



Marshalltown Hospital 2026-2028 Cycle

MARSHALL COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT



2026-2028 Community Health Needs Assessment

UnityPoint Health-Marshalltown

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I. Community Served by the Hospital

Marshalltown Hospital has provided exceptional healthcare services to central Iowa area since inception in 1914. At Marshalltown Hospital, our top priority is you — it's putting you in the center of everything we do. We understand who you turn to for health care is a choice. That is why we want to thank you for choosing us. Through our shared mission, vision and values, we show our people and communities how much they matter.

Our Mission

As health care evolves, our core purpose stays the same. Improving the health of the people and communities we serve is our mission today – and always.

Our Vision

Our vision, “best outcome, every patient, every time,” is our approach to providing exceptional care for each person who walks through our doors – no matter if they live in one of our small communities or large metro locations.

Our FOCUS Values

- **Foster Unity.**
- **Own the Moment.**
- **Champion Excellence.**
- **Seize Opportunities.**

The “U” stands for UnityPoint Health, a reminder that regardless of what town, hospital, clinic, or department someone is at, our team is united — through and through. Our values are more than just words on a wall. You can see and feel them every single day by how our team members show up for each other and the patients we care for.

The total population of Marshall County as recorded on the most recent census estimates in 2024 is 39,971 individuals. Population per square mile is 69 residents. There is nearly an even split between female and males in Marshall County. Forty nine percent are female and 51% are male. People under 18 years old represent 25% of the population while 18% are people 65 years and older. Most of the resident are white, 90.4% while Hispanic or Latino make up 7.3% and Black or African American make up 0.8%. Fourteen percents are foreign-born. In addition, over 2,649 are veterans. Marshall County is home to Iowa's Veteran's Home.

Owner-occupied housing makes up 735 of the population, with a median value of \$134,000. The median monthly mortgage is \$1,257 while the median rent in Marshall County is \$860.

Eighty-seven percent of Marshall County residents are high school graduates. Just over one-fifth (21.4%) have a bachelor's degree or higher. The median household income is \$72,785. Marshall County has 11.1% of residents living in poverty.

Of the 786 employer establishments in Marshall County, state and federal data report a limited number of minority owned businesses, consistent with Iowa's Targeted Small Business Program designations. U.S Census Bureau QuickFacts: Marshall County [U.S. Census Bureau QuickFacts: Marshall County, Iowa](#)

Marshall County is a diverse center of population, jobs, economic growth, and services in the market. Marshalltown, population is 27,591. Marshall County residents and agencies were most respondents to the assessment.

II. Community Health Needs Assessment Process

Collaboration and planning were initiated in October of 2024 for the 2026-2026 Community Health Needs Assessment Cycle. The Community Health Needs Assessment (CHNA) process was the result of a strong partnership among healthcare providers, public health professionals, educational institutions, social service organizations, community advocates, and local government representatives throughout Marshall County. Recognizing that community health outcomes are influenced by a broad range of social, economic, behavioral, and environmental factors, leaders from multiple sectors came together to guide the assessment process and ensure that community voices were reflected in the findings.

A steering committee was established to oversee the assessment and included representatives from UnityPoint Health-Marshalltown, Marshall County Public Health, Primary Health Care, Marshalltown Community School District, Mid-Iowa Community Action, Youth and Shelter Services, Northeast Iowa Area Agency on Aging, United Way of Central Iowa, CAPS, the Marshall County Attorney's Office, and Substance Abuse Treatment Unit of Central Iowa.

The diverse membership provided expertise across healthcare, education, behavioral health, social services, prevention, aging services, and community development.

The collaboration was initiated as part of UnityPoint Health-Marshalltown's required three-year Community Health Needs Assessment cycle. Although local public health agencies are required to conduct assessments every five years, community partners recognized the value of maintaining a more frequent assessment cycle to support collective planning and action.

Participants agreed that because their organizations serve the same residents through different systems, including healthcare, prevention, education, and social services, a coordinated approach would create a more complete understanding of community needs and priorities.

During the assessment process, partners reviewed survey findings and discussed the strengths and limitations of the data collected. Steering committee members

acknowledged that while the survey results aligned with community perceptions and existing trends, additional efforts were needed to ensure stronger representation from diverse populations throughout Marshall County. The group engaged in thoughtful discussion regarding future engagement strategies, including expanding paper survey distribution, conducting door-to-door outreach, leveraging trusted community leaders and community-based organizations, and engaging.

Members also explored opportunities to improve health literacy, increase accessibility for residents with limited internet access, and utilize incentives to encourage participation.

The collaborative review of survey data enabled community stakeholders to identify shared priorities and begin developing a coordinated response. Through discussion and consensus-building, the steering committee identified mental health, obesity, and substance use disorder as the community's most pressing health concerns. These priorities will serve as the foundation for the development of a Community Health Improvement Plan, which will outline evidence-based strategies, partnerships, and action steps to improve health outcomes across Marshall County.

The CHNA process demonstrates the community's commitment to collective impact and shared accountability. By bringing together organizations that regularly interact with residents in healthcare settings, schools, social service programs, public health initiatives, and community agencies, Marshall County has established a collaborative framework for understanding community needs and implementing meaningful, long-term improvements in health and well-being.

Continued focus on uniting partner organizations and people, creating the conditions for best health for community members and quality improvement. Steering Committee membership expanded to include more than 10 community partners. The Community Health Needs Assessment process was guided by an expanded Steering Committee consisting of more than ten community partners representing healthcare, public health, education, social services, behavioral health, law enforcement, and community advocacy organizations. Committee members included UnityPoint Health - Marshalltown, Marshall County Public Health, Primary Health Care, Marshalltown Community School District, Mid-Iowa Community Action (MICA), Youth and Shelter Services (YSS), Northeast Iowa Area Agency on Aging (NEI3A), the Marshalltown Police Department, United Way, CAPS, the Marshall County Attorney's Office, and Prairie Ridge.

These organizations collaborated throughout the assessment process, providing expertise, community insight, and guidance to ensure the assessment accurately reflected the health needs and priorities of Marshall County residents. UnityPoint Health - Marshalltown partnered closely with Marshall County Public Health (MCPH) and Primary Health Care (PHC) in the development, distribution, and promotion of the community survey.

To promote broad community participation and improve accessibility, the survey was translated from English into Spanish, French, Burmese, and Marshallese. Surveys were available electronically and in paper format to ensure residents could participate through a method most convenient for them. Paper copies were distributed and made available at UnityPoint Health - Marshalltown Hospital and Rural Health Clinics, Marshall County Public Health, Primary Health Care locations, and community outreach events throughout the county. These efforts helped reduce barriers to participation and encouraged input from diverse populations, strengthening the community-driven nature of the assessment process.

Press Releases, postcards and flyers, and social media posts were used to promote the survey.

To ensure broad community participation and equitable access to the Community Health Needs Assessment, the survey was made available in multiple languages reflective of the populations residing in Marshall County. Surveys were provided in English, Spanish, and French, and efforts were made to expand language accessibility further through collaboration with the Black Hawk County Public Health (BHCPH) translation team. A Burmese translation was also pursued to support residents whose primary language is Burmese.

While separate translations were not developed for Karen or Karenni speakers, community partners advised that many individuals from Burma are able to read Burmese regardless of their spoken language. Additionally, the need for a Chuukese translation was evaluated in consultation with community health workers. Given the linguistic similarities between Chuukese and Marshallese, and ongoing efforts to provide materials in Marshallese, community partners determined that a separate Chuukese translation was not necessary at this time. These translation efforts were intended to reduce language barriers, increase survey accessibility, and ensure that the assessment captured perspectives from the diverse populations that make up the Marshall County community.

III. Community Input

Residents throughout the area were invited to participate. A total of 364 community surveys were completed as part of the Community Health Needs Assessment process, representing an increase from the 338 surveys completed during the previous 2023 assessment cycle. Survey respondents represented a broad range of age groups, with age distribution reflecting the overall adult population. The majority of respondents were female (78.2%), which was slightly lower than the 82.0% female participation rate reported in the previous assessment cycle. Most respondents (93.9%) identified Marshall County as their county of residence, ensuring that survey findings reflected the perspectives of the local community. Among respondents who reported race and ethnicity, 90.4% identified as White, 7.3% as Hispanic or Latino, 1.9% as Asian, 0.8% as American Indian or Alaska Native, 0.8% as Black or African American, 0.8% as Native Hawaiian or Other Pacific Islander, and 0.8% identified as another race or ethnicity.

Country of birth data indicated that 94.3% of respondents were born in the United States, while 3.0% were born in Mexico, 1.5% were born in Burma, and 1.1% reported being born in another country. These demographic characteristics provided valuable insight into the diversity of the respondents and helped ensure that community health priorities were informed by the experiences and perspectives of residents representing a variety of backgrounds, cultures, and life experiences. The demographic characteristics of survey participants provided valuable insights into community perceptions of health needs, priorities, and barriers to achieving optimal health and well-being.

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.

IV. Finding Prioritized Significant Community Health Needs

The Community Health Needs Assessment (CHNA) process identified seven significant health needs affecting residents of Marshall County. These priorities emerged through the analysis of community survey responses, stakeholder feedback, and local health data collected during 2024. The most frequently identified health concerns were mental health, obesity, substance use disorder and substance abuse, aging and disability, diabetes, cancer, and heart disease and stroke. These findings reflect both the health conditions impacting residents and the community's perception of areas requiring the greatest attention and resources.

In addition to identifying specific health conditions, community members were asked to identify the factors they believe are most important for creating a healthy and thriving community. The top responses included access to healthcare, affordable and safe housing, and jobs and a healthy economy. Other factors considered important by respondents included access to nutritious foods, safe neighborhoods, a clean environment, a fair and just community, transportation, childcare, and health literacy. Compared to previous assessment cycles, access to healthcare remained a leading concern, while affordable housing emerged as an increasingly important issue. Access to nutritious foods ranked fourth overall, and respondents from lower-income households and some populations born outside the United States more frequently identified a clean environment as a key contributor to community health and well-being.

The assessment also examined trends across prior Community Health Needs Assessment cycles. In both 2019 and 2025 assessments, mental health, obesity, and substance abuse were identified among the top health concerns, demonstrating the continued significance of these issues within the community. While the 2022 assessment emphasized access to healthcare, access to mental healthcare, and health education, the most recent results suggest a growing concern regarding behavioral health challenges and chronic disease risk factors. These recurring themes highlight persistent needs that continue to affect quality of life, health outcomes, and overall community well-being.

Following review of all assessment findings, UnityPoint Health - Marshalltown evaluated each identified need based on community concern, prevalence, severity of impact, health equity considerations, available resources, partnership opportunities, and the organization's ability to make a meaningful difference. While recognizing the importance of all identified needs, the hospital also acknowledged that no single organization has sufficient resources to address every issue simultaneously. Therefore, priority was given to areas where targeted investments and collaborative community action could have the greatest impact.

V. Evaluation of Impact

During the 2023-2025 implementation cycle, UnityPoint Health - Marshalltown continued to invest in expanding access to high-quality healthcare services throughout its service area. Efforts focused on improving the availability of care, strengthening the healthcare workforce, and increasing access points for patients in both urban and rural communities.

Significant investments were made in rural primary care clinics, including the development of the UnityPoint Clinic Family Medicine - Conrad clinic and facility improvements at UnityPoint Clinic Family Medicine - Tama Toledo. These enhancements improved access to primary care services closer to where patients live and work. In addition, UnityPoint Health - Marshalltown strengthened relationships with healthcare providers, community organizations, and referral partners to improve care coordination and facilitate timely access to needed services. The organization remained committed to addressing barriers related to healthcare coverage, provider availability, timeliness of care, and workforce recruitment and retention.

Improving access to mental and behavioral health services remained a key focus for UnityPoint Health - Marshalltown throughout the implementation cycle. Recognizing ongoing shortages in the behavioral health workforce and increasing demand for services, the hospital worked closely with community partners to strengthen referral networks and improve coordination of mental health services. Regular meetings with area agencies and behavioral health providers helped address continuity of care challenges and identify opportunities to better connect individuals with the services they need. UnityPoint Health - Marshalltown also expanded collaboration with organizations such as Prairie Ridge to increase referrals and improve access to behavioral health resources. While challenges related to workforce capacity, wait times, and service availability persist, these partnerships have helped create a stronger support network for community members seeking mental healthcare.

Health education continued to be an important strategy for improving community health outcomes and empowering residents to make informed health decisions. UnityPoint Health - Marshalltown expanded its efforts to provide reliable health information through multiple communication channels. The hospital distributed its LiveWell magazine twice annually to households throughout Marshalltown.

In addition, UnityPoint Health - Marshalltown partnered with regional healthcare organizations to develop educational materials, including obstetrical education resources available in multiple languages to better serve diverse populations. These initiatives helped increase community awareness of disease prevention, healthy lifestyle choices, available healthcare services, and strategies for improving overall health and well-being. By integrating education into patient care and community outreach activities, the organization sought to support healthier behaviors and improve health outcomes across the communities it serves.

VI. Potentially Available Resources

Improving community health requires a coordinated approach that extends beyond the delivery of medical care. Research has consistently demonstrated that social, economic, environmental, and behavioral factors have a greater influence on health outcomes than clinical care alone. According to a landmark report published by the Centers for Disease Control and Prevention (CDC) and the *Journal of the American Medical Association*, the factors that influence health outcomes include:

- Lifestyle and behaviors: 50%
- Environment (social, economic, and physical): 20%
- Genetics and human biology: 20%
- Health care services: 10%

These findings highlight the importance of community-building activities and cross-sector partnerships in addressing the underlying determinants of health. While healthcare organizations play a critical role in providing high-quality medical services, many of the factors that influence health are best addressed through collaboration with community organizations, educational institutions, government agencies, and nonprofit partners.

UnityPoint Health-Marshalltown recognizes that community health improvement requires investments beyond traditional healthcare services. Through strategic partnerships, financial support, volunteer leadership, educational outreach, and participation in community initiatives, the hospital works alongside local organizations to address barriers related to housing, food security, mental health, substance use, transportation, education, employment, childcare, and social connection.

Marshall County benefits from a strong network of organizations dedicated to improving the quality of life for residents. Community members can access services and support through organizations including Al Exito, Big Brothers Big Sisters, CAPS Child Abuse Prevention Services, Center Associates, House of Compassion, Iowa Veterans Home, Junior Achievement of Central Iowa, Marshall County Child Care Services, Marshalltown Area Chamber of Commerce, Marshalltown United Way, Marshalltown Senior Citizens Center, Marshalltown YMCA-YWCA, Mid-Iowa Community Action, Mid-Iowa Triumph Recovery Center, The Salvation Army, Youth and Shelter Services, Northeast Iowa Area Agency on Aging, SATUCI, and numerous other community partners committed to strengthening the health and well-being of Marshall County residents.

