

MercyOne New Hampton Medical Center Community Health Needs Assessment



Table of contents

Executive summary	3
About us	4
Mission Statement	4
Core Values	4
MercyOne New Hampton Medical Center	4
Advisory Committee	5
Summary of previous needs assessment	5
Community description	8
Geographic area	8
Population characteristics	9
Assessment process	10
Input from community leaders and community organizations	10
Input from community members	10
Written comments	12
Quantitative data gathering	12
Indicator data summary	13
Primary data summary table.....	13
Secondary data summary table.....	23
Significant community health needs.....	24
Prioritized needs.....	26
Community assets and resources.....	28
Next steps	29
Appendix	30
Primary indicator data	30
Secondary indicator data	39
Community input survey.....	67

Executive summary

The Patient Protection and Affordable Care Act requires not-for-profit health care organizations to perform a Community Health Needs Assessment (CHNA) every three years and adopt an implementation plan to meet the outstanding community health needs, identified therein, as a condition of maintaining the institution's federal tax exemption. This requirement became effective in 2012. The CHNA process uses data and community input to measure the relative health and social well-being of a community. The information identified as community assets and needs are used to develop an implementation strategy. The findings should inspire collective action and ensure meaningful, effective allocation of resources, both within the hospital and in the community.

MercyOne New Hampton Medical Center, in collaboration with an advisory committee of community and public health partners, conducted a comprehensive Community Health Needs Assessment (CHNA) for the geographic area of Chickasaw County. The CHNA was presented to and adopted by the MercyOne New Hampton Medical Center Board of Directors on February 26, 2025.

Seven significant health needs were identified based on the information gathered through community input survey, focus groups and a review of secondary data indicators. The advisory committee then ranked the identified significant health needs using the Risk-Value-Cost-Effort (RVCE) Prioritization Matrix based on the following criteria: number of people impacted, the risk of morbidity and mortality, impact on vulnerable populations, importance to the community, and feasibility of change. The significant community health needs, ranked order of priority, include:

1. Cancer
2. Mental Health
3. Immigrant Population
4. Obesity
5. Heart Disease/Stroke
6. Diabetes
7. Lung Disease

MercyOne New Hampton Medical Center will convene strategy committees for the top four health need this summer to develop a multi-year strategy to address identified community health and social needs for these needs:

1. Cancer
2. Mental Health
3. Immigrant Population
4. Obesity

Printed copies of this report are available upon request at MercyOne New Hampton Medical Center. This report is also available electronically at <https://www.mercyone.org/about-us/community-health-and-well-being/>

Please email questions, comments, and feedback to communityhealth@mercyhealth.com.

About us

Our Mission

We, MercyOne, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Our Vision

As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be your most trusted health partner for life.

Our Core Values

- **Reverence:** We honor the sacredness and dignity of every person.
- **Commitment to Those Experiencing Poverty:** We stand with and serve those who are experiencing poverty, especially those most vulnerable.
- **Safety:** We embrace a culture that prevents harm and nurtures a healing, safe environment for all.
- **Justice:** We foster right relationships to promote the common good, including sustainability of Earth.
- **Stewardship:** We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.
- **Integrity:** We are faithful to who we say we are.

MercyOne New Hampton Medical Center

MercyOne is a connected system of health care facilities and services dedicated to helping people and communities live their best lives. The system's more than 220 clinics, medical centers, hospitals and care locations are located throughout the state of Iowa and beyond. MercyOne employs more than 22,000 colleagues. MercyOne is a member of Trinity Health based in Livonia, Michigan.

MercyOne New Hampton Medical Center, a member of MercyOne, is a faith-based, full-service community health system-serving residents of Chickasaw County. It is an 18-bed, critical access hospital providing acute, skilled, and outpatient care to the community of New Hampton and surrounding towns. MercyOne New Hampton Medical Center's role is to provide all the basic health care services needed in the community including general medical care, ambulatory care, long-term care, and recovery. Services include 24-hour emergency room access, radiology with CT scanning, digital mammography, MRI and ultrasound, laboratory, pharmacy, rehabilitation therapies (PT, OT, speech, cardiac), spiritual care, social services, nutrition, & mental health services.

MercyOne New Hampton Medical Center participates in a clinically integrated network (CIN) where providers work together to improve health, increase patient satisfaction, and lower healthcare costs for members and the communities served.

Advisory Committee

Thank you to our community and public health partners for their active engagement in the assessment process:

- Aaron Flugum – MercyOne New Hampton Administrator
- Jennifer Monteith – MercyOne New Hampton Public Relations and Chickasaw Pride Pantry
- Brenda Joens – MercyOne New Hampton Family Medicine Manager
- Nicole Griesse - Northeast Iowa Community Action Coalition
- Steve Geerts – New Hampton Mayor
- Kendra Crooks – Iowa State University Extension
- Lisa Welter & Anita Eschweiler – Chickasaw County Public Health
- Kalista Porath – Mental Health Counselor and New Hampton City Council
- Maggie Peterson – MercyOne New Hampton Athletic Trainer & Wellness Coordinator
- Tammy Robinson – Industrial Development Corporation
- Nick Winter – Security State Bank

Summary of previous needs assessment

The MercyOne New Hampton Medical Center Board approved the previous Community Health Needs Assessment (CHNA) on April 25, 2022. The significant health needs identified in the FY2022 CHNA, in order of priority, include:

1. Access to health care
2. Aging population
3. Emergency medical services
4. Knowledge of health care resources/services available locally.

A wide range of priority health and social issues emerged from the CHNA process. MercyOne New Hampton Medical Center determined that it could effectively focus on only those needs which were most pressing, under- addressed and within its ability to influence. MercyOne New Hampton Medical Center, in collaboration with community partners, chose to focus on initiatives addressing the following needs:

1. Access to health care
2. Aging population
3. Emergency medical services

The below table highlights actions taken over the succeeding three (3) years to address selected needs as well as the impact of those actions:

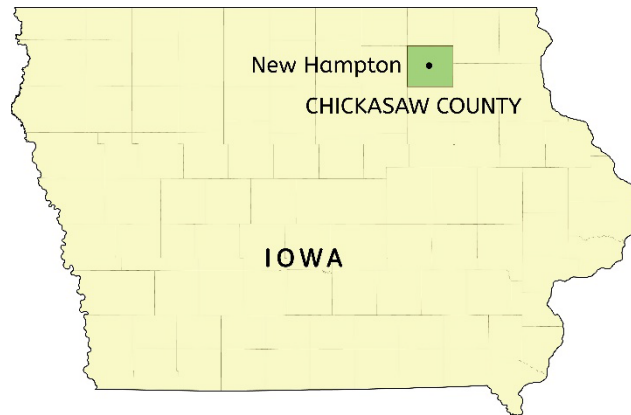
Prioritized need	Actions	Impact
Access to health care	<p>Evaluate adding specialty services locally.</p> <p>Assess clinic same-day appointment availability to determine need for urgent care. Create a standard % of appointments available each morning for day-of, acute appointments. Baseline to be established by 1/1/2023. Target is 20%.</p> <p>Provide free skin cancer screenings twice a year.</p>	<p>October 2023 - Pain Clinic started. April 2024 - Orthopedic Podiatry added as a visiting specialist.</p> <p>FY2023 - Consistently averaged >30% same day visit appointments availability. FY2024 - Averaged 48.59% of appointments available for same day appointments. FY2025 - Decreased provider availability in November. Two new providers will begin in February 2025.</p> <p>89 patients received free screenings.</p>
Aging population	<p>Built and implemented an effective advance care planning program using the Five Wishes program and Iowa Physician Orders for Scope of Treatment (IPOST). Goal: Reach 50% of the population in Chickasaw County over the age of 65 with educational opportunities. Target: 1,285 people reached by 2025.</p> <p>Implement evidence-based interventions that improve cardiovascular health, educate, and inspire community members to adopt healthy behaviors.</p>	<p>1,300 Five Wishes booklets were distributed through educational programs, health fairs and health care appointments.</p> <p>Coordinating with public health, we have educated and performed blood pressure testing and self-monitoring approximately 200 people. This consists of have events at TriMark and Atek in the community along with blood pressure screenings from public health.</p>
Emergency medical services	<p>Help establish a 501 (c) 3 and board of directors to support the new county owned ambulance service.</p> <p>Collaborate with Northeast Iowa Community College to enroll high school seniors in EMT programs and encourage paramedic careers.</p>	<p>In June 2023, the Friends of Chickasaw County EMS was formed. Board members are representatives from Chickasaw County Public Health, Chickasaw County EMS and MercyOne New Hampton Medical Center.</p> <p>EMS Appreciation event was hosted by MercyOne on October 2, 2022. Career exploration events were hosted in 2023 and 2024 at MercyOne New Hampton Medical Center that featured the role of EMTs and paramedics in addition to other health care careers. 30 high school students and 10 staff members from</p>

	<p>Decrease wait time for paramedic transfers out of the ER. New county-owned ambulance service went into service on January 1, 2023. Baseline, 2021 = 64 delays that averaged 109 minutes. Target is less than 50 delays in 2023 and less than 40 for in 2024.</p>	<p>area high schools and colleges attended. On May 23, 2023 MercyOne partnered with Chickasaw County EMS, Chickasaw County Rescue Squad and MercyOne AirMed to host a National EMS Week Open House at MercyOne.</p> <p>January – June 2023 – 8 delays FY 2024 – 6 delays</p>
--	---	--

Community served

Geographic area

The geographic area for this assessment is Chickasaw County. MercyOne New Hampton Medical Center serves patients in bordering counties as well. Due to over 80% of Mercy's market share coming from patients in Chickasaw County and for accuracy in data collection, Chickasaw County was the focus of this assessment. This service area does not exclude low-income or underserved populations.



Population characteristics

The total population of Chickasaw County, as recorded on the most recent census in 2022, 11,957. Chickasaw County is considered 100% rural, with no towns being over 5,000 residents. The county's estimated population dropped 2.9% between 2020 and 2023; by comparison, Iowa's population only grew 0.5% over the same time. As an indicator, population trends are relevant because a shrinking population base affects healthcare providers and the utilization of community resources. In general, rural populations tend to have populations that are older and less educated than their urban counterparts, with higher prevalence of chronic diseases. Chickasaw County is no exception. The county's population is predominately white (97.1 %) with 23.4% being over the age of 65. Only 19.1% of persons over the age of 25 have a bachelor's degree or higher.

The below table summarizes the demographics of Chickasaw County using 2023 population estimates.

Source: [Census.gov](https://www.census.gov)

Race and Hispanic Origin	
White alone	97.1%
Black or African American alone	1.4%
American Indian or Alaska Native alone	0.2%
Asian alone	0.4%
Native Hawaiian and Other Pacific Islander alone	0%
Two or more races	1%
Hispanic or Latino (of any race)	4.4%
Not Hispanic or Latino	93.5%
Age	
Under 18	23%
18-64	22%
65 and older	55%
Median age	43.5%
Sex	
Male	51%
Female	49%
Population characteristics	
Foreign-born population	2.1%
Population age 5+ with limited English proficiency	5.9%
Veterans	564
Population with a disability	10.6%
Geography	
Population per square mile	23.8%

Assessment process

Advisory committee

The CHNA Advisory Committee was convened in January 2025 after data was collected. The Advisory Committee met for the first time on January 22, 2025. Representatives from MercyOne New Hampton Medical Center, Chickasaw County Public Health, Iowa State Extension Office, Counseling & Family Centered Services, City of New Hampton and area businesses participated in the in-person meeting. The role and purpose of the Advisory Committee was discussed as well as meeting frequency and time commitment. Information and education were provided to the Advisory Committee on the purpose and requirements of conducting a Community Health Needs Assessment, definition of our community, as well as a brief overview of the current Community Health Needs Assessment and the identified community health needs. A review of the timeline was completed. Data collected was sent in an email prior to the meeting so discussion on priority needs could take place.

Community input

MercyOne New Hampton Medical Center collected community input through a 23-question survey. A total of 180 responses were collected between October 1, 2024 – December 5, 2024. Surveys were distributed to community members and organizations throughout Chickasaw County including, but not limited to, mass emails, social media, mobile food banks and vaccination clinics. A copy of the survey is included in the Appendix.

MercyOne New Hampton Medical Center collected community input through four focus groups held in September. The three focus groups were, community service organizations, county ministerial association, Chickasaw County Child Abuse Prevention Council, and school representatives. The community service organizations group included representatives from Salvation Army, Chickasaw County Food Bank and Northeast Iowa Community Action. The group of school representatives included school counselors, nurses, and English as a second language teachers. Thirty-nine community members participated in these focus groups.

Input Received	Community Partner	Method & Time Period	Summary of Input	Importance of Input
Health Department	Chickasaw County Public Health	CHNA planning team member, September 2024 – February 2025	Their priorities are access to healthcare, aging in place, youth mental health and healthy homes (radon, lead, water testing). Cancer incidence rates also a public health concern locally and statewide.	Public health has an excellent understanding of what they are seeing on home visits and in their offices. Many of their clients are elderly or low income.
Underserved/ Minority Populations	Northeast Iowa Community Action (board members and staff), Salvation	In-person focus groups – September 2024	Valuable discussions were held during four focus groups. Ultimately, the common	The participants of the focus group included front line workers that assist our most

	Army, Chickasaw County Food Bank, New Hampton Community School (counselors, English as a second language teachers and nurses), Child Abuse Prevention Council		themes that arose from these discussions were mental health, cleanliness of people and homes, cancer and discrimination against immigrants.	vulnerable and minority populations. The input they were able to provide from their prospective and as a representative of their employees, customers and constituents helped guide our decision of what areas to focus on.
Broader Community	New Hampton Economic Development, Ministerial Association, ISU Extension, Pathways Behavioral Health, Counseling & Family Centered Services	CHNA planning team members, in-person focus groups, survey (paper and on-line) September 2024 – February 2025	Most important community health concerns: aging/disability, cancer, diabetes, heart disease/stroke. Top risky behaviors: Excessive alcohol consumption, texting and driving, vaping/smoking. Alcohol consumption and vaping are related to mental health as well.	The participants of the focus group and planning team included patients, community leaders, business representatives and elected officials who all have a great understanding of community needs. For the survey, due to the number of responses from residents of Chickasaw County, this data was very relevant to our discussion.

The below zip codes are represented in online and paper survey responses with 83% of respondents residing in Chickasaw County.

Zip codes		
50659	50616	52163
50630	52154	50645
52144	50676	50674

The below table summarizes the demographics of survey respondents.

Race and ethnicity	
Hispanic or Latino (of any race)	3%
White (Non-Hispanic or Latino)	95%
Other (Black, AI/AN, Asian, Native Hawaiian/Pacific Islander)	2%
Age	
18-59	59%

60 and older	41%
Sex	
Male	22%
Female	71%
Prefer not to answer	8%
Healthcare coverage	
Employer	48%
Privately purchased	11%
Medicare	25%
Medicaid or other state program	11%
TRICARE, VA or Military	3%
Uninsured	2%

Written comments

MercyOne New Hampton Medical Center did not receive any written comments regarding the FY22-FY24 Community Health Needs Assessment or Implementation strategy. The documents continue to be available on the MercyOne website at <https://www.mercyone.org/about-us/community-health-and-well-being/> and printed copies are available upon request at MercyOne New Hampton Medical Center.

Quantitative data gathering

Secondary data, comparisons, and benchmarks include figures and interpretation from the following sources:

- American Community Survey 5-Year Estimates
- Center for Applied Research and Engagement Systems (CARES)
- Centers for Medicare and Medicaid Services
- Centers for Disease Control and Prevention
- County Health Rankings
- Feeding America
- Federal Bureau of Investigation
- Federal Communications Commission
- Health Resources and Services Administration
- Healthy People 2030
- Iowa Department of Public Health
- Iowa State University Extension
- Kids Count Data Center
- MercyOne Community Input Survey
- National Center for Health Statistics

-
- State Cancer Profiles
 - Small Area Income and Poverty Estimates
 - U.S. Census Bureau
 - U.S. Department of Education
 - U.S. Department of Health and Human Services
 - U.S. Department of Labor
 - U.S. Department of Health and Human Services
 - U.S. Environmental Protection Agency

Indicator data summary

Primary Data Summary

Community Survey

Access to Care

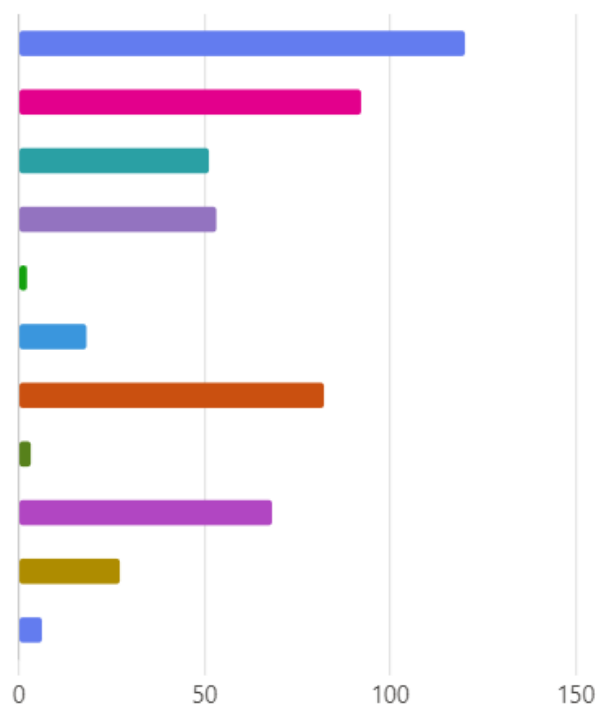
Seventy-eight percent (78%) of participants identified access to healthcare as one of the top three factors for a healthy and thriving community. When asked to rate how the community is doing specifically related to access to health care, 72.7% feel that Chickasaw County is doing a good job, while 22.7% feel that it needs improvement. Over 87% of the survey respondents receive an annual health exam. Of the 13% that do not receive an annual exam, 38% do not feel they are healthy and don't need an annual exam, while 28% identified cost as a factor. About 48% of respondents report that they have health insurance through a current or former employer and about 36% report being covered by either Medicaid or Medicare and nearly 2% are uninsured. When asked about understanding their current health care benefits only 15% responded with somewhat not well or not at all.

Of the 54% of respondents who reported being a parent or guardian, nearly 97% report they their children receive an annual health exam, while 3% do not receive an annual exam. When the parent/guardian was asked to why their child/children did not receive an annual health exam, half report that their child/children are healthy and do not need annual health exam, the other half report cost is the issue.

