



SECTION C. HEALTH AND HUMAN SERVICES

“There is no better place to live than Lee County, Iowa. However, there are many things we can improve, so we cannot accept the status quo. We must be bold, innovative, and willing to change”

The subcommittee for Health and Human Services was established to provide input and recommendations that can be included in the Lee County Comprehensive Plan. The committee is pleased to provide this summary report of findings and recommendations on five significant areas of emphasis that include:

- Day Care
- Health care
- Human Services
- Mental Health
- Senior Living Issues and Programs

The committee established a framework of evaluation and analysis for each of these five areas of Health & Human Services emphasis. The overall framework used attempted to utilize five specific criteria or measures for each of these significant areas in order to establish goals and objectives in each area. The specific criteria used to measure effectiveness included; Quality of Services, Quantity of Services, Affordability of Services, Accessibility of Services, Awareness & Knowledge of Services.

The overall committee goals and objectives are as follows:

#1:

"To analyze and evaluate each of the five areas of emphasis to determine their current status and identify opportunities for improvement in each."

#2:

"To make recommendations for inclusion in the development of an overall Lee County Comprehensive Plan".

#3:

"To provide a 'reality check' overlay of our economic, demographic, and political environment in which these needs and those identified by other subcommittees can be addressed and/or modified for maximum effectiveness and utilization of limited resources."

This report should not be seen as an ending point, but rather as a starting point for further discussion, analysis, and development of comprehensive plans for the residents, taxpayers, and employers of Lee County. It is also emphasized that Lee County does not exist in isolation from the bigger regions of the Tri-State area, Midwest, and the United States as a whole and that influences, actions, and developments outside of our county boundaries can and will impact these plans.



SECTION I: "REALITY CHECK"

The committee, in their deliberations, felt strongly that any comprehensive planning effort must take into account the overall environment in which we all live and work. This was felt to be essential to avoid the temptation to just recommend, "more of everything" and to have the recommendations be posed in terms of what can realistically be achieved. This does not mean that recommendations can be "easily" achieved and will, in most cases, require substantial effort, change, and realignment of both historic thought and structure.

There is no reason, however, to develop plans that are obviously unattainable and wishful. It is felt that such an approach leads to predictable disappointment and frustration and ultimately with abandonment of the plans established. Our "reality check" would include the following aspects and factors:

1. Lee County has and is predicted to continue to experience a slow decline in total population.
2. Lee County's population is aging and a greater percentage of senior-aged residents is predicted while a decline in younger-aged residents is also occurring.
3. Lee County's populations have greater needs and demands for health and human services than state averages due to historic and current socio-economic conditions in the immediate and surrounding area.
4. Lee County's economic climate is not overly positive with higher than state average unemployment, recent and current declines in the number of employers, jobs, and salary levels.
5. The above stated factors have led to a decline in the tax base for municipalities and Lee County in general resulting in fewer resources available for such services and/or raising taxes of those who are residing here.
6. The State of Iowa and the Federal Government are also experiencing cutbacks in funding of programs which has the effect of "pushing" the problems to the local levels.
7. Many of the current structures for the provision of health and human services do not provide incentives for recipients to become self-supporting and may, in some instances, actually provide disincentives for such expectations.
8. The historical provincial, competitive environments between the north and south Lee County regions have not always led to the most effective coordination of resources and services that the future environments described above may require.

Summary: While this "reality check" may seem pessimistic, it does seem to be the generally held perspective of those who live and work here and seems to be supported by data and experiences in Lee County. There seem to be several general conclusions about our environment:

1. Expectations that more money or resources will become available from government or public sources are probably not realistic.
2. Public-Private partnerships may have to be developed to address concerns and identified needs.



3. Economic development is THE cornerstone for Lee County if it is to progress and develop.
4. New structures for the planning, delivery, and funding of health and human services must be sought, encouraged and implemented.
5. A realignment or reallocation of resources from treatment and "fixes" of problems to education and energies directed at the prevention of such problems needs to occur if there is any hope of changing the current situation in the future.