In addition to supporting these organizations, UnityPoint Health-Marshalltown and the UnityPoint Health Foundation provide financial contributions, in-kind donations, educational resources, and volunteer leadership that help community partners fulfill their missions. Support may include funding for programs and services, donations of supplies, participation in community events, health education presentations, and collaboration on initiatives designed to improve population health outcomes.

Hospital employees also contribute their expertise and leadership throughout the community by serving on nonprofit boards, participating in advisory committees, supporting local coalitions, and providing education on a variety of health topics. These partnerships help strengthen community capacity and foster innovative solutions to complex issues such as mental health, chronic disease prevention, substance use disorders, child welfare, and healthy aging.

To further connect residents with available resources, UnityPoint Health-Marshalltown promotes FindHelp, a free online community resource directory that assists individuals and families in locating services that address social and health-related needs. Through FindHelp, residents can search for local programs related to food assistance, housing support, healthcare, transportation, employment, financial assistance, behavioral health services, and other essential resources. By increasing awareness and accessibility of community services, FindHelp serves as an important tool in helping residents navigate available support and improve overall well-being.

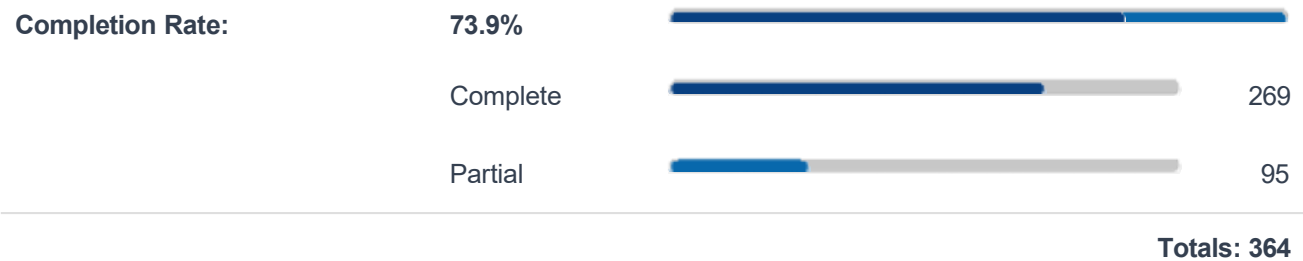
Through these investments, partnerships, and collaborative efforts, UnityPoint Health-Marshalltown demonstrates its commitment to advancing health beyond the walls of the hospital. By supporting organizations that address social determinants of health and fostering strong community partnerships, the hospital contributes to a comprehensive, sustainable approach to improving the health and quality of life of all Marshall County residents.

This assessment was adopted by the UnityPoint Health-Marshalltown
Board of Directors on December 15,2026

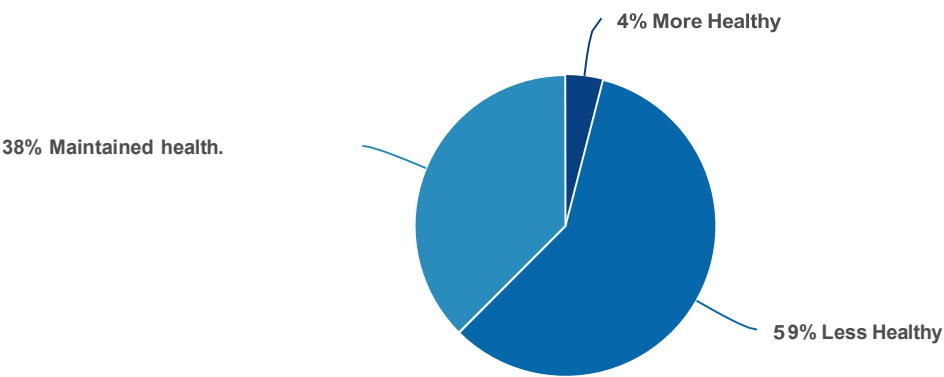
VII. Data Obtained in CHNA Survey Process — *see following pages.*

Survey and Compilation of Responses for the 2026-2028 CHNA for Marshall County

Response Counts

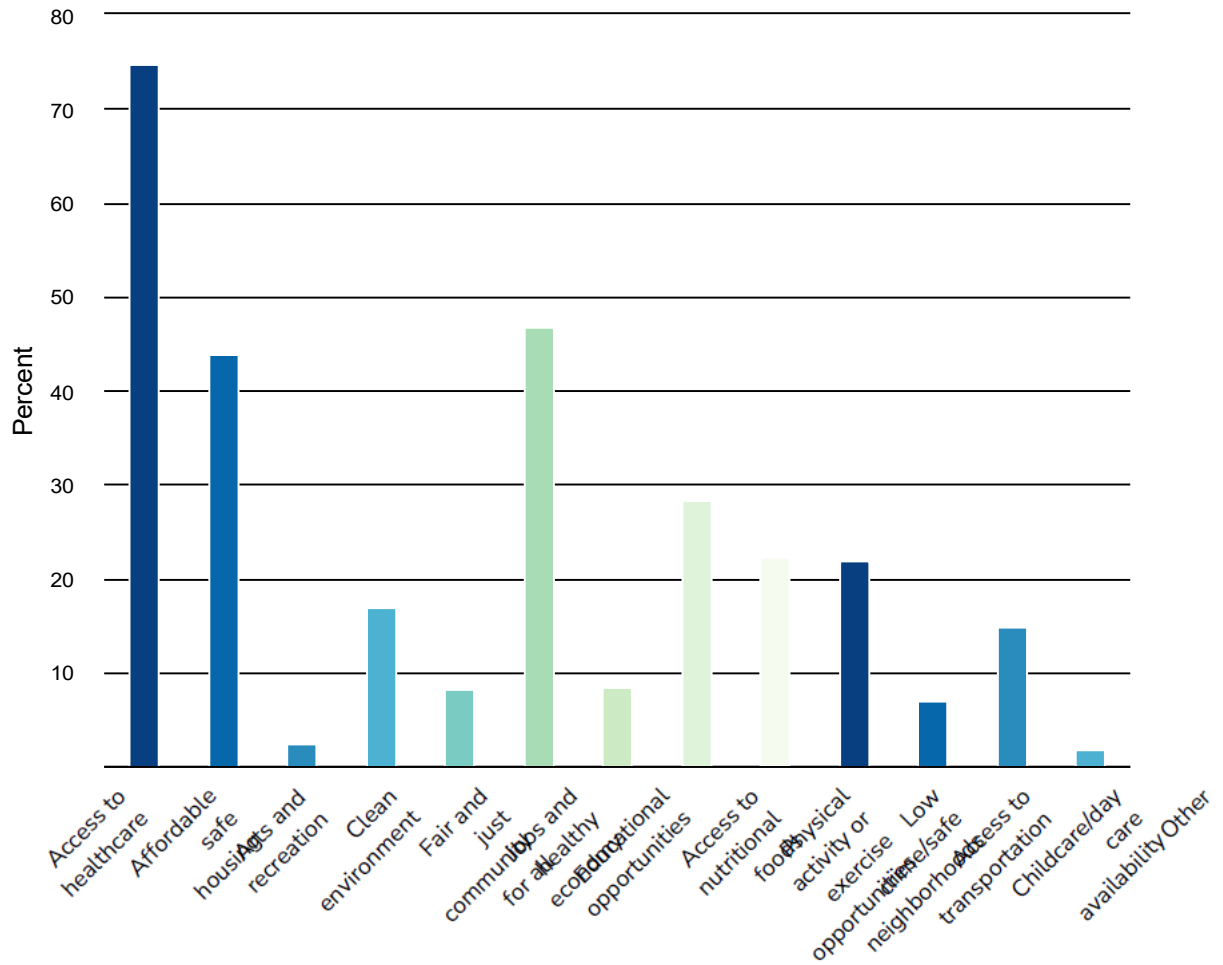


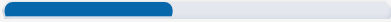
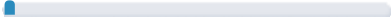
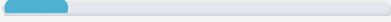
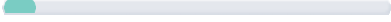
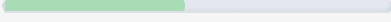
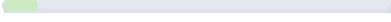
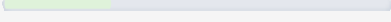
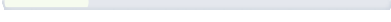
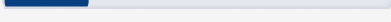
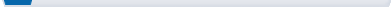
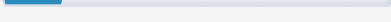
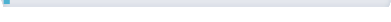
1. Over the last five (5) years, do you feel people in the community are:



Value	Percent	Responses
More healthy	4.0%	11
Less healthy	58.5%	161
Maintained health	37.5%	103
Totals: 275		

2. What are the three (3) most important factors for a healthy thriving community? (Select up to three (3) boxes)



Value	Percent	Responses
Access to healthcare	74.8% 	211
Affordable safe housing	44.0% 	124
Arts and recreation	2.5% 	7
Clean environment	17.0% 	48
Fair and just community for all	8.2% 	23
Jobs and healthy economy	46.8% 	132
Educational opportunities	8.5% 	24
Access to nutritional foods	28.4% 	80
Physical activity or exercise opportunities	22.3% 	63
Low crime/safe neighborhoods	22.0% 	62
Access to transportation	7.1% 	20
Childcare/day care availability	14.9% 	42
Other	1.8% 	5

Other	Count
Access to inpatient Mental/Behavioral Healthcare	1
Homeopathy, Christ centered	1
Money to buy meds and education about illnesses	1
Reducing our toxic load, the buildup of harmful chemicals in our bodies	1
mental health services	1
Totals	5

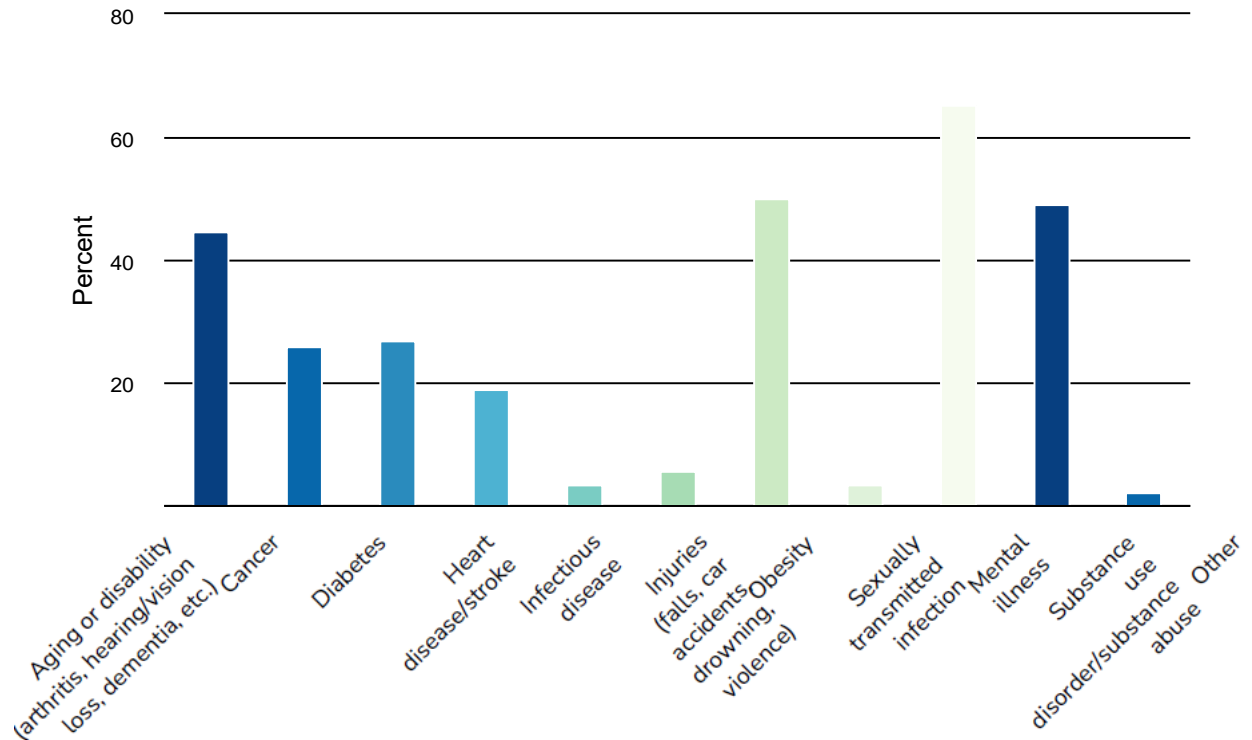
3. For each factor listed below, are we as a community doing a good job or do we need to improve? (Select one (1) of the boxes below for each row)

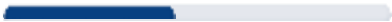
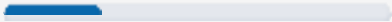
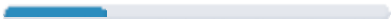
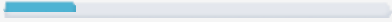
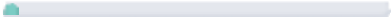
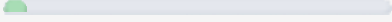
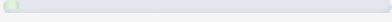
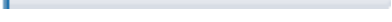
	Good Job	Needs Improvement	I Don't Know	Responses
Access to healthcare Count Row %	81 28.9%	187 66.8%	12 4.3%	280
Affordable safe housing Count Row %	37 13.5%	198 72.0%	40 14.5%	275
Arts and recreation Count Row %	175 63.6%	65 23.6%	35 12.7%	275
Clean environment Count Row %	107 38.4%	145 52.0%	27 9.7%	279
Fair and just community for all Count Row %	106 38.0%	128 45.9%	45 16.1%	279
Jobs and healthy economy Count Row %	80 28.6%	185 66.1%	15 5.4%	280
Educational opportunities Count Row %	164 59.0%	97 34.9%	17 6.1%	278
Access to nutritional foods Count Row %	110 39.7%	148 53.4%	19 6.9%	277
Physical activity or exercise opportunities Count Row %	181 64.9%	85 30.5%	13 4.7%	279
Low crime/safe neighborhoods Count Row %	92 33.1%	163 58.6%	23 8.3%	278

	Good Job	Needs Improvement	I Don't Know	Responses
Access to transportation				
Count	92	149	37	278
Row %	33.1%	53.6%	13.3%	
Childcare/day care availability				
Count	28	196	54	278
Row %	10.1%	70.5%	19.4%	
Access to inpatient Mental/Behavioral Healthcare				
Count	0	1	0	1
Row %	0.0%	100.0%	0.0%	
Balanced City Budget				
Count	0	1	0	1
Row %	0.0%	100.0%	0.0%	
Better Emergency room care				
Count	0	1	0	1
Row %	0.0%	100.0%	0.0%	
COVID control				
Count	0	1	0	1
Row %	0.0%	100.0%	0.0%	
Enough Access to mental health support				
Count	0	1	0	1
Row %	0.0%	100.0%	0.0%	
Entertainment				
Count	0	1	0	1
Row %	0.0%	100.0%	0.0%	
Homeopathy, Christ centered				
Count	0	1	0	1
Row %	0.0%	100.0%	0.0%	
Illegal Residents				
Count	0	1	0	1
Row %	0.0%	100.0%	0.0%	
In school therapy				
Count	0	1	0	1
Row %	0.0%	100.0%	0.0%	

