Mahaska County

Community Health Assessment 2026

Contents

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1. Executive Summary

The purpose of this Community Health Assessment (CHA) is to identify the most important factors affecting health in our community and develop a plan to sustain community health strengths and address gaps.[1] Internal Revenue Service (IRS) Section 501(r)(3)(A) requires hospital organizations to conduct a CHA at least once every three taxable years and to adopt an implementation strategy to meet the community health needs identified.[2]

The 2026 CHA process drew on four data streams: a community-wide online and paper survey (287 respondents), seven stakeholder interviews, two community town halls, and secondary data from the County Health Rankings, Iowa cancer Registry, Iowa Department of Health and Human Services, and the Iowa Youth Survey. Analysis of these data identified five significant health needs:

1. Mental and behavioral health access
2. Substance use and addiction
3. Obesity and chronic disease prevention
4. Social determinants of health: housing, childcare, and transportation
5. Cancer prevention and early detection

Several community health indicators have worsened since the 2023 CHA: adult obesity rose from 36% to 42%, poor mental health days increased from 4.3 to 5.1 per month, food insecurity rose from 9% to 12%, and cancer mortality remains 21% above the national average (176.1 vs. 145.4 per 100,000). By contrast, the community shows continued strengths in coverage (5% uninsured), a declining suicide rate (17 → 13 per 100,000), and declining alcohol-impaired driving deaths (23% → 18% of driving deaths).

Cost and access barriers shape the path forward. Survey respondents identified cost (82%), lack of insurance (59%), and lack of mental health services (67%) as the most common barriers to care, and 54% said mental/behavioral health access in the community is inadequate. These findings align with County Health Rankings provider-to-population ratios of 710:1 for mental health providers and 2,000:1 for dentists, both well below state and national averages.

The actions described in the accompanying implementation plan (Section 7) reflect work already underway across Mahaska Health, including the Centers of Excellence program, the Cancer Committee's structured progress toward ACS Commission on Cancer accreditation, the Health Equity team's transportation analysis and standard work development, the Mahaska Health Transport Van, the Mahaska Free Clinic partnership with Love Inc., expanded Medical Social Worker capacity, and active community partnerships.

The strength of this assessment is in the convergence of community voices with secondary data and in the ongoing engagement of partner organizations across Mahaska County and southeastern Iowa. The work of improving community health belongs to the entire community. Mahaska Health is committed to leading, partnering, and supporting the next three years of progress, with annual reporting to the Board of Trustees and the next CHA cycle to begin in 2028.

2. Community Overview

2.1 Community Profile

Takeaway
Mahaska County is a small, rural county in southeast Iowa with about 22,000 people. Most residents are White, the population is slowly shrinking, and household income is lower than state and national averages. These factors shape the health needs of the community.

Where We Are

Mahaska County is in southeast Iowa, about 60 miles southeast of Des Moines. The county covers 571 square miles of mostly farmland and small towns. Oskaloosa is the county seat and the largest city, with about 11,558 people. Other communities in the county include New Sharon, Beacon, Fremont, Eddyville (partly in Wapello County), Keomah Village, Leighton, Rose Hill, and University Park.[3]

The county is part of the Oskaloosa, Iowa Micropolitan Statistical Area. This means Oskaloosa acts as a small hub for work and services for the towns around it. Mahaska County is considered a nonmetropolitan (rural) county. The nearest large city is Des Moines, which is about one hour away by car.

Oskaloosa has been named an "Iowa Great Place" by the state of Iowa. The city has a charming downtown area with a historic City Square Park. Lake Keomah State Park is just four miles east of the city and is a popular spot for camping, swimming, and fishing.

How Many People Live Here

As of 2023, about **22,045 people** live in Mahaska County. The population has been slowly going down over time. In the 2020 Census, there were 22,190 people. In 2010, there were 22,381. This means the county has lost a small number of residents over the past decade. About 56.5% of residents live in urban areas (mostly Oskaloosa), while 43.5% live in rural parts of the county.[4,5]

Who Lives Here

The table below shows who lives in Mahaska County by race and ethnicity.

Table 1. Races and Ethnicities of Mahaska County

Race / Ethnicity	Percent of Population
White (non-Hispanic)	92.2%
Two or More Races (non-Hispanic)	2.2%
Hispanic or Latino (any race)	2.4%
Black or African American (non-Hispanic)	1.5%
Asian (non-Hispanic)	1.2%
Other groups	Less than 1%

Mahaska County is less diverse than Iowa as a whole and much less diverse than the United States. About 2.1% of residents (461 people) were born outside of the United States, compared to 13.8% nationally.[4,5]

Age

The median age in Mahaska County is 39.1 years. This is about the same as Iowa (38.6) and the nation (38.7). About 23.7% of residents are under age 18, and about 19.3% are age 65 or older. For every 100 women, there are about 99 men.[4,5]

Money and Jobs

The median household income in Mahaska County is $69,019 per year. This is lower than Iowa's median of $73,147 and the national median of $78,538. The per capita income (income per person) is $35,035, which is about 90% of the Iowa average and 80% of the national average.

About 11.9% of people in the county live below the poverty line. This is slightly higher than the Iowa rate of 11.0% and close to the national rate of 12.4%. About 14% of children in the county live in poverty.

The unemployment rate in 2023 was 2.6%, which is lower than both the Iowa rate (2.9%) and the national rate (3.6%). This means most people who want to work can find a job.

The three biggest job areas for people living in Mahaska County are:

1. Manufacturing —2,868 workers
2. Retail Trade — 1,424 workers
3. Health Care and Social Assistance — 1,377 workers

The top employers in the Oskaloosa area include Musco Lighting (774 employees), Mahaska Health (648 employees), Clow Valve Company (450 employees), Oskaloosa Community Schools (330 employees), and Walmart (245 employees).[4–6]

Education

About 94% of adults age 25 and older have a high school diploma or higher. This is slightly above the Iowa average (93%) and well above the national average (89%). However, only about 59% of adults ages 25–44 have some college education, which is lower than the Iowa average (70%) and the national average (68%).

William Penn University, a private university founded by Quakers in 1873, is located in Oskaloosa. It offers more than 20 majors and serves a diverse student body from across the country and the world.[7]

Housing

The median home value in Mahaska County is $140,900, which is much lower than the national average of $303,400. About 67.8% of housing units are owner-occupied, which is higher than the national average (65%) but lower than the Iowa average (72%).

About 9% of households spend 50% or more of their income on housing. This is called severe housing cost burden. While this is lower than the national average (15%), housing affordability is still a concern for some families, especially renters.

The average commute time to work is 17.8 minutes, which is shorter than the Iowa average (19.8 minutes) and much shorter than the national average (26.6 minutes).[5]

Internet and Communication

About 86% of households have broadband internet access. While this is an improvement from previous years, it is still below the Iowa average (88%) and the national average (90%). Access to reliable internet is important for telehealth visits, online learning, and staying connected.[7]

History and Culture

Mahaska County was formed in 1843 and named after Chief Mahaska of the Iowa (Ioway) people. It was one of the earliest counties organized in the state and was the first county in Iowa to have a sheriff and a justice of the peace. The county seat, Oskaloosa, was formally platted in 1844.

In the late 1800s and early 1900s, coal mining was a major industry. The town of Muchakinock, about five miles south of Oskaloosa, was one of the largest coal mining camps in Iowa. Today, the local economy has shifted to manufacturing, healthcare, education, and agriculture.

Oskaloosa has an active community life. Events include the Southern Iowa Fair each July, Art on the Square each June, Sweet Corn Serenade, and the Lighted Christmas Parade each December. Residents enjoy access to golf courses, a sports complex, a speedway, Lake Keomah State Park, and the Oskaloosa YMCA.[8,9]

2.2 Mahaska Health Economic Impact Analysis

Takeaway
Mahaska Health is the second largest employer in Mahaska County. In 2023, it supported nearly 1,000 jobs and put over $68 million in wages into the local economy. The hospital is a critical access hospital, meaning it plays a vital role in keeping healthcare close to home for rural residents.

About Mahaska Health

Mahaska Health (MH) is a 25-bed critical access hospital located at 1229 C Avenue East in Oskaloosa, Iowa. A critical access hospital is a small hospital that provides both inpatient and outpatient services, usually to people in rural areas. MH is a voluntary, non-profit, tax-supported community hospital. It has served the people of Mahaska County and surrounding communities for over 115 years.

MH is physician and nurse led. It offers award-winning inpatient and outpatient services across more than 75 specialties, with 67 doctors and providers on staff. MH has four nationally recognized Centers of Excellence:

1. Maternity Care and Birthing Center
2. Cardiology
3. General Surgery
4. Surgical and Medical Oncology

MH also established Iowa's first tumor board at a critical access hospital. The tumor board is a team of cancer specialists who meet monthly to review cases and plan treatment together. This helps patients get expert care without having to travel to a large city.

In addition to hospital care, MH provides family medicine, OB/GYN and women's health, pediatrics, walk-in clinic services, physical and occupational therapy, diagnostic imaging, laboratory services, pain management, allergy and pulmonology, and orthopedics and sports medicine. MH also operates the New Sharon Clinic, extending care into surrounding communities.[10,11]

Economic Impact

Mahaska Health is the **second largest employer** in Mahaska County, with approximately 648 employees based in Oskaloosa. According to a study by the Iowa Hospital Association (IHA), **in 2023, Mahaska Health generated nearly 1,000 jobs and contributed over $68 million in wages** to the local economy. These jobs and

wages help families in the area pay their bills, buy goods and services, and build financial stability.

The IHA study also found that Iowa hospitals as a whole employed 137,841 people and provided over $9 billion in wages statewide. Hospital expenses accounted for more than $21.3 billion of Iowa's gross domestic product. Mahaska Health's share of that economic activity is significant for a county of only 22,000 people.

"We are fortunate to have a hospital of this caliber in our community," shared Chuck Webb, a member of the Mahaska County Board of Supervisors. "There are services offered here that are only available in large metro areas. Not only is the economic impact great, but the services provided are strongly needed."[12]

Community Benefits

Beyond jobs and wages, Mahaska Health invests in programs and services designed to improve health in the community. These are called community benefits. They include health screenings, support groups, counseling, immunizations, diabetes classes, women's breast health events, healthy living workshops, and support for the Oskaloosa Free Clinic.

In a previous IHA community benefit report, MH provided $3,758,766 in community benefits to the Oskaloosa area. Many of these programs would not exist without hospital support and leadership.[12]

Recent Investments and Growth

Mahaska Health continues to grow and invest in better care for the region. Key recent developments include:

- $3.3 million in Rural Health Transformation funding awarded through the Iowa Department of Health and Human Services. This includes $3.1 million for a new PET/CT imaging system with cardiac imaging, and funds to recruit a third OB/GYN physician and a general surgeon.[13]
- MH has expanded into a regional center of care for 16 surrounding counties in southeast Iowa, offering specialty services that are typically only found in larger cities.
- MH joined the Billion Pill Pledge program with the Iowa Attorney General's Office and Goldfinch Health to reduce the need for opioid pain medications after surgery.
- In 2018, MH partnered with Stroudwater Associates through a USDA grant to conduct a financial and operational assessment. Under CEO Kevin DeRonde's

leadership, the hospital has experienced a significant strategic turnaround, strengthening its financial position and expanding services.[14]

- MH's Centers of Excellence have received renewed financial support from Iowa HHS Rural Health Transformation Funding, recognizing sustained performance and adherence to evidence-based standards.

Why This Matters for Community Health

As a critical access hospital in a rural area, Mahaska Health plays a role that goes far beyond medical care. It is a major employer, a source of economic stability, and a driver of community well-being. When people can get quality healthcare close to home, they are more likely to seek care early, manage chronic conditions, and stay healthy.

Rural hospitals across the country are under financial pressure. More than 60% of all hospital revenue in Iowa comes from Medicare and Medicaid. Federal funding programs like the Rural Health Transformation Program are helping to keep essential services available. Mahaska Health's continued growth and investment show a strong commitment to the health and future of Mahaska County and the surrounding region.[15]

Note on data sources: Unless otherwise noted, demographic and economic statistics in Section 2.1 are from the U.S. Census Bureau, American Community Survey (ACS) 5-Year Estimates, 2019–2023. Health-related county comparison data referenced in this section come from County Health Rankings & Roadmaps, 2025 edition, which uses various federal data sources as noted in Section 4.

3. Assessment Process and Methods

Takeaway
Mahaska Health is required by federal law to look at the health of the community every three years. For the 2026 assessment, the team gathered information in several ways: reviewing public health data, talking with community leaders, holding town halls open to the public, and surveying community residents. An outside health researcher helped lead the process to make sure it was done fairly and thoroughly.

3.1 Background

What is a Community Health Assessment?

A Community Health Assessment (CHA) is a careful look at the health of the people who live in a community. It helps a hospital and its partners understand what health problems are most common, what is causing those problems, and what can be done to help.

Federal law requires non-profit hospitals like Mahaska Health to complete a CHA at least once every three years. This requirement comes from the Affordable Care Act (ACA) under Internal Revenue Code Section 501(r)(3). The law says the hospital must:

- Look at the health needs of the community it serves,
- Get input from people who represent the community, including those with public health knowledge,
- Make the report available to the public, and
- Create a plan to address the health needs that are found.

Mahaska Health completed its last CHA in 2023. This 2026 CHA updates that work with new data and new community input.[2]

3.2 CHA Process

Who Led the Assessment?

Mahaska Health led the 2026 CHA with the support of an external consultant:

Jean C. Bikomeye, PhD, MPH Postdoctoral Researcher, MCW Cancer Center Medical College of Wisconsin 8701 W. Watertown Plank Rd., Milwaukee, WI 53226 Honorary Senior Lecturer of Public Health, University of Rwanda

Dr. Bikomeye is a public health researcher with expertise in community health assessment, cancer epidemiology, and qualitative research methods. He served as a consultant to Mahaska Health for this assessment. His contributions included:

- Collecting and analyzing secondary health data (county health rankings, cancer registry data, and other public health statistics),
- Participating in data collection for stakeholder interviews and community town halls,
- Contributing to the writing, editing, and revision of this report.

Using an outside researcher helps make sure the assessment is done in a fair and thorough way. It also brings in skills and methods that strengthen the quality of the findings.

How the Assessment Was Done

The 2026 CHA used several methods to build a complete picture of health in Mahaska County. These methods fall into two main groups: secondary data (information that already exists) and primary data (new information collected directly from community members).