It is with this backdrop of reality that the subcommittee provides its input, analysis, and recommendations on the important and essential issues related to Health and Human Services. It should be noted the recommendations in all five (5) areas have NOT been listed in order of importance.

SECTION II: AREAS OF EMPHASIS; Evaluation, Identification of Opportunities for Improvement, and Recommendations.

Introduction: In this section we will present a summary review of each of the five significant areas of emphasis identified in the opening of this report. Each area will be supported by addendums that may include statistics, data, and documentation of resources related to each particular area. For brevity's sake, only the major conclusions of the committee are included in this section. As indicated in the opening remarks in this report, each area has been evaluated using the criteria of Quality, Quantity, Affordability, Accessibility, and Awareness.

AREA #1: CHILD CARE

ISSUE STATEMENT:

Because of its impact on employment, education, life-style, and family values, Child Care was identified as one of the major areas of emphasis for Health & Human Services.

Summary of Findings & Evaluation: There appear to be enough day care providers in the region and there have been considerable unused capacity identified in licensed providers. It is less well documented what the capacity and quality of private providers are, though they make up a substantial segment of the childcare service market. It would appear that personal networks (parents, grandparents, neighbors, friends, etc.) are at least as important and widely utilized as are formal organizational networks (i.e., licensed day care centers, etc.) in matching the needs with the services. Logistics and geography also play important roles in the utilization of childcare selection and use. Working or otherwise active parents attempt to minimize their travel time and select providers that they know and trust from experience or references. While there is some data on the program content and facilities used by licensed providers, there is little hard information on private, unlicensed providers. The cost of child care is probably the number one determinant of child care provider selection by working families and may be the number one limitation to access and quantity of providers available to those families.

Goal Statement: To promote and make available quality child care services and networks to those for whom the lack of such services is a barrier to becoming productive parts of the work force, furthering their education, or becoming active participants in their communities.



1. The County needs to expand their list of licensed and unlicensed childcare providers. This list is currently available at Department of Human Services and CCR&R but should also be made available at City Hall and other area organizations.
2. The County needs to continue to provide support for local initiatives for childcare and empowerment. (i.e., TANF dollars, positive verbal reinforcement etc. to those currently providing services)
3. Lee County needs to provide an ongoing evaluation to address the need, if any, for second (2nd) and third (3rd) shift employees who are in need of child care providers. Once a need has been established the County shall act promptly to address the need through current providers or recruit new providers.
4. Lee County should evaluate the need for a day care for special needs children. (i.e., mentally and physically challenged). Once a need has been established the County shall act promptly to address the need through recruitment of a new provider or special needs training for existing providers.

AREA #2: HEALTH CARE

ISSUE STATEMENT: While this topic may be worthy of an entire report of its own because of how pervasively it impacts almost everyone who lives, works, or operates a business in this and every county, the committee did attempt to address several major basic aspects of Health Care that have become focal points for societal and economic discussions across this country. Those would include: Acute/Emergency Care, Outpatient/Rehab Care, Public Health, Post-Acute/Home Care, Physician/Health Provider Services, Dental Care, Pharmacy/DME Services, Long Term Care. (Mental Health has been addressed in a separate area.)

