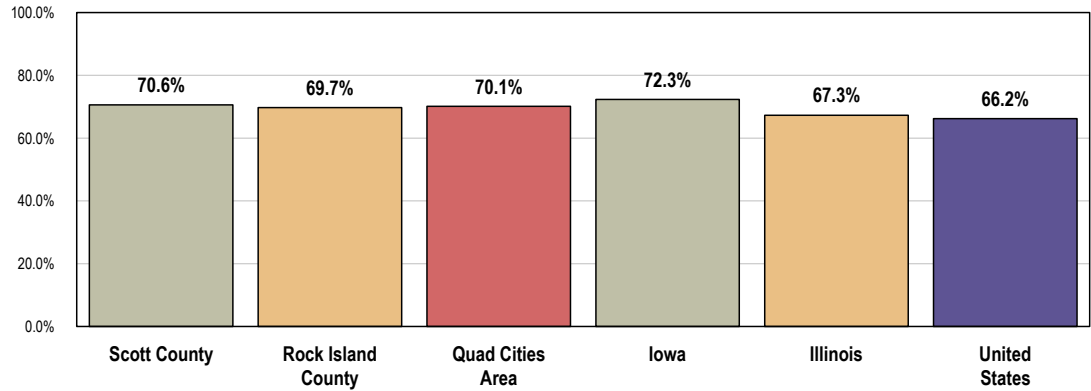
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 82]
Note: • Asked of all respondents.

From Census data, 70.1% of total housing units in the Quad Cities Area is owner-occupied.

- ☑ Compares to 72.3% across Iowa and 67.3% throughout Illinois.
- ☑ More favorable than the 66.2% reported nationally.
- ☑ Similar by county.

Owner-Occupied Units

(By Region; 2000)



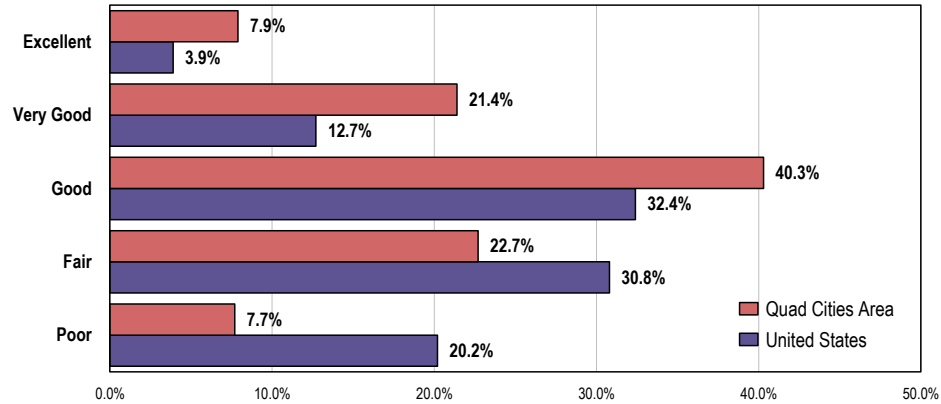
Source: • Census Bureau SF 2.
Note: • Numbers are a percent of total housing units.

Availability of Affordable Housing

A total of 29.3% of survey respondents gave “excellent” or “very good” ratings of the local availability of affordable housing.

- ☐ More favorable than the 16.6% reported across the nation.
- ☐ Another 40.3% of residents gave “good” evaluations.

Rating of Local Availability of Affordable Housing (Quad Cities Area, 2007)

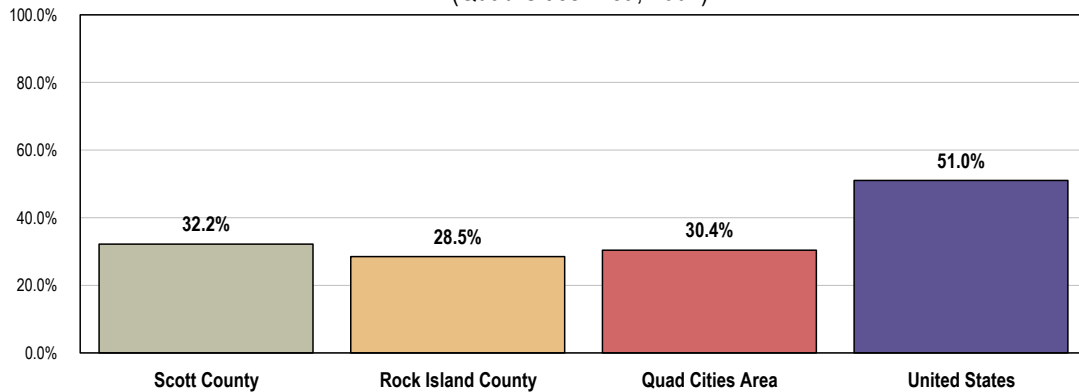


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 79]
 • 2006 PRC Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 57]
 Note: • Asked of all respondents.

However, 30.4% gave “fair” or “poor” ratings of the availability of affordable housing.

- ☐ Much lower than the 51.0% reported across the nation.
- ☐ Does not vary significantly by county.

“Fair/Poor” Ratings of Local Availability of Affordable Housing (Quad Cities Area, 2007)



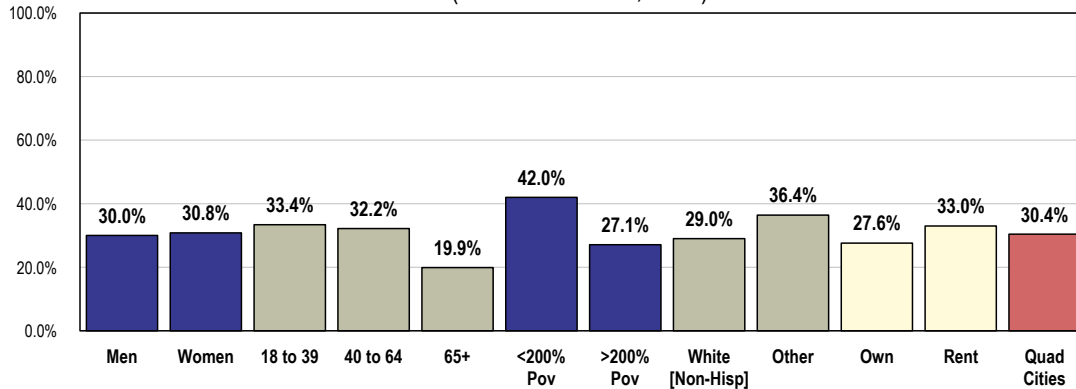
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 79]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 57]
 Note: • Asked of all respondents.
 • Percentages represent combined “fair” and “poor” responses.

Adults more likely to give low ratings of affordable housing include:

- ☑ Residents under the age of 65.
- ☑ Individuals in the lower income category.

“Fair/Poor” Ratings of Local Availability of Affordable Housing

(Quad Cities Area, 2007)

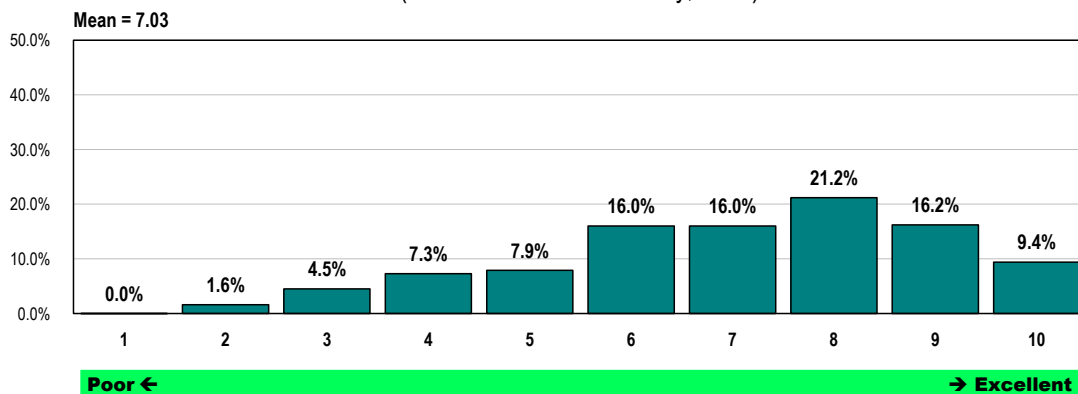


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 79]
 Note: • Asked of all respondents.
 • Percentages represent combined “fair” and “poor” responses.

Most Community Leader ratings for the availability of affordable housing in the Quad Cities Area fell between “7” and “9” on the 10-point scale.

Community Leaders: Rating of Availability of Affordable Housing

(Quad Cities Leader Survey, 2007)

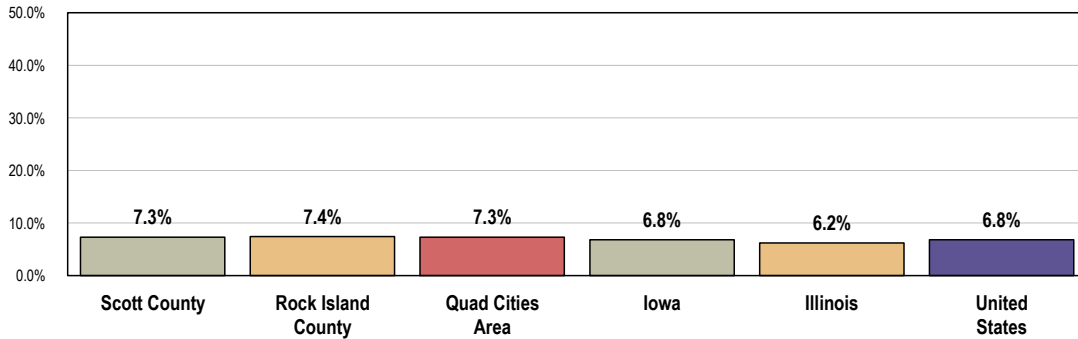


Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 18]
 Note: • Asked of all respondents.

According to the census, apartments in the Quad Cities Area experienced a 7.3% vacancy rate in 2000.

- ☑ Higher than the 6.8% across Iowa and the 6.2% across Illinois.
- ☑ Higher than the 6.8% reported across the United States.
- ☑ Similar by county.

Apartment Vacancy Rate (By Region; 2000)



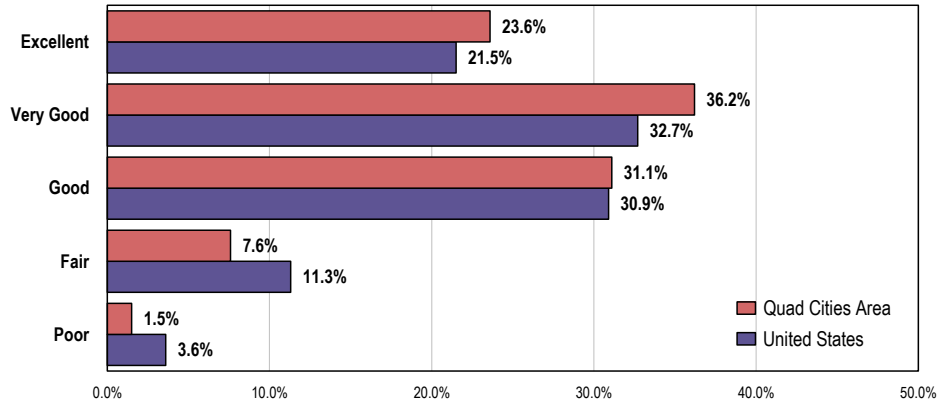
Sources: • Census Bureau SF 1.
Notes: • Numbers are a percent of total apartments.

Rating of Housing Conditions

A total of 59.8% of survey respondents gave “excellent” or “very good” ratings of the conditions of homes in their neighborhoods.

- ☑ More favorable than the 54.2% reported across the nation.
- ☑ Another 31.1% of residents gave “good” evaluations.

Rating of Conditions of Neighborhood Homes (Quad Cities Area, 2007)

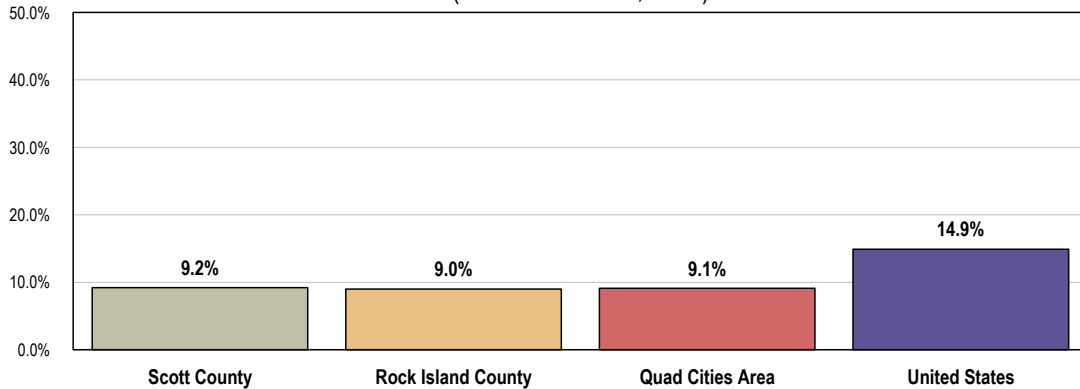


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 83]
 • 2006 PRC Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 61]
 Note: • Asked of all respondents.

However, 9.1% of respondents gave low ratings of the condition of neighborhood homes.

- ☑ More favorable than the 14.9% across the United States.
- ☑ Does not vary significantly by county.

“Fair/Poor” Ratings of Condition of Neighborhood Homes (Quad Cities Area, 2007)

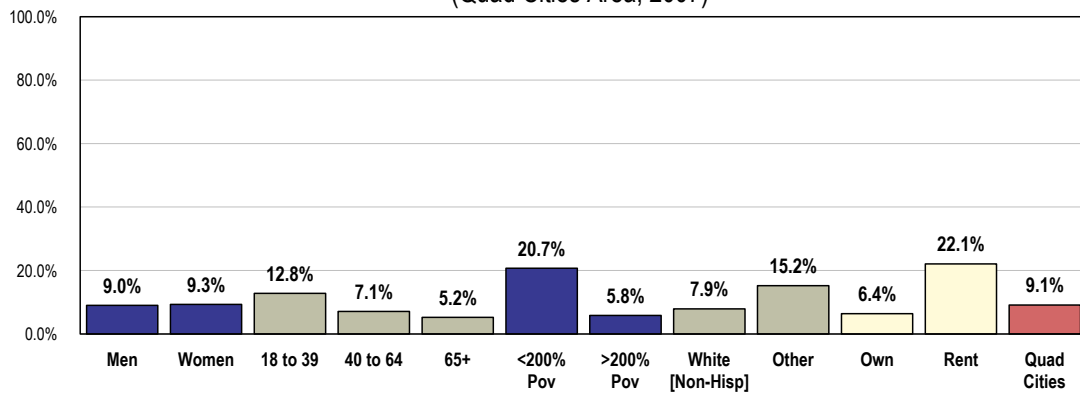


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 83]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 61]
 Note: • Asked of all respondents.
 • Percentages represent combined “fair” and “poor” responses.

Adults more likely to give “fair” or “poor” ratings of the condition of homes in their neighborhoods include:

- ☑ Adults under age 40.
- ☑ Residents living below the 200% poverty threshold.
- ☑ Non-Whites.
- ☑ Renters.

“Fair/Poor” Ratings of Condition of Neighborhood Homes (Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 83]
 Note: • Asked of all respondents.
 • Percentages represent combined “fair” and “poor” responses.

Homelessness

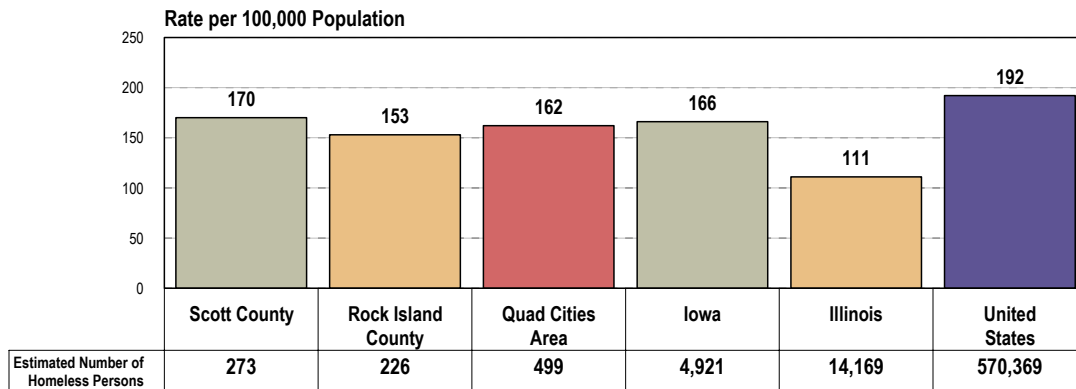
Census Count

According to the Census Bureau, the Quad Cities Area homeless rate in 2000 was 162 people per 100,000 population (an estimated 499 people).

- ☐ Similar to the Iowa rate (166/100,000), but higher than the Illinois rate (111).
- ☐ Lower than the 192/100,000 population reported nationwide.
- ☐ Higher (170/100,000) in Scott County compared to Rock Island County (153/100,000).

Homeless Persons

(By Region, 2000)



Source: • Census Bureau Group Quarters Count.
 Note: • Numbers are persons per 100,000 population.

Respondent Experience

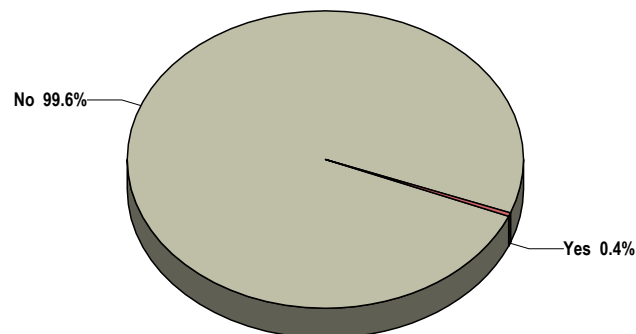
Just 0.4% of surveyed adults lived in a temporary shelter, car, or on the street in the past two years.

- ☒ Marks a statistically significant decrease from the 1.4% reported across the area in 2002.

Keep in mind that these are persons who are currently housed, but who were homeless in the past year.