Table 2. CHA Methods and Data Sources

Method	What It Is	Details
Secondary data analysis	Review of existing health statistics and public data	County Health Rankings & Roadmaps (2023, 2025 editions); Iowa Cancer Registry incidence and mortality data; U.S. Census Bureau data; and other state and national health data sources
Key stakeholder interviews	One-on-one conversations with community leaders	7 interviews with leaders from different sectors
Community town halls	Public meetings open to community members	2 town hall events held in Mahaska County
Community health needs survey	Written survey distributed to community residents	287 responses received; survey was open for 213 days

3.3 Community Town Halls

Mahaska Health held two (2) community town halls as part of the 2026 CHA. Town halls are public meetings where anyone in the community can share their thoughts about health needs, concerns, and ideas for improvement. These events give community members a direct voice in the assessment process.

Both sessions were held in December 2025 in a hybrid format, hosted in person at Mahaska Health in Oskaloosa, Iowa, with an online option via Microsoft Teams to reduce barriers to attendance. Each session opened with a brief (approximately 10-minute) presentation of the CHA process and preliminary data (slides included in Appendix B), co-hosted by Dr. Jean C. Bikomeye and Arthur Zacharjasz, Public Health Director. The presentation was followed by a facilitated group discussion in which residents described the health issues they see in their daily lives, what services are working well, and where gaps exist. Discussions were recorded with participant awareness and analyzed by the CHA team using the same qualitative thematic approach applied to the stakeholder interviews (Section 3.4), allowing town hall and interview findings to be integrated. Synthesized town hall notes were shared with all invitees following the sessions (Appendix C).

Table 3. Town Hall Attendance

Town Hall	Date and Time	RSVPs (Accepted/Tentative)	Actual Participation
Session 1	Thursday, December 11, 2025, 5:30–7:30 PM	11 / 5	5 (in person and online combined)
Session 2	Tuesday, December 16, 2025, 5:30–7:30 PM	17 / 3	16 (13 in person, 3 online)

Attendance at the first session was reduced by a severe winter snowstorm that affected regional travel; the hybrid format and the use of session recordings for asynchronous follow-up allowed input to be captured despite the weather. While turnout at the first session was small, participants represented high-leverage sectors — public health, behavioral health, care coordination, and law enforcement — so the session functioned as a focused stakeholder working session. Across both town halls, 21 community members participated, representing public health, behavioral health, law enforcement, education, aging services, peer recovery, and extension services. Findings from the community town halls are presented in Section 5 of this report.

3.4 Stakeholder Interviews

Mahaska Health conducted seven (7) key stakeholder interviews to inform the 2026 CHA. Stakeholder interviews are private, one-on-one conversations with community leaders who have knowledge about different parts of community life. These interviews help the assessment team understand health issues from many different angles.

Who Was Interviewed

Stakeholders were chosen to represent a wide range of perspectives that are important to community health. The people interviewed included leaders from the following areas:

- Public safety and emergency response
- City government, planning, and housing
- Education and youth services
- Community-based and faith-linked social services
- Community funding and resilience efforts
- Health, wellness, and prevention

No names or identifying details are included in this report to protect the privacy of the people who were interviewed.

What Was Asked

Interviews explored four main topics:

1. What are the most important health issues in the community?
2. What is driving those health issues?
3. What is working well right now?
4. Where are the biggest opportunities for improvement?

How Interviews Were Analyzed

Interview transcripts were analyzed using a method called **reflexive thematic analysis**. This is a well-known research approach for finding patterns and themes across a set of interviews. The analysis followed the six phases described by Braun and Clarke (2006)[16]:

1. Reading through all the transcripts carefully and taking notes
2. Creating codes (short labels) for important ideas across all interviews
3. Grouping codes into possible themes
4. Reviewing and refining themes to make sure they are clear and distinct
5. Naming and defining each theme
6. Writing up findings for this report

The coding was mainly inductive, meaning the themes came directly from what the stakeholders said rather than from a pre-set list. In some cases, the analysis also looked at deeper meanings when stakeholders repeatedly pointed to the same underlying cause, even if they did not name it directly.

Dr. Bikomeye participated in data collection for the stakeholder interviews and contributed to the analysis.

Findings from the stakeholder interviews, including the five themes identified, are presented in Section 5 of this report.

3.5 2026 Mahaska County Community Health Assessment Survey

Overview

As part of the 2026 CHA, Mahaska Health distributed a community health needs survey to gather input directly from residents. The survey asked people about the health problems they see in their community, the barriers that keep people from getting care, and their ideas for making Mahaska County healthier.

The survey was open for 213 days and received 287 responses. The average time to complete the survey was about 15 minutes.

Survey Questions

The survey included 15 questions covering demographics, health priorities, social and environmental concerns, barriers to care, and community suggestions. The questions are in Appendix A.

Who Responded

The table below describes who took the survey.

Table 4. Survey Respondent Demographics (n = 287)

Characteristic	Category	Number	Percent
Zip code	52577 (Oskaloosa)	168	59%
	Other zip codes	119	41%
County of healthcare	Mahaska	216	75%
	Other counties	71	25%
Gender	Female	241	84%
	Male	41	14%
	Prefer not to answer	5	2%
Age group	Under 18	1	<1%
	18–29	35	12%
	30–39	47	16%
	40–49	70	24%
	50–64	93	32%
	65–74	30	10%
	75+	6	2%

	Prefer not to answer	5	2%
Race	White or Caucasian	275	96%
	Black or African American	2	<1%
	Asian	1	<1%
	American Indian or Alaska Native	1	<1%
	Don't know/Prefer not to answer	6	2%
	Other	2	<1%
Hispanic or Latino/a	No	276	96%
	Yes	4	1%
	Don't know/Prefer not to answer	7	2%

Important notes about who responded: The survey had strong participation from women (84% of respondents), adults ages 40–64 (56% of respondents), and residents of the 52577 (Oskaloosa) zip code (59%). Men, younger adults (under 30), older adults (75+), and residents of zip codes outside Oskaloosa are underrepresented in the survey. The racial makeup of respondents (96% White) is similar to the county as a whole (92% White). These patterns are common in community health surveys but should be kept in mind when reading the results.

Survey findings are presented in **Section 5** of this report.

4. **Community Served: Secondary Data Analysis**

Takeaway
This section draws on multiple data sources spanning different time periods. County Health Rankings data (2025 edition, based on 2019–2023 measures) show life expectancy fell from 78.2 to 77.2 years, adult obesity rose to 42%, and poor mental health days increased to 5.1 per month. Mahaska County has far fewer mental health providers (710:1) and dentists (2,000:1) than state or national averages. Cancer data from the Iowa Cancer Registry (incidence 2018–2022, mortality 2019–2023) show overall cancer death rates 21% above the national average, with especially high mortality from pancreatic, lung, and breast cancers. The 2021 Iowa Youth Survey found roughly 1 in 4 Mahaska County students experienced prolonged sadness or hopelessness, and the Iowa HHS System Snapshot (updated January 2026) confirms the county is a federally designated shortage area for primary care, dental, and mental health providers. Despite these challenges, the county has low uninsured rates (5%), declining unemployment (2.6%), and strong social connections.

4.1 County Health Rankings Data

About the Data

The County Health Rankings & Roadmaps program, run by the University of Wisconsin Population Health Institute, ranks the health of nearly every county in the United States. The rankings use data from many national sources to measure health outcomes (how healthy people are) and health factors (what shapes health).

This section compares Mahaska County to two peer counties, Carroll County and Marion County, as well as to the state of Iowa and the United States. These peer counties were chosen because they are similar in size and rural character. Data are shown for both the 2023 edition (used in the prior CHA) and the 2025 edition (the most current available) to show how things have changed.[17]

Key Indicators at a Glance

The table below lists measures that changed notably between the 2023 and 2025 data editions or where Mahaska County differs from state and national averages. Measures where Mahaska performs worse than the state or nation are areas for attention.

Table 5. Selected Health Indicators: Mahaska County Compared to Peers, Iowa, and the U.S.

	2023	2025				
Measure	**Mahaska**	**Mahaska**	**Carroll**	**Marion**	**Iowa**	**USA**
Life expectancy	78.2	77.2	79	77.9	78.2	77.6
Premature Age-Adjusted Mortality*	350	390	290	360	360	390
Diabetes Prevalence	9%	10%	10%	8%	10%	10%
HIV prevalence	65	71	105	46	119	387
Suicides	17	13	21	19	17	14
Feeling of loneliness	n/a	38%	36%	35%	35%	33%
Food Insecurity	9%	12%	9%	10%	11%	14%
Drug overdose	n/a	20	n/a	11	15	32
Other Primary Care	850/1	820/1	760/1	680/1	680/1	680/1
Homeownership	67%	68%	75%	78%	72%	65%
Severe Housing Cost Ownership	9%	9%	8%	9%	10%	15%
Broadband Access	84%	86%	86%	87%	88%	90%
Census Participation	69.5%	69.5%	73.4%	73.6%	n/a	65.2%
Living wage	$41.17	$41.21	$41.37	$42.89	$43.13	n/a
Lack of social and emotional support	n/a	25%	22%	22%	23%	25%
Motor vehicle crash deaths	19	11	13	14	11	12
Firearm fatalities	13	11	n/a	10	11	14

	2023	2025				
HEALTH OUTCOMES	**Mahaska**	**Mahaska**	**Carroll**	**Marion**	**Iowa**	**USA**
Premature Death*	6,500	7,900	6,800	6,600	7,200	8400
Poor or Fair Health	13%	15%	16%	12%	16%	17%
Poor Physical Health Days	3	3.9	3.7	3.5	3.5	3.9
Poor Mental Health Days	4.3	5.1	5.2	4.6	4.7	5.1
Low Birthweight*	6%	7%	5%	6%	7%	8%
HEALTH BEHAVIORS						
Adult Smoking	20%	15%	18%	13%	16%	13%
Adult Obesity	36%	42%	42%	38%	38%	34%
Food Environment Index	8.1	8.1	9.2	9	8.5	7.4
Physical Inactivity	25%	25%	25%	21%	25%	23%
Access to Exercise Opportunities	71%	71%	74%	71%	80%	84%
Excessive Drinking	22%	23%	25%	25%	25%	19%
Alcohol-Impaired Driving Deaths	23%	18%	22%	40%	26%	26%
Sexually Transmitted Infections	339.4	410.1	320.9	291.3	457.2	495
Teen Births*	20	16	9	10	14	16
CLINICAL CARE						
Uninsured	6%	5%	5%	4%	5%	10%
Primary Care Physicians	1,490:1	1,370:1	1,150:1	1,040:1	1,390:1	1,330:1
Dentists	2,000:1	2,000:1	1,370:1	1,680:1	1,410:1	1,360:1
Mental Health Providers	8 1 0 : 1	7 1 0: 1	6 40: 1	6 40: 1	4 70:1	3 00: 1
Preventable Hospital Stays*	3,066	2,631	2,303	1,745	2,364	2,666
Mammography Screening*	49%	50%	60%	58%	54%	44%
Flu Vaccinations*	61%	54%	65%	59%	54%	48%
SOCIAL & ECONOMIC FACTORS						
High School Completion	92%	94%	95%	95%	93%	89%
Some College	61%	59%	66%	72%	70%	68%
Unemployment	3.70%	2.60%	2.40%	2.20%	2.90%	3.60%
Children in Poverty*	14%	14%	9%	8%	13%	16%
Income Inequality	4.8	4	4	3.9	4.2	4.9

Children Eligible for Free or Reduced Price Lunch	41%	42%	38%	31%	42%	55%
Social Associations	16.1	14.1	16.5	16.6	14.2	9.1
Child care cost burden		22%	24%	20	23%	28%
Injury Deaths*	69	64	59	79	73	84
PHYSICAL ENVIRONMENT						
Air Pollution - Particulate Matter	7.9	7.8	7.2	7.6	7.4	7.3
Severe Housing Problems	12%	10%	10%	11%	11%	17%
Driving Alone to Work*	79%	80%	83%	79%	77%	70%
Long Commute - Driving Alone	20%	18%	12%	28%	21%	37%

Summary: Where Mahaska County Is Doing Well and Where Improvement Is Needed

Mahaska County's health profile shows real strengths alongside several areas of growing concern. The county's clearest strengths are economic and structural: a low uninsured rate (5%), low unemployment (2.6%), low-income inequality, and high school completion above both state and national averages (94%). Several health indicators are also moving in the right direction, including a declining suicide rate (down to 13 per 100,000), fewer alcohol-impaired driving deaths (down to 18% of driving deaths), declining severe housing problems (10%), and mammography screening above the national average. Rates of HIV and injury deaths remain low, and most residents have short commutes.

At the same time, the county faces a cluster of interrelated challenges that align closely with the priorities identified throughout this assessment. Adult obesity (42%) is tied for the highest among all comparison areas and is compounded by limited access to exercise opportunities (71% vs. 84% nationally) and rising food insecurity (12%). Mental health is a particular concern: poor mental health days are rising (5.1 per month), loneliness is the highest among all comparison areas (38% of adults), and the county has a severe shortage of mental health providers (710 residents per provider). Access to care is further strained by a shortage of dentists (2,000:1). Drug overdose deaths (20 per 100,000) reflect ongoing substance use challenges, and longer-term wellbeing indicators are worsening, with life expectancy declining to 77.2 years and premature death rising to 7,900 years of potential life lost. Educational attainment beyond high school also lags, with only 59% of younger adults having some college education.

Taken together, these patterns describe a county with a stable economic and insurance foundation but mounting pressure in mental and behavioral health, chronic disease, and the social conditions that shape health. These themes are explored in greater depth in the sections that follow and form the basis for the significant health needs identified in Section 6.

Table 6. Summary Strengths and Challenges: Mahaska County Compared to Iowa and the U.S.