Summary of Findings & Evaluation: Lee County has well-defined, high quality health care systems made up of all of the aspects identified above. Two modern, fully staffed and equipped community based, not-for-profit hospitals operate in the county with distinct cost advantages over regional providers. They provide a full range of Inpatient, Emergency, Outpatient, Rehab, and home health services as well as several specialty units (Psych, Skilled Nursing, Ambulatory Clinics, etc.) Approximately 80 licensed physicians practice full-time in the county as well as other licensed independent health care professionals (DDS, DC, LPT, OT, PA, NP, Speech, MSW, Psychologists, Therapists, etc.) There are also specialty clinics held in sub-specialty areas where full-time practitioners cannot be justified or attracted. (Cardiology, Oncology, Dermatology, Neurology, etc.) There is a well-defined Public Health department operating in the county, which also provides home health and community health education services. There are six (6) Long Term Care facilities in the county with over 300 licensed beds and an array of intermediate, skilled, assisted and independent living facilities and specialty units (Alzheimer's). There are approximately nine (9) retail and consulting pharmacies in major communities in the county providing prescription drug and medical supplies to those needing such services. There are several durable medical equipment suppliers who also provide specialty high tech home therapies, equipment, and services. There are approximately 18 Dentists and Oral Surgeons practicing in the county. There are also well-established relationships for referrals to the University of Iowa, Mercy Iowa City, Davenport, Springfield, and St. Louis etc. for specialty services and care not available here and quality emergency medical transportation to get patients to these centers. Significant opportunities for improvement include:



1. Access to physician/professional providers for low income, working poor. Not all providers accept Medicaid because of the low reimbursement, higher risk patients, and perceived problems with patient compliance with prescribed treatment protocols.
2. Transportation networks to improve access for seniors and those without personal transportation. The ability of patients without transportation to access the system is limited.
3. There is a not a thorough awareness and knowledge of all of the services and programs available in the County.
4. There is at least some duplication of services, programs, and facilities operating in this area and there may be room for more collaboration to replace some of the competition.
5. Iowa receives the nation's lowest reimbursement for federally supported programs (Medicare, Medicaid, etc) putting providers and organizations at a competitive disadvantage for attracting/retaining professional staff, replacing/obtaining facilities and equipment, providing broad ranges of services and coverage for subscribers, and creating needs to cost-shift to other commercial payers.
6. Although not a federally designated manpower shortage area for physicians, there continues to be needs for recruitment of additional physician providers as older physicians retire or curtail their practices. There are current professional shortages in nursing, just about every technical field (X-ray, Ultrasound, Nuclear Med, Laboratory, PT, OT, RPh, EMT, etc.) This is also very evident in the shortage of Dentists in the county and those who accept low income, Medicaid patients.
7. Like every region of the country, access to and the ability to pay for drugs and pharmaceuticals remains a significant barrier to low-income families and senior citizens.
8. Likewise the ability to fund long-term care remains a significant problem for many elderly residents who need such services and would like to do so without depleting all of their assets accumulated over their life. Increased needs for diversified long-term care programs (not just nursing home beds) will manifest themselves as our population ages.
9. The structure of how low income, working poor obtain access to basic health care services needs to be changed so that these people are not forced to use the most expensive care (Emergency) for their needs. For example: a sliding fee scale.
10. Basic, affordable, insurance coverage packages for working poor should be more available through employers and/or private/public sources.
11. Programs aimed at increasing awareness and knowledge of existing services should be developed as well as encouraging Lee County resident to "shop locally" for health care to insure that our current quality of care or better can be continued into the future.
12. The need to direct more resources toward prevention and professional manpower recruitment/retention will become important factors in our future ability to meet the demands on healthcare.

Goal Statements:

To inventory, develop, and promote a comprehensive, efficient, accessible and affordable health care system for the residents and employers of Lee County.



To work toward equitable treatment of Iowa patients and providers covered by Federal health programs.

To develop and provide a basic safety net of health services and preventive care for all Lee County residents.

To work towards fine-tuning the existing system to reduce waste, duplication and increase the effectiveness of scarce resources.

RECOMMENDATIONS:

1. The County needs to continually provide support for the establishment of a Community Health Care Center that will provide, at all times, free/affordable, quality health care for all residents.
2. The County needs to provide ongoing public education and awareness of all health services available throughout the county.
3. The County needs to provide ongoing public education and awareness of all public transportation services available throughout the county to transport citizens to their health care facilities.
4. The County needs to establish an Adult Day Care program that provides respite for the caregivers of our aging population.
5. The County needs to explore ways to promote career development in the health care fields.
6. North and South Lee County must collaborate together to recruit and retain quality health care professionals.
7. The County needs to expand on the development of a "working poor" insurance program.
8. The County needs to encourage and acknowledge innovative thinking by current health care providers for the establishment of new programs and services with a research based, proven track record and preventative programs.

