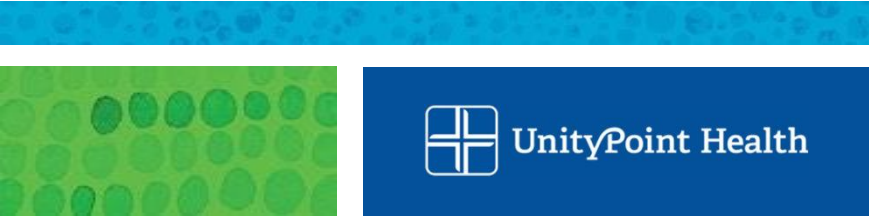


# COMMUNITY HEALTH IMPLEMENTATION PLAN (CHIP)

UnityPoint Health – Marshalltown 2026-2028 Implementation Strategy in response to the 2024 Community Health Needs Assessment



# Introduction/Executive Summary



This document describes the work that is planned and will be executed in 2026 through 2028 to serve and address the needs of residents identified in the Marshall County Iowa 2024 Community Health Needs Assessment. UnityPoint Health – Marshalltown Hospital serves the central Iowa area.

Marshalltown Hospital has provided exceptional healthcare services to the central Iowa area since inception in 1914. A primary function of serving as a community hospital is the participation in the process of assessing the health needs of the entire community and then using that assessment to drive strategic planning. The foundation of the Marshalltown Strategic Plan is the premise that Marshalltown, through collaboration with regional agencies, organizations and healthcare providers, will contribute to community partnerships to meet targeted community needs and to formulate improvement plans to enhance healthcare in the community.

A Community Health Needs Assessment and Community Health Improvement Plan (CHNA & CHIP) is required of local hospitals to obtain reimbursement under Medicare and Community Health Centers. The hospitals performed the CHNA in adherence with federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. This report is intended to inform the central Iowa community about the current status of healthcare and the services provided.

The health needs were determined in 2024 by surveys and comparisons of local health indicators with national benchmarks. The CHNA was created in collaboration with all the community's hospitals, public health departments and several other interested organizations. It is up to each of the collaborators to develop their own implementation strategy; there is a singular CHNA that belongs to the community. This implementation strategy is UnityPoint Health – Marshalltown Hospital's in Marshalltown.

### Population characteristics

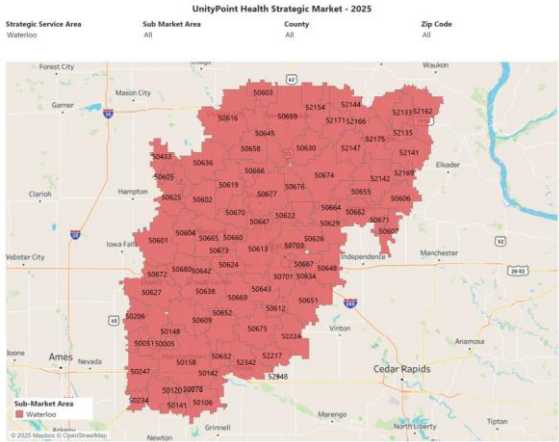
The total population of Marshall County as recorded on the most recent census estimates in 2023 is 39,971. Population per square mile is 69.8. There is nearly an even split between

female and males in Marshall County, 49.3% female and 50.7% male. Persons under 18 years old represent 25.1% of the population while 18.4% are persons 65 years and over. Most of the residents are white, 88.5%, while 3.0% are black. Fourteen percent (14.0%) are foreign-born. In Marshall County we have 2,649 veterans.

Owner-occupied housing makes up 73.3% of the population with a median value of owner-occupied housing of \$134,100. The median monthly mortgage is \$1,257 while the median rent in Marshall County is \$860.