Strengths (Better than Iowa and/or U.S.)	Challenges (Worse than Iowa and/or U.S.)
Low uninsured rate (5%)	Adult obesity (42% - tied highest among comparisons)
Low unemployment (2.6%)	Poor mental health days increasing (5.1/month)
High school completion (94%)	Life expectancy declining (77.2 years)
Low-income inequality (4.0 ratio)	Shortage of mental health providers (710:1)

Low HIV prevalence (71 per 100K)	Shortage of dentists (2,000:1)
Declining suicide rate (13 per 100K)	Loneliness (38% - above all comparisons)
Injury deaths below national avg (64)	Limited exercise access (71% vs. 84% nationally)
Severe housing problems declining (10%)	Food insecurity rising (12%)
Alcohol-impaired driving deaths down (18%)	Drug overdose deaths (20 per 100K)
Mammography above national avg (50%)	Low rate of some college education (59%)
Low long commute rate (18%)	Premature death increasing (7,900 YPLL)

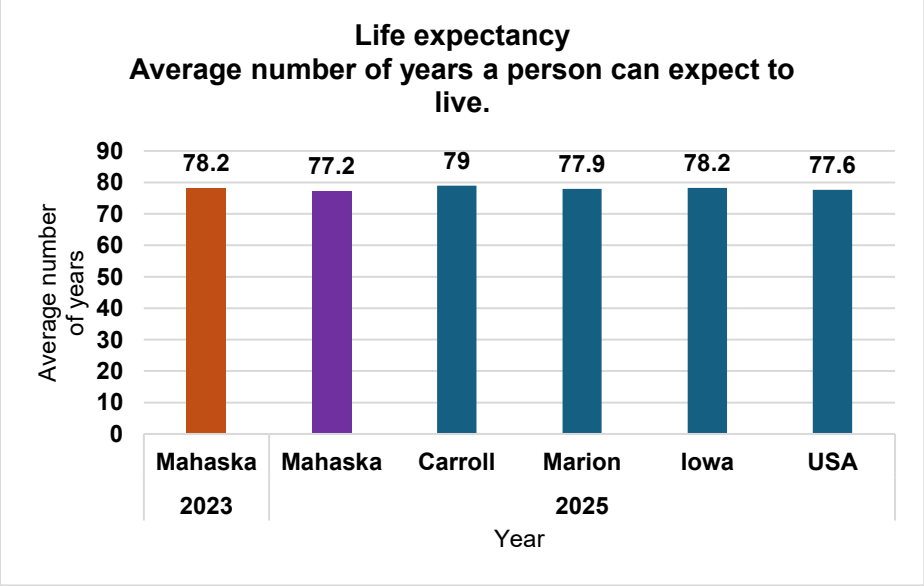
Length of Life

Life Expectancy dropped in Mahaska County from **78.2 years** (2018–2020 data) to **77.2 years** (2021–2023 data). This one-year decrease is notable. Mahaska's life expectancy is now below both the Iowa average (78.2) and the national average (77.6). Carroll County (79.0) and Marion County (77.9) both have higher life expectancy.

Premature Death — measured as years of potential life lost before age 75 per 100,000 people — increased sharply from **6,500** to **7,900**. This means more people in Mahaska County are dying before age 75 than in the previous period. However, this rate is still better than the national average (8,400) and close to the Iowa average (7,200).

Premature Age-Adjusted Mortality also increased from **350** to **390** deaths per 100,000 population, now matching the national rate.

Figure 1. Life Expectancy



Quality of Life

Poor or Fair Health: 15% of Mahaska County adults report fair or poor health, up from 13%. This is slightly better than both Iowa (16%) and the nation (17%).

Poor Physical Health Days increased from 3.0 to **3.9 days** per month. This now matches the national average and is above the Iowa average (3.5).

Poor Mental Health Days increased from 4.3 to **5.1 days** per month. This matches the national average and is worse than the Iowa average (4.7). This trend matches concerns raised in the community survey and stakeholder interviews about mental health.

Low Birthweight increased slightly from 6% to **7%** of live births, now matching the Iowa average. This is still below the national average (8%).

Figure 2. Poor Physical Health Days

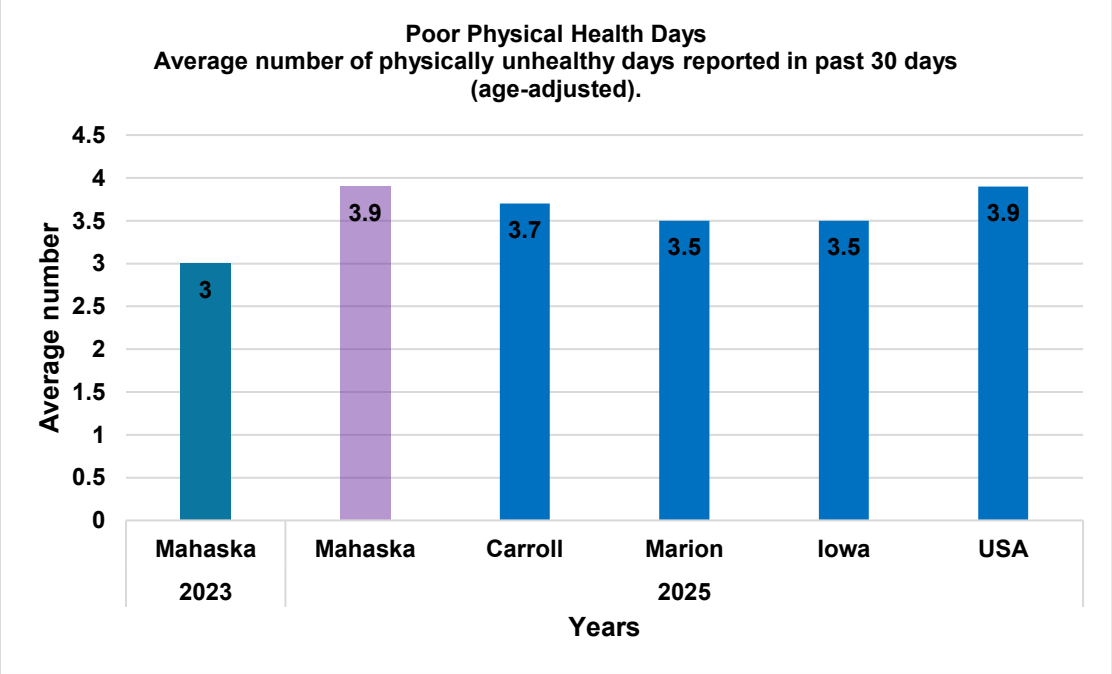
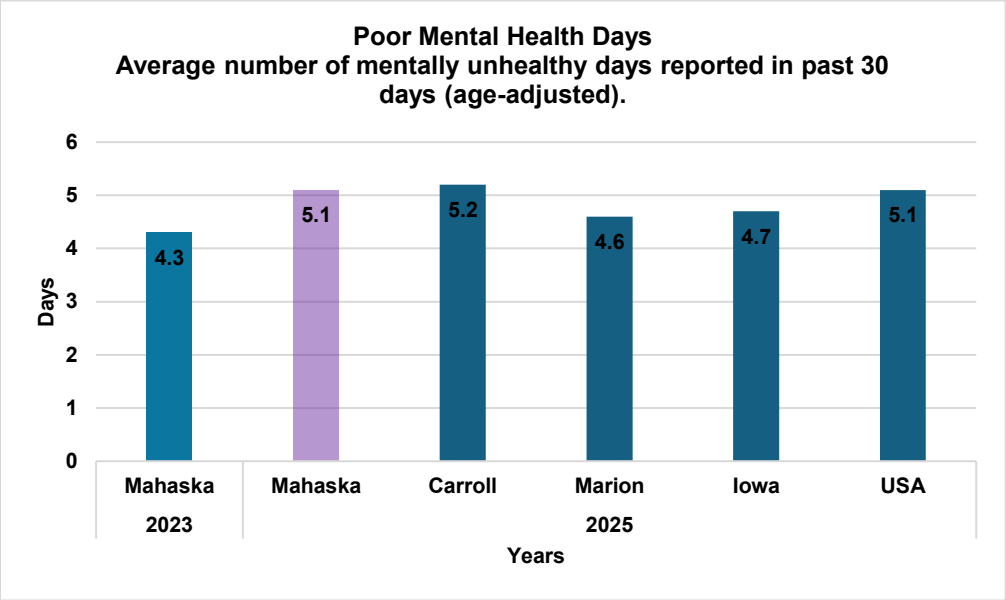


Figure 3. Poor Mental Health Days



Health Behaviors

Health behaviors are actions people take that affect their health, such as what they eat, whether they exercise, and whether they use tobacco or alcohol.

Diet, Exercise, and Weight

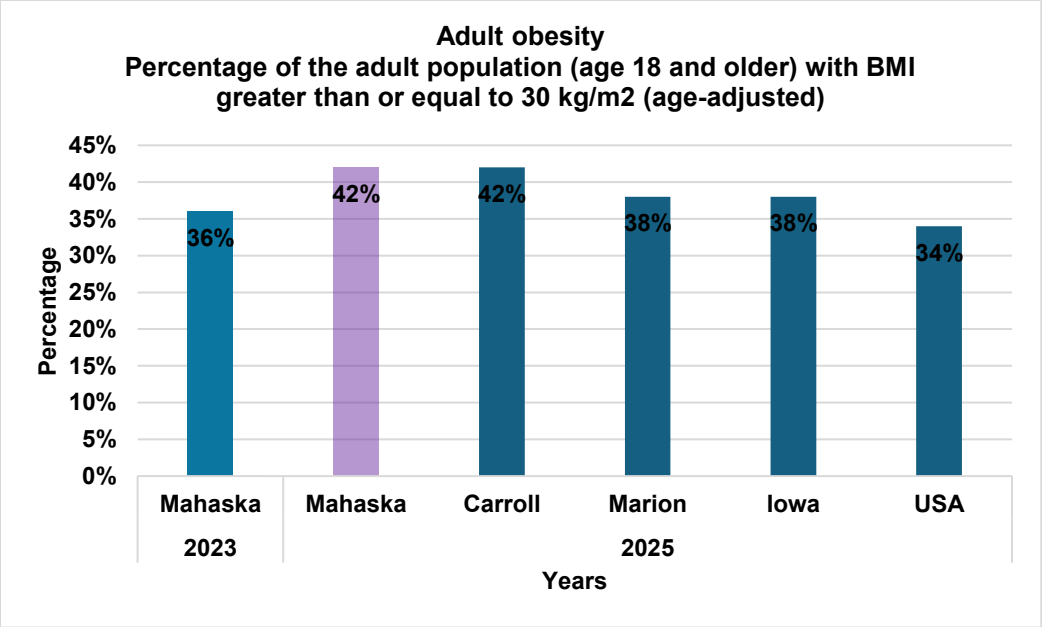
Adult Obesity increased sharply from 36% to **42%**. This is tied with Carroll (42%) for the highest among all comparison areas, Marion (38%), Iowa (38%), and the national average (34%). This is a significant concern.

Physical Inactivity remains at **25%**, matching the Iowa and Carroll County averages but higher than Marion (21%) and the nation (23%).

Access to Exercise Opportunities remains at **71%**, which is below the Iowa average (80%) and the national average (84%). This means fewer residents have easy access to places to be active.

Food Environment Index is **8.1** out of 10 (where 10 is best). This is below the Iowa average (8.5) and the peer counties of Carroll (9.2) and Marion (9.0), but better than the national average (7.4).

Figure 4. Adult Obesity



Tobacco and Alcohol

Adult Smoking decreased from 20% to **15%**, which is an encouraging improvement. However, this is still above the national average (13%) and slightly below the Iowa average (16%).

Excessive Drinking increased slightly from 22% to **23%**. Iowa overall has a higher rate of excessive drinking (25%) than the national average (19%), and Mahaska follows this pattern.

Alcohol-Impaired Driving Deaths decreased from 23% to **18%** of driving deaths, which is better than the Iowa average (26%) and the national average (26%).

Sexual Health

Sexually Transmitted Infections (new chlamydia cases per 100,000) increased from 339 to **410**, though this remains below both the Iowa average (457) and the national average (495).

Teen Births decreased from 20 to **16** per 1,000 females ages 15–19, matching the national average. This is an improvement but still higher than Carroll (9) and Marion (10).

Clinical Care

Clinical care measures look at access to healthcare providers, and the quality-of-care people receive.

Access to Care

Uninsured: Only **5%** of the population under 65 is uninsured, down from 6%. This matches the Iowa average and is well below the national average (10%).

Primary Care Physicians: The ratio improved from 1,490:1 to **1,370:1** (one doctor for every 1,370 people). However, this is still worse than the Iowa average (1,390:1) and the national average (1,330:1).

Dentists: The ratio remains at **2,000:1**, which is significantly worse than the Iowa average (1,410:1) and the national average (1,360:1). Access to dental care is a gap.

Mental Health Providers: The ratio improved from 810:1 to **710:1**, but is still much worse than the Iowa average (470:1) and the national average (300:1). This means Mahaska County has far fewer mental health professionals per person than the state or nation. This aligns with survey findings where 54% of respondents said mental/behavioral health access is inadequate.

Other Primary Care Providers (non-physician): The ratio is **820:1**, worse than the Iowa and national average of 680:1.

Quality of Care

Preventable Hospital Stays decreased from 3,066 to **2,631** per 100,000 Medicare enrollees, an improvement. However, this is still above the Iowa average (2,364) and close to the national average (2,666).

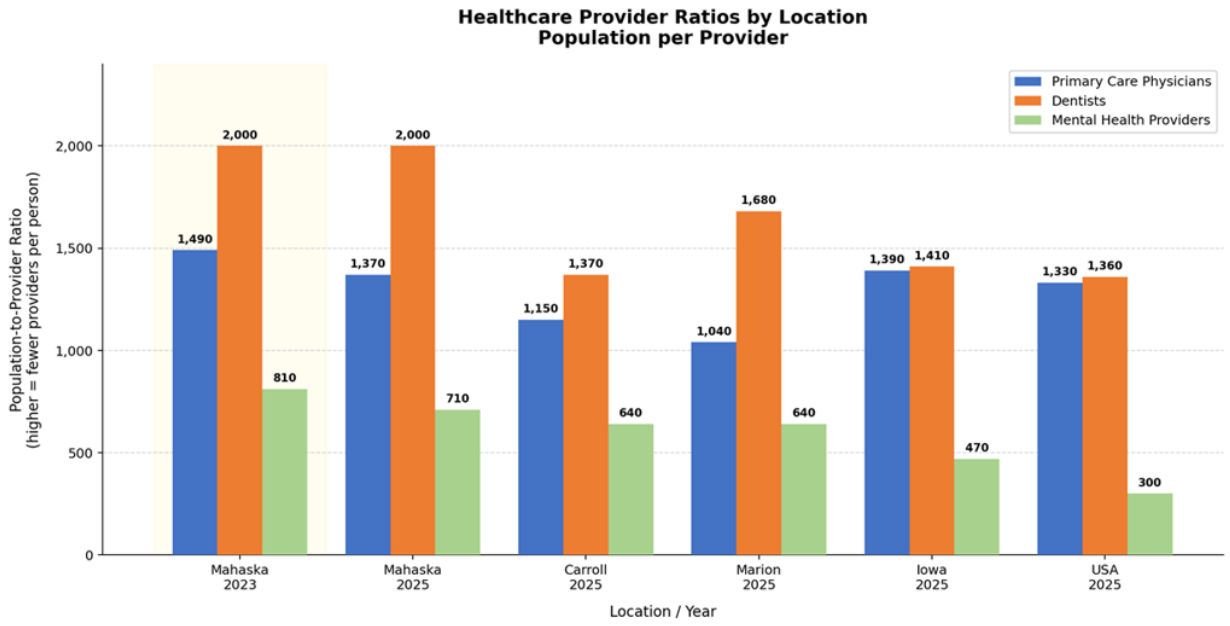
Mammography Screening increased slightly from 49% to **50%** of female Medicare enrollees ages 65–74. This is below the Iowa average (54%) but above the national average (44%).