	Good Job	Needs Improvement	I Don't Know	Responses
Less pharmaceutical health care				
Count	0	1	0	1
Row %	0.0%	100.0%	0.0%	
Mental Health Support				
Count	0	1	0	1
Row %	0.0%	100.0%	0.0%	
More library programs				
Count	0	1	0	1
Row %	0.0%	100.0%	0.0%	
Need to stop illegal immigration!				
Count	0	1	0	1
Row %	0.0%	100.0%	0.0%	
OB/GYN services				
Count	0	1	0	1
Row %	0.0%	100.0%	0.0%	
Prioritizing healthcare and location				
Count	0	1	0	1
Row %	0.0%	100.0%	0.0%	
Women support				
Count	0	1	0	1
Row %	0.0%	100.0%	0.0%	
Assistance with access to meds				
Count	0	1	0	1
Row %	0.0%	100.0%	0.0%	
better relations with Seniors				
Count	0	1	0	1
Row %	0.0%	100.0%	0.0%	
For each factor listed below, are we as a community doing a good job or do we need to improve? (Select one (1) of the boxes below for each row)	0	0	0	2
Count				
Row %				
Totals				
Total Responses				280

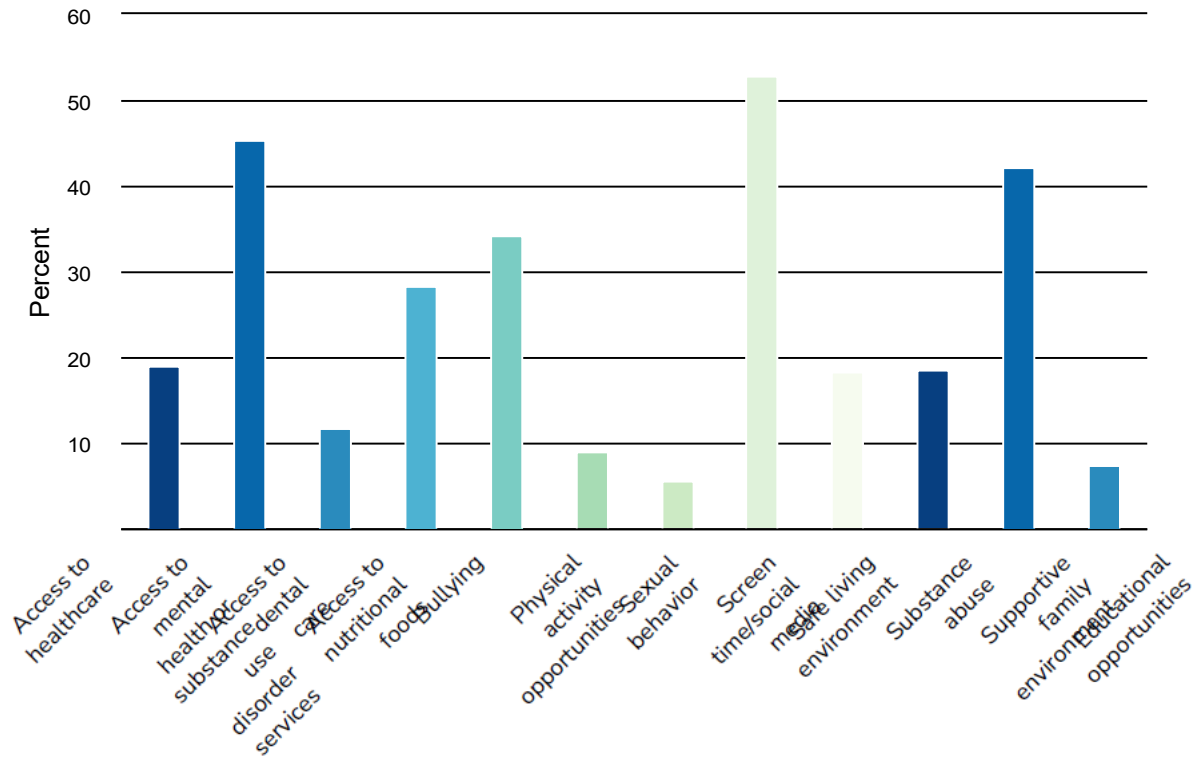
4. What do you feel are the top three (3) health problems for adults in the community? (Select up to three (3) boxes below)

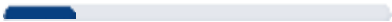
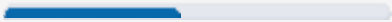
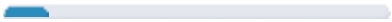
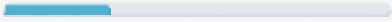
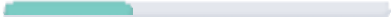
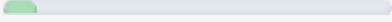
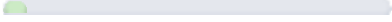
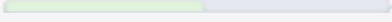
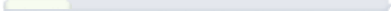
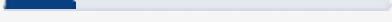
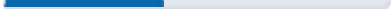
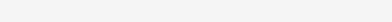


Value	Percent	Responses
Aging or disability (arthritis, hearing/vision loss, dementia, etc.)	44.8% 	126
Cancer	26.0% 	73
Diabetes	27.0% 	76
Heart disease/stroke	19.2% 	54
Infectious disease	3.6% 	10
Injuries (falls, car accidents, drowning, violence)	5.7% 	16
Obesity	50.2% 	141
Sexually transmitted infection	3.6% 	10
Mental illness	65.5% 	184
Substance use disorder/substance abuse	49.1% 	138
Other	2.1% 	6

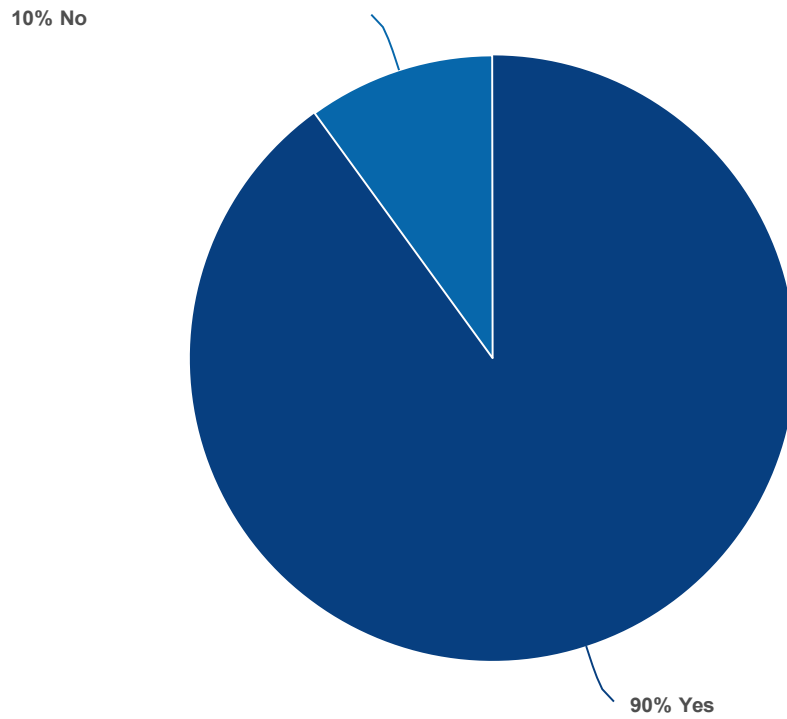
Other	Count
All the above	1
High taxes	1
Maternal Health Care	1
Medical abuse	1
OB/Gyn service to deliver babies in Marshall County. Lack of abortion access.	1
Women's Health	1
Totals	6

5. What are the top three (3) factors affecting children's health? (Select up to three (3) boxes below)



Value	Percent	Responses
Access to healthcare	19.0% 	53
Access to mental health or substance use disorder services	45.5% 	127
Access to dental care	11.8% 	33
Access to nutritional foods	28.3% 	79
Bullying	34.4% 	96
Physical activity opportunities	9.0% 	25
Sexual behavior	5.7% 	16
Screen time/social media	53.0% 	148
Safe living environment	18.3% 	51
Substance abuse	18.6% 	52
Supportive family environment	42.3% 	118
Educational opportunities	7.5% 	21

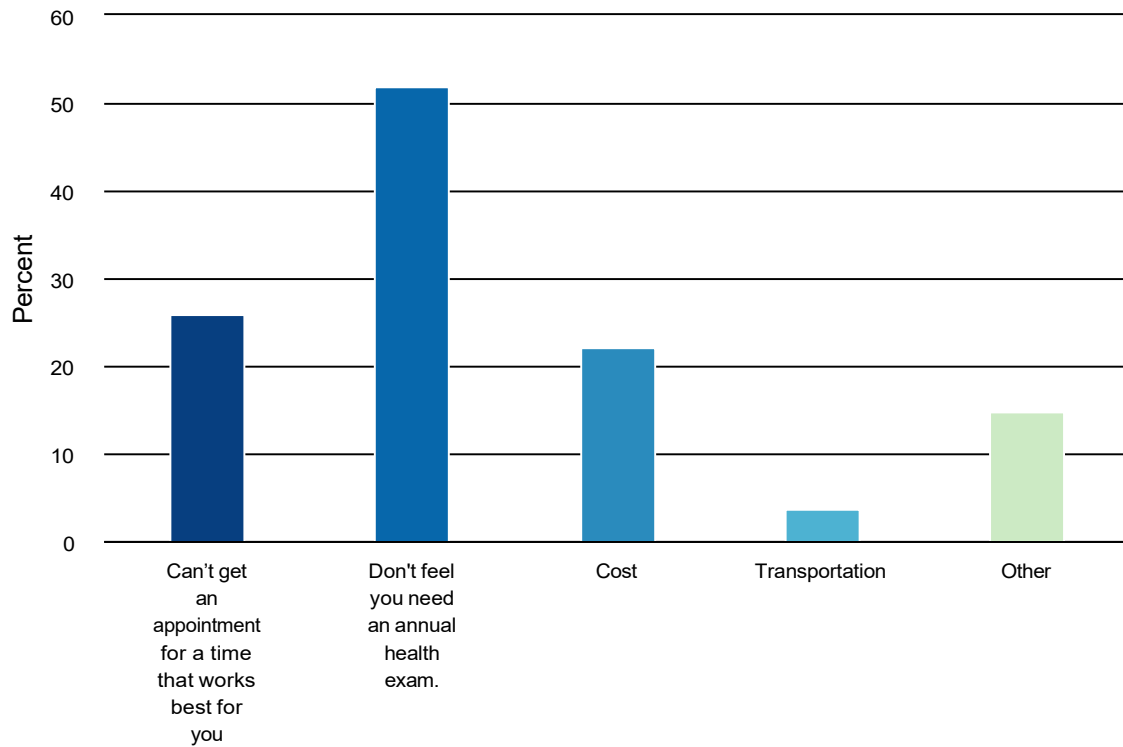
6. Do you receive an annual health exam (check-up/physical)?



Value	Percent	Responses
Yes	90.0%	243
No	10.0%	27

Totals: 270

7. If no, why? (Select all that apply)

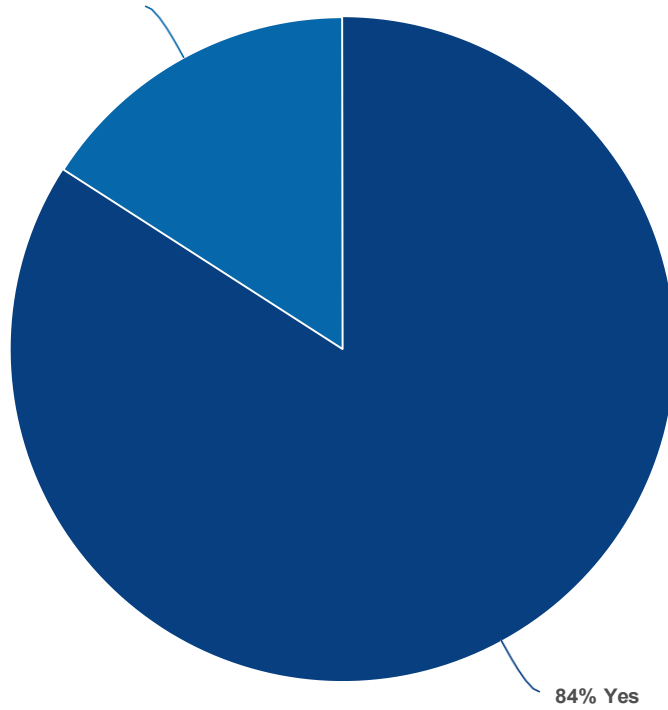


Value	Percent	Responses
Can't get an appointment for a time that works best for you	25.9%	7
Don't feel you need an annual health exam	51.9%	14
Cost	22.2%	6
Transportation	3.7%	1
Other	14.8%	4

Other	Count
Don't have health insurance	1
no insurance	1
Totals	2

8. Do you visit the dentist regularly (1-2 times per year)?

16% No

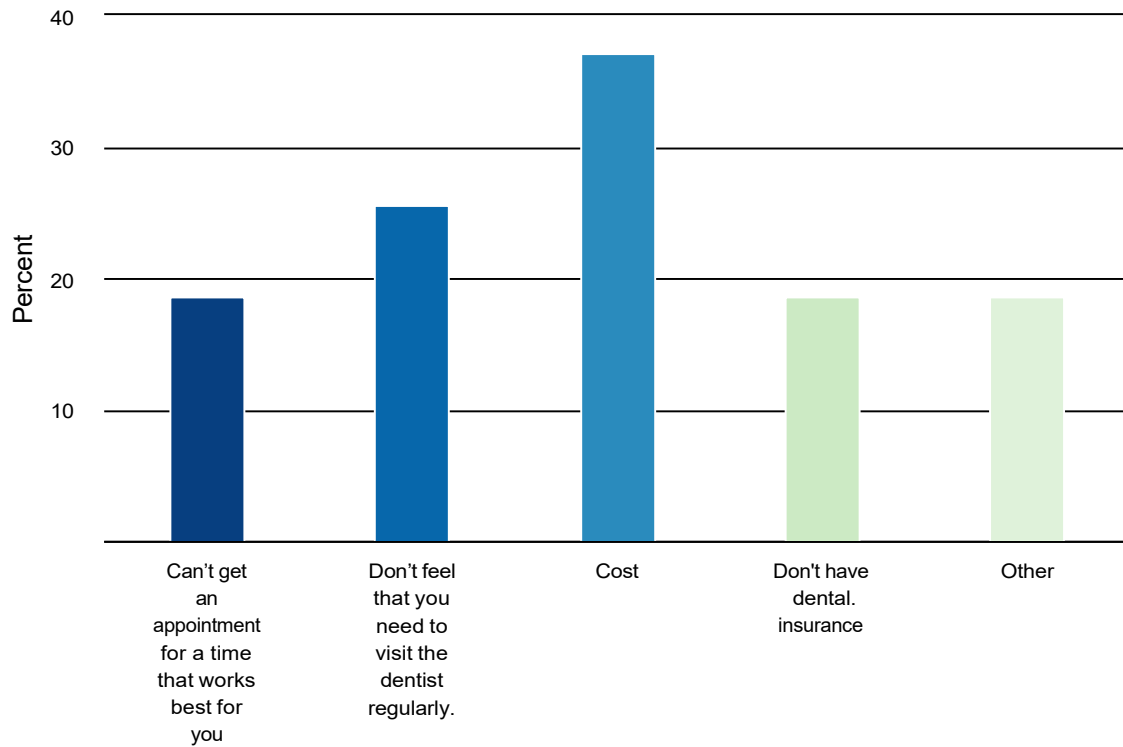


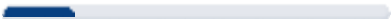
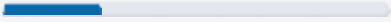
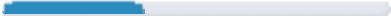
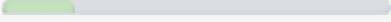
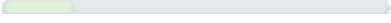
84% Yes