Most Important Community Health Concerns

When asked what each respondent feels are the top three (3) health problems for adults in the community, respondents reported:

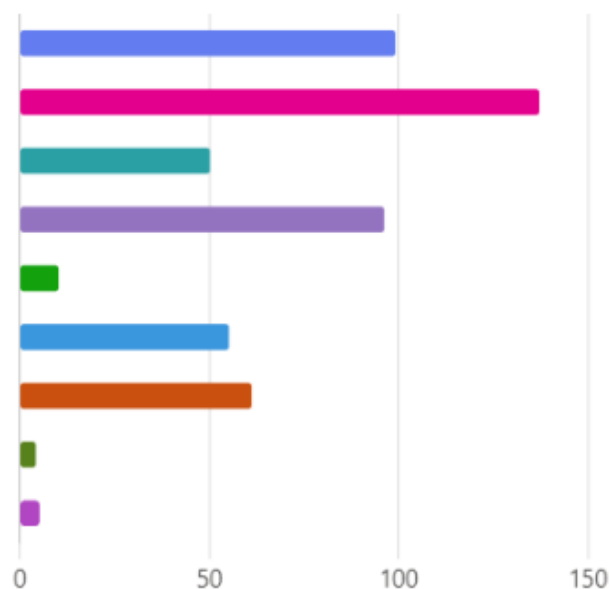
● Aging or disability (arthritis, hearing/vision loss, dementia, etc.)	120
● Cancer	92
● Diabetes	51
● Heart disease/stroke	53
● Infectious disease	2
● Injuries (falls, car accidents, drowning, violence)	18
● Obesity	82
● Sexually transmitted infection	3
● Mental illness	68
● Substance use disorder/substance abuse	27
● Other	6



*Other: people stated all of the above or don't know

When asked what each respondent feels are the top three (3) risky behaviors for all age groups in the community, respondents reported:

● Excessive Alcohol Consumption	99
● Texting and Driving	137
● Underage Drinking	50
● Vaping/Smoking	96
● Prescription Drug Use	10
● Illegal Drug Use	55
● Driving under the influence of drugs or alcohol	61
● Sexually Transmitted Diseases	4
● Other	5

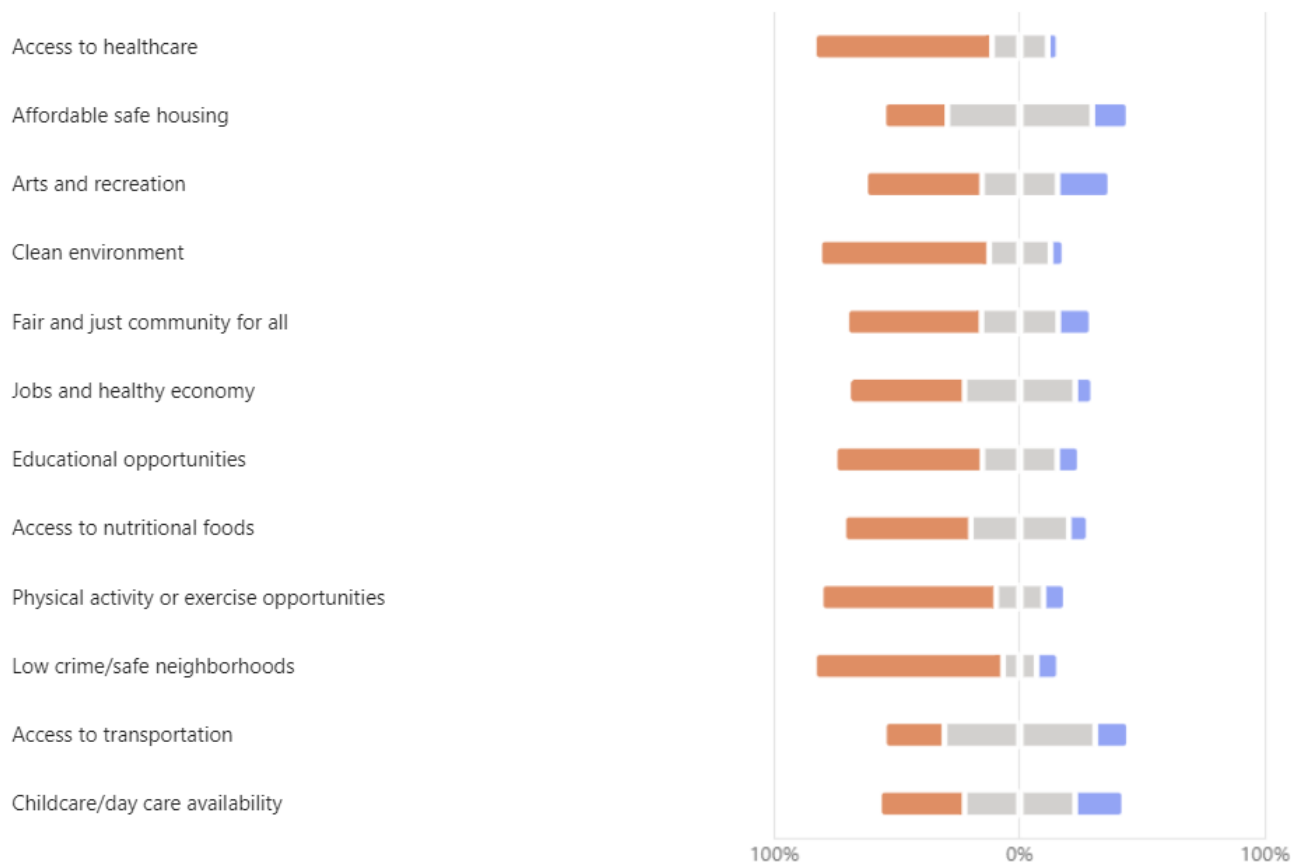


*Other: people stated all of the above or don't know

Respondents were asked how we are doing as a community on several specific topics. They were asked to rate them by marking: Good Job, Needs Improvement, or I Don't Know. Below is a

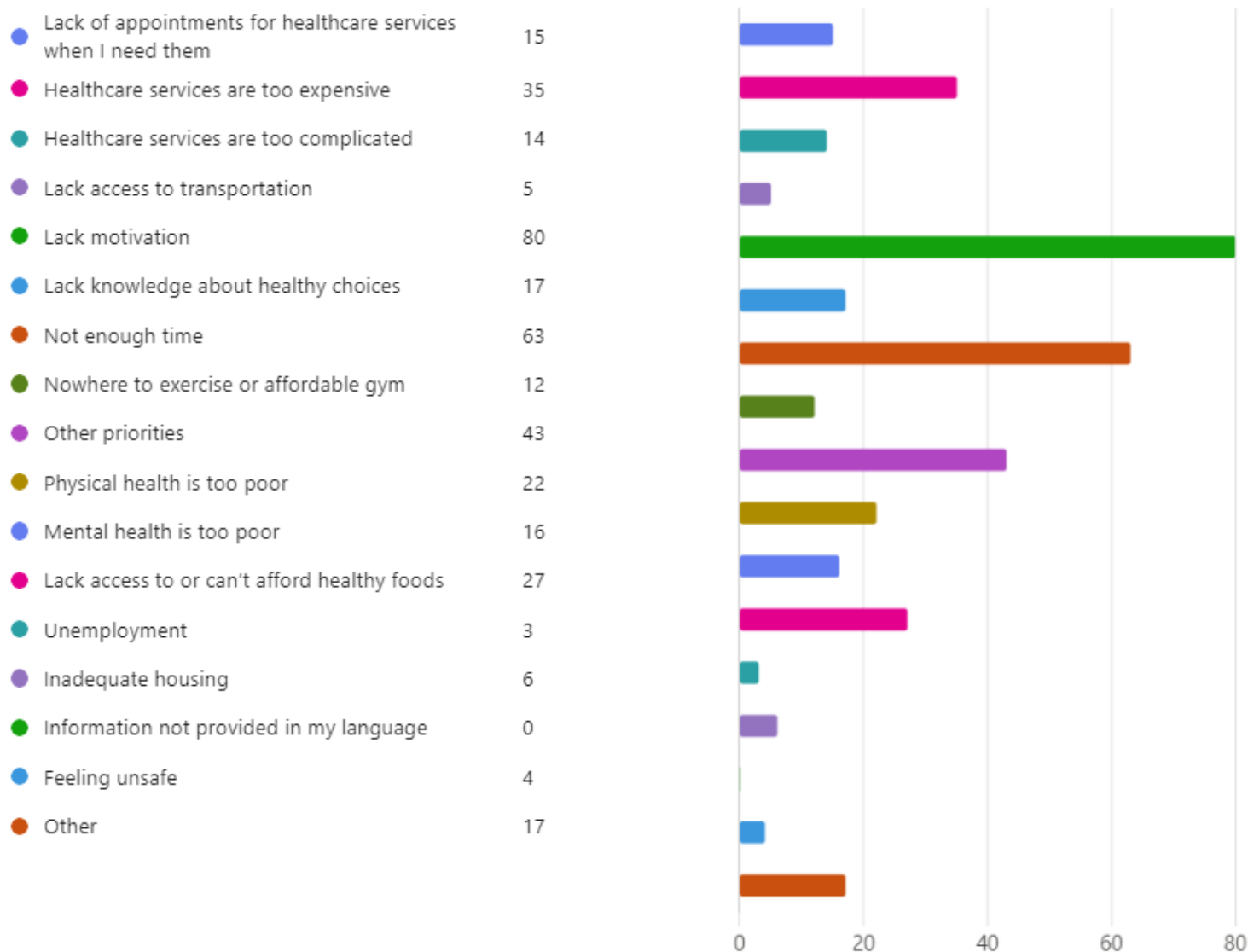
graph that shows how this question was answered.

● Good Job ● Needs Improvement ● I don't know



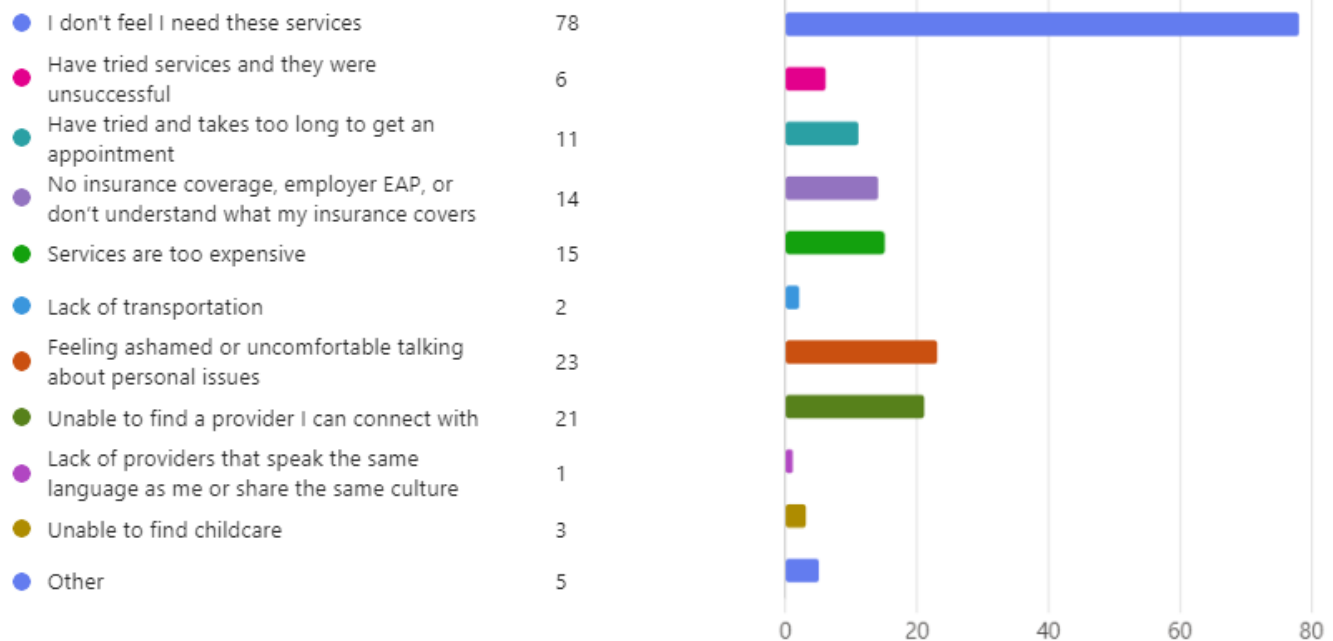
Personal Barriers in Becoming Healthier

When asked to identify barriers that prevent you from being healthier, respondents identified the following (could select all that applied):



*Other comments included: addiction to sweets and fast food, N/A, pain, stress, all of the above, nothing is preventing me from health care, lazy.

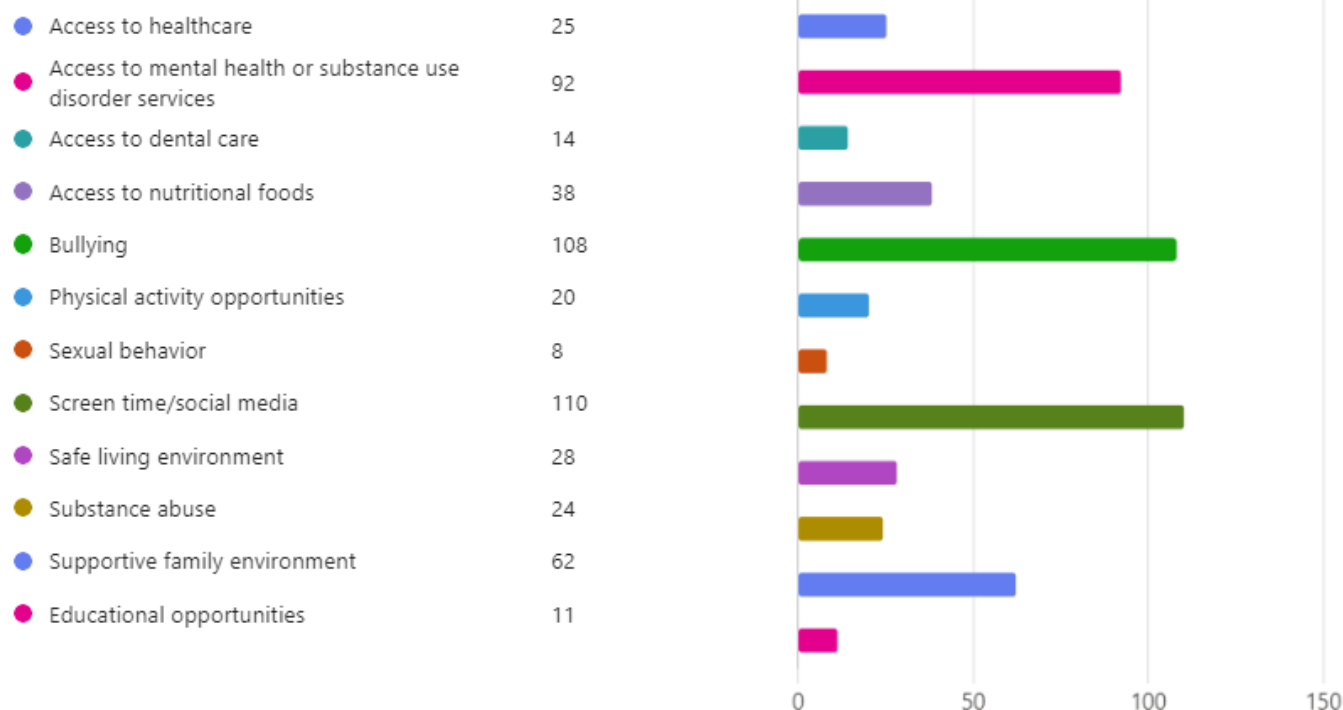
When asked if you feel you could benefit from mental health or substance use disorder services but are not currently receiving them. Respondents identified the following barriers (could select all that applied):



*Other comments included: cost of prescriptions, NA, no problem.

Children's Health

Respondents were asked to identify the top three (3) factors affecting children's health.



Based on this survey, most children in Chickasaw County receive an annual health exam.

I am not a parent or guardian	75
Yes	86
No	3



Of those children who do not receive an annual health exam, their parent/guardian identified the following as the reason they did not was due to cost and because they feel their child is healthy, they do not need an annual exam.

Focus Groups

As MercyOne New Hampton prepared for their Community Health Needs Assessment, it was important to learn resident perceptions and views about the health of the community. Focus groups are a tool to collect this information. These qualitative data provide insight as MercyOne New Hampton works to better address the health of the communities it serves.

Four separate focus groups were held in September 2024 to gather input from residents and agencies throughout Chickasaw County. MercyOne New Hampton identified groups representing varying sectors in the community including medically underserved, low-income and minority populations.

	Male	Female	Sectors Represented	Group Totals
Group 1	1	3	Low-income, underserved, community-based organizations, health provider, chronic conditions	4
Group 2	6	3	Faith-based organizations, minorities, low-income, underserved	9
Group 3	6	11	Minorities, low-income, underserved, community-based organizations, law enforcement	17
Group 4	1	8	Minorities, low-income, underserved, education, health care providers	9
Age/Gender Totals	14	25		39

A total of thirty-nine community members participated in the six focus group meetings. A large portion (64%) of the participants were women. This reflects multiple sources that report women make 80% of health care decisions for their family.

The four meetings began with an overview of MercyOne New Hampton community needs assessments and the role of focus groups in that process. As a point of reference, priorities from the last strategic plan were reviewed: aging population, access to care and emergency medical services. A review of strategies and progress for each was shared.

The purpose of focus group discussions is to identify common themes and thoughts that can be shared with the Community Health Needs Assessment strategy team. All participants were assured about the confidentiality of the discussion. All comments were anonymous, and no names were recorded; all were asked to honor privacy of comments made in the room.