AREA #3: HUMAN SERVICES

ISSUE STATEMENT: Because of the identified needs of our population base in Lee County, any Comprehensive Plan should include evaluation of the Human Services currently being provided and the structures in which they are organized and funded.

Summary of Findings: Lee County, like most counties in Iowa, has a comprehensive array of mandated and supportive programs (both public and private) aimed at meeting the human services needs of those residents who experience temporary difficulty and require assistance. The scope of these services range from pre-natal and mother/infant education and nutrition, parenting, counseling, legal representation, food stamps, abuse, addiction, housing, basic health care, transportation, etc. For many, this is the safety net that enables them to survive and function at the most minimal of levels. Even at these subsistence levels, there are personal, structural, and organizational barriers that must be overcome and as identified in our "reality check", these needs have grown at the local and county levels because of cutbacks in federal and state budgets. The structures, in which many of these programs are mandated to operate,



create disincentives for participants to move beyond these subsistence levels and have created ongoing dependencies on these programs and low societal productivity. Other barriers include the bureaucracy required to participate, and the stigmas associated with and frustrations that accompany what is received. The economic realities hit this area very hard as well. As funding is spread across more and more recipients, there are concerns with quality, accessibility, burnout amongst those providing the services, and concerns about more potential recipients "falling through the cracks" unnoticed and unattended. It's been likened to trying to squash a balloon full of air. You can squeeze it in the middle or anywhere along the balloon, but it just reappears somewhere else; places like the court systems (adult and juvenile), public safety, jails, institutions, abuse centers, medical examiners cases, emergency rooms, etc. It is here that the committee sees the biggest potential for results through prevention, education, training, and restructuring to provide incentives for those who show initiative and progress toward a more self-sufficient life style.

Goal Statement: To identify ways to maximize the impact of limited human resources within our region through more preventative and educational programs.

RECOMMENDATIONS:

1. The County needs to encourage and acknowledge innovative thinking by providers for the establishment of new programs with a research based, proven track record and preventative programs.
2. The County needs to assess current funding to maximize utilization of programmed monies received. The County or an appointed committee needs to monitor outcomes of programs and their goals.
3. The County needs to continually promote and support the education, awareness, and marketing of current services.
4. The County needs to partner with the Department of Human Services and other entities and recognize their program limitations and use them as a "clearinghouse" of knowledge.

AREA #4: MENTAL HEALTH

ISSUE STATEMENT: Like previous descriptions of significant areas of emphasis, the issues related to mental health services are certainly worthy of inclusion in any comprehensive plan. Because of the seriousness and pervasiveness of these problems for individuals who suffer from these maladies as well as the impact that these problems have on the entire community of residents, employers, and public service providers, such needs must be addressed in such plans.

Summary of Findings: Lee County, because of its socio-economic mix and other demographic aspects, has a historical high utilization of mental health services. The county has a well-established network of public, private, and public/private partnerships providing mental health services. The county also has one of the more comprehensive ranges of service from acute inpatient facilities and programs, outpatient and community-based programs, institutional facilities, and a well-integrated referral network with state providers and the court system. From a financial standpoint, a significant portion of the county budget is allocated to mental health services and there are innovative and progressive programs in place or planned to integrate



long-term mental health residents into community settings. While there are currently an adequate number of mental health professionals in the county, some continuing needs for recruitment of psychiatrists remains and needs to be addressed as current providers reach retirement ages. There are many employers who contract for or provide employee assistance programs for their employee populations and these also integrate with county providers, although several non-Lee County providers are also involved in significant ways.