Lived in a Temporary Shelter, Car, or on the Street in the Past Two Years

(Quad Cities Area, 2007)



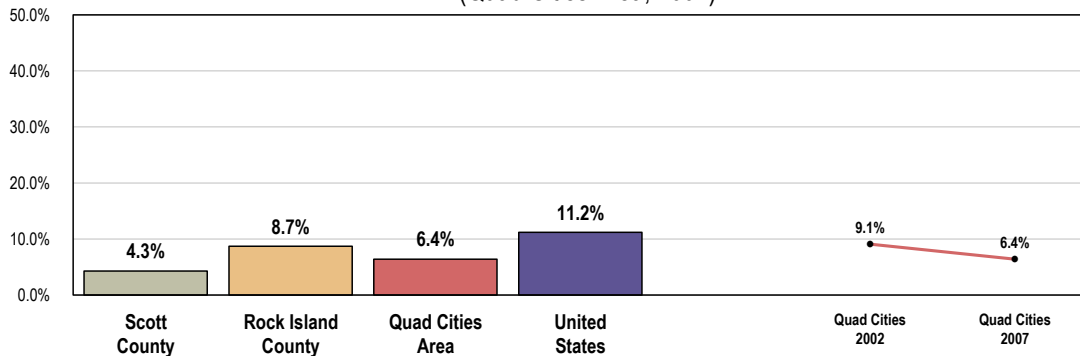
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 81]
 Note: • Asked of all respondents.

Housing Displacement

A total of 6.4% of residents had to go live with a friend or relative at some point in the past two years due to an emergency situation.

- ☑ More favorable than the 11.2% reported nationwide.
- ☑ Higher (8.7%) in Rock Island County.
- ☒ Denotes a statistically significant decrease across the Quad Cities Area since 2002.

Had to Live With Friend or Relative in the Past Two Years Due to an Emergency Situation (Quad Cities Area, 2007)



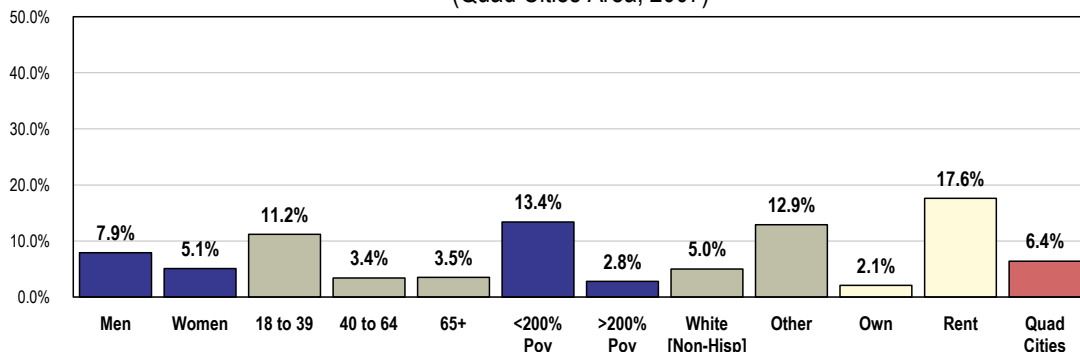
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 80]
 • 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 34]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 58]

Note: • Asked of all respondents.

Adults more likely to have been displaced in the past two years include:

- ☑ Residents under the age of 40.
- ☑ Those in the lower income category.
- ☑ Non-Whites.
- ☑ Renters.

Had to Live With Friend or Relative in the Past Two Years Due to an Emergency Situation (Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 80]

Note: • Asked of all respondents.

SAFETY

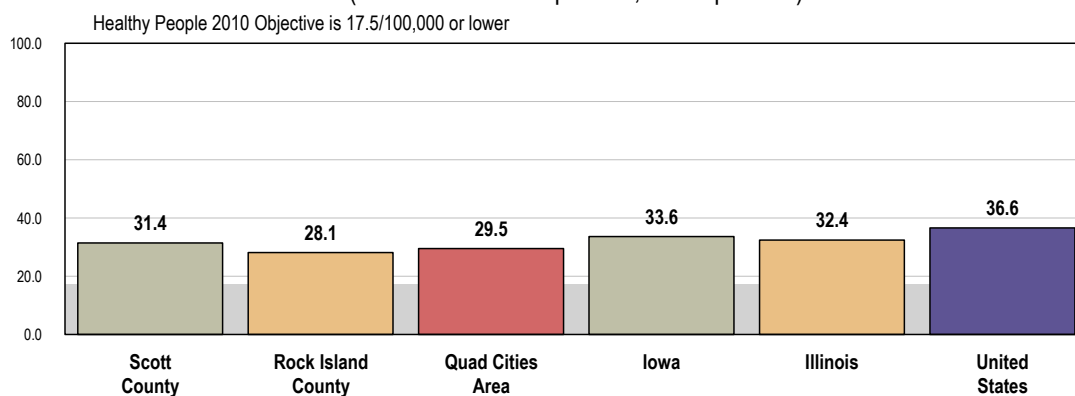
Injury

Between 2001 and 2003 the Quad Cities Area reported an age-adjusted mortality rate due to unintentional injuries of 29.5 per 100,000 population.

- ☐ Lower than the 33.6 rate across Iowa and the 32.4 found in Illinois.
- ☐ More favorable than the 36.6 reported across the nation.
- ☐ Ranges from 28.1 in Rock Island County to 31.4 in Scott County.

Age-Adjusted Mortality: Unintentional Injuries

(2001-2003 Deaths per 100,000 Population)



Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.

• Illinois Department of Public Health.

• National Center for Health Statistics. National Vital Statistics System, Mortality.

• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 15-13]

Note: • 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, age-adjusted to the 2000 U.S. Standard Population.

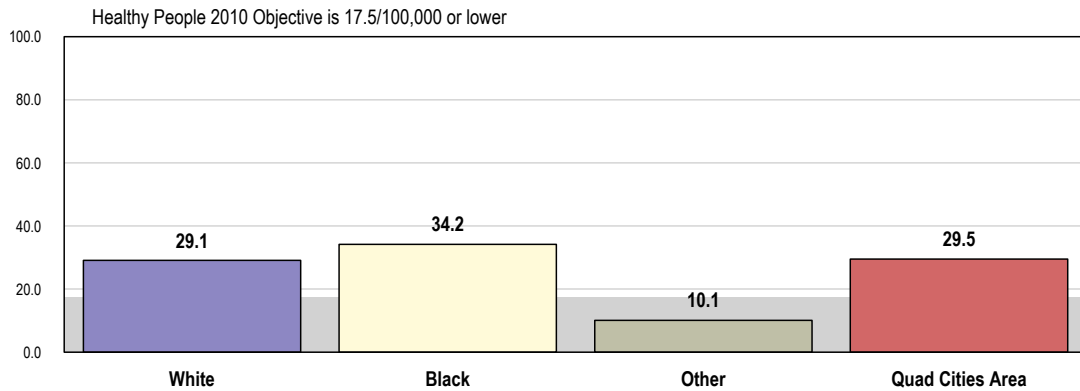
• County, state and national data are simple three-year averages, the area three-year averages are weighted by population.

Viewed by race, age-adjusted unintentional injury death rates are highest among Blacks in the Quad Cities Area (34.2), followed by Whites (29.1).

- ☐ The rate was much lower (10.1) among adults of other ethnicities, satisfying the Healthy People 2010 objective of 17.5 per 100,000 or lower.

Age-Adjusted Mortality: Unintentional Injuries

(Quad Cities by Race; 2001-2003 Deaths per 100,000 Population)



Source:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.
- Illinois Department of Public Health.
- National Center for Health Statistics. National Vital Statistics System, Mortality.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 15-13]

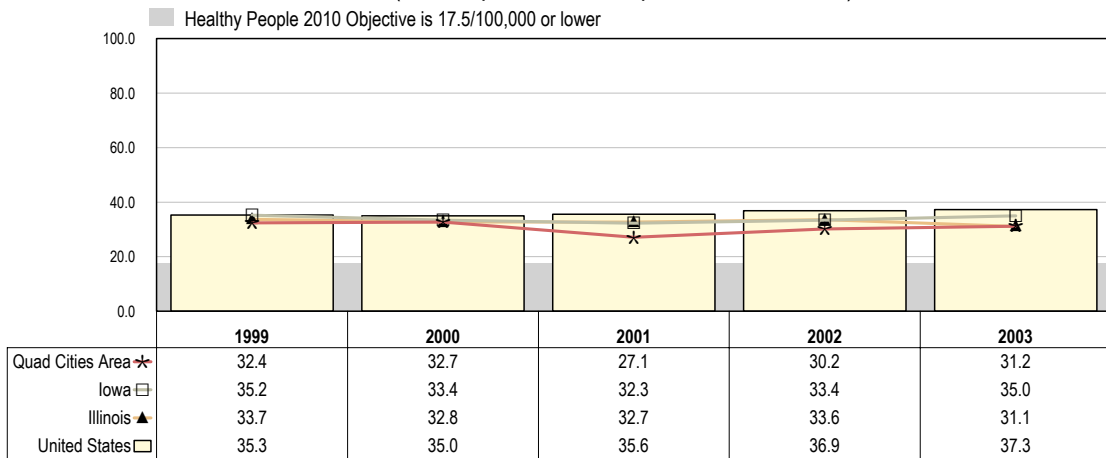
Note:

- 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, age-adjusted to the 2000 U.S. Standard Population.

Between 1999 and 2003, age-adjusted unintentional injury mortality rates decreased somewhat in the Quad Cities Area.

Age-Adjusted Mortality: Unintentional Injuries

(Deaths per 100,000 Population, 1999-2003)



Source:

- Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2006.
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 15-3]

Note:

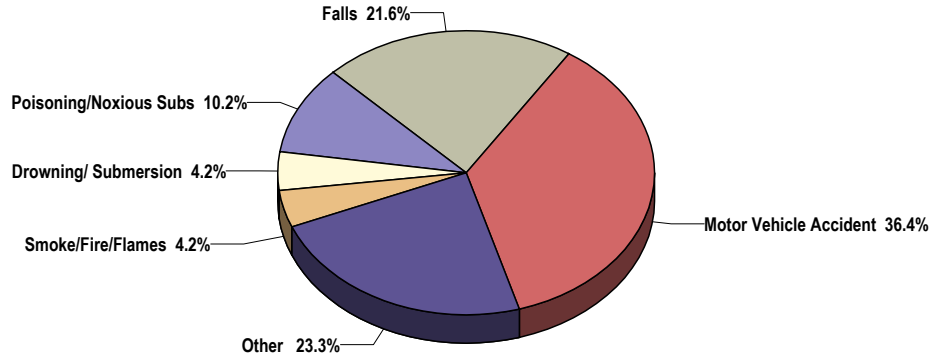
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).

More than one-third (36.4%) of unintentional injury deaths in the Quad Cities Area between 2001 and 2003 were attributed to motor vehicle accidents.

- Other causes included falls (mentioned by 21.6%), poisoning/noxious substances (10.2%), drowning/submersion (4.2%), and exposure to smoke and/or fire (4.2%).

Leading Causes of Unintentional Injury Deaths

(Quad Cities Area, 2001-2003)

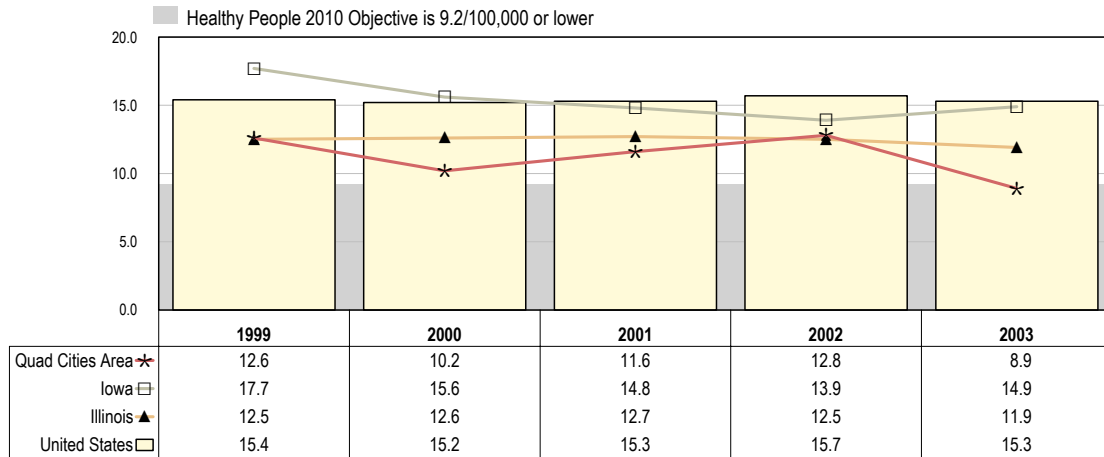


Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2007.

- Between 1999 and 2003, age-adjusted motor vehicle injury mortality rates decreased across the Quad Cities Area, mirroring the trend apparent across Iowa and Illinois. Nationally, rates were stable during this period.

Age-Adjusted Mortality: Motor Vehicle Accidents

(Deaths per 100,000 Population, 1999-2003)



Source: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2006.
 • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 15-15a]

Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Crime & Violence

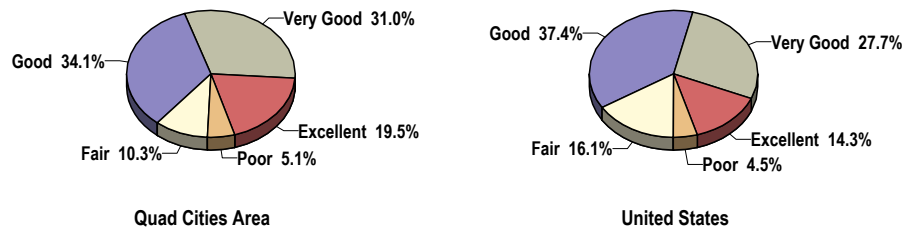
Neighborhood Crime

Rating of Neighborhood Crime Control

One-half (50.5%) of Quad Cities Area adults gave “excellent” or “very good” ratings of the safety, security, and crime control in their neighborhoods.

- ☐ More favorable than the 42.0% reported nationwide.
- ☐ Another 34.1% of respondents gave “good” evaluations.

Rating of Neighborhood’s Safety, Security, and Crime Control (Quad Cities Area, 2007)

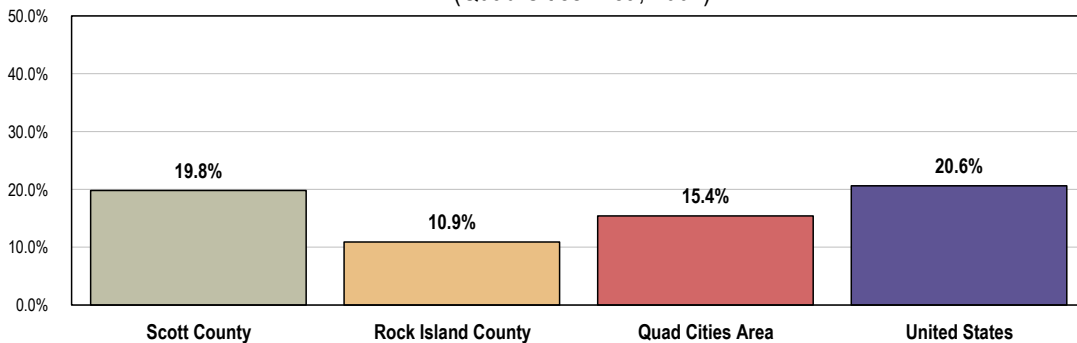


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 89]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 68]
 Note: • Asked of all respondents.

On the other hand, 15.4% of Quad Cities Area adults consider the safety, security, and crime control in their neighborhoods to be “fair” or “poor.”

- ☐ More favorable than the 20.6% reported across the country.
- ☐ Ranges from 10.9% in Rock Island County to 19.8% in Scott County.

Neighborhood’s Safety, Security, and Crime Control is “Fair/Poor” (Quad Cities Area, 2007)



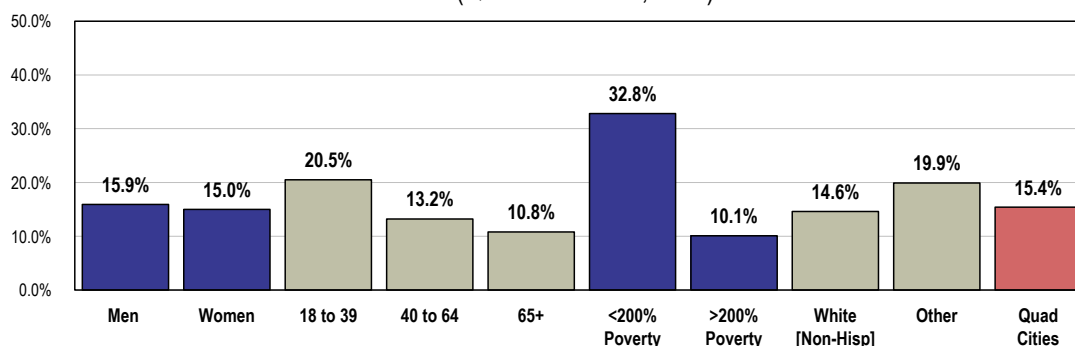
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 89]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 68]
 Note: • Reflects the total sample of respondents.
 • Percentages represent combined “fair” and “poor” responses.

The following Quad Cities Area adults are more likely to give “fair/poor” ratings of the safety, security, and crime control in their neighborhood:

- ☑ Adults under 40.
- ☑ Those living in the lower income category.

Neighborhood’s Safety, Security, and Crime Control is “Fair/Poor”

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 89]
 Note: • Reflects the total sample of respondents.
 • Percentages represent combined “fair” and “poor” responses.

Neighborhood Crime in Recent Years

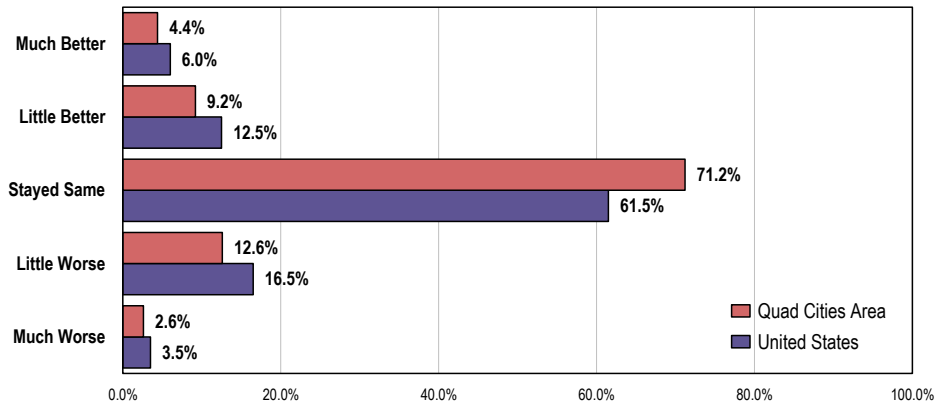
13.6% of survey respondents consider neighborhood crime to have improved in recent years (giving “much better” or “a little better” responses).

