Community Health Needs Assessment UnityPoint Health-Marshalltown

2020-2022

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I. Community Served by the Hospital

The UnityPoint Health-Marshalltown market includes Marshall, Tama and Grundy counties in central lowa. Their combined population is 69,189 people.¹

- Marshall County includes 39,981 persons, 58% of the market.
- Tama County includes 16,904 persons, 24% of the market
- Grundy County includes 12,304 persons, 18% of the market

Marshall County is the diverse center of population, jobs, economic growth and services for the market. Marshalltown, population 27,068, is the only community of more than 3,000 residents in the three counties. Marshall County residents and agencies were the majority respondents to this assessment.

II. 2019 Community Health Needs Assessment Process

Eight Black Hawk County healthcare providers and allied service organizations came together in the winter of 2019 to write and publish two online surveys to identify the community health needs of the Waterloo region of Eastern Iowa. They include Black Hawk County Gaming Association; Black Hawk County Public Health Department; Cedar Valley United Way; MercyOne Medical Center; Peoples Community Health Clinic; Success Link; UnityPoint Health-Allen Hospital; and the University of Northern Iowa departments of library and political sciences.

Both surveys were adapted in the summer of 2019 to identify and prioritize community health needs in the Marshalltown region of Central Iowa. UnityPoint Health-Marshalltown shares the administrative and clinical leadership of UnityPoint Health-Allen Hospital in Waterloo. The surveys were upgraded to add four questions about the health needs of military veterans.

The 36-question survey for Marshalltown-area residents was published from September 15 – November 17, 2019. It drew 526 unique online responses.

The 36-question survey for Marshalltown-area agencies was published from September 25 – November 17, 2019. It drew 23 unique online responses.

The resident survey also was published in hard copy in Spanish from October 29 – November 30, 2019. The Spanish survey was added to attract residents unwilling or unable to participate in online surveys.

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¹ Quick Facts, United States Census Bureau 2018

The planning team for the surveys met at UnityPoint Health-Marshalltown on April 25, 2019. The team included:

- Shari King, regional director of Operations, Marshalltown and Waterloo
- Deirdre Gruendler, executive director, UnityPoint Health-Marshalltown Foundation
- Kelly Knott, financial counselor, UnityPoint Health-Marshalltown
- Andrea Gomez, executive assistant, UnityPoint Health-Marshalltown
- Jim Waterbury, community relations consultant, UnityPoint Health-Waterloo

Adaptation, publicity, execution and analysis of the surveys were done by:

- Sean Hyland, marketing communications specialist for Marshalltown
- Deidre Gruendler, executive director, UnityPoint Health-Marshalltown Foundation
- Jim Waterbury, community relations consultant, UnityPoint Health-Waterloo

SurveyMonkey was the only outside party or service used in this assessment.

III. Community Input

Residents throughout the area were invited to participate with newspaper stories published the week of week of September 16, 2019, in these publications:

- Enterprise Record, State Center
- *Grundy Register*, Grundy Center
- Northern Sun, Gladbrook
- Reinbeck Courier, Reinbeck
- Star Clipper, Traer
- Tama News Herald, Tama
- Times-Republican, Marshalltown

Residents were reminded of the survey in a follow-up story published October 28-29, 2019, in the *Times-Republican*, Marshalltown.

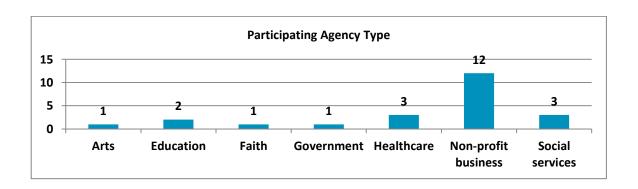
Residents were invited to participate with a prominent banner headline and survey link published throughout the survey period on the UnityPoint Health-Marshalltown website home page.

The Marshalltown survey team invited 28 community organizations and large-group-meeting participants to complete the agency survey on behalf of their clients and the community at large. Some organizations include multiple agencies. The initiative drew 23 unique online survey replies from these agencies:

- Al Exito
- Big Brothers Big Sisters Heart of lowa
- CAPS Child Abuse Prevention Services
- Center Associates (Mental Health)
- House of Compassion
- Immigrant Allies
- Iowa Veterans Home
- JA of Central Iowa
- Marshall County Child Care Services
- Marshalltown Area Chamber of Commerce
- Marshalltown Area United Way

- Marshalltown Rotary Club
- Marshalltown Senior Citizens Center
- Marshalltown YMCA-YWCA
- MICA Mid-Iowa Community Action
- Mid-lowa Triumph Recovery Center
- Mid-Iowa Workshops
- NEI Area Agency on Aging
- RSVP Central Iowa
- Salvation Army
- StrengthFinders Workshop
- Youth Standing Strong of Marshall County

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. Prioritized Significant Community Health Needs

Identifying and prioritizing community health needs is always subjective. Answers depend entirely on respondents' definition of their own community. We know from childhood where we belong, but we seldom question why.

A community is "a unified body of individuals...with common interests living in a particular area broadly." Community boundaries are not defined by kinship, proximity or GPS coordinates. They are defined by givens and issues that determine the general welfare—the health, peace, morality and safety of its citizens.

Community membership requires our physical presence. We have to be there to count. But it also requires emotional engagement, a much more elusive term. Community is not just where we live. Community is also what we do. And it's where we feel we belong.

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, and 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.

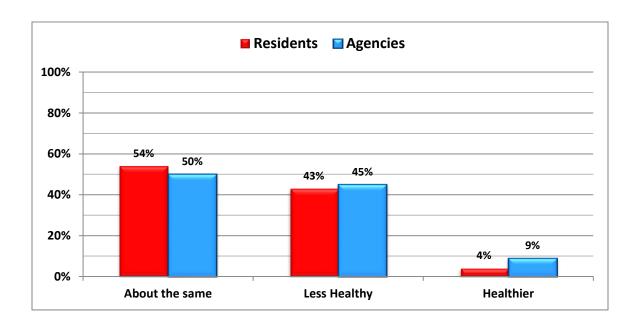
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² Merriam Webster abridged dictionary



1. Are people in your community healthier, less healthy or about the same over the past five years?

Residents Answered: 518 Skipped: 8 Agencies Answered: 23 Skipped: 0



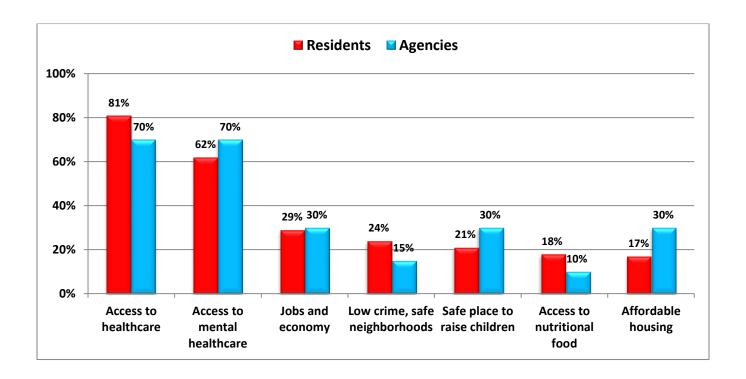
Community health needs assessments survey how people feel, not only about themselves but about their neighbors and communities. They are snapshots of a moment in time.