Value	Percent	Responses
Yes	84.1%	227
No	15.9%	43

Totals: 270

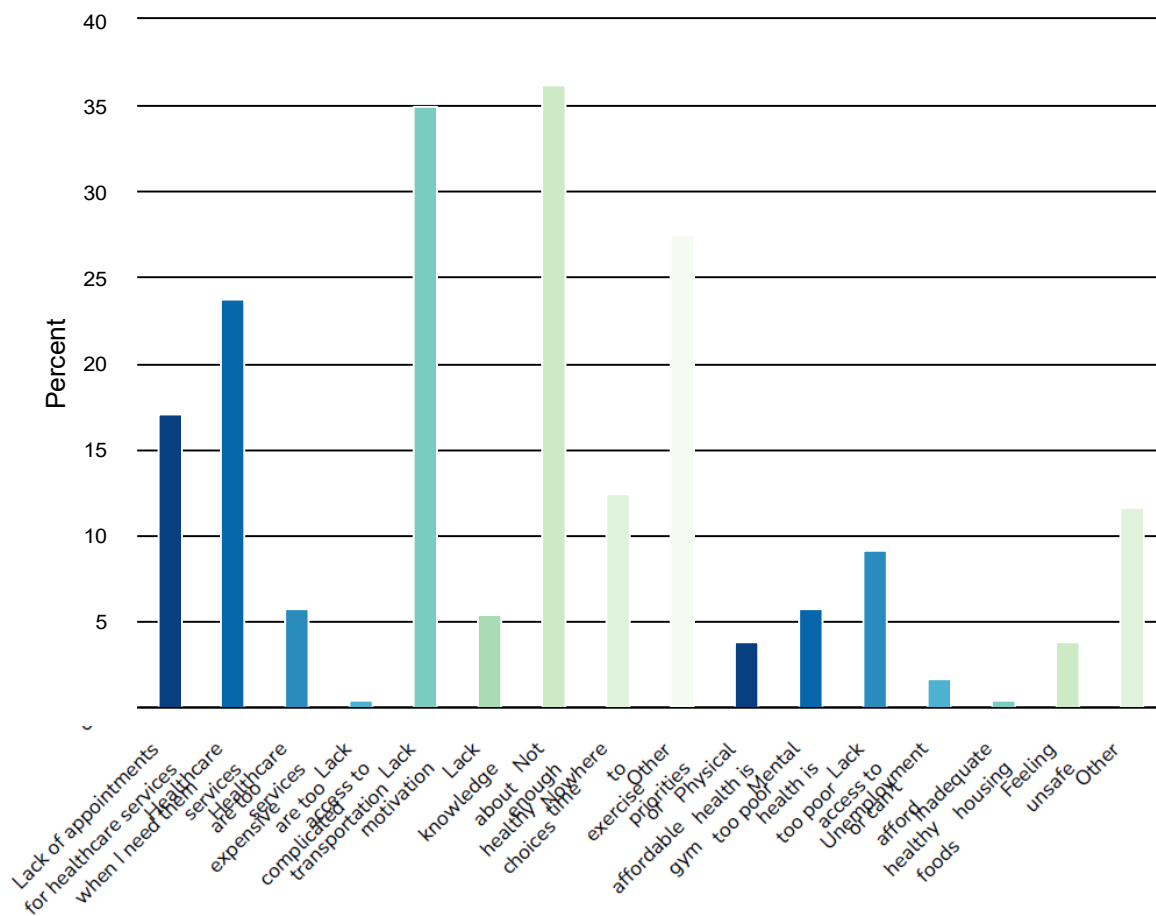
9. If no, why? (Select all that apply)

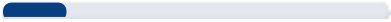
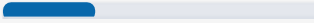
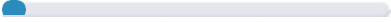
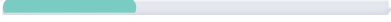
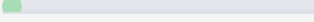
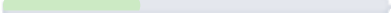
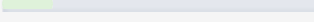
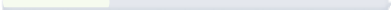
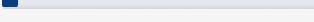
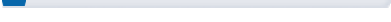
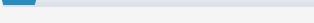
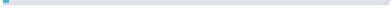
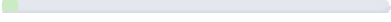
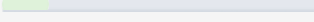


Value	Percent	Responses
Can't get an appointment for a time that works best for you.	18.6% 	8
Don't feel that you need to visit the dentist regularly	25.6% 	11
Cost	37.2% 	16
Don't have dental insurance	18.6% 	8
Other	18.6% 	8

Other	Count
I wear dentures	1
Scared	1
complacency	1
procrastination	1
Totals	4

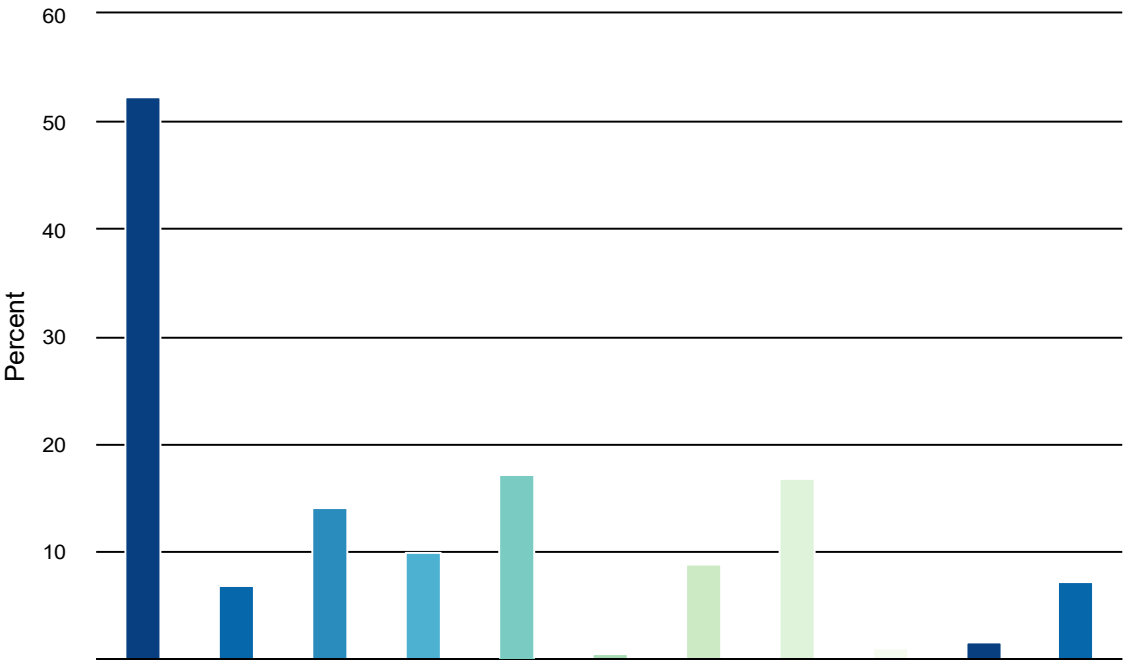
10. What prevents you from being healthier? (Select all that apply)

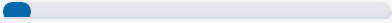
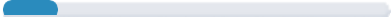
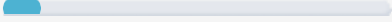
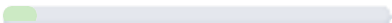
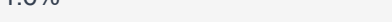


Value	Percent	Responses
Lack of appointments for healthcare services when I need them	17.1% 	41
Healthcare services are too expensive	23.8% 	57
Healthcare services are too complicated	5.8% 	14
Lack access to transportation	0.4% 	1
Lack motivation	35.0% 	84
Lack knowledge about healthy choices	5.4% 	13
Not enough time	36.3% 	87
Nowhere to exercise or affordable gym	12.5% 	30
Other priorities	27.5% 	66
Physical health is too poor	3.8% 	9
Mental health is too poor	5.8% 	14
Lack access to or can't afford healthy foods	9.2% 	22
Unemployment	1.7% 	4
Inadequate housing	0.4% 	1
Feeling unsafe	3.8% 	9
Other	11.7% 	28

Other	Count
nothing	2
Choices I make about eating and exercising	1
Enough knowledgeable physicians	1
Having to go out of town for specialized care or surgery	1
I am healthy	1
I feel that I am able to access health opportunities	1
Lack of decent mental health care!	1
No childcare for me to go to the gym	1
None	1
None apply. I have ample opportunity for healthcare	1
Overwhelming chemical fragrances everywhere in the community.	1
Procrastination	1
Schedule	1
Services not available locally	1
Struggle to find health care options that are really in my best interest and not theirs	1
Would love to walk more but pain and back and hip Prevent from doing more exercise	1
childcare	1
lack of local internists and other specialists	1
n/a	1
ok	1
specialty HCP not available	1
specialty doctors not in town full time if here at all	1
weight loss	1
Totals	24

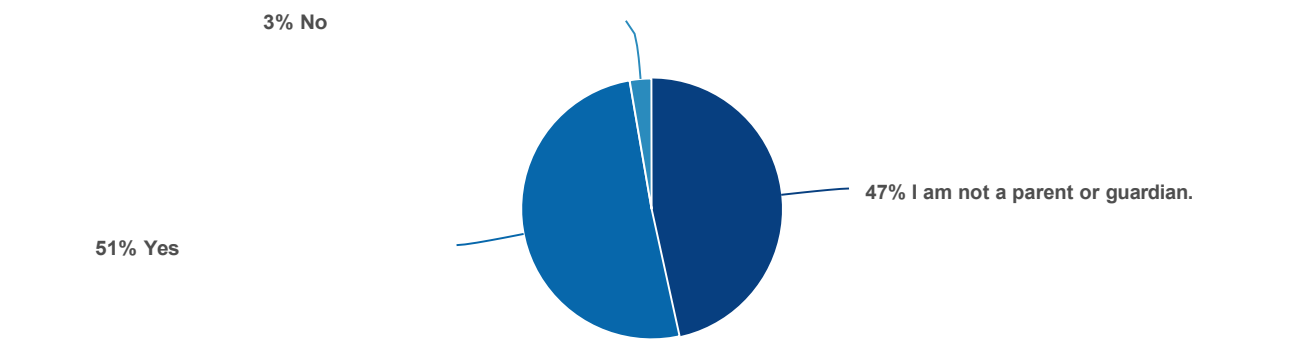
11. If you feel you could benefit from mental health or substance, use disorder services but are not currently receiving them, please select your reason(s) for not accessing those services.



Value	Percent	Responses
I did not need these services or was able to access services I needed.	52.4% 	100
Have tried services and they were unsuccessful	6.8% 	13
Have tried and takes too long to get an appointment	14.1% 	27
No insurance coverage, employer EAP, or don't understand what my insurance covers	9.9% 	19
Services are too expensive	17.3% 	33
Lack of transportation	0.5% 	1
Feeling ashamed or uncomfortable talking about personal issues	8.9% 	17
Unable to find a provider I can connect with	16.8% 	32
Lack of providers that speak the same language as me or share the same culture	1.0% 	2
Unable to find childcare	1.6% 	3
Other	7.3% 	14

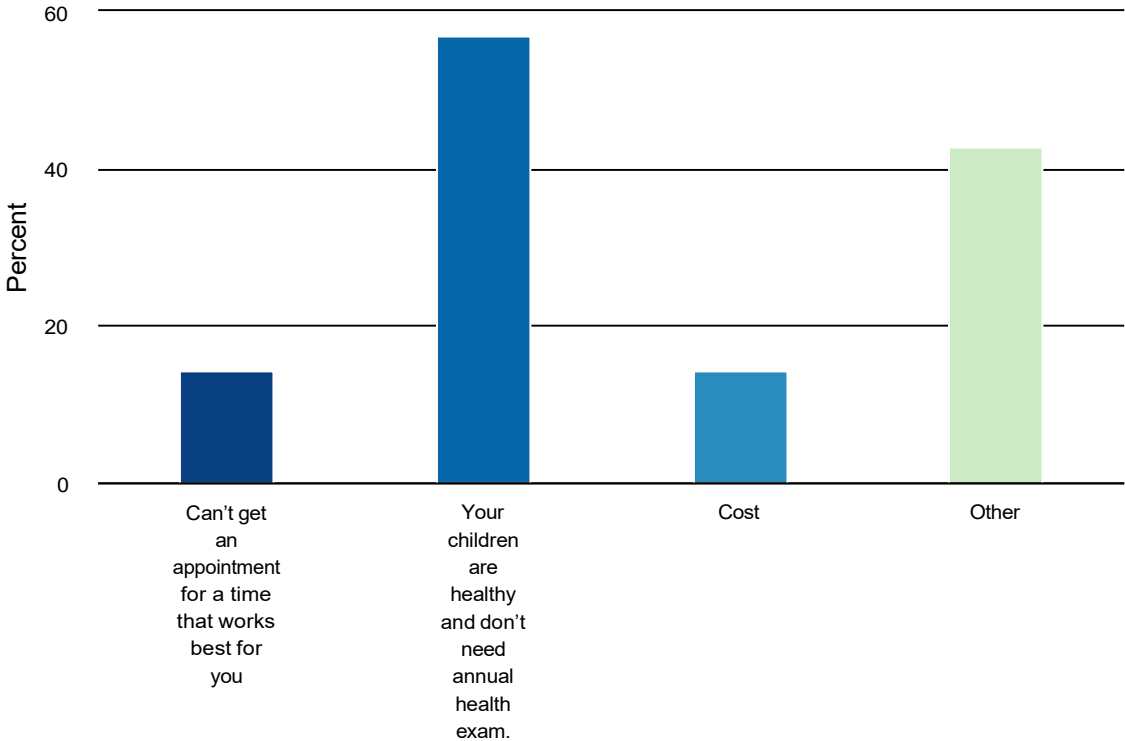
Other	Count
None	2
Already have a counselor	1
Currently have these services	1
Didn't need them	1
I am not in need of these services, thankfully.	1
I do not need these services	1
Lack of motivation	1
Local providers connected to employer	1
Not enough Variety in quality counselors	1
n/a	1
Totals	11

12. If you are a parent or guardian, do your children receive an annual health exam (check-up/physical/well child visit)?