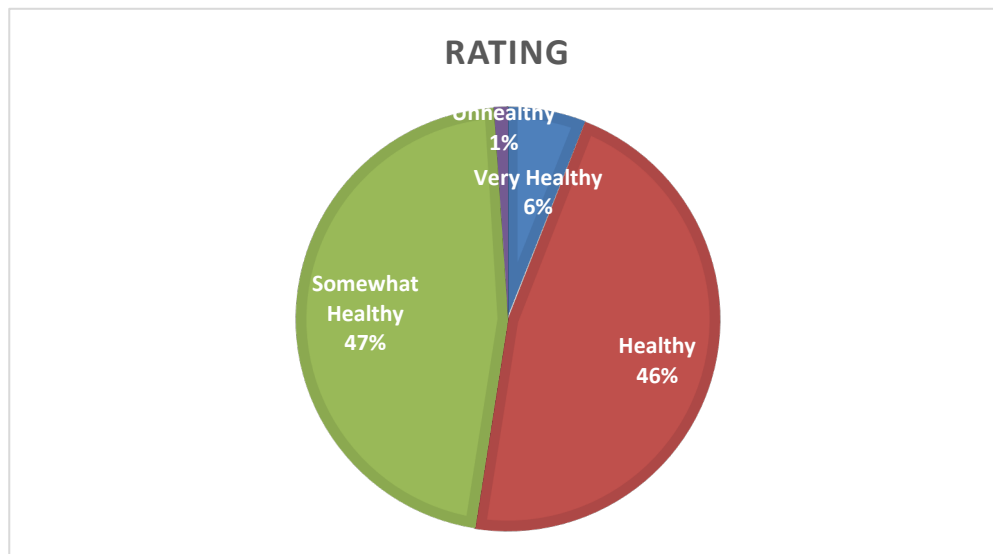
Discussion Outline

Focus group participants were asked to answer questions 1 and 2 as a survey they turned in. Questions 3, 4 and 5 were discussion based.

- Q1 - How would you rate the overall health of Chickasaw County (Very Healthy, Healthy, Somewhat Healthy, Unhealthy, Very Unhealthy)? Why did you select this ranking?
- Q2 - What are the three (3) most important factors for a "Healthy Community" (those factors which most improve the quality of life in a community)?
- Q3 - What do you feel are common health problems in the area?
- Q4 - What social issues are residents in the county are facing? What groups do you feel are discriminated against in the county?
- Q5 - What environmental issues do you notice in the county. Is there anything alarming to you?

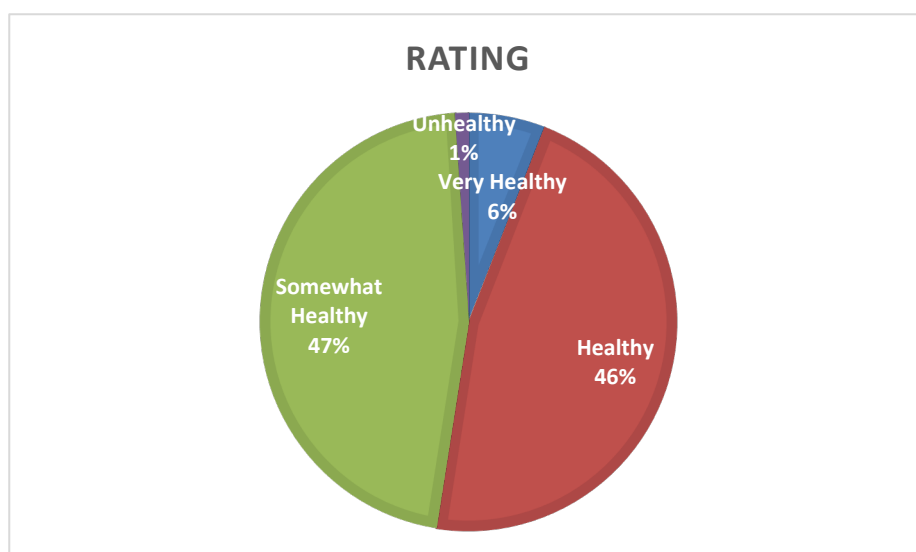
These questions and their diverse answer categories acknowledge the many factors that contribute to a healthy community.

Rate Overall Health of Chickasaw County



Most Important Factors for a "Healthy Community"

As identified from the survey results, important factors discussion focused on access to health care, healthy behaviors and lifestyles, access to healthy food and good jobs/healthy economy.



Most Important Factors for a "Healthy Community"	Total N=88
Access to healthcare	22
Health behaviors and lifestyles	14
Access to healthy food	12
Good jobs and healthy economy	12

Affordable Housing	6
Good Schools	6
Other	16
Clean Environment (4)	
Good place to raise kids (2)	
Low crime rate/safe neighborhoods (2)	
Low level of child abuse (2)	
A lot of parks and recreation activities (2)	
Religious and spiritual values (4)	

Access to Health Care: In general, Chickasaw County residents value the services available through MercyOne New Hampton. Focus of the discussion was related to many dental offices not accepting Medicaid, lack of hearing services, mental health care access for patients in crisis and vision providers not accepting all area business insurances.

Healthy Behaviors and Lifestyles: Healthy behaviors and lifestyles – specifically, cleanliness of homes and personal hygiene - were strong parts of every conversation. Participants noted the many children are arriving to school from filthy living conditions and parents/guardians refuse to allow the school to shower the children and offer clean clothing. Participates added that rental homes in our communities are not healthy and commonly have bugs, rodents, pet feces, and overall safety concerns.

Access to Healthy Food: People recognize the importance/value of having access to healthy food when considering overall health. Chickasaw County has five food pantries who all work closely with the schools and senior sites to ensure awareness and usage of the programs available. While the noted it as an important factor in community health, they also acknowledged this is an area the county seems to be doing well in.

Good Jobs/Healthy Economy: Good jobs provide consistent and sufficient income, enabling people to meet their basic needs, have health insurance, better afford healthy foods and participate in leisure activities. Employment reduces stress related to financial insecurity, leading to better physical and mental health outcomes. Employed individuals contribute to local taxes, which fund public services like schools, parks, and emergency services.

Common Problems in Your Community

The group results identified mental health, cleanliness of individuals/homes, cancer, and access to dental care as common problems.

Mental Health: Access to mental health services continues to be an issue in rural areas. While there are several mental health counselors, the availability of a provider in times of personal crisis are lacking. Participants noted that they don't feel a mental health crisis is looked at the same as a physical illness like being seen immediately for a sprained ankle or bad cough. One example was shared that a person was in mental health crisis and was offered an appointment the following week.

Cleanliness of Individuals/Homes: A common theme from all the groups was a general lack of caring about one's home or personal cleanliness. A clean home minimizes exposure to bacteria, viruses, allergens, and pests, reducing the risk of infections and diseases. Personal hygiene helps prevent the spread of germs and illnesses like colds, flu, and skin infections. Some participants felt it was worse with our immigrant populations who may have been living in worse conditions before arriving in the United States. Others stated they see children from all ethnicities arriving to school filthy.

Cancer: Iowa rates second in the nation for incidences of new cancer cases. Focus group participants noted the high use of pesticides, radon, and people not getting regular screenings.

Access to Dental Care: Focus group participants discussed the lack of dental offices that accept Medicaid in the

area. Dental care is expensive and even with insurance, many families cannot afford regular dental checkups. Untreated dental problems can lead to cavities, gum disease, tooth loss, and oral infections that can worsen over time. Poor oral health is linked to conditions such as heart disease, diabetes, respiratory infections, and adverse pregnancy outcomes.

Social Issues / Discrimination

The fourth question for discussion was what social issues residents are facing and what groups are discriminated against. Many participants felt the most important social issue related to immigrants in our communities. There is a lack of clean and safe housing for that population and there is concern they are being discriminated against when applying for rental homes. Communication with non-English speaking residents is difficult.

Other social issues discussed included the elderly experiencing loneliness. One group felt strongly there is a general sense of not belonging with all ages. Some of this is due to people being immersed in technology that they miss social connections. There isn't a need for people to join in-person groups like there used to be before social media.

Environmental Issues

When participants were asked if any environmental issues were alarming, the topic of rental units (homes, apartments, trailers) being unclean, unsafe, and environmentally poor living environments were discussed.

Summary

Overall, participants viewed the health of their community as "somewhat healthy" (47%) to "healthy" (46%). This compares with 180 Chickasaw County survey respondents who labeled the health of the community as "somewhat healthy" at 50% and "healthy" at 43%." The combined totals are the same in seeing the community as somewhat healthy/healthy: 93%.

The presence of MercyOne New Hampton is clearly valued in the community. Residents feel fortunate to have the services they do.

Communication, partnering, and collaboration are key to community health status, specifically related to reaching the immigrants in the community. Of the sectors represented in the focus group discussions, all are experiencing difficulties communicating and best serving our non-English speaking residents.

Personal hygiene and unclean living conditions were a major concern for all groups. The perception of cleanliness and hygiene is subjective. Individual opinions and standards may have been impacted by cultural norms, economic status, or previous living conditions.

Access to certain health care services remains a need in our rural communities. Mental health care access when in crisis and dental care were the most discussed in all the groups.

Although the number of participants was small, the repeated messages and common themes suggest they are representative of the community. Input from the four groups was amazingly consistent.

An overall sense existed that the community is thriving, but we can do better in certain areas as mentioned above. They participants recognize that reaching the people who most need assistance and resources is difficult, noting that when educational programs are held, the people attending are usually the ones that already know the information. As one participant stated, "we are preaching to the choir". Chickasaw County has excellent resources and agencies willing to make positive changes to better meet the community health needs of our residents.

Secondary data summary table (County Health Rankings & Roadmaps)

Secondary data	Chickasaw County	Iowa	United States
Clinical Care			
Uninsured adults	7%	7%	12%
Uninsured children	7%	3%	3%
Primary care providers	2,970:1	1,390:1	1,330:1
Dentists	2,340:1	1,410:1	1,360:1
Mental health providers	1,460:1	500:1	320:1
Preventable hospital stays per 100,000 people with Medicare	1,646	2,330	2,681
Mammography screening	55%	53%	43%
Flu vaccinations	59%	54%	46%
Environment			
Air pollution (particulate matter)	7.8%	7.4%	7.4%
Broadband access	845	86%	88%
Health behaviors and risk factors			
Tobacco Use (18+ years)	18%	16%	15%
Obesity (adult)	39%	37%	34%
Physical inactivity	24%	24%	23%
Access to exercise opportunities	72%	79%	84%
Excessive drinking	20%	23%	18%
Alcohol-impairing driving deaths	20%	26%	26%
Sexually transmitted infections per 100,000 people	302.9	489.2	495.5
Food insecurity	6%	8%	10%
Limited access to healthy foods	3%	6%	6%
Drug overdose deaths	No data	13	27
Insufficient sleep	32%	32%	33%
Quality and length of life			
Poor or fair health	13%	13%	14%
Poor physical health days	3.0	2.9	3.3
Poor mental health days	4.5	4.5	4.8
Low birth weight	4%	7%	8%
Premature death per 100,000	6,100	6,900	8,000

Significant community health needs

After analyzing primary and secondary data, along with input from the advisory committee, seven significant community health needs were identified.

Significant health need	Supporting data
Mental Health	<ul style="list-style-type: none"> Mental health ranked #4 of top health concerns from the community survey. Chickasaw County only has 3 providers specializing in mental health, a rate of only 24.98 providers per 100,000 population. The shortage in Chickasaw County is much more significant than state (194.43/100,000) and national (312.48/100,000) shortages. Within Chickasaw County, 15.7% of adults reported poor mental health in the past month. In Chickasaw County, 24.3% adults report binge or heavy drinking. Chickasaw County residents report slightly more binge/heavy drinking than their Iowa peers (23%). Access to mental health services continues to be an issue in rural areas. While there are mental health counselors, the availability of a provider in times of personal crisis are lacking.
Cancer	<ul style="list-style-type: none"> Cancer ranked #2 of top health concerns from the community survey. Since the community data collection, Iowa was announced rating second in the nation for incidences of new cancer cases. Focus group participants noted the high use of pesticides, radon, and people not getting regular screenings. Iowa has the highest average indoor concentration of radon. Chickasaw County resides in a county that which has been assigned a high-risk zone by the EPA. The age-adjusted cancer incidence rate in Chickasaw County is 496.9 per 100,000 population. The cancer incidence rate in Chickasaw County is higher than the state rate (486.8). The age-adjusted death rate due to cancer in Chickasaw County is 254.5 per every 100,000 population. The cancer death rate is higher in Chickasaw County than the state (199.2). The top five most diagnosed cancers in Chickasaw County include: prostate, lung, breast, colon/rectum and kidney/renal pelvis.
Immigrant Population	<ul style="list-style-type: none"> The US Census states only 4.4% of the population in Chickasaw County is Hispanic/Latino. It is generally considered unreliable to solely rely on the census for accurate data on the Hispanic population because studies consistently show that the census significantly undercounts Hispanic individuals, particularly Latinos, due to factors like complex identity questions, language barriers, and concerns about immigration status, leading to inaccurate representation of this demographic group. The New Hampton Community School District reported 14.2% of their students were Hispanic for the 2024-2025 school year. Many focus group participants felt the most important social issue related to immigrants in our communities. There is a lack of clean and safe housing

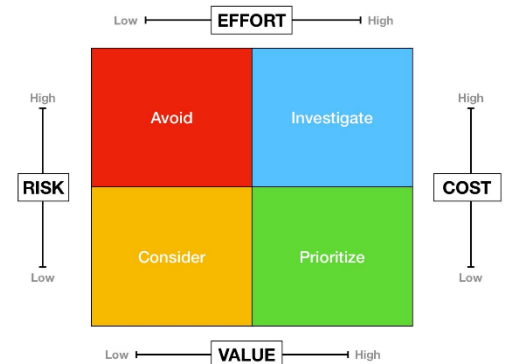
	<p>for that population and there is concern they are being discriminated against when applying for rental homes.</p> <ul style="list-style-type: none"> • Communication with non-English speaking residents is difficult. • Of the sectors represented in the focus group discussions, all are experiencing difficulties communicating and best serving our non-English speaking residents.
Obesity	<ul style="list-style-type: none"> • Ranked #3 of top health problems on the survey. According to County Health Rankings, a total of 39% of Chickasaw County adults are obese, defined as having a BMI of ≥ 30.0 kg/m². Obesity is slightly lower in Chickasaw County than the state (37%) and higher than the nation (34%). • Obesity is a major risk factor for type 2 diabetes, and the two conditions are strongly linked.
Lung Disease	<ul style="list-style-type: none"> • Within Chickasaw County, 16.1% of adults report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. • Iowa has the highest average indoor concentration of radon. Chickasaw County resides in a county that which has been assigned a high-risk zone by the EPA. • The age-adjusted death rate due to lung disease in Chickasaw County is 82.6 per every 100,000 population. The lung disease mortality rate is higher in Chickasaw County than the state (55.8 per 100,000).
Heart Disease/Stroke	<ul style="list-style-type: none"> • Of Medicare Fee-For-Service beneficiaries in Chickasaw County, 19% are living with ischemic heart disease. • In Chickasaw County, 28% of adults, age 18 or older, reported having high blood pressure. • The leading cause of death in Chickasaw County is disease of heart at 22.9 per 10,000. • The age-adjusted death rate due to coronary heart disease in Chickasaw County is 210.7 per every 100,000 population. The heart disease mortality rate is significantly higher in Chickasaw County than the state (139.4). • Alcohol consumption can negatively impact the cardiovascular system in a variety of ways. In Chickasaw County, 24.3% adults report binge or heavy drinking.
Diabetes	<ul style="list-style-type: none"> • Nine percent (9%) of adults in Chickasaw County have been told by a health care professional that they have diabetes (excludes gestational diabetes). • In Iowa, the American Diabetes Association stated in 2023 that 34.1% of Iowa's adult population had prediabetes. If left untreated, 15–30% of people with prediabetes will develop type 2 diabetes within five years. • There has been a recent influx of children in the county being diagnosed with type 1 diabetes. • In Chickasaw County, as of year 2019, 90.79% of diabetic Medicare patients had a hemoglobin A1c test in the past year.

Prioritized needs

The CHNA process identified four significant health needs for prioritization. The advisory committee consisting of 12 participants used the Risk-Value-Cost-Effort (RVCE) prioritization matrix. RVCE is a two-dimensional matrix with four quadrants that helps assign each task or feature based on four decision criteria; Risk, Value, Cost, and Effort. Each of its quadrants represents the decision outcomes or categories the features/issues you consider belong to. The four decision categories are Consider, Avoid, Investigate and Prioritize.

This matrix helped the committee evaluate each identified need based on four key criteria:

- Risk - The potential negative impact if a task is not completed
- Value - The potential positive impact if a task is completed
- Cost - The resources and effort required to complete the task
- Ease - The level of difficulty or complexity involved



The significant community health needs, ranked in order of priority, include:

1. Cancer
2. Mental Health
3. Immigrant Population
4. Obesity
5. Heart Disease/Stroke
6. Diabetes
7. Lung Disease

Based on the data collected and resources available, MercyOne New Hampton's advisory committee has decided to move forward with these top four health needs, ranked in order of priority, for the CHNA 2025 implementation strategy:

1. Cancer
2. Mental health
3. Immigrant population
4. Obesity

Cancer was determined to be the top priority based on the recently implemented statewide initiative by the Iowa Cancer Registry Program called Cancer in Iowa: 99 County Project. The 99 Counties Project is a public health initiative aimed at enhancing cancer education and community engagement across the state. MercyOne New Hampton will be able to partner with Chickasaw County Public Health to have a larger impact on this need. With lung disease identified as a health need, the committee agreed that since lung cancer is the second most diagnosed cancer in our county, many of the same concepts could help reduce lung disease even though it wasn't a top priority on its own.

.....|

After our top priority of cancer was determined, the committee prioritized the remaining needs based on MercyOne's ability to have a positive impact with the resources available to us, that also would be low risk. The advisory committee decided mental health would be our second priority because it impacts people of all ages. The third priority of focusing on our immigrant population was determined to be a need that could have a substantial impact on our minority population. Finally, the committee decided to have obesity as our fourth priority. Through discussion on how obesity impacts diabetes and heart disease, the committee agreed that focusing on reducing obesity could also reduce other chronic conditions. The committee also acknowledged that obesity could be the most difficult to change based the abundance of processed food, societal norms around food, sedentary lifestyles and people not being motivated to make positive changes.

Community assets and resources

The Advisory Committee identified the following community resources and assets that may be available to address the highest priority health needs.

Cancer

- Iowa Cancer Registry
- Chickasaw County Department of Public Health
- Chickasaw County Event Center (senior site for Northeast Iowa Area Agency on Aging)
- Iowa State Extension Office

Mental Health

- Psychiatric Medical Care – Senior Life Solutions
- Counseling and Family Centered Services
- Elevate

Immigrant Population

- Holy Family Parish
- Northeast Iowa Community College
- New Hampton Community School District

Obesity

- Park and recreation departments
- Chickasaw Wellness Complex
- Iowa Healthiest State Initiative

Next steps

MercyOne New Hampton Medical Center will convene a committee for each of the four identified health needs and together, they will develop a multi-year strategy to address identified community health and social needs. The implementation strategy will be publicly available as a separate document.