For this survey, roughly half of residents think their communities' health either remained stable or declined. Only four percent of residents think their community is healthier today than it was in 2014.

These answers correspond well to high levels of stress and sleeplessness participants have noted in the Mental Health (p.27) section of this assessment.

2. What three things are most important to making your community healthy?

Residents Answered: 497 Skipped: 29 Agencies Answered: 22 Skipped: 1



The top three factors residents and agencies identify for a healthy community are:

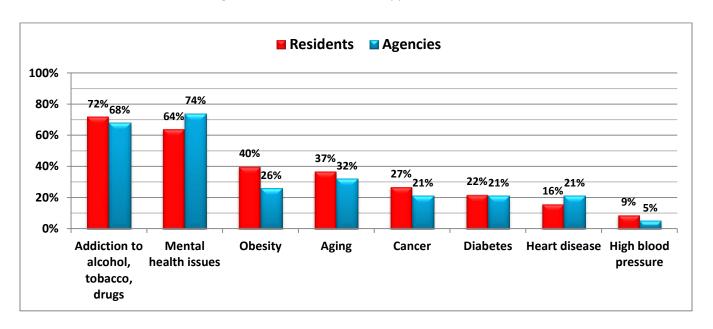
- Access to healthcare
- Access to mental healthcare
- Jobs and economy

Access does not mean simple availability. Health insurance is almost always available but all too frequently inaccessible because of cost or the health of the person seeking it. In healthcare, access means easy, dependable availability and navigation of services, when and where people need care.

Excellent healthcare access means having the right providers available in the right places at the right time for the right services. It includes having sites, services, and office and clinic hours and appointments designed to meet the needs of patients and families living in an online, on-demand culture.

3. What are the top three health problems in your community?

Residents Answered: 487 Skipped: 39 Agencies Answered: 20 Skipped: 3



The top three health community health problems are:

- Addiction to alcohol, tobacco and drugs
- Mental health issues
- Obesity

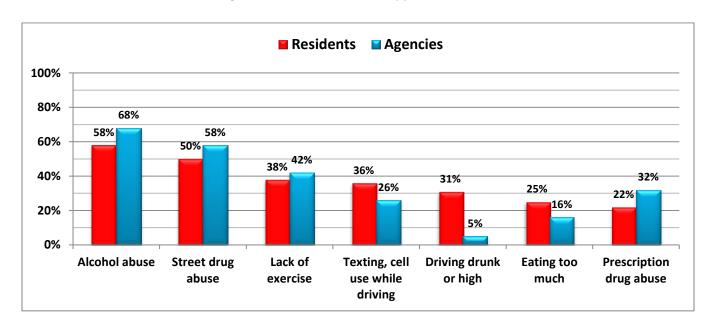
Marshalltown ranks 59th in health outcomes among lowa's 99 counties. It has similar rankings for rates of addiction.

lowa and the nation have a mental health crisis, exacerbated by an acute shortage of mental health providers, outpatient clinics and inpatient beds. One in five Americans has one or more mental illnesses, a figure that includes children and teens. Most mental illness is both chronic and treatable in low-cost, outpatient settings. The crisis in our system today is the lack of providers, care settings and enough funding to even begin meeting demand that has overwhelmed supply.

lowa is now the fourth-heaviest state in the nation. Thirty-six percent of lowa adults are clinically obese, with a body mass index greater than 30. (Overweight starts at a body mass index greater than 25). Obesity contributes to every other condition on the chart. From 1990 -2015, obesity in lowa doubled. So did diabetes.

4. What are the top three risky adult behaviors in your community?

Residents Answered: 477 Skipped: 49 Agencies Answered: 19 Skipped: 4



Four addictions make the list of the top risky adult behaviors:

- Alcohol abuse
- Street drug abuse
- Prescription drug abuse

Two risky driving behaviors are right behind:

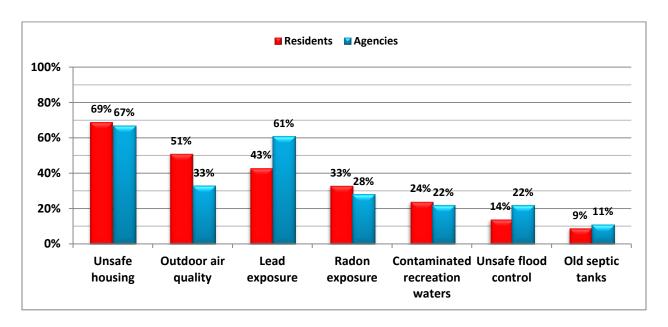
- Texting while driving
- Drunk driving

The remaining two risky behaviors go hand-in-hand. Lack of exercise ties to eating too much because the number of calories we need depends on how many calories we burn. Many American adults burn only 2,000-2,500 calories a day. When we eat more calories than we burn, we gain weight.

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5. What are the top three environmental threats to your community?

Residents Answered: 447 Skipped: 79 Agencies Answered: 19 Skipped: 4



The top three environmental treats to our communities are:

- Unsafe housing
- Outdoor air quality
- Lead exposure

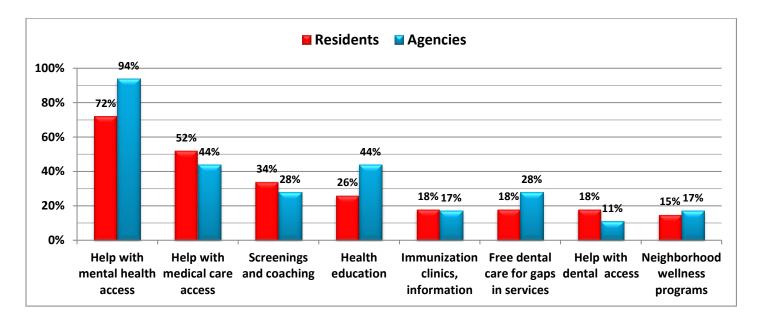
Unsafe housing is a byproduct of poverty, urban decay and the slow collapse of rural communities built for an agrarian population that moved off the farm generations ago. Communities in Marshall, Tama and Grundy counties have all three factors.