Flu Vaccinations dropped from 61% to **54%** of Medicare enrollees. This matches the Iowa average but is above the national average (48%). The decline is noteworthy.

Social and Economic Factors

Where people live, learn, work, and play has a powerful effect on their health. These are sometimes called the social determinants of health.

Figure 5. Healthcare Provider Ratios



Education

High School Completion increased from 92% to **94%**, above the Iowa average (93%) and well above the national average (89%).

Some College decreased slightly from 61% to **59%** of adults ages 25–44. This is notably lower than both the Iowa average (70%) and the national average (68%).

Employment and Income

Unemployment decreased from 3.7% to **2.6%**, better than both the Iowa (2.9%) and national (3.6%) averages.

Children in Poverty remains at **14%**, slightly above the Iowa average (13%) and below the national average (16%).

Income Inequality improved from a ratio of 4.8 to **4.0**. This means the gap between higher and lower earners has narrowed. The ratio is now better than Iowa (4.2) and much better than the national average (4.9).

Children Eligible for Free or Reduced-Price Lunch is **42%**, matching the Iowa average but well below the national average (55%).

Living Wage needed in Mahaska County is **$41.21/hour** for a household. This is slightly lower than the Iowa average ($43.13).

Family and Social Support

Children in Single-Parent Homes: Data not available for the current period in this dataset.

Social Associations decreased from 16.1 to **14.1** per 10,000 population. While this is still well above the national average (9.1) and close to the Iowa average (14.2), the decline is worth watching.

Feelings of Loneliness (new measure): **38%** of adults report feeling lonely always, usually, or sometimes. This is higher than Carroll (36%), Marion (35%), Iowa (35%), and the national average (33%). This is a new and concerning finding.

Lack of Social and Emotional Support (new measure): **25%** of adults report sometimes, rarely, or never having social and emotional support. This matches the national average and is higher than Iowa (23%).

Child Care Cost Burden: Child care costs for a household with two children represent **22%** of median household income, which is similar to Iowa (23%) and better than the national average (28%).

Physical Environment

The physical environment includes the quality of the air, water, and housing where people live.

Air Pollution (Particulate Matter): Average daily fine particulate matter is **7.8 µg/m³**, higher than the Iowa average (7.4) and the national average (7.3).

Severe Housing Problems decreased from 12% to **10%** of households, better than the Iowa average (11%) and much better than the national average (17%).

Driving Alone to Work is **80%**, higher than both the Iowa average (77%) and the national average (70%). This reflects the rural nature of the county and limited public transit.

Long Commute (Driving Alone): 18% of solo commuters have a long commute (30+ minutes), which is lower than the Iowa average (21%) and much lower than the national average (37%).

Additional Key Indicators

Several additional measures from the County Health Rankings are important to highlight:

Diabetes Prevalence: 10% of adults have diagnosed diabetes, matching Iowa and national averages.

HIV Prevalence: 71 per 100,000 people, which is much lower than the Iowa average (119) and the national average (387).

Suicides: 13 per 100,000 population (2019–2023), down from 17 in the prior period. This is now below the Iowa average (17) and the national average (14).

Food Insecurity increased from 9% to **12%**, now above the Iowa average (11%) but below the national average (14%).

Drug Overdose Deaths: 20 per 100,000 population (new measure). This is higher than the Iowa average (15) but lower than the national average (32).

Homeownership: 68%, slightly below the Iowa average (72%) but above the national average (65%).

4.2 Cancer Data

Takeaway
Mahaska County has higher overall cancer incidence and mortality rates than the national average. Colorectal cancer, lung cancer, pancreatic cancer, and female breast cancer are particularly high. These findings point to the importance of cancer screenings, tobacco prevention, and healthy weight programs.

About the Data

Cancer data for this report were provided by the Iowa Cancer Registry (ICR) at the University of Iowa, through a data request prepared by Dr. Jean C. Bikomeye. The Iowa Cancer Registry is part of the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program, which is the leading source of cancer statistics in the United States.[18]

Rates shown are age-adjusted per 100,000 population, using the 2000 U.S. Standard Population. This adjustment allows fair comparisons between areas with different age distributions. A minimum of 16 cases is needed to calculate a stable rate. When fewer than 16 cases are available, the rate is suppressed (shown as "^") to protect patient privacy and ensure accuracy.

Cancer incidence data cover newly diagnosed cases from 2018–2022. Cancer mortality data cover deaths from 2019–2023. These are the most recent complete data available from the ICR.[18]

Mahaska County is compared to Carroll County, Marion County, the state of Iowa, and the United States.

Cancer Incidence (New Cases), 2018-2022

The overall cancer incidence rate in Mahaska County is 484.5 per 100,000, which is higher than the national average (448.9) and similar to the Iowa average (498.8).

Table 7. Age-Adjusted Cancer Incidence Rates per 100,000, Males and Females Combined, 2018–2022

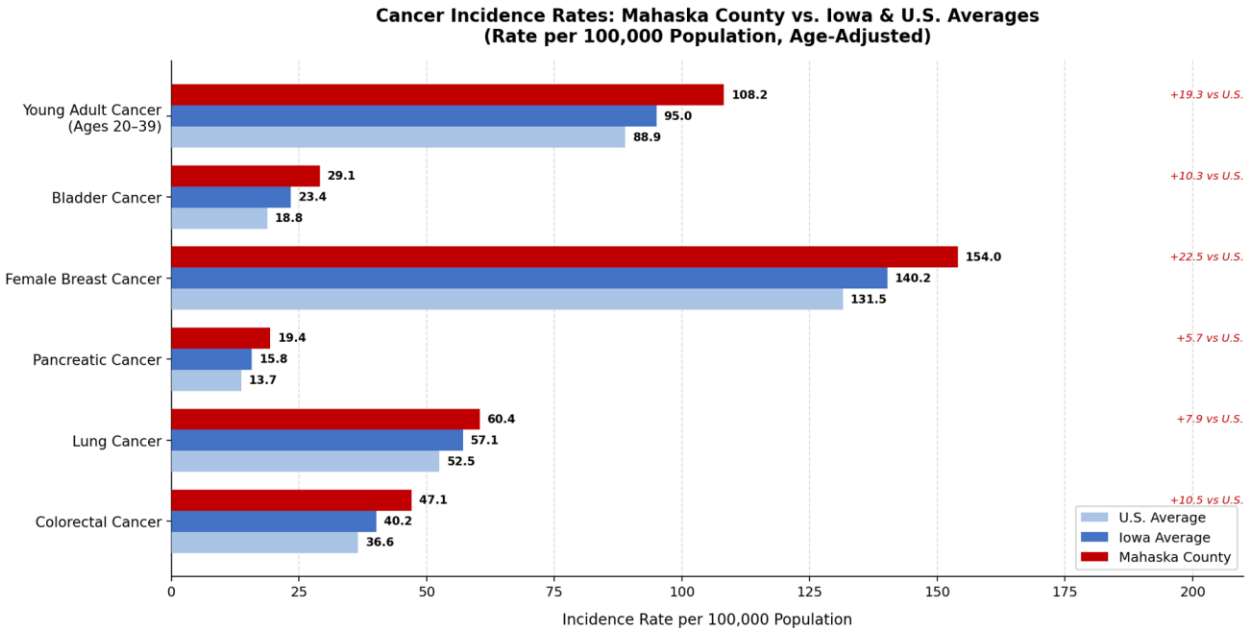
Cancer Site	Mahaska	Carroll	Marion	Iowa	United States
All Sites	**484.5**	460.0	517.5	498.8	448.9
Colon and Rectum	**47.1**	40.1	48.3	40.3	36.6
Lung	**60.4**	42.2	61.2	60.0	52.5
Pancreas	**19.4**	11.7	14.0	14.0	13.7
Breast (Female)	**154.0**	117.8	154.1	137.3	131.5
Prostate	107.2	146.2	114.8	129.5	116.5
Bladder	**29.1**	16.5	24.4	21.8	18.8
Melanoma	21.3	34.9	30.7	32.8	23.1
Corpus and Uterus	31.5	34.7	28.2	31.0	27.9
Non-Hodgkin Lymphoma	17.9	24.4	22.2	21.6	18.5
Leukemias	15.6	14.2	17.5	17.2	14.3
Kidney and Renal Pelvis	14.2	17.2	25.9	21.2	17.5
Young Adult (Ages 20–39)	**108.2**	113.4	105.9	102.3	88.9

Note: "^" (suppressed) cancer sites not shown due to fewer than 16 cases in Mahaska County. Bold values indicate Mahaska rates above the national average.

Key findings:

Mahaska County has notably higher rates than the national average for **colorectal cancer** (47.1 vs. 36.6), **lung cancer** (60.4 vs. 52.5), **pancreatic cancer** (19.4 vs. 13.7), **female breast cancer** (154.0 vs. 131.5), and **bladder cancer** (29.1 vs. 18.8). The **young adult cancer** rate (108.2 per 100,000 for ages 20–39) is also higher than the national average (88.9).

Figure 6. Cancer Incidence Rates



Cancer Mortality (Deaths), 2019–2023

The overall cancer mortality rate in Mahaska County is **176.1 per 100,000**, which is notably higher than the Iowa average (149.2) and the national average (145.4).

Table 8. Age-Adjusted Cancer Mortality Rates per 100,000, Males and Females Combined, 2019–2023

Cancer Site	Mahaska	Carroll	Marion	Iowa	United States
All Sites	**176.1**	137.2	167.5	149.2	145.4
Colon and Rectum	**16.2**	16.7	17.6	13.3	12.9
Lung	**41.4**	28.6	33.5	34.3	31.5
Pancreas	**23.1**	^	12.6	11.1	11.3
Breast (Female)	**27.3**	^	21.4	17.4	19.2
Prostate	**24.8**	^	23.9	19.6	19.2

Note: Many cancer-specific mortality rates in Mahaska County are suppressed (^) due to small numbers. Only sites with reportable rates are shown. Bold values indicate Mahaska rates above the national average.

Key findings:

Mahaska County's overall cancer death rate (176.1) is **21% higher than the national average** and **18% higher than the Iowa average**. The county has especially high mortality from **pancreatic cancer** (23.1 vs. 11.3 nationally — more than double),

female breast cancer (27.3 vs. 19.2 nationally), **lung cancer** (41.4 vs. 31.5 nationally), and **prostate cancer** (24.8 vs. 19.2 nationally).

Cancer Incidence Trends (Average Annual Percent Change), 2018–2022

The Average Annual Percent Change (AAPC) shows whether cancer rates are going up, going down, or staying the same over time. A positive AAPC means rates are increasing. A negative AAPC means rates are decreasing. An asterisk (*) means the change is statistically significant.

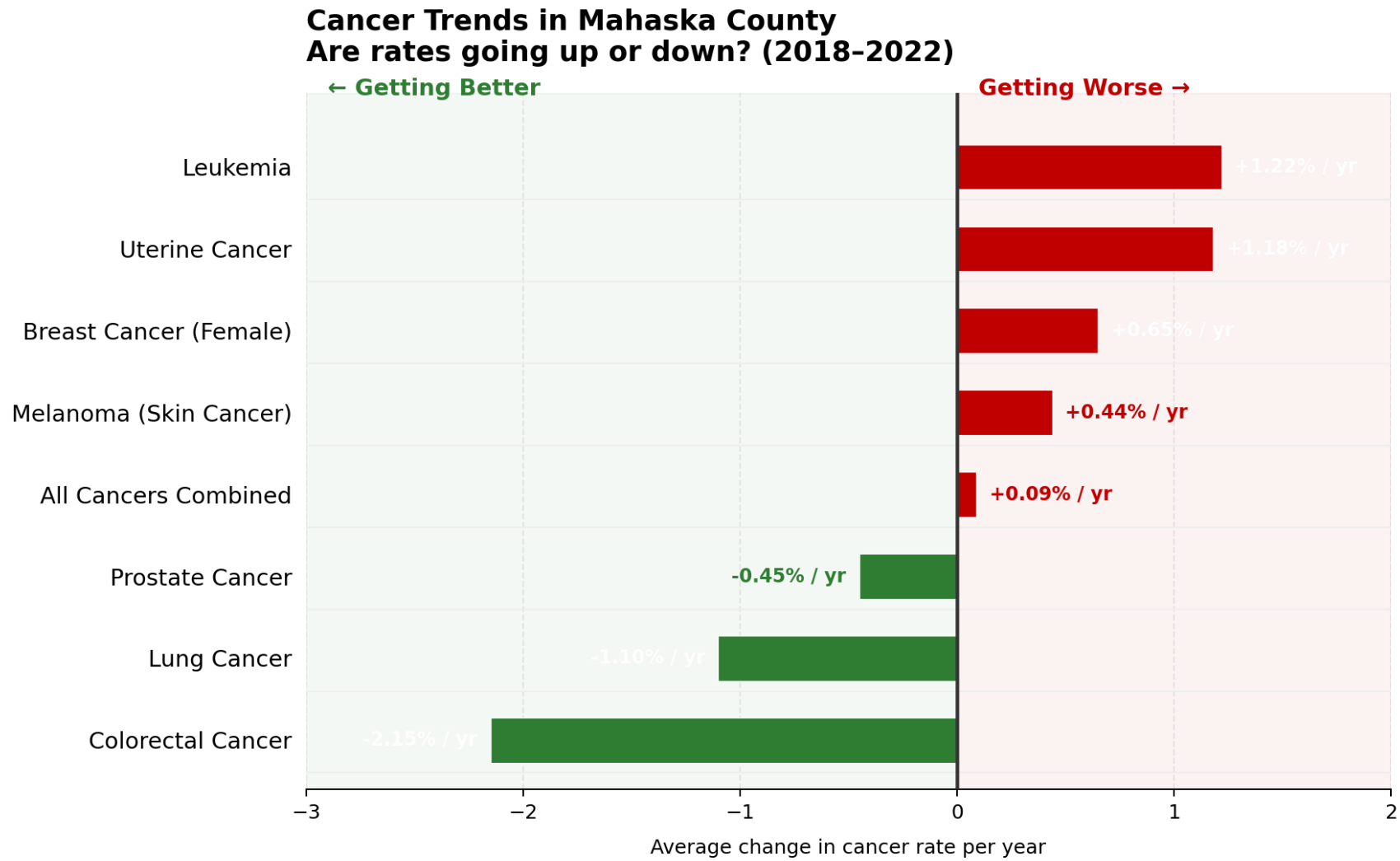
Table 9. Five-Year Average Annual Percent Change in Cancer Incidence, 2018–2022

Cancer Site	Mahaska	Carroll	Marion	Iowa	United States
All Sites	+0.09	+0.12	+0.85*	+0.64*	-0.98*
Colon and Rectum	-2.15	-3.46*	+0.39	-1.09	-0.91*
Lung	-1.10	-1.07	-0.41	-0.94*	-1.63*
Breast (Female)	+0.65	+0.56	+1.33	-0.05	+0.77*
Prostate	-0.45	-0.04	-1.15	+3.40*	-0.80*
Melanoma	+0.44	+3.33*	+3.47*	+3.73*	-3.72*
Leukemias	+1.22	-5.36*	-0.02	+0.62*	-3.63*
Uterine	+1.18	+1.74	+2.39	+0.76*	-1.82*

Key findings:

Overall cancer incidence in Mahaska County is essentially flat (+0.09% per year), while national rates are significantly declining (-0.98% per year). This means Mahaska County is not seeing the same improvement as the nation as a whole. Iowa as a state is also increasing (+0.64%). Colorectal and lung cancer rates are trending downward in Mahaska County, which is positive. Breast cancer, uterine cancer, and leukemias appear to be trending upward, though these trends are not statistically significant at the county level due to small numbers.