Goal Statement: To plan for and coordinate the provision of a comprehensive system of mental health services and programs for Lee County residents that can meet current and future needs and do so in a manner that best serves the individual clients and the general county priorities.

RECOMMENDATIONS:

1. Lee County should continue to subsidize the psychiatric unit at the Keokuk Area Hospital.
2. The County should pursue the creation of a 211-directory assistance (711 for the hearing impaired), which would continually provide information on services currently available. The County should also create Public Service Announcements/Media Blitzes by way of utility bills, tax bills, newspapers, fliers, brochure racks, to continually provide updated information to county citizens on services available.
3. The County needs to continually subsidize and/or offer incentives for the recruitment of qualified psychiatrists and mental health professionals, when needed.
4. The County needs to provide a strong continual base of resources after discharge from hospitals or residential facilities.
5. The County needs to maintain a focused and proactive approach regarding preventive measures before services are needed.
6. The County should permit citizens to apply for their choice of appropriate, individualized services and service provider.
7. The County needs to improve and expand leisure activities for those residing in assisted living housing sites throughout the county.
8. The County needs to develop and implement public transportation services for those unable to transport themselves to their mental health appointments that would subsequently reduce "no show" appointments.

AREA #5: SENIOR LIVING ISSUES

ISSUE STATEMENT: Because of the projections for larger numbers of senior citizens for Lee County and Iowa as a state, any comprehensive plan should and must include specific attention to and thought about the needs that communities and individuals will be faced with as this demographic trend unfolds.

Summary of Findings: The needs identification for an increasing population of 65+, 75+, 85+, age citizens are just beginning to be realized and discussed. Obvious opportunities for innovative and progressive approaches to these issues are available to those who understand and plan accordingly. Many of the needs can and should be addressed through private and/or



entrepreneurial enterprises, but there is, once again, the need for some type of minimal safety net for all seniors regardless of their ability to use their own accumulated resources to meet these needs. In particular the issues of long term care, pharmacy prescriptions, independent or assisted living facilities, social/recreational opportunities, transportation, and access to services should be addressed through social and/or political changes in the way we provide (or don't provide) senior services.

Goal Statement: To identify specific senior living issues and make recommendations for inclusion in the comprehensive plan that will lead to quality of life enhancements for this important segment of our population.

RECOMMENDATIONS:

1. Lee County needs to equalize with other parts of the country to ensure Lee County residents receive reasonably priced prescriptions with increased Medicare benefits.
2. The County needs to take a proactive and supportive approach in the development of preventative programs such as senior fitness, educational sessions, and health screening clinics provided by the health department, senior citizen centers, local hospitals, and health fairs.
3. Current senior facilities need ongoing evaluation by the County to assure senior citizen needs are being fulfilled and that those facilities can accommodate our growing senior population.
4. The County should increase utilization of senior centers by installing computers with Internet access.
5. The County should encourage the implementation of educational programs - students teach seniors and seniors teach students, creating a mixing of generations.
6. The County should create countywide awareness and support for senior issue support groups.
7. The County needs more utilization of Retired Senior Volunteer Program (RSVP) and expand its efforts throughout the county.

CONCLUDING REMARKS:

The Health and Human Services Subcommittee has presented this report as a summary of our best efforts to sort out hours of discussion, reams of data, and the thoughts and ideas of all of those talented and dedicated individuals who participated in the process. We feel it is a good report, but obviously less than all encompassing in the broad area assigned; Health and Human Services. We can also reiterate that these particular areas of emphasis and the recommendations presented cannot be viewed in isolation, but rather must be seen as a part of the overall picture of life and work in our part of the state and nation. There may be a need for fundamental changes in the expectations and responsibilities of public entities, private enterprises, and individuals if significant progress is to be achieved in future decades. No one has all of the answers, and no one has all of the responsibility for changing societal expectations for quality, support, and productive contributions of the people who live in Lee County. We do, however, see the need to change attitudes and perspectives to one of



identifying and pursuing possibilities rather than preserving outdated or ineffective structures, programs, and incentives that have proven to have less than optimal results that we desire.