Despite abundant open spaces and lack of heavy traffic or major metropolitan areas, lowa ranks low in air quality. Iowa is in the bottom half of most state air quality rankings.

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.

6. What are the top three public health services (funded by tax dollars) your community needs to be healthy?

Residents Answered: 451 Skipped: 75 Agencies Answered: 18 Skipped: 5



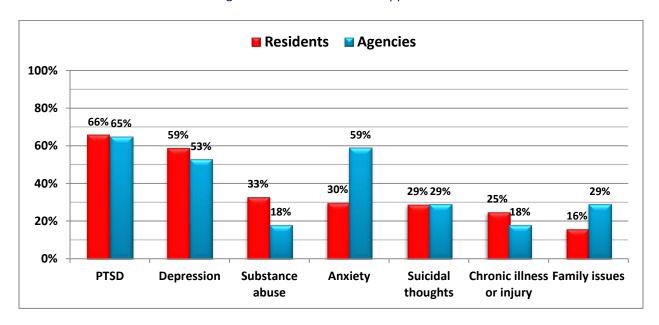
Residents and agencies make a strong case for improved access to facilities and services as well as health screenings, coaching and education. They also make it clear that we as providers need to offer more help to patients and families to understand what we offer and how they can access it.

Emphasis on widespread prevention or early treatment of disease is a major shift in American thinking. We have developed a healthy focus on wellness, but we not yet embraced the fact that wellness is the product of doing many things right and not doing some things at all, over a period of time. Prevention, early intervention and education are almost always better and easier than cure. Education is a low-cost, effective starting point for any health issue.



7. For veterans: What are the top three health problems for veterans in your community?

Residents Answered: 92 Skipped: 434 Agencies Answered: 18 Skipped: 5

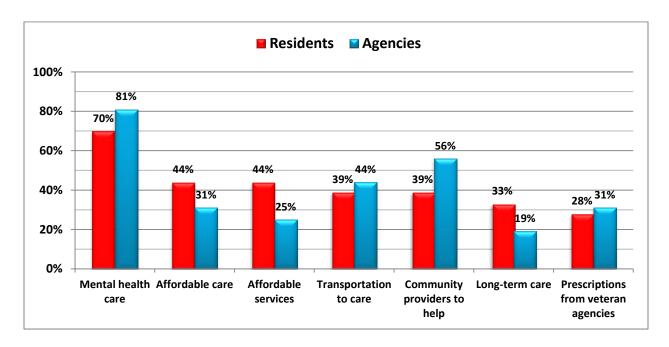


Questions 7-10 were set aside for veterans and agencies that provide services to them. Both sets of responses were remarkably consistent for large majorities of veterans: post-traumatic-stress disorder (PTSD) and depression. Anxiety, substance abuse and suicidal thoughts afflict another third of veterans.

All of these issues are treated by mental health providers, but Iowa has a chronic shortage of psychiatrists and huge gaps in both inpatient and outpatient mental health care. See Questions 21-25 (p.26).

8. For veterans: What are the top three things veterans in your community need for better healthcare today?

Residents Answered: 90 Skipped: 436 Agencies Answered: 17 Skipped: 6



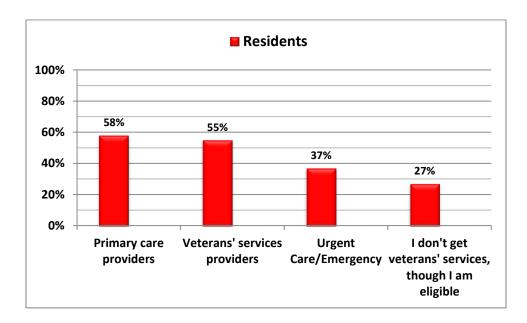
Three-fourths of veterans know they need mental care. Half know they need it at more affordable cost.

The solution is easy to state and difficult to provide. Iowa, like every state in the nation, needs more mental health providers, more outpatient services, more affordable mental health drugs and more mental health inpatient beds.

None of these is likely to happen. Our country has been reducing inpatient mental health services for 40 years. That long-term trend has run headlong into the long-term supply of veterans from 50 years of war. The number of veterans needing services far outstrips the supply of providers, clinics and hospitals available to help them.

9. For veterans: Where do you get veterans' healthcare today? Select all that apply.

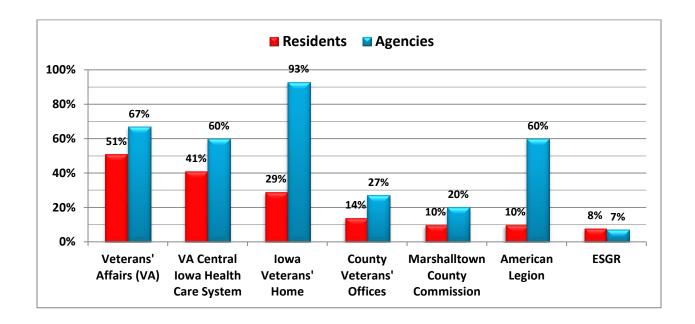
Residents Answered: 76 Skipped: 450 Agencies Answered: 16 Skipped: 7



Like most of us, veterans get services from several different sources. Unlike most of us, one-quarter of veterans in this survey do not get services for which they are eligible. The data does not tell us why.

10. For veterans: Do you receive healthcare help or services from these veterans' organizations? Select all that apply.

Residents Answered: 49 Skipped: 477 Agencies Answered: 15 Skipped: 8

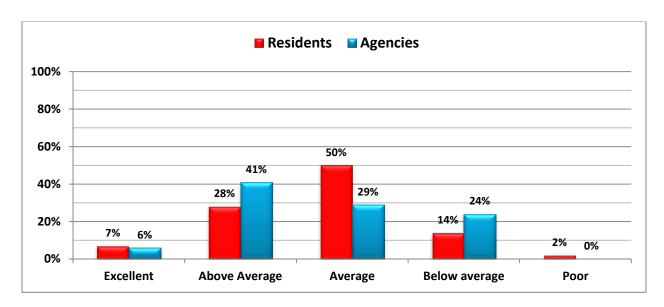


Only half the veterans who answered Question 7 answered Question 10. Residents' answers reflect individual choices. Agencies' answers identify where their clients seek veterans services. Veterans Administration facilities lead both lists.