- ☑ Less favorable than the 18.5% reported nationally.
- ☑ The majority (71.2%) of Quad Cities Area adults consider neighborhood crime to have remained the same in recent years.

In contrast, 15.2% of Quad Cities Area respondents consider neighborhood crime to have grown worse in recent years, representing 35,720 residents.

- ☑ More favorable than the 20.0% reported across the nation.
- ☑ Ranges from 10.8% in Rock Island County to 19.3% in Scott County.

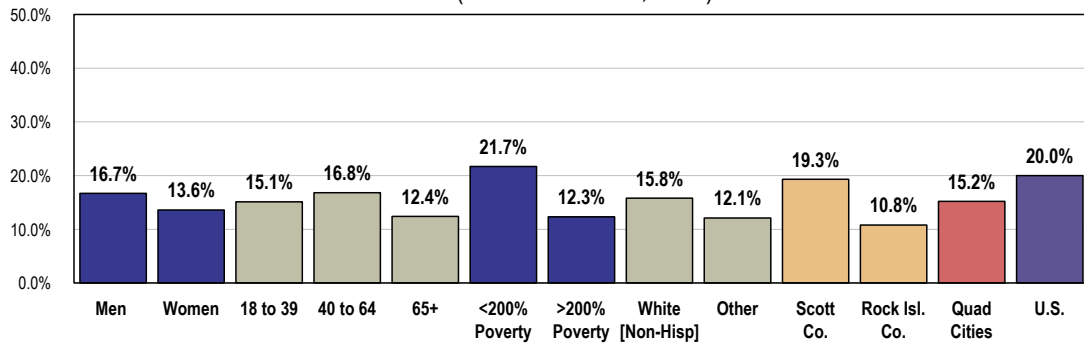
Neighborhood Crime in Recent Years (Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 90]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 69]
 Note: • Asked of all respondents.

Adults living below the 200% poverty threshold are more likely to consider neighborhood crime to have worsened in recent years.

Neighborhood Crime Has Grown Worse in Recent Years (Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 90]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 69]
 Note: • Reflects the total sample of respondents.
 • Percentages represent combined "little worse" and "much worse" responses.

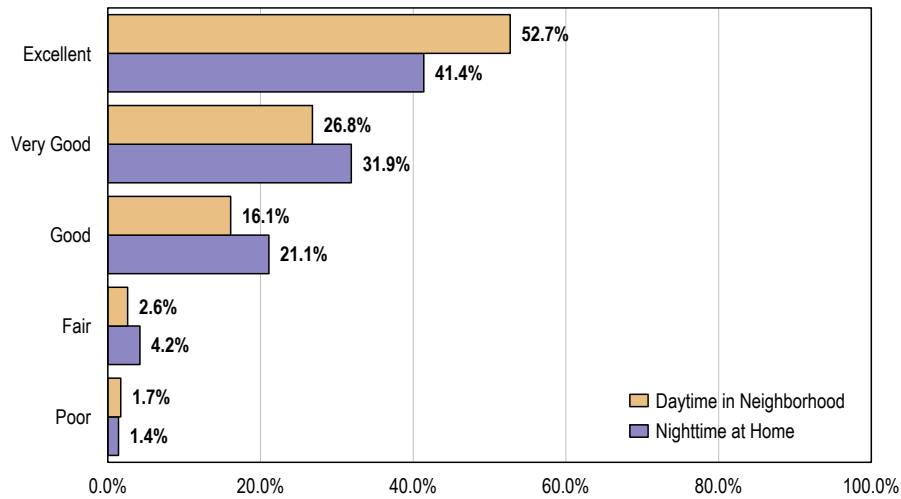
Personal Sense of Safety

Overall, 8 in 10 (79.5%) Quad Cities Area adults gave “excellent” or “very good” ratings of their feelings of personal safety walking in their neighborhood during the day.

Another 73.3% gave “excellent/very good” evaluations of their feelings of safety at night in their own homes.

Rating of Personal Safety

(Quad Cities Area, 2007)



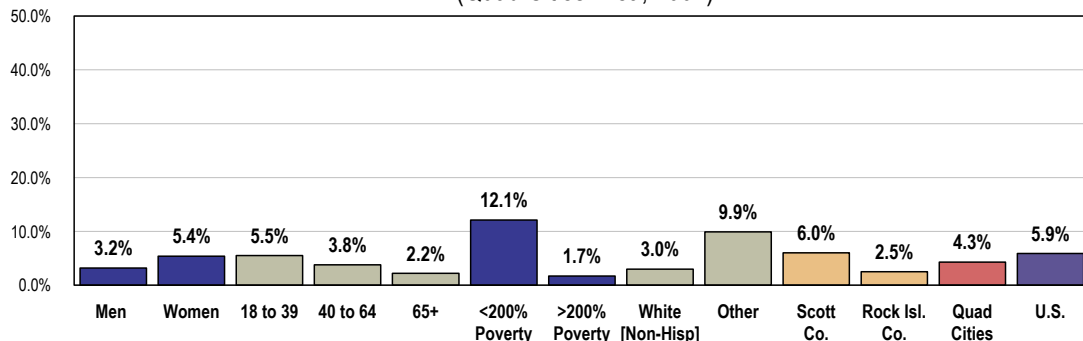
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Items 91-92]
 Note: • Asked of all respondents.

In contrast, 4.3% of Quad Cities Area adults consider their daytime safety in the neighborhood to be “fair” or “poor.”

- ☑ Statistically comparable to the 5.9% reported across the United States.
- ☑ Less favorable (6.0%) in Scott County than in Rock Island County (2.5%).

Daytime Safety in the Neighborhood is “Fair/Poor”

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 91]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 70]
 Note: • Reflects the total sample of respondents.
 • Percentages represent combined “fair” and “poor” responses.

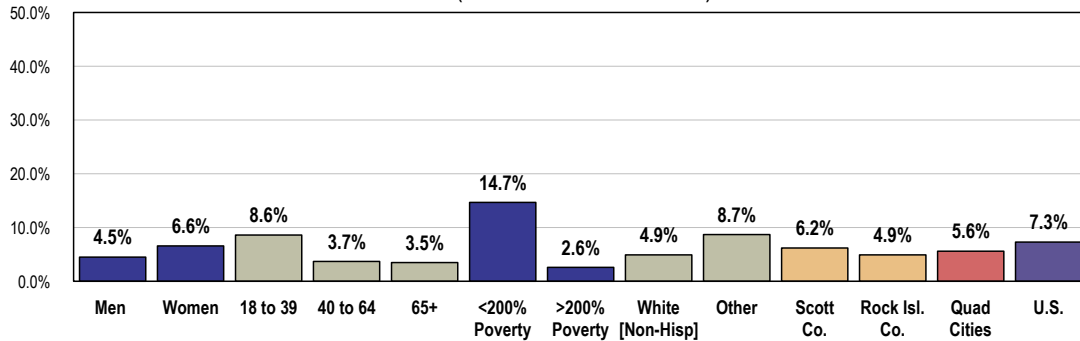
With regard to nighttime safety in the home, 5.6% of community members gave “fair” or “poor” evaluations.

- ☐ Similar to the 7.3% reported across the country.
- ☐ Statistically similar when viewed by county.

The following adults are more likely to give “fair” or “poor” ratings of their feelings of nighttime safety in the home:

- ☐ Adults under the age of 40.
- ☐ Residents living below the 200% poverty threshold.

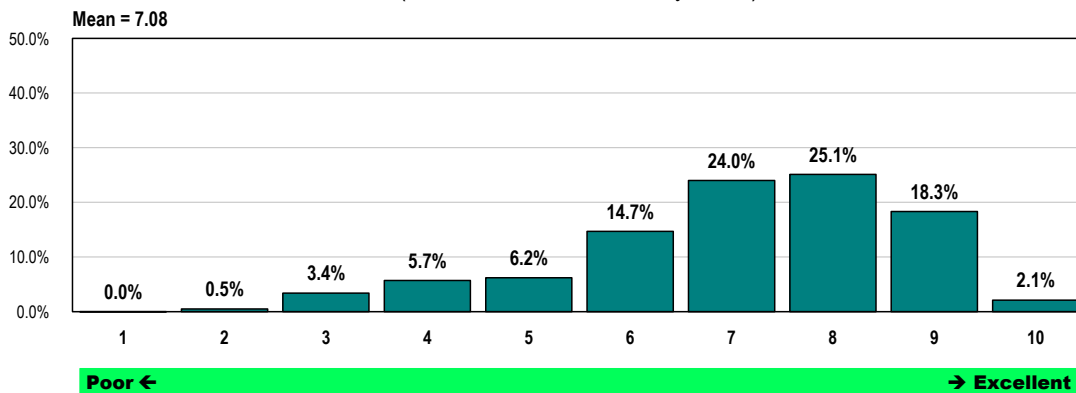
Nighttime Safety at Home is “Fair/Poor” (Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 92]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 72]
 Note: • Reflects the total sample of respondents.
 • Percentages represent combined “fair” and “poor” responses.

The following chart provides an illustration of Community Leaders’ ratings of community safety, security, and crime control in the Quad Cities Area.

Community Leaders: Rating of Community Safety, Security & Crime Control (Quad Cities Leader Survey, 2007)

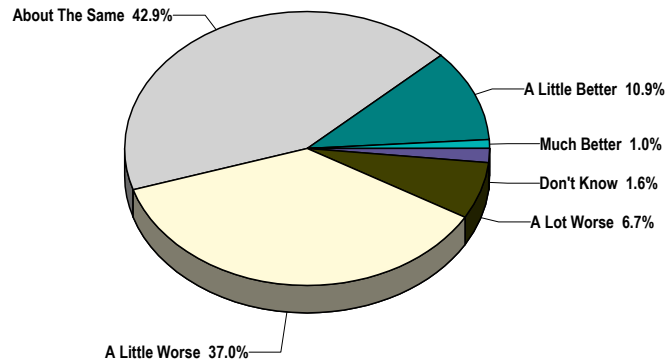


Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 20]
 Note: • Asked of all respondents.

When asked to consider the community's crime problem in the past year or two, the largest share of Community Leaders (42.9%) reported that the problem has stayed the same.

- Another 37.0% of Community Leaders consider crime to have gotten "a little worse" in the past one or two years.

Community Leaders: Perceived Change in Crime Problem Over the Past Year or Two (Quad Cities Leader Survey, 2007)



Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 21]
Note: • Asked of all respondents.

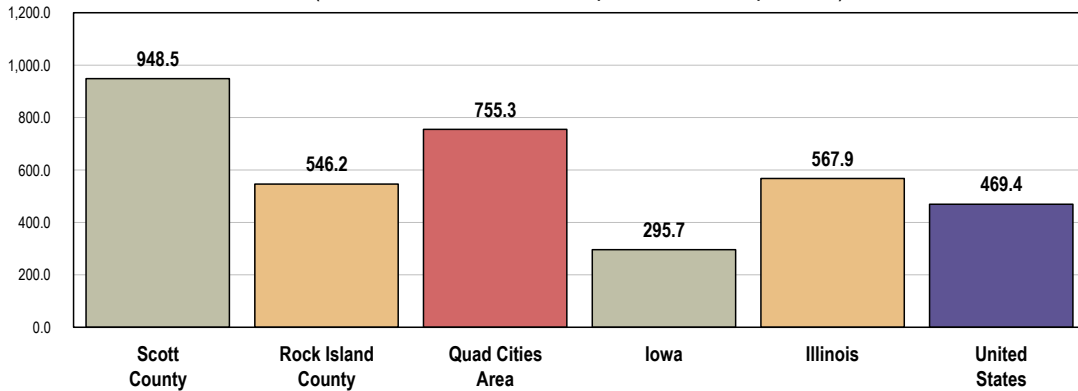
Violent Crime

Between 2003 and 2005, the Quad Cities Area reported a violent crime rate of 755.3 per 100,000 population.

- ☐ Less favorable than the Iowa (295.7) and the Illinois (567.9) rates.
- ☐ Much higher than the 469.4 reported across the nation.
- ☐ Ranges from 546.2 in Rock Island County to 948.5 in Scott County.

Violent Crime Rates

(2003-2005 Violent Crimes per 100,000 Population)



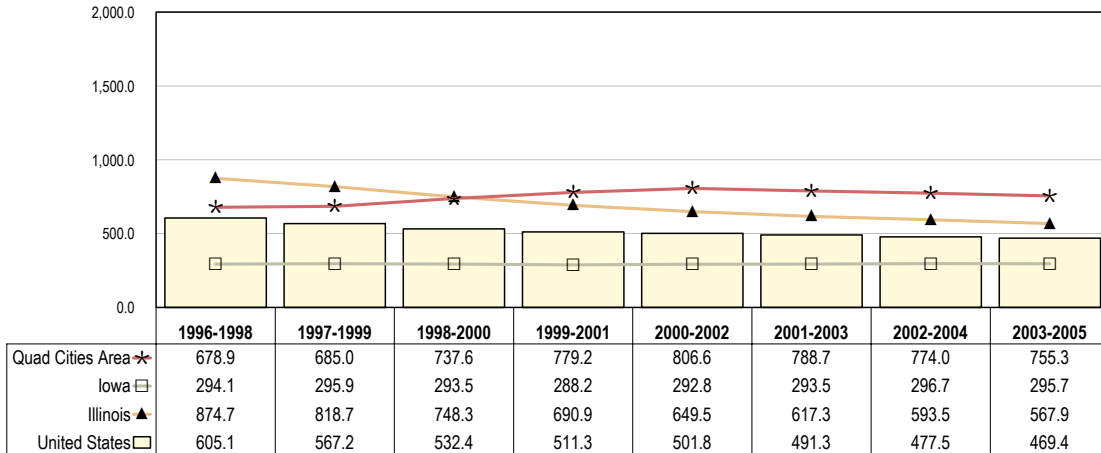
Source: • FBI, Crime in the United States.
 • Iowa Department of Public Safety Uniform Crime Report.
 • Illinois State Police, Crime in Illinois.

Note: • Rates are per 100,000 population. Includes all agencies reporting.

- ☒ **Between 1996 and 2005, the Quad Cities Area violent crime rate increased, while Iowa rates remained stable and Illinois and U.S. rates declined.**

Violent Crime Rates

(Violent Crimes per 100,000 Population, 1996-2005)



Source: • FBI, Crime in the United States.
 • Iowa Department of Public Safety Uniform Crime Report.
 • Illinois State Police, Crime in Illinois.

Note: • Rates are per 100,000 population. Includes all agencies reporting.
 • The national numbers for 2001 do not include the events of September 11, 2001.

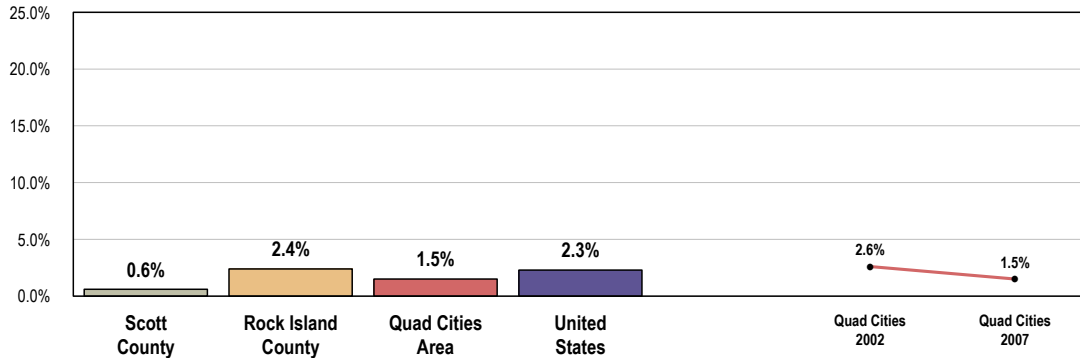
Victimization

Just 1.5% of area adults were victims of a violent crime in the past five years.

- Similar to the 2.3% prevalence across the United States.
- Higher in Rock Island County (2.4%).
- Statistically unchanged from the 2.6% reported across the area in 2002.

Victim of a Violent Crime in the Past 5 Years

(Quad Cities Area, 2007)

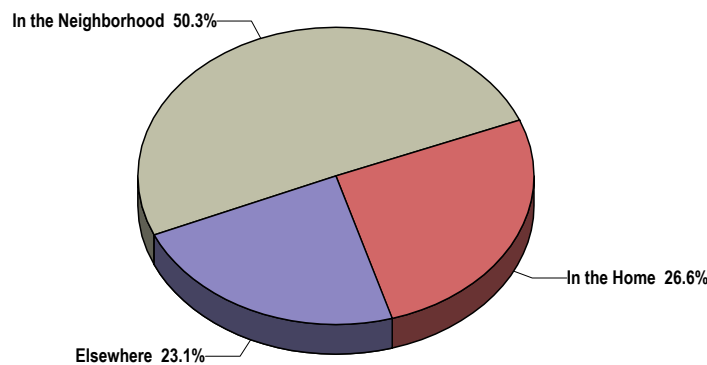


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 93]
• 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 66]
• 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 73]
Note: • Asked of all respondents.

Among the small number of respondents who reported be a violent crime victim, 50.3% indicated that the crime occurred in their own **neighborhood**, while 26.6% report that the crime occurred in their **home**.

Location of Recent Crime

(Quad Cities Area, 2007; Among Recent Victims of Violent Crime)



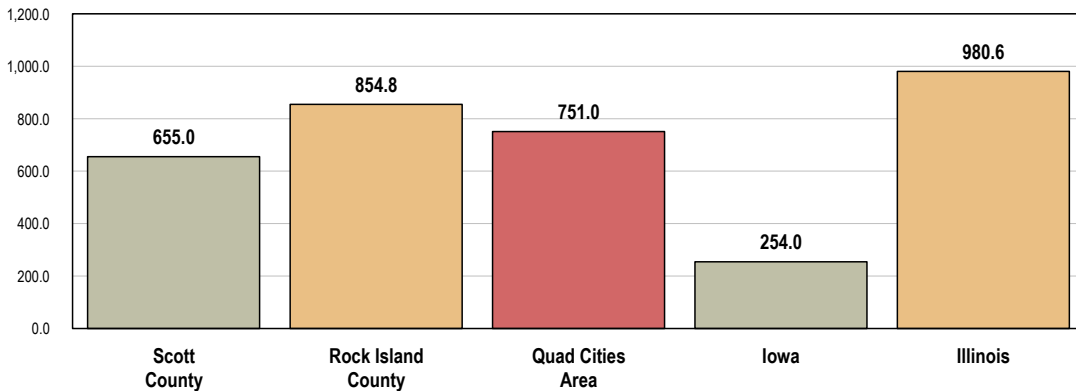
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 94]
Note: • Asked of respondents who were victims of a violent crime in the past five years.