Value	Percent	Responses
I am not a parent or guardian	46.6%	123
Yes	50.8%	134
No	2.7%	7
Totals: 264		

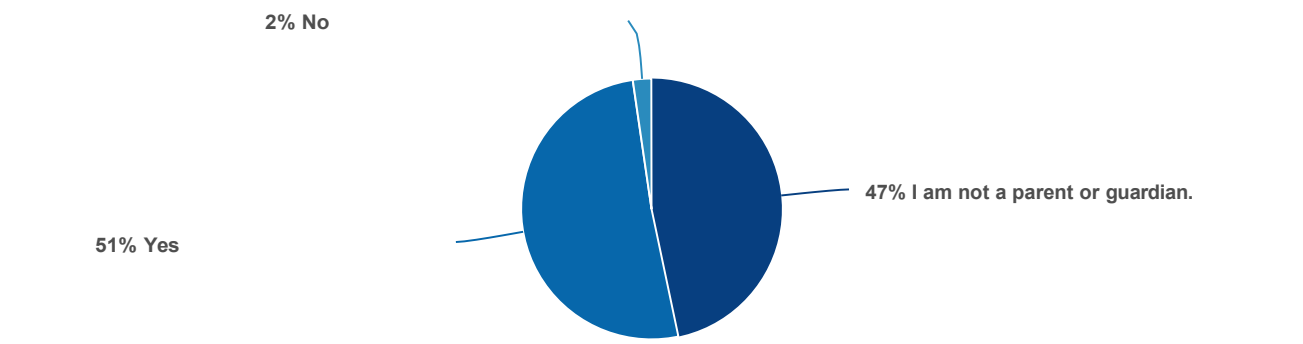
13. If no, why? (Select all that apply)



Value	Percent	Responses
Can't get an appointment for a time that works best for you	14.3%	1
Your children are healthy and don't need annual health exam	57.1%	4
Cost	14.3%	1
Other	42.9%	3

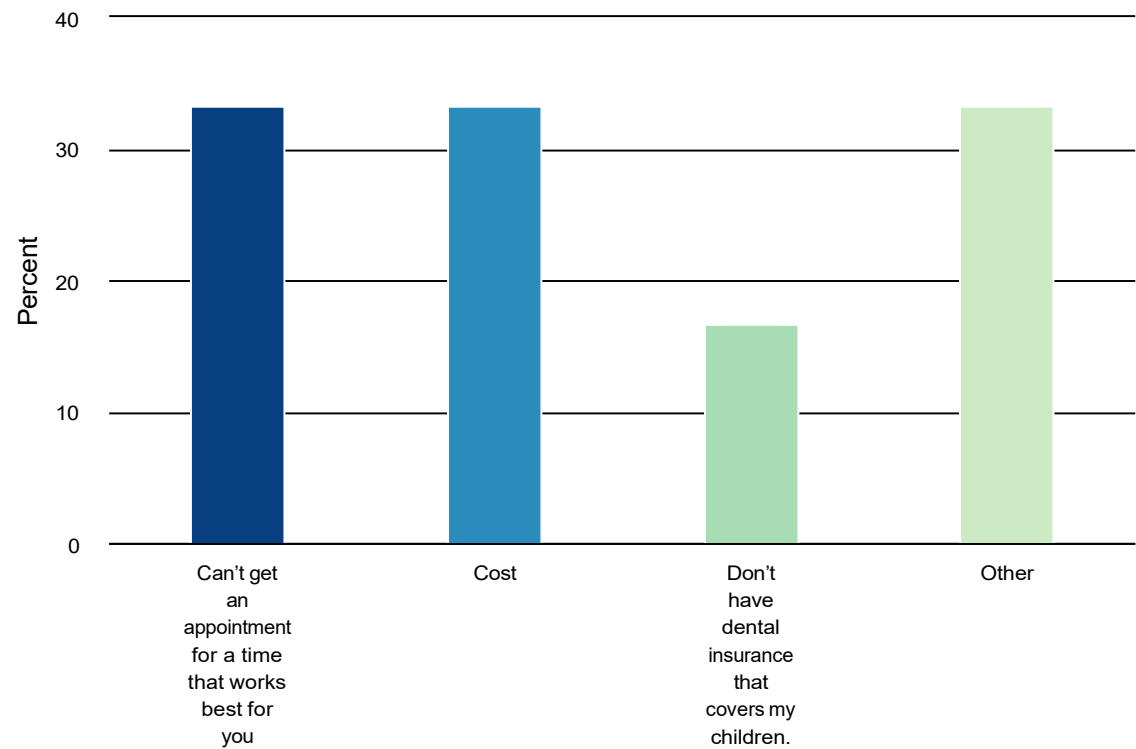
Other	Count
My children are adults	1
my child is an adult	1
Totals	2

14. If you are a parent or guardian, do your children visit the dentist regularly (1-2 times per year)?



Value	Percent	Responses
I am not a parent or guardian	46.7%	122
Yes	51.0%	133
No	2.3%	6
Totals: 261		

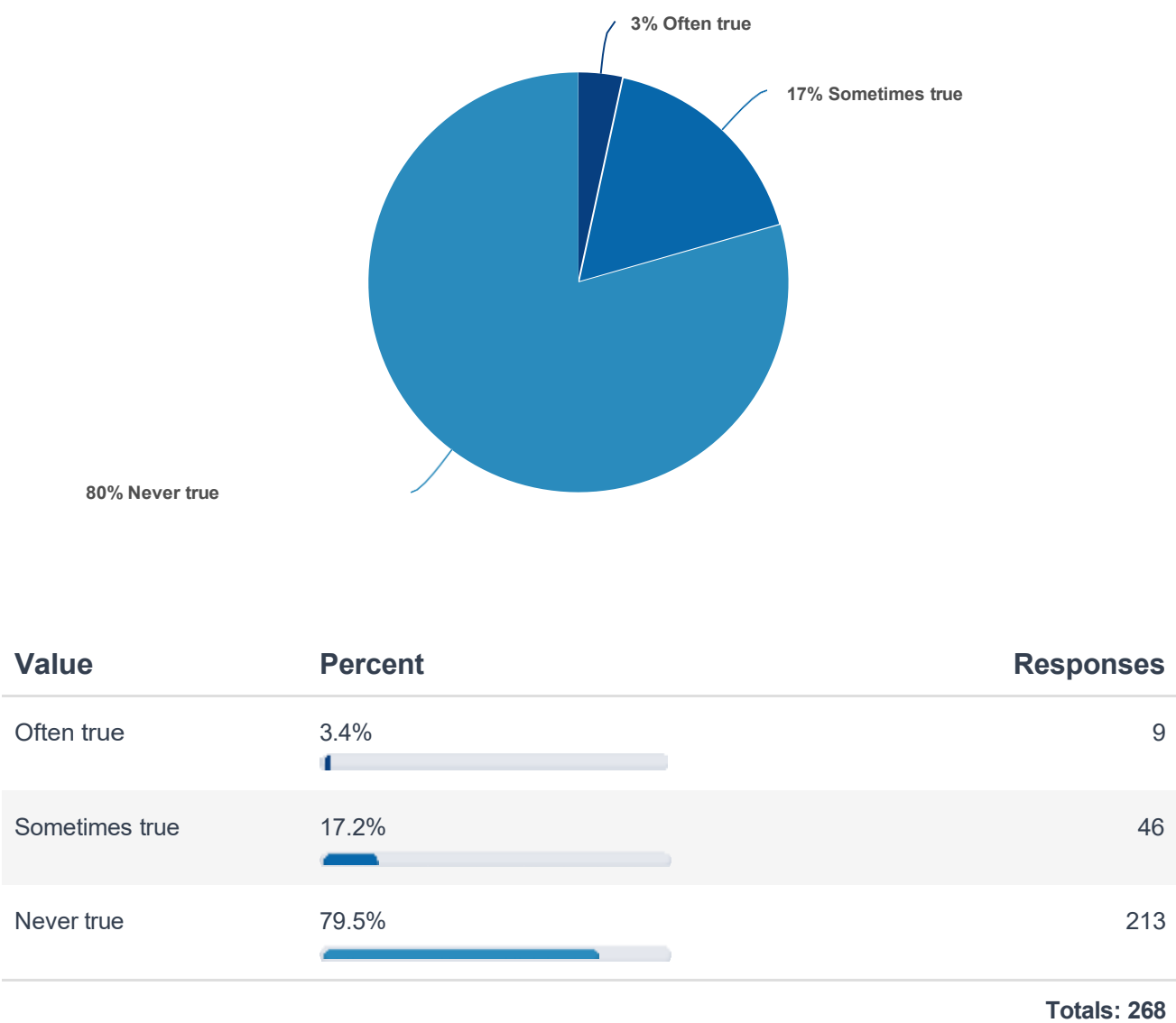
15. If no, why? (Select all that apply)



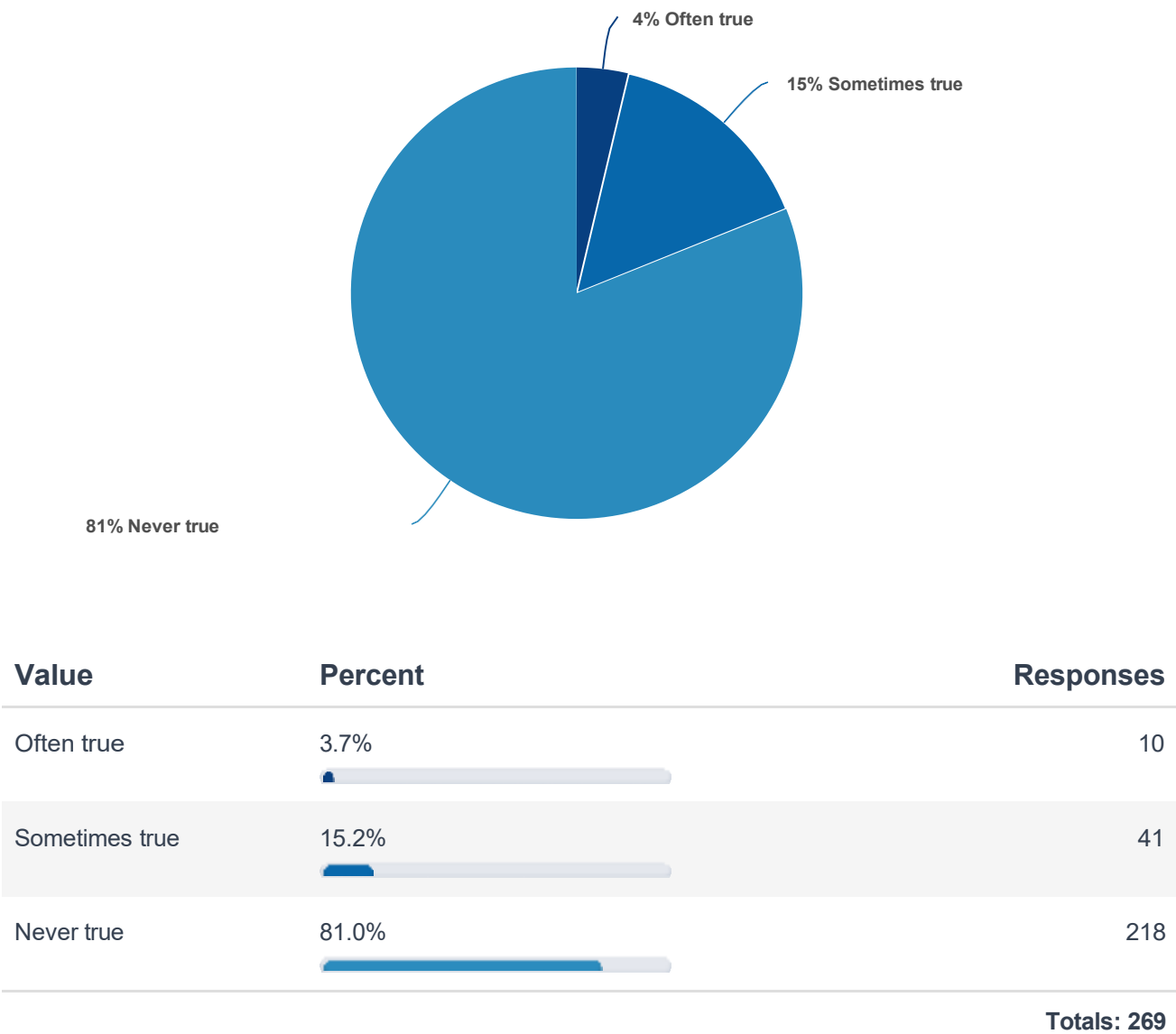
Value	Percent	Responses
Can't get an appointment for a time that works best for you	33.3%	2
Cost	33.3%	2
Don't have dental insurance that covers my children	16.7%	1
Other	33.3%	2

Other	Count
My children are adults.	1
Old enough to get themselves to and from and will not go	1
Totals	2

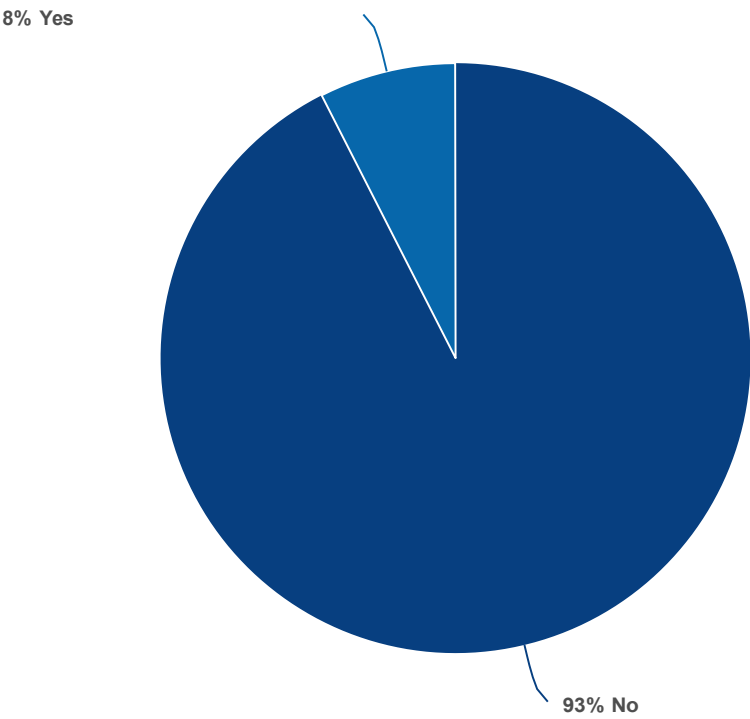
16. Within the past 12 months, you worried that your food would run out before you got money to buy more.



17. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.