Figure 7. Cancer Trends in Mahaska County



Source: Iowa Cancer Registry; NCI SEER. Age-adjusted rates per 100,000.

What the Cancer Data Mean for Mahaska County

Mahaska County residents are diagnosed with cancer at higher rates than the national average and are more likely to die from cancer. Several factors may contribute:

- **Tobacco use:** Lung cancer remains the top cancer killer. Although smoking rates have declined (from 20% to 15%), they remain above the national average, and past smoking exposure continues to affect cancer rates for years.
- **Obesity:** At 42%, Mahaska County's obesity rate is the highest among all comparison areas. Obesity is a known risk factor for many cancers, including colon, breast, uterine, and pancreatic cancers.
- **Screening gaps:** Mammography screening (50%) is below the Iowa average (54%). Improving screening rates for breast, colorectal, and lung cancers could help catch cancers earlier when they are more treatable.
- **Access to care:** Longer distances to specialty cancer care, limited providers, and cost barriers may lead to later-stage diagnoses and poorer outcomes.

Mahaska Health's Cancer Care Center and its tumor board, one of the first at a critical access hospital in Iowa, are important resources for addressing these challenges locally.

4.3 Iowa Youth Survey

Takeaway
The most recent Iowa Youth Survey with usable data for Mahaska County is the 2021 edition. The 2023 survey had only 2% statewide participation and produced no county-level data. The 2021 data showed concerns about youth mental health, substance access, and screen time among Mahaska County students. A new 2025 IYS was administered in the fall of 2025, with results expected in spring 2026.

About the Iowa Youth Survey

The Iowa Youth Survey (IYS) is a survey of Iowa students in 6th, 8th, and 11th grade that has been conducted every two years since 1999 under Iowa Code. The survey is managed by the Iowa Department of Health and Human Services (HHS) and administered by participating schools. It covers topics including mental health and suicide, substance use (alcohol, tobacco, marijuana, and other drugs), bullying, school safety, physical activity, nutrition, community engagement, and beliefs and attitudes.

The IYS is an important source of data about the health and well-being of young people at the state and county level.[19]

2023 Iowa Youth Survey — No County-Level Data Available

The **2023 Iowa Youth Survey** was designed as a census of all 6th, 8th, and 11th grade students in Iowa public and private schools. However, due to a change from passive parental consent (opt-out) to active parental consent (opt-in), participation dropped dramatically. Only **2,293 students** participated statewide, just **2% of eligible students**, compared to tens of thousands in prior years.

Only 37 of Iowa's 327 community school districts actually administered the survey, and no private schools participated. More than one quarter of all respondents came from a single large metro school district. As a result, the authors of the official data report concluded that the 2023 IYS data are "unsuitable for use in describing adolescent health in Iowa." No county-level reports were produced for any county, including Mahaska County.

The 2023 IYS survey (2023 IYS Link) covered demographics, community engagement, physical well-being, gambling, mental health and suicide, beliefs and values, risk perceptions, peer attitudes, school safety, bullying, substance access, and use (alcohol, tobacco, e-cigarettes, marijuana, and other drugs). These remain critical topics for understanding the health of Mahaska County youth, even though usable 2023 data are not available.[20]

2021 Iowa Youth Survey — Most Recent County-Level Data

The **2021 Iowa Youth Survey** is the most recent edition with usable county-level data for Mahaska County. The 2021 IYS had much broader participation than 2023, with county-level reports produced for all 99 Iowa counties. The 2021 Mahaska County results are available through Iowa Publications Online.[21]

The 2021 IYS included **508 students** from three community school districts in Mahaska County: **North Mahaska, Oskaloosa, and Pella**. The survey covered 6th graders (165 students), 8th graders (191 students), and 11th graders (152 students). Key findings for Mahaska County are compared to statewide averages below.

Mental Health

Mental health was one of the most concerning areas in the 2021 data. In Mahaska County:

- **24–26% of students** across all grades reported feeling so sad or hopeless almost every day for two or more weeks that they stopped doing usual activities (compared to 27–36% statewide). While Mahaska County rates were slightly below state averages, the absolute numbers are still concerning — roughly 1 in 4 students experienced prolonged sadness or hopelessness.
- **12–17% of students** reported thinking about killing themselves in the past 12 months (compared to 17–24% statewide). Mahaska County rates were consistently below the state average but still represent a significant number of young people in crisis.
- Among students who reported suicidal thoughts, **10–16%** reported actually attempting suicide in the past 12 months.

Substance Use

Alcohol: Mahaska County students generally reported lower alcohol use than the state average. Among 11th graders, 31% had ever tried alcohol (vs. 41% statewide) and 14% reported drinking in the past 30 days (vs. 18% statewide). Among those 11th graders who drank in the past month, 57% reported binge drinking (vs. 51% statewide), a concerning pattern.

Tobacco and E-Cigarettes: E-cigarette use was the primary tobacco concern. Among 11th graders, 20% had ever used e-cigarettes (vs. 24% statewide) and 12% used them in the past 30 days (vs. 13% statewide). Traditional cigarette use was low across all grades (0–2% in the past 30 days).

Marijuana: Among 11th graders, 12% had ever used marijuana (vs. 16% statewide) and 6% used it in the past 30 days (vs. 8% statewide).

Other Drugs: Rates of other drug use in the past 30 days were very low for 6th and 8th graders (0–3%). Among 11th graders, 3% reported use of prescription medications not prescribed to them, and 3% reported using inhalants.

Access to Substances: Among 8th graders, **56% said it would be easy or very easy** to get e-cigarettes, and **40% said it would be easy or very easy** to get alcohol. Among 11th graders, **71% said e-cigarettes were easy or very easy to get**, and **65% said the same for alcohol**. These access rates were similar to statewide patterns.

School Safety and Bullying

Most students reported feeling safe at school. Among those who agreed or strongly agreed that they feel safe at school: **83% of 6th graders**, **70% of 8th graders**, and **68% of 11th graders** (similar to state averages of 74%, 66%, and 66%, respectively).

Bullying was reported by a notable share of students in the past 30 days. Among 8th graders — the grade with the highest rates — **62% experienced being called names, made fun of, or teased** at least once. Among 8th graders, **49% had lies or rumors spread about them**, and **36% experienced hurtful sexual jokes, comments, or gestures**.

Physical Well-Being

Physical Activity: Among 11th graders, **53% were physically active for 60 or more minutes on 5 or more days** per week (vs. 52% statewide), a positive finding. However, among 6th graders, only **41% met this benchmark** (vs. 47% statewide).

Screen Time: The majority of students spent 2 or more hours per day on screens for non-school purposes. Among 8th graders, 75% spent 2 or more hours on screens daily (similar to statewide patterns).

Food Insecurity: Among students who went hungry in the past 30 days because there was not enough food at home: **7% of 6th graders, 4% of 8th graders, and 5% of 11th graders**. These rates were similar to or slightly below state averages.

Protective Factors

Mahaska County students showed several strengths in protective factors:

- **Extracurricular participation** was high, especially among 11th graders (85% vs. 79% statewide) and 8th graders (82%, matching the state average).
- **Religious activity participation** was slightly above state averages across all grades (52–56% in the county vs. 50–53% statewide).
- **Adult support at school:** 88% of 6th graders, 67% of 8th graders, and 71% of 11th graders agreed or strongly agreed there was at least one adult at school

they could go to for help (compared to 82%, 72%, and 73% statewide). The 8th grade figure was slightly below the state average.

2025 Iowa Youth Survey — Upcoming Data

The **2025 Iowa Youth Survey** was administered in the fall of 2025. Results are expected to be released in **spring 2026**. When available, the 2025 IYS Mahaska County data will provide the most current picture of youth health in the community and can be used to update this section as an addendum to this CHA.

Why Youth Health Data Matters

The health behaviors and experiences of young people today shape the health of the community for decades to come. Youth mental health, substance use, and safety are closely connected to the adult health challenges identified throughout this report — including mental health, obesity, alcohol and drug use, and loneliness. Investing in youth programs and services is one of the most effective ways to improve long-term community health.

4.4 Iowa HHS System Snapshot: Mahaska County

Takeaway
The Iowa Department of Health and Human Services System Snapshot, updated January 2026, confirms Mahaska County is a federally designated shortage area for primary care physicians, dental care providers, and mental health care providers. The county has obesity and poverty rates slightly above the state average and a cancer death rate well above the Iowa average.

The Iowa Department of Health and Human Services (HHS) publishes a System Snapshot for each county that summarizes key health and social indicators. The most recent Mahaska County snapshot, updated January 2026, provides additional context that supports the findings from the County Health Rankings and community survey. The snapshot draws on a range of federal and state data sources, including the U.S. Census Bureau, County Health Rankings, the CDC PLACES project, the National Cancer Institute State Cancer Profiles, Feeding America, and Iowa HHS administrative data.[22]

Access to Care

Mahaska County is a federally designated shortage area for three provider types: primary care physicians, dental care providers, and mental health care providers. This shortage designation is consistent with the provider-to-population ratios from the County Health Rankings and with community survey results, where 54% of respondents said mental/behavioral health access is inadequate.

Mental Health

The snapshot reports 5.1 poor mental health days per month for Mahaska County adults, compared to 4.7 days for Iowa overall, consistent with the 2025 County Health Rankings figure presented in Section 4.1.

Addictive Disorders

21.8% of adults in Mahaska County report binge drinking, slightly below the Iowa average of 22.5%. Although the county's rate is near the state average, Iowa's alcohol use rates remain among the highest in the nation. In state fiscal year 2025, 101 Mahaska County residents received substance use treatment, out of 20,198 total patients admitted statewide.

Economic Stability

11.7% of the county population lives below the poverty level, slightly above the Iowa average of 11.1%. A total of 4,774 residents are enrolled in Medicaid.

Housing and Transportation

19.4% of households spend 30% or more of their income on housing costs, lower than the Iowa average of 23.4%. Only 3.5% of households do not have a vehicle, below the Iowa average of 5.4%, reflecting the rural, car-dependent nature of the county.

Healthy Behaviors and Cancer

39.0% of adults have an unhealthy body weight (BMI of 30.0 or higher), compared to 37.9% for Iowa overall. An estimated 2,800 individuals in the county experience food insecurity.

The snapshot reports a cancer incidence rate of 490.2 per 100,000, essentially equal to the Iowa average of 491.8, and a cancer death rate of 168.9 per 100,000, notably higher than the Iowa average of 149.6. The snapshot's cancer figures are drawn from the National Cancer Institute State Cancer Profiles (incidence 2017–2021, mortality 2018–2022), a different source and time period than the Iowa Cancer Registry data in Section 4.2, which reports a mortality rate of 176.1 for 2019–2023. Both sources show Mahaska County cancer mortality well above the Iowa average.

5. Broad Interests of the Community Served

Takeaway
Three sources of primary data (community survey (287 responses); stakeholder interviews (7); two community town halls (21 participants)) point to the same core concerns. Mental health was the dominant issue across all three, identified as the top health problem by 73% of survey respondents and described by every stakeholder as a driver of multi-system strain. Obesity and alcohol/drug addiction round out the top three health priorities. Cost (82%) and lack of insurance (59%) are the biggest barriers to care, and 54% of survey respondents said the community lacks adequate mental/behavioral health access. Stakeholders emphasized that housing, childcare, and transportation interact as a "constraint loop" that undermines health, and that stigma and difficulty navigating services prevent people from getting help even when programs exist. The town halls reinforced these convergent priorities and added two further community-identified concerns: the justice system as a de facto behavioral health gateway, with post-release care transitions as the highest-leverage intervention gap, and aging/Alzheimer's and youth substance exposure as emerging priorities for re-evaluation in the 2028 CHA cycle (Section 6.4). Across all three primary data sources, participants returned to a common observation that coordination, not new programs, is the central implementation challenge.

5.1 Community Health Survey Findings

This section presents the results of the 2026 Mahaska County Community Health Needs Survey (n = 287). Survey methods and respondent demographics are described in Section 3.5. Percentages below are based on the total number of respondents unless otherwise noted.

Mental Health Days

Respondents were asked how many days in the past 30 their mental health was "not good," including stress, depression, and problems with emotions. The average was **6.9 days,** and the median was **3 days**. Nearly one-third (31%) reported zero poor mental health days, but **20% reported 14 or more poor mental health days** in the past month. This 14-day threshold is a commonly used indicator of frequent mental distress. For context, the County Health Rankings report an average of 5.1 poor mental health days per month for Mahaska County adults - the survey finding of 6.9 days suggests that survey respondents may experience somewhat higher mental health burden than the general population, possibly reflecting the demographics of who chose to respond.