Eighty-seven percent (87.0%) 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 certified minority-owned businesses, consistent with Iowa's Targeted Small Business Program designations. [U.S. Census Bureau QuickFacts: Marshall County](#)



| Race and Hispanic Origin                                      |           |
|---|-----------|
| White alone   | 67.4%     |
| Black or African American alone                               | 1.5%      |
| American Indian or Alaska Native alone                        | 0.2%      |
| Asian alone   | 4.3%      |
| Native Hawaiian and Other Pacific Islander alone              | 0%        |
| Two or more races   | 2.5%      |
| Ethnicity   |           |
| Hispanic or Latino (of any race)                              | 26.1%     |
| Not Hispanic or Latino  | 64.5%     |
| Age   |           |
| Under 5   | 6.10%     |
| Under 18  | 25.1%     |
| 18-64   | 56.5%     |
| 65 and older  | 18.4%     |
| Sex   |           |
| Male  | 50.30%    |
| Female  | 49.70%    |
| Population characteristics                                    |           |
| Foreign born population                                       | 14.60%    |
| Population age 5+, language other than English spoken at home | 24.8%     |
| Veterans  | 2,649     |
| Population with disability, under age 65                      | 9.30%     |
| Housing   |           |
| Owner-occupied housing unit rate                              | 75%       |
| Median value of owner-occupied housing units                  | \$145,500 |
| Median selected monthly owner cost with a mortgage            | \$1,332   |
| Median gross rent   | \$885     |

# Community Health Improvement Plan (CHIP) Background



The Patient Protection and Affordable Care Act, signed into law in March 2010, requires that nonprofit hospitals conduct a Community Health Needs Assessment at least once every three years beginning in March 2012. Departments of Public Health require local public health agencies to conduct a CHNA at least every five years.

These requirements present the opportunity for local community health leaders to join forces and identify priorities that can serve as a guide for programs, policies, and investments. Working together often creates efficiencies, new partnerships, and increased collaboration. Ultimately, community members benefit when data, resources and expertise are shared to attain the common goal of a healthier community. This CHNA was conducted in full partnership with the local health departments, hospitals, and many other community health organizations.

Conducting this comprehensive CHNA involved surveying community members and leaders as well as gathering relevant health data. The choice of our priorities reflects the idea that a high quality medical/clinic system is essential to treat people who are sick, and critical to help restore people's health; but it is not where health is created. Health is created in people's homes, workplaces, neighborhoods, and communities where people make healthy or unhealthy choices and establish healthy or unhealthy habits. The framework for those choices is the social, economic, and built environments we create. These are the Social Drivers of Health (SDoH).

The ACA also requires nonprofit hospitals to complete an **implementation strategy** in response to each CHNA. A hospital's implementation strategy must be a written plan that, for each significant health need identified, describes how the hospital facility plans to address the health need. In describing how a hospital plans to address a significant health need identified through the CHNA, the implementation strategy must:

- Describe the actions the hospital facility intends to take to address the health need and the anticipated impact of these actions.
- Identify the resources the hospital plans to commit to address the health need.
- Describe any planned collaboration between the hospital and other facilities or organizations in addressing the health need.
- Be adopted by an authorized body of the hospital facility.

# CHIP Overview Focus Priority Areas



UnityPoint Health – Marshalltown completed the Community Health Needs Assessment with Marshall County Public Health, PHC, Marshalltown Community School District, YSS, Northeast Iowa Area Agency on Aging, Marshalltown Police Department, United Way, Iowa Workforce Development, Child, Adolescent, and Parent Support, Prairie Ridge, Mid-Iowa Community Action, and the Marshall County Attorney.

Following the aggregations of all data sources, the following priority themes were voted on by community stakeholders for a common vision and alignment among the partners with the following community health needs identified in order of priority:

- Mental Health**
- Obesity**
- Substance Use Disorder/Substance Abuse**
- Aging or disability**
- Diabetes**
- Cancer**
- Heart Disease/Stroke**



Source – 2025 Community Health Needs Assessment. Full reporting is available at [www.unitypoint.org](http://www.unitypoint.org)

# Community Health Improvement Plan (CHIP) Priorities



## Rationale Guiding the Approach

UnityPoint Health – Marshalltown acknowledges the range of priority health and social issues identified through the Community Health Needs Assessment (CHNA) in 2024 are all meaningful for optimal health for communities and individuals, especially those most vulnerable amongst us.