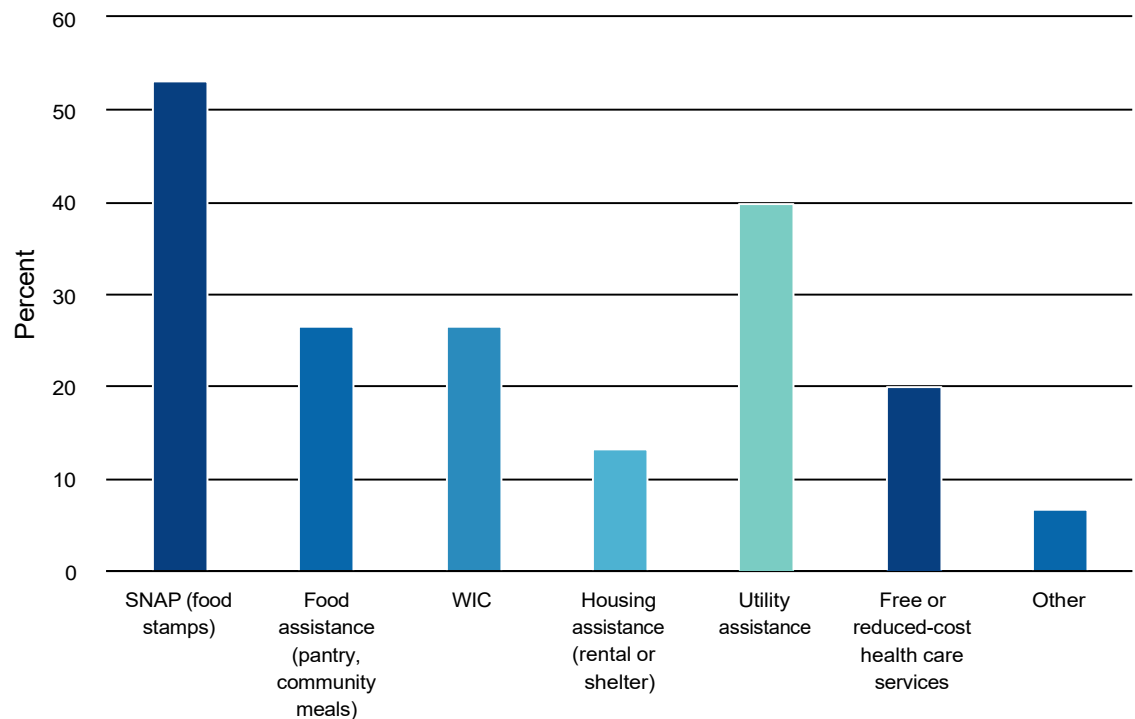
18. Do you receive services from local agencies?



Value	Percent	Responses
No	92.5%	246
Yes	7.5%	20

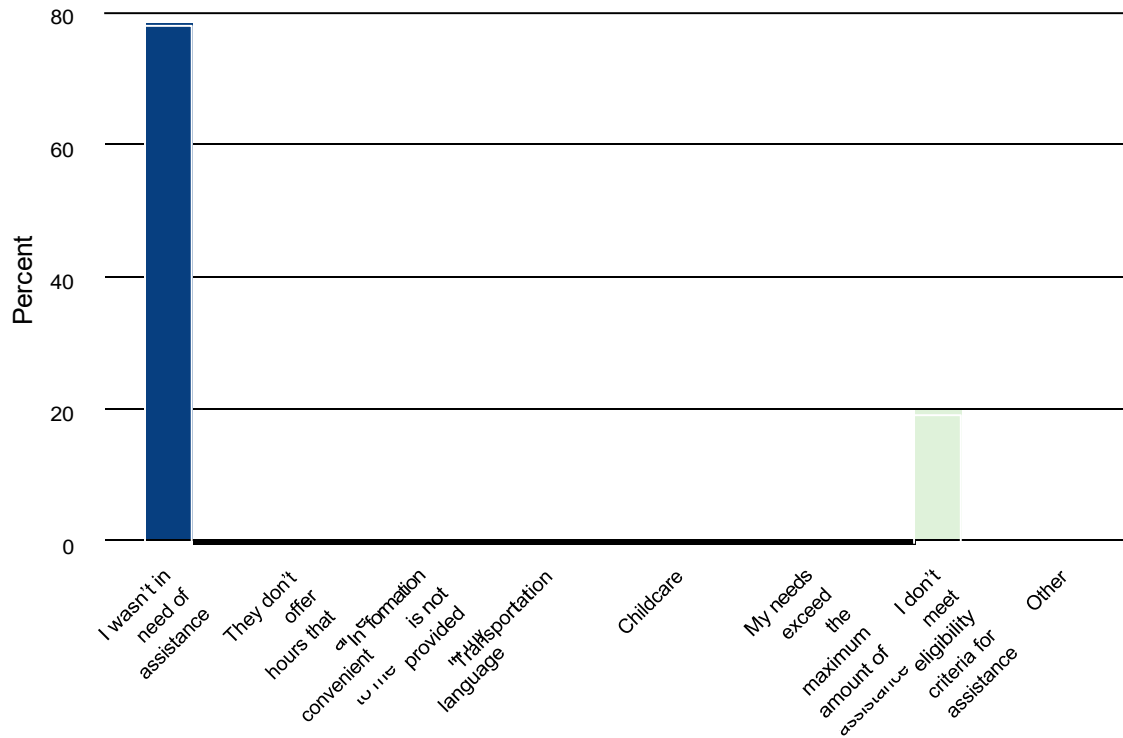
Totals: 266

19. Select all the services that apply to you:



Value	Percent	Responses
SNAP (food stamps)	53.3%	8
Food assistance (pantry, community meals)	26.7%	4
WIC	26.7%	4
Housing assistance (rental or shelter)	13.3%	2
Utility assistance	40.0%	6
Free or reduced-cost health care services	20.0%	3
Other	6.7%	1
Other	Count	
None	1	
Totals	1	

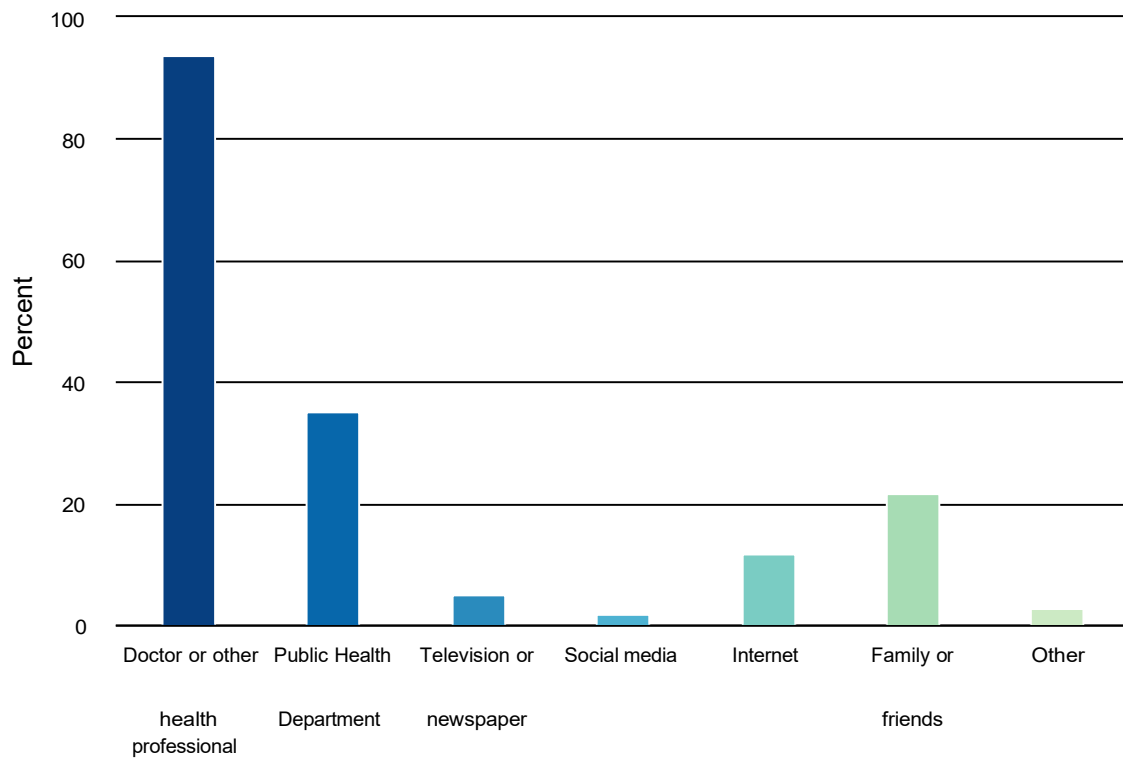
20. If you were in need of assistance from local agencies but didn't receive any, was there a reason? (Select all that apply)



Value	Percent	Responses
I wasn't in need of assistance	78.5%	175
They don't offer hours that are convenient to me	2.2%	5
Information is not provided in my language.	0.9%	2
Transportation	0.9%	2
Childcare	0.9%	2
My needs exceed the maximum amount of assistance	1.8%	4
I don't meet eligibility criteria for assistance	19.7%	44
Other	1.8%	4

Other	Count
Divorced, bills, supposedly make too much, but don't take into account bills, child support, regular bills then the money is gone, rely on my parents for help.	1
Foster care	1
It is not the responsibility of others to provide for us	1
Totals	3

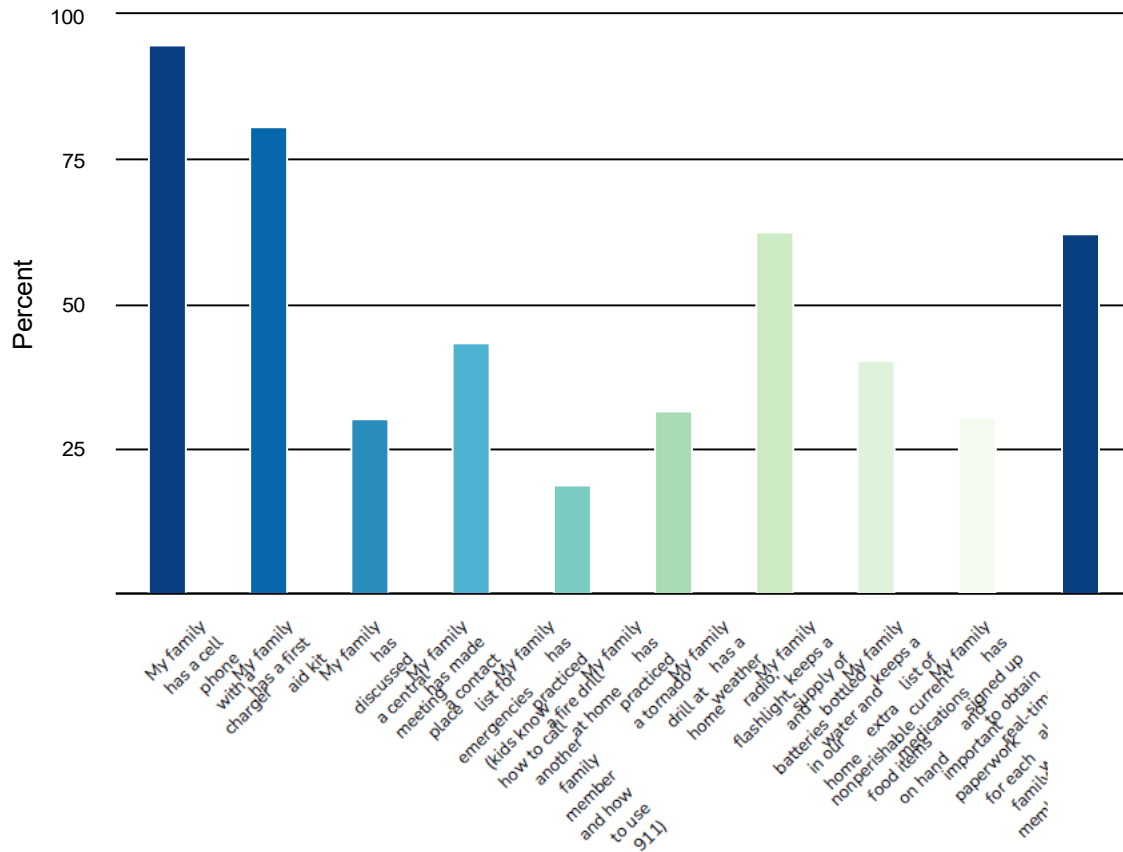
21. Who do you trust for health information? (Select all that apply)

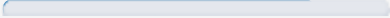
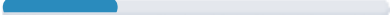
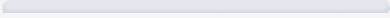
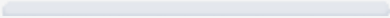
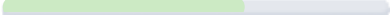
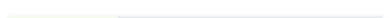


Value	Percent	Responses
Doctor or other health professional	94.0%	251
Public Health Department	35.2%	94
Television or newspaper	5.2%	14
Social media	1.9%	5
Internet	12.0%	32
Family or friends	21.7%	58
Other	3.0%	8

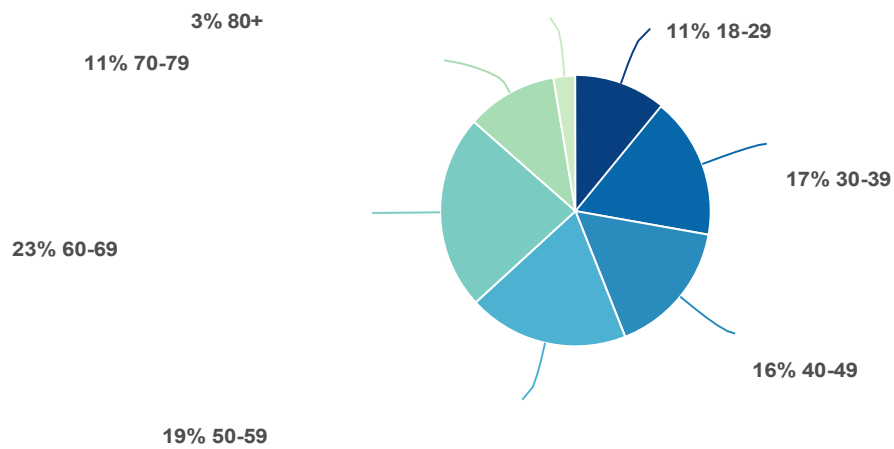
Other	Count
A combination, looking at all information and weighing pros and cons	1
Daughter she is a doctor	1
Dr Ben Carson and similar health professionals who question government mandates.	1
I check multiple sources to include doctors, research, TV, Internet, & never rely on just ONE.	1
Mayo Clinic website	1
Myself	1
Never rely on social media!	1
Totals	7