Table 10. Poor Mental Health Days in the Past 30 Days (n = 287)

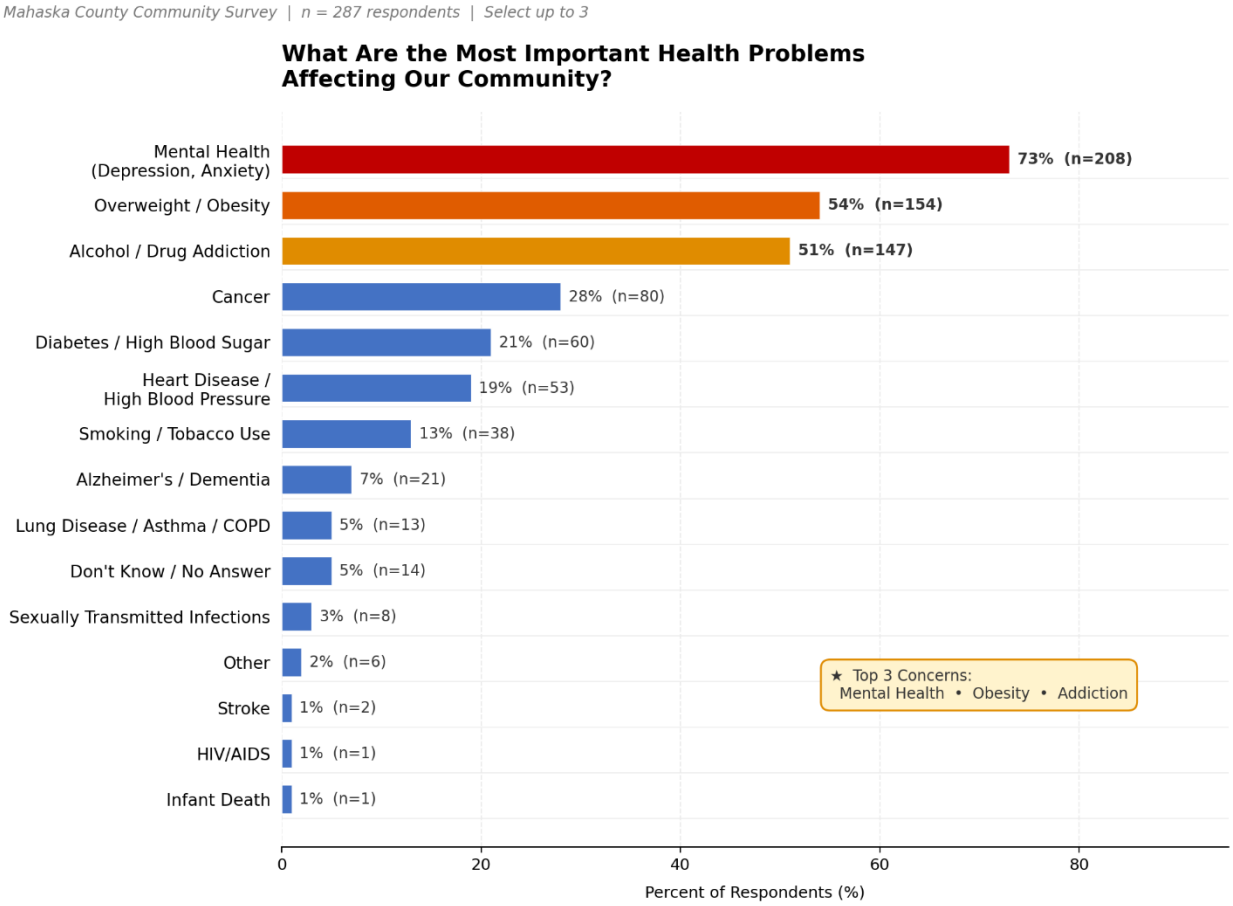
Days	Number	Percent
0 days	88	31%
1-7 days	105	37%

8-13 days	37	13%
14 or more days	57	20%

Top Health Problems

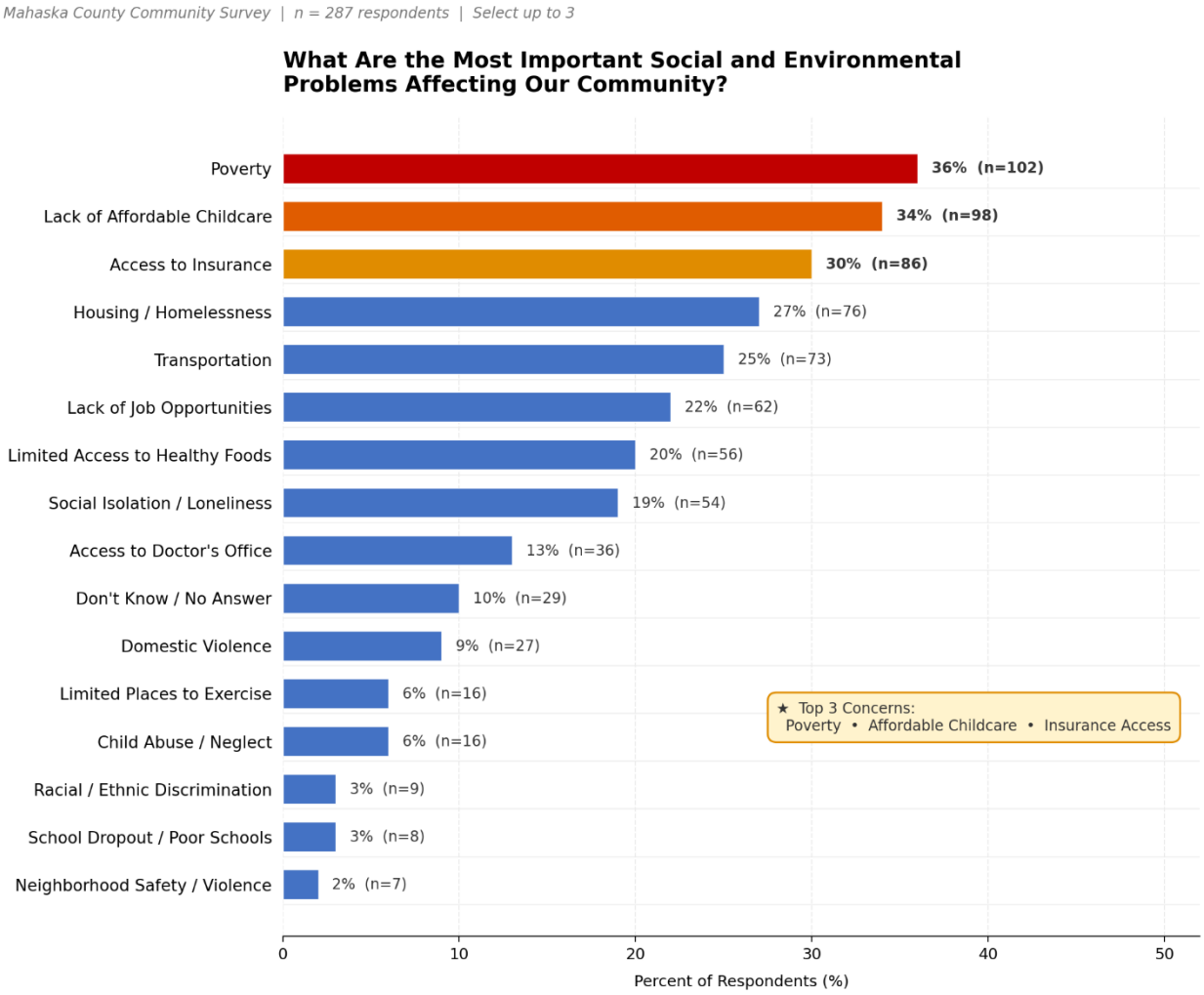
Respondents were asked to choose the three most important health problems affecting their community. Mental health was identified as the top issue by a wide margin.

Figure 8. Most Important Health Problems Affecting the Mahaska County Community



The top three - mental health (73%), obesity (54%), and alcohol/drug addiction (51%) - were each selected by more than half of respondents. Cancer (28%), diabetes (21%), and heart disease (19%) formed a second tier. These priorities closely match the secondary data findings in Section 4: County Health Rankings show worsening mental health days and rising obesity, and the cancer data show mortality rates well above state and national averages.

Figure 9. Most Important Social and Environmental Problems Affecting the Mahaska County Community



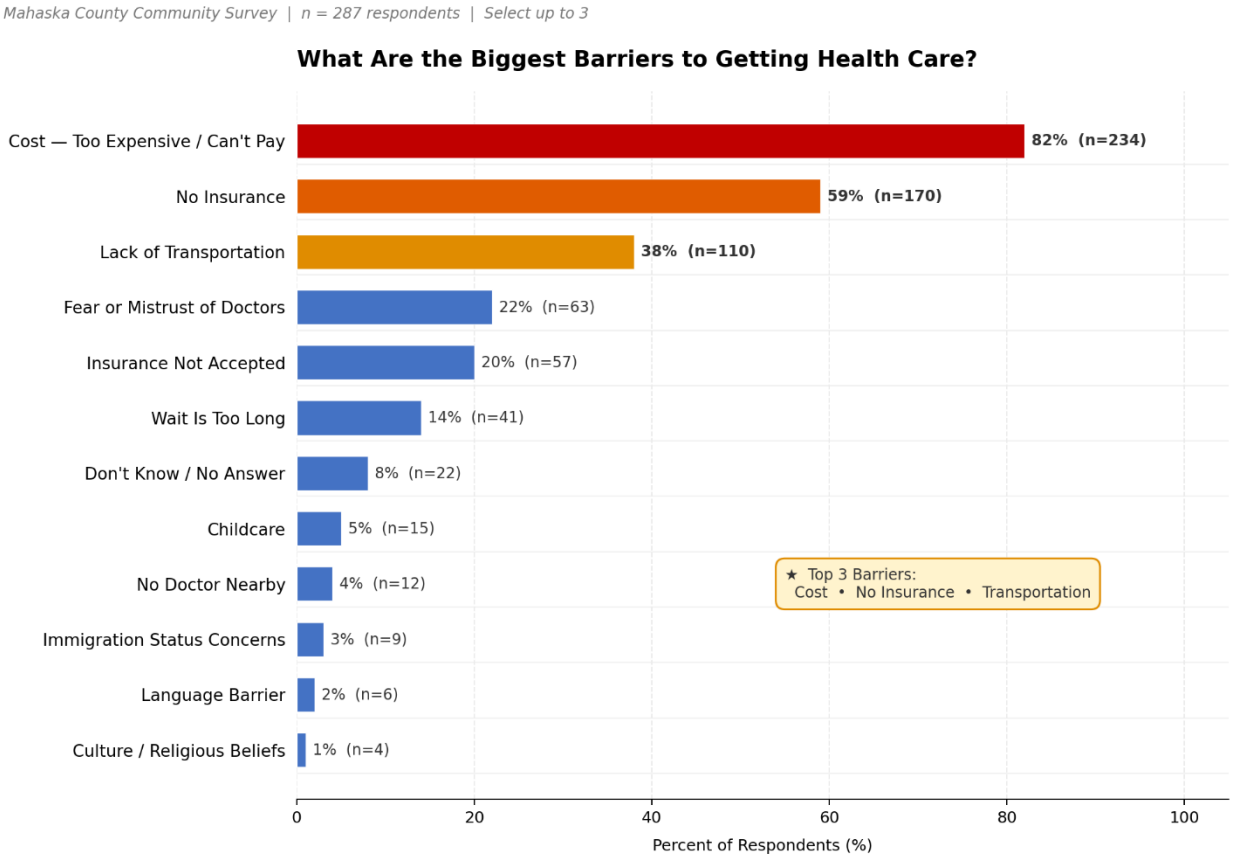
Poverty (36%), lack of affordable childcare (34%), and access to insurance (30%) topped the list. Housing (27%) and transportation (25%) were close behind. Together, these five issues reflect the "stability constraints" that stakeholders also identified-basic needs around money, housing, childcare, and getting from place to place that make it hard for people to focus on their health.

Social isolation and loneliness were identified by 19% of respondents, consistent with County Health Rankings data showing that 38% of Mahaska County adults report feelings of loneliness-higher than the state and national averages.

Barriers to Getting Health Care

Respondents were asked to choose the three most important reasons people in their community do not get health care.

Figure 10. Most Important Barriers to Getting Health Care in Mahaska County

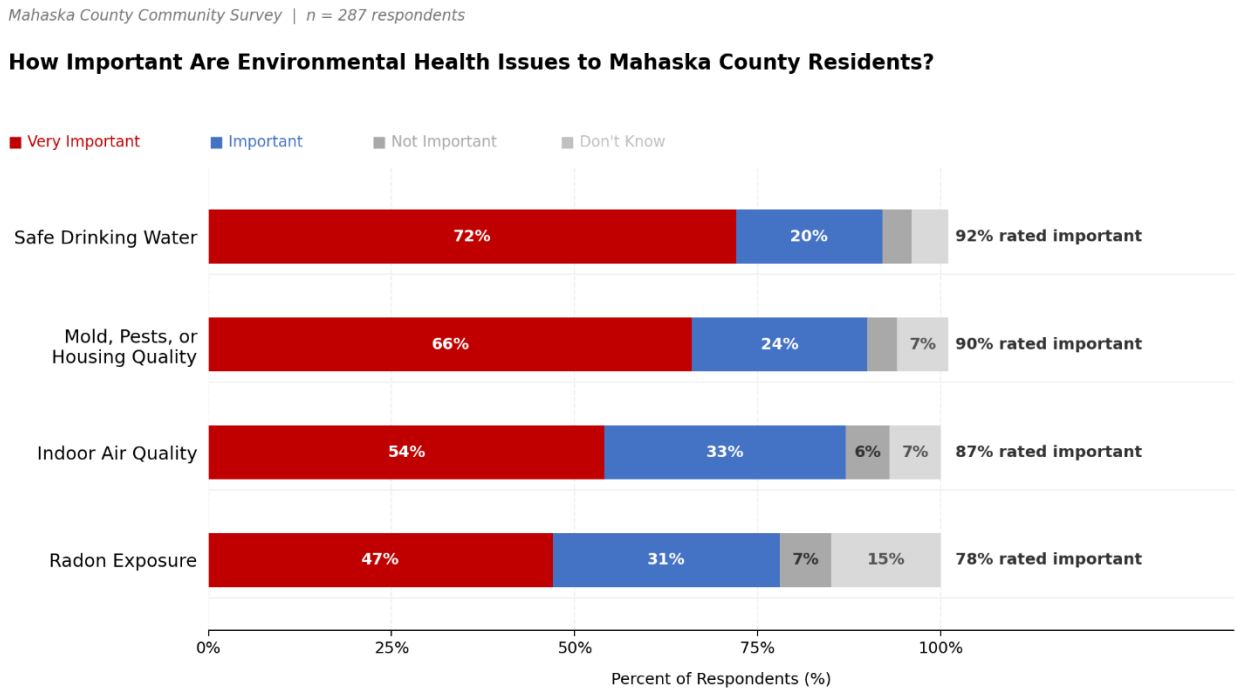


Cost was the dominant barrier, selected by 82% of respondents. Lack of insurance (59%) and transportation (38%) were the next most common. Fear or mistrust of doctors (22%) and insurance not accepted (20%) also stood out — these point to trust and system navigation issues rather than just financial barriers. The prominence of transportation as a barrier is consistent with the rural geography of the county and with stakeholder observations about how getting to appointments remains a persistent challenge.