UnityPoint Health - Marshalltown looked at many health and social issues through the Community Health Needs Assessment (CHNA). Marshalltown Hospital deliberated and decided to focus on the most urgent issues it can realistically influence and lead efforts on.

At the same time, UnityPoint Health – Marshalltown will keep supporting other community health needs and continue to help in areas that intersect with the top three priorities based on collaboration with Marshall County Public Health.

The UnityPoint Health – Waterloo Board of Directors is accountable for prioritization allowing Marshalltown Hospital to sharpen our focus. The following three priorities were recommended as each squarely address health needs over the course of the next improvement cycle to promote health and well being for all members of the communities we serve. We aligned existing UnityPoint Health objectives with new strategies to maximize impact and deliver a more coordinated, effective approach.

**Priority 1: Mental Health**

**Priority 2: Obesity**

**Priority 3: Substance Use**



## 2026-2028 Initiatives to Address Community Health Needs

### Priority Supported

**Mental Health**

**Obesity**

**Substance Use**

1 Enhance Care Coordination

X

2 Investigate internal support for virtual care

X

3 Increase Access to and Align Existing Behavioral Health Resources and Referral Coordination

X

4 Expand current programs/concepts

X

5 Access to healthy food education

X

6 Smooth Referral Program/Transitions

X

7 Smoking cessation campaign

X

8 Narcan availability awareness

X

## Priority 1: Mental Health

| Initiative  | Focused Tactics   | Anticipated Impact   | Existing or Planned Collaborations  | Resources   |
|---|---|--|---|---|
| Enhance care coordination   | <ul style="list-style-type: none"> <li>• Maintain connection with community service providers</li> <li>• Investigate community support for same-day/next-day care</li> </ul>  | Quarterly connects   | Prairie Ridge, Youth Social Services, Center Associates, Mid-Iowa Triumph Recovery Center, Together We Can, Wild Spirits                  | <ul style="list-style-type: none"> <li>• Education and Outreach Materials</li> <li>• Protocol for referrals</li> <li>• Substance Abuse and Mental Health Services Administration (SAMHSA) Grant Funding</li> <li>• 211 (essential community services)</li> <li>• 988 (suicide and crisis lifeline)</li> </ul> |
| Investigate internal support for virtual care   | <ul style="list-style-type: none"> <li>• Explore service availability within UnityPoint Health</li> </ul>   | Increased availability of mental health services, decreased cost       | UPH Behavioral Health Service Line Leadership   | <ul style="list-style-type: none"> <li>• Financial support for services</li> </ul>  |
| Increase Access to and Align Existing Behavioral Health Resources and Referral Coordination | <ul style="list-style-type: none"> <li>• Investigate shared approaches with agencies</li> <li>• Establish smooth referral process between/among agencies</li> <li>• Community education on VAR (Validate, Acknowledge, Refer)</li> <li>• Community-wide Mental Health Fair</li> </ul> | Patients referred to appropriate mental health services, based on need | Prairie Ridge, YSS, Center Associates, Marshall County Public Health, Mid-Iowa Triumph Recovery Center, Together We Can, Wild Spirits, VA | <ul style="list-style-type: none"> <li>• Education and Outreach Materials</li> <li>• Protocol for referrals</li> <li>• 211 (essential community services)</li> <li>• 988 (suicide and crisis lifeline)</li> </ul>   |

