

Community Health Needs Assessment
UnityPoint Health Marshalltown
2023 – 2025
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I. Community Served by the Hospital

The UnityPoint Health – Marshalltown market includes Marshall, Tama, and Grundy counties in central Iowa. Their combined population is 69,569 people.

In 2021, 77% of UnityPoint Health – Marshalltown inpatient visits and 67% of hospital-outpatient visits lived in Marshall County.

Marshall County is the diverse center of population, jobs, economic growth and services for the market. Marshalltown, population 27,591, is the only community of more than 3,000 residents in the three-county area. Marshall County residents and agencies were the majority respondents to this assessment.

II. 2022 Community Health Needs Assessment Process

In 2019, Black Hawk County healthcare providers and allied service organizations came together as partners to write and publish two online surveys to identify the community health needs of Cedar Valley residents and social service agencies. Both surveys were adapted in the summer of 2019 to identify and prioritize community health needs in the Marshalltown region of Central Iowa.

In 2022, UnityPoint Health - Marshalltown used the assessment previously created with the community partners and added five questions related to COVID-19. Consistency of the questions from 2019 to 2022 was important to compare the impact from each cycle.

The online survey for residents was published from September 5 to September 19, 2022 and drew 338 unique responses. The parallel survey for social service agencies ran concurrently and drew 20 responses. Both surveys were extended one week to September 26, 2022, to allow for additional returns. For comparison, in 2019 the resident survey drew 502 unique responses while the survey for agencies drew 23 responses. The resident survey was also translated to Spanish.

SurveyMonkey, an online survey tool, was the only outside service used in this assessment.

III. Community Input

The survey asked both residents and community organizations for their input on the health of the community. In reviewing the demographics of the survey respondents, those that responded do not accurately represent the diverse communities UnityPoint Health – Marshalltown serves. There could be a variety of reasons for the lack of diverse respondents including the survey distribution method, the timing of the survey, the nature of the survey, lack of trust of the healthcare field, and language barriers. To more accurately reflect the demographic makeup of the community, agencies and organizations are invited to participate.

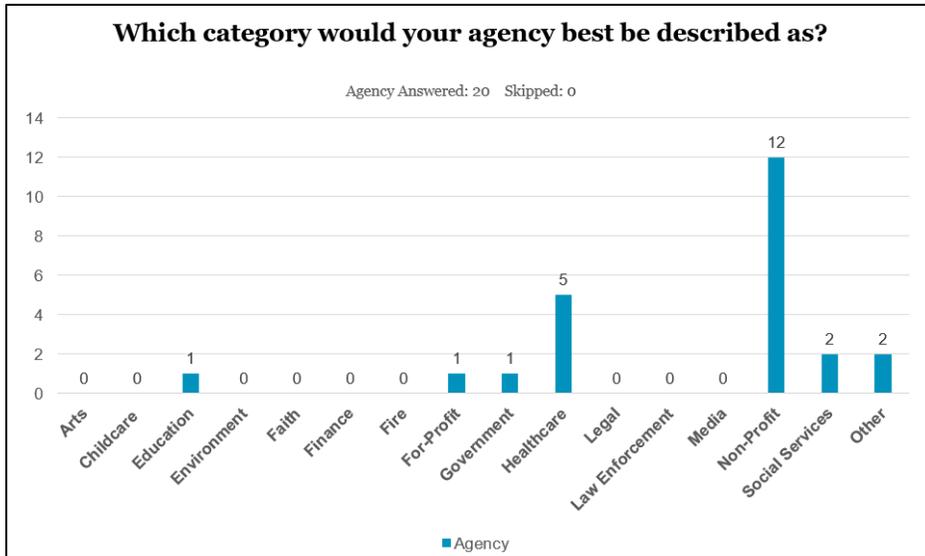
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The assessment partnership asked 28 community organizations to participate in the agency survey. Twenty agencies completed the survey. Some identified themselves in more than one category:

Al Exito	Marshalltown Area United Way
Big Brothers Big Sisters Heart of Iowa	Marshalltown Community College
CAPS Child Abuse Prevention Services	Marshalltown School District
Center Associates (Mental Health)	Marshalltown Senior Citizens Center
City Administrator	Marshalltown YMCA-YWCA
Community Foundation of Marshall County	Martha-Ellen Tye Foundation
East Marshall School District	Mayor
Immigrant Allies	McFarland Clinic
Iowa Veterans Home	MICA Mid-Iowa Community Action
JA of Central Iowa	NEI Area Agency on Aging
Marshall County Child Care Services	No Love No Tacos
Marshall County Public Health Department	Salvation Army
Marshalltown Area Chamber of Commerce	SATUCI
	Veterans' Administration
	West Marshall School District

Agency participants represent the interests of residents from three counties, particularly Marshall County. They also represent the interests and serve residents living in poverty; women and children; women and children at-risk; pre-school children; adults 65+; the disabled; the underemployed and unemployed; the medically-underserved; residents suffering from mental illness and/or addiction; residents living with food insecurity; and English-as-a-second-language learners. Agency participants were recruited specifically for their knowledge and record of successful service to one or more medically-underserved, low-income and minority populations in the survey area.

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IV. Prioritized Significant Community Health Needs

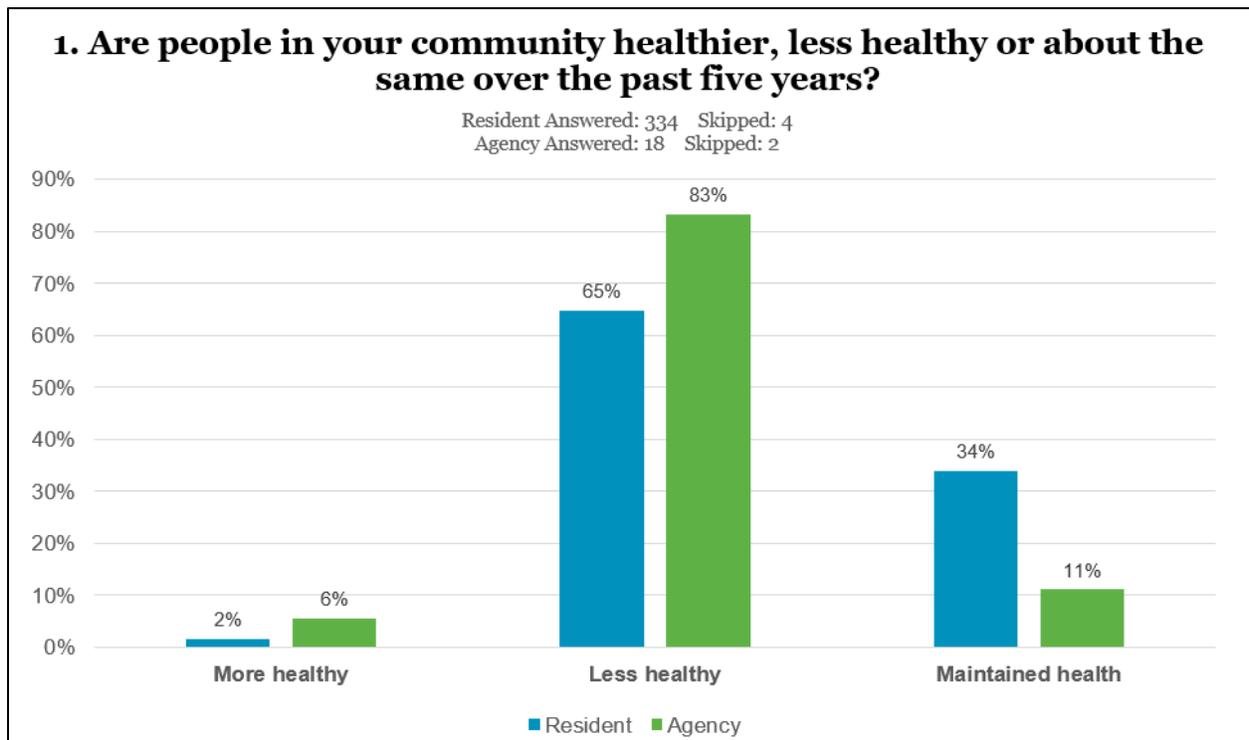
A community health needs assessment asks members to measure the health of their community by prioritizing problems and identifying needs. It tests for weakness, insufficiency, and stress. The process is valid because while individual responses are subjective, collective responses are often surprisingly similar across demographic lines. Every community has open secrets. A health needs assessment offers its members a way to talk about them with common purpose.

Throughout this assessment, we asked participants to define their own communities. The boundaries are unimportant. What matters more is what people think about where they call home and opportunities they see to make it stronger.

We started at the beginning, asking people to assess community health. From there, we asked them to consider their own health, their children's health, their mental health, and the impact of any adverse childhood experiences (ACEs) on their health today. We surveyed both residents and agencies, and we present findings from both.

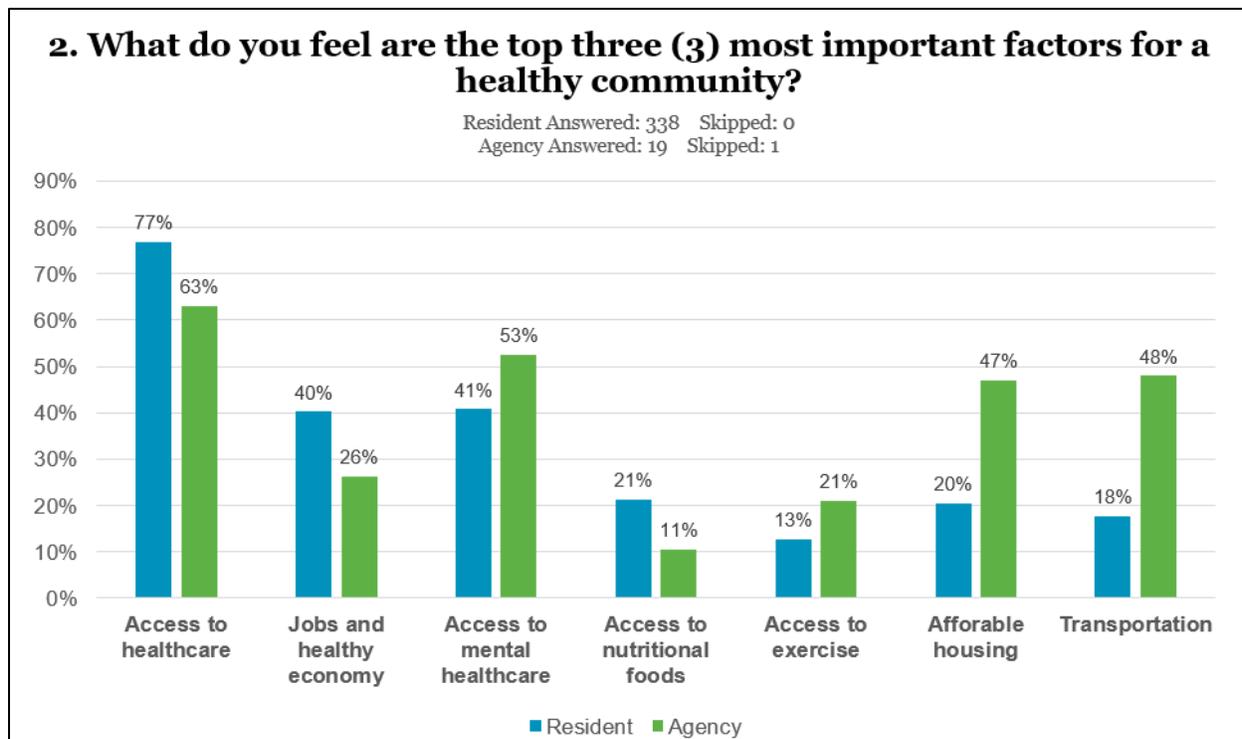
Residents speak for themselves and their families and friends. However, many minority and immigrant residents distrust surveys. Agencies speak for those residents and help represent individuals and populations who cannot or will not participate out of fear of identification or reprisal. Agency participation ensures their voices are counted too.

COMMUNITY HEALTH



The community health needs assessment begins by asking people how they feel about their community. For this survey, nearly seven out of ten believe their community is less healthy than it was in 2019.

The decline in perception of the community's health may be related to the COVID-19 pandemic. It may also be related to the highlighted media awareness of many public health issues, such as access to healthcare, access to mental health care, housing, and transportation issues as well as actual changes in those parameters. Survey questions are designed to investigate and prioritize these changes to create opportunities for targeted actions.



The top three factors for a healthy community are:

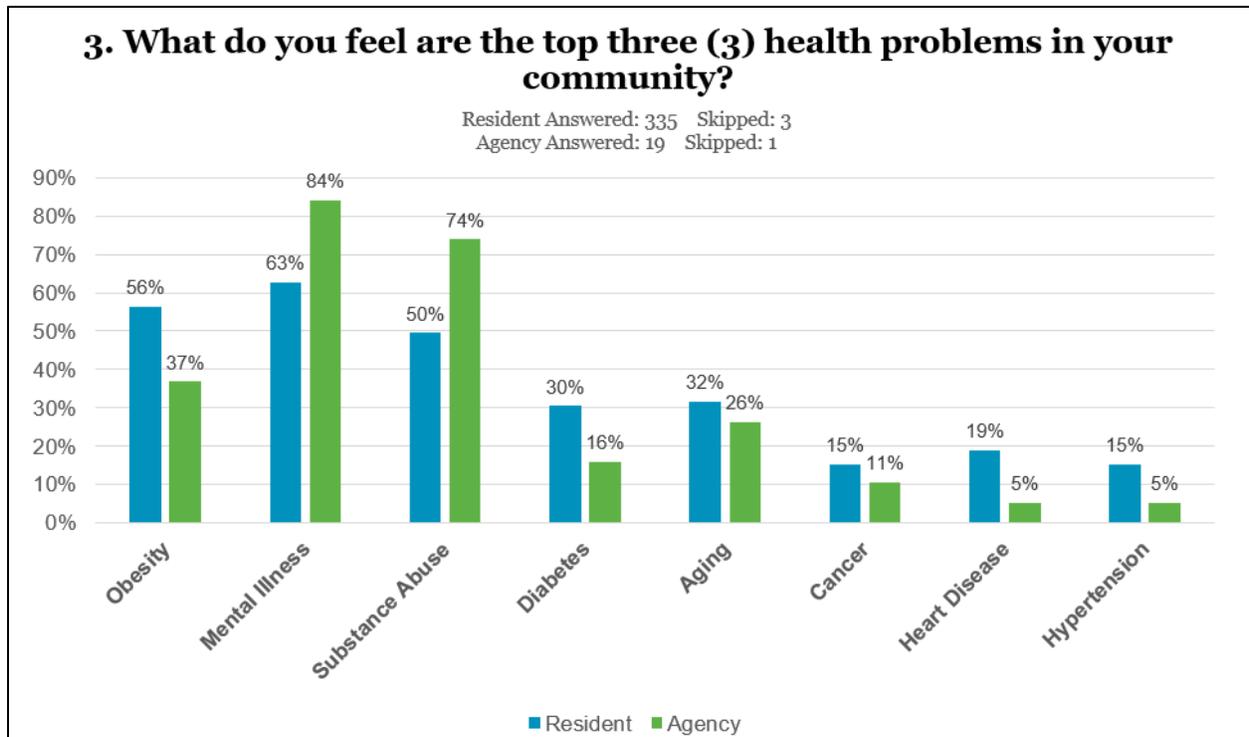
- Access to healthcare
- Access to mental healthcare
- Jobs and a healthy economy

Additionally, agency responses ranked affordable housing and transportation as top factors.

Comments to the open-ended portion of this question indicate that access may also include affordable health care. Health insurance is almost always available but all too frequently inaccessible because of cost or the health status of the person seeking it.

According to the Agency for Healthcare Research and Quality, access to healthcare includes four components: coverage, services, timeliness, and workforce.

Question 31 indicates most of the survey respondents have health insurance through their employer, but when answering about the community they realize not everyone may have access to health insurance. Those without health insurance historically are less likely to seek out care.



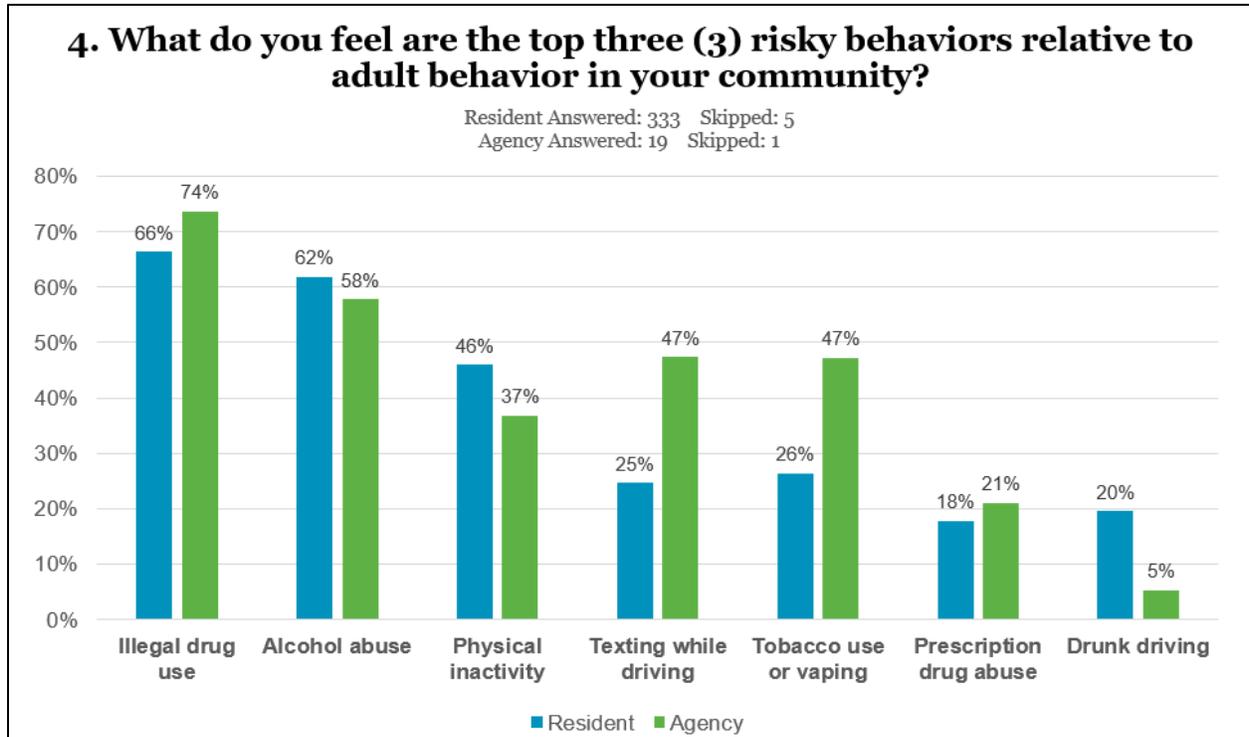
Both residents and agencies agree the top three community health problems are:

- Mental illness
- Obesity
- Substance abuse

Closely related, diabetes and an aging population were top choices for residents and agencies.