Printed copies of this report are available upon request at MercyOne New Hampton Medical Center, 308 North Maple Avenue, New Hampton, Iowa 50659. This report is also available electronically at <https://www.mercyone.org/about-us/community-health-and-well-being/>

Please email questions, comments, and feedback to communityhealth@mercyhealth.com.

The next community needs assessment for MercyOne New Hampton Medical Center will be completed in fiscal year FY2028.

Primary indicator data

Responses Overview Active

Responses

180

Average Time

05:17

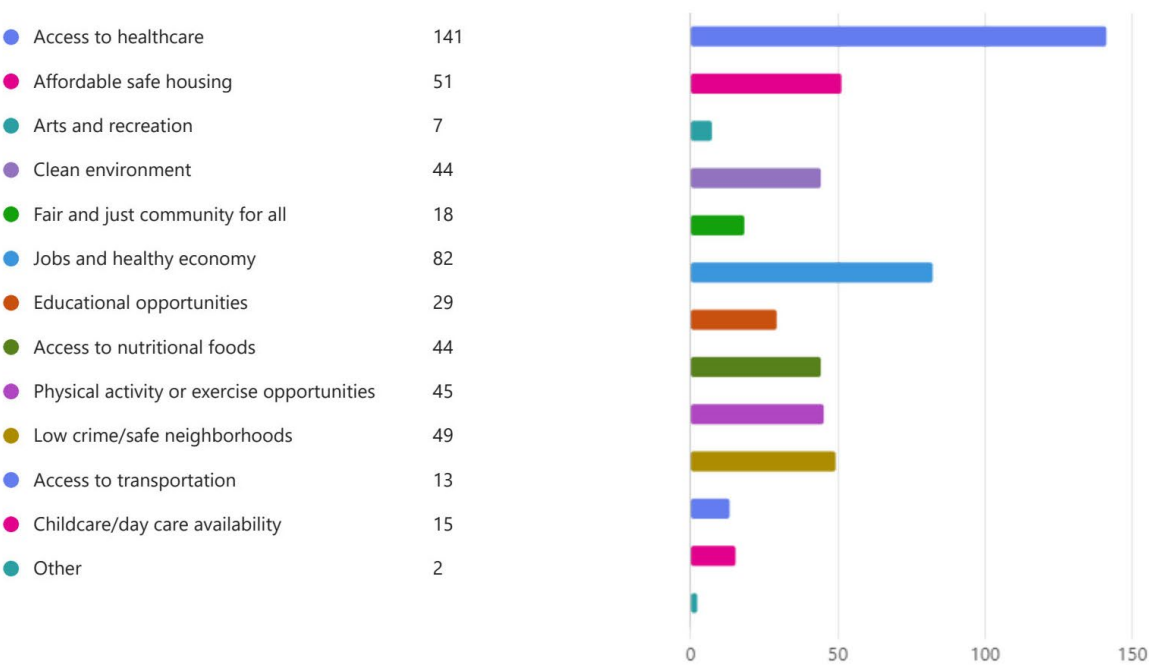
Duration

87

1. How would you rate the overall health of your community?

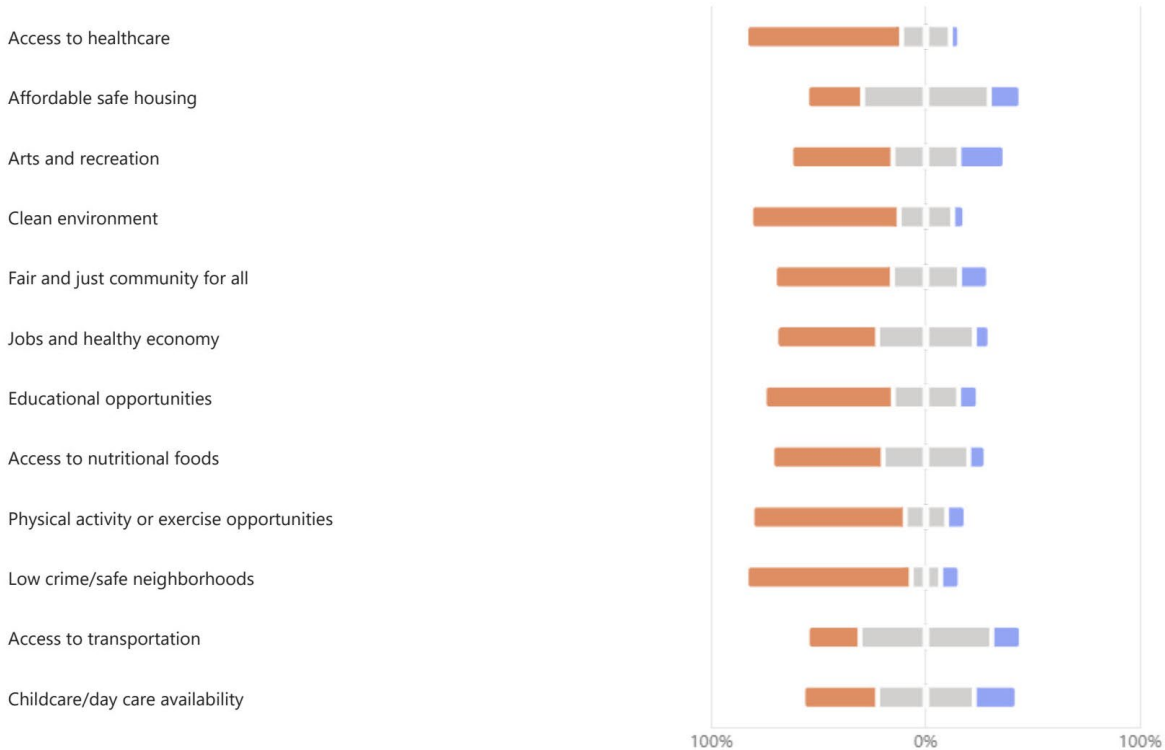


2. What are the three (3) most important factors for a healthy thriving community?

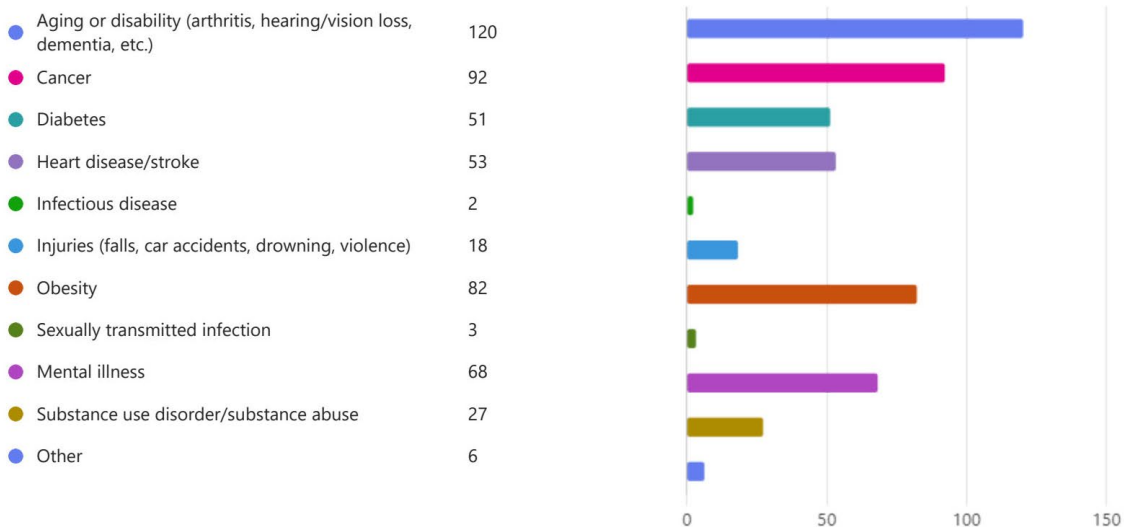


3. For each factor listed below, are we as a community doing a good job or do we need to improve? (Select one of the boxes below for each row)

● Good Job ● Needs Improvement ● I don't know

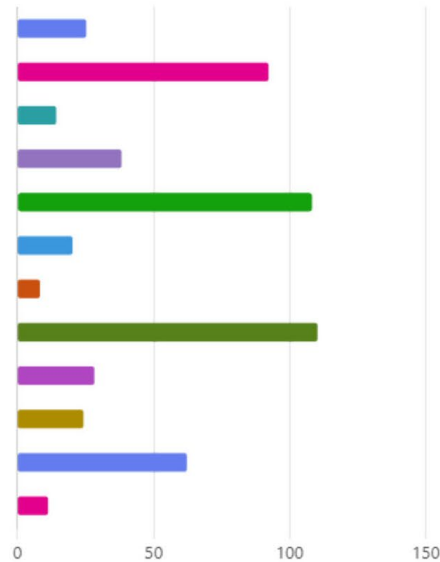


4. What do you feel are the top three (3) health problems for adults in the community?



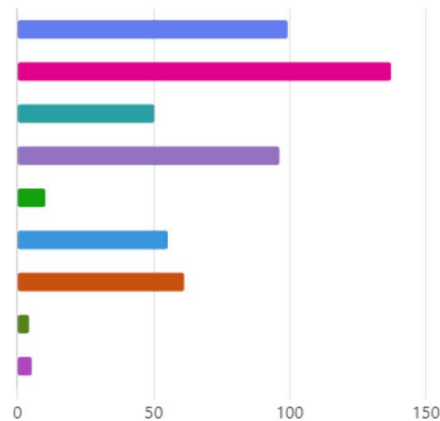
5. What are the top three (3) factors affecting children's health?

Access to healthcare	25
Access to mental health or substance use disorder services	92
Access to dental care	14
Access to nutritional foods	38
Bullying	108
Physical activity opportunities	20
Sexual behavior	8
Screen time/social media	110
Safe living environment	28
Substance abuse	24
Supportive family environment	62
Educational opportunities	11



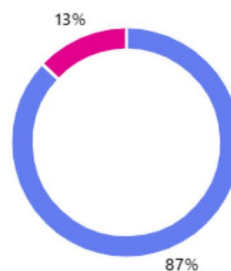
6. Choose the three (3) most common risky behaviors in our community for all age groups.

Excessive Alcohol Consumption	99
Texting and Driving	137
Underage Drinking	50
Vaping/Smoking	96
Prescription Drug Use	10
Illegal Drug Use	55
Driving under the influence of drugs or alcohol	61
Sexually Transmitted Diseases	4
Other	5



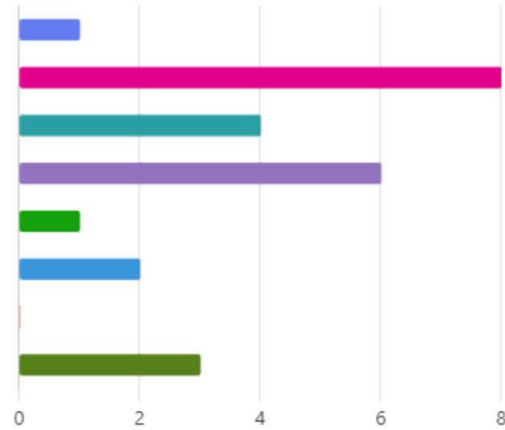
7. Do you receive an annual health exam (check-up/physical)?

Yes	153
No	23



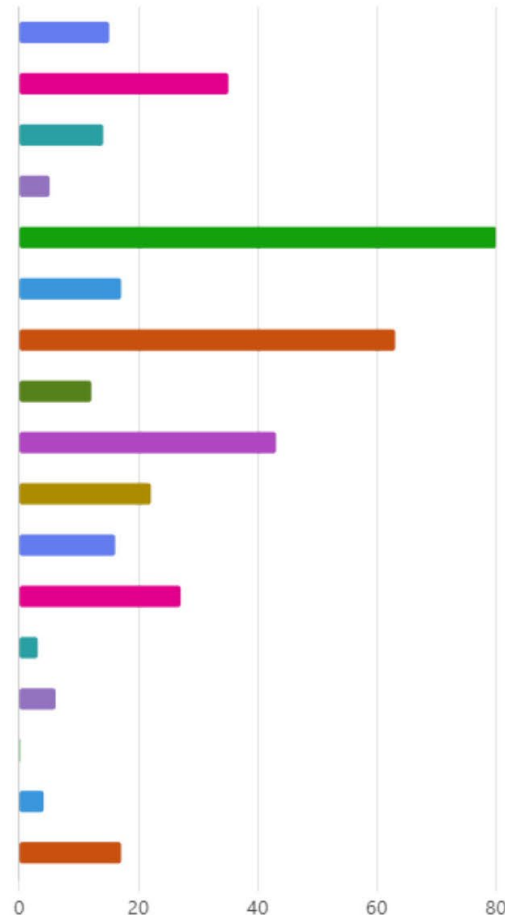
8. If you answered **NO** above, why don't you receive an annual health exam? Select all that apply.

- Can't get an appointment for a time that works best for you 1
- I feel that I am healthy and don't need an annual health exam 8
- Don't feel you need an annual health exam 4
- Cost 6
- Transportation 1
- Childcare 2
- Interpreter services 0
- Other 3

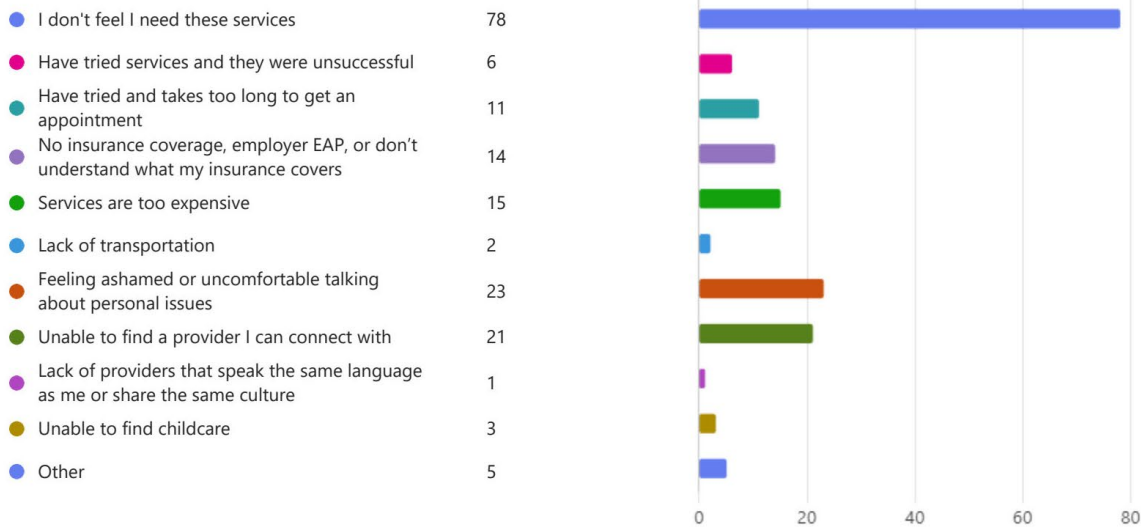


9. What prevents you from being healthier? (Select all that apply)

- Lack of appointments for healthcare services when I need them 15
- Healthcare services are too expensive 35
- Healthcare services are too complicated 14
- Lack access to transportation 5
- Lack motivation 80
- Lack knowledge about healthy choices 17
- Not enough time 63
- Nowhere to exercise or affordable gym 12
- Other priorities 43
- Physical health is too poor 22
- Mental health is too poor 16
- Lack access to or can't afford healthy foods 27
- Unemployment 3
- Inadequate housing 6
- Information not provided in my language 0
- Feeling unsafe 4
- Other 17



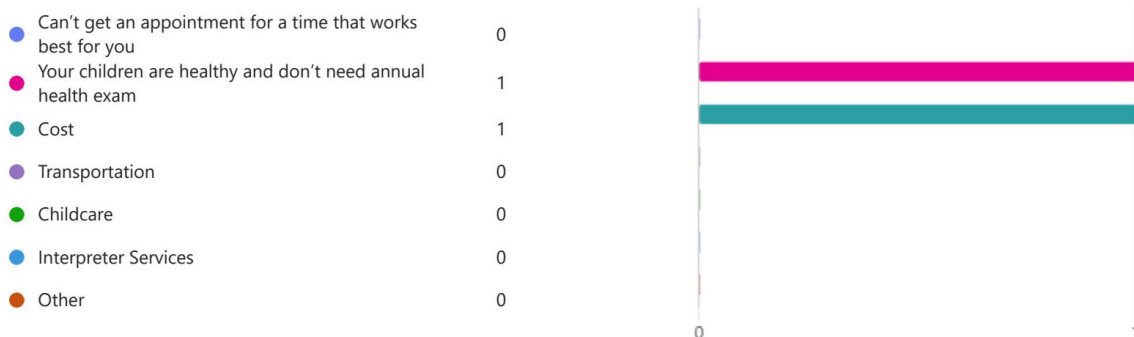
10. If you feel you could benefit from mental health or substance use disorder services but are not currently receiving them, please select your reason(s) for not accessing those services. Select all that apply.



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

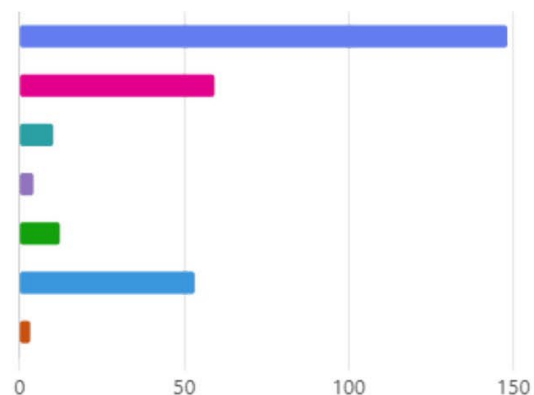


12. If you answered **NO** to the above question, why don't your children receive an annual health exam? Select all that apply.