We appreciate this opportunity to participate in this important process and look forward to working in a constructive manner to make Lee County a caring, compassionate, and quality place to live, work, and prosper.

STATISTICAL OVERVIEW

LEE COUNTY MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES SERVICES

Number of individuals served FY 2000:

Disability Group	Children	Adults	Total (unduplicated)	
Mental Illness	38	247	284	
Chronic Mental Illness	3	127	130	Note: two persons
Mental Retardation	3	132	134	turned age 18
Developmental Disabilities	0	18	18	this year
Totals	44	524	564	

Source: Statistics from Lee County CPC



Commonly used services by Disability Group: (number of persons)

Service Description	<i>Mental Illness</i>	<i>Chronic M.I.</i>	<i>Mental Retardation</i>	<i>Developmental Disabilities</i>
Outpatient Counseling	218	33	1	2
Case Management	2	32	74	6
Payee	1	43	28	5
Sheltered Workshop	1	24	45	2
Residential Care Fac. 16+ bed	2	57	34	0
Supported Comm. Living	0	1	50	2
Community Support Program	6	38	3	3
Sheriff Transportation	20	19	0	1
Legal Rep. For Commitment	11	21	5	0
Outpatient Counsel. Children	29	0	0	0
Residential Care 1 to 15 bed	0	11	15	0
Prescription Medications	15	15	0	1
Work Activity Services	0	1	21	2
Psychological Evaluation	17	4	1	0
Supported Employment	0	3	13	2
Other medical care	8	9	0	0
Rent Subsidy	9	3	1	1
State Hospital	0	0	13	0
ICF/MR	0	0	12	1
Mental Health Institutions	1	11	0	0
Individualized Transportation	2	2	8	0
Psychiatric Rehabilitation	0	8	0	1
Other Mental inpatient	4	2	0	0
Nursing Care	0	4	1	0
Comm. Supervised Apts.	0	0	3	0
Adult Day Care	0	0	4	0
Other/Other Vocational	2	0	4	0
All Other Children's Services	15	10	3	0

Source: Statistics from Lee County CPC



Expenditures by population group (excluding construction costs)

Services to persons with mental illness	\$273,076
Services to persons with chronic mental illness	\$846,655
Services to persons with Mental Retardation	\$2,007,930
Services to persons with developmental disabilities	\$67,305

Expenditures by major program area F.Y. 2002

Outpatient services	\$388,000
Transportation and Legal services	\$109,700
State Hospitals	\$481,000
Case Management	\$49,100
General Assistance to MH/MR/DD	\$106,200
Hope Haven Services	\$279,390
Bridgeway Vocational Services	\$155,000
Other Vocational Services	\$256,300
Other Residential Services	\$338,700
Keokuk Area Hospital (psychiatric)	\$135,000
Supp. Community Living and ICF/MR	\$982,000
Charleston Place Services	\$540,000
Housing Initiative	\$71,950
CPC Administration	\$98,281
Total Expenditures	\$3,990,621

Major Sources of Outside Revenue

State property tax relief	\$1,186,042
Other state aid	\$657,708
Consumer rent payments	\$65,000

LEE COUNTY HEALTH DEPARTMENT HEALTH DATA AND PROGRAM DATA

The following are statistics from the Iowa Department of Public Health IHITS 1999 data.