Domestic Violence

Between 2003 and 2005, domestic crime affected 751.0 residents per 100,000 population across the Quad Cities Area.

- ☐ Three times the Iowa rate (254.0) but lower than the Illinois rate (980.6).
- ☐ Higher in Rock Island County (854.8).

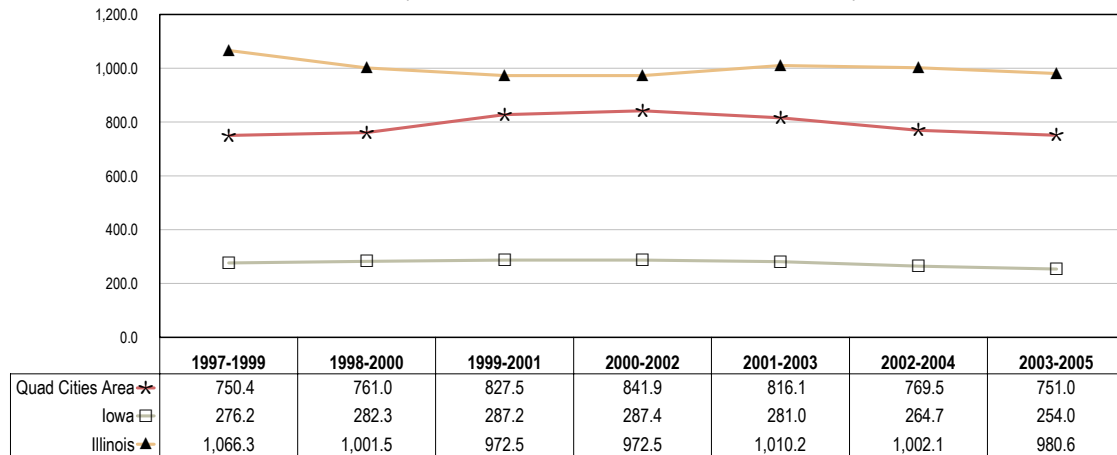
Rate of Domestic Crime
(2003-2005 Crimes per 100,000 Population)



- Source:
- FBI, Crime in the United States.
 - Iowa Department of Public Safety Uniform Crime Report.
 - Illinois State Police, Crime in Illinois.
- Note:
- Rates are per 100,000 population. Includes all agencies reporting.
 - Annual averages are simple three-year averages.
 - Domestic crimes are defined as crimes committed by family or household members, as well as against disabled adults by their caregivers.

☒ **Between 1997 and 2001, the Quad Cities Area rate of domestic crime steadily increased, then decreased through 2005.**

Rate of Domestic Crime
(1997-2005 Crimes Per 100,000 Population)

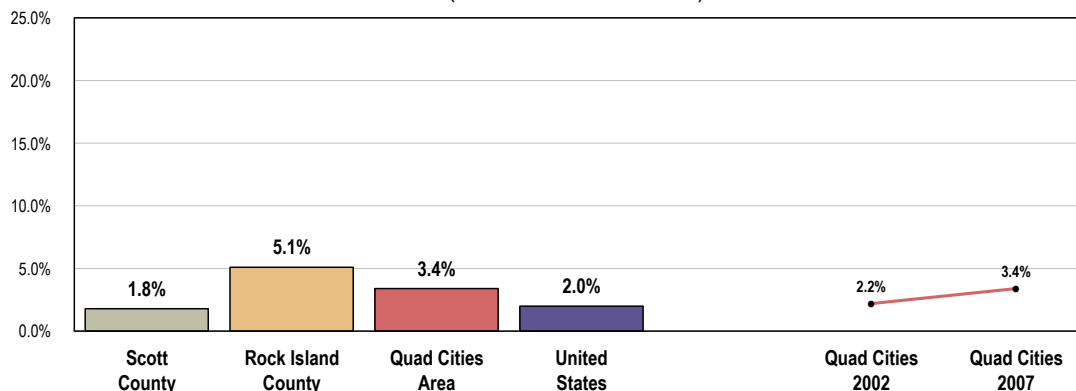


- Source:
- Illinois State Police, Crime in Illinois.
- Note:
- Rates are per 100,000 population. Includes only agencies reporting.
 - Annual averages are simple three-year averages.
 - Domestic crimes are defined as crimes committed by family or household members, as well as against disabled adults by their caregivers.

A total of 3.4% of survey respondents report being victims of domestic violence in the past five years (i.e., abused, hit, or otherwise hurt by an intimate partner such as a spouse, boyfriend, or girlfriend).

- ☑ Similar to the 2.0% reported across the country.
- ☑ Higher in Rock Island County (5.1%).
- ☒ Statistically unchanged from the 2.2% recorded in 2002.

Victim of Domestic Violence in the Past 5 Years (Quad Cities Area, 2007)

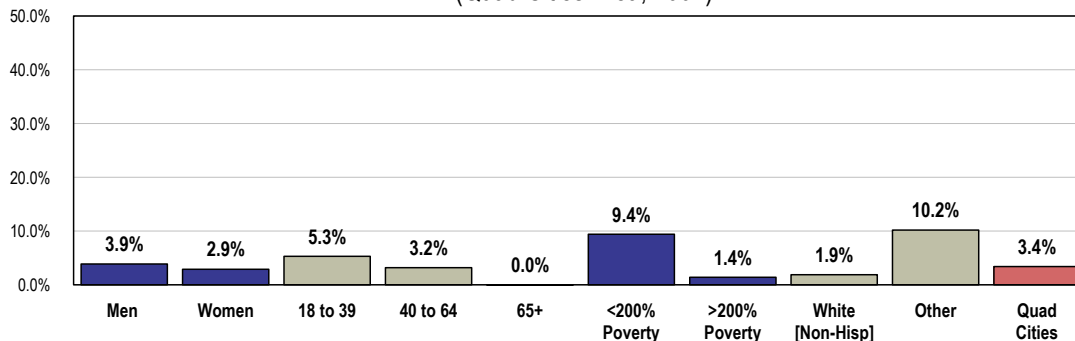


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 95]
 • 2002 PRC Community Health Survey, Professional Research Consultants, Inc. © PRC 2002. [Item 67]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 75]
 Note: • Asked of all respondents.

Adults more likely to have been victims of domestic violence include:

- ☑ Residents living below the 200% poverty threshold.
- ☑ Non-Whites.

Victim of Domestic Violence in the Past 5 Years (Quad Cities Area, 2007)



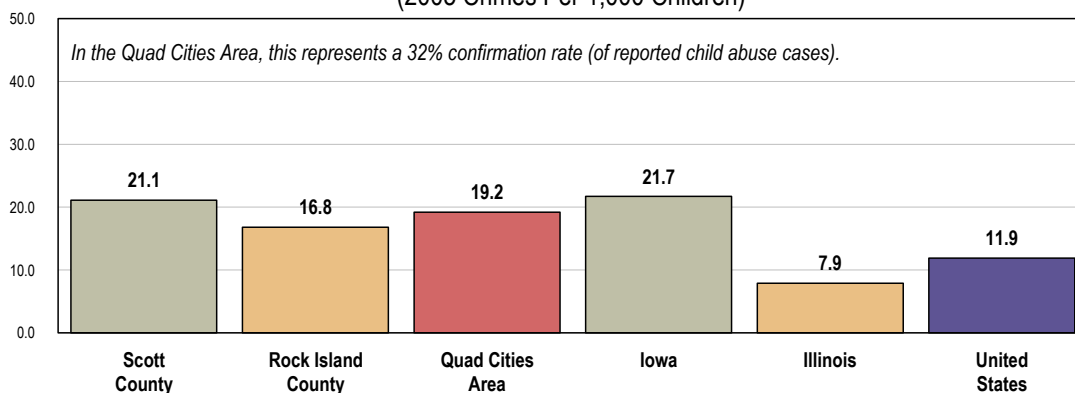
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 95]
 Note: • Reflects the total sample of respondents.

In 2005, the Quad Cities Area had 19.2 confirmed child abuse cases per 1,000 children in the community.

- ☑ Compares to 21.7 across Iowa and a much-lower 7.9 rate in Illinois.
- ☑ Less favorable than the 11.9 per 1,000 children throughout the nation.
- ☑ Higher in Scott County (21.1).

Confirmed Child Abuse

(2005 Crimes Per 1,000 Children)



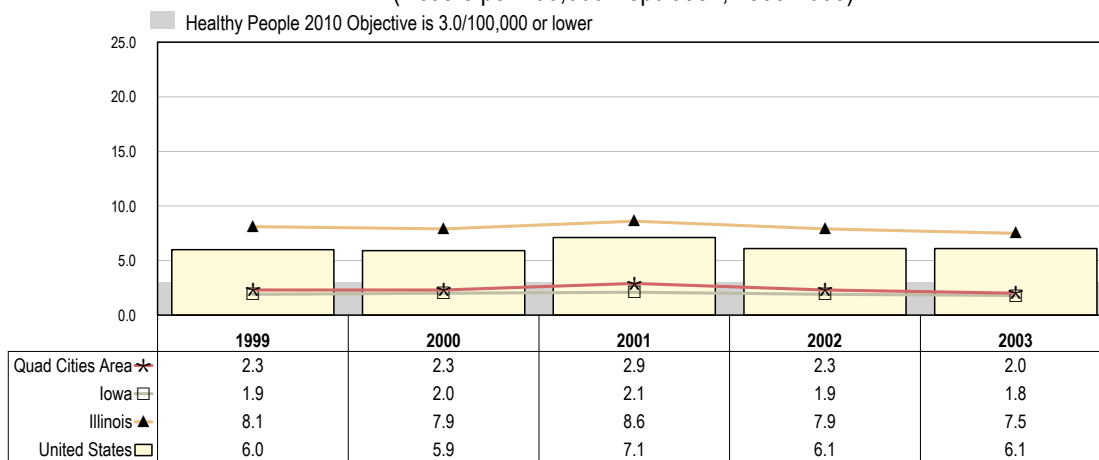
Source: • 2005 Child Abuse and Neglect Fact Sheet.
 Note: • Rates are per 1,000 children.

Homicide

- ☒ Between 1999 and 2003, the age-adjusted homicide mortality rate in the Quad Cities Area remained fairly stable, with a 2.0 rate reported in 2003 (satisfying the Healthy People 2010 objective of 3.0 or lower).
- ☑ Local homicide rates are much lower than Illinois and U.S. rates overall.

Age-Adjusted Mortality: Homicide

(Deaths per 100,000 Population, 1999-2003)



Source: • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2006.
 • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2007.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 15-32]

Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

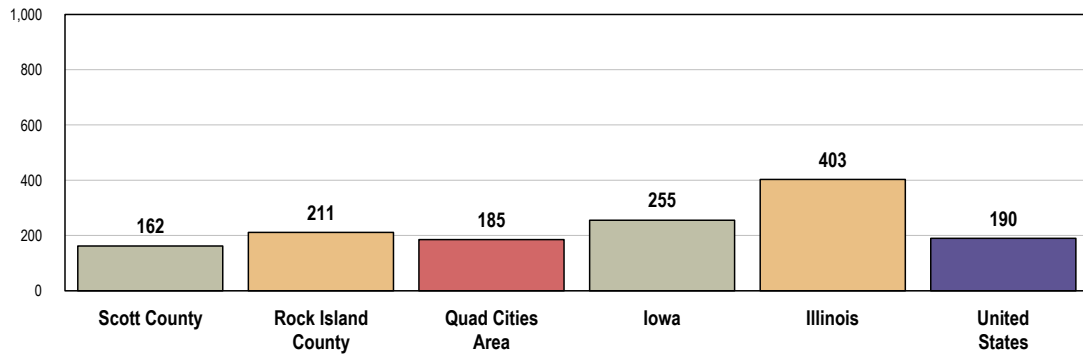
Law Enforcement

According to crime data, the Quad Cities Area has 185 law enforcement officers per 100,000 population.

- ☐ A less favorable ratio than found for Iowa (255) or Illinois (403).
- ☐ Just below that found nationwide (190).
- ☐ Higher in Rock Island County than in Scott County.

Law Enforcement Officers Per 100,000 Population

(By Region; 2005)



Source:

- FBI Uniform Crime Reports.
- Iowa Uniform Crime Reports.
- Illinois State Police.

Note:

- Numbers are per 100,000 population.

FOCUS GROUP FINDINGS

Participants in the *Quad Cities Neighborhood, Housing & Safety Focus Group* made the following observations.

Factors impacting neighborhoods' "sense of community" include:

☐ Support of an ongoing dialog.

"Well, I think that creating that sense of identity in a micro-level is important, but then you also need to connect them to something bigger and how the importance and the significance that they are – to the bigger picture – to the bigger community. I am thinking about the Davenport Neighborhood Alliance, that kind of thing, within different neighborhoods, totally different issues, and backgrounds, but oddly enough, there is still always some cross over interest where they can work together on something much bigger. Then, they tend to take that back, that information – basically, I am bringing it down to dialogue and having that opportunity to have conversations, dialogue, with diverse topics and diverse people."

☐ Identification of a central, common purpose.

"I think that one of the things that makes neighborhoods have a sense of community is being engaged in this concept and having a reason to bring them together. Usually that is an issue of urgency. Sometimes it is positive, but more often, unfortunately, it is negative."

"We live in area where it would be considered a more affluent neighborhood in Bettendorf, and a recent rezoning issue came up and there were over 35 people attending a meeting, an informational meeting about the developers plans for the project. It was interesting to see all these people come together and it wasn't necessarily the people who were impacted by it. There was some curiosity that was there as well as people who were actively taking an interest in it."

"It takes everyone working together, the city, the PD, and most importantly the residents, because they had to have a voice to buy into it, into the changes that had to be made. And people had to get good and angry and fed up and they had to be the people who came outside their doors and reported the things going on."

"Well, we found in our neighborhoods, when there was something other than their neighborhood to concentrate on like a park, or something nearby, a boulevard that they could adopt, that brought a lot more neighbors out, for something else, other than themselves, to focus on and that generated a lot of excitement. They adopted a park, or some streets, or whatever it was and they went around to all the businesses in the areas, excited about the neighborhood was doing and the kids took care of the park, before they trashed it they saw the adults doing something for them, because they put up the soccer goals and they put up the new backstop so focusing on something outside the neighborhood as well as the neighborhood was positive."

☐ Stability/transience of the residents.

"I think another factor that effects neighborhoods is whether or not it is a transition type of neighborhood and how many people move in and out. If there is stability there where people are working, living and earning wages in order to support them, it promotes a sense of community I think."

☐ Sense of safety.

"The neighborhoods that are really in trouble, that I see on a regular basis, certain places in the West End of Rock Island which is both rental and ownership, but because of the poverty level of the West end of Rock Island the West end of Moline, it would be pretty hard to get a sense of the neighborhood or community in some of those places, and it is hard to separate crime and poverty from housing because, when they go

together, and there is a high level of crime and poverty, you are not going to have a whole lot of community or fellowship in the neighborhood.”

“I look at that as a major problem that we have that there are just some neighborhoods that aren’t very secure.”

“Community policing I think is important to the security of neighborhoods. People have got to be willing to step up, come out and say this is what I saw and we need to get this stopped.”

“Community policing, because when we humanize the process, and we build those relationships with the children and the families, it makes a huge difference. And someone different coming to your neighborhood.”

☐ Availability of a neutral gathering space.

“I think that the thing that I see that works in neighborhoods is when they have a place which is a neutral place for them to meet, where churches have a place to come together that is neutral. For example, down at Central City, the coffeehouse at John Lewis, seems to be a neutral place for people – a gathering place – I think that we have missed that in our neighborhoods because we don’t have a common area. Sometimes our schools can be common areas, and then sometimes individual churches can be a common area, it depends on how it is displayed. I think that is one thing that is successful and what is missing in a lot of neighborhoods in the Quad Cities.”

☐ Event-driven gatherings (e.g. clean-up, traditional block parties).

“I think that the projects that we see a lot of that force people to come out and volunteer together, it was the barn-raising in the old days, and now it is media planning, or a neighborhood social event, or our neighborhood does a Labor Day thing where they close off the street, everyone brings a covered dish and any of those things, where people meet each other.”

Creating “ownership” of neighborhoods is facilitated through:

☐ Simple facilitation and organization skills.

“I think that we lack simple facilitating capabilities. A lot of neighborhood groups just don’t know how to get started and having productive conversations with those organizations.”

“I have worked in community development my whole life, and it is that simple, knowing how to build and agenda, knowing how to ask a question without being confrontational, simple skills that I just see so often as I have worked with communities. Inner-city community residents that are not yet leaders that could become leaders so easily if they just had some simple – I am going to use the word ‘empowering tools’. It is not brain surgery; it is just not feeling like you don’t have someone that can call City Hall.”

“It seems to me that if you can add something to that good experience that we have all had, it would encourage those people to also take responsibility for owning some of those tools, for learning some of those skills to keep it going – because I think that we don’t always do that.”

☐ Structured interface with city and larger system groups.

“So much can be done so easily, and I think that is a big part of it – you need to have that connection between the community or those neighborhoods, and the services in the city in particular. Sometimes it is just overwhelming for somebody who does not have those skills to even know where to begin if there is an issue that they could contact somebody at the city, those services are available.”

☐ Developing a unified ‘voice’ regarding important issues.

“I think that one of the things that helps neighbors be good neighbors is the fact that they feel that their voice is being heard. That they are empowered to speak up in their communities about things that are

affecting their homes and families and throw that education factor in there. That is one of the things that does that.”

☐ Seed money to support initial gathering processes.

“We had federal block grant money that the City Council put off to the side and we said, OK, you can apply for up to \$10,000 and then you can decide what you want to do with that money in your neighborhood. It was amazing how many good people came out of the woodwork then. Before, it was a Neighborhood Watch, and they were involved to a point and maybe popped out for the annual picnic or the clean-up, they would show up for part of the time. But, if there was money there, they wanted real input. You know, I could tell you exactly where those trees should go, and we should put this here and that there and that is where we grabbed hold of them and walked them through and showed them what was available in the city and what we expected out of them and for the first time in a long time, we got an awful lot of people in different neighborhoods who didn’t necessary – weren’t formed together with torches because of the crack house or a gang problem, they wanted to actually do something positive in the neighborhood. Then, more and more it just builds on itself.”