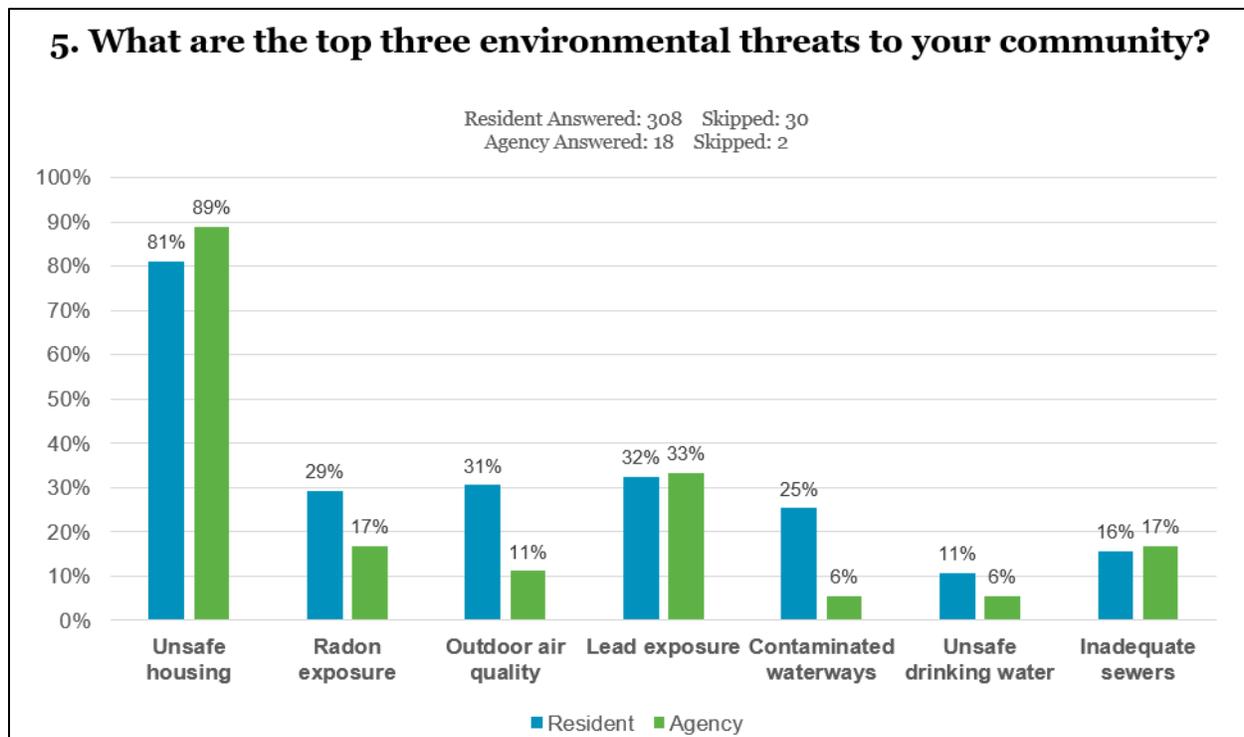
Iowa now ranks seventh in the nation for adult obesity, with nearly 36.5% reported as obese. Iowa ranks eighth for children considered overweight or obese. Obesity increases the risk for developing many diseases including diabetes, high blood pressure, heart disease, and cancers. Those that experience childhood obesity are more likely to become obese adults. According to the Centers for Disease Control and Prevention (CDC), obese children are also more likely to suffer from bullying and depression.

For many years, Iowa reported a lack of providers, care settings, and enough funding to begin meeting the demand. Throughout the COVID-19 pandemic, the mental health crisis in Iowa and across the nation continues to worsen. In 2022, nearly 128,000 Iowans reported having a serious mental health condition, and when asked about treatment, nearly one third of these individuals reported cost as a deterrent for receiving care.



Three additions made the top list as well as two personal choices. The top five risky behaviors were:

- Alcohol abuse
- Illegal drug use
- Physical inactivity
- Texting while driving
- Tobacco use and vaping



The top environmental threats to our communities are:

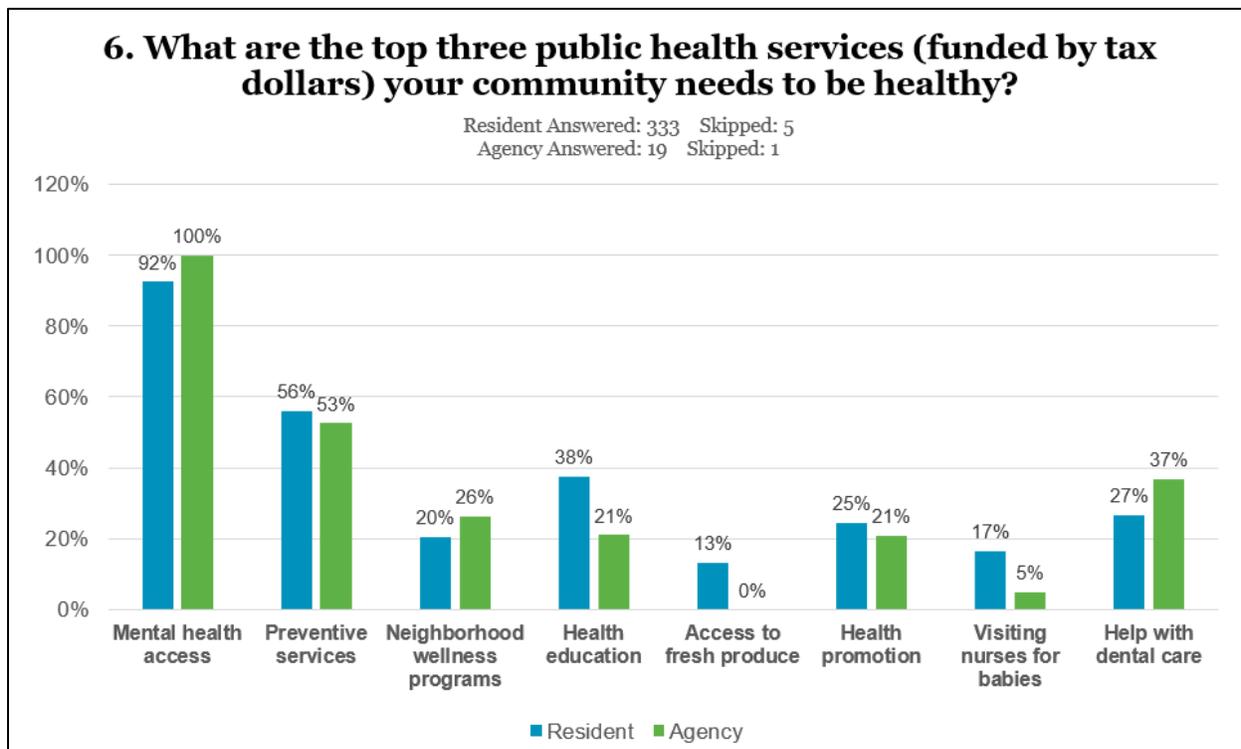
- Unsafe housing
- Lead exposure
- Outdoor air quality
- Contaminated waterways
- Radon exposure

Healthy homes support healthy people, and unhealthy homes can have a significant impact on public health issues. A healthy home has good air quality – no first or secondhand smoke, is carbon monoxide and radon free, has good water quality, has safe drinking water and wastewater treatment systems, is free of toxins (pesticides, asbestos, lead, and mold) and is well maintained (free of fire and other hazards).

Unsafe housing is a byproduct of poverty, urban decay and the slow collapse of rural communities built for an agrarian population that moved off the farm generations ago. Communities in Marshall, Tama and Grundy counties have all three factors.

Marshalltown has a lead-based paint reduction HUD grant in place. Lead is common in homes built prior to 1978. Marshalltown has many such structures. Lead paint is especially dangerous to young children who ingest paint flakes and dust and then suffer lifelong developmental effects.

It is still reported that Iowa has the largest percentage of homes in the nation with radon levels above the United States Environmental Protection Agency's recommended level, nearly fifty percent of homes reported high radon levels.



The top three public health services needed according to residents are:

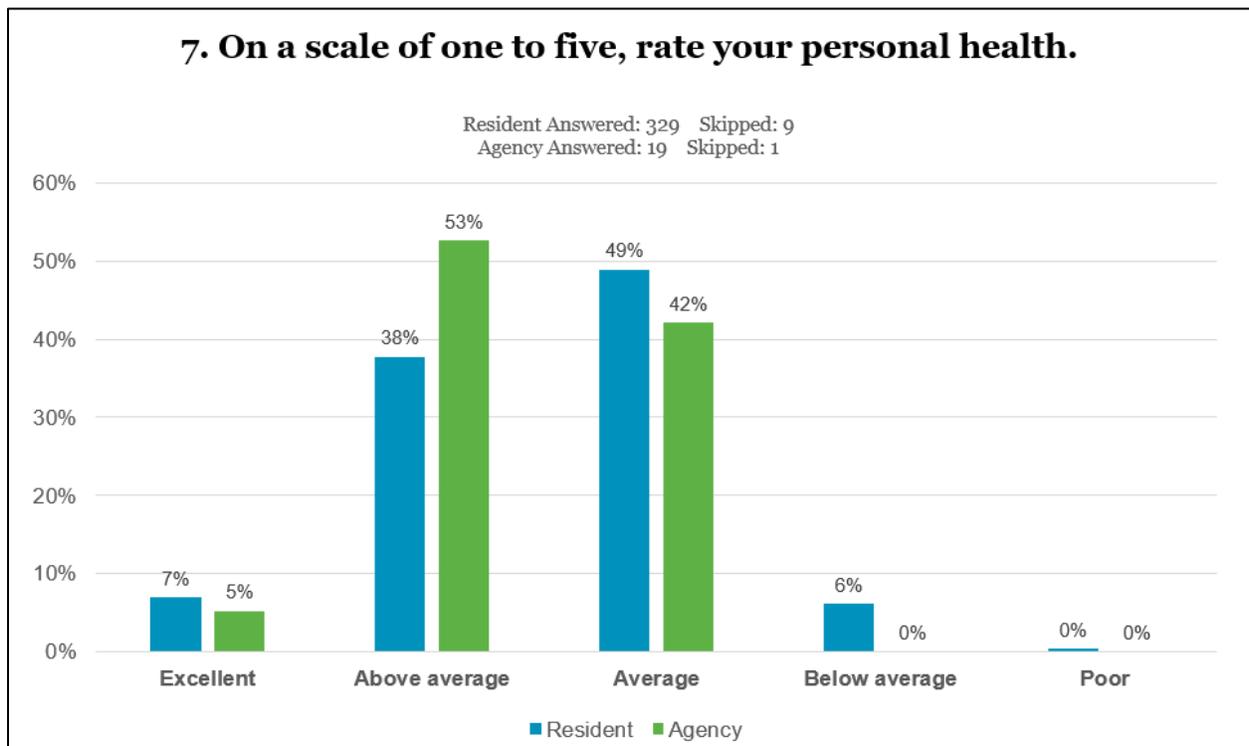
- Mental health access
- Preventative services
- Health education

The top three public health services needed according to the agencies are:

- Mental health access
- Preventative services
- Help with dental care

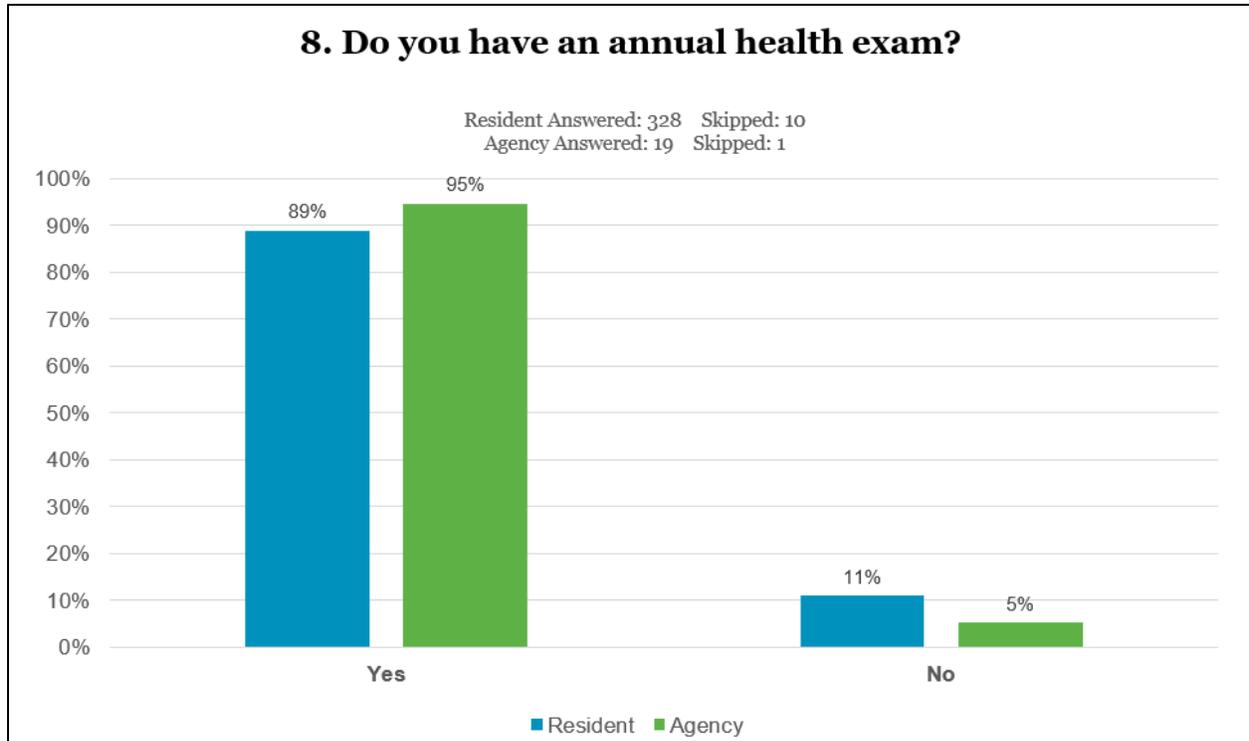
Agencies often recognize the importance of preventive measures, programs, and education. There is a shift in the mindset of communities to more of a preventive approach as well. Focusing on the widespread early treatment of diseases to keep people healthy and out of the hospital is an approach that is slow but more effective in the long-term long term for creating a healthy community.

PERSONAL HEALTH



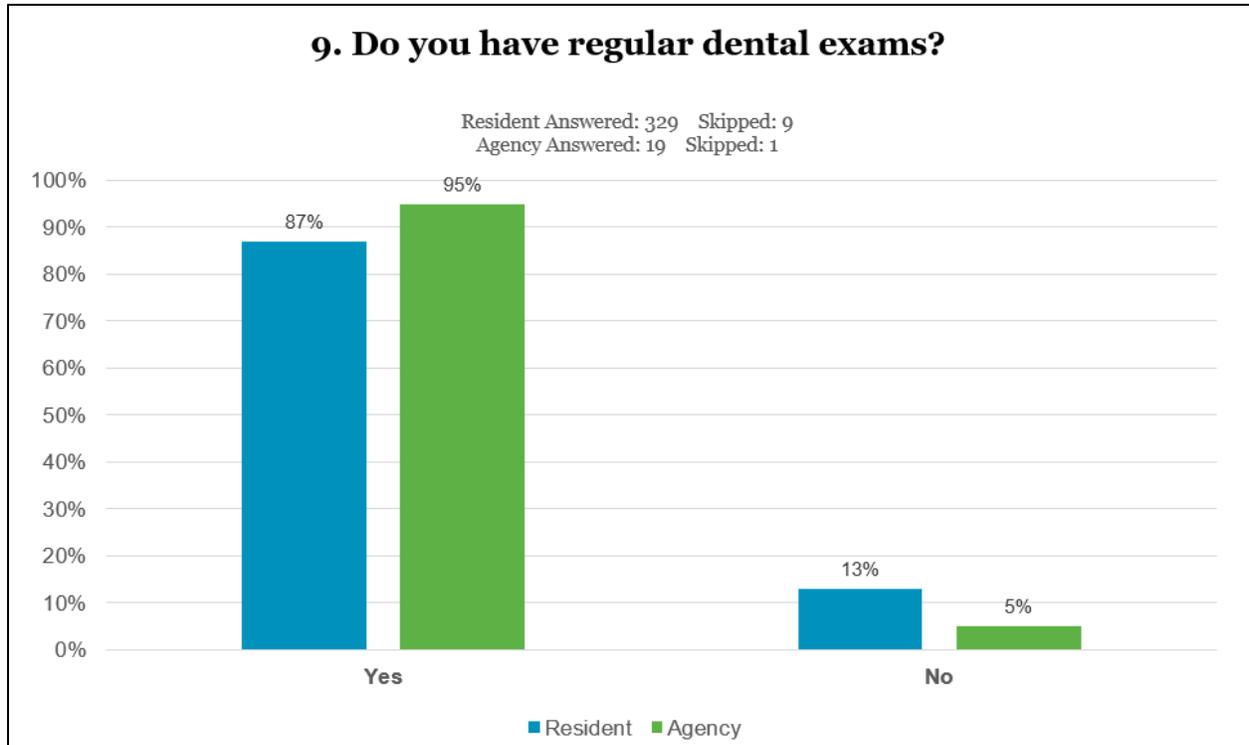
Most of the residents who replied rated themselves as in excellent or above average health. Statistically, only 50% of a population are apt to be average or above. In this case, 94% of respondents and 100% of agencies claimed that health status.

When asked the health of community in Question 1, the majority thought the community health was declining. Agencies responded in a similar way for the health of the people they serve.