Environmental Health

Respondents rated how important four environmental health issues are to their community.

Figure 11. Importance of Environmental Health Issues Among Mahaska County Residents



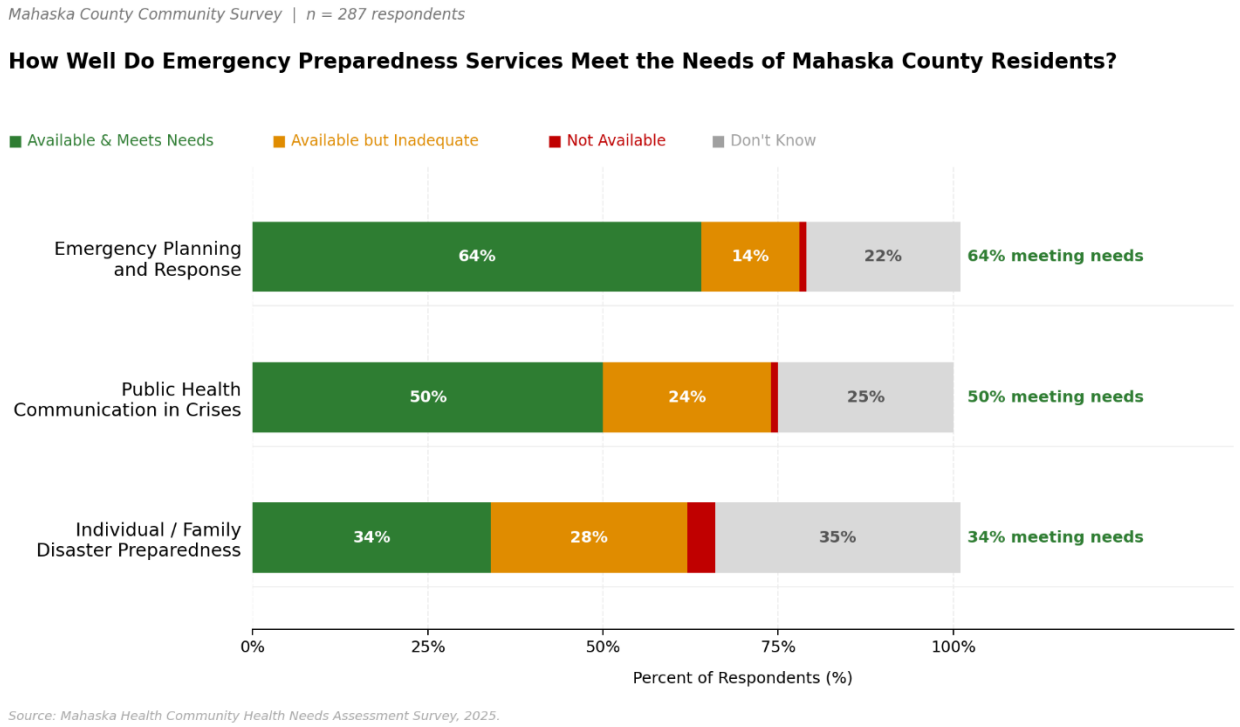
Source: Mahaska Health Community Health Needs Assessment Survey, 2025.

Safe drinking water and housing quality issues (mold, pests) were rated as "Very Important" by the largest share of respondents. Radon exposure had the highest "Don't Know" response (15%), suggesting an opportunity for community education.

Emergency Preparedness

Respondents were asked whether emergency preparedness services are available and adequate in their community.

Figure 12. Emergency Preparedness Services of Mahaska County

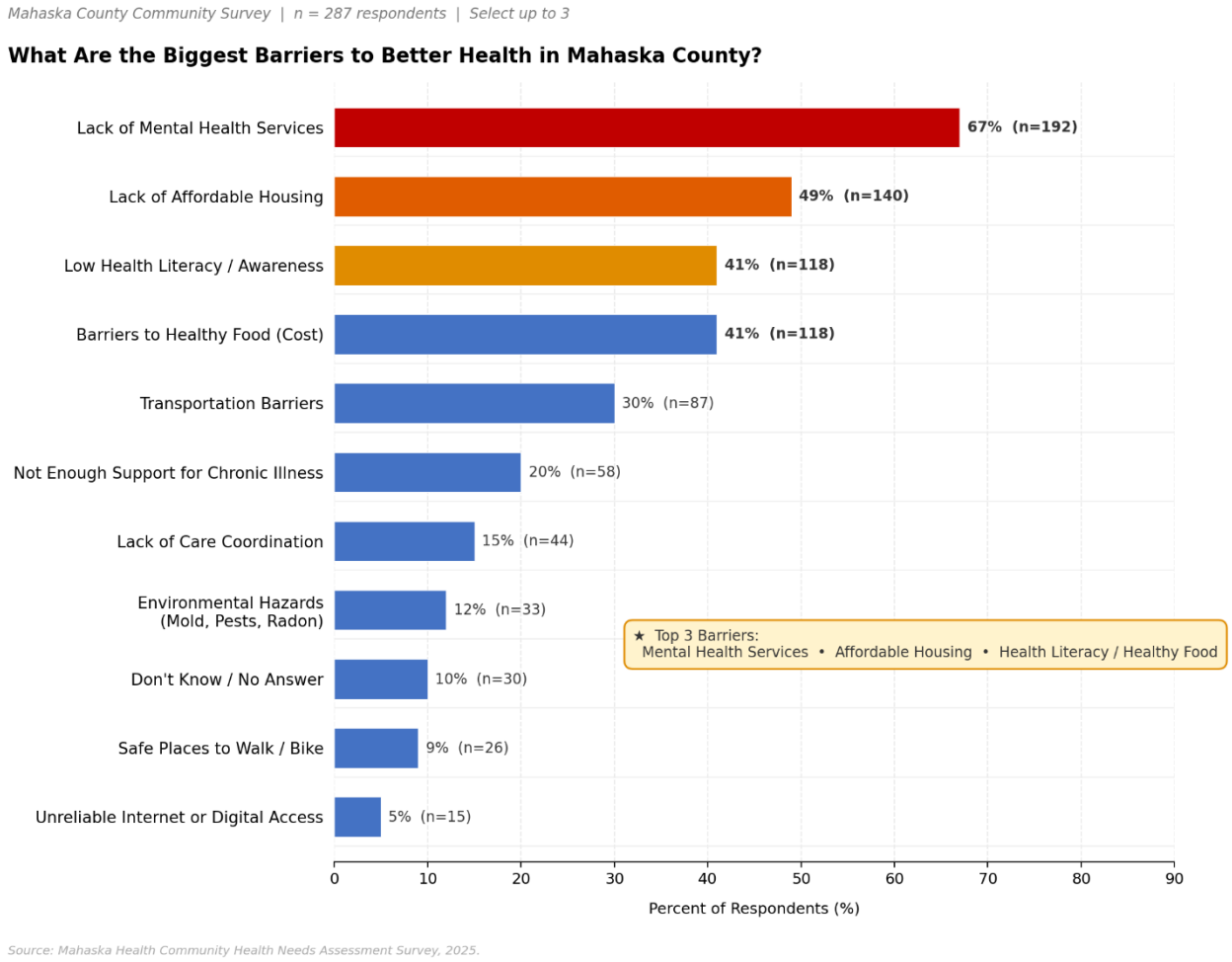


Emergency planning and response was generally seen as adequate (64% said it meets needs). However, individual and family disaster preparedness had the biggest gap: only 34% said it meets needs, while 28% said it is available but inadequate and 35% said they simply do not know. Public health communication in crises was a mixed picture, with a quarter of respondents saying it is inadequate and another quarter unsure.

Barriers to Better Health

Respondents were asked to choose up to three factors that are the biggest barriers to achieving better health in their community.

Figure 13. Biggest Barriers to Better Health in Mahaska County



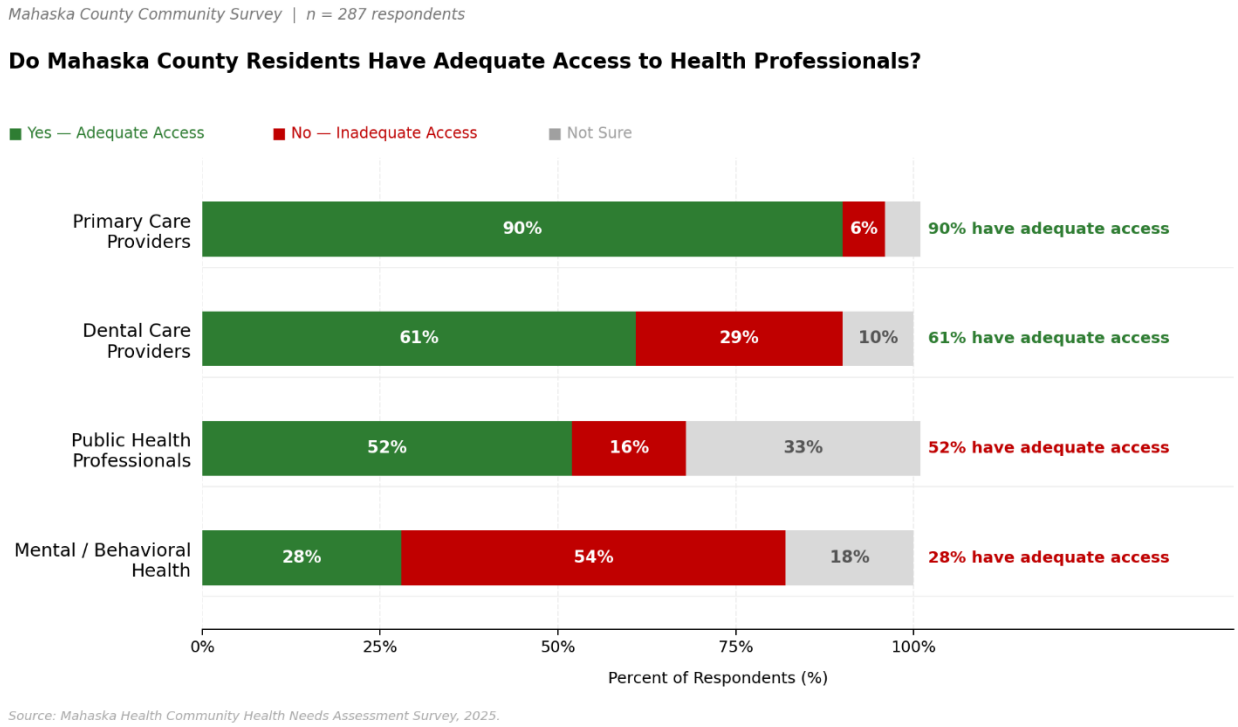
Source: Mahaska Health Community Health Needs Assessment Survey, 2025.

Lack of mental health services was the top barrier (67%), reinforcing the findings from the health priorities question and from the secondary data. Affordable housing (49%) was the second-highest response, consistent with stakeholder concerns. Health literacy (41%) and food cost barriers (41%) tied for third. These results suggest that while residents see mental health as the most urgent need, the structural conditions — housing, food access, health literacy, and transportation — are the barriers that keep people from achieving better health overall.

Access to Health Professionals

Respondents were asked whether their community has adequate access to four types of health professionals.

Figure 14. Mahaska County Resident Access to Health Professionals



Source: Mahaska Health Community Health Needs Assessment Survey, 2025.

This question produced one of the most striking findings in the survey. While **90% of respondents** said primary care access is adequate, **54% said mental/behavioral health access is not adequate** — the only provider type where "No" was the most common response. Nearly one-third (29%) said dental care access is inadequate. These perceptions align with the County Health Rankings provider ratios: Mahaska County has 710 people per mental health provider (vs. 300:1 nationally) and 2,000 people per dentist (vs. 1,360:1 nationally).

Open-Ended Suggestions

Respondents were asked: *"What ideas or suggestions do you have to improve health in your community? What does a healthier Mahaska County look like?"* A total of **112 responses** were received. While a full qualitative analysis of these responses is beyond the scope of this summary, common themes included:

- **More mental health services and providers** — the single most frequent suggestion mentioned in approximately 30% of open-ended responses
- **More affordable and accessible healthcare options**, including sliding-scale clinics and expanded hours
- **Better access to healthy food**, including a community grocery store, farmers markets, and food assistance programs

- **More recreational and exercise opportunities**, particularly indoor options for winter months and activities for families and children
- **Addressing substance use and addiction**, including more treatment options and prevention programs
- **Improving childcare availability and affordability**
- **Reducing stigma** around mental health and poverty so people feel comfortable seeking help
- **Better transportation options** for those who cannot drive

5.2 Stakeholder Interview Findings

This section presents findings from seven (7) key stakeholder interviews conducted for the 2026 CHA. Interviews explored: (a) priority health issues, (b) perceived drivers, (c) what is working, and (d) opportunities for improvement. Methods are described in Section 3.4. Analysis of the seven interviews identified five themes that describe the most important health-related challenges and opportunities in Mahaska County.

Theme 1- Behavioral health and substance use are the central drivers of multi-system strain

Behavioral health needs and substance use were repeatedly framed as urgent and pervasive, shaping crisis demand across multiple systems. Stakeholders described escalation toward crisis-level encounters rather than early intervention, co-occurring mental health and substance use contributing to instability, workforce and capacity constraints (including timely access, continuity, and appropriate level of care), and spillover into public safety, housing stability, and family functioning.

What this means: This theme functions as a cross-cutting driver, influencing safety, service utilization, chronic disease management, and community stability. It connects directly to the survey finding that 73% of respondents identified mental health as the top health problem and 67% said lack of mental health services is the biggest barrier to better health.