There is a great need for more affordable housing in the Quad Cities Area.

“In our Family Services, it is interesting, 25% of the requests that we get into our family services is for rent deposits or assistance with rent. There is just such a great need for affordable housing and I was looking around the housing, and there is not really anyone representing a lot of the people that we are talking about. A lot of the people, a lot of the people that we are dealing with are making \$20,000 – they are limited in where they can live. Therefore, there is not affordable housing. And then, if there is affordable housing, a lot of the times, the people living in those areas there are a lot of difficulties in those areas and people are trying to make it. We do rent rebates as well, and we see the people that come in that live on \$16,000 per year and that is also the high end of that.”

☐ Owner-renter balance

“Decent affordable housing is important, it has to happen first before a sense of neighborhood or a sense of safety is going to happen. I also say that it is a matter of the type of neighborhood density and the home ownership as compared to rental. I think that there has to be a good healthy balance.”

“In all likelihood, with each renter it is going to get a little bit worse. We don’t invest a lot of people with ownership, they don’t have the ability to own, they move from place to place with low rent, with families, with kids, changing school districts. It impacts a lot more than just the housing and the fellowship of the neighborhood.”

“I do think that many of us, and many organizations have become aware of the hardcore relation between home ownership and good neighborhoods. I think that we need to be careful as we are thinking about our marginalized populations to also pay attention to encouraging those that choose to be renters or have to be renters, to have good renter skills, if you will, to also have enough community support. They need a good environment as well. Because many, many circumstances, it just makes sense for people to rent.”

☐ Mixed-income housing

“Of course, 20 years ago, you built low-income housing projects that were warehoused, for those that who could not afford anything else. Whereas now, that has been kind of thrown out. We just opened up an organization, spearheaded the Voss Brothers Lofts – 33 apartments. Half of them are at market rate, and half of them are subsidized and nobody knows what category their next door neighbor falls in.”

“Yes that has proven again and again that our community will benefit about learning about that more. The same is true in the downtown Davenport Warehouse Project. It is mixed income; everyone likes it, the top of the market and the bottom of the market. I think that the strongest neighborhoods in all of our communities are those that have a wide mix. I really do think that.”

☐ Housing rehabilitation and property maintenance

“It is basically providing the tools and the leadership, the capacity to effect change and that is a very holistic thing. It is not just one element of crime; it is the whole socioeconomic spectrum, economics still playing a huge factor. You know, the older neighborhoods, if you don’t have the money to invest back into – you take care of your basic needs, the last on the list is going to be maintaining your property adequately. It is just a whole challenge, and there are different pieces to the whole – you would have to address all of them.”

“We know there are a lot of bad tenants out there, but I have news for you – there are a lot of bad landlords out there. It is inexcusable that a family should live in a house that the plumbing is bad, that there is no heat, and believe me that there are a lot of people out there, that we are talking about that are at the poverty level, or lower, they are living in substandard housing and how can we ever expect them to do anything or function if they live in a house with no heat when it is 10 degrees below. I would like to see the cities spend more time and more money inspecting rental property and making sure that the people who are renting these properties, to the people who are at the poverty level or having subsidized housing, at least provide an adequate place for them to live. It is inexcusable some of the places that I am seeing.”

It is critical to support youth and recognize the impact of poverty and other challenges that they face.

☐ Recognize the complexity of the challenges youth face.

“And, I think, in our neighborhood, I don’t see a lot of our housing is filled with multiple generations and grandparent generation is holding it all together and they have been through everything and the next generation is out working and trying to get money, and they don’t take quite the same interest where they are at right now. The teens and some of those kids are just typical teens that don’t do that – so you have got a continuance there to face and I am not just sure how all of them are going to grow into the situation. Hopefully, stability in the neighborhood will filter down to those generations, as they grow older. I mean, ideally, if a teen is in a stable home, your chances and expectation is continued stability. If he is in a chaotic situation, the likelihood of continuing with that situation certainly is increased.”

“We work with starting programs and getting youth civically involved and having study circles where they can have dialogue where they really extend themselves and really find their voice, and that they have a voice in the process and learn responsibility early on. So, at least they have that capacity and then when they go through the stages that they are going to go through, they then have something to draw from. Hopefully then they can make better choices.”

☐ Recognize the impact of poverty on youth’s opportunities.

“There are kids, who aren’t going to school, they can’t read, they can’t write, they are not employable. If you take that population, it is emancipated at age 18, and you say where are you going to put it in the housing market, the job market or otherwise, there is no place for them because they can’t get employed and if they can’t get employed, they can’t have a place to live.”

“Yeah, you can have kids coming back to visit you – maybe the Friendly House, and they will say – ‘Hey, I just wanted to let you know how I am doing’, because you believed in them. That is the bottom line. You have adults that don’t believe in them. You have teachers in the school districts that don’t believe in children. They are not going to make it – you are not going to amount to anything. You have families whose moms and dads are telling that to the kids, how can you help those kids, too. They are stuck in their own box, when it starts at home. We enforce it in the school district, and then you label him bad, so you become bad.”

☐ Invest in building relationships with youth to offer them a vision for breaking out of the cycle of poverty.

“We work with homeless people to become self-sufficient. If we structure programs, some of the things that we are doing – especially for young people, they don’t like structure. But, we firmly believe that if

people truly want to get their lives turned around, there are two ways they are going to be able to do that and that is to get an education and/or to get job training.”

“Education does not have to be mainstream high school. We make kids employable. I gave a little talk to the Chamber of Commerce leaders, which I do once a year about juvenile court. I asked them, how many of you people or your organizations, can only read at a second-grade level and third-grade math level. It is not high school kids that we are having a problem with, we are losing the kids in the first, second, third and fourth grades. The reason is that the parents don’t put any value on education. So they don’t care if they go, they don’t help with homework, so by the time that they get to middle school, or high school, I mean, if you cannot read, how can you go to history class? How can you possibly be successful? The reason that we have to break this cycle, because as long as kids are not able to read and write and they are not employable, they will continue to do exactly what their parents did. The cycle has to be broken, and the only way that you are going to break it, is with education.”

☉ Youth need a place to belong.

“I work with a lot of teenagers and see a lot of positive things with them. I do think that they get excited about their neighborhoods. I do think that they get excited about things that they think that they can make a change in, no matter what their background. If they feel that they don’t have a voice or they are not empowered, or what they say won’t matter any way. Of course then they are not going to go that. We as adults don’t do that either. We don’t want to be a part of something that we are not heard. I think that part of the things – I think that part of programs that make it workable for teenagers, is that they see those things working for them. That involves lifelong relationships, it involves ‘I am sticking it out’ when their attitudes and behaviors say otherwise, it involves teaching them how to have those relationships with agencies and with people who can help them, and sometimes that is not always pleasant. I think that is one of the key points for making teens held accountable as well as being encouraged in their neighborhoods.”

“Neighborhoods and that community are so important. Because, that is where you are going to learn behavior and learn different things and hopefully the old adage, ‘it takes a village to raise a child’. Well, it takes the neighborhood, it takes the community. That is where we are all accountable and we are all responsible.”

“That is where I think that the neighborhood picnics and parties and opening that up to get people together at least 2-3 times per year, multi-ages hopefully, is a start.”

☉ Middle-school years are a critical time to invest in youth.

☉ Mentoring and role-modeling opportunities.

“There is a great program in Rock Island that they can go to school in the morning and they work in the afternoon, with mentors, and I tell you what, it has gotten good response – sometimes it is hard to get into it because there are not enough slots. Get kids out of the classroom who are not really all that successful there and get them into some type of trade.”

☉ Alternative opportunities for entering social life.

“We found that in our neighborhoods, that when we gave them the money, they came up with the ideas. One group had an X-box tournament and so all the kids in the neighborhood signed up for this X-box tournament, and you have got the X-boxes in different garages in the summer time, same time as their little pot luck and kids from other neighborhoods, wanted in that neighborhood to play in that X-box tournament, could not do it. So, they expanded on that later on, where you could bring a friend, whatever, but that was a positive thing that the kids came up with. It was that everyone was there watching. It turned out at first, all the adults were like – it is a waste of time, there is too much on there anyhow and it turned out to be HUGE for us.”

“One thing that I see, if we want to reach the youth, there are so many youth that education is not their stellar part and I don’t know how as a community we can say, education is important, but you know what, if

you are 17 and you have got a 2-year-old and you have been flunking out of school for the last five years...it is not the be all end all, there has to be other opportunities, there have to be ways that you can still be a part of society, even if education wasn't your strength. I don't know how we slice that, but it is a question of 'what are the opportunities for people', education aside. Because that is the reality of it. There is going to be a segment of society that that is not going to have done well at all with it and now they are a young adult and they may have children."

Neighborhood improvement projects & initiatives

☉ Kirkwood Boulevard Beautification

☉ LeClaire Neighborhood

"LeClaire had a say in that whole expanding of the park, and working with the LeClaire Mansion. That is really what they grabbed onto – something positive – I think that was what works the best."

☉ Voter Registration

☉ PUNCH – ecumenical collaboration

"I work with a neighborhood it is called 'The Hilltop Neighborhood' and one of the things that we are involved in, is an organization called 'Punch' which is a nondenominational church – there are seven churches represented, and we focus on neighborhood issues. I find that students are more excited to talk about this group of churches wanting to do things than just one single church. I think that is the key in successful neighborhoods, is bringing together those churches. It is multi-generational, and to bring together those churches, so we are not focusing on our own agendas, but the agenda of the neighborhood and that is one thing that I have found that has been very successful in our neighborhood. And, in being the youth person there, I think that kids get excited about and want to be a part of that neighborhood because they see that it is not about just one place or one organization."

☉ Youth Build

BELONGING & LEADERSHIP

EMPOWERMENT

Feel Able to Affect Local Quality of Life

The majority of survey respondents (73.3%) indicate that they feel able to affect the community's quality of life.

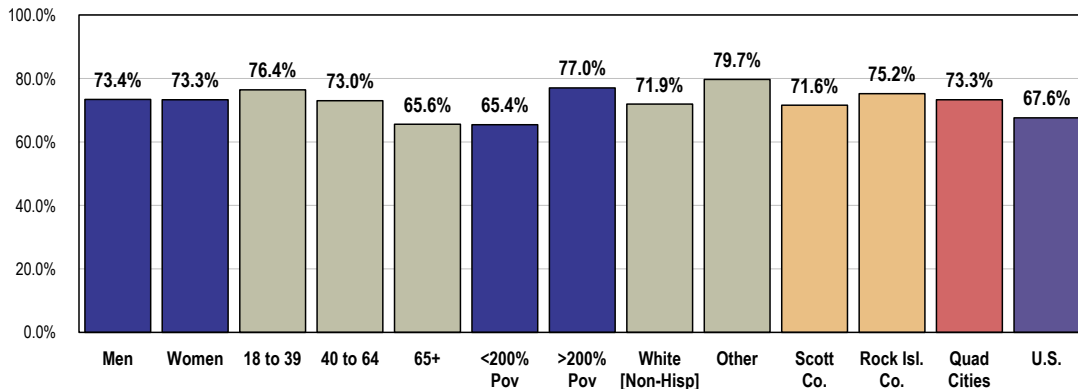
- ☑ Higher than the 67.6% reported across the country.
- ☑ Does not vary significantly by county.

The following adults are more likely to feel able to affect local quality of life:

- ☑ Younger adults.
- ☑ Those living in the higher income category.

Feel Able to Affect the Local Quality of Life

(Quad Cities Area, 2007)

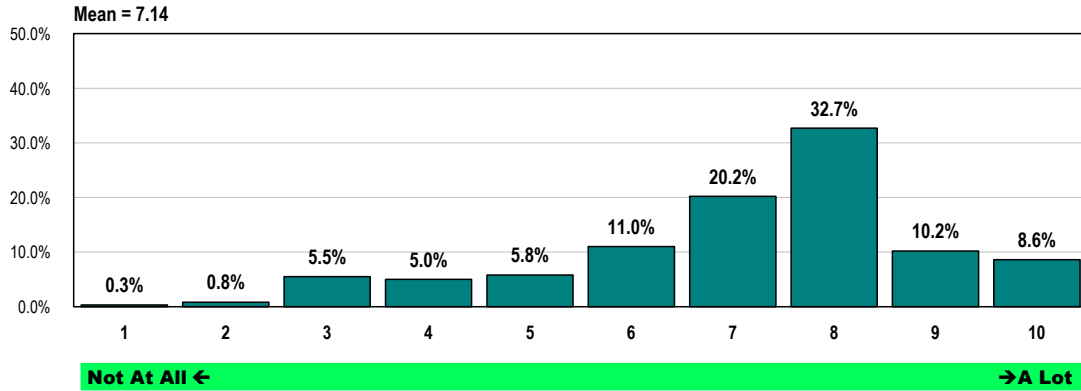


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 9]
• 2006 PRC Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 13]

Note: • Asked of all respondents.
• Percentages represent affirmative responses to the inquiry.

Community Leaders responded to this inquiry with predominant ratings of “7” or “8” (an a scale where “0” is “Not At All” and “10” is “A Lot”).

**Community Leaders: Extent to Which Respondents
Feel Able to Affect Community Quality of Life**
(Quad Cities Leader Survey, 2007)



Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 6]
Note: • Asked of all respondents.

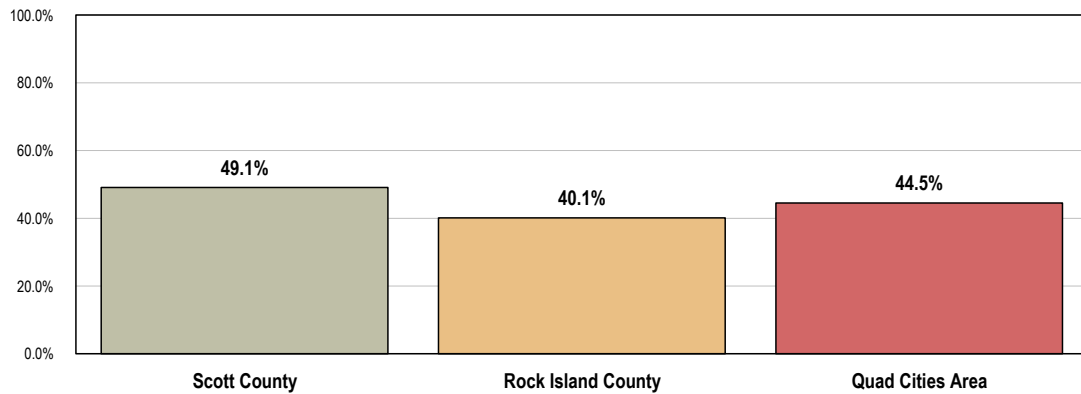
Voter Participation

In the November 2006 elections, 44.5% of Quad Cities Area registered voters turned out to vote.

- ☐ Lower (40.1%) among Rock Island County voters.

Voter Turnout

(By Region; November 2006 Elections)



Source: • Bi-State Regional Commission.
Note: • Numbers are percentage of voters voting in the November 2006 elections per total registered voters.

SOCIAL ENVIRONMENT

Ratings of Social Environment

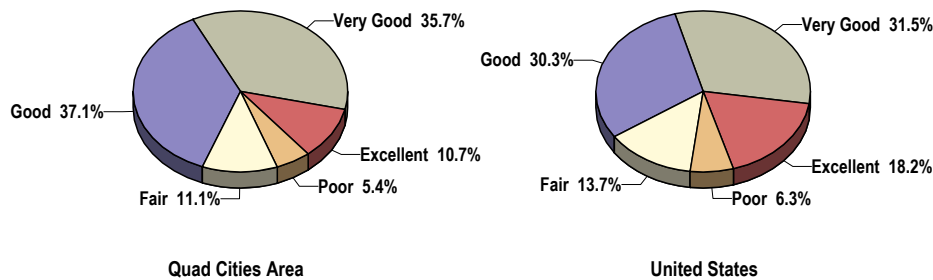
Survey respondents were next queried about the local social environment; that is, the friendliness of the people, the way people respect and help one another, and the willingness of people to work for the good of the community.

Overall, 46.4% of community members gave “excellent” or “very good” ratings of the local social environment.

- ☐ Comparable to the 49.7% reported across the United States.
- ☐ Another 37.1% of survey respondents gave “good” ratings.

Rating of Local Social Environment

(Quad Cities Area, 2007)



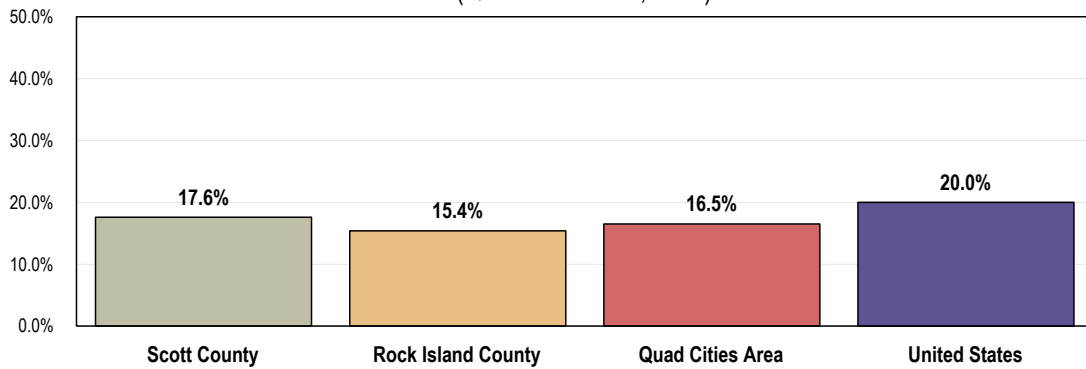
- Source:
- 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 17]
 - 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 21]
- Note:
- Asked of all respondents.
 - In this case, the term "social environment" includes the friendliness of the people, the way people respect and help one another, and the willingness of people to work for the good of the community.

On the other hand, 16.5% of residents gave “fair/poor” ratings of the social environment of their community.

- ☐ Statistically similar to the 20.0% reported across the country.
- ☐ Does not vary significantly by county.
- ☐ Represents approximately 47,000 Quad Cities Area residents.