	Lee County	Iowa
Live Births	466	37,549
Medicaid Births (Percentage)	23.6	21.0
Out-of-Wedlock Birth (Rate)	356.2	275.1
Mothers Who Drank During Pregnancy (Percentage)	***	1.3
Mothers Who Smoked During Pregnancy (Percentage)	25.3	17.9
Mothers with Prenatal Care in 1 st Trimester (Percentage)	88.2	86.7
Low Birth Weights (Rate)	73.0	61.8
Family Poverty (Percentage)	11.0	8.4
Child Poverty (Percentage)	17.5	13.7
Divorce (Rate)	3.7	3.4
High School Drop Outs (Percentage)	2.0	1.7
Psychoses Hospitalization (Rate)	1341.7	929.7
Smoking Population (Percentage)	23.1	23.5
Cerebrovascular Disease Mortality (Rate)	86.1	80.2
Overweight Population (Percentage)	34.8	34.0
Coronary Heart Disease Mortality (Rate)	219.3	243.4
Health Insurance Coverage (Percentage)	8.7	9.2



Measures of Poverty

- ◆ 17.5% (1712) of children ages 0-17 lived in poverty, 4% higher than the state figure
- ◆ Median household income \$32,966 in Lee County, \$35,427 in Iowa as a whole
- ◆ 31% of people in Lee County (11,457) have incomes less than 185% of the area median income
- ◆ 34% of people in Lee County (12,451) have incomes less than 200% of the area median income
- ◆ 11% of the families (1166 families) live in poverty, 2.6% higher than the state rate
- ◆ In 1997-1998, 32% of children received free/reduced school lunches

Other Health Indicators

- ◆ 36% of undesired pregnancies didn't use birth control
- ◆ In 1998, 16% of all live births were to teens in Lee County, 11% in Iowa
- ◆ According to IHITS, the four leading causes of death were heart disease, cancer, Cerebrovascular disease and lung cancer

LCHD Hospice began with 30 patients a year. They currently serve 100 or more patients and their families each year in Lee, Des Moines and Van Buren Counties in Iowa and Hancock County, Illinois. The program was initiated based on community need with high rates of cancer and high rates of cardiovascular disease. Hospice has grown because of the holistic manner in which social, spiritual and medical needs are met in families whose needs are sometimes overwhelming. The following statistics are from "The 1999 Iowa Health Fact Book" sponsored by The University of Iowa and Iowa Department of Public Health. The rates are per 100,000 population adjusted to Year 2000 US Population.

	Lee County	Iowa
All Sites of Cancer - Mortality	229.2	199.0
Lung and Bronchial Cancer Incidence	79.3	67.0
Lung and Bronchial Cancer Mortality	68.8	53.3
Female Breast Cancer Incidence	117.4	126.9
Female Breast Cancer Mortality	38.9	30.9
Colorectal Cancer Incidence	70.0	64.2
Colorectal Cancer Mortality	33.2	24.8
Heart Disease Mortality	333.4	284.4



Arizona	\$ 4,464	.	.	◆	.	.	.	.	.	.
Oklahoma	\$ 4,245	.	.	◆	.	.	.	.	.	.
Montana	\$ 4,243	.	.	◆	.	.	.	.	.	.
Idaho	\$ 3,959	.	◆	.	.	.	.	.	.	.
Washington	\$ 3,921	.	◆	.	.	.	.	.	.	.
Delaware	\$ 3,920	.	◆	.	.	.	.	.	.	.
Hawaii	\$ 3,843	.	◆	.	.	.	.	.	.	.
Wyoming	\$ 3,838	.	◆	.	.	.	.	.	.	.
Oregon	\$ 3,829	.	◆	.	.	.	.	.	.	.
New Hampshire	\$ 3,771	.	◆	.	.	.	.	.	.	.
New Mexico	\$ 3,726	.	◆	.	.	.	.	.	.	.
Maine	\$ 3,720	.	◆	.	.	.	.	.	.	.
Vermont	\$ 3,589	.	◆	.	.	.	.	.	.	.
Iowa	\$ 3,051	.	.	.	.	.	.	.	.	.
		\$3,000	\$3,500	\$4,000	\$4,500	\$5,000	\$5,500	\$6,000	\$6,500	\$7,000	\$7,500