Theme 2- Stability constraints cluster: housing, childcare, and transportation interact as a “constraint loop”

Stakeholders consistently connected day-to-day health outcomes to practical stability barriers-especially housing availability and affordability (including market dynamics and development constraints), childcare scarcity and affordability (including challenges for families with children who need additional supports), and transportation barriers that reduce appointment adherence, employment stability, and access to programs.

What this means: These determinants are high leverage. Improvements in housing, childcare, and transportation can reduce downstream crisis utilization and improve prevention engagement. Survey data support this: affordable childcare (34%), housing (27%), and transportation (25%) were among the top five social/environmental problems identified by respondents, and affordable housing (49%) and transportation barriers (30%) were among the top barriers to better health.

Theme 3- Resources exist, but navigation and coordination gaps reduce real-world impact

Stakeholders frequently emphasized that the community has programs and helpers, but people encounter difficulty determining what exists, who qualifies, and how to enter. There is a high "drop-off" between referral and service receipt, particularly when households are under acute stress. Stakeholders described siloing across sectors (healthcare, social services, schools, and public safety) and the need for low-barrier entry points and more consistent handoffs.

What this means: Coordination and navigation improvements can act as a force multiplier, increasing the effectiveness of existing services without requiring every program to expand immediately. The survey finding that 15% of respondents identified "lack of care coordination" as a top barrier, along with the 33% who were "not sure" about access to public health professionals, suggests that awareness and navigation are real challenges.

Theme 4- Healthy living and chronic disease prevention are constrained by food environment, stress, and seasonal/built realities

Stakeholders framed obesity and chronic disease risk less as knowledge deficits and more as a function of cost and time tradeoffs (affordability and convenience shaping food choices), food access supports as essential community assets, physical activity barriers linked to weather/seasonality, family logistics, and competing demands, and prevention "bandwidth" limitations in households facing instability.

What this means: Effective prevention strategies must address friction and feasibility (cost, time, access), not solely education. This is consistent with the survey finding that 41% identified food cost barriers and 41% identified low health literacy as top barriers to better health. The County Health Rankings data show 42% adult obesity, tied for the highest among comparison areas, reinforcing this theme.

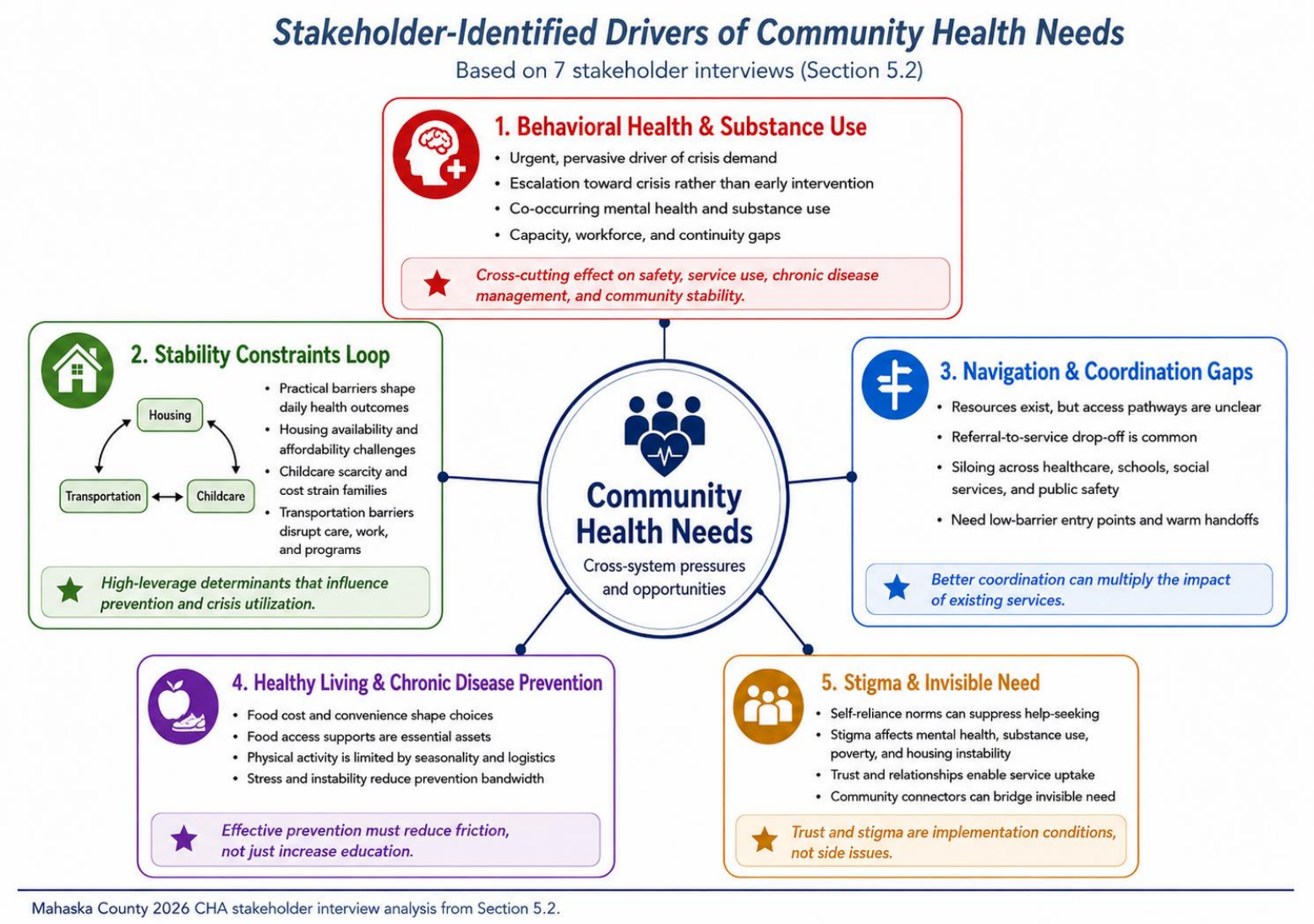
Theme 5- Stigma and “invisible need” shape help-seeking, community support, and policy feasibility

Stakeholders repeatedly noted community norms of self-reliance and stigma related to mental health and substance use, poverty and housing instability, and help-seeking and

service utilization. They also described trust and relationships as key enablers, particularly through trusted community connectors.

What this means: Reducing stigma and improving trust are not "soft" add-ons; they are implementation conditions that determine whether interventions reach the populations most affected. The survey finding that 22% of respondents cited "fear or mistrust of doctors" as a barrier to healthcare reinforces this theme. The County Health Rankings data showing 38% of adults report feelings of loneliness, suggests that social isolation may also compound stigma and make help-seeking harder.

Figure 15. Thematic Map of Stakeholder-Identified Drivers of Community Health Needs



5.3 Community Town Hall Findings

This section presents findings from the two community town halls held in December 2025. Town hall methodology, attendance, and the hybrid format are described in Section 3.3. The CHA team analyzed recorded discussions using the same qualitative thematic approach applied to the stakeholder interviews, allowing town hall and interview findings to be integrated. Across the two sessions, 21 community members participated, representing public health, behavioral health, law enforcement, education, care coordination, aging services, peer recovery, and extension services. While turnout at the first session was reduced by a snowstorm, participants represented high-leverage sectors and the session functioned as a focused community working session. Five themes emerged from the town hall discussions. The first three reinforce and extend findings from the stakeholder interviews (Section 5.2); the final two surface concerns not strongly represented in the survey or stakeholder data alone.

Theme 1: Mental health and substance use are systemic, not isolated clinical issues.

Across both sessions, participants identified mental health and substance use as the most urgent community health priorities, cutting across age groups, institutions, and service sectors. These challenges were not framed as isolated clinical conditions but as systemic consequences of poverty, trauma, limited access to care, and fragmented service delivery. Participants emphasized that voluntary help-seeking typically occurs late, after legal or social collapse, and that delays in Medicaid activation, justice-healthcare-social service fragmentation, and limited sustained engagement after acute episodes compound the burden.

What this means: This theme directly reinforces Theme 1 of the stakeholder interviews and the survey finding that 73% of respondents identified mental health as the top community health problem. The town halls add specificity by emphasizing that the system is largely reactive: intervention occurs after harm, not upstream. This has implications for Significant Need 1 and the Section 7.3 implementation plan, where prevention and earlier-touchpoint screening (including in primary care and OB) are central strategies.

Theme 2: The justice system has become a de facto behavioral health gateway, and post-release transitions are the highest-leverage gap.

Participants in both sessions, including law enforcement, described the county jail as a holding zone rather than a treatment environment. Substance use treatment was described as largely court-mandated rather than voluntary, with most individuals entering treatment due to probation or incarceration. Participants emphasized that the most dangerous gap occurs immediately after release: Medicaid is typically suspended

during incarceration, no standardized care transition exists, and there is no guaranteed next-day follow-up, contributing to relapse, recidivism, and preventable mortality. Structured post-release care coordination was described as a high-impact, feasible intervention.

What this means: This theme is largely new to the 2026 CHA. It is not directly captured by the stakeholder interview themes or by the survey, but the convergence of public health, behavioral health, care coordination, and law enforcement voices in both town halls makes it a credible community-identified priority. It maps most closely to Significant Need 1 (mental health/behavioral health access) and Need 2 (substance use and addiction), and suggests that a "warm handoff" standard work between Mahaska Health, the Mahaska County Jail, and community behavioral health partners would be a high-value addition to the Section 7 implementation plan.

Theme 3: Methamphetamine has overtaken opioids as the primary local substance threat, and youth substance exposure is escalating.

Law enforcement participants in Session 2 noted that methamphetamine seizures have increased substantially and that meth is now perceived as the primary current substance threat in Mahaska County, while Narcan and prescribing-stewardship efforts have contributed to declining opioid fatalities. Substance use was described as highly visible, intergenerational, and trauma linked. Participants also raised concerns about youth substance exposure — particularly vaping, pills, and polysubstance use — and high school absenteeism. Existing prevention models were widely viewed as outdated relative to current drug availability and social norms among adolescents. Limited participation in the 2023 Iowa Youth Survey (Section 4.3) further obscures the true scope of youth substance exposure at the county level.

What this means: This theme refines Significant Need 2 by shifting the contemporary substance use frame from an opioid-primary model to a meth-and-polysubstance model, while preserving the importance of continued opioid stewardship (Billion Pill Pledge, Narcan distribution). It also reinforces the value of the 2025 Iowa Youth Survey results, expected in spring 2026, as a near-term update to the youth substance-use evidence base.

Theme 4: An aging population and rising Alzheimer's mortality emerged as a rising priority.

Participants in Session 2 highlighted Alzheimer's disease as a leading cause of death and raised concerns about the support infrastructure for an aging population, including caregiver burden, social isolation, and transportation challenges. While Alzheimer's and aging did not appear among the top six health problems in the community survey, the

town hall consensus was that this is a quiet but growing community priority that warrants attention in future assessment cycles.

What this means: This theme intersects with Significant Need 1 (mental and behavioral health, particularly the documented 38% loneliness rate from the County Health Rankings) and Significant Need 4 (transportation as a documented operational barrier). It is identified in this CHA as an emerging priority rather than a fifth or sixth significant need (see Section 6.4), with a planned re-evaluation in the 2028 CHA cycle as the population age distribution and Alzheimer's mortality data evolve.

Theme 5: Coordination, not new programs, is the central implementation challenge.

Across both sessions, participants returned to a common observation: the community has programs, funding, peer support capacity, and willingness to collaborate, but lacks the integration and coordination capacity to turn these into reliable service delivery. Opioid settlement funds, in particular, were identified as a meaningful resource without a clear implementation owner. Participants described peer recovery infrastructure, volunteer networks, and crisis-response experience in neighboring counties as underutilized assets.

What this means: This theme directly reinforces Theme 3 from the stakeholder interviews (resources exist, but navigation and coordination gaps reduce real-world impact) and is consistent with the survey finding that 15% of respondents cited lack of care coordination as a top barrier and 33% were "not sure" about access to public health professionals. Together, these signals suggest that coordination-focused investments — referral pathways, warm handoffs, shared documentation, and clear implementation ownership for opioid settlement spending — will function as a force multiplier across all five significant needs.

6. Significant Health Needs

Takeaway
Based on the community survey data, stakeholder interviews, town halls, and secondary health data, this assessment identifies five significant health needs for Mahaska County: (1) Mental health and behavioral health access, (2) Substance use and addiction, (3) Obesity and chronic disease prevention, (4) Social determinants of health: housing, childcare, and transportation, and (5) Cancer prevention and early detection. These priorities align closely with the 2023 CHA findings but reflect worsening trends in obesity, mental health days, and food insecurity, and add cancer as a newly elevated priority based on mortality data.

6.1 Descriptions of Identified Significant Health Needs

The following significant health needs were identified through the 2026 CHA process. Needs were determined by examining where primary data (community survey, stakeholder interviews, and community town halls) and secondary data (County Health Rankings, Iowa Cancer Registry, HHS System Snapshot, and Iowa Youth Survey) converge. A health need is classified as "significant" when it appears across multiple data sources and when the data indicate either a high current burden or a worsening trend. Concerns that emerged primarily in one data source (e.g. community town halls) but did not meet the evidence threshold for inclusion as significant needs are described separately in Section 6.4 as emerging priorities for re-evaluation in the 2028 CHA cycle.

Significant Need: 1 Mental Health and Behavioral Health Access

Why it is a priority: Mental health was the most consistently identified need across every data source in this assessment. In the community survey, 73% of respondents named it the top health problem and 67% said lack of mental health services is the biggest barrier to better health. More than half (54%) of respondents said the community does not have adequate mental/behavioral health access. In the stakeholder interviews, behavioral health was described as a “central driver of multi-system strain” (Theme 1), affecting public safety, housing stability, and family functioning. Community town hall participants reinforced this priority, describing mental health and substance use as the most urgent community health issues and emphasizing that the system is largely reactive rather than preventive (Section 5.3, Theme 1). Secondary data show poor mental health days increased from 4.3 to 5.1 per month, and the county has only one mental health provider for every 710 residents — compared to 470:1 for Iowa and 300:1 nationally. Among youth, the 2021 Iowa Youth Survey found 24–26% of Mahaska County students experienced prolonged sadness or hopelessness.

Scope: This need encompasses access to mental health providers (psychiatrists, psychologists, therapists, counselors), crisis intervention services, youth mental health services, co-occurring mental health and substance use treatment, and reducing stigma that prevents help-seeking.

Significant Need: 2 Substance Use and Addiction

Why it is a priority: Alcohol and drug addiction was the third most common health problem identified in the community survey (51%). Stakeholders described substance use as co-occurring with mental health challenges and contributing to instability across housing, employment, and