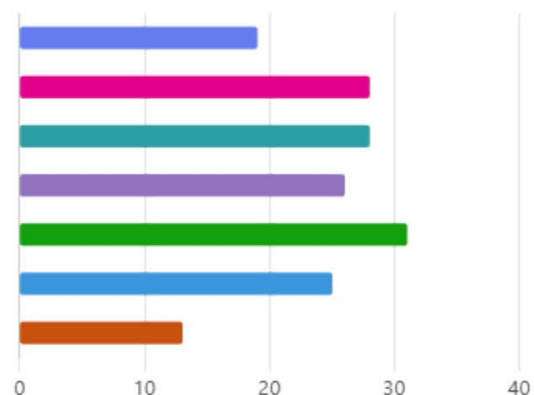
13. Who do you trust for health information? (select all that apply)

Doctor or other health professional	148
Public Health Department	59
Television or newspaper	10
Social media	4
Internet	12
Family or friends	53
Other	3



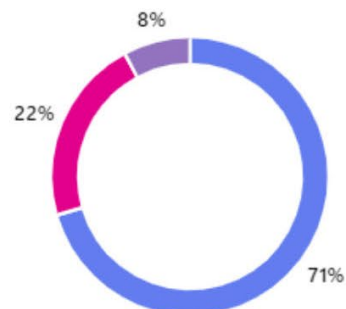
14. AGE

18-29	19
30-39	28
40-49	28
50-59	26
60-69	31
70-79	25
80+	13



15. Gender

Woman	127
Man	39
Non-binary	0
Prefer not to say	14



16. Zip Code

168
Responses

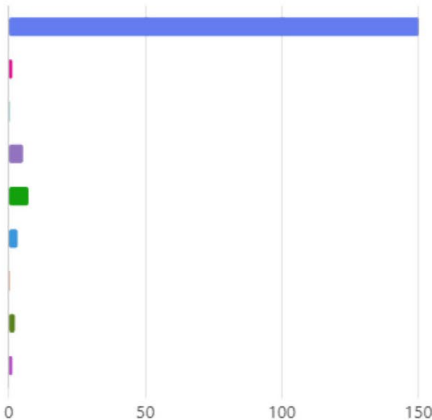
Latest Responses
"50658"
"50659"
"50616"
...

121 respondents (72%) answered 50659 for this question.



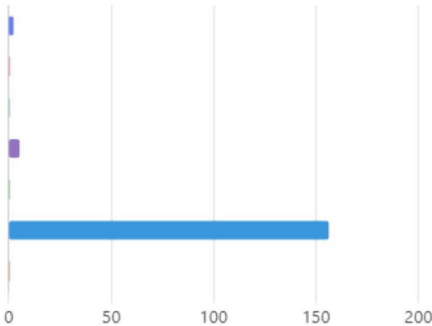
17. County of Residence

Chickasaw	150
Bremer	1
Butler	0
Fayette	5
Floyd	7
Howard	3
Mitchell	0
Winneshiek	2
Other	1



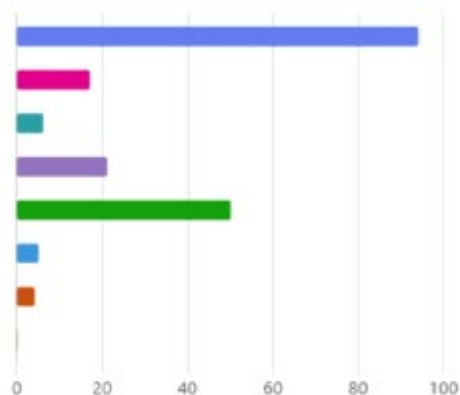
18. Race/Ethnicity (Select all that apply)

American Indian or Alaskan Native	2
Asian	0
Black or African American	0
Hispanic or Latino	5
Native Hawaiian or Other Pacific Islander	0
White	156
Other	0



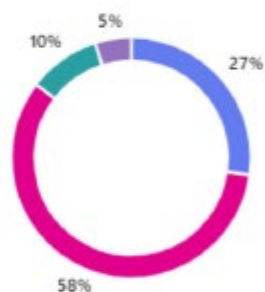
19. Health insurance status (select all that apply)

Insurance through a current or former employer (of yourself or family member)	94
Insurance purchased directly from an insurance company (by yourself or family member)	17
Insurance purchased from the marketplace (by yourself or family member)	6
I am covered by Medicaid (Iowa Total Care, Molina, Wellpoint)	21
I am covered by Medicare	50
VA health care	5
I am not covered by health insurance	4
One or more of my children are not covered by health insurance	0



20. How well do you understand the benefits offered under your health insurance plan (If Applicable)?

Extremely well	45
Somewhat well	96
Somewhat not well	16
Not at all	8



21. Do you have access to a computer/technology for your health care needs?

Yes	146
No	18



22. Number of adults in your household, including yourself.

165
Responses

Latest Responses
"4"
"2"
"2"
...

109 respondents (66%) answered 2 for this question.



23. Number of children in home

164
Responses

Latest Responses
"0"
"0"
"0"
...

22 respondents (13%) answered 2 for this question.



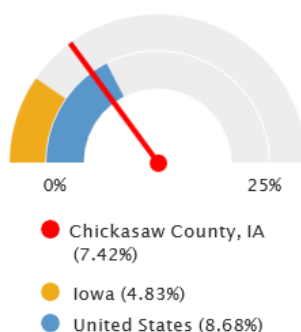
Secondary indicator data

ACCESS TO CARE

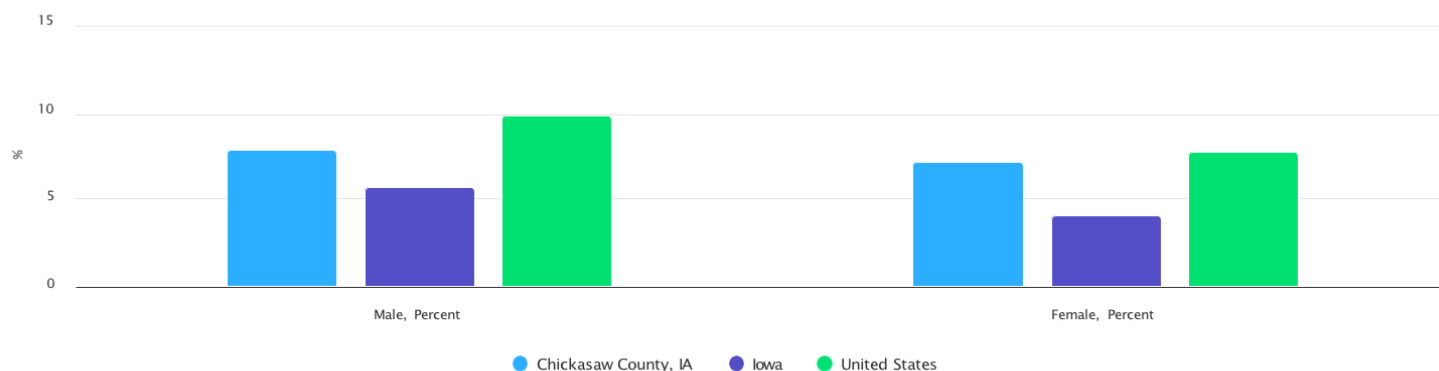
Health Insurance

The lack of health insurance is a key driver of health status. People without health insurance are less likely to get the care they need leading to poorer health outcomes. In Chickasaw County, 7.42% of the residents do not have insurance. The rate of uninsured Chickasaw County residents is greater than the state average of 4.83%. Data sources: US Census Bureau, American County Survey. 2018-2022.

Uninsured Population, Percent



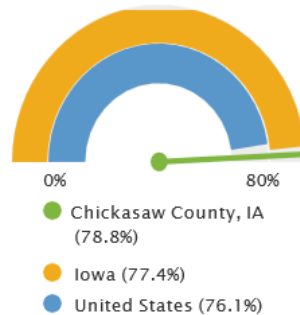
Uninsured Population by Gender



Recent Primary Care Visit

In the past year, 78.8% adults in Chickasaw County had a routine checkup in the past year. This is comparable to state (77.4%) and national (76.1%) rates. Data Source(s): Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.

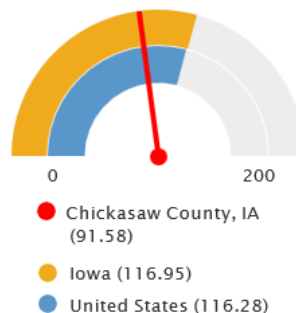
Percentage of Adults Age 18
 w i t h Routine Checkup in
 Past Year



Primary Care Providers

In Chickasaw County, there are 91.58 primary providers per 100,000 population. The shortage in Chickasaw County is more significant than the state and nation, 116 primary providers per 100,000 population. Data Source(s): Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). November 2024.

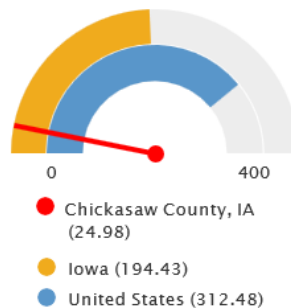
Primary Care Providers, Rate
 per 100,000 Population



Mental Health Providers

Chickasaw County has 3 providers specializing in mental health, a rate of only 24.98 providers per 100,000 population. The shortage in Chickasaw County is much more significant than state (194.43/100,000) and national (312.48/100,000) shortages. Data Sources: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). November 2024

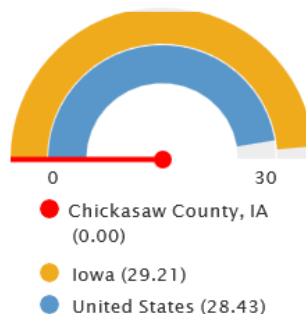
Mental Health Care Providers
 Rate per 100,000 Population



Addiction/Substance Abuse Providers

In Chickasaw County, there are 0 addiction/substance use providers per 100,000 population. The shortage in Chickasaw County is more significant than state (29.21/100,000) and national (28.43/100,000) shortages. Data sources: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). November 2024.

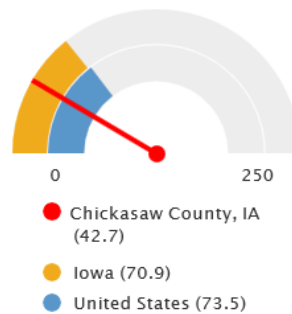
Addiction/Substance Abuse Providers, Rate per 100,000 Population



Dentists

In Chickasaw County, there are 42.7 dentists per 100,000 population. The shortage in Chickasaw County is more significant than state (70.9/100,000) and national (73.5/100,000) shortages. Data Source: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File. Accessed via County Health Rankings. 2022.

Dentists Rate Per 100,000 Population

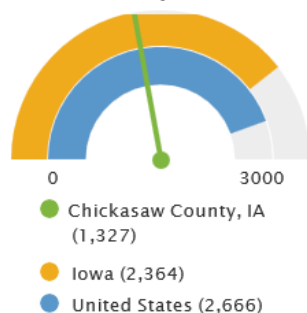


HEALTH OUTCOMES & BEHAVIORS

Preventable Hospitalizations

This indicator reports the preventable hospitalization rate among Medicare beneficiaries for the latest reporting period. Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. The preventable hospitalization rate in Chickasaw County was 1,327 per 100,000 beneficiaries. The preventable hospitalization rate in Chickasaw County is significantly lower than the state rate of 2,364 and the national rate of 2,666. Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

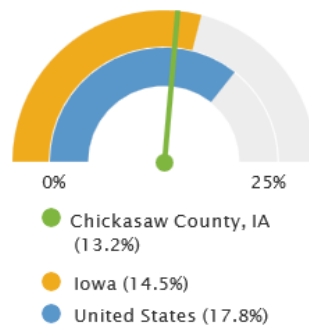
Prevention Quality Overall composite (PQI #90), Rate per 100,000



30-Day Hospital Readmissions

This indicator reports the number and rate of 30-day hospital readmissions among Fee-for Service (FFS) Medicare beneficiaries. Hospital readmissions are unplanned visits to an acute care hospital within 30 days after discharge from a hospitalization. Patients may have unplanned readmissions for any reason, however readmissions within 30 days are often related to the care received in the hospital, whereas readmissions over a longer time period have more to do with other complicating illnesses, patients' own behavior, or care provided to patients after hospital discharge. Chickasaw County has a 30-day hospital readmission rate of 13.2%. The readmission rate in Chickasaw County is better than the state readmission rate of 14.5% and the nation rate of 17.8%. Data Sources: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File. 2022.

FSS Medicare Beneficiaries,
30 Day Readmission Rate



Mammography Screening

Over half (55%) of females in Chickasaw County received an annual mammography screening. Mammography screening rates in Chickasaw County are similar to the statewide screening rate (53%). Data Sources: County Health Rankings. 2024.

Flu Vaccine

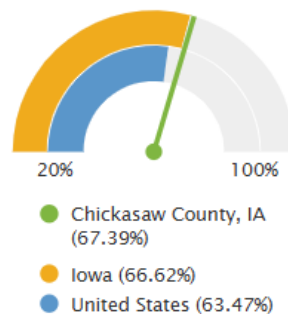
Fifty-nine percent (59%) of Chickasaw County residents received a flu vaccine during the 2021 flu season. The percent of the population receiving the flu vaccine in Chickasaw County is higher than the statewide vaccination rate of 54%. Data Sources: County Health Rankings. 2024.

ECONOMIC STABILITY

Labor Force Participation

Labor force participation rate measures the percentage of working age adults employed or seeking employment. The labor force participation rate in Chickasaw County is 67.39%. Labor force participation in Chickasaw County is higher than both the state (66.62%) and national participation rate (63.47%). Data Sources: US Census Bureau, 2018-2020 American Community Survey.

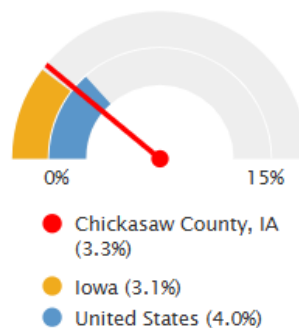
Labor Force Participation Rate

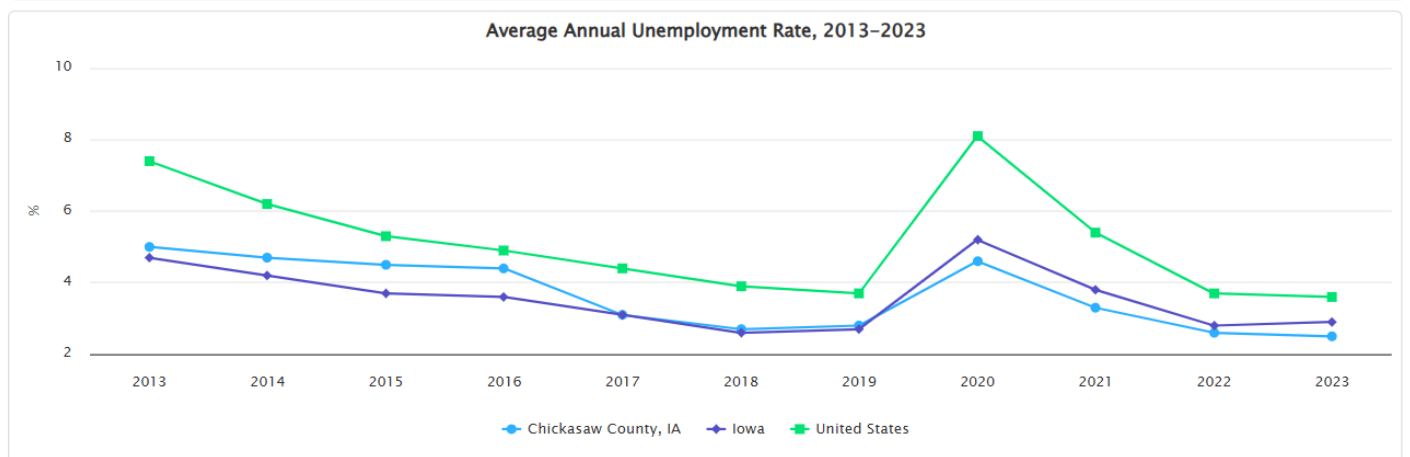
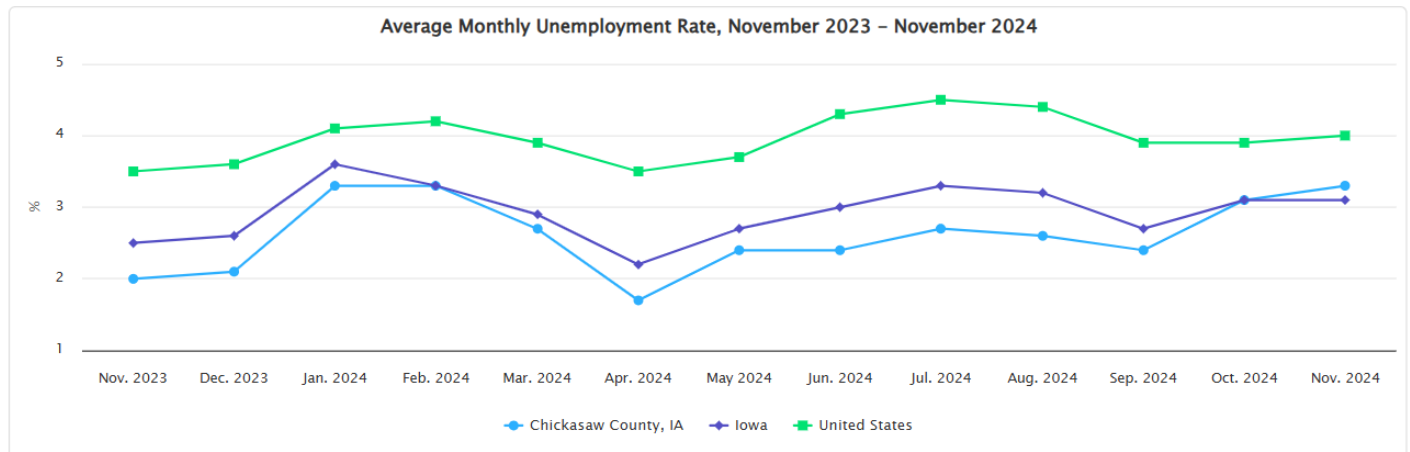


Unemployment Rate

Unemployment rate measures the percentage of adults aged 16 and older unemployed or seeking employment. The unemployment rate in Chickasaw County in November 2024 was 3.3%. Over the past 12 months the unemployment rates have fluctuated some. The highest was at 3.3% and the lowest in April with 1.7% unemployment rate. Unemployment creates financial instability and barriers to access including health insurance coverage, health services, healthy food, and other necessities that contribute to poor health status. The unemployment rate of 2.9% in Chickasaw County is slightly higher than the state's 3.1% and lower than the national 4%. Data Sources: US Department of Labor, Bureau of Labor Statistics. 2024; Data Source: US Census Bureau, American Community Survey. 2024.