11. How do you rate your own physical health?

Residents Answered: 434 Skipped: 92 Agencies Answered: 17 Skipped: 6

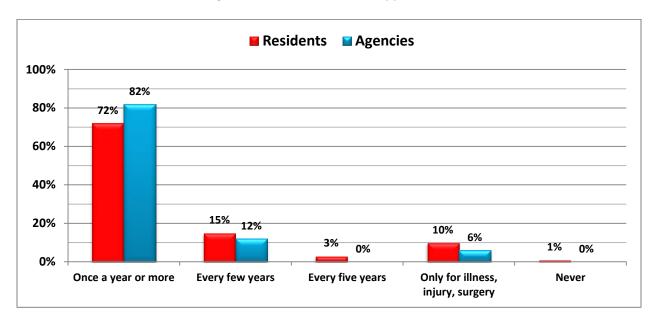


Residents and agencies both responded on the high side to this question. Statistically, only 50% of a population are apt to be average or above. In this case, 85% of respondents and 76% of agencies claimed that health status.

These self-evaluations contrast with answers to Question 1, where only 4% of respondents thought their communities are healthier than they were five years ago. It points to a common phenomenon in polling. It's easy to find fault with others and still overlook those same faults in ourselves.

12. How often do you have a health checkup and physical exam?

Residents Answered: 441 Skipped: 85 Agencies Answered: 17 Skipped: 6

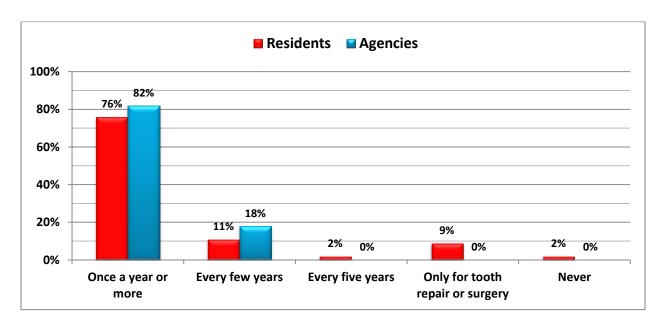


lowa ranks slightly below the national average for primary care physicians per 100,000 residents. The national average is 157. Iowa indexes at 147.

Most residents and agency clients complete annual health checkups. That may be because most respondents are insured. See Question 34 (p.39). The ability to pay for healthcare is an important access issue.

13. How often do you have a dental checkup and cleaning?

Residents Answered: 440 Skipped: 86 Agencies Answered: 17 Skipped: 6

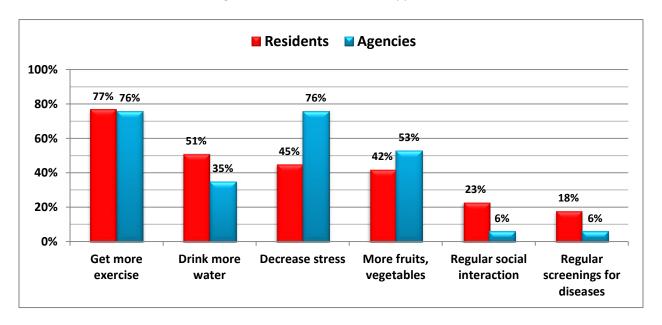


Dental care is less available in the United States than healthcare. About 75% of Americans have dental insurance, and 90% of dental insurance plans are employer-sponsored. Even with full employment, many jobs do not come with health or dental benefits.

Lack of regular dental care can cause tooth decay, tooth loss and gum disease. It also 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.

14. What three healthy behaviors would you like to start doing or do more often to maintain or improve your health?

Residents Answered: 438 Skipped: 858 Agencies Answered: 17 Skipped: 6



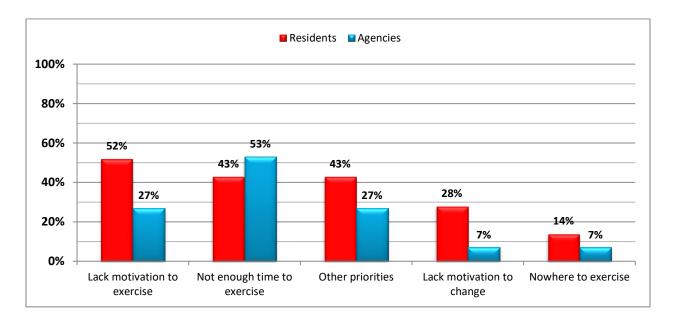
Most of us know we need more exercise. The responses here mirror responses in Question 4. Residents and agencies both identified lack of exercise as a common risky behavior for adults.

The urge to drink more water may have as much to do with good marketing as it does good health. We all need proper hydration, but the constant advertising to drink more water sells a great deal of it, mostly in bottles with exceptional profit margins. Many studies indicate that Americans already drink enough water, though much of it comes with calories and caffeine from soda, alcoholic drinks and coffee.

The need for ways to deal with stress shows up throughout this survey. See the Section VII Community Health link (p.44), *Americans Are Among the Most Stressed People In the World.*

15. What prevents you from doing healthier behaviors? Select all that apply.

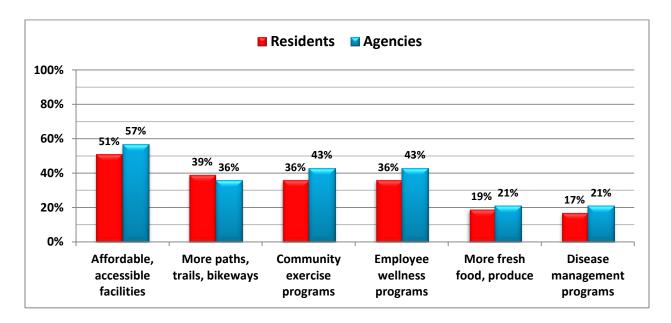
Residents Answered: 393 Skipped: 133 Agencies Answered: 15 Skipped: 8



The top three responses to Question 15 say the same thing three different ways. Regular exercise is relatively rare among American adults across the age spectrum. We like sportswear, we love running shoes, but for the most part, we look the part but don't actually get much daily exercise. The Center for Disease Control estimates the average American adult gets about 15 minutes of vigorous exercise a day, less than half the recommended amount.