**Priority 2: Obesity**

| Initiative                       | Focused Tactics  | Anticipated Impact                                     | Existing or Planned Collaborations                        | Resources  |
|----------------------------------|--|--|---|--|
| Expand current programs/concepts | <ul style="list-style-type: none"> <li>• Family Medicine Clinic dietitian visits</li> <li>• Provider education on patient access to services</li> <li>• Medicare annual wellness visit information</li> <li>• Health literacy</li> </ul> | Improved community access to health literacy materials | Marshall County Public Health, YMCA, Iowa State Extension | <ul style="list-style-type: none"> <li>• Marketing administrative assistance for digital/print releases</li> </ul> |
| Access to healthy food education | <ul style="list-style-type: none"> <li>• Resource list</li> </ul>  | Improved community access to health literacy materials | Marshall County Public Health, YMCA                       | <ul style="list-style-type: none"> <li>• Marketing administrative assistance for digital/print releases</li> </ul> |

### Priority 3: Substance Use

| Initiative                          | Focused Tactics  | Anticipated Impact                       | Existing or Planned Collaborations  | Resources   |
|-------------------------------------|--|--|---|---|
| Smooth Referral Program/Transitions | <ul style="list-style-type: none"> <li>• Support discharge education and follow-through</li> </ul>                                     | More patients keep follow-up care        | Prairie Ridge, Center Associates, Youth Social Services, Triumph Recovery                                   |   |
| Smoking cessation campaign          | <ul style="list-style-type: none"> <li>• Community agency collaboration on campaign</li> <li>• Stress-Management Strategies</li> </ul> | Decreased tobacco use in Marshall County | Marshall County Public Health, YSS, Prairie Ridge, American Lung Association, IVCCD                         | <ul style="list-style-type: none"> <li>• Education and outreach information</li> <li>• Promotional materials</li> </ul> |
| Narcan availability awareness       | <ul style="list-style-type: none"> <li>• Community trainings</li> </ul>  | Increased community awareness            | Marshall County Public Health, Prairie Ridge, Youth Social Services, Iowa Valley Community College District | <ul style="list-style-type: none"> <li>• Education and outreach information</li> <li>• Promotional materials</li> </ul> |

# CHIP Marshalltown Hospital – Implementation Strategy



To facilitate the implementation strategy, this presented work plan will be used as a guide to identify the initiatives, actions, anticipated impact, partners, and resources for each priority. These templates will serve as a working document as we carry out this plan over the next three years. The initial development of this plan started with identifying existing tactics that UPH-Marshalltown has in place to address each priority. Capitalizing on existing work provided a solid point to start as we continue the work.

The team responsible for advancing this work is the:

- **Community Health Implementation Plan (CHIP) Steering Committee**, which consists of hospital and community agency leaders.

The CHIP Steering Committee will convene 1-2 times annually to:

1. Identify new tactics that may have been implemented that align with the work.
2. Identify progress and measures that align with the identified initiatives.
3. Consider changes or additions that may need to be made within the initiatives.
4. Consider opportunities for identifying new partners and resources.

Coordination and follow-up will be the responsibility of the CHIP Steering Committee. The implementation of many of these tactics will require its own strategic plan. In many cases various partners will be needed to move the work forward including foundations, healthcare systems, public health, and government agencies. It will also at times require closer local and regional UnityPoint Health partners. Some of the tactics identified will require collaboration with UnityPoint Health System Services and UnityPoint Clinic to be successful.

To carry out some of these tactics will require a dynamic approach as some of them respond to issues that can be fluid within the changing environment of healthcare and communities. Some of the tactics are also bold and large in scale. This will require leveraging significant resources and partners.

# About UnityPoint Health - Marshalltown

## Our Mission, Our Vision, Our Values

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's 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.



## Communication Plan

### Approval of 2026-2028 Community Health Needs Assessment and Three Focus Areas by the UnityPoint Health – Marshalltown Hospital Board of Directors

- December 15, 2025

### Approval of 2026-2028 Implementation Strategy by the UnityPoint Health – Marshalltown Board of Directors

- February 16, 2026

### Other communication

- Press Release sent to local media outlets
- Final CHNA and CHIP is posted on [unitypoint.org](http://unitypoint.org)