Unemployment Rate: %

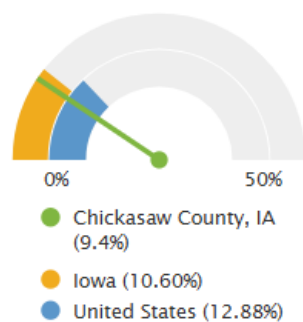


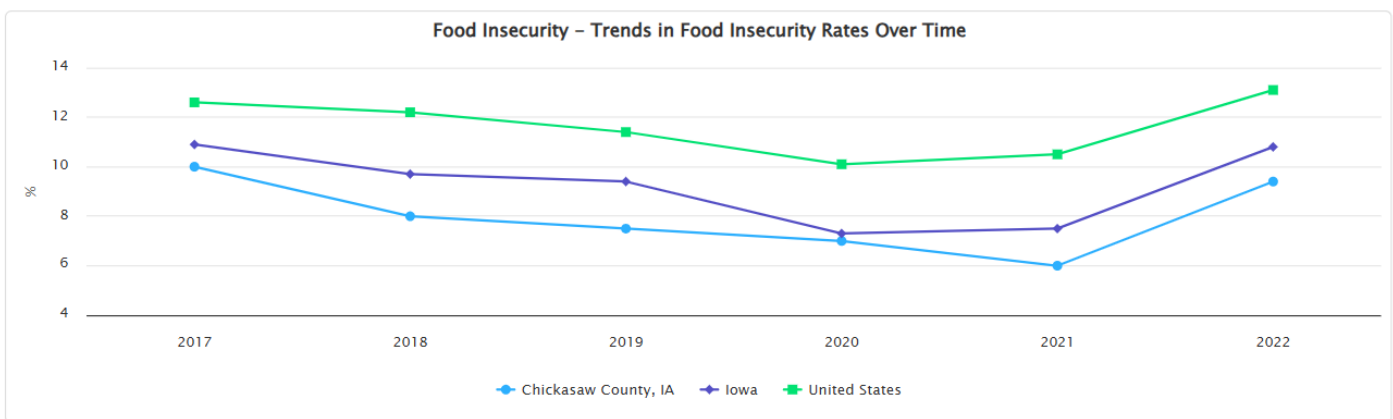
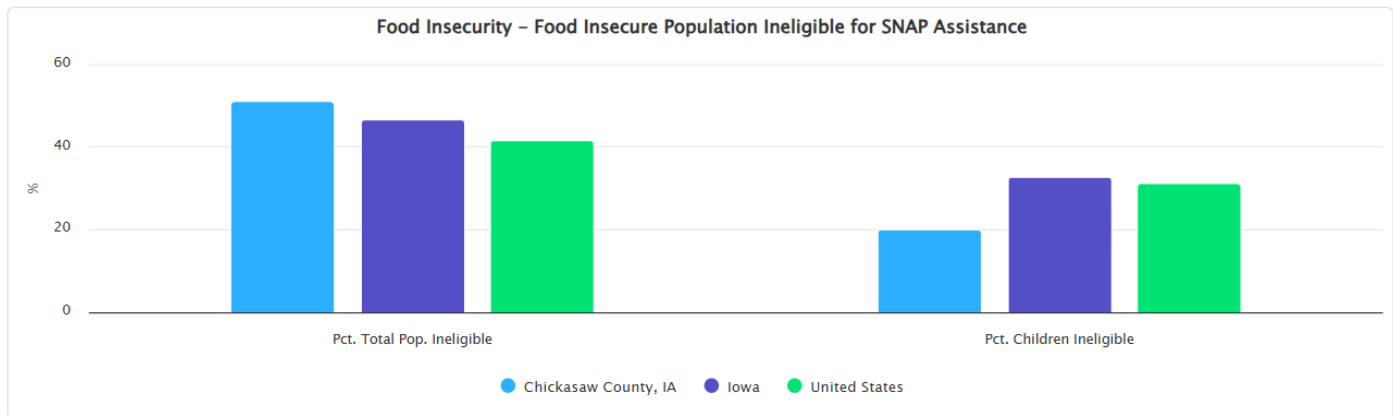


Food Insecurity Rate

Food insecurity estimates the percentage of the population that experienced food insecurity at some point during the year. The food insecurity rate in Chickasaw County in 2022 was 9.4%. Fifty-one percent of the food insecure population is ineligible for assistance programs (SNAP, WIC, school meals, CSFP, and TEFAP). Food insecurity has been linked to negative health outcomes. The food insecurity rate in Chickasaw County is lower than the state rate of 10.6% and slightly lower than the national rate of 12.88%. However, the percent of the food insecure population not eligible for assistance programs is higher. Data Sources: Feeding America 2022.

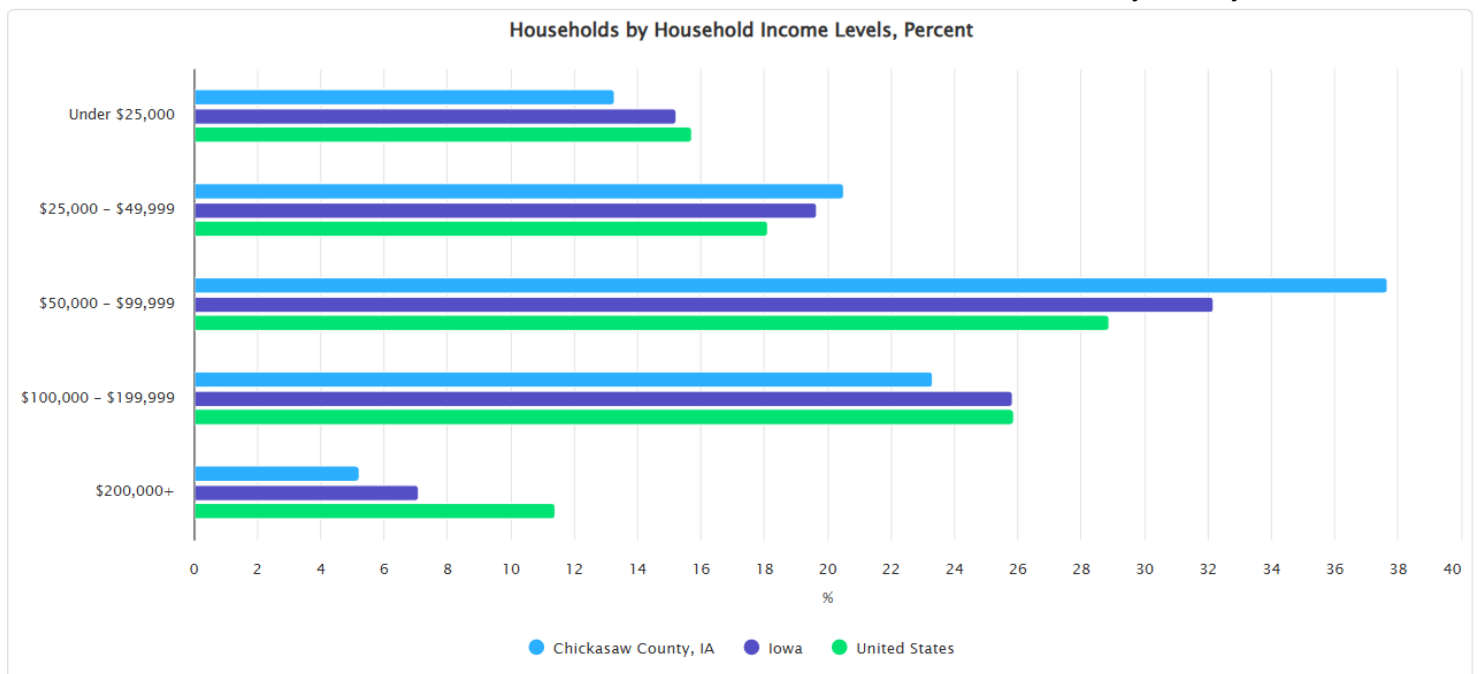
Percentage of Total Population with Food Insecurity

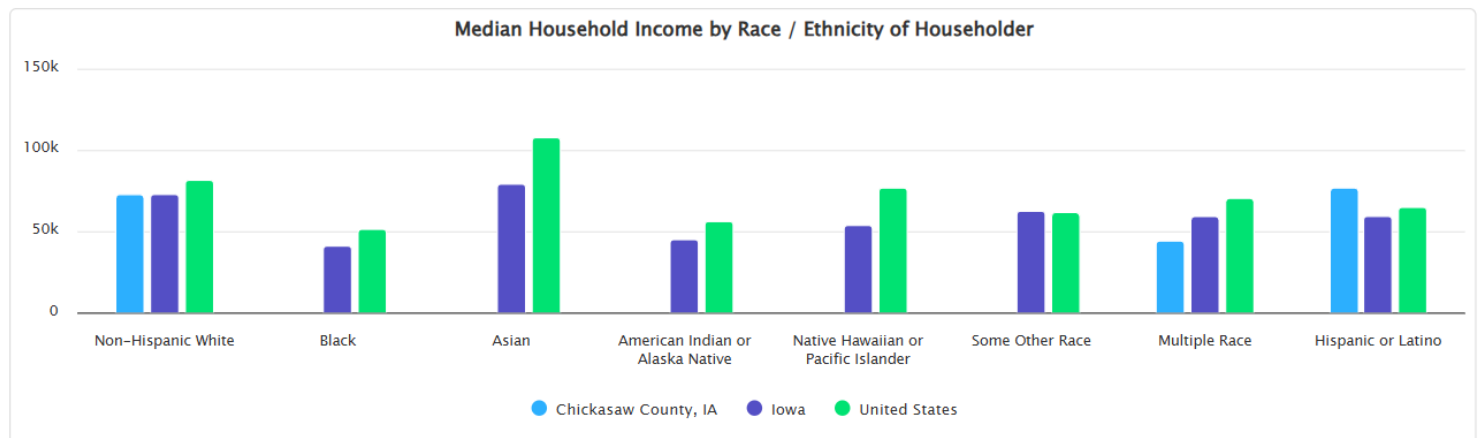




Income

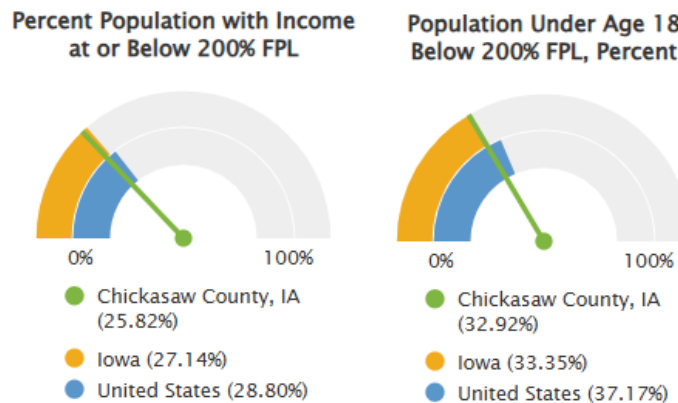
The median household income in Chickasaw County is \$72,734 (2018-2022). The median household income in Chickasaw County is slightly higher than the state median of \$70,571 but lower than the national median of \$75,149. Data Sources: US Census Bureau, American Community Survey. 2018-22





Poverty

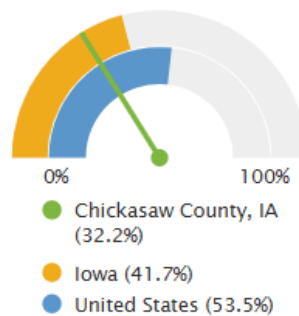
More than a quarter (25.82%) of Chickasaw County residents live in households with income at or below 200% of the Federal Poverty Level (FPL). The population under 18 living in households below 200% FPL is 32.92%. This indicator is important since poverty creates barriers to access including health services, healthy food, stable housing, and opportunities for physical activity. The percentage of individuals living in poverty in Chickasaw County is slightly lower than Iowa as a whole (33.35%). Data Source(s): US Census Bureau, American Community Survey; 2018-22; Healthy People 2030



Children Eligible for Free/Reduced-Price Lunch

Nearly one third (32.2%) of all public-school students in Chickasaw County were eligible for free or reduced-price lunch. Free or reduced-price lunches are served to qualifying students in families with income under 185% (reduced-price) or under 130% (free lunch) of the US federal poverty threshold as part of the National School Lunch Program (NSLP). The percentage of children eligible for free or reduced-price lunch is lower in Chickasaw County than the state (41.7%). Data Sources: National Center for Education Statistics, NCES - Common Core of Data. 2022-2023

Percentage of Students Eligible
for Free or Reduced Price
School Lunch

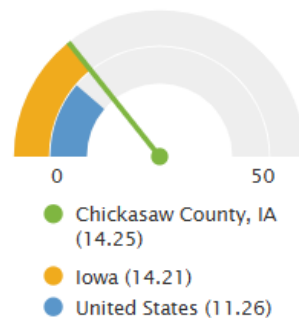


EDUCATION

Head Start

Head Start is a program designed to help children from birth to age five who come from families at or below poverty level. Chickasaw County has one Head Start program, a rate of 14.25 per 10,000 children. This indicator is important because the program's goal is to help children become ready for kindergarten while also providing the needed requirements to thrive, including health care and food support. Chickasaw County's rate is similar to other programs in the state (14.21). Data Source(s): US Department of Health & Human Services, HRSA - Administration for Children and Families. 2024.

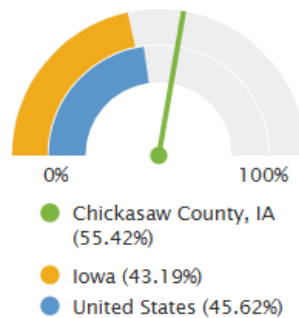
Head Start Programs Rate (Per
10,000 Children Under Age 5)



Preschool

Chickasaw County has 133 children aged 3-4 enrolled in school, which is 55.42% of the county population age 3-4. Preschool opportunities are more abundant in Chickasaw County than in Iowa as a whole (43.19%). Data Source: US Census Bureau, American Community Survey. 2018-22.

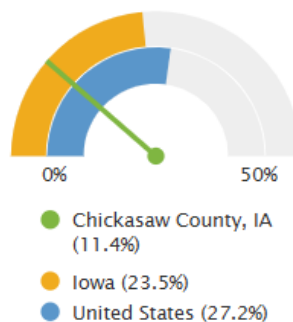
Percentage of Population Age 3–4 Enrolled in School



Chronic Absenteeism

In Chickasaw County, 11.4% of children missed 10% or more school days during the 2022-23 school year. This indicator is important because chronic absence can jeopardize students' academic proficiency, social engagement, and opportunities for long-term success. Absenteeism in Chickasaw County is lower than Iowa as a whole (11.4%). Data Source(s): US Department of Education, ED Data Express. Additional data analysis by CARES. 2022-2023.

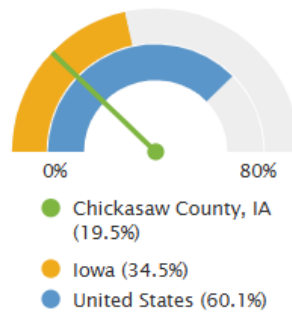
Chronic Absence Rate



Student Reading Proficiency (4th grade)

In Chickasaw County, 80.5% of 4th grade students had reading skills at or above the proficient level. Students in Chickasaw County (62.6%) performed significantly higher than students statewide (65.5%) and the nation (39.9%). Data Source(s): US Department of Education, EDFacts. Additional data analysis by CARES. 2020-21.

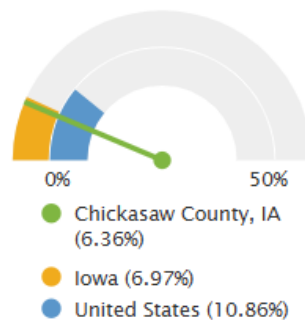
Students Scoring 'Not Proficient' or Worse, Percent



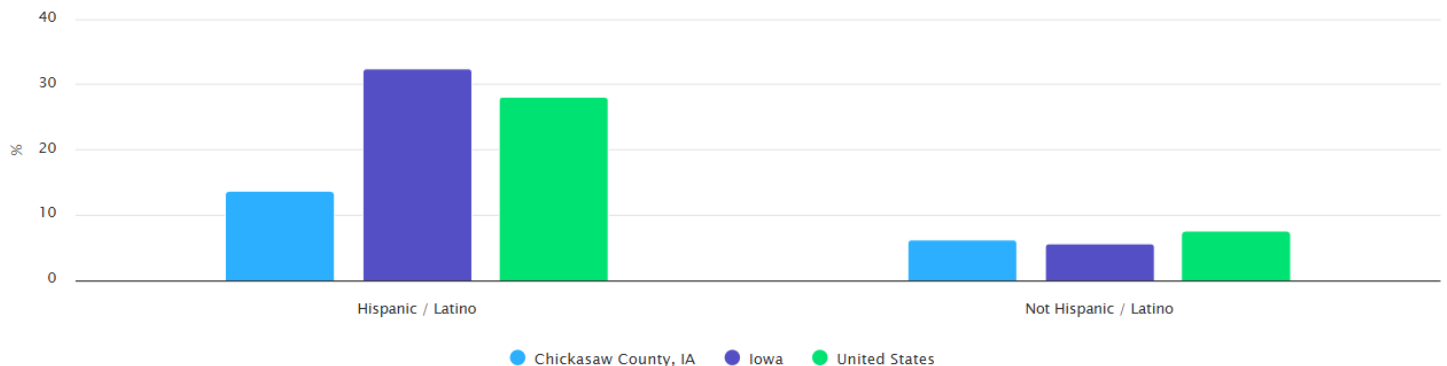
High School Diploma

In Chickasaw County 93.6% of the population aged 25 or older has a high school diploma or equivalent. This indicator is important because educational attainment is linked to positive health outcomes. High school graduation rates in Chickasaw County are like the state (93%). The percentage of the population without a high school diploma is much higher in the Hispanic or Latino population. Data Source: US Census Bureau, American Community Survey. 2018-22.