“Fair/Poor” Ratings of Local Social Environment

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 17]
 • 2006 PRC Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 21]

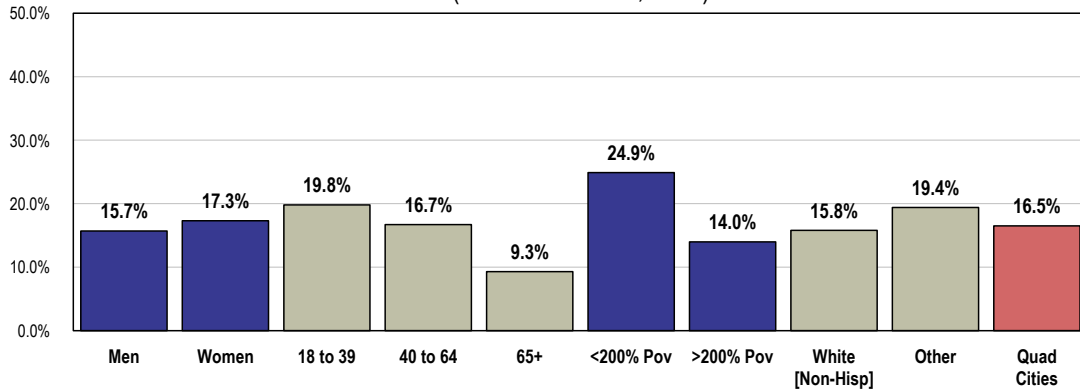
Note: • Asked of all respondents.
 • Percentages represent combined “fair” and “poor” responses.
 • In this case, the term “social environment” includes the friendliness of the people, the way people respect and help one another, and the willingness of people to work for the good of the community.

Adults more likely to consider the local social environment to be “fair” or “poor” include:

- ☑ Younger adults.
- ☑ Residents living below the 200% poverty threshold.

“Fair/Poor” Ratings of Local Social Environment

(Quad Cities Area, 2007)

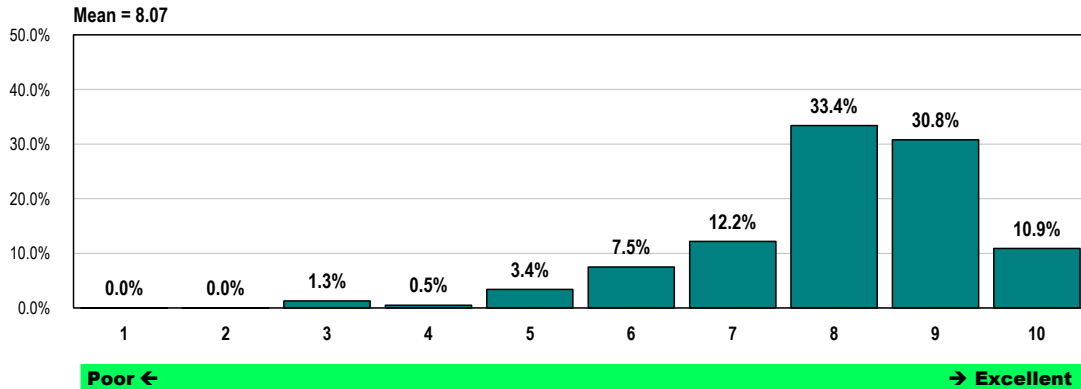


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 17]

Note: • Asked of all respondents.
 • Percentages represent combined “fair” and “poor” responses.
 • In this case, the term “social environment” includes the friendliness of the people, the way people respect and help one another, and the willingness of people to work for the good of the community.

Community Leaders mostly gave community’s “social environment” ratings of “8” or “9” out of 10.

Community Leaders: Rating of Social Environment (Quad Cities Leader Survey, 2007)



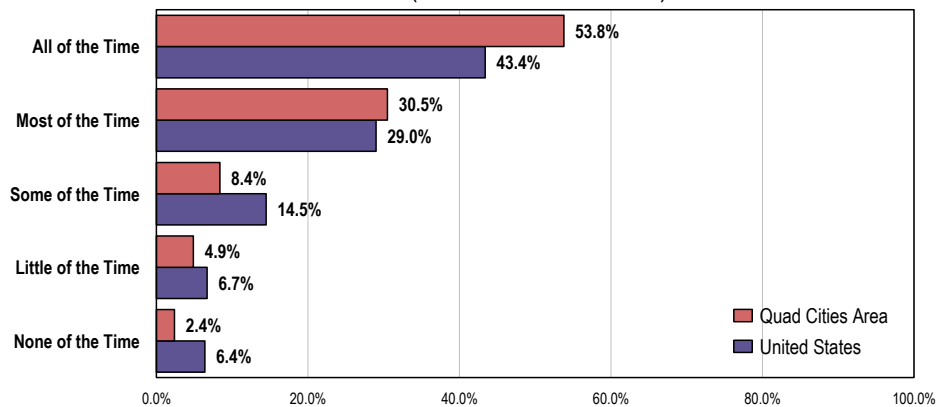
Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 13]
 Note: • Asked of all respondents.

Social Support Network

More than one-half (53.8%) of Quad Cities Area residents say that they had someone to turn to for help when they needed it “all of the time” in the past year.

- ☑ More favorable than the 43.4% reported nationally.
- ☑ Another 30.5% had someone to turn to “most of the time,” while 8.4% had someone available “some of the time.”

Had Someone to Turn to for Help When Needed in the Past Year (Quad Cities Area, 2007)

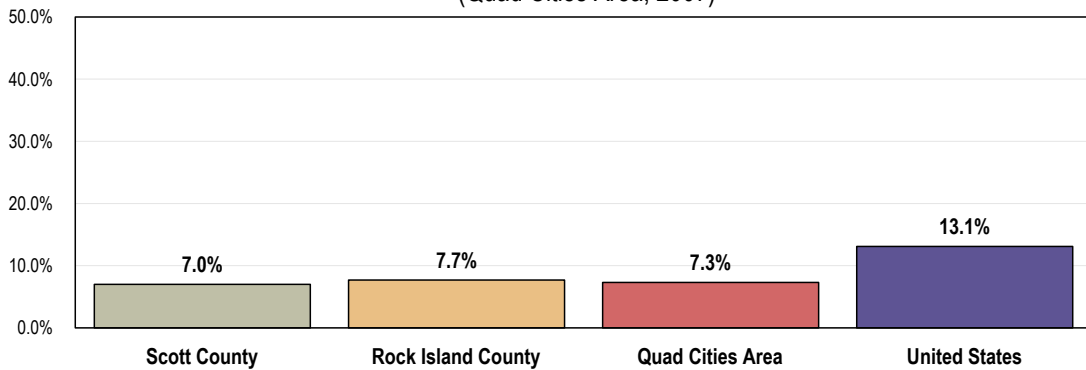


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 19]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 22]
 Note: • Asked of all respondents.

On the other hand, 7.3% of survey respondents have someone to turn to “little” or “none of the time” in the past year.

- ☑ More favorable than the 13.1% reported across the country.
- ☑ Statistically similar between Scott and Rock Island Counties.

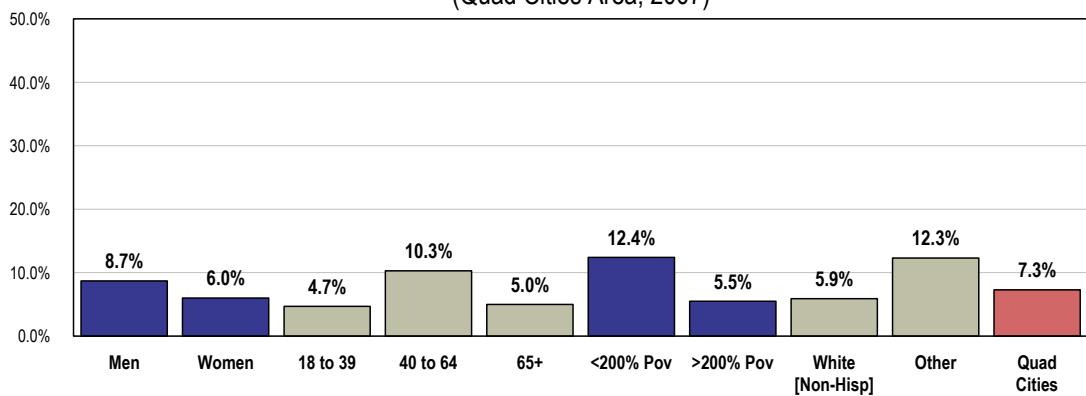
**Had Someone to Turn to
“Little” or “None” of the Time in the Past Year**
(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 19]
 • 2006 PRC Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 22]
 Note: • Asked of all respondents.
 • Percentages represent combined "little of the time" and "none of the time" responses.

Adults less likely to have had someone to turn to for support include those aged 40 to 64 and adults in the lower income category.

**Had Someone to Turn to
“Little” or “None” of the Time in the Past Year**
(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 19]
 Note: • Asked of all respondents.
 • Percentages represent combined "little of the time" and "none of the time" responses.

Tolerance

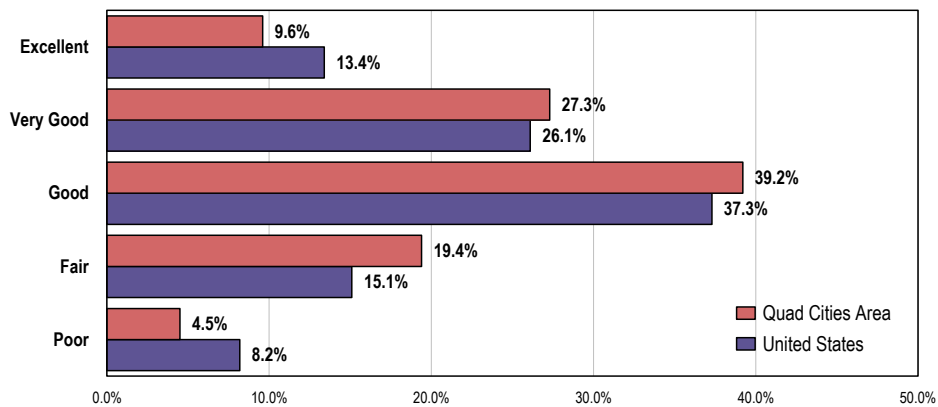
Races & Cultures

With regard to local tolerance for people of different races or cultural backgrounds, 36.9% of survey respondents rated this as “excellent” or “very good.”

- ☐ Similar to the 39.5% prevalence reported across the United States.
- ☐ Another 39.2% of survey respondents gave “good” ratings.

Rating of Local Tolerance for People of Different Races or Cultural Backgrounds

(Quad Cities Area, 2007)



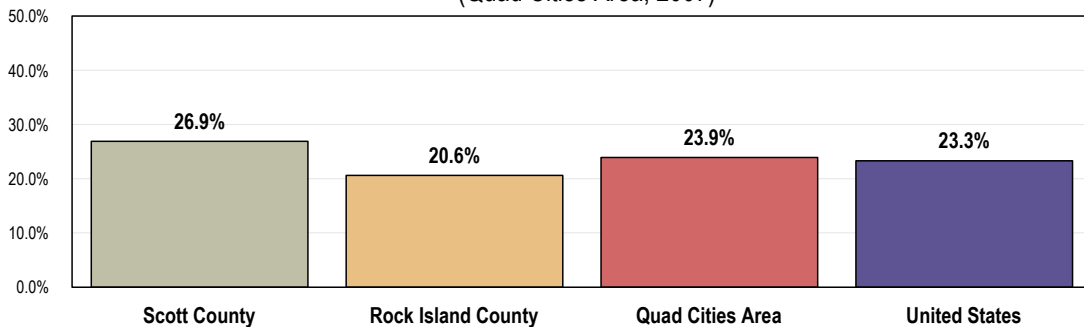
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 20]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 25]
 Note: • Asked of all respondents.

23.9% of residents gave “fair” or “poor” ratings of local racial/cultural tolerance.

- ☐ Comparable to the 23.3% reported across the nation.
- ☐ Less favorable in Scott County (26.9%).

Local Tolerance for People of Different Races or Cultural Backgrounds is “Fair” or “Poor”

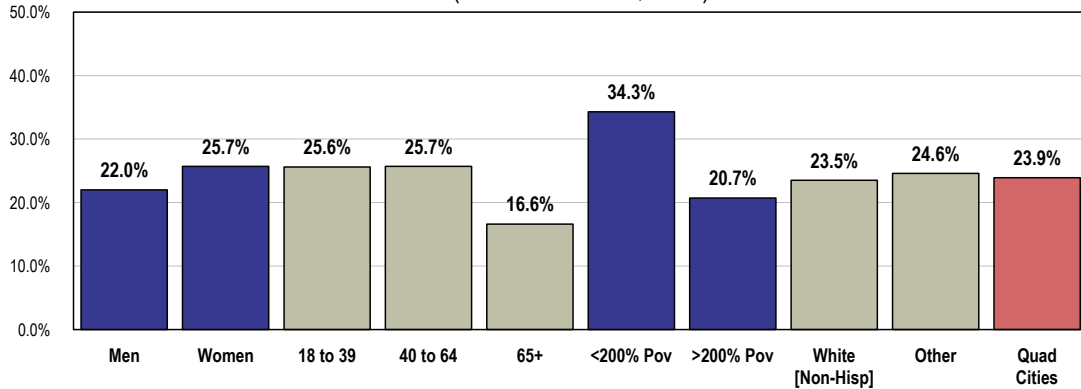
(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 20]
 • 2006 PRC Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 25]
 Note: • Asked of all respondents.
 • Percentages represent combined “fair” and “poor” responses.

Adults under age 65 and those in the lower income category are more likely to give low ratings of local tolerance for people of different races or cultural backgrounds.

Local Tolerance for People of Different Races or Cultural Backgrounds is “Fair” or “Poor” (Quad Cities Area, 2007)



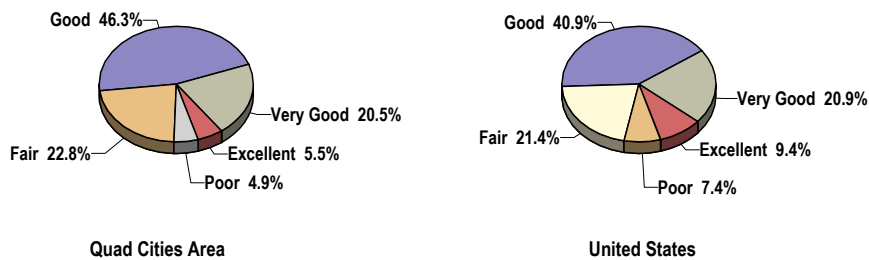
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 20]
 Note: • Asked of all respondents.
 • Percentages represent combined "fair" and "poor" responses.

Viewpoints & Lifestyles

With regard to local tolerance for people of different viewpoints or lifestyles, 26.0% of survey respondents gave “excellent” or “very good” ratings.

- ☑ Lower than the 30.3% reported across the nation.
- ☑ Another 46.3% of survey respondents gave “good” ratings.

Rating of Local Tolerance for People of Different Viewpoints or Lifestyles (Quad Cities Area, 2007)

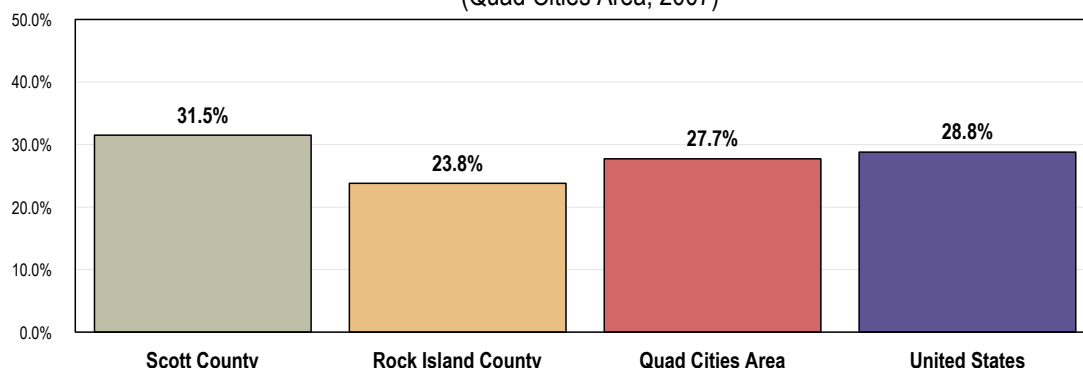


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 21]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 26]
 Note: • Asked of all respondents.

However, 27.7% of survey respondents gave “fair” or “poor” evaluations of local tolerance for people of different viewpoints or lifestyles.

- Similar to the 28.8% prevalence reported nationally.
- Less favorable in Scott County (31.5%).

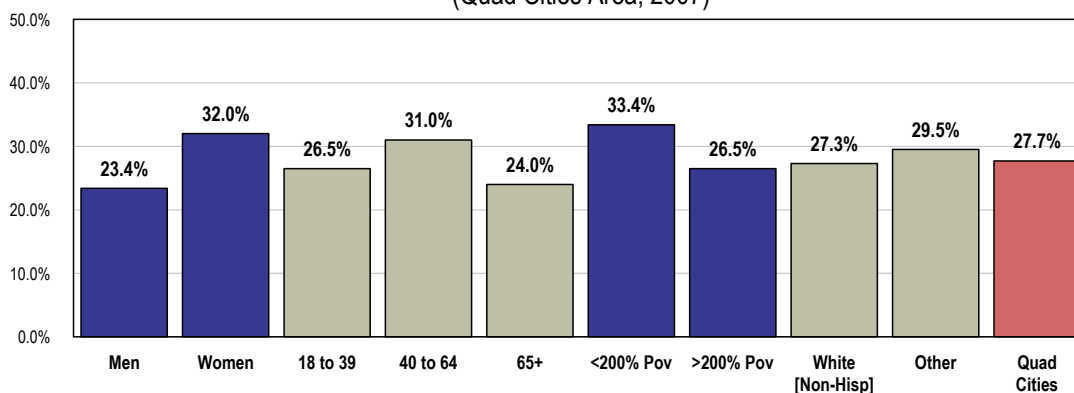
Local Tolerance for People of Different Viewpoints or Lifestyles is “Fair” or “Poor” (Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 21]
 • 2006 PRC Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 26]
 Note: • Asked of all respondents.
 • Percentages represent combined “fair” and “poor” responses.

Women are more likely to give low ratings of viewpoint/lifestyle tolerance in the Quad Cities Area.