16. What would help you start or maintain a healthier lifestyle? Select all that apply.

Residents Answered: 355 Skipped: 171 Agencies Answered: 14 Skipped: 9



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

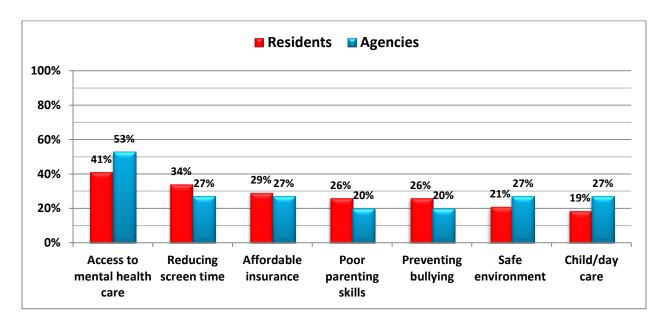
However, just having programs and facilities does not mean people will do the work necessary to attend often enough and work hard enough to make a difference. Sports gyms depend on this, selling many new memberships every January to people who stop showing up again by February. Wellness programs often run aground on a different barrier. While they are great for employees who are already exercising, wellness programs tend to help that group a lot while attracting relatively few new members.

We all need exercise at every age, and most of us need a lot more than we are getting. The common tripwire for all of us is that exercise can't be delegated. There is no health benefit for those who don't put in the work.



17. What are the top three community needs to maintain or improve children's health?

Residents Answered: 395 Skipped: 131 Agencies Answered: 15 Skipped: 8



Access to mental healthcare is even more difficult for children than adults. Iowa ranks 41st in psychiatrists per capita and 50th for inpatient mental health beds. Only a handful of Iowa psychiatrists specialize in children and teens.

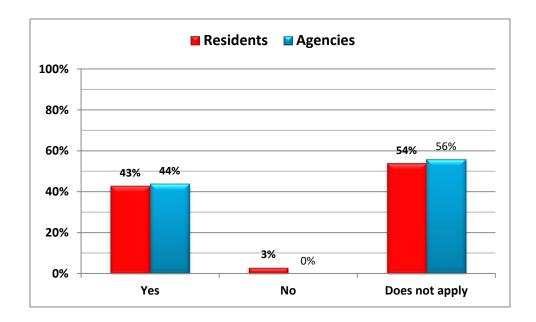
Poor parenting, the top children's healthcare concern of residents and agencies alike, also ranked high in the UnityPoint Health-Allen Hospital 2017-2019 health needs assessment for the Cedar Valley.

Poor parenting concerns underscores the needs for children to have less screen time and safe, secure environments. Those are personal and community health issues. See Section IV, Adverse Childhood Experiences (ACES) (p.31).

Bullying is not a new concern, but its frequency and severity is increasing. Online bullying is particularly difficult to address. Parents often have little idea how many predators lurk online and how easy it is for them to prey on even young children.

18. Do your dependent children get regular physical exams and vaccinations?

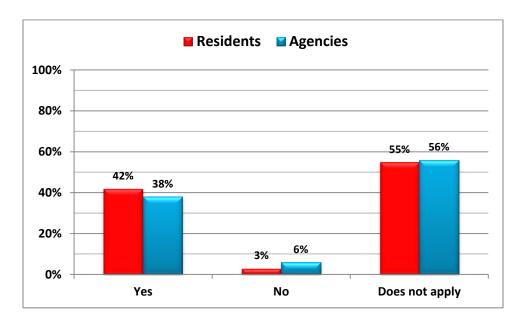
Residents Answered: 401 Skipped: 125 Agencies Answered: 16 Skipped: 7



Although 125 residents did not reply, 93% of those who did stated their dependent children get regular exams and vaccinations. Marshalltown High School's reported vaccination rate in 2016-2017 was 97.66%. Grundy County public school vaccination rates for the period ranged from 96-99%. Tama County public school vaccination rates ranged from 94-99%.

19. Do your dependent children get regular dental exams and treatment?

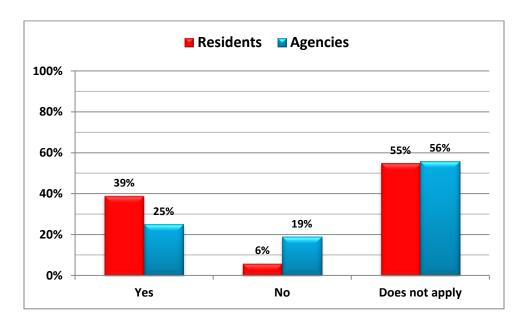
Residents Answered: 403 Skipped: 123 Agencies Answered: 16 Skipped: 7



Almost all respondents to the surveys have health insurance. Not all have dental insurance. With that in mind, residents in this survey are still over-performing in our communities relative to their ability to pay for dental services.

20. Do your dependent children get regular vision exams and glasses or contact lenses as needed?

Residents Answered: 403 Skipped: 123 Agencies Answered: 16 Skipped: 7



Eye exams and glasses usually are not covered under healthcare insurance policies.

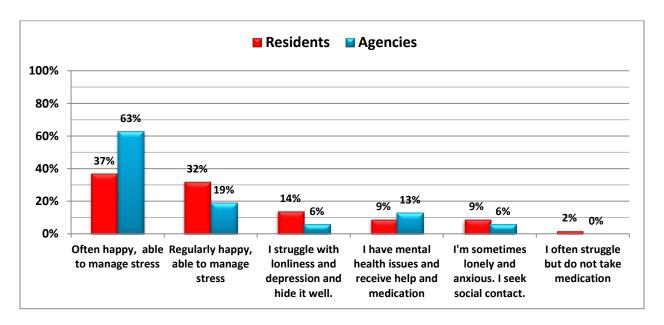
This topic deserves attention because nationwide, 10%-12% of primary school students have undiagnosed vision problems. The most common is myopia—nearsightedness. Undiagnosed kids who can't see well usually can't read well. Kids who can't read well by the 4th grade are at risk of being sidelined academically for the rest of their lives. Poor reading skills are leading indicators of students who will eventually drop out prior to graduation.

There are several effective programs that offer students free eye exams and glasses, but they are not yet widespread. A 2018 Vision to Learn clinic at Irving School in Waterloo identified 29 elementary students who needed and got glasses. The program continues in Waterloo and Dubuque.