22. Which of the following emergency preparedness statements are true for you/your family? (Select all that apply)



Value	Percent	Responses
My family has a cell phone with a charger	94.8% 	253
My family has a first aid kit	80.9% 	216
My family has discussed a central meeting place	30.3% 	81
My family has made a contact list for emergencies (kids know how to call another family member and how to use 911)	43.4% 	116
My family has practiced a fire drill at home	18.7% 	50
My family has practiced a tornado drill at home	31.8% 	85
My family has a weather radio, flashlight, and batteries in our home	62.5% 	167
My family keeps a supply of bottled water and extra nonperishable food items on hand	40.4% 	108
My family keeps a list of current medications and important paperwork for each family member	30.7% 	82
My family has signed up to obtain real-time alerts warning for disasters	62.2% 	166

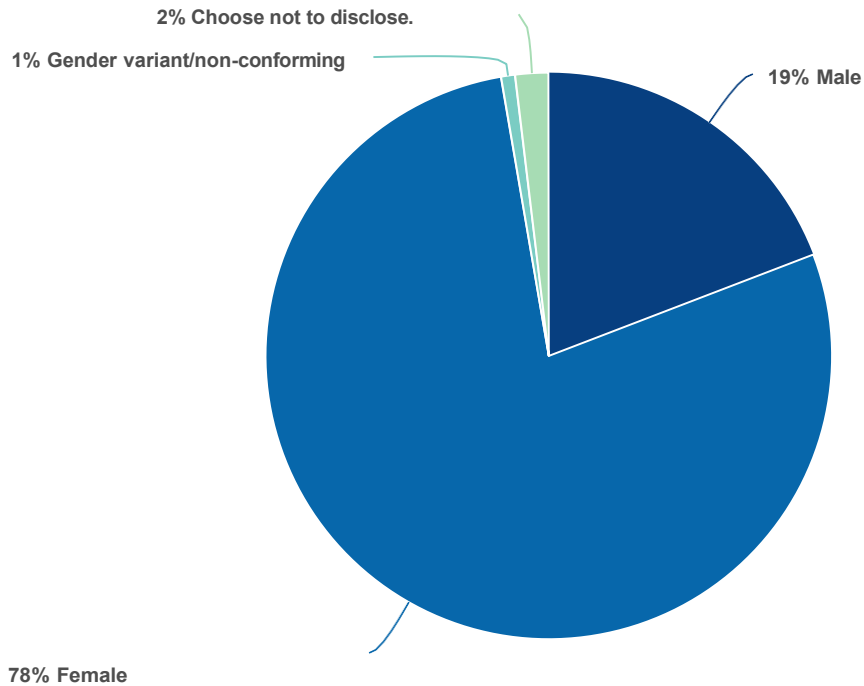
23. Age



Value	Percent	Responses
18-29	10.9%	29
30-39	16.9%	45
40-49	16.2%	43
50-59	19.2%	51
60-69	23.3%	62
70-79	10.9%	29
80+	2.6%	7

Totals: 266

24. Gender

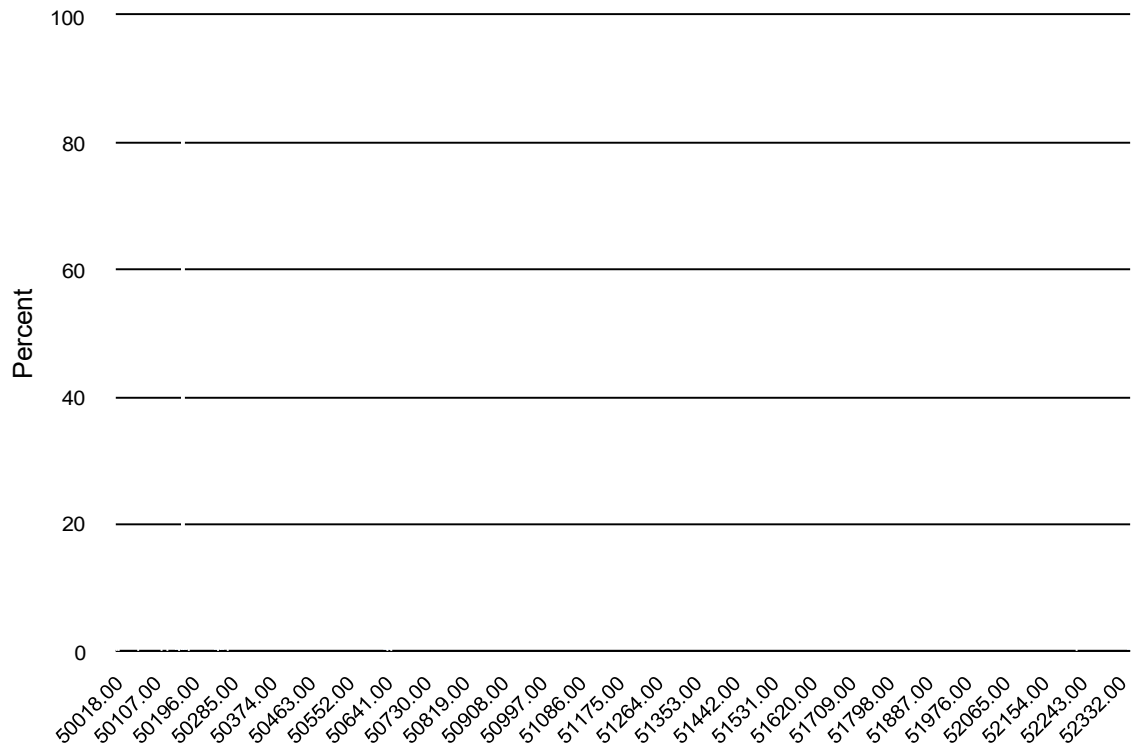


Value	Percent	Responses
Male	19.2%	51
Female	78.2%	208
Gender variant/non-conforming	0.8%	2
Choose not to disclose	1.9%	5

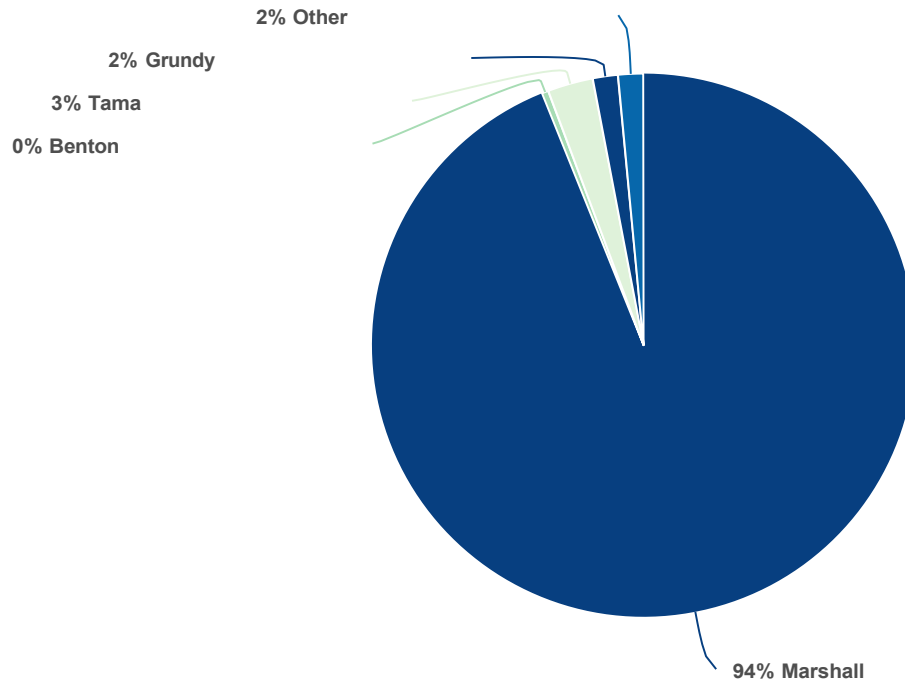
Totals: 266

Other	Count
Totals	0

25. ZIP Code



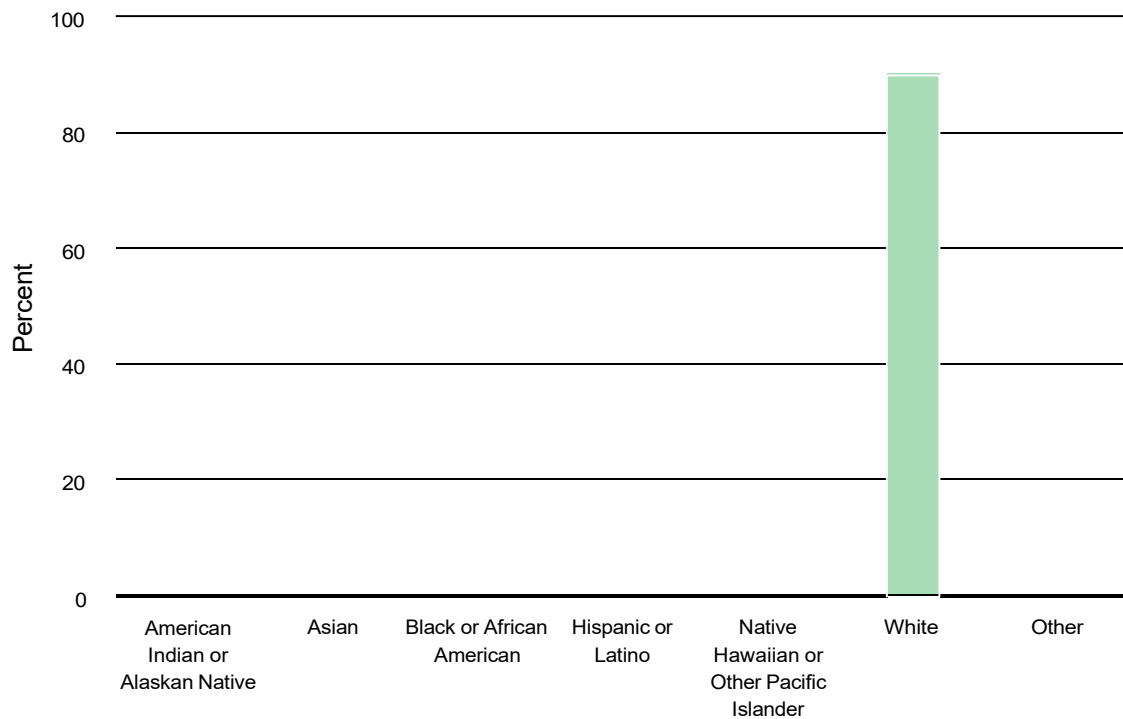
26. County of residence



Value	Percent	Responses
Marshall	93.9%	248
Benton	0.4%	1
Tama	2.7%	7
Grundy	1.5%	4
Other	1.5%	4
Totals: 264		

Other	Count
Altoona	1
Hardin	1
Poweshiek	1
Story	1
Totals	4

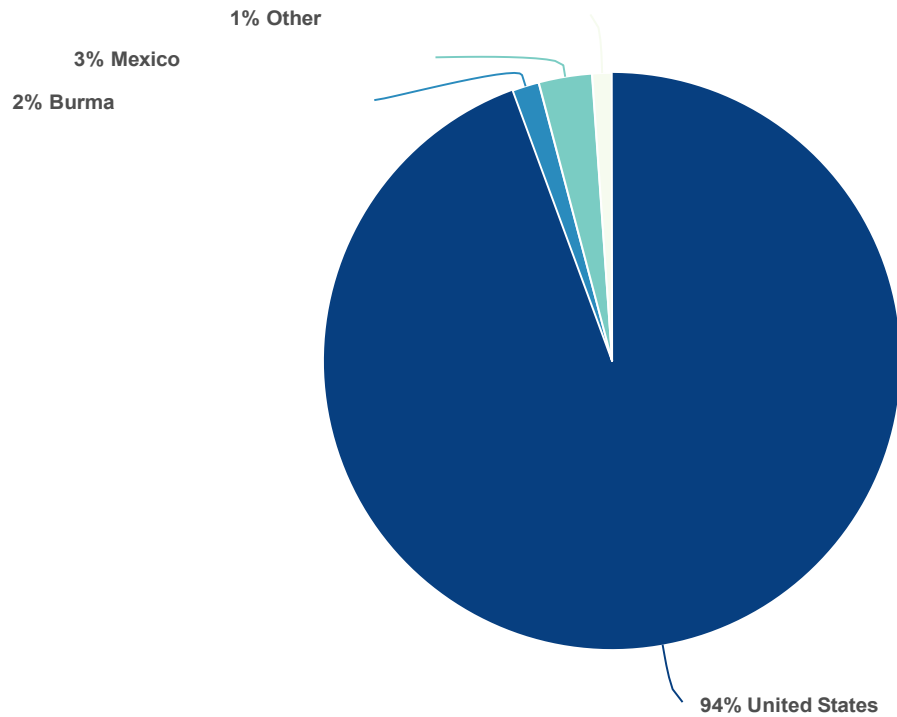
27. Race/Ethnicity (select all that apply)



Value	Percent	Responses
American Indian or Alaskan Native	0.8%	2
Asian	1.9%	5
Black or African American	0.8%	2
Hispanic or Latino	7.3%	19
Native Hawaiian or Other Pacific Islander	0.8%	2
White	90.4%	236
Other	0.8%	2

Other	Count
Not important information to the survey	1
Totals	1

28. Country of birth

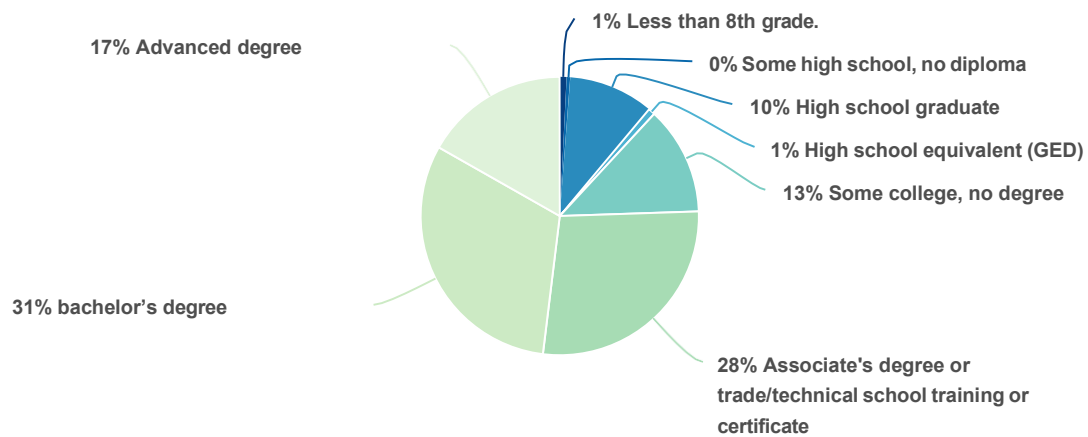


Value	Percent	Responses
United States	94.3%	249
Burma	1.5%	4
Mexico	3.0%	8
Other	1.1%	3