Population Age 25+ with No High School Diploma, Percent

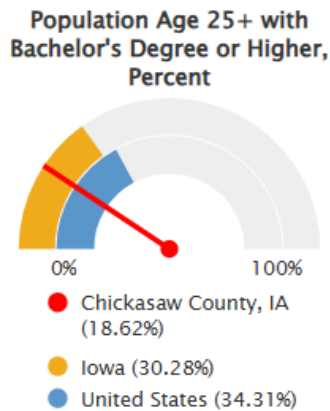


Population with No High School Diploma by Ethnicity Alone



Bachelor's Degree or Higher

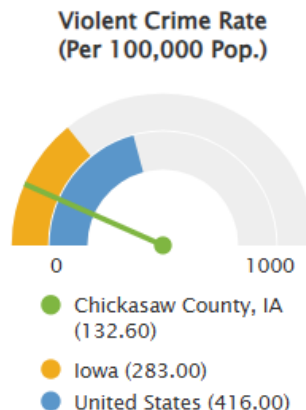
Only 18.62% of Chickasaw County residents aged 25 or older have obtained a bachelor's degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes. Income from these employment opportunities may improve health by increasing people's ability to accrue material resources, such as higher- quality housing, as well as psychosocial resources, such as higher social status. The percentage of Chickasaw County residents with a bachelor's degree or higher is significantly lower than the state (30.28%). Data Sources: US Census Bureau, American Community Survey. 2018-22; Healthy People 20230.



COMMUNITY SAFETY

Violent Crime

Within Chickasaw County, the 2015-2017 three-year total of reported violent crimes was 48, which equates to an annual rate of 132.6 crimes per 100,000 people. Violent crime includes homicide, rape, robbery, and aggravated assault. The rate of violent crimes in Chickasaw County is significantly less than the state rate of 283.00 and the national rate of 416. Data Sources: Federal Bureau of Investigation, FBI Uniform Crime Reports.



Alcohol-Impaired Driving Deaths

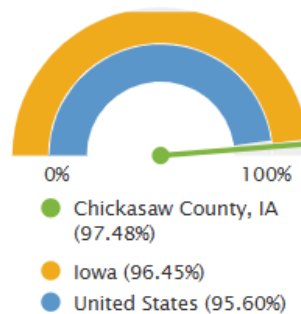
In Chickasaw County 20% of the driving deaths were linked to alcohol impaired drivers. More than a quarter (26%) of motor vehicle crash deaths in Iowa involved alcohol. Data Source: 2024 County Health Rankings.

NEIGHBORHOOD & PHYSICAL ENVIRONMENT

Broadband Access

Most (93.58%) Chickasaw County residents have access to high-speed internet. Data is based on the reported service area of providers offering download speeds of 25 MBPS or more and upload speeds of 3 MBPS or more. Access to broadband in Chickasaw County is slightly higher than the state (92.67%). Data Sources: FCC FABRIC Data. Additional data analysis by CARES. June 2024

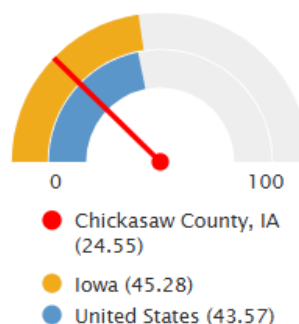
Percentage of Population with
Access to Broadband Internet
(DL Speeds > 25MBPS)



Park Access

Just under a quarter of the population in Chickasaw County (24.55%) live within a 10-minute walk from a park. This indicator is relevant because access to outdoor recreation encourages physical activity and other healthy behaviors. Iowa residents having park access is 45.28%. Data Sources: Trust for Public Land. 2020.

Percent of Population Within a
10-Minute Walk

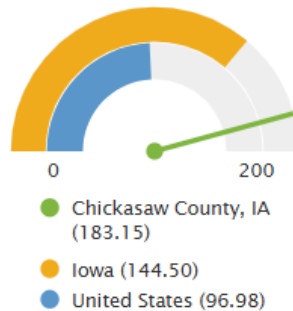


Social Associations

Chickasaw County has 22 social establishments and 183.15 per 100,000 population. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, political organizations, labor organizations, business organizations, and professional organizations. Chickasaw County has a higher rate of social establishments than the state (144.50). Data

Sources: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.

Membership Associations, Rate
per 100,000 Population



AIR AND WATER QUALITY

Air Pollution

Chickasaw County has an average daily ambient particulate matter 2.5 of 7.2 which equates to zero days of exceeding MAAQS standards. The average density of particulate matter in the air is lower in Chickasaw County than Iowa as a whole (8.06). Data Sources: 2024 County Health Rankings, which utilizes 2019 figures from the Environmental Public Health Tracking Network.

Drinking Water Safety

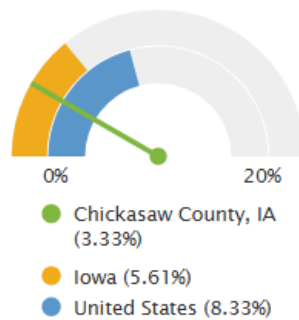
This indicator reports presence or absence of one or more health-based violations in drinking water within community water systems that serve the community. No community water system in Chickasaw County reported a health-based drinking water violation. Data Sources: 2022 County Health Rankings, which utilizes figures from the 2020 Safe Drinking Water Information System (SDWIS).

HOUSING AND TRANSPORTATION

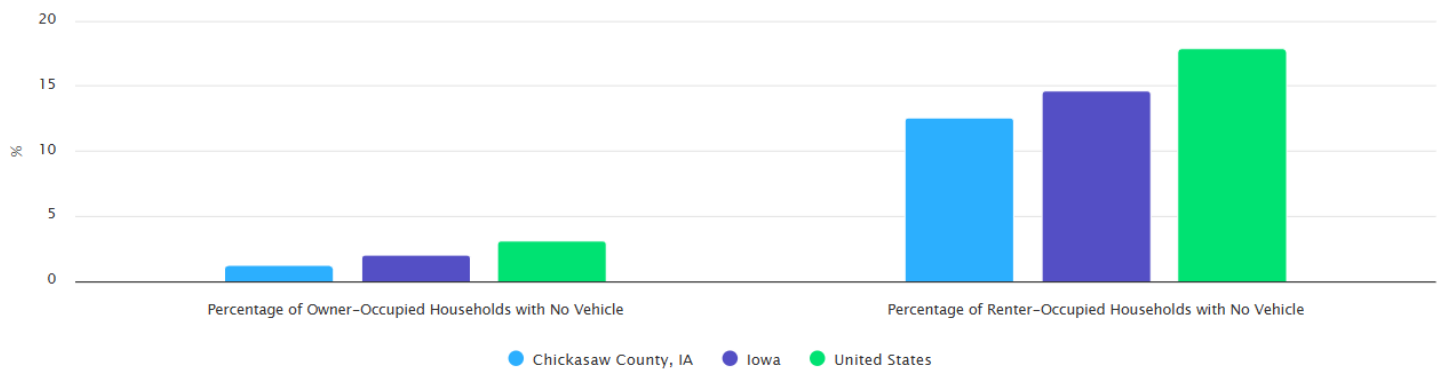
Households with No Motor Vehicle

Only three percent (3.33%) of households in Chickasaw County do not have a motor vehicle. A lower percentage of households in Chickasaw County are without a motor vehicle than the state percentage (5.61%). Within the service area, there are significantly more renter-occupied households with no vehicle (12.57%) than owner-occupied households (1.27%). Data Source: US Census Bureau, 2017-2021 American Community Survey. 2018-22.

Percentage of Households with No Motor Vehicle



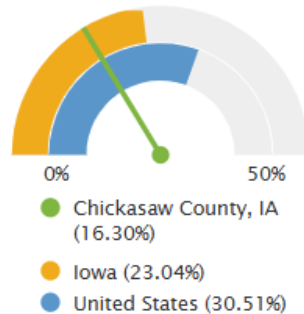
Households with No Motor Vehicle by Tenure



Housing Costs

A total of 16.30% of households in Chickasaw County have housing costs exceeding 30% of their total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The percentage of cost-burdened households in Chickasaw County is lower than the Iowa rate of 23.04%. Data Source(s): US Census Bureau, American Community Survey. 2018-22.

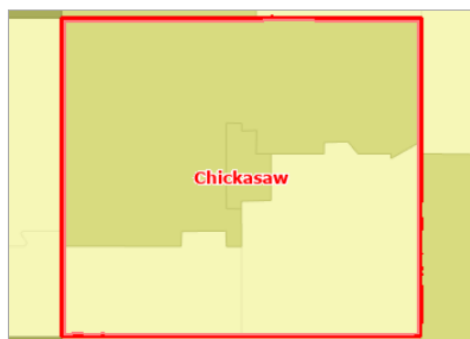
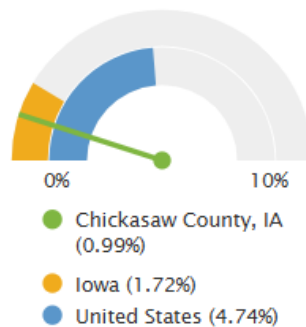
Percentage of Households where Housing Costs Exceed 30% of Income



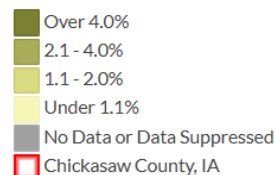
Overcrowded Housing

A total of .99% of households in Chickasaw County are overcrowded. Overcrowding is defined as more than one occupant per room. The percentage of overcrowded households in Chickasaw County is lower than Iowa (1.72%). The northern area of the county has higher rates of overcrowding (1.1-2%). Data Source(s): US Census Bureau, American Community Survey. 2018-22.

Percentage of Housing Units Overcrowded



Overcrowded Housing (Over 1 Person/Room), Percent by Tract, ACS 2018-22



Substandard housing

This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard. Of the 4,920 total occupied housing units in the report area, 802 or 16.32% have one or more substandard conditions. The percentage of housing units with substandard conditions in Chickasaw County is lower than the Iowa rate of 23.41%. The only condition where Chickasaw County performs more poorly than the state is housing units lacking a complete kitchen. Almost 5% (4.68%) percent of housing units in Chickasaw County lack a complete kitchen compared to the Iowa average of 2.41%. Data Source(s): US Census Bureau, American Community Survey. 2018-22.

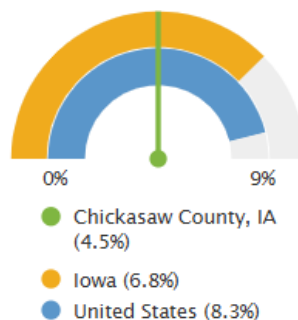
Report Area	Occupied Housing Units	Housing Units Lacking Complete Kitchen Facilities	Housing Units Lacking Complete Kitchen Facilities, Percent
Chickasaw County, IA	5,540	259	4.68%
Iowa	1,417,064	34,127	2.41%
United States	140,943,613	3,439,478	2.44%

MATERNAL, INFANT, AND CHILD HEALTH

Low Birth Weight

Only 4.5% of infants born in Chickasaw County had a low birth weight. Low birth weight is defined as less than 2,500 grams (approximately 5 lbs., 8 Oz.). The prevalence of infants born at a low birth weight is lower in Chickasaw County than Iowa as a whole (6.8%). Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2016-2022.

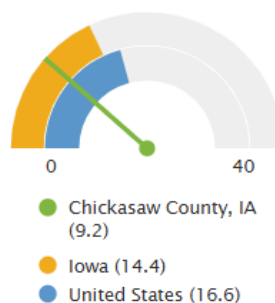
Percentage of Infants with Low Birthweight: %



Teen Births

This indicator reports the seven-year average number of births per 1,000 female population age 15-19. In Chickasaw County, the teen birth rate is 9.2 per 1,000. The teen birth rate in Chickasaw County is lower than the state's teen birth rate of 14.4. Data Source: National Center for Health Statistics - Natality files (2016-2022).

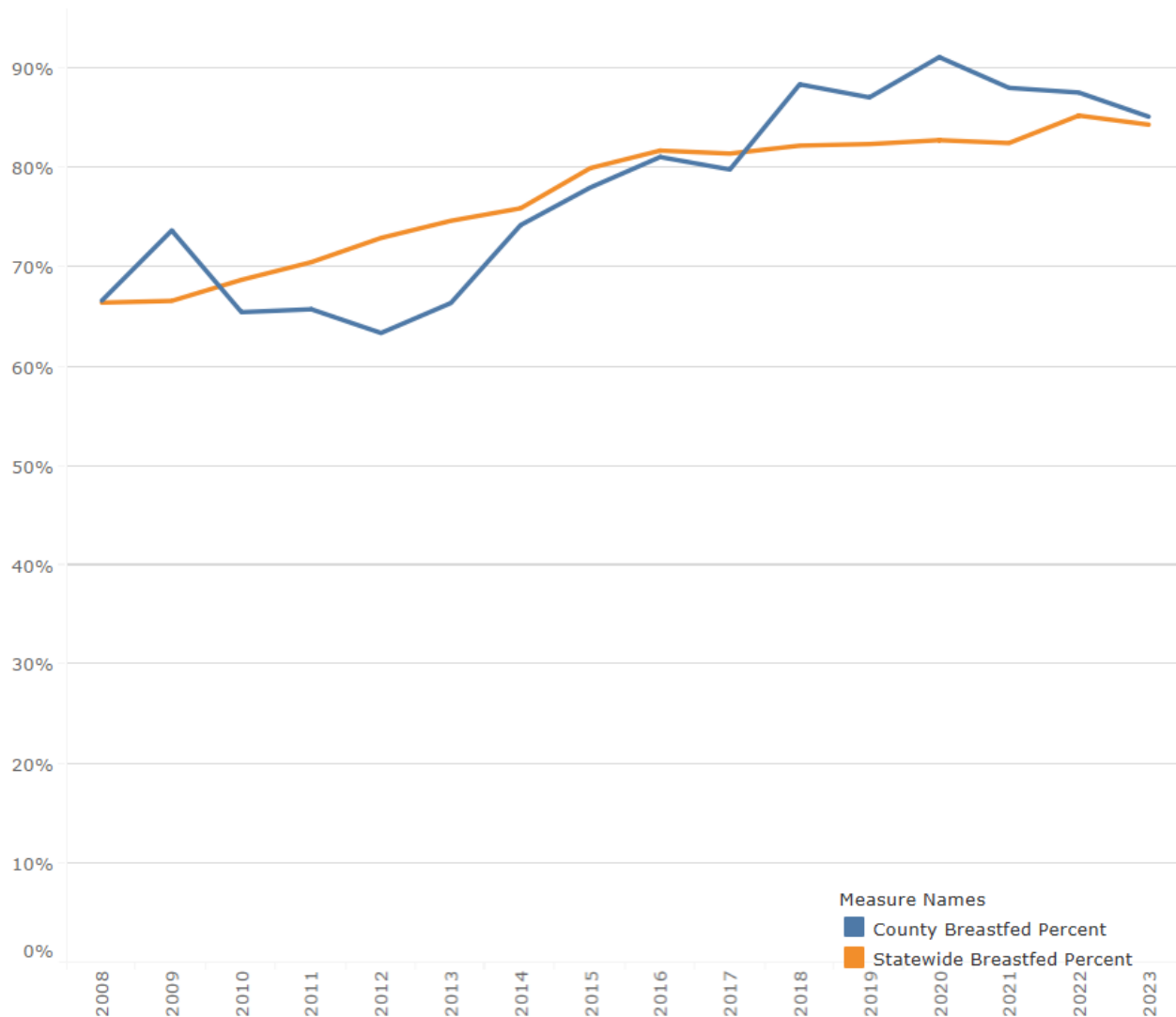
Teen Birth Rate Per 1,000 Female Population, Ages 15-19



Infants Ever Breastfed

The breastfeeding initiation rate in Chickasaw County was 87.4% in 2023. This indicator is defined as the percentage of births where breastfeeding was initiated prior to hospital discharge for the delivery. Chickasaw County has a slightly higher breastfeeding initiation rate than the state (84%). Data Source: Iowa Public Health Tracking Portal. Infants Ever Breastfed. 2023.

Percent Ever Breastfed Over Time - Chickasaw County



Child Immunization

Seventy-five percent (75%) of 2-Year-old children in Chickasaw County received the recommended DTaP Immunization. The immunization rate in Chickasaw County is similar to the Iowa vaccination rate (75.4%) Data Source(s): Iowa Public Health Tracking Portal. Children: Immunization Data for 2-Year-Old. 2023.

Child Abuse

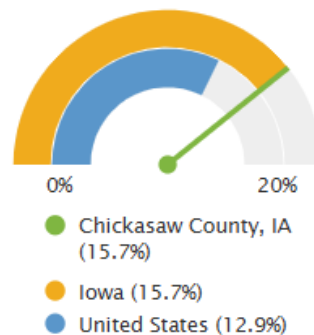
Chickasaw County had a Child Abuse rate of 13 per 1,000 children in 2020. The child abuse rate in Chickasaw County is lower than the statewide rate of 14.5. Data Source(s): Kids Count Data Center. Child abuse and neglect in Iowa. 2020.

HEALTH BEHAVIORS AND RISK FACTORS

Tobacco Users

Within Chickasaw County, 16.1% of adults report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. The proportion of adults who are current smokers in Chickasaw County slightly lower than the state (16.5%). Data Source(s): Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2022.

Percentage of Adults Age 18+ who are Current Smokers



Radon Exposure

Iowa has the highest average indoor concentration of radon. Chickasaw County resides in a county that which has been assigned a high-risk zone by the EPA. Average US indoor radon level = 1.3 pCi/L (picocuries per liter of air). The average indoor radon levels of Chickasaw County, as determined by radon test results from Air Chek, is 6.5 pCi/L. Data Source: County radon information, Air CheK.

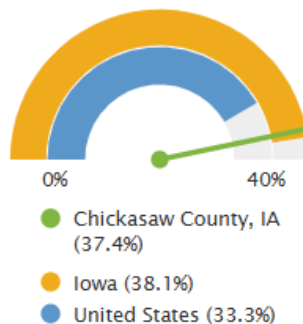
Physical Inactivity

This indicator reports the number and percentage of adults age 18 and older who answered “no” to the following question: “During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?” In Chickasaw County, 23.5% of adults reported no leisure-time physical activity outside of work (age- adjusted). Chickasaw County residents are as active as their Iowa peers (24.9%). Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022

Obesity

A total of 37.7% of Chickasaw County adults are obese, defined as having a BMI of ≥ 30.0 kg/m². Obesity is slightly lower in Chickasaw County than the state (38.7%) and higher than the nation (33.4%). Data Source(s): Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2022.