21. Which one statement best describes your mental health?

Residents Answered: 407 Skipped: 119 Agencies Answered: 16 Skipped: 7

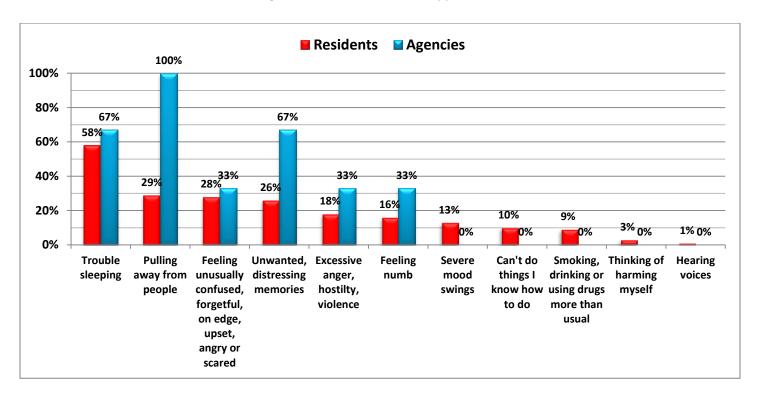


Majorities of residents and agencies indicated they generally are not dealing with mental health issues in their daily lives. That correlates well with national norms, which predict at about one in five American adults will have one or more mental illnesses.

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

22. Are you currently experiencing any of the following? Select all that apply.

Residents Answered: 199 Skipped: 327 Agencies Answered: 3 Skipped: 20

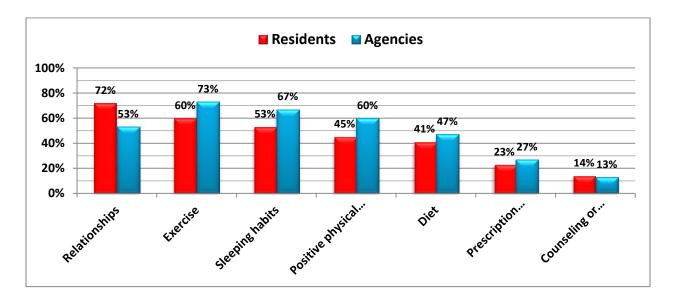


Four out of ten residents and 90% of agencies skipped this question, reducing the sample size. For those who responded, trouble sleeping was by far the most common symptom of stress.

The next two responses, pulling away from people and feeling unusually confused, are also common responses and frequent signs of emotional stress. While we did not test for it, some of these issues may be driven by too much work, too much screen time and too little time spent unplugged and free to recharge. See Question 17 above. A significant number of residents and agencies indicate their children are spending too much time online. Children learn from parents' example.

23. What improves your mental health? Select all that apply.

Residents Answered: 398 Skipped: 128 Agencies Answered: 15 Skipped: 8

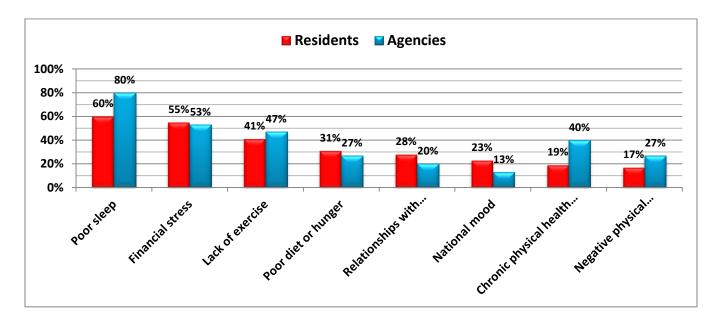


None of these positive influences is new. They are tested, reliable ways to re-center ourselves around home, family and our own needs.

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. Human beings are social animals. We need connections with other people to thrive. Things that bend those bonds stress us. Too much stress breaks us.

24. What makes your mental health worse? Select all that apply.

Residents Answered: 393 Skipped: 133 Agencies Answered: 15 Skipped: 8

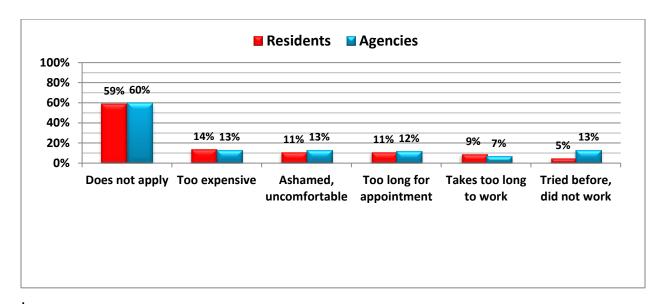


These responses validate the answers to Question 23. What makes our mental health worse is the absence what makes our mental health better. The top five responses are the lack of things we all need: sleep, exercise, financial security, healthy diet and relationships built on affection and trust.

Chronic physical health conditions are common alongside mental health issues. They can get overlooked if they are not as obvious. Some physical health conditions drive mental illness. None makes mental illness easier to treat. That's why UnityPoint Health is co-locating mental health services in physical health clinics. The best time to address both physical and mental health issues is while people are already in our clinics, talking face-to-face with providers they trust.

25. If you could benefit from mental health services you are not receiving now, why aren't you getting them? Select all that apply.

Residents Answered: 384 Skipped: 142 Agencies Answered: 15 Skipped: 8

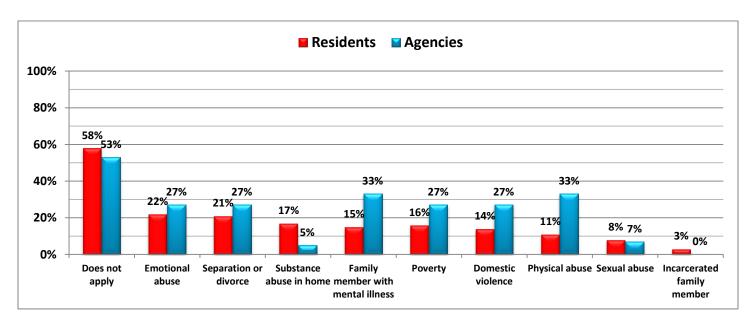


Issues of cost and delay point to the enormous imbalance between the limited number of mental health providers and the large number of mental health patients needing prompt attention. This is an ongoing, long-term crisis that government at all levels has failed to address. The Kaiser Family Foundation reports that mental health providers across lowa currently are meeting just 38% of the state's mental health needs.