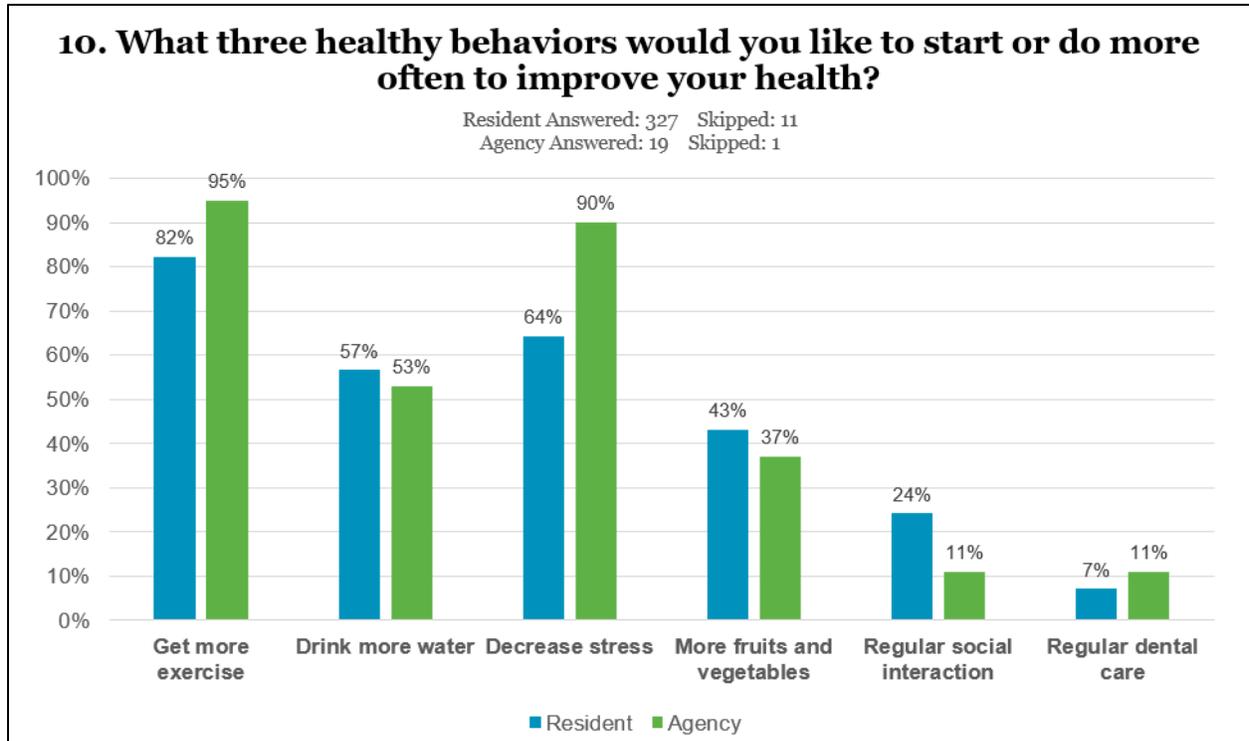
The positive response to this question is likely tied to the health insurance status of the respondents, see Question 31.

Becker’s Hospital Review reports Iowa ranks slightly below the national average of 157 primary care physicians per 100,000 residents. Iowa indexes at 153, a slight increase from 147 as reported in 2019.



Dental care is less available in the United States than healthcare. The American Dental Association estimates 33% of Americans do not have dental insurance, and 90% of dental insurance plans are employer sponsored. Even with full time employment, many jobs do not come with health or dental benefits.

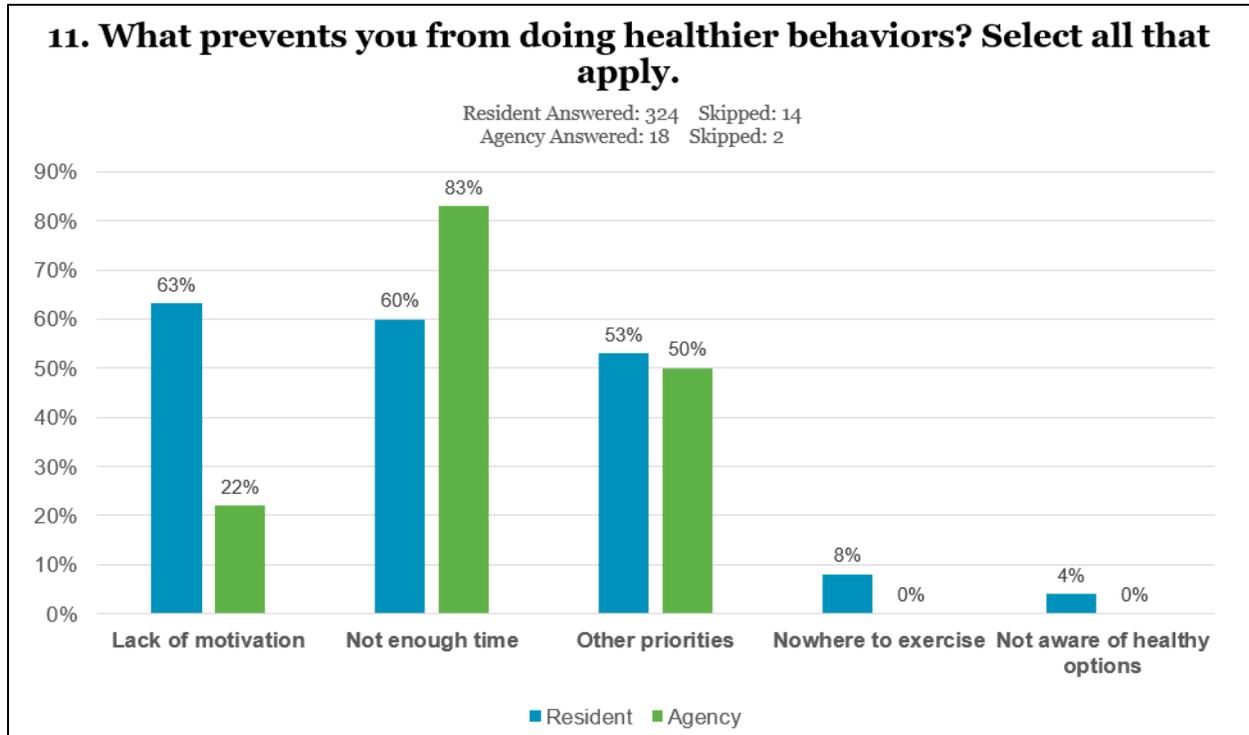
Lack of regular dental care can cause tooth decay, tooth loss and gum disease. Poor oral care is linked to heart disease, cancer, and diabetes. Like good healthcare, good dental care requires lifelong patient participation, including regular brushing, flossing, checkups, and restorations as well as clean and fluoridated drinking water. Agencies ranked help with dental care as a top priority for the community in Question 6.



Residents and agencies both identified lack of exercise as a common risky behavior for adults. The responses here mirror responses in Question 4. Residents and agencies both identified lack of exercise as a common risky behavior for adults. Additionally, most respondents recognize the link between exercise and mental health, see Question 19 & 20.

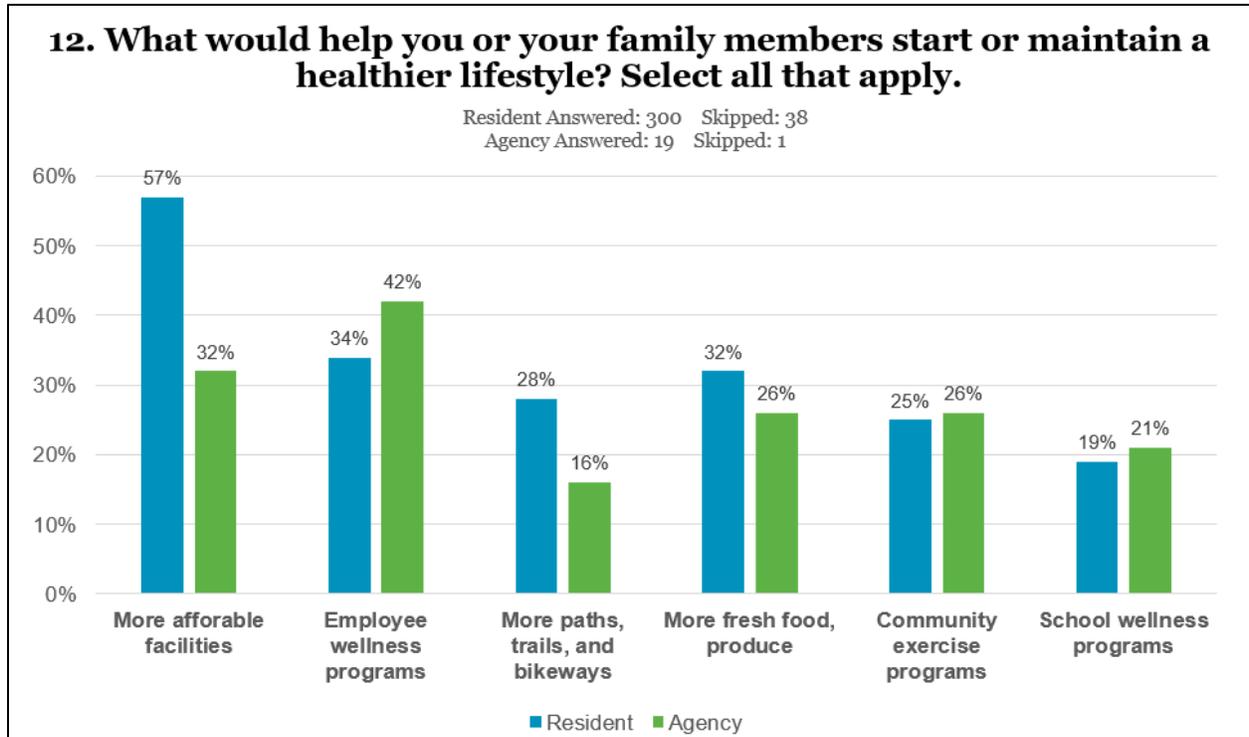
The second healthy behavior from both residents and agencies was to decrease stress. Exercise and stress levels are linked and work together to improve one’s overall health.

The identified needs to drink more water and eat more fruits and vegetables are consistent with education that we have received since we were young. Most people know it’s the right thing to do for their health, but the implementation is where it can be tough.



The top three responses to Question 11 are similar for residents and agencies. Not enough time, lack of motivation, and other priorities prevent many Americans from getting the recommended amount of exercise per week.

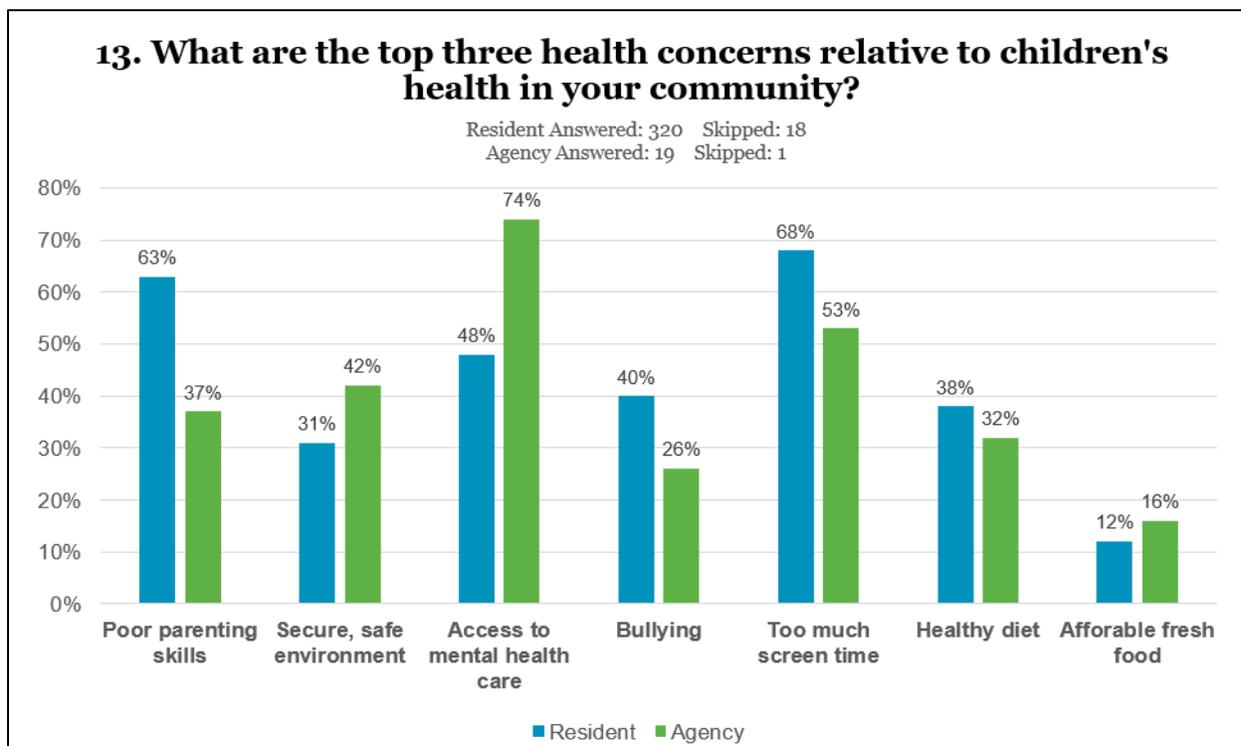
The Centers for Disease Control and Prevention’s National Center for Health Statistics estimates only around 22% of Americans get at least 150 minutes of moderate or 75 minutes of vigorous exercise each week. These recommendations are the thresholds identified for prevention of cardiovascular complication such as heart disease and stroke.



Responses to this question focus on programs and facilities, recognizing the social aspect of many exercise regimens.

However, just having programs and facilities does not mean people will do the work necessary to attend often enough and work hard enough to make a difference. People at every age need exercise, and most people need a lot more than they are getting. Exercise takes time and dedication. There is no health benefit for those who don't put in the work.

CHILDREN’S HEALTH

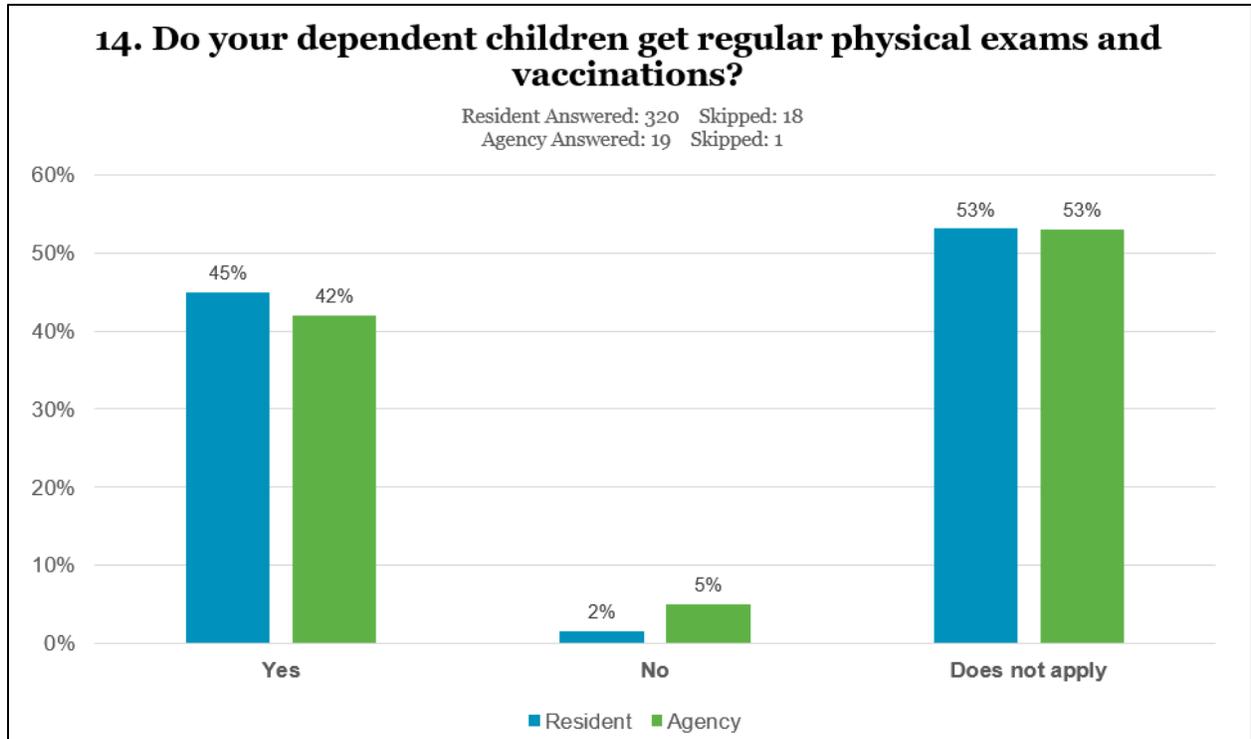


Too much screen time was the top concern in this assessment. In the previous two assessments, poor parenting skills was the top concern. Many parents turned to additional screen time through the pandemic due to virtual school, parents working at home, and many parks and activities, outdoor and indoor, being closed.

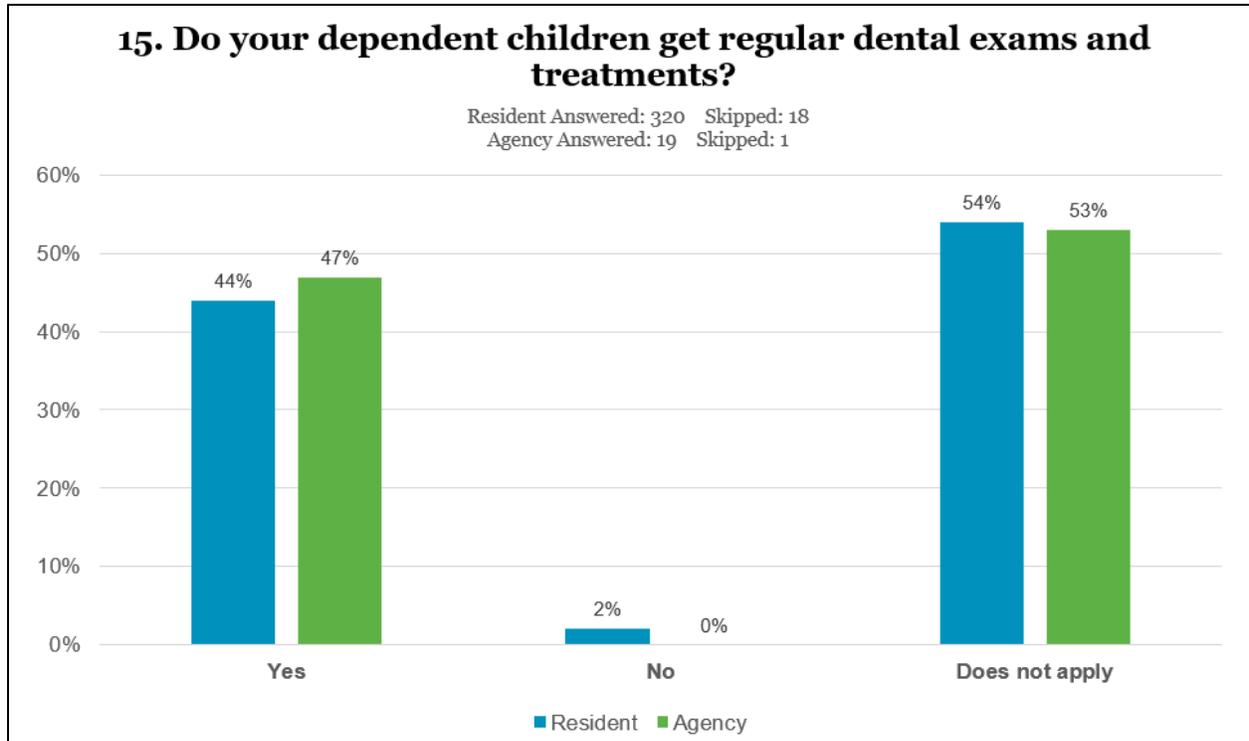
Good parenting ties to the need for children to have a safe, secure environment – both a personal and community health issues.

Access to mental healthcare is even more difficult for children than adults. There are few psychiatrists that specialize in children and teens and Iowa. Many family practice providers are this resource for children and teens. If children and teens are receiving their annual health exam, while it may not be enough care, it may be the introduction to the mental healthcare they need.

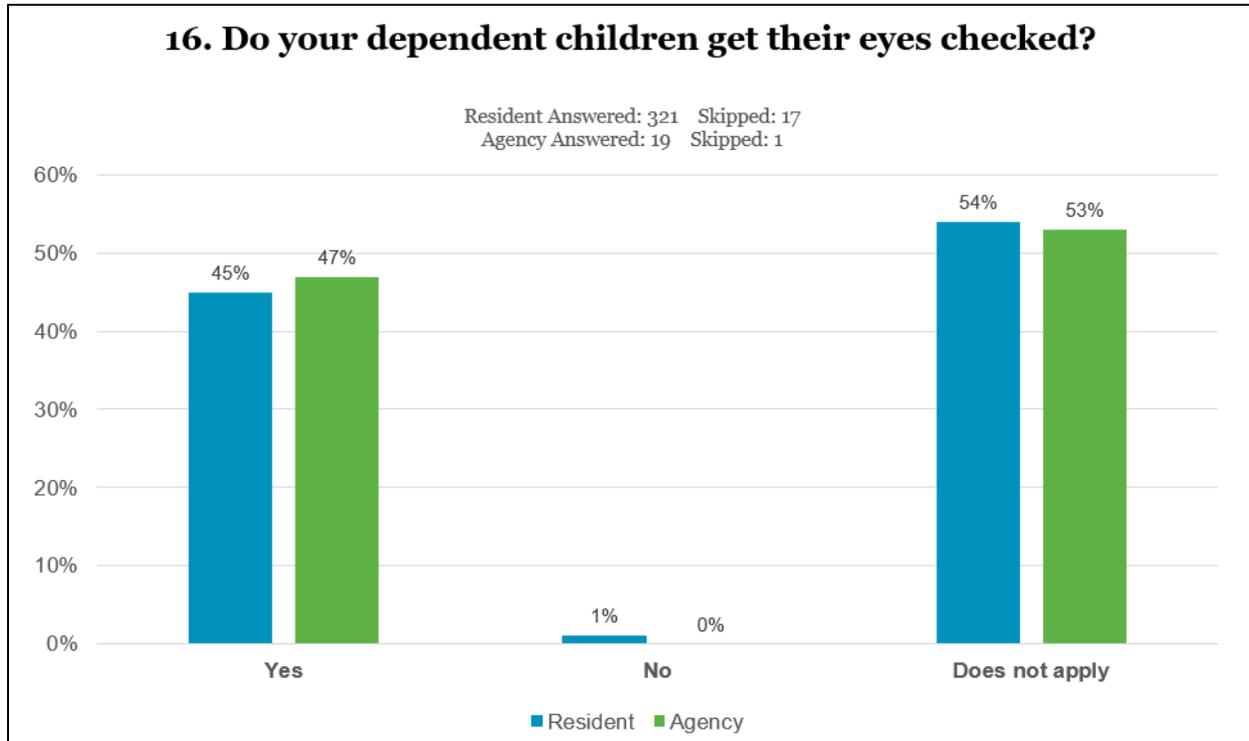
Bullying is not new to this list but is gaining prominence quickly, especially with the increased screen time. Online bullying is particularly hard to address. It is very hard to know how many predators lurk online and even harder to control them.



This is a positive response and a credit to parents, agencies, and communities.



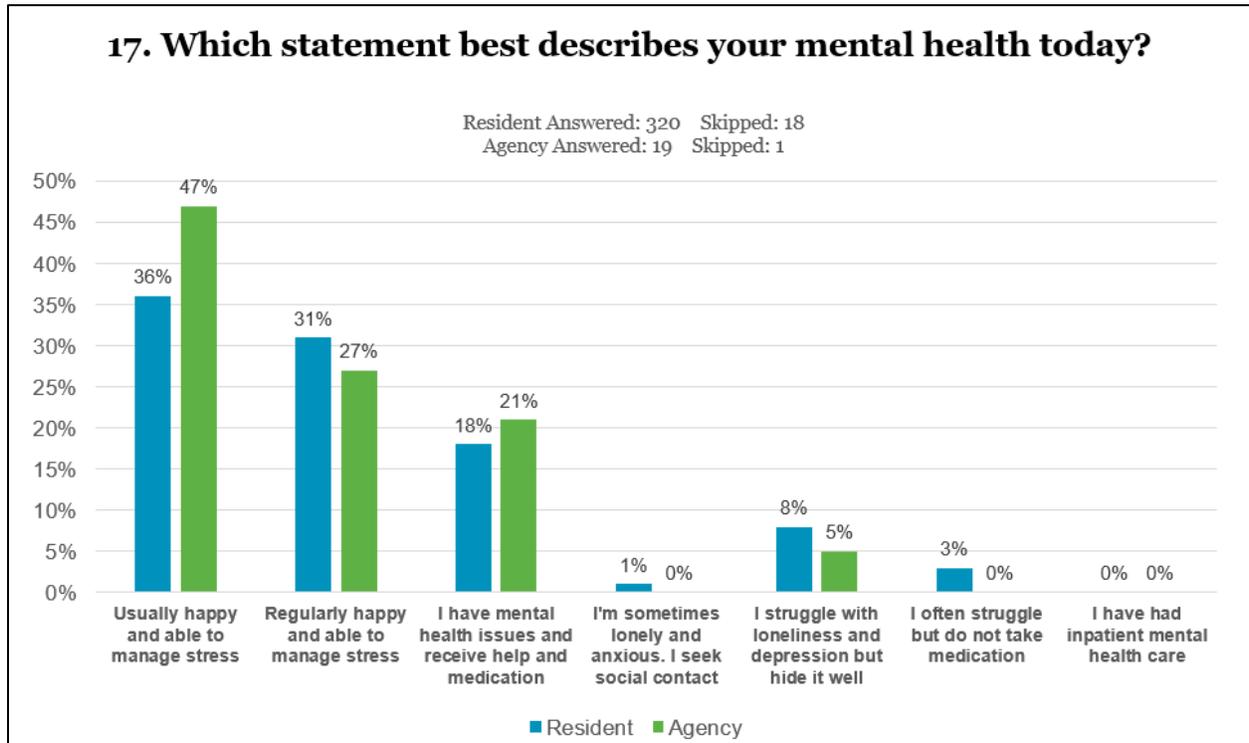
This response is positive as well. While most survey respondents have health insurance, they may not have dental or vision insurance.



As in Question 15, responses to this question may depend on the residents' insurance status. Eye exams and glasses are not covered under most healthcare policies.

The Iowa Child Vision Screening Program through the Iowa Department of Public Health is designed to provide a comprehensive vision screening for all students in kindergarten and third grade. Much of a child's learning is visual and the ability to see is critical for learning to read. Children who can't read by the fourth grade are at risk of being sidelined academically for the rest of their lives.

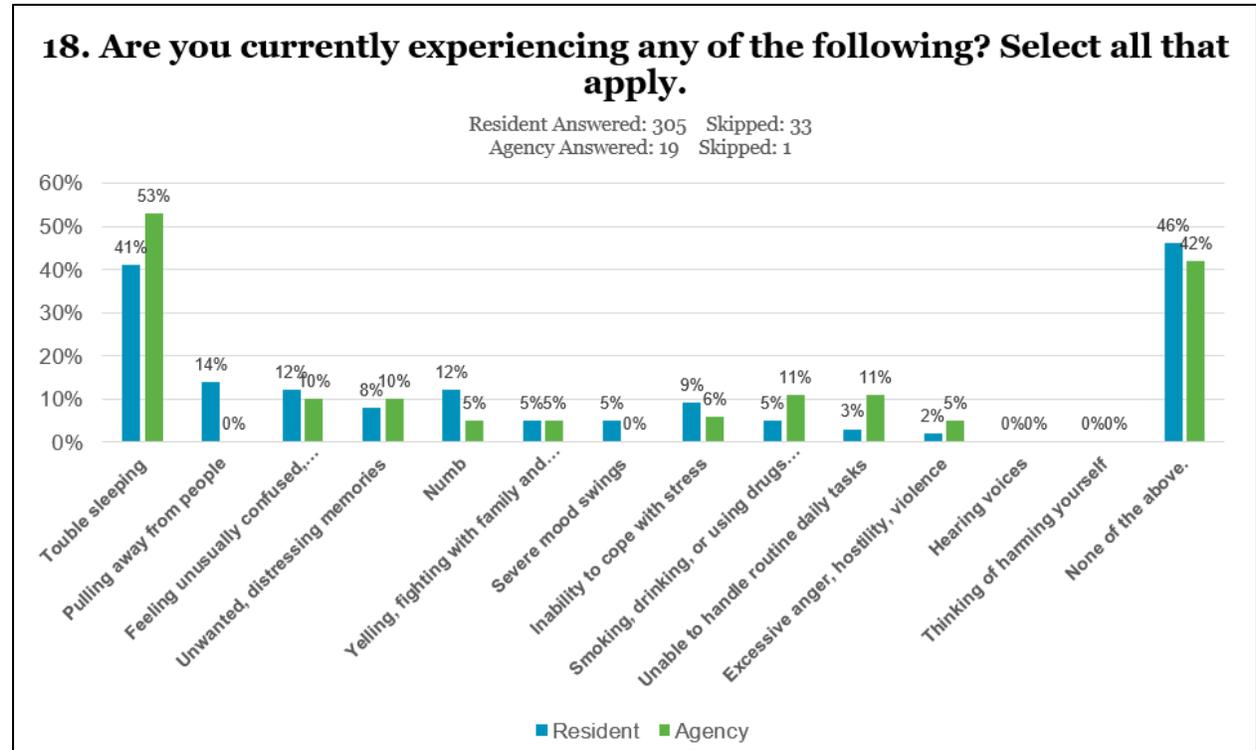
MENTAL HEALTH



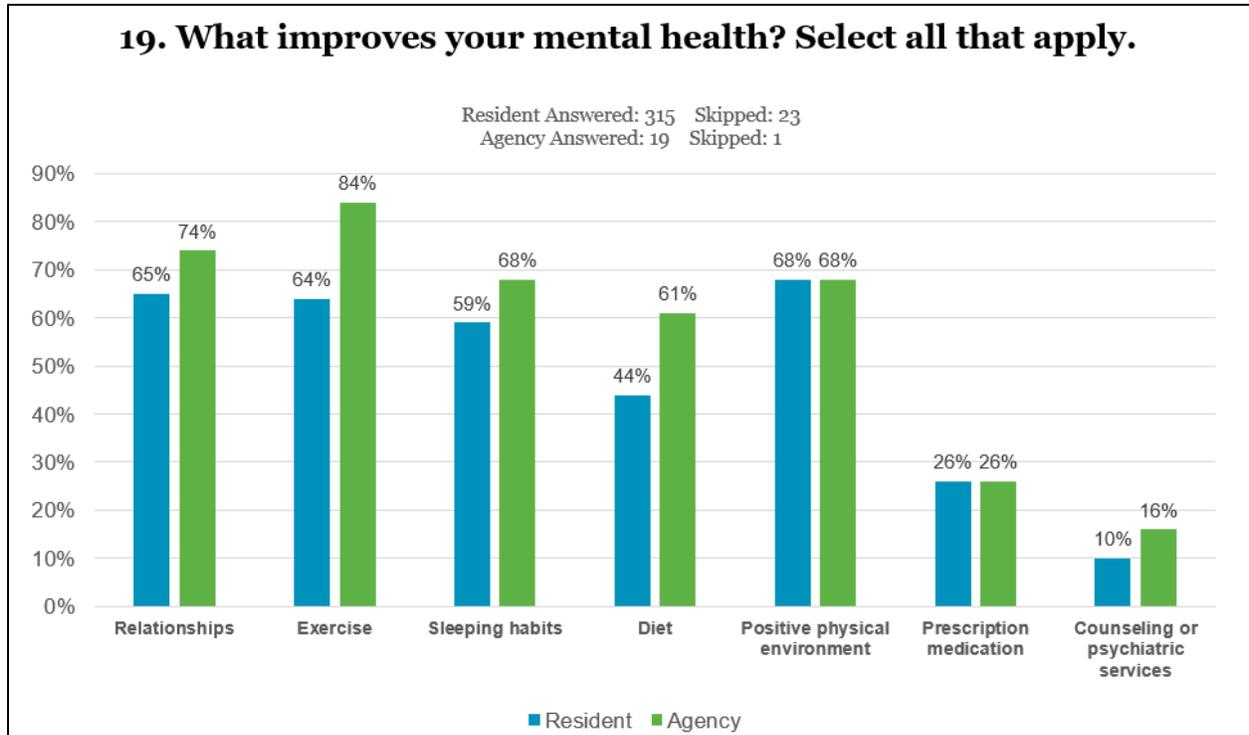
About 67% of residents and agencies indicated they generally are not dealing with mental health issues in their daily lives. National norms estimate one in five American adults will have one or more mental illness, and the respondents to this assessment are nearly one and a half times greater.

While the response of this assessment was consistent with the response pre-pandemic, the World Health Organization estimates the global prevalence of anxiety and depression increased by nearly 25%.

Mental illness still carries a powerful stigma. People do not want to admit their own issues, and they also don't want to share them with others. Mental illness often frightens family and friends, causing them to pull away as if it were contagious. Mental illness also carries the stigma of being something patients somehow bring on themselves or can cure on their own. Those common misperceptions push mental health patients and issues deeper into the shadows, away from effective treatment.

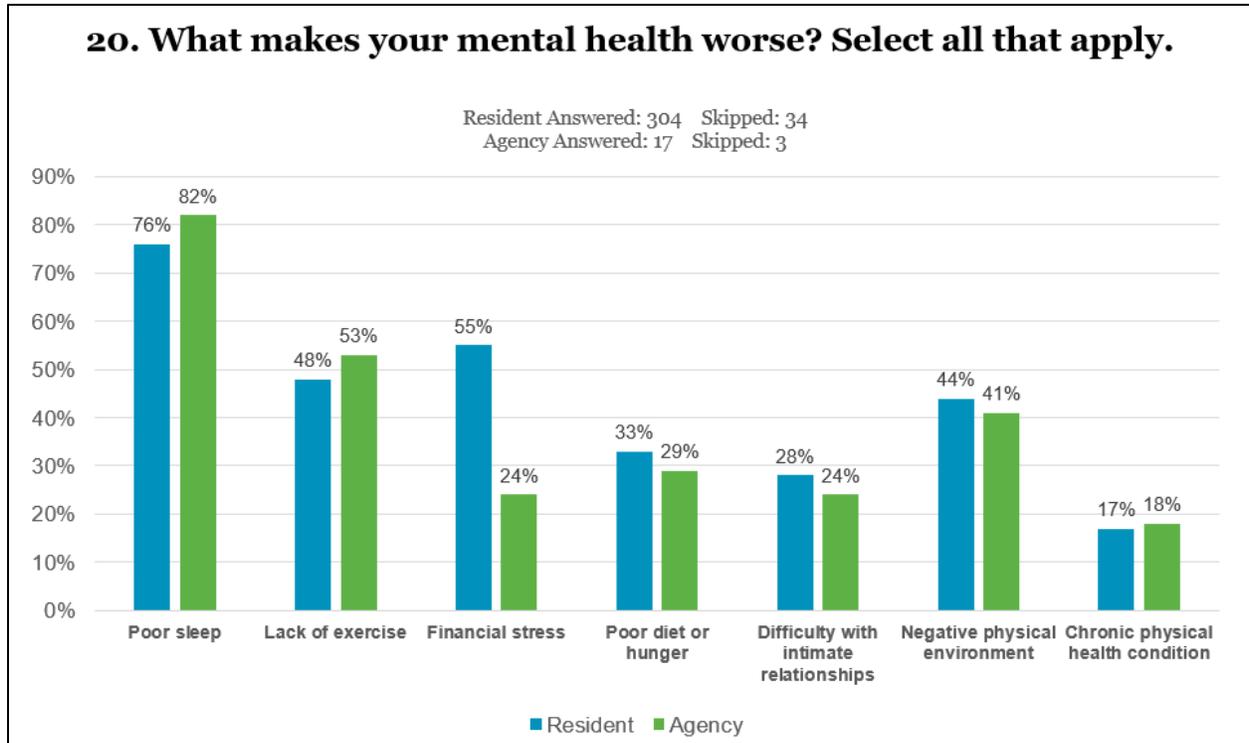


Among the top responses for residents that were experiencing symptoms were trouble sleeping, pulling away from people, and feeling unusually confused, forgetful, on edge, angry, upset, worried, or scared. These responses are often common signs of emotional stress which may be driven by too much work, too much screen time and too little time spent unplugged and free to recharge.



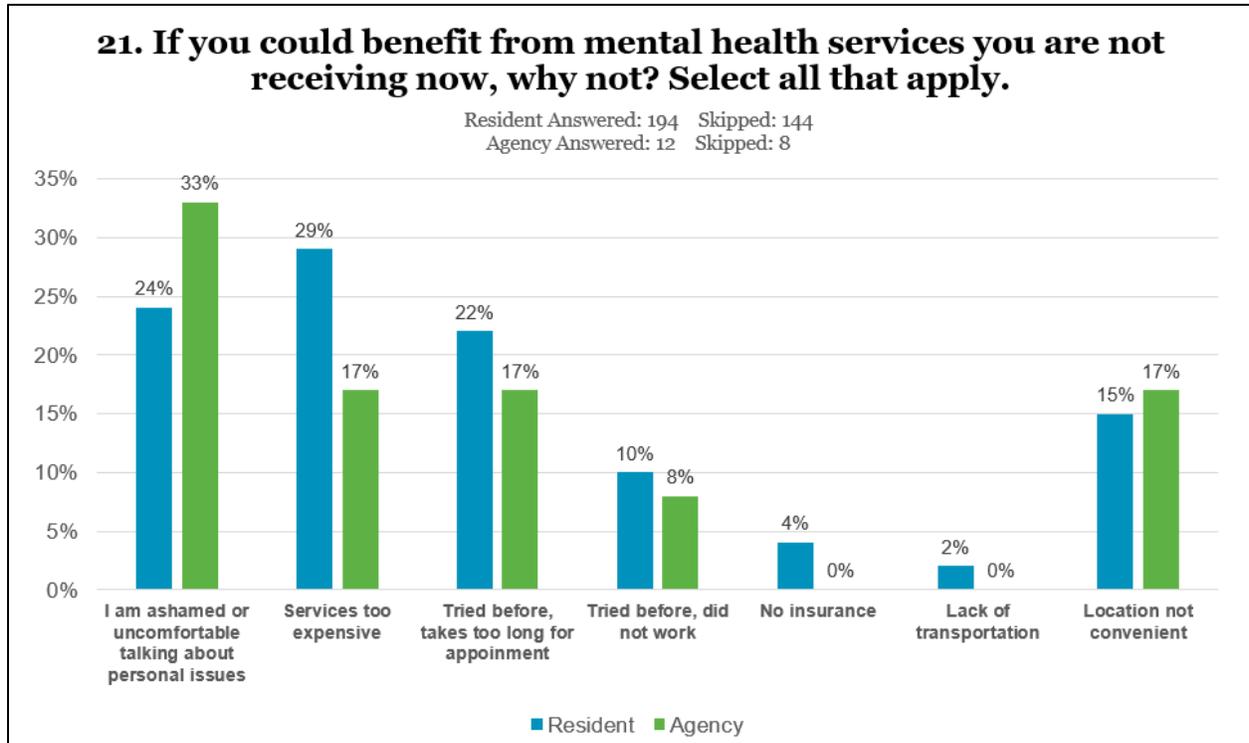
The correlation between resident and agency responses is strong here. None of these health activities are new or flashy. They are tested, reliable ways to re-center us around home, family, and our own needs.

These responses underline the social determinants of good health and healthcare. Respondents are saying that getting the basics right – family, friends, exercise, sleep, and diet – is generally more effective by far than medication or counseling alone. Humans need connections with other people to thrive. Things that bend those bonds stress us. Too much stress breaks us.



These responses validate the answers to Question 19. What makes our mental health worse is the absence of what makes our mental health better. The top five responses are the lack of things we all need: sleep, exercise, financial security, healthy diet, and relationships built on affection and trust.

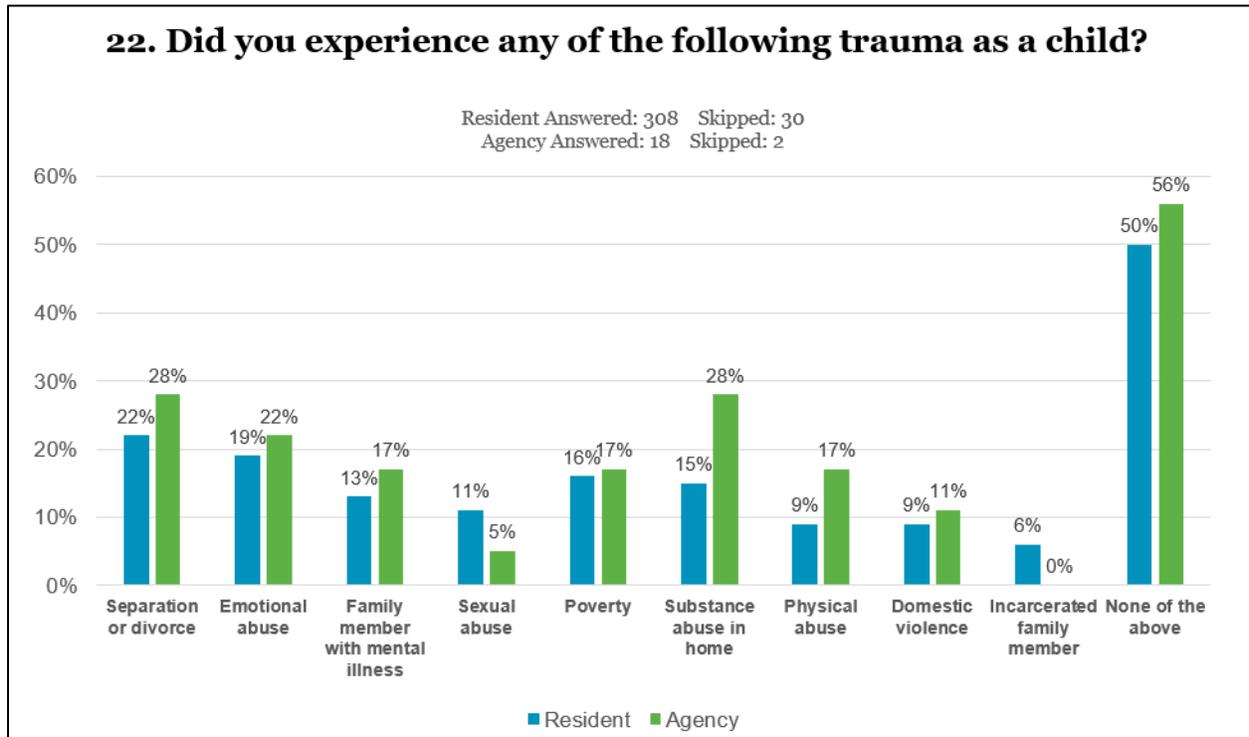
Chronic physical health conditions are frequently accompanied by mental health issues. When this occurs, the mental health concerns can get overlooked. Some physical health conditions drive mental illness. None make mental illness easier to treat. That’s why UnityPoint Health – Marshalltown is planning to co-locate mental health in primary care clinics. The best time to address both physical and mental health issues is while people are already in our clinics, talking with providers they trust.



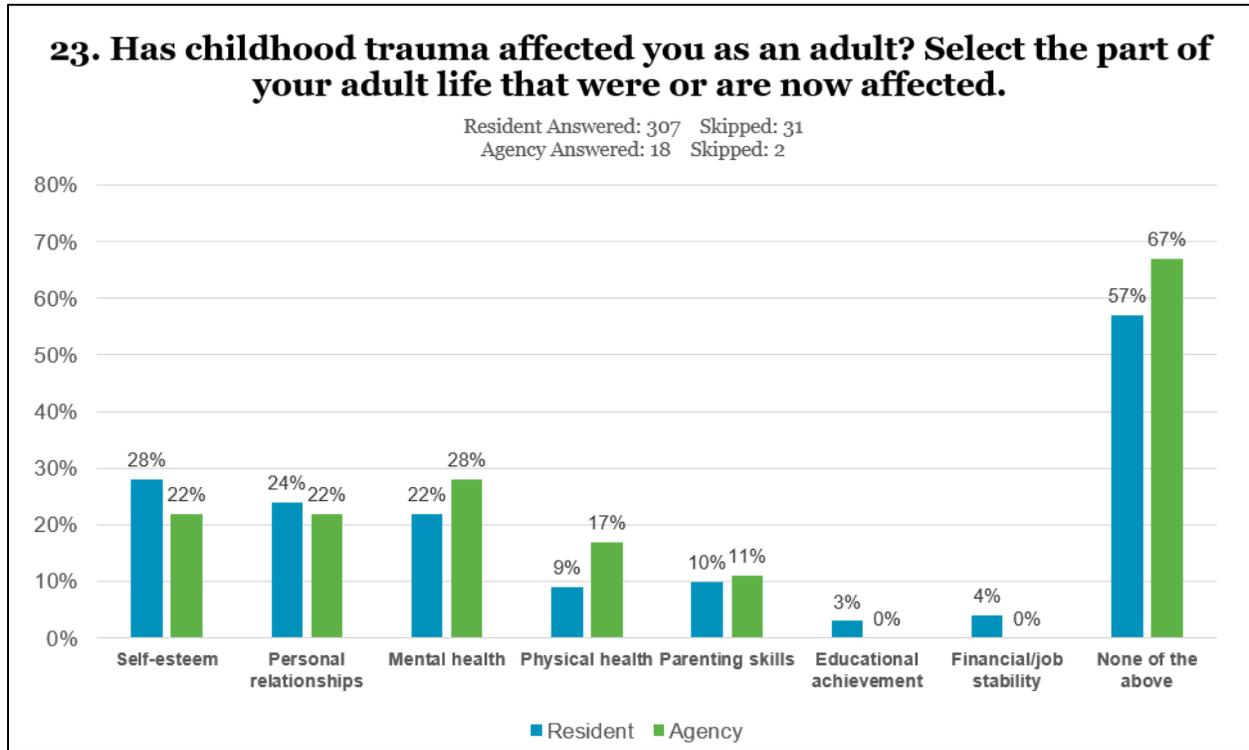
There was a decrease in the percentage of resident respondents that stated they didn't receive care out of shame or discomfort, approximately 24% compared to 11% in 2019.

Issues of cost and delay point to the enormous imbalance between the limited number of mental health providers and the large number of mental health patients needing prompt attention.

ADVERSE CHILDHOOD EXPERIENCES (ACES)

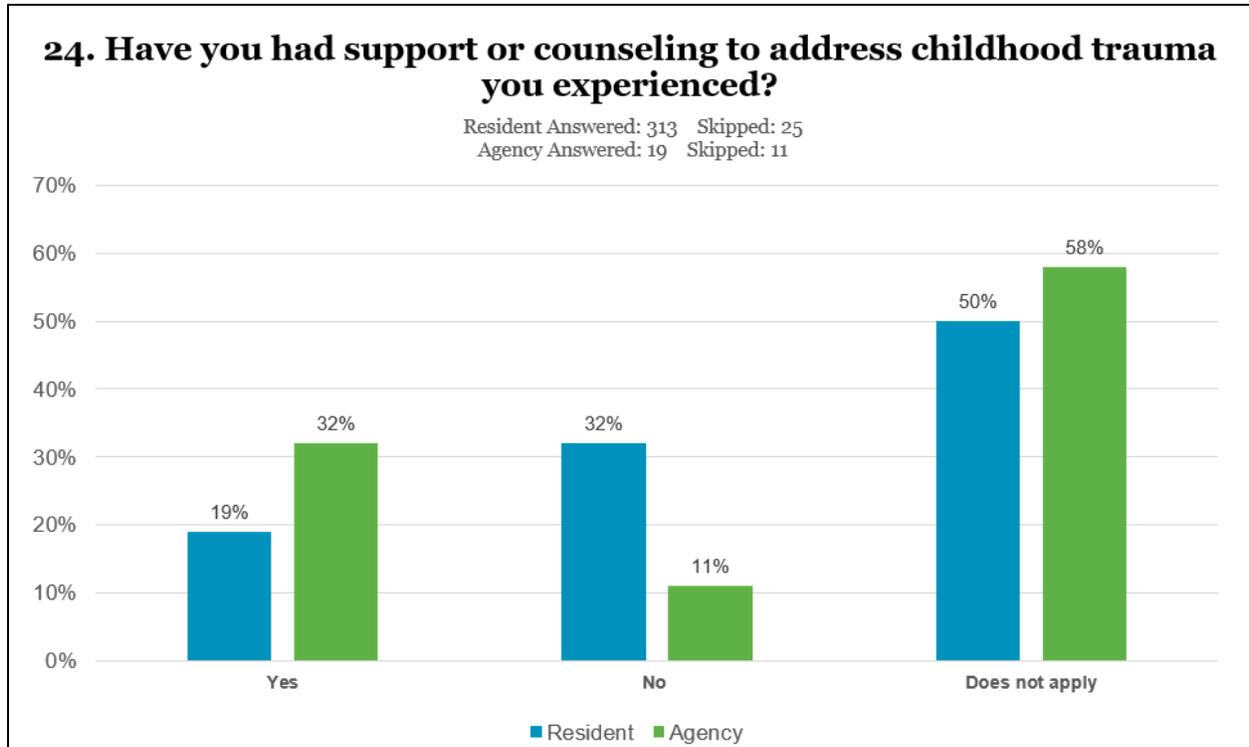


There is a strong correlation between adverse childhood experiences (ACES) and serious health problems when children become adults. The effects of these experiences are cumulative. Adults who have had zero or one ACE as children typically live longer, healthier lives than adults who have had multiple ACES. The negative effect of multiple ACES show up in middle age addictions, alcoholism, poor self-image, lack of self-control and chronic disease.



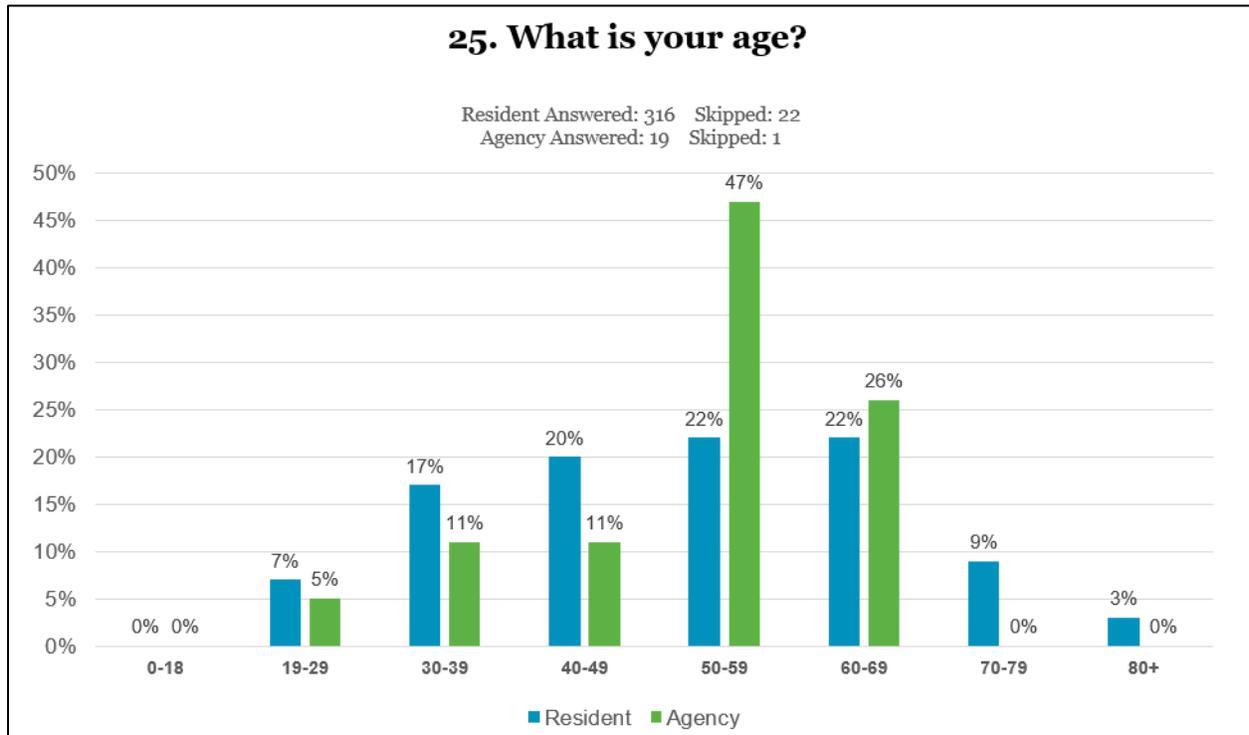
Majority of both residents and agencies indicate ACES have affected their self-esteem and personal relationships as adults. They also report ACES have affected their mental health.

Gathering and tracking ACES data can help communities identify and address ACES and help reduce or prevent generational cycles of negative behavior from repeating.

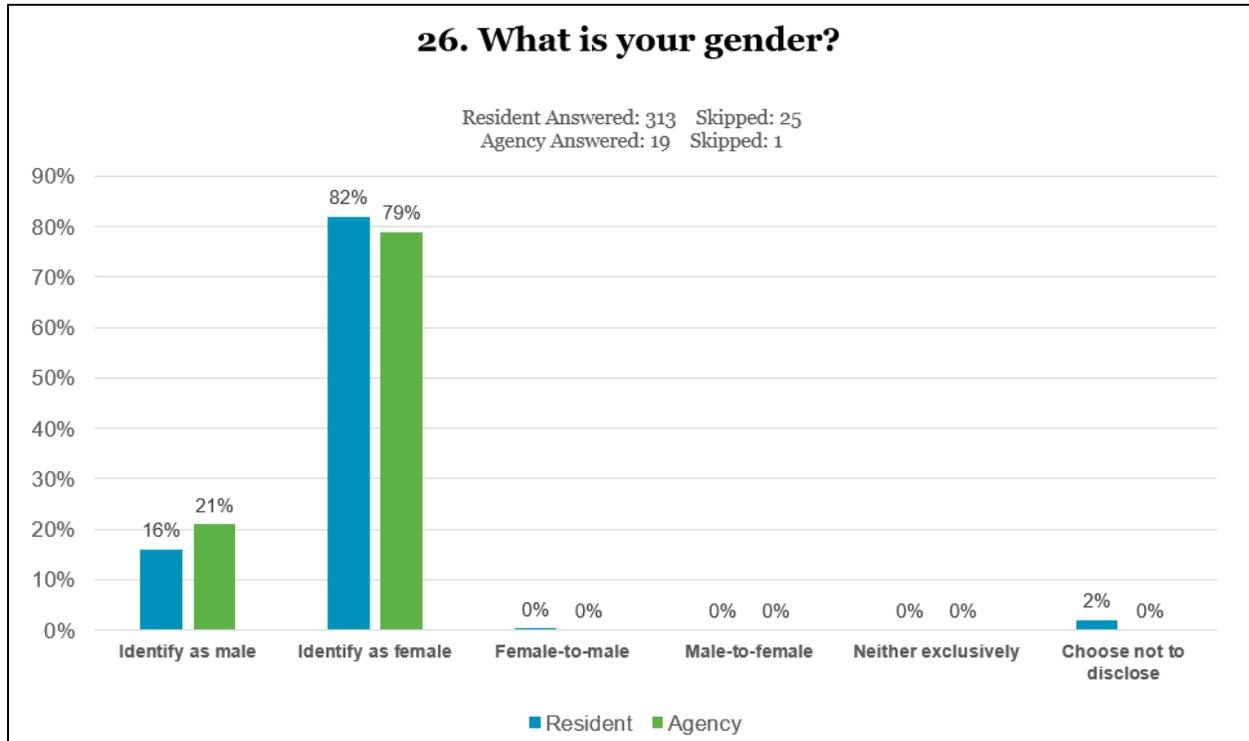


Nearly one third of the resident respondents that reported at least one ACES also reported seeking support or counseling. Communities and providers have enormous opportunity to improve population health by conducting and tracking ACES in students and acting on the results.

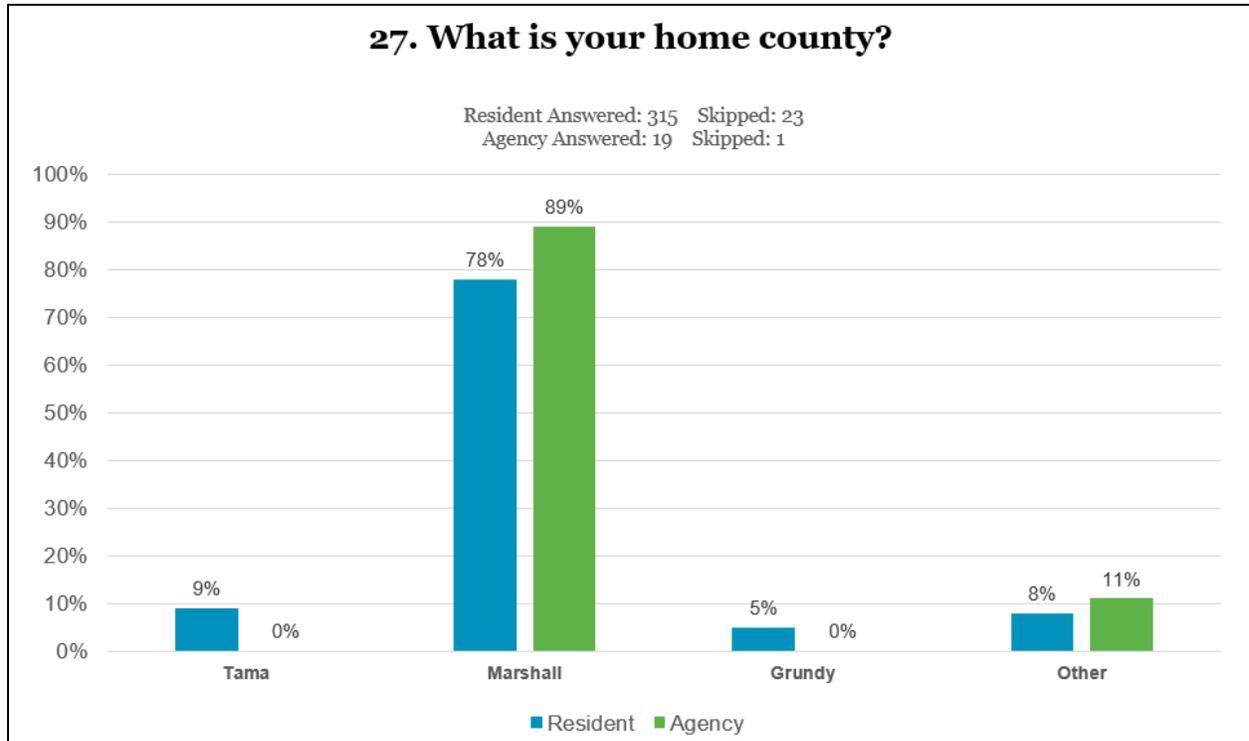
PARTICIPANT PROFILES



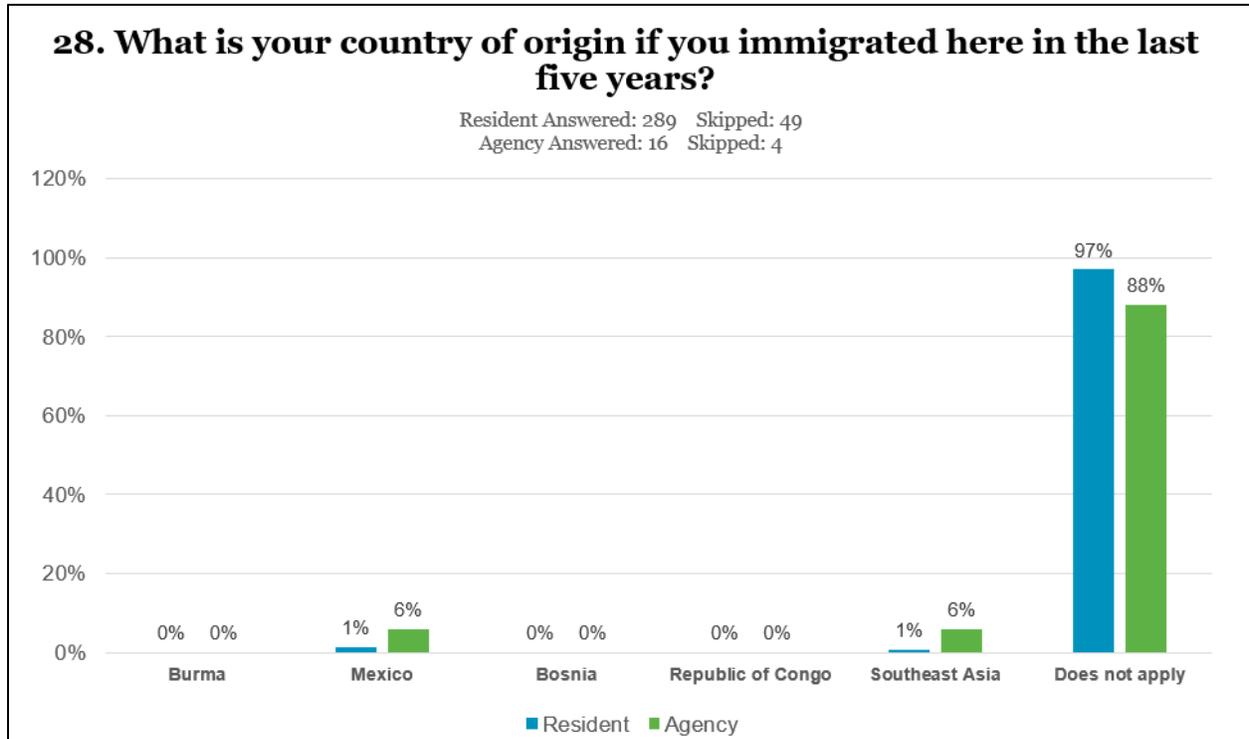
The participant age make-up of this survey is similar to those conducted in the past. Issues become more important as young people mature and raise children of their own. Healthcare becomes a priority for most adults once they reach middle age and a way of life for the elderly.



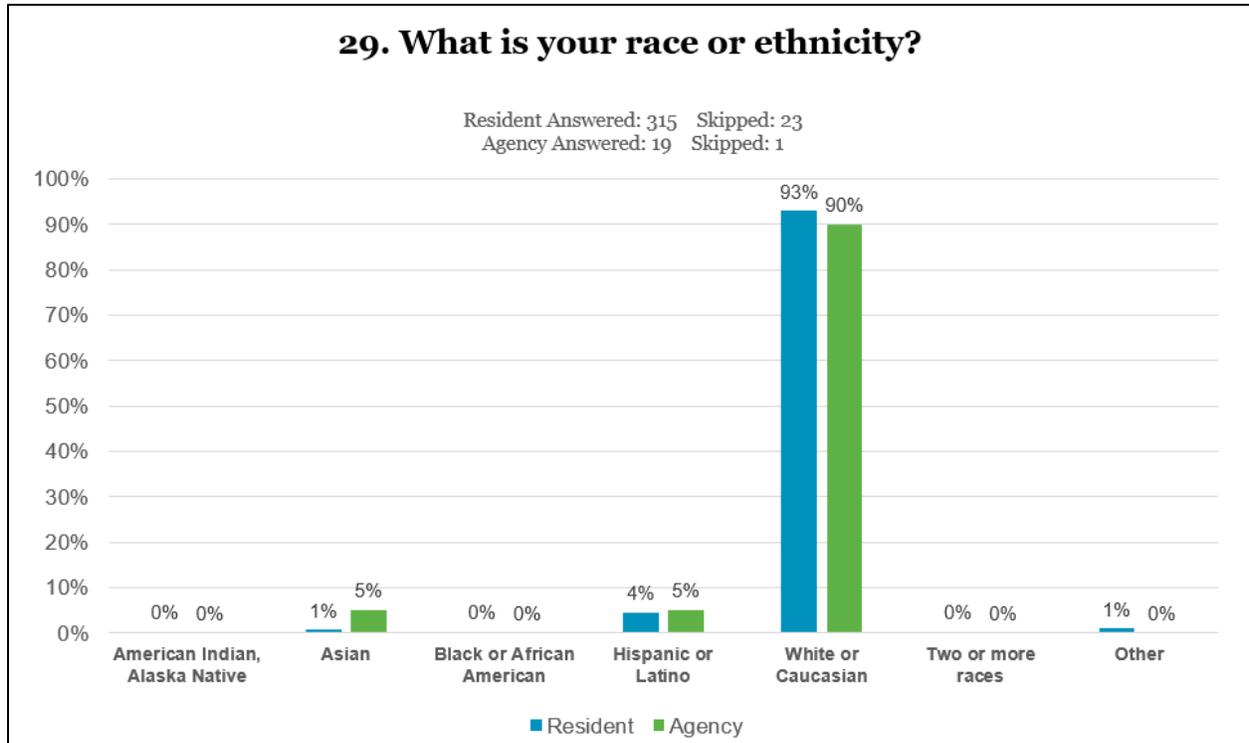
This is a valid gender distribution for healthcare issues. Women make a large majority of healthcare decisions for themselves and family members at all stages of life. Men are more apt to seek healthcare primarily for injury or illness rather than prevention, early intervention, or counseling.



Marshall County residents were the majority of respondents in the assessment. The agency may be based in Marshall County but serve a variety of surrounding counties.

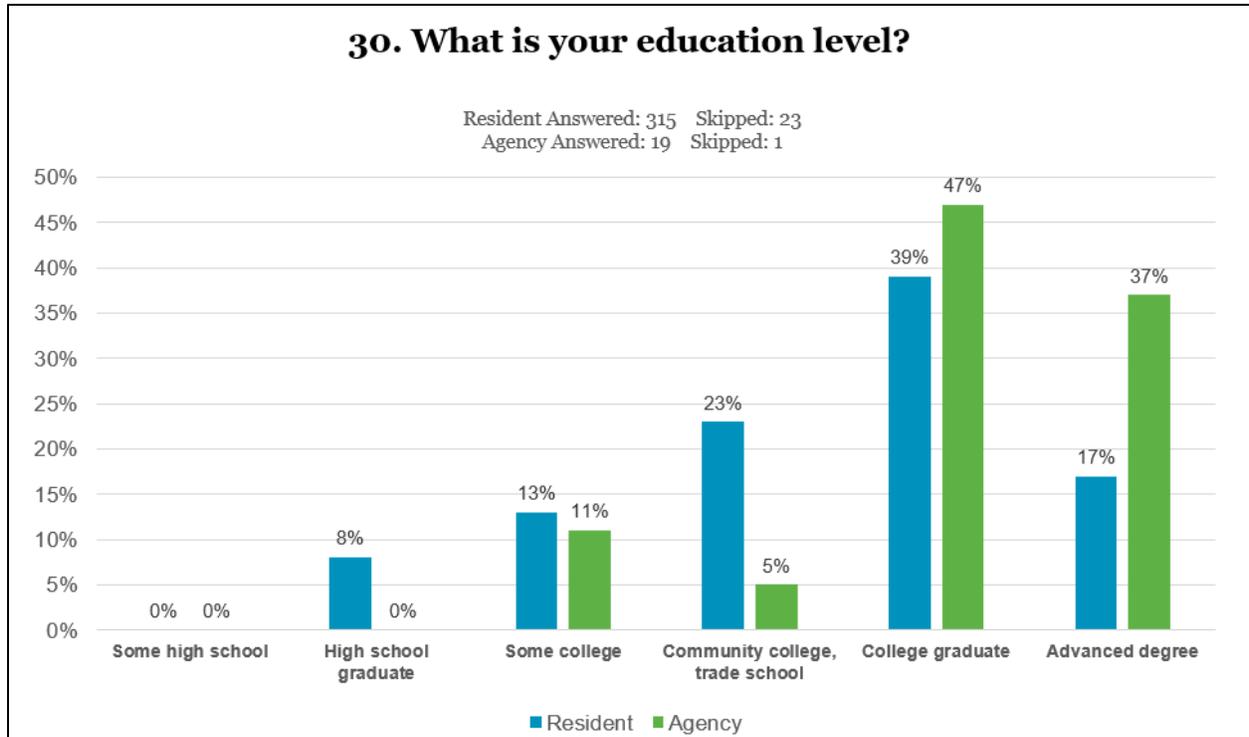


Marshall County has many immigrant populations, and they are under-represented in the survey. Immigrants face healthcare barriers, including health insurance coverage, financial resources, and low health literacy. Reaching these populations can be difficult, and it can be even more difficult for these populations to engage in surveys related to health needs.

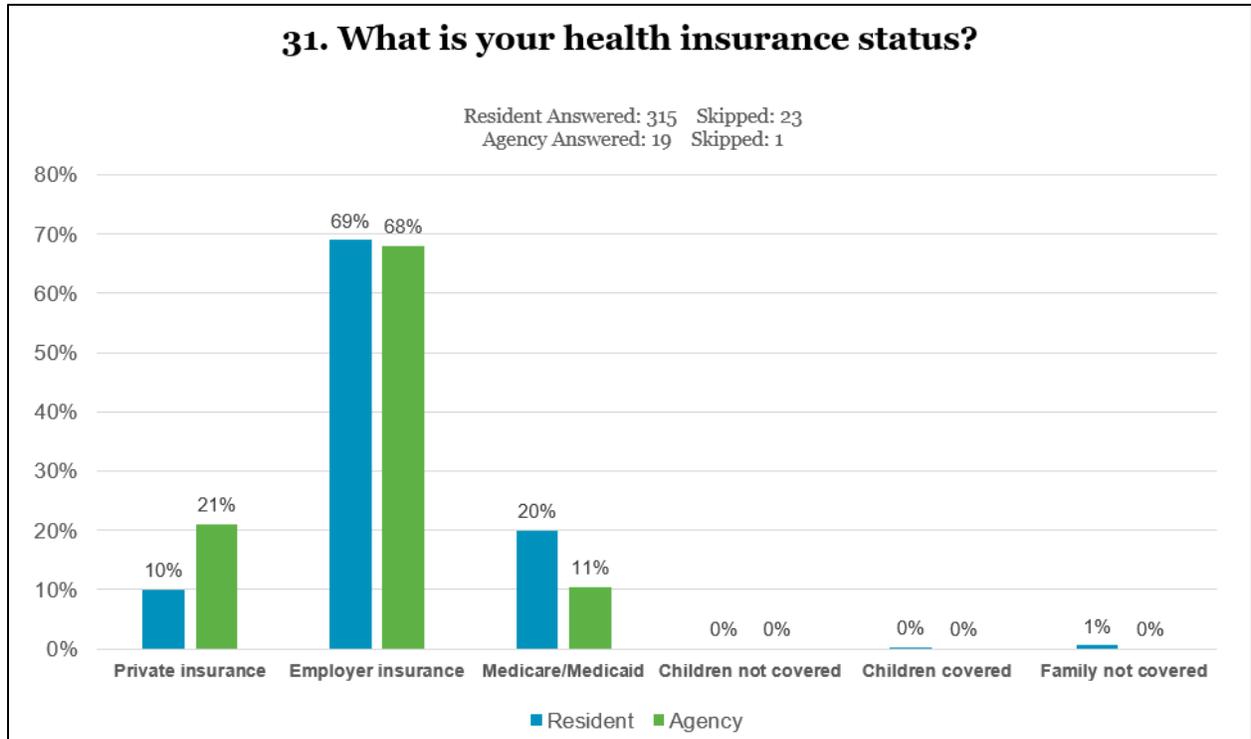


Non-white respondents are under-represented in this survey. Many black residents distrust healthcare and hospitals in general. Many Hispanic residents are reluctant to be surveyed in any way because of the relentless national focus on immigration and the concern the survey could target their identity or citizenship status.

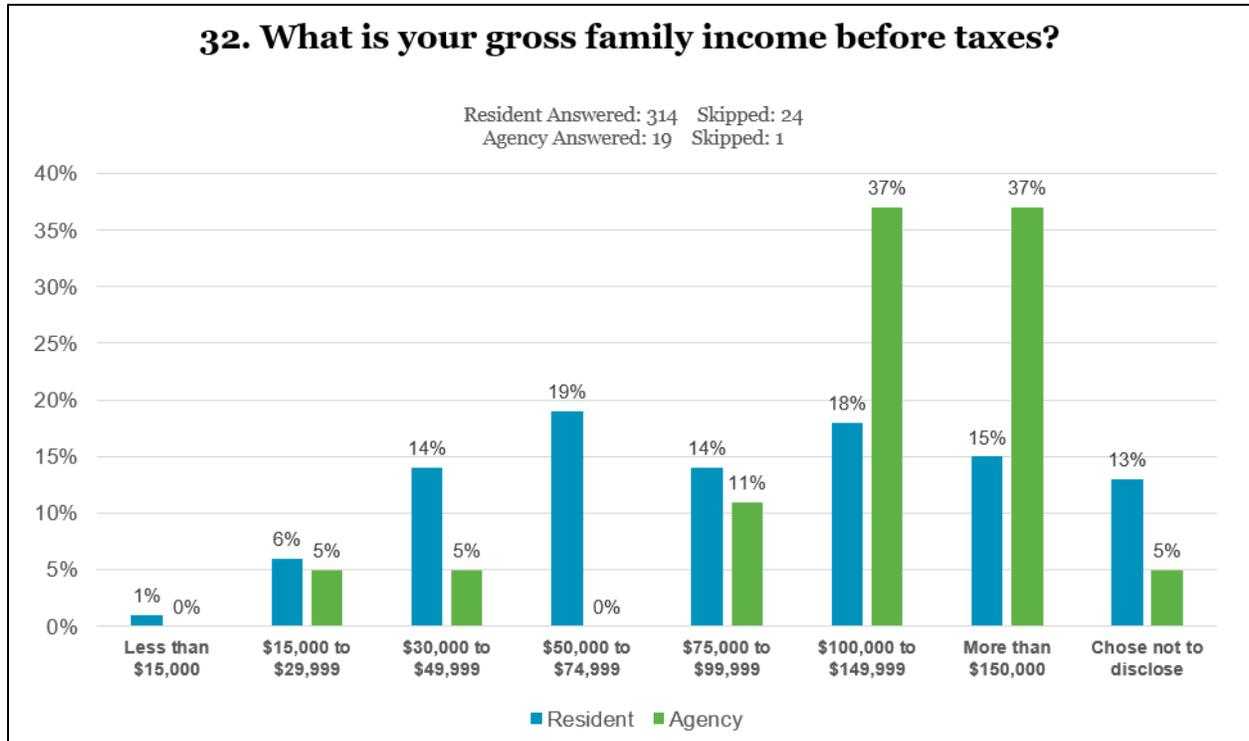
This is where agency responses make a difference. Agencies can help speak for those who cannot or will not participate in surveys themselves. Agency responses provide insider insight into community health needs based on direct experience.



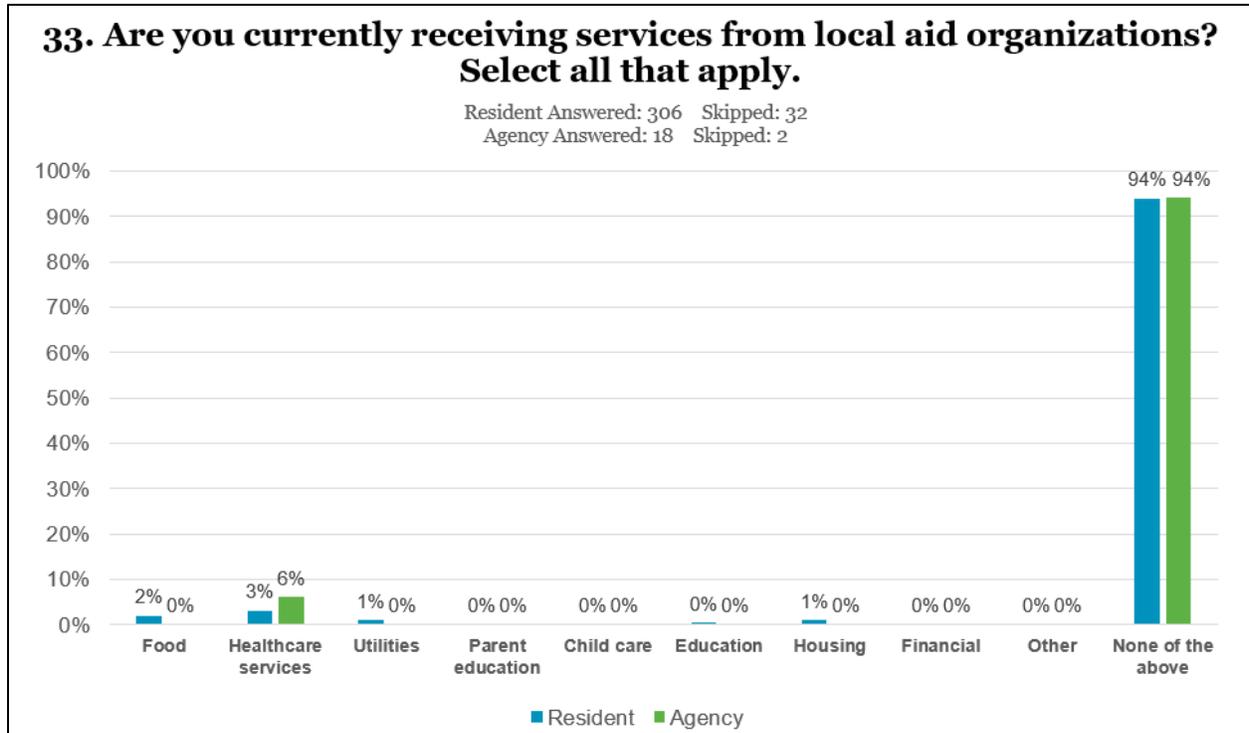
The education-level distribution is heavy on residents with college and advanced degrees. The distribution may also skew educationally upward because 23 residents chose not to reveal their status to this question.



This response distribution is similar to the statewide profile. In 2022, only 6% of Iowans had no insurance coverage, whereas the majority are insured through their employer.

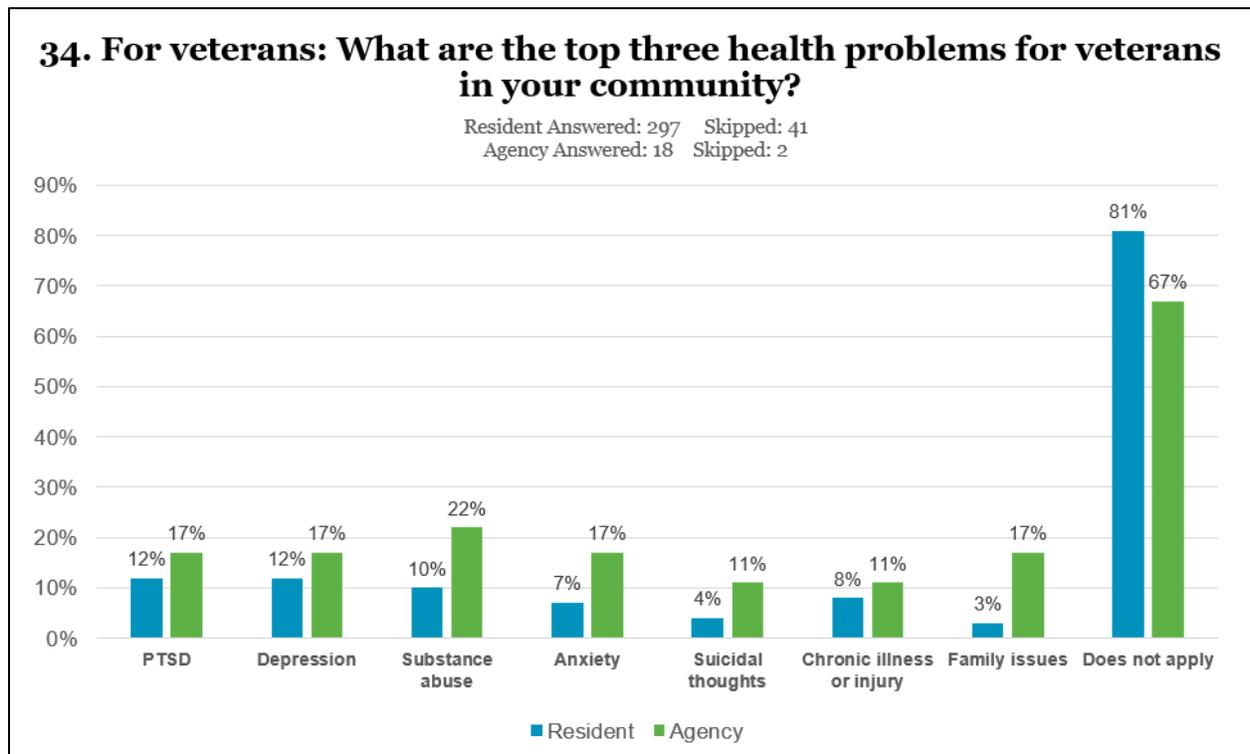


The income distribution reflects the higher education level of many respondents. The Census Bureau reports that the median household income in Iowa was \$61,836 from 2016-2020.

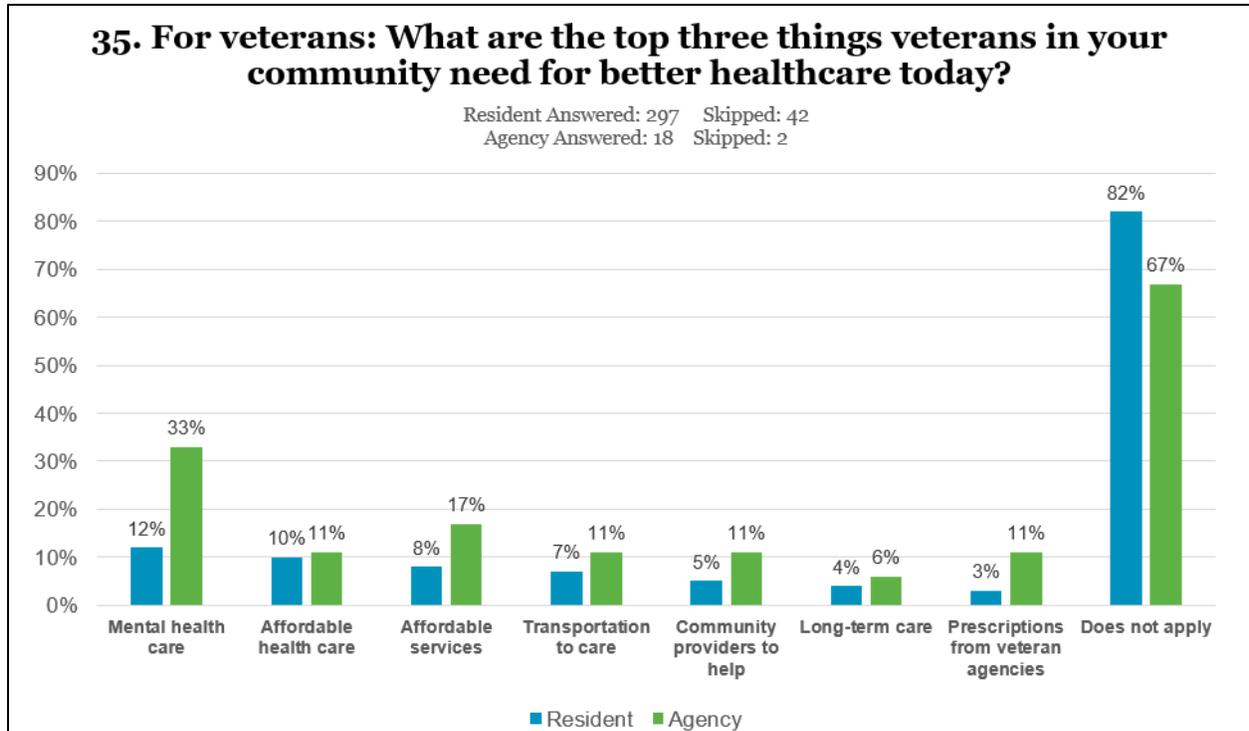


Only a small percentage of resident survey respondents reported received food, healthcare, and other forms of financial aid from local agencies which may also reflect the higher education, wage level, and insurance status of the respondents. The poverty rate for Iowa is around 11% and Marshall County is slightly lower at 10.1%. Agency response to this question is low, many of those that responded are the agencies providing the local aid.

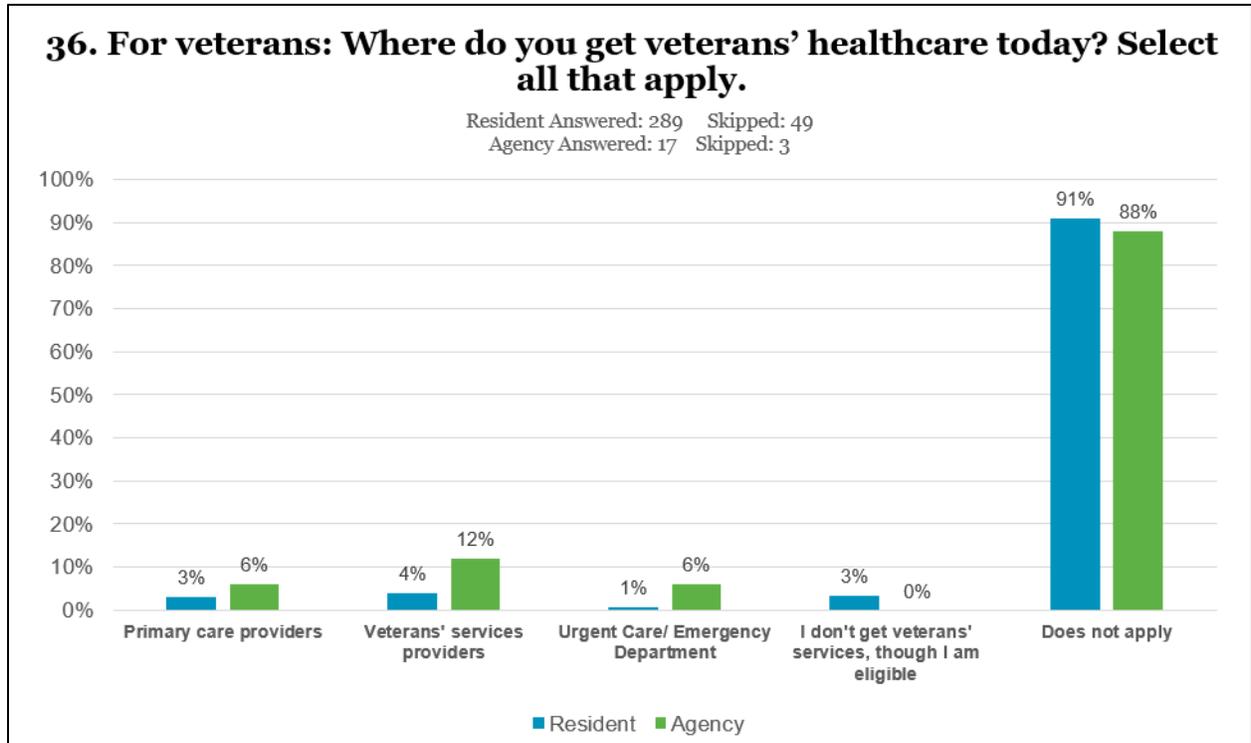
VETERANS' HEALTH



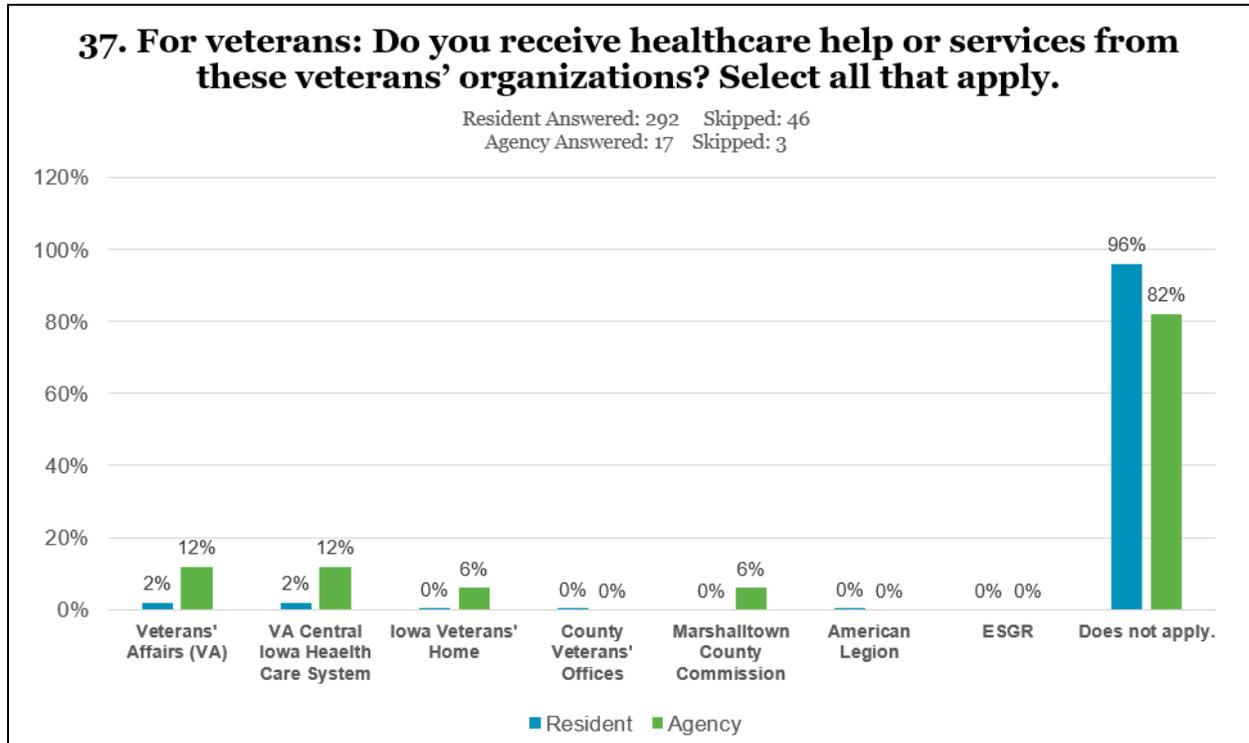
Questions 34-37 were set aside for veterans and agencies that provide services to them. Both sets of responses were remarkably consistent for large majorities of veterans: post-traumatic-stress disorder (PTSD) and depression. Anxiety, substance abuse, and suicidal thoughts afflict another third of veterans.



Mental health care, affordable health care and affordable services are at the top of the list for veterans’ needs in the community. The results are similar to the response in 2019.

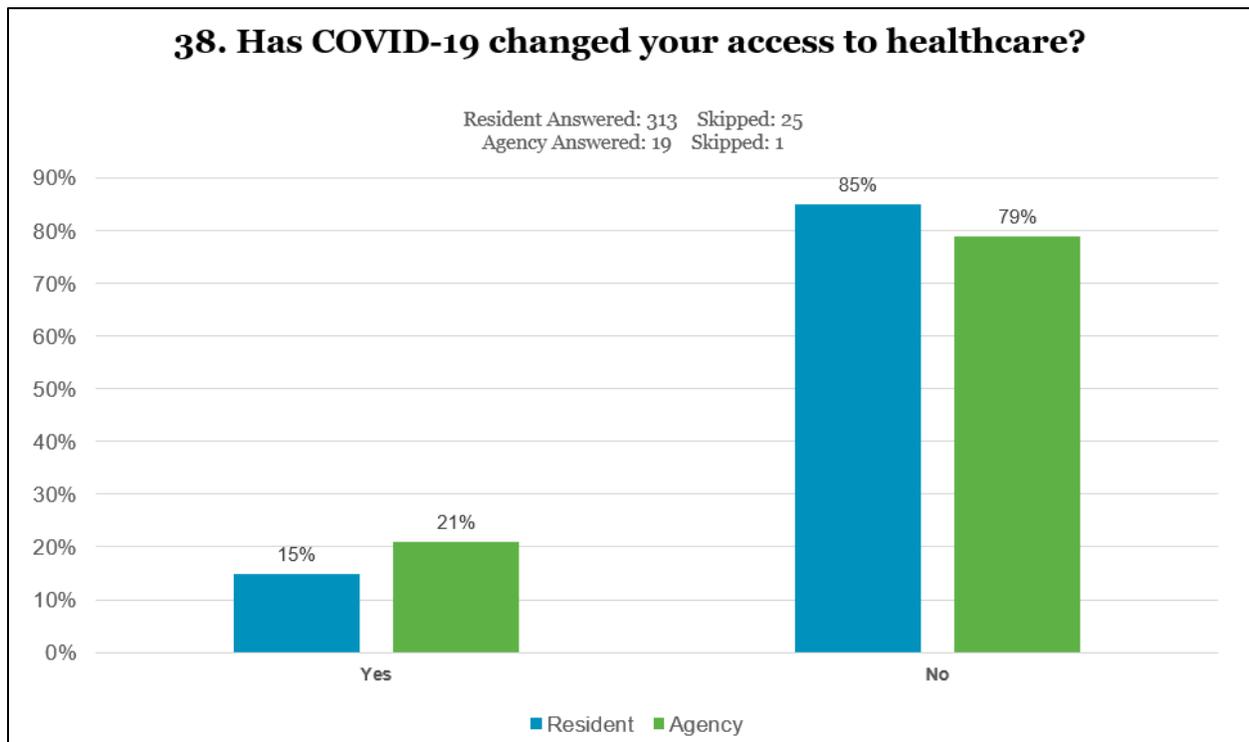


Like most of the community, veterans get services from several different sources. There are some veterans in this survey who do not get services for which they are eligible. The data does not tell us why.



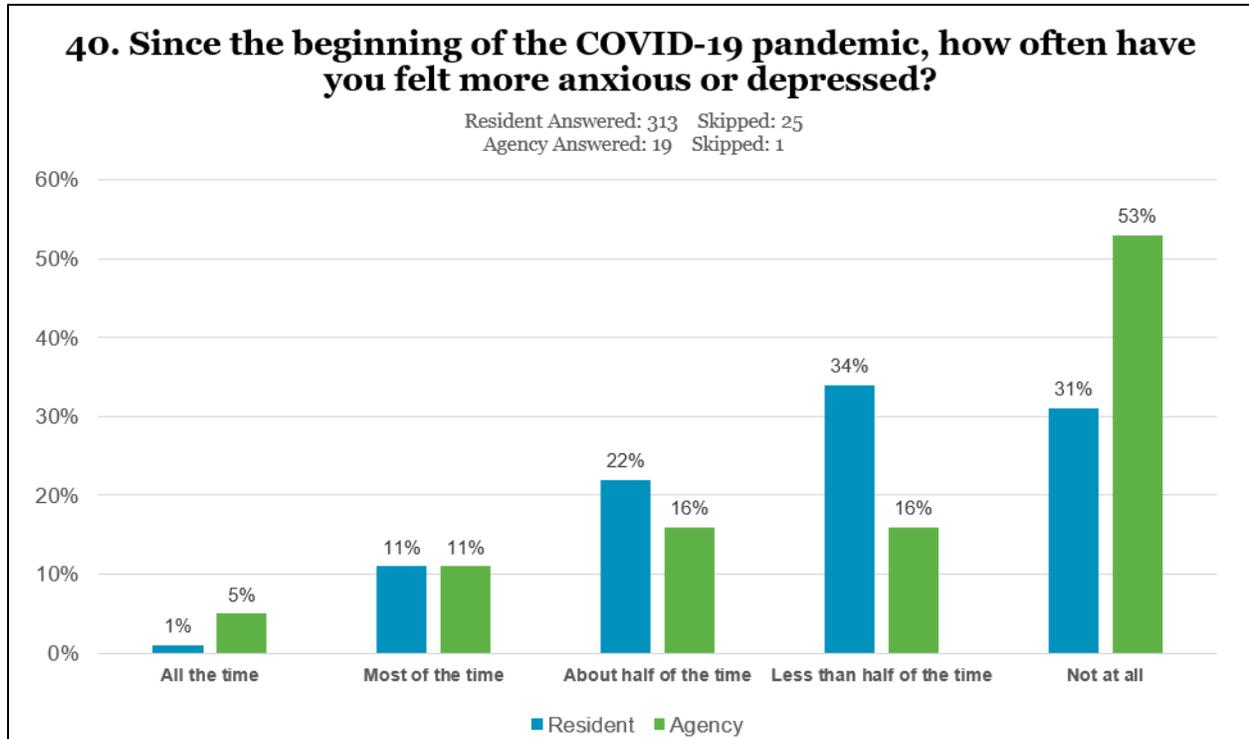
Residents' answers reflect individual choices. Agencies' answers identify where their clients seek veterans' services. Veterans Administration facilities lead both lists.

COVID-19



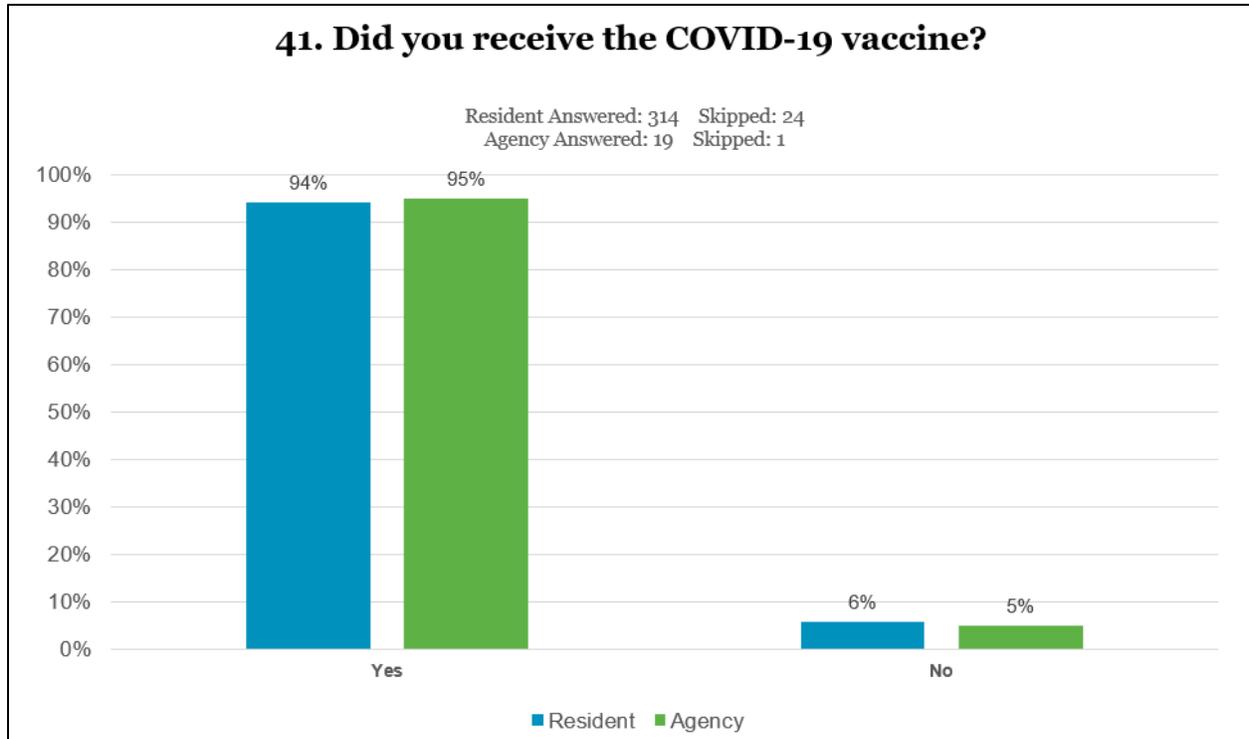
Question 38 asked residents and agencies if COVID-19 changed their access to healthcare. Question 39 asked “If yes, how has it changed?”

The written comments to Question 39 had themes such as limited appointment and increased wait times for Express Cares and primary care provider offices; stopped or reduced visits such as counseling, dental, and eye exams; fewer specialists and the length of time it took to get in was increased; postponed or cancelled elective procedures; and increased availability to telehealth.



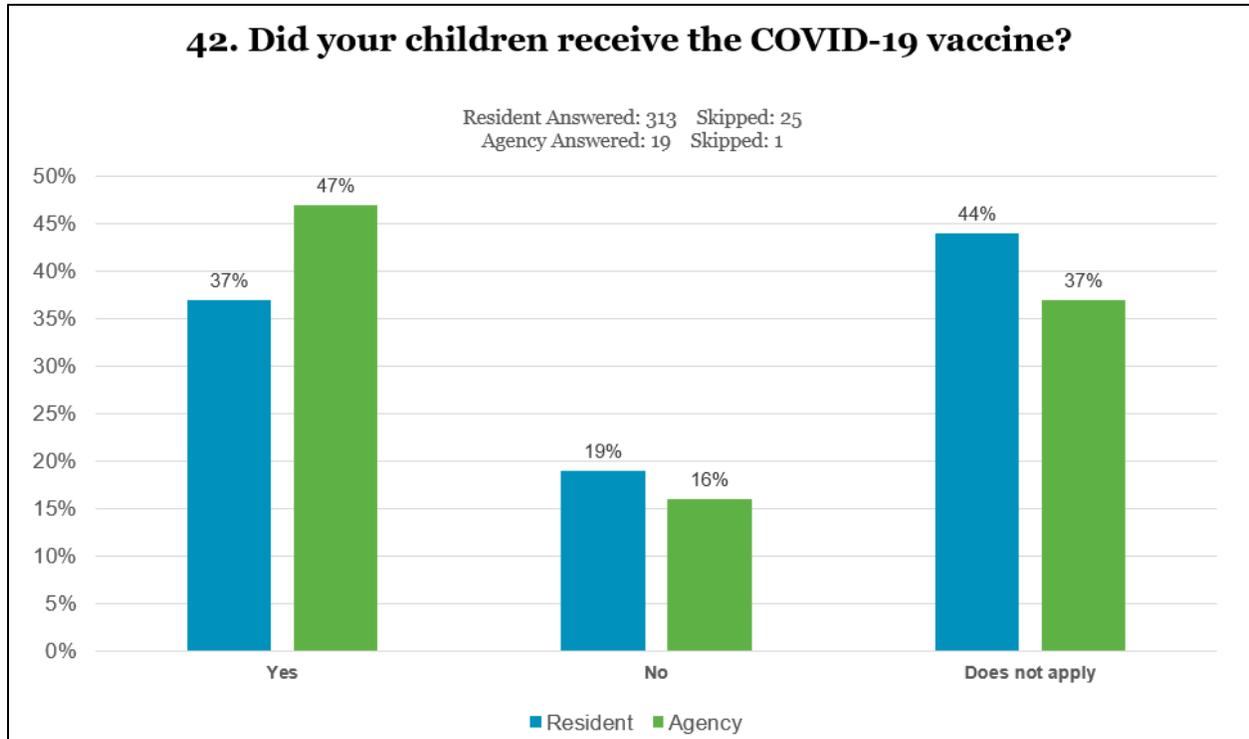
This survey was conducted nearly 2.5 years after the beginning of the COVID-19 pandemic. The effects are still felt for 34% of residents relating to increased feelings of anxiousness and depression.

The connection between mental health and healthy behavior was highlighted during the pandemic. Humans were isolated, staying at home, and many daily habits had to adjust. Sleep, physical activity, eating habits, alcohol and tobacco use, screen time, relaxation time, social interaction, and routine were all affected. COVID-19 had an impact on nearly every part of peoples' daily lives, as well as the health systems the community relied on.



The Iowa Department of Public Health reports that nearly 60% of all Iowans received the COVID-19 vaccine. Of the residents surveyed with this assessment, 94% received the vaccine.

According to the CDC, vaccine compliance was higher for females. Most of the respondents to this survey were females which may have positively impacted the data for this question.



More than half of the residents that Question 42 applies to reported that their children received the COVID-19 vaccine.

The CDC reports that everyone ages six months or older is eligible to receive the COVID-19 vaccine. Vaccine compliance rates are much lower among children than they are among adults.

V. Potentially Available Resources

Community health is inextricably tied to social health. UnityPoint Health - Marshalltown reaches out to identify the social determinants of healthcare and affect determinants in a positive way. We do that through ongoing partnerships, both formal and informal, with other organizations serving the community. Those partnerships are fostered by intentional, regular connection meetings with a variety of area healthcare providers like McFarland Clinic, Center Associates, Primary Health Care, SATUCI, Iowa Veterans' Home, and Marshall County Public Health. In addition, there are leaders from UnityPoint Health – Marshalltown serving on the Marshalltown Chamber of Commerce Board of Directors, the Youth Social Services Board of Directors, the Marshalltown Education Partnership, the Marshalltown Business Education Alliance, and the Community Foundation Board of Directors.

Healthcare organizations can be a rich and valuable community resource in ways not typically considered. Often the most effective way to help improve the community health status is to support other agencies and organizations in a variety of ways outside of health services. This is often done through cash or in-kind services to support other non-profits, donations of durable medical equipment and supplies to certain agencies, or through sharing leadership and educational expertise.

UnityPoint Health - Marshalltown and its foundation contribute financially to a wide variety of community organizations that address the broader needs of the community. These donations allow other non-profit organizations to fulfill their missions to improve the well-being of the community and contribute to its overall health status in ways that may differ from direct services of the hospital and maximize the resources other organizations have to work with. Our hospital employees are active in educating partners on a wide variety of health subjects that advance their work. Further, the hospital employees are members of many non-profit boards, providing leadership to address complex health issues. These types of activities speak to the breadth and capacity that the hospital has in impacting the health status of the community in a comprehensive, intentional way.

VI. Evaluation of Impact

The 2020-2022 community health needs assessment identified the following health needs: access to healthcare; access to mental healthcare; health education; personal exercise; personal nutrition.

The UnityPoint Health Marshalltown Board of Directors discussed five major health needs as well as other issues identified in the survey at the April 28, 2020 virtual board meeting. Directors then cast individual votes to decide which three needs to prioritize in the 2020-2022 community health needs implementation plan. No hospital has the resources to begin to address all the possibilities, so the Directors voted to emphasize

three community health needs: (1) access to healthcare, (2) access to mental healthcare, and (3) health education.

Access to Healthcare. These programs and initiatives have been added or expanded in 2020-2022 to help the community meet healthcare service's needs:

- Hospital campus move in April of 2022
- Opened new, convenient location for UnityPoint Clinic Express
- Started online check-in for outpatient procedures to make it easier to check in at home or on a mobile device compared to the full registration process at the hospital
- Began self-scheduling for mammography patients via computer or mobile device
- Introduced pharmacy delivery services to patients' homes
- Hosted COVID-19 Vaccine Clinics in multiple locations to increase vaccine access
- Drive up flu and COVID-19 vaccine clinics developed
- Added a physician to the UnityPoint Clinic Family Medicine team in the Marshalltown clinic in 2022
- Added cardiovascular surgery outreach, obstetrics and gynecology outreach, and dermatology outreach to the Multispecialty Clinic
- Provided EMS services at local high school athletic events, games, and tournaments

Access to Mental Healthcare. These programs and initiatives have been added or expanded in 2020-2022 to help the community meet mental health service needs:

- 4 beds in the new hospital Emergency Department designated for the safe management of patients in a mental health crisis
- Establishment of open working relationships with area mental health providers, which has enhanced communication and care continuity

Health Education. The programs and initiatives have been added or expanded in 2020-2022 to help the community meet health education needs:

- Produce and publish the LiveWell Magazine twice a year with health education information as well as education on where to go for care
- LiveWell Campaign, radio and print campaigns that share information from the magazine

- Added a Chronic Disease Navigator to the Care Management team to educate inpatients
- Implemented Sexual Orientation and Gender Identity (SOGI) Documentation to better support patients, patients can document information about sexual orientation and/or gender identity through a MyChart questionnaire
- Provided regular health education updates on UnityPoint Health Marshalltown social media channels including children and swimming safety, children in hot cars, drunk driving, injury prevention, trauma, fall prevention, and other public health issues
- Trauma classes taught to local EMS services in surrounding communities
- Year-long marketing campaign in 2020 focused on where to go for care and the differences between clinic, urgent care, and emergency care
- Donation of patient beds and overbed tables to Marshalltown Community College for their nursing and CNA programs

The 2023 – 2025 Community Health Needs Assessment was adopted by the UnityPoint Health – Marshalltown Board of Directors at its monthly meeting on December 13, 2022.

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VII. Additional Reading Links

Introduction:

City Population, USA, Iowa, <https://www.citypopulation.de/en/usa/places/iowa/>

Community Health:

Agency for Healthcare Research and Quality, Elements to Access to Health Care, <https://www.ahrq.gov/research/findings/nhqrdr/chartbooks/access/elements.html>

Iowa Public Health Tracking Portal, Obesity, <https://tracking.idph.iowa.gov/Health/Obesity>

Iowa Department of Public Health, May is Mental Health Awareness Month, <https://idph.iowa.gov/News/ArtMID/646/ArticleID/158460/May-is-Mental-Health-Awareness-Month#:~:text=Adult%20mental%20health%20was%20the,with%20a%20serious%20mental%20illness>

Iowa Department of Public Health, Radon Resources, <https://idph.iowa.gov/radon/resources>

Iowa Department of Public Health, Healthy Homes Healthy People, https://idph.iowa.gov/Portals/1/userfiles/197/BEHS/PDFs/healthy_homes_brochure.pdf

Personal Health:

Becker's Hospital Review, US Primary Care Physician Workforce per 100,000 capita, <https://www.beckershospitalreview.com/hospital-physician-relationships/primary-care-physician-workforce-by-state-california-has-the-largest.html>

American Dental Association, Resources, <https://www.ada.org/resources/practice/dental-insurance>

Time, only 23% of Americans Get Enough Exercise, a New Report Says, <https://time.com/5324940/americans-exercise-physical-activity-guidelines/>

Children's Health:

Delta Dental, Dentist by 1, <https://www.dentistby1.com/iowa/partners.html>

Iowa Department of Public Health, Iowa Child Vision Screening Program,
<https://idph.iowa.gov/family-health/child-health/vision-screening>

Mental Health:

World Health Organization, COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide, <https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide>

Participant Profile:

Statista, Health insurance status distribution of the total population of Iowa in 2021, <https://www.statista.com/statistics/238750/health-insurance-status-of-the-total-population-of-iowa/>

Centers for Disease Control and Prevention, National Health Statistics Reports, <https://www.cdc.gov/nchs/data/nhsr/nhsr169.pdf>

United States Census Bureau, QuickFacts Iowa, <https://www.census.gov/quickfacts/IA>

United States Census Bureau, QuickFacts Marshall County, Iowa, <https://www.census.gov/quickfacts/fact/table/marshallcountyiowa/PST045221>

COVID-19:

Mayo Clinic, COVID-19 and your mental health, <https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/mental-health-covid-19/art-20482731#:~:text=Information%20overload%2C%20rumors%20and%20misinformation,anxiety%20and%20depression%2C%20can%20worsen.>

Iowa Department of Public Health, Iowa Public Health Tracking Portal, COVID-19 Vaccine Data, <https://tracking.idph.iowa.gov/Health/Immunization/covid-19-vaccine/data>

Centers for Disease Control and Prevention, COVID Data Tracker, Pediatric Data, <https://covid.cdc.gov/covid-data-tracker/#pediatric-data>