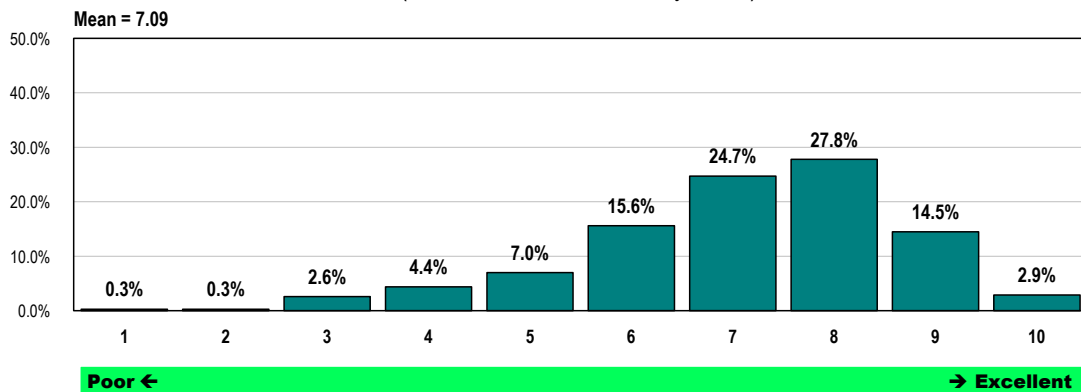
Local Tolerance for People of Different Viewpoints or Lifestyles is “Fair” or “Poor” (Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 21]
 Note: • Asked of all respondents.
 • Percentages represent combined “fair” and “poor” responses.

Community Leaders in the Quad Cities Area largely gave “7” or “8” ratings of local racial and cultural tolerance.

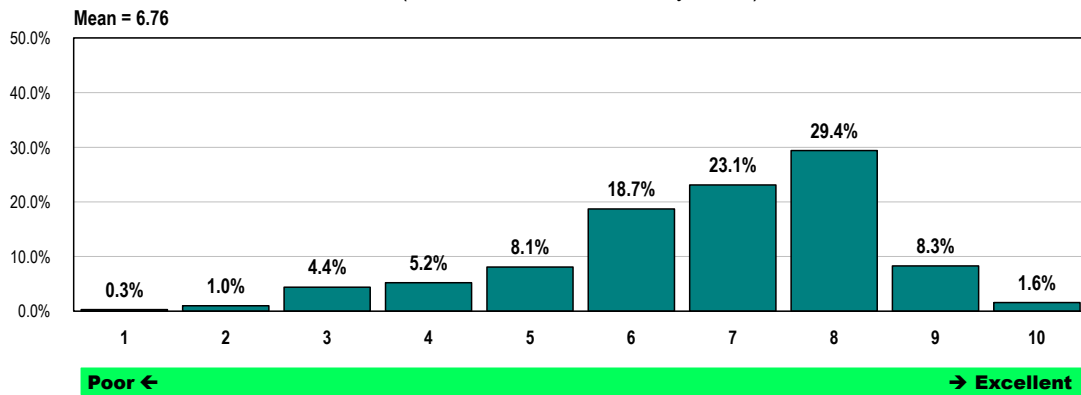
Community Leaders: Rating of Racial/Cultural Tolerance (Quad Cities Leader Survey, 2007)



Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 14]
 Note: • Asked of all respondents.

Ratings were similar with regard to viewpoint/lifestyle tolerance.

Community Leaders: Rating of Viewpoint/Lifestyle Tolerance (Quad Cities Leader Survey, 2007)



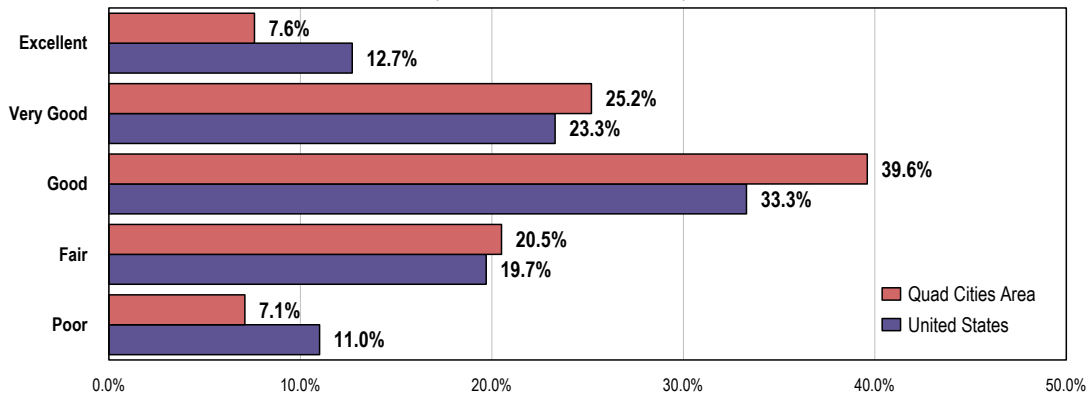
Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 15]
 Note: • Asked of all respondents.

Ease of Obtaining Social Services

Nearly one in three (32.8%) survey respondents rated the ease of obtaining local social services as “excellent” or “very good.”

- ☑ Lower than the 30.3% reported across the nation.
- ☑ Another 4 in 10 (39.6%) residents gave “good” ratings.

Rating of the Ease of Obtaining Local Social Services
(Quad Cities Area, 2007)

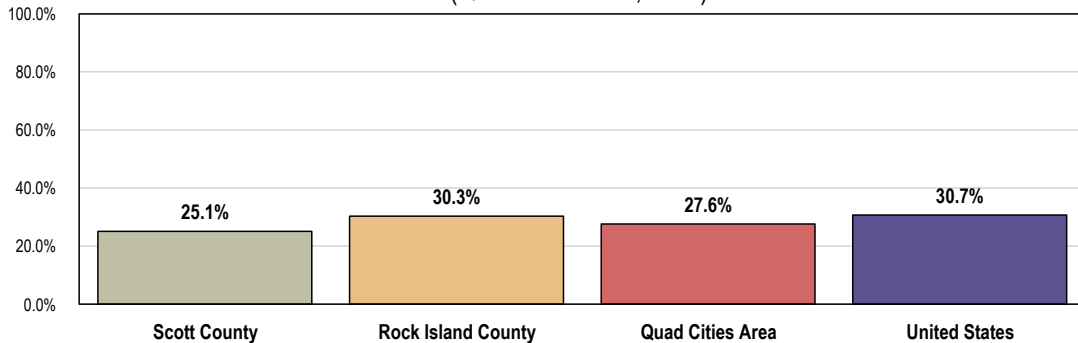


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 16]
 • 2006 PRC National Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 20]
 Note: • Asked of all respondents.

On the other hand, 27.6% of respondents gave “fair/poor” ratings.

- ☑ Similar to the 30.7% reported across the United States.
- ☑ Statistically comparable between the counties.

“Fair/Poor” Ratings of the Ease of Obtaining Local Social Services
(Quad Cities Area, 2007)

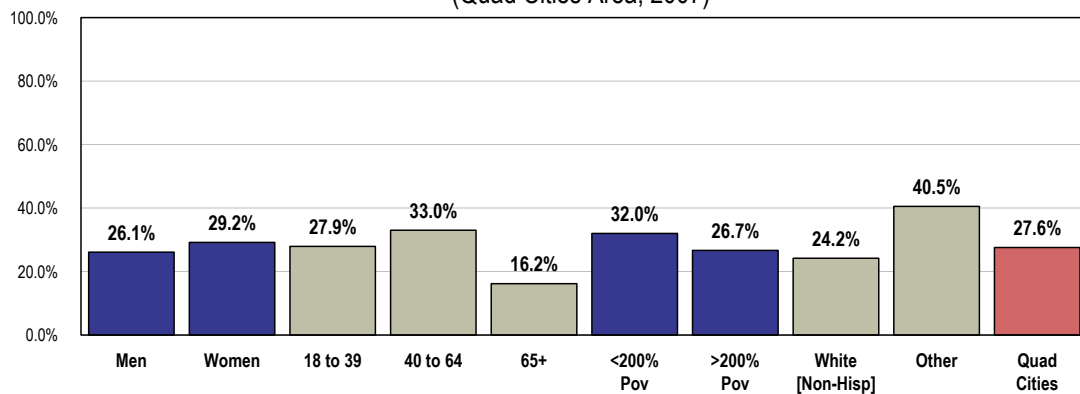


Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 16]
 • 2006 PRC Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 20]
 Note: • Asked of all respondents.
 • Percentages represent combined “fair” and “poor” responses.

Adults more likely to give “fair/poor” evaluations of the ease of obtaining local social services include:

- ☑ Adults under 65.
- ☑ Non-Whites.

“Fair/Poor” Ratings of the Ease of Obtaining Local Social Services (Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 16]
Note: • Asked of all respondents.
• Percentages represent combined “fair” and “poor” responses.

VOLUNTEERISM

Nearly two-thirds of survey respondents (65.3%) volunteered for a charitable cause, organization, or event in the past year.

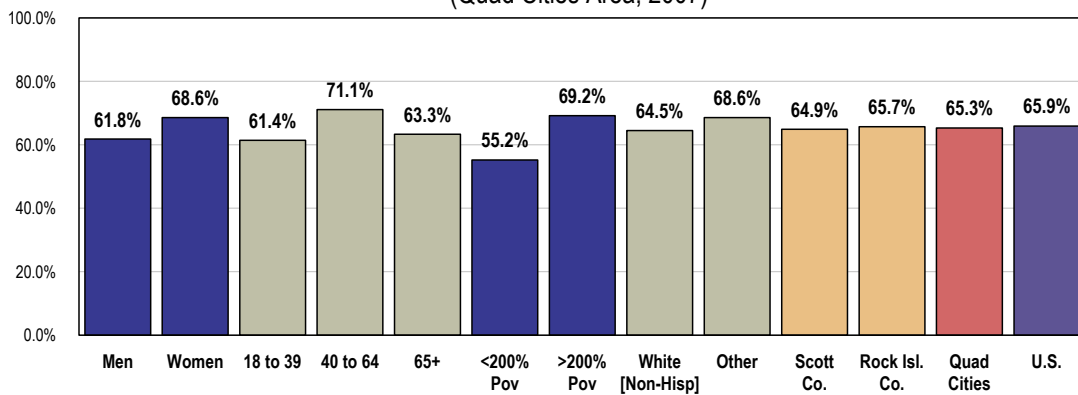
- ☑ Almost identical to the U.S. prevalence (65.9%).
- ☑ Similar by county.

Adults more likely to have volunteered in the past year include:

- ☑ Women.
- ☑ Adults aged 40 to 64.
- ☑ Residents in the higher income category.

Volunteered For a Charitable Cause, Organization, or Event in the Past Year

(Quad Cities Area, 2007)



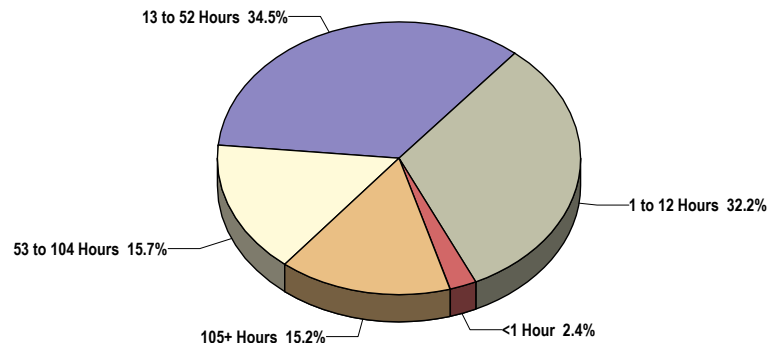
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 22]
 • 2006 PRC Quality of Life Survey, Professional Research Consultants, Inc. © PRC 2006. [Item 27]

Note: • Asked of all respondents.

The adjacent chart outlines the estimated number of volunteer hours among Quad Cities Area survey respondents.

Number of Volunteer Hours in the Past Year

(Quad Cities Area, 2007; Among Recent Volunteers)



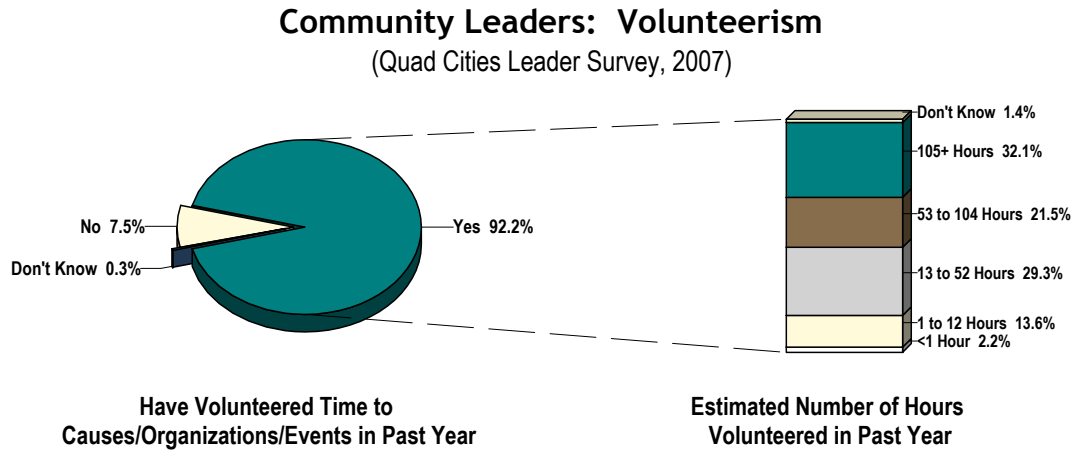
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 23]

Note: • Asked of those respondents who volunteered for a charitable cause in the past year.

Most surveyed Community Leaders (70.6%) indicate that their workplace supports volunteerism.

The majority (92.2%) of Community Leaders themselves volunteered their time to causes, organizations, or events in the past year.

☐ Note that the majority of volunteers volunteered, on average, at least once a week.



Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Items 16-17]
Note: • Asked of all respondents.

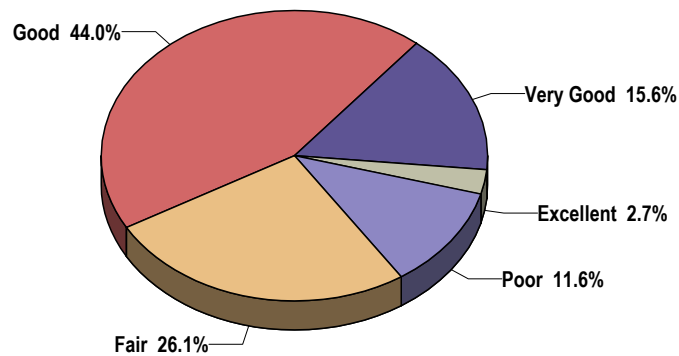
COMMUNITY LEADERSHIP

Ratings of Leadership

Finally, survey respondents were asked to rate the leadership quality in their community.

Overall, only 18.3% of survey respondents gave “excellent” or “very good” ratings of local leadership.

Rating of Leadership Quality in the Community
(Quad Cities Area, 2007)



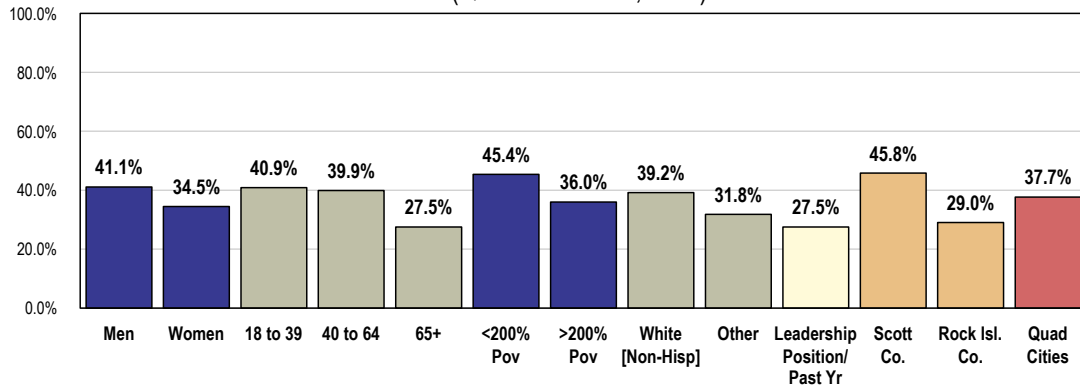
Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 15]
Note: • Asked of all respondents.

On the other hand, more than one-third (37.7%) gave “fair” or “poor” evaluations of the community’s leadership.

- ☐ Less favorable (45.8%) in Scott County.
- ☐ Adults under 65 are more likely to give low ratings.
- ☐ Note that this inquiry received the highest “fair/poor” response of all indicators tested in the survey.

"Fair/Poor" Ratings of Local Leadership

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 15]
 Note: • Asked of all respondents.
 • Percentages represent combined "fair" and "poor" responses.

Serving in Leadership Positions

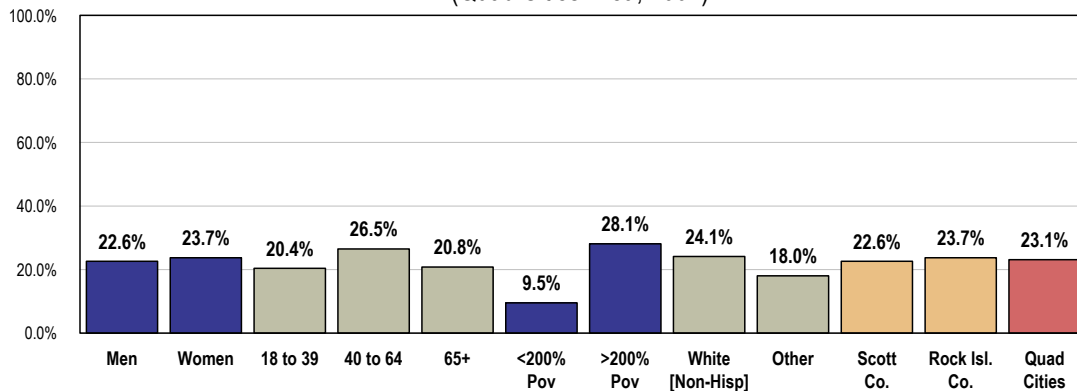
Nearly one in four survey respondents (23.1%) served in a leadership position in the community in the past year.

☐ Similar by county.

Adults in the higher income category are much more likely to have served in leadership positions.

Served in a Leadership Position in the Community in the Past Year

(Quad Cities Area, 2007)



Source: • 2007 Quad Cities Community Vitality Scan Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 24]
 Note: • Asked of all respondents.