ADVERSE CHILDHOOD EXPERIENCES (ACES)

26. Did you have any of these negative childhood experiences? Select all that apply.

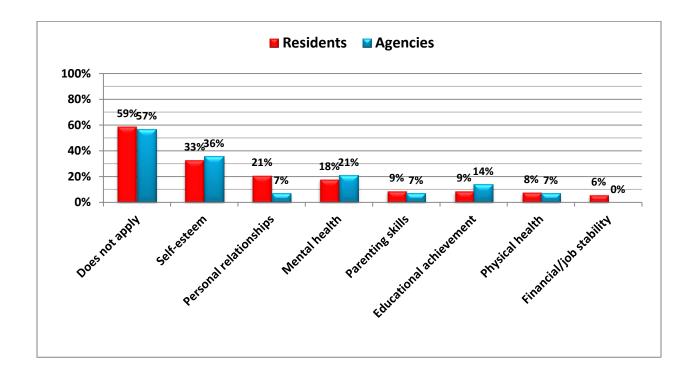
Residents Answered: 393 Skipped: 133 Agencies Answered: 15 Skipped: 8



There is strong correlation between adverse childhood experiences (ACES) and serious health problems when children become adults. The effect of ACES is 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 can show up by middle age as drug addiction, alcoholism, poor self-image, anger issues, lack of self-control, and chronic disease.

27. Have any negative childhood experiences affected you as an adult? Choose all parts of your life that were or are affected.

Residents Answered: 385 Skipped: 141 Agencies Answered: 14 Skipped: 9



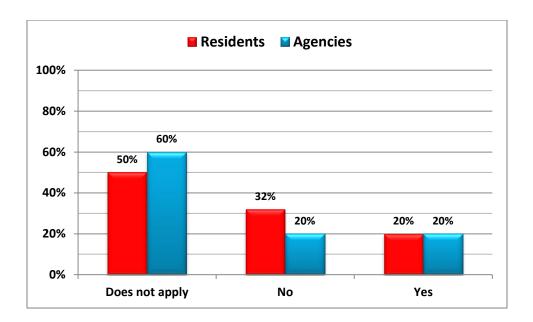
Eighty residents reported having one or more adverse childhood experiences (ACES) in Question 26. In this question, residents and agency respondents illustrate the link between childhood trauma and adult health.

Majorities of both groups indicate ACES have affected their self-esteem and personal relationships as adults. Majorities also report ACES have affected their current mental health.

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

28. Have you had help as an adult to deal with one or more of these childhood experiences?

Residents Answered: 393 Skipped: 133 Agencies Answered: 15 Skipped: 8

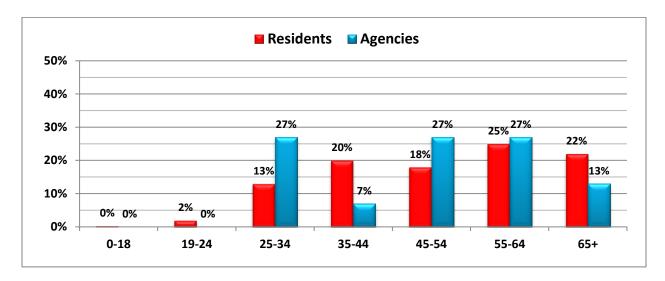


The data here is clear. Adverse childhood conditions (ACES) reported by residents and agencies in this survey have caused some 75 survey participants to seek counseling as adults. Communities and providers have enormous opportunity to improve population health by conducting and tracking ACES studies and acting on the results.



29. What is your age?

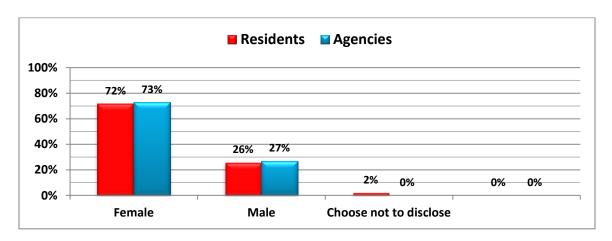
Residents Answered: 400 Skipped: 126 Agencies Answered: 15 Skipped: 8



This is an expected age distribution curve for online surveys. Healthcare issues are usually not serious matters to teens and young adults. 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 frail or elderly. One fifth of residents did not record their age.

30. What is your gender?

Residents Answered: 402 Skipped: 124 Agencies Answered: 15 Skipped: 8

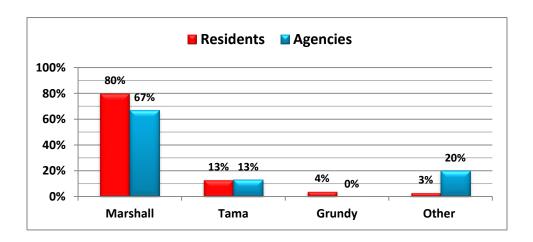


This is a valid gender distribution for healthcare issues. Women make a large majority of healthcare decisions for themselves and family members at all stages of life. Men are more apt to seek healthcare primarily for injury or illness rather than for prevention, early intervention or counseling.

The general public usually identifies just two genders. Patients, however, may identify in many ways. UnityPoint Health provides gender-specific care at our LGBTQ clinic at UnityPoint Clinic in Cedar Falls.

31. What is your home county?

Residents Answered: 401 Skipped: 125 Agencies Answered: 15 Skipped: 8

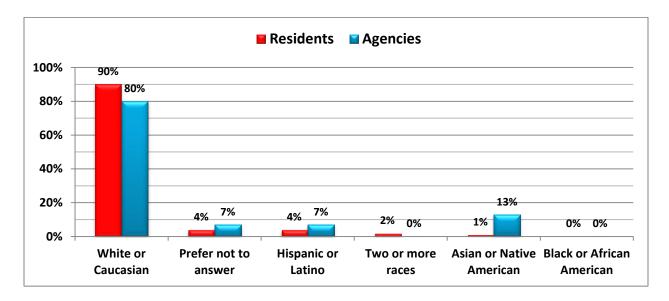


Marshall County residents are over-represented in this survey. Surveys are frequently passed from person to person to take. Person-to-person sharing decreases with fewer contacts in Smaller communities, organizations and rural areas.

Agencies surveyed typically provide services throughout the threecounty market, regardless of where the agencies are based.

32. What is your race/ethnicity?

Residents Answered: 403 Skipped: 123 Agencies Answered: 15 Skipped: 8

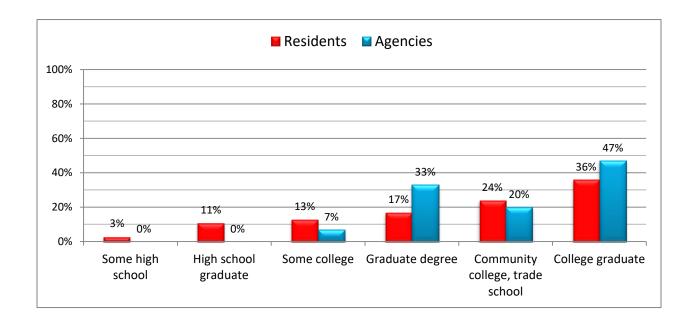


Survey sponsors added paper surveys to the online tools and sought out additional minority responses to bring the results into better racial balance. Black residents frequently distrust healthcare in general and hospitals in particular. Many Hispanic residents are reluctant to be surveyed in any way because of the relentless national focus on immigration.