Percentage of Adults Age 18+
with Obesity



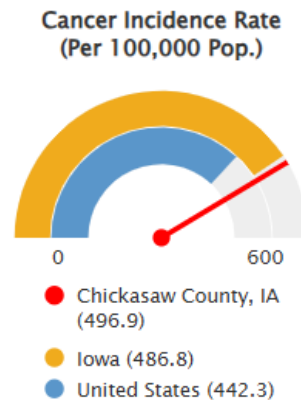
Excessive Drinking

In Chickasaw County, 24.3% adults report binge or heavy drinking. Chickasaw County residents report slightly more binge/heavy drinking their Iowa peers (23%). Data Source(s): County Health Rankings. 2024.

CHRONIC DISEASES

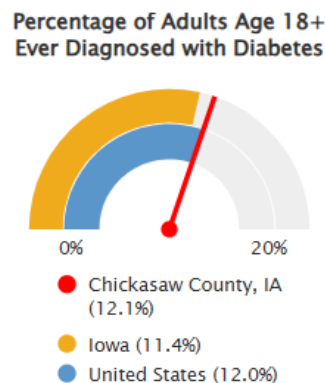
Cancer Incidence

The age-adjusted cancer incidence rate in Chickasaw County is 496.9 per 100,000 population. The top five most diagnosed cancers in Chickasaw County include: prostate, lung, breast, colon/rectum and kidney/renal pelvis. The cancer incidence rate in Chickasaw County is higher than the state rate (486.8). Data Source: State Cancer Profiles. 2016-20.



Diabetes

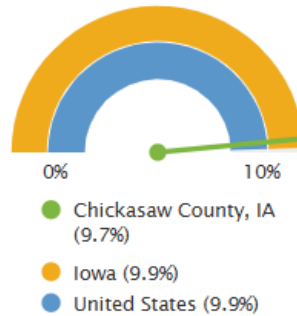
Nine percent (9%) of adults in Chickasaw County have been told by a health care professional that they have diabetes (excludes gestational diabetes). The percentage of adults with diabetes in Chickasaw County is slightly lower than state (9.9%). Data Source(s): Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2022.



Asthma

Nearly 10% (9.8%) of adults age 18+ in Chickasaw County reportedly have asthma. The percentage of adults with asthma in Chickasaw County is very similar to the state (9.9%). Data Source(s): Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2022.

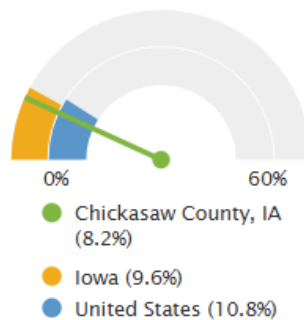
Percentage of Adults Age 18+
with Current Asthma



Alzheimer's Disease

Eight percent (8%) of Medicare Fee-For-Service beneficiaries in Chickasaw County are living with Alzheimer's disease. The percentage of beneficiaries with Alzheimer's disease in Chickasaw County is lower than the state as a whole (9.6%). Data Source(s): Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.

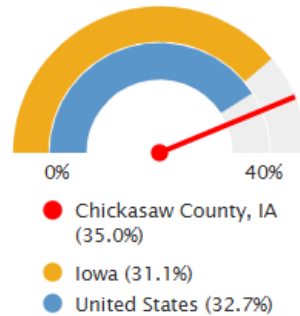
Percentage of Medicare
Beneficiaries with Alzheimer's
Disease



High Blood Pressure

In Chickasaw County, 28% of adults, age 18 or older, reported having high blood pressure. The number of Chickasaw County adults experiencing hypertension is comparative to the state as a whole (27.9%). Data Source(s): Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021

Percentage of Adults Age 18+ with High Blood Pressure



Heart Disease

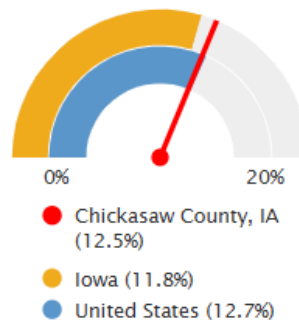
Of Medicare Fee-For-Service beneficiaries in Chickasaw County, 19% are living with ischemic heart disease. The percentage of Medicare Fee-For-Service beneficiaries with ischemic heart disease in Chickasaw County is slightly higher than Iowa (18%). Data Source(s): Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022

QUALITY OF LIFE

Poor Physical Health Days

Within Chickasaw County, 10.8% of adults reported having 14 or more days during the past 30 days during which their physical health was not good. A smaller percentage of adults in Chickasaw County (10.8%) reported poor physical health days than Iowa (11.2%). Data Source(s): Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2022.

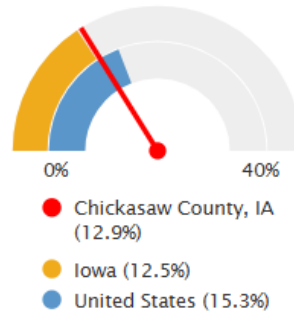
Percentage of Adults Age 18+ with Poor Physical Health



Poor or Fair Health

Within Chickasaw County, 12.9% of adults report having poor or fair health. The percentage of adults reporting poor or fair health in Chickasaw County comparable to the state rate (12.5%). Data Source(s): Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2021.

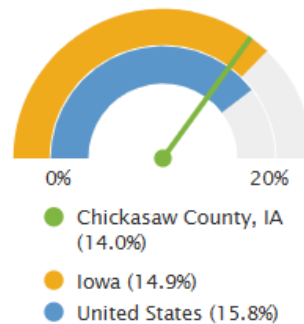
Percentage of Adults with Fair or Poor Health



Poor Mental Health

Within Chickasaw County, 15.7% of adults reported poor mental health in the past month. The percentage of adults reporting poor mental health in Chickasaw County is the same as the state rate (15.7%). Data Source(s): Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.

Percentage of Adults Age 18+ with Poor Mental Health

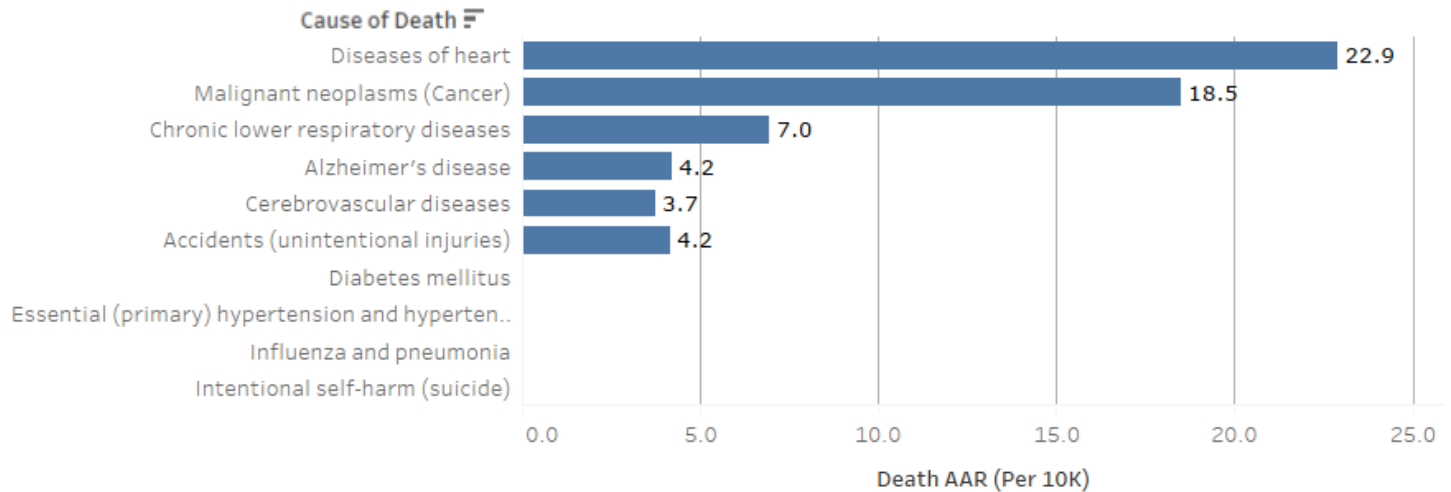


LIFE EXPECTANCY

Leading Cause of Death

The leading cause of death in Chickasaw County is disease of heart at 22.9 per 10,000 followed by malignant neoplasm (cancer) at 18.5 per 10,000. The number of Chickasaw County residents who experience chronic lower respiratory disease is higher at 7 than the state at 3.9. Data Source(s): Iowa Public Health Tracking Portal. 2023.

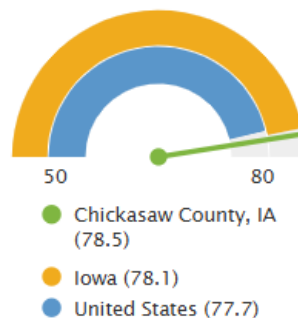
County Top 10 Causes of Death - 2023 Chickasaw County



Life Expectancy

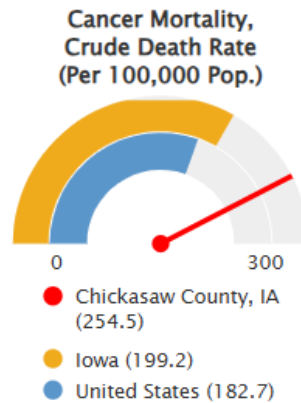
The average age-adjusted life expectancy at birth in Chickasaw County is 78.5 years. The life expectancy in Chickasaw County is slightly higher than the state life expectancy (78.1 years). Data Source(s): University of Wisconsin Population Health Institute, County Health Rankings. 2019-2021.

Life Expectancy at Birth, 2019–2021



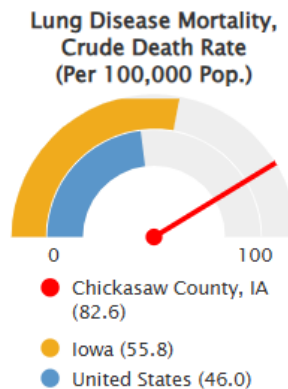
Cancer Mortality

The age-adjusted death rate due to cancer in Chickasaw County is 254.5 per every 100,000 population. The cancer death rate is higher in Chickasaw County than the state (199.2). Data Source(s): Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2021.



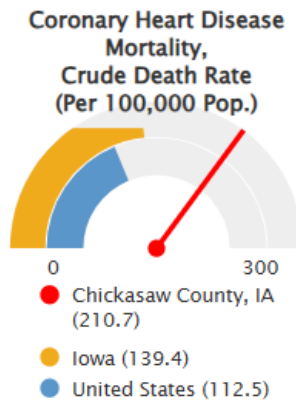
Lung Disease Mortality

The age-adjusted death rate due to lung disease in Chickasaw County is 82.6 per every 100,000 population. The lung disease mortality rate is higher in Chickasaw County than the state (55.8 per 100,000). Data Source(s): Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



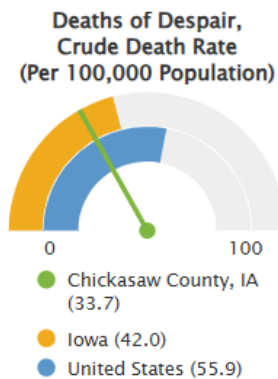
Coronary Heart Disease Mortality

The age-adjusted death rate due to coronary heart disease in Chickasaw County is 210.7 per every 100,000 population. The heart disease mortality rate is significantly higher in Chickasaw County than the state (139.4). Data Source(s): Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



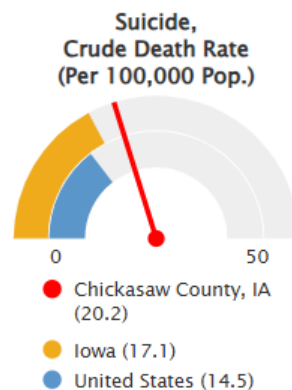
Death of Despair Mortality

Average rate of death due to intentional self-harm (suicide), alcohol-related disease, or drug overdose, also known as “deaths of despair,” per 100,000 in Chickasaw County is 33.7. The death of despair mortality rate is lower in Chickasaw County than the state (42.0). Data Source(s): Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



Suicide Mortality

The 2018-2022 five-year average rate of death due to intentional self-harm (suicide) per 100,000 population in Chickasaw County is 20.2. The suicide mortality rate is higher in Chickasaw County (20.2) per every 100,000 than the state (17.1). Data Source(s): Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



2024 Chickasaw County Area Community Health Survey

Welcome to the 2024 Community Health Survey. Thank you for participating in this important work. All the information you provide is completely anonymous and confidential.

Community Health

1. How would you rate the overall health of your community?

- ☐ Very Healthy
- ☐ Healthy
- ☐ Somewhat healthy
- ☐ Unhealthy
- ☐ Very unhealthy

2. What are the three (3) most important factors for a healthy thriving community? Please select 3 options.

- ☐ Access to healthcare
- ☐ Affordable safe housing
- ☐ Arts and recreation
- ☐ Clean environment
- ☐ Fair and just community for all
- ☐ Jobs and healthy economy
- ☐ Educational opportunities
- ☐ Access to nutritional foods
- ☐ Physical activity or exercise opportunities
- ☐ Low crime/safe neighborhoods
- ☐ Access to transportation
- ☐ Childcare/day care availability
- ☐ Other _____

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

	Good Job	Needs Improvement	I don't know
Access to healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable, safe housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts and recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fair and just community for all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jobs and health economy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to nutritional foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity or exercise opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low crime/safe neighborhoods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare/day care availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What do you feel are the top three (3) health problems for adults in the community? Please select 3 options.

- ☐ Aging or disability (arthritis, hearing/vision loss, dementia, etc.)
- ☐ Cancer
- ☐ Diabetes
- ☐ Heart disease/stroke
- ☐ Infectious disease
- ☐ Injuries (falls, car accidents, drowning, violence)
- ☐ Obesity
- ☐ Sexually transmitted infection
- ☐ Mental illness
- ☐ Substance use disorder/substance abuse
- ☐ Other _____

5. What are the top three (3) factors affecting children's health? Please select 3 options.

- ☐ Access to healthcare
- ☐ Access to mental health or substance use disorder services
- ☐ Access to dental care
- ☐ Access to nutritional foods
- ☐ Bullying
- ☐ Physical activity opportunities
- ☐ Sexual behavior
- ☐ Screen time/social media
- ☐ Safe living environment
- ☐ Substance abuse
- ☐ Supportive family environment
- ☐ Educational opportunities

6. Choose the three (3) most common risky behaviors in our community for all age groups. Please select 3 options.

- ☐ Excessive Alcohol Consumption
- ☐ Texting and Driving
- ☐ Underage Drinking
- ☐ Vaping/Smoking
- ☐ Prescription Drug Use
- ☐ Illegal Drug Use
- ☐ Driving under the influence of drugs or alcohol
- ☐ Sexually Transmitted Diseases
- ☐ Other _____

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

- ☐ Yes
- ☐ No

8. If you answered NO to #7, why don't you receive an annual health exam? Select all that apply. (Skip if you do receive an annual health exam.)

- ☐ Can't get an appointment for a time that works best for you
- ☐ I feel that I am healthy and don't need an annual health exam
- ☐ Don't feel you need an annual health exam
- ☐ Cost
- ☐ Transportation
- ☐ Childcare
- ☐ Interpreter services
- ☐ Other _____

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

- ☐ Lack of appointments for healthcare services when I need them
- ☐ Healthcare services are too expensive
- ☐ Healthcare services are too complicated
- ☐ Lack access to transportation
- ☐ Lack motivation
- ☐ Lack knowledge about healthy choices
- ☐ Not enough time
- ☐ Nowhere to exercise or affordable gym
- ☐ Other priorities
- ☐ Physical health is too poor
- ☐ Mental health is too poor
- ☐ Lack access to or can't afford healthy foods
- ☐ Unemployment
- ☐ Inadequate housing
- ☐ Information not provided in my language
- ☐ Feeling unsafe
- ☐ Other _____

10. 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. Select all that apply.

- ☐ I don't feel I need these services
- ☐ Have tried services and they were unsuccessful
- ☐ Have tried and takes too long to get an appointment
- ☐ No insurance coverage, employer EAP, or don't understand what my insurance covers
- ☐ Services are too expensive
- ☐ Lack of transportation
- ☐ Feeling ashamed or uncomfortable talking about personal issues
- ☐ Unable to find a provider I can connect with
- ☐ Lack of providers that speak the same language as me or share the same culture
- ☐ Unable to find childcare
- ☐ Other _____

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

☐ I am not a parent or guardian ☐ Yes ☐ No

12. If you answered NO to the above question, why don't your children receive an annual health exam? Select all that apply. If you don't have children at home or answered YES, please skip this question.

- ☐ Can't get an appointment for a time that works best for you
- ☐ Your children are healthy and don't need annual health exam
- ☐ Cost
- ☐ Transportation
- ☐ Childcare
- ☐ Interpreter Services
- ☐ Other _____

13. Who do you trust for health information? (select all that apply.)

- ☐ Doctor or other health professional
- ☐ Public Health Department
- ☐ Television or newspaper
- ☐ Social media
- ☐ Internet
- ☐ Family or friends
- ☐ Other _____

About You

14. AGE

- ☐ 18-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60-69
- ☐ 70-79
- ☐ 80+

15. Gender

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ Prefer not to say

16. Zip Code

☐ Enter your zip code: _____

17. County of Residence

- ☐ Chickasaw
- ☐ Bremer
- ☐ Fayette
- ☐ Floyd
- ☐ Howard
- ☐ Mitchell
- ☐ Winneshiek

☐ Other _____

18. Race/Ethnicity (Select all that apply)

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other _____

19. Health insurance status (select all that apply)

- ☐ Insurance through a current or former employer
- ☐ Insurance purchased directly from an insurance company
- ☐ Insurance purchased from the marketplace
- ☐ I am covered by Medicaid (Iowa Total Care, Molina, Wellpoint)
- ☐ I am covered by Medicare
- ☐ VA health care
- ☐ I am not covered by health insurance
- ☐ One or more of my children are not covered by health insurance

20. How well do you understand the benefits offered under your health insurance plan (if applicable)?

- ☐ Extremely well
- ☐ Somewhat well
- ☐ Somewhat not well
- ☐ Not at all

21. Do you have access to a computer/technology for your health care needs?

- ☐ Yes
- ☐ No

22. Number of adults in your household, including yourself.

☐ Enter your answer: _____

23. Number of children in home

☐ Enter your answer: _____

Thank you for completing the survey. Results will be released in 2025 and used to develop community-wide action plans.