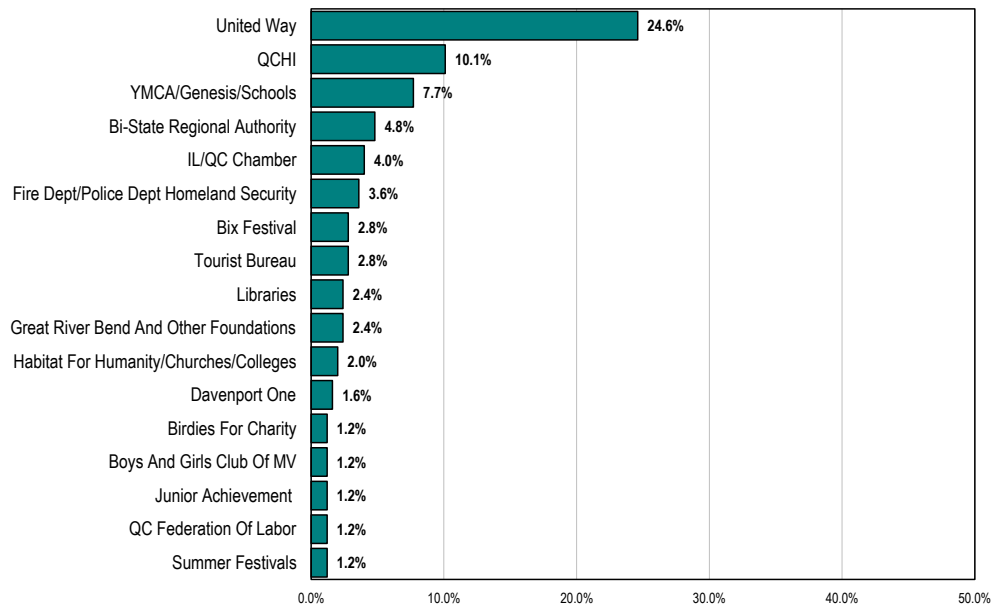
Community Collaboration

When Community Leaders were asked to name the best examples of collaboration among Quad Cities Area organizations, United Way of the Quad Cities Area led the responses, with 24.6% of the mention.

Other organizations mentioned include:

- ☐ Quad City Health Initiatives.
- ☐ YMCA/Genesis/Schools.
- ☐ Bi-State Regional Authority.
- ☐ Illinois/Quad Cities Chambers of Commerce.

Community Leaders: Perceived Best Examples of Collaboration Among Quad Cities Organizations
(Quad Cities Leader Survey, 2007)



Source: • 2007 Quad Cities Community Leader Survey, Professional Research Consultants, Inc. © PRC 2007. [Item 46]

Note: • Asked of all respondents; responses receiving less than 1% of the total mention are not shown.

FOCUS GROUP FINDINGS

Participants in the Quad Cities Belonging & Leadership Focus Group discussed a variety of topics, as outlined below.

Civic engagement is a developmental process that needs to be supported and mentored.

- ❑ Marginalization can be a learned behavior; people need encouragement, support, invitations, and training to contribute to civic life.

“I am certain with the word ‘belonging’ is almost a learned behavior and ‘not belonging’ is a learned behavior and we have to somehow break the cycle.”

- ❑ Active engagement may begin with being informed, then advance through stages toward ownership and leadership.

- ❑ Communities need mechanisms to connect people with the opportunities for service in which they will find a passion.

“I have had an opportunity to recruit new board members and I can list quite a few that have never served on a community board before and those are the people that you want to get involved. They show an interest and they come forth to do. Sure, we ought to recycle some people too. But, those are the ones that you really encourage and give them good reasons why they would make a contribution.”

“One of the ideas I had was getting the churches involved. We do have some very large churches in our area. I attend one. And I think having a volunteer fair at a place where you are going to hit 2,000 people on a weekend. Because I was one of those people in the church that was frankly just tired of just serving in the church. I wanted to reach out to make an impact that way. So I think, I really wanted to work outside the walls and make a difference. So I think we would be able to tap into a lot of people who have that spirit of wanting to do in different avenues that maybe their church doesn’t provide them.”

- ❑ There are many types of service opportunities – some brief and some sustained – that are valued in a community. These include board membership, communications, advisory roles, implementation roles, support to other volunteers, etc.

“I think you could do a better job if you define what a volunteer is. Because that person that gives an hour or two of time on a vital project, is just as important as the one that gives 20 hours a week.”

“From the health care perspective, Quad City Health Initiative, has been very involved in engaging people. When nonprofit organizations from the standpoint of improving the health, the quality of life as it relates to health in this community, they have actually gone out and recruited business leaders and anyone from any industry who would be interested in getting involved and volunteering, and helping different initiatives. I mean they host their meetings at the Martin Luther King Center, Rock Island. And are always looking for ways to connect people with civic opportunities.”

- ❑ For many issues, the social dialogue benefits from the inclusion of diverse ‘voices.’

“How about improving the quality and increasing the diversity of leadership? Here we are talking, I think, about serving on boards. We are trying to bring new people into the United Way Board. We are going to have two student representatives starting in July selected by their peers. We are also thinking

of more people, that are younger like many of you are here too. Because traditionally our board has looked fairly, well quite a bit like me, old and male. You know, and we need to change that. And, white. Um, so there are all things that we set in progress several years ago. We have made progress, but you don't want to lose all of your institutional memory."

"One day, I ran into a young entrepreneur spirit. You know a young entrepreneur person and he had attempted to make something happen in the Figge and quickly got up against a innovation ceiling, a brick ceiling at that. And, he unloaded on me. You know, it was fine. He was just like, unbelievable. There is just, if innovative happens here, it will be a miracle."

Expanding of the pool of people that are available for and interested in service and civic leadership depends on many factors.

- Promote the unique benefits of living in the Quad Cities Area.

"We always think about what Chicago and Minneapolis have that we don't. But there are so many things that we have that they don't that we need to make more apparent to the other public. They are from parking to traffic to cost of living to the ability to raise a family. I grew up in a Chicago area, so I think of this as a fantastic place in comparison. We don't advertise that and promote enough."

"Just recognize the resources that we have available in our community and use those existing resources to then do the outreach that we are all talking about doing. So that way we are not creating more levels and more duplicity. Just concentrate in our efforts."

- Act as ambassadors for your own organizations by inviting others to learn about the organization and then mentoring their development (e.g., "grow your own").

"We truly have to be our own ambassadors. I really like that idea. And I think we have to. I agree that we have to give, open doors if you will and you know either have potential volunteers come in to a one time project, get involved at the very basic, first level. Get them engaged, get them committed. Just get them educated about your organization so they are passionate and they can move on up. I also think those that are in those leadership positions. They talk we need new volunteers, we need new blood. But I think that people that have been doing this so long have been doing it so long that they lose sight of how it is, the work involved. I think that maybe the training goes both ways. Both from the volunteer but also reminding those board members and the people in those positions you were a young pup once too."

- Develop "alumni networks" and stay connected about "hometown" events and benefits.

- Identify strategies for engaging with specific populations, such as students, seniors, service recipients, etc.

"You know we talked a lot about getting the old people engaged and involved, but we have a growing population of retirees and I know United Way is just starting to target those folks and there is a huge opportunity to think of ways to get them involved. They want to volunteer. And, they are growing. Why not use that resource?"

"One thing that I saw in Washington DC that I really loved and wanted bring up: on Martin Luther King Jr. Day the whole town and all the suburbs got together, young people, young adults, older folks. And did a day of service. And they have been doing this for years. And, they would take something like Eastern High School on Capitol Hill. And I mean they would paint that place. They would clean it up. They just adopted this, you know, this block long high school. And tore into it for a day. It was the most impressive thing I saw in DC I think."

“Rotary has traditionally brought in the high school students to come to their meetings and get involved in community services. And they have initiatives for college students as well. They switch their focus a little bit a couple of years ago and stopped having the college students come directly to the regular Rotary meetings and developed what was called Roto-Rac for students under 30 to come.”

“One also had a young version of Black Professional Organization that was meeting regularly looking for ways to get involved. They would always invite me and other people to come in and talk to them about engagement opportunities.”

“QC First Friday actually has a website that is set up. There is also another group that is Espanol Professional’s Network. It seems like everybody is forming a different group.”

“The bottom line is that some people are going to be successful. They are going to belong. They are going to be leaders whether we do anything or not. But what about those who aren’t going to make it without? And we have an awfully large segment in the community who thinks that the system is out to get them. They are not part of the system. They never have been. They would not know how to become part of the system if they wanted to.”

- Life’s work can be viewed as three stages; 1) education and preparation; 2) career; and 3) giving back.

“I am reminded of statement that Bud Phillis made. He said life is divided into three segments. Maybe they are not equal, but there are three. The first third is getting educated to take care of what we are going to do with the rest of our life. Then we come back to the 40 developmental assets again. The next third, or thereabouts, in our career as we are hopefully are successful. And the last third is an opportunity to give back. I am in the give back stage right now myself. But I think everybody can be to various degrees too.”

- Find ways to invite, welcome and engage with innovation.

“There are an awful lot of people out there who aren’t engaged, that they have never been engaged, have never been involved, have never been asked to be involved. Ah, and would probably tell you that they don’t want to be involved. But, yet would be the first to complain that the system’s out to get them.”

“Just being here and listening to everybody talk. We hear the resources. We see the opportunities. It is about motivating people, encouraging them. And from a marketing standpoint really promoting what our needs exist. Identifying each of your audiences that you want to connect with and then identifying gateways that already exist for you to reach those audiences. So breaking it down like we have here as a group and really going after it in a strategic and aggressive way.”

Communicate to employers the benefits of supporting volunteerism among their employees, who gain experience, skills, and networking opportunities.

“There are still some folks that are not as able to participate in volunteer activities during the workday.”

“I mean you look down thousands of educated college-degree people and it is hard for them to become involved in anything and work between the hours of eight and four, which a lot of things are. You know, if a teacher at Davenport School District would say, ‘I would like to be here today.’ How many hoops would they have to jump through? And it probably would be unsuccessful.”

“Encourage employers to get their people involved. Give them time off for development. Understand that it is not a gift, it is a return on their investment time.”

"I think also the United Way Day of Caring was very effective in linking employees and employers with different groups. We have five projects where we have five different businesses with their volunteers during the day and if they had not done that job it probably would not have gotten done. They did anywhere from the removing mold from a basement to painting a lady's garage."

"After we did our program of how community work can help in your career path and your personal path, we got a lot of response from young professionals wanting to learn where to get involved. So I think trying to find a place to teach young professionals what opportunities are out there would help engage people more and also having some sort of a mentoring program with board members. Maybe if you work at a company and bring a coworker, a young mentor or mentee to your board with you, or to those opportunities with you would be a great opportunity."

"At one point we here, we had service learning which goes through the college classes. So if you are an accountant, you would in addition to your regular course work be asked to provide some type of community engagement as part of your project. Not so much as community service, but it ties directly to what your course of study is. And that can be used to bring more young professionals before they become professionals into the pipeline and get them interested in seeing how being an accountant verses just going into the social service arena can certainly benefit them professionally but also give them a kind of civic engagement. We have forgotten about the hunger drive; the high schools do that. Find a way to tap into those young people who have already been out there trying to do that after they do such a wonderful job raising the food and canned goods for this community. Having those names and keeping up with them and inviting them to other activities."

"Another place where we can really have some expansion is having the workplace and the employers encouraging their employees to take the time out of their regular job and you can do this."

"One thing I don't see up there is the idea of doing more education for employers and to the benefit of getting their employees to give time. Just because employers don't like the idea of them being away from work but actually they are doing development. Someone mentioned it from a personal development, a career development standpoint to the volunteer, but maybe selling that same message in and sell it a different way to the employer. Say this is a great way for you. And we have done this with Deere by the way to let them know about serving on a panel, you are making resource allocation decisions. Most people don't get to make those kinds of decisions until they are in their fifties at Deere. You know, I mean, it is fairly up the food chain at Deere & Company. It is an opportunity to get that right here."

"My favorite idea was getting employers to support employee involvement in the community. Even to the extend that by bringing young professionals into boards and teaching them to be more vocal. Maybe where that new professional might not have spoken up in a committee meeting or taken on new projects before with this experience and not risk he will be more prepared to do so."

Schools are important delivery systems for ideas and values associated with civic engagement.

"I am guessing the 80-20 rule is probably as true in leadership. You know 80% of the leadership capacities or positions are filled by 20% of the individuals. The kids involved in the student hunger drive are involved in everything else. The students, the people involved in the YPN, they are going to be successful and obviously want to keep in this community; but they are going to be successful whether they are here or whether they move on. It is amazing coming from a school setting. And I suppose the most visible was what Bettendorf Middle School did a year ago when the faculty took the student rooster and realized that there were a hundred kids that nobody could identify. And, that, you look at dropouts. You look at teen suicides. The whole issue of mattering. Some kids don't think that they matter to anyone. And it is amazing just what mattering to one person can do. And that was the whole thrust behind the Bettendorf Middle School initiative where you know even though every kid was

going to have that one adult who would not necessarily seek him out on a daily basis but know, let that child know that there was some connection there. That somebody cared.”

“I know that a lot of the kids at school, are like I am obligated to do 20 hours of community service. It is like they are forced to do it. But also, I know, because they do it through their religion class. I mean these kids can actually like mow a lawn for a neighbor and that is counted as community service. So I think the teacher needs to be educated about all the opportunities that we have out in our community for these kids to volunteer.”

Good Ideas

- ☐ United Way (Community Investment Panels, Day of Caring)

- ☐ Young Professionals Network (Non-profit connections, emerging professionals program for college students)

“I am addressing the statement about encouraging people who are usually not involved to get involved. There are some strategies that are underway probably through most of the Young Professionals Networks, the NEX Professionals, informing people. A lot of the young generations, they don't get involved, they don't want to get involved. Most of it has to do with maybe they don't feel like they should be involved, or that they are not asked to attend, or that they are not asked for their input. So I know that YPNs NEX Professionals have some very engaging opportunities to actually start informing people about what happens at a community level to make sure that they are aware of the issues and how they can then become involved if they desire to become involved. So there is that initial step of actually informing people of the opportunities in the communities before you actually ask them to get involved in the community.”

- ☐ Teens for Tomorrow

- ☐ City government forums

- ☐ QCHI initiatives

- ☐ Student hunger drive

- ☐ Habitat for Humanity

- ☐ Living Lands & Waters

- ☐ 10000hours.com

“In Iowa City, they did something called 10,000hours.com. Something a group of students came up with. The idea was to get college students while they are still in college engaged in community service with nonprofits. And a whole list would have 10,000 hours of community service. And each student kept track of their hours and the only way that they could get the reward which was getting to go to a concert that they thought would be cool was to, you couldn't buy tickets to the concert. You had to earn your ticket. And we met with the people from 10,000hours.com and talked about maybe replicating that.”

- ☐ Progressive Action

- ☐ Study-action circles

- ☉ MLK service dedication events
- ☉ Celebrations of diverse populations
- ☉ Linking non-profit opportunity fairs with major community events
- ☉ Legislative luncheons
- ☉ Parents-As-Teachers program

"I just want to mention one of the very best programs I have seen in this town. Parents As Teachers comes around to new parents and for the first two or three years talks about developmental issues with your child. And I have had a dream that if we could get into every new parent in this town once a month a conversation about the 40 Developmental Assets from the Search Institute what would those three year olds look like in 15 years. If those parents became aware of those 40 Developmental Assets. That has been my dream. Now, I have been accused of being naïve more than once. But I love that idea of getting to every parent this idea of the 40 Developmental Assets from the Search Institute."

- ☉ Directors of Volunteers in Agencies (DOVIA)
- ☉ Clearinghouse of volunteer opportunities

"I like the idea of the clearing house for volunteer opportunities. Also, getting more younger professionals involved on boards."

"Just in terms of some things that I know about that are happening right now with engaging folks in civic affairs, I was involved in the founding of a group that has a more efficacy of progressive action for the common good. And, our data base is now about 1,100 to 1,200 people. And, out of that comes some things like a pot luck for racial healing, Quad City Alliance for Immigrants and Refugees, and a couple of other groups along these lines. But I think one of the other areas that strikes me as very, very powerful and worth some follow-up would be the extreme cleanup. It seems to engage so many people at so many different kinds of demographics. Just in terms of best ideas I have seen, I just wanted to mention a couple of things. Well the study-action circles are really promising. I really believe in that."

"Some people have talked about and this has come up in our committee, is take a look at volunteers with the idea of clearing house where all the opportunities live or something like that. That is kind of the one-stop type of concept but I am wondering if an equally effective approach would be to have local places where you could go and see all the opportunities. Because with the technology, it is fairly easy to get people connected. Someone mentioned this morning maybe that should be what is in the newspaper. For a while they were. Volunteer opportunities are still listed I believe on Thursday. Or is that no longer the case?"

"I also like the clearing house idea of volunteer opportunities even though it doesn't get to everyone. It is a place to start."

- ☉ Partnering with media to increase publicity, value, and recognition of volunteer opportunities and commitments.

"There was a radio station in Washington that put on a big huge Friday 5:00 until Sunday at 4:00 rock festival and it was at R&K stadium. But, it used to be modern rock so REM was there. Everybody was there. And, huge, huge, huge, thousands and thousands of people. And the whole parking lot of R&K was a fair for nonprofits. So booth, after booth, after booth, and so 30,000 young people were getting exposed to Habitat. All of these things. It was the greatest thing. And I don't think that we could pull

that off at the Quad Cities, but we could do something that had a kind of festival and nonprofit component where all these young people could...

"Not only that, but if you want to get some of the harder, harder to serve, harder to get, then we have to look at alternatives because the Internet, the newspaper, they are all pretty mainstream ideas."

Group Summaries of Important Ideas

- ☐ Form ideas about how to be 'ambassadors' of organizations and their missions by opening doors, expanding types of volunteer opportunities, facilitate the growth of interest and commitment of new people.
- ☐ Develop strategies to identify and utilize existing resources and organizations in order to limit duplication and not 'reinvent the wheel.'
- ☐ Encourage employers to promote volunteerism among their own employees by educating them on the benefits.
- ☐ Grow your own community support and leadership.

"Grow your own. As those of us who are involved in volunteering, let's not just concentrate on pulling in the younger group of people, let's reach for and pull in those who are seniors that are retired to be just more valuable. They have the time, and the desire, and knowledge. Pull from both directions."

- ☐ Understand that engagement and belonging are learned behaviors, and thus, becoming more inclusive of marginalized populations may entail finding ways to educate them about civic engagement and its benefits.
- ☐ Track, report, recognize, and celebrate volunteer hours; also consider that doing this at the employer-level may promote volunteerism.

"We do that at Quad City Bank also. We have someone that keeps track of our community volunteer hours. We are supposed to turn them in on a monthly basis."
- ☐ Work towards evolving the culture of the community toward a higher value for volunteerism.
- ☐ Consider ways to incorporate the ideas about the 40 Developmental Assets into new parent education.