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

33. What is your education level?

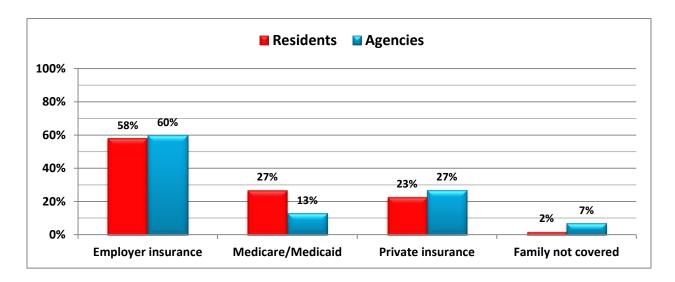
Residents Answered: 401 Skipped: 125 Agencies Answered: 15 Skipped: 8



The education-level distribution is heavy on residents with college degrees. That reflects the pass-along nature of online surveys. Friends share online links, and online colleagues often share education levels. The distribution may also skew educationally upward because 125 residents chose not to reveal their education level here.

34. What is your health insurance status?

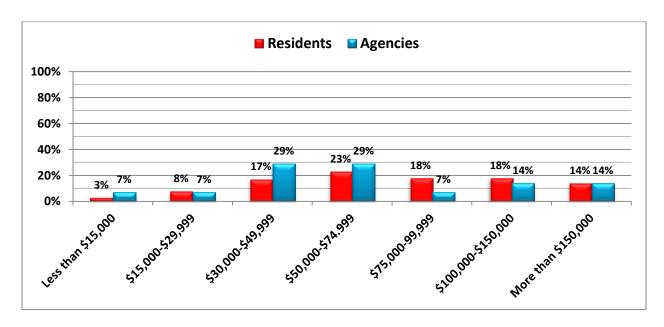
Residents Answered: 399 Skipped: 127 Agencies Answered: 15 Skipped: 8



This response distribution correlates with the statewide profile. Fewer than 5% of Iowa adults have no health insurance. Prior to the Affordable Care Act, 88% of Iowans were insured. The current rate is almost 96%.

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

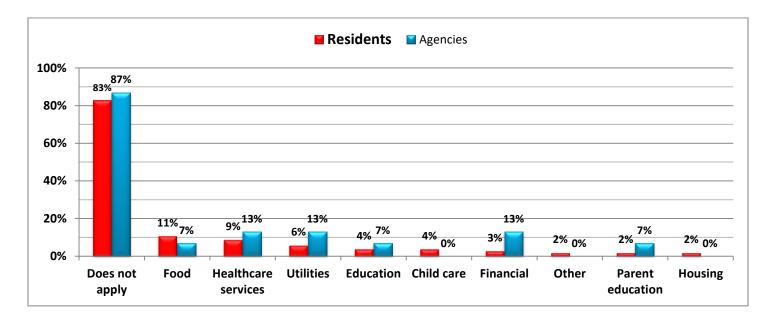
Residents Answered: 379 Skipped: 147 Agencies Answered: 14 Skipped: 9



This income distribution reflects the higher education level of many respondents. It does not include the family income of 147 residents who chose not to share their data. It's significant that household income may include more than two adult earners, particularly in immigrant and/or extended families. The Census Bureau reports that median household income in Iowa was \$69,000 in 2017.

36. Have you received services from any local aid organizations? Select all that apply.

Residents Answered: 383 Skipped: 143 Agencies Answered: 15 Skipped: 8



About 17% of survey residents have received food, healthcare and other forms of financial aid from local agencies. That figure tracks well with census 2018 data. The poverty rate is 12% for Iowa; 11% for Marshall County; 12% for Tama County; and 6% for Grundy County. Nationwide, the poverty rate is 14%.

V. Potentially Available Resources

Community building activities are essential roles for healthcare. Organizations often address many of the underlying determinants of health. Research has continually shown that when the factors influencing health are explored, health care actually plays the smallest role proportionately. A report in the Journal of American Medical Association and the Center for Disease Control (McGinnis, 1996) suggests that the factors impacting health are:

- Lifestyle and behaviors, 50%
- Environment (human and natural), 20%
- Genetics and human biology, 20%
- Health care, 10%

Community building activities help to address the other indicators outside of the role traditionally played by healthcare organizations. These activities are almost exclusively done in some form of partnership that the community or other organizations are better suited to address. Health-care organizations generally provide timely and specific resources to help these issues.

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

UnityPoint Health – Marshalltown received its tax-exempt status on May 1, 2018 and its hospital license May 1, 2018. The community health assessment activities taken in 2018 included:

Pre-planning for a Community Health Needs Assessment in 2019

Pre-planning activities included identifying staff to lead the 2019 assessment activities. The Community Health Needs Assessment is nearly completed as of November 2019. Over 500 responses have been received to a community survey that was distributed via local media, UnityPoint Health – Marshalltown social media, and community engagement activities. The CHNA will be submitted to the UnityPoint Health—Marshalltown Board of Directors in December 2019.

Employment of Public Health Nurse

In 2018, UnityPoint Health–Marshalltown employed and provided space for the Marshall County Public Health Nurse through a contractual partnership with Marshall County, Iowa. The Public Health Nurse was responsible for providing immunization and other care for children in the community, for engaging with the school district, and for collaborating with the County on public health needs throughout the year.

Future Healthcare Workforce Development Activities in partnership with Marshalltown Community School District

UnityPoint Health–Marshalltown participated with the local school district, the local community college, and future healthcare workforce to identify healthcare workforce development opportunities and challenges, to provide healthcare training opportunities, and to provide volunteer opportunities for local high school students interested in healthcare careers.

Senior Provider Alliance

UnityPoint Health–Marshalltown clinical leaders participated as a member of the Senior Provider Alliance. This group of agencies/organizations who provide care to senior citizens in the hospital, clinic, residential facility, and client home meets every-othermonth to improve local care for seniors, share best practices, identify health-related trends, and learn more about available resources.

This assessment was adopted by the executive committee of the UnityPoint Health-Marshalltown Board of Directors on December 16, 2019. James B. Waterbury, UnityPoint Health, jim.waterbury@unitypoint.org.

VII. Additional Reading Links

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