Totals: 264

Other	Count
Germany (US citizen)	1
Philippine	1
Totals	2

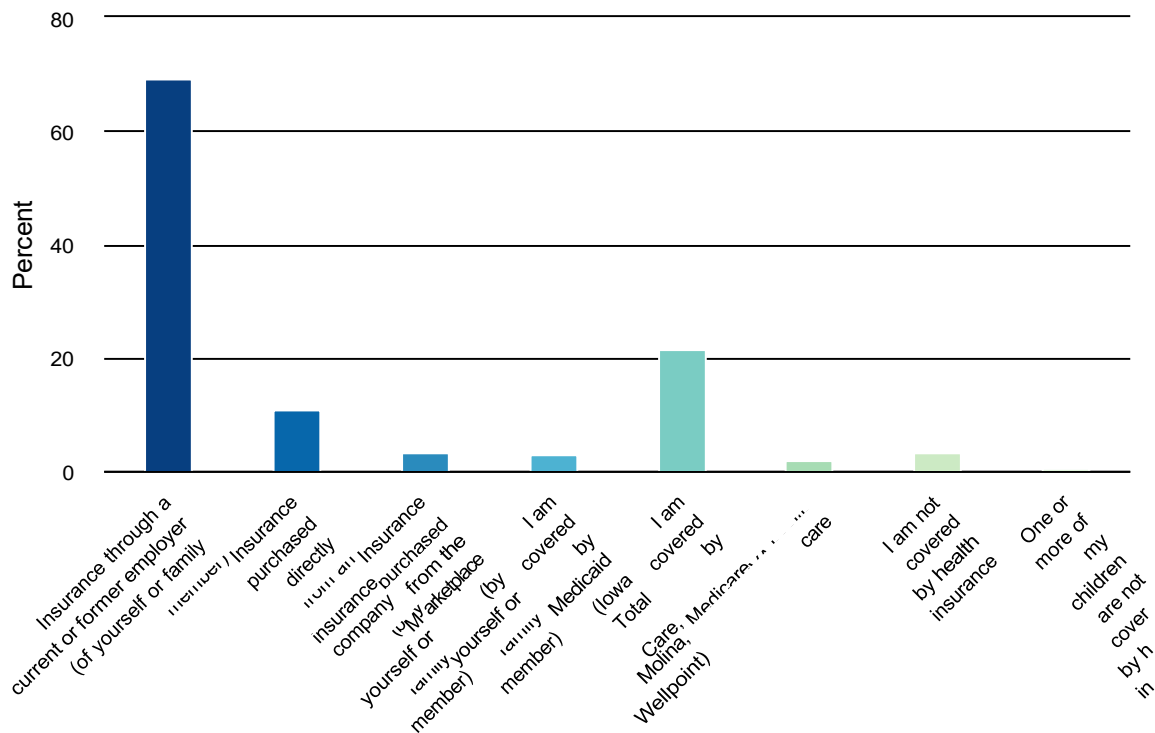
29. Education



Value	Percent	Responses
Less than 8th grade	0.8%	2
Some high school, no diploma	0.4%	1
High school graduate	9.9%	26
High school equivalent (GED)	0.8%	2
Some college, no degree	12.6%	33
Associate's degree or trade/technical school training or certificate	27.5%	72
Bachelor's degree	31.3%	82
Advanced degree	16.8%	44

Totals: 262

30. Health insurance status (select all that apply)

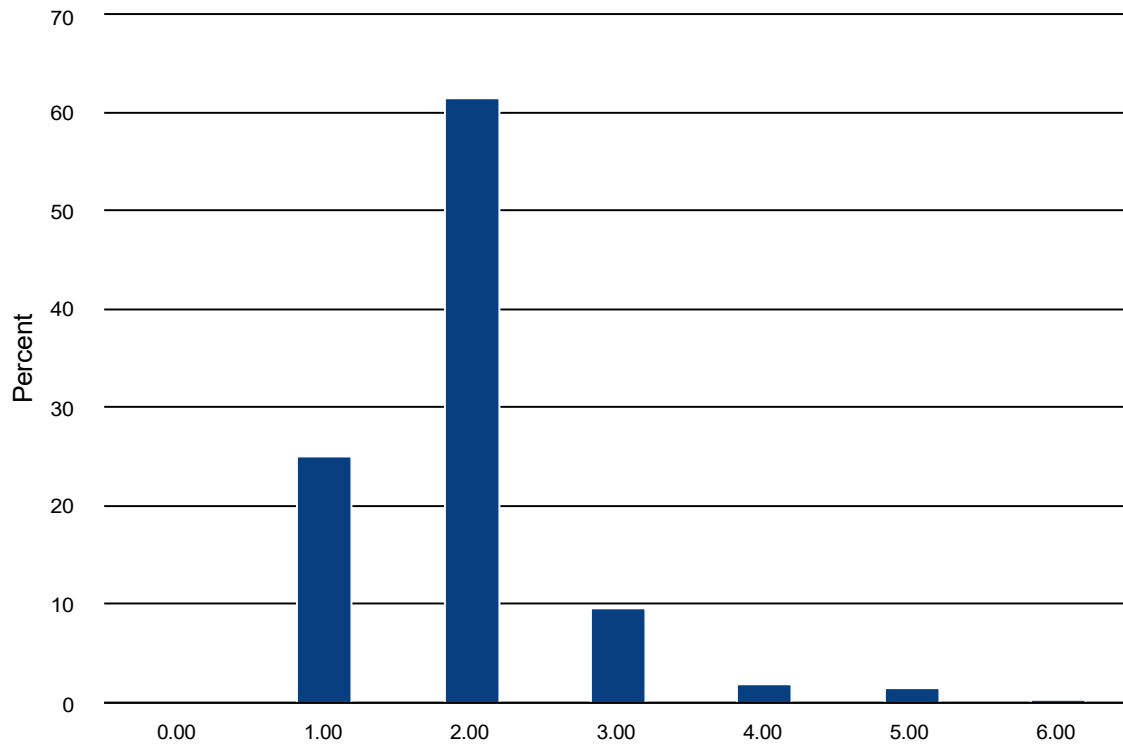


Value	Percent	Responses
Insurance through a current or former employer (of yourself or family member)	69.2%	182
Insurance purchased directly from an insurance company (by yourself or family member)	11.0%	29
Insurance purchased from the Marketplace (by yourself or family member)	3.4%	9
I am covered by Medicaid (Iowa Total Care, Molina, Wellpoint)	3.0%	8
I am covered by Medicare	21.7%	57
VA health care	1.9%	5
I am not covered by health insurance	3.4%	9
One or more of my children are not covered by health insurance	0.8%	2

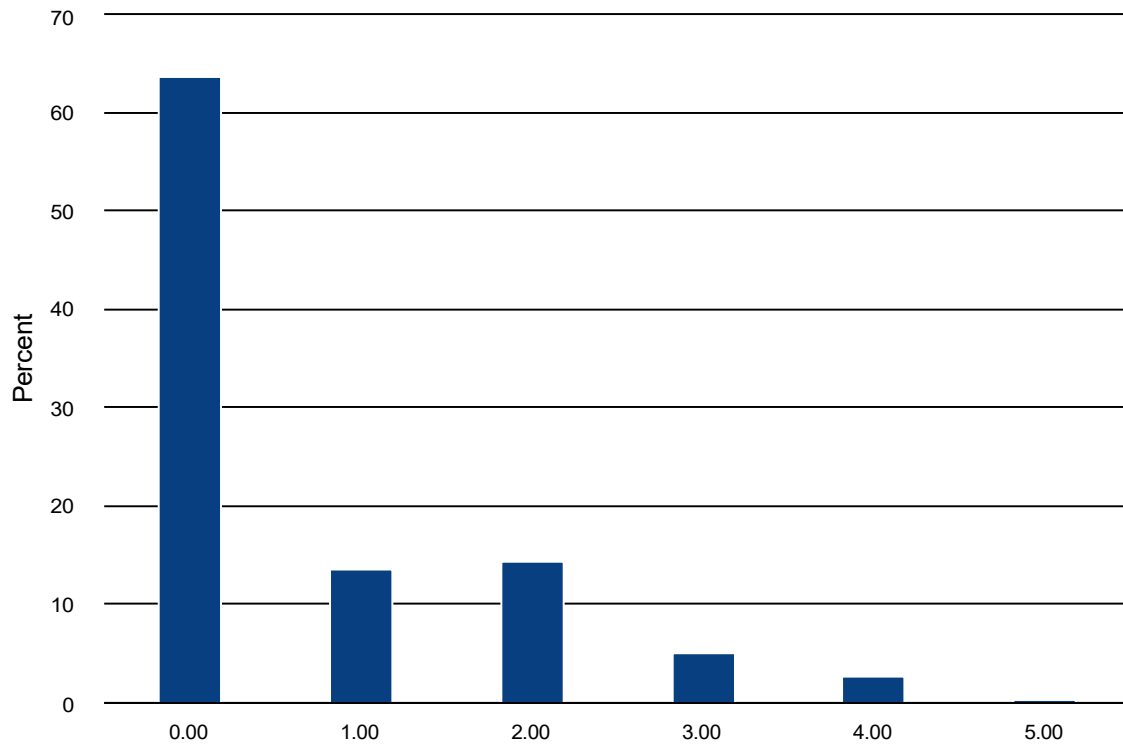
31. How well do you understand the benefits offered under your health insurance plan?

	Very Well (5)	4	3	2	Not at All (1)	Responses
Please Select an Option						
Count	90	95	50	10	2	247
Row %	36.4%	38.5%	20.2%	4.0%	0.8%	
How well do you understand the benefits offered under your health insurance plan?						
Count	0	0	0	0	0	1
Row %	0.0%	0.0%	0.0%	0.0%	0.0%	
Totals						
Total Responses						247

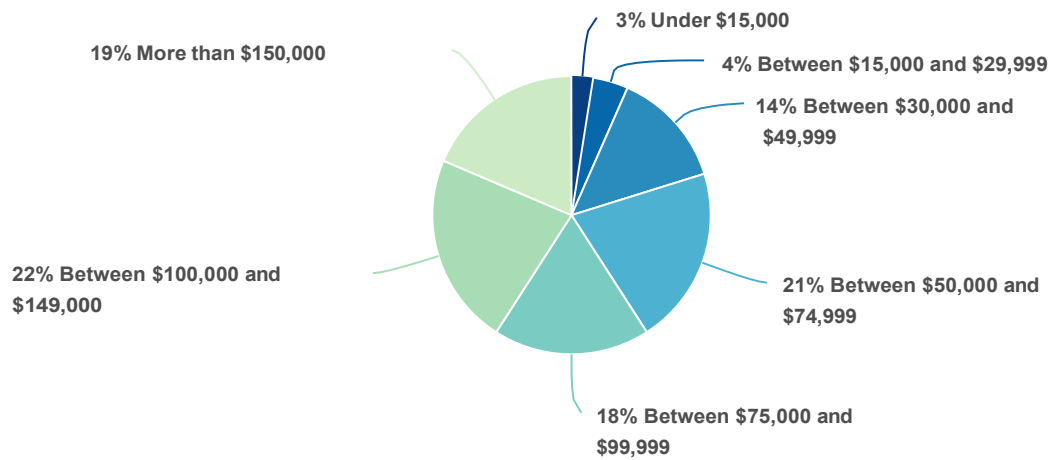
32. Number of adults in home including yourself



33. Number of children in home



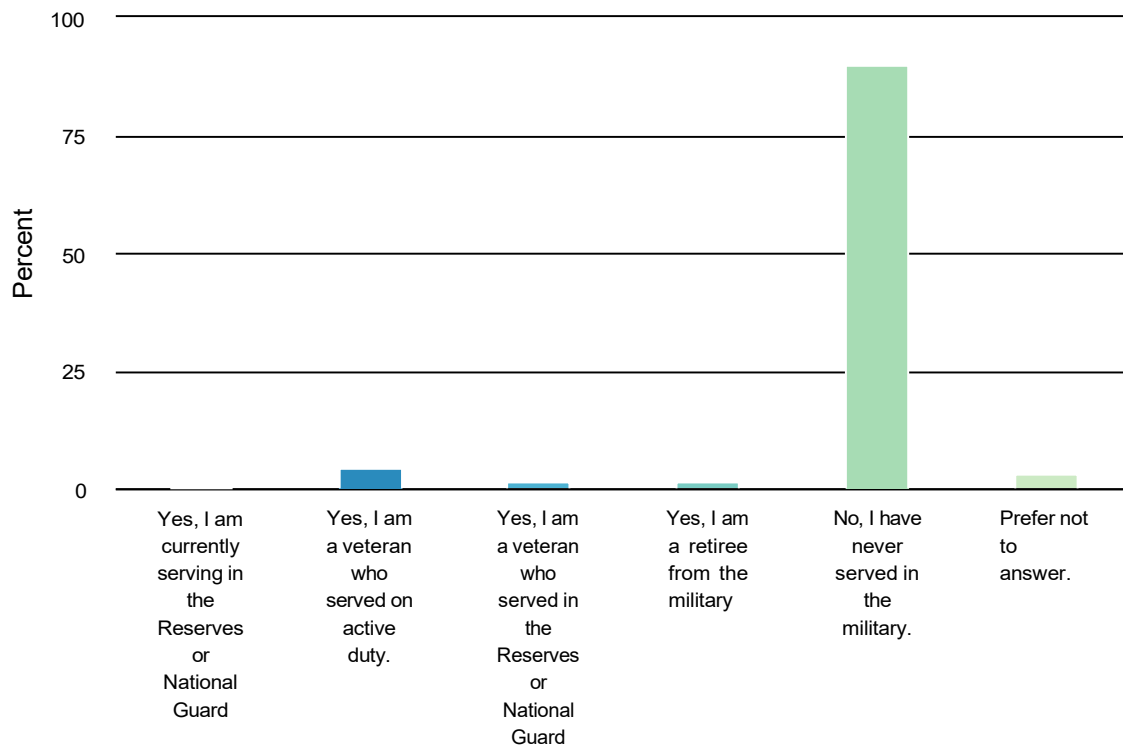
34. What is your family's gross annual income before taxes?



Value	Percent	Responses
Under \$15,000	2.5%	6
Between \$15,000 and \$29,999	4.1%	10
Between \$30,000 and \$49,999	13.6%	33
Between \$50,000 and \$74,999	20.7%	50
Between \$75,000 and \$99,999	18.2%	44
Between \$100,000 and \$149,000	22.3%	54
More than \$150,000	18.6%	45

Totals: 242

35. Veteran/military status (select all that apply)



Value	Percent	Responses
Yes, I am currently serving in the Reserves or National Guard	0.4%	1
Yes, I am a veteran who served on active duty	4.7%	12
Yes, I am a veteran who served in the Reserves or National Guard	1.6%	4
Yes, I am a retiree from the military	1.6%	4
No, I have never served in the military	89.9%	231
Prefer not to answer	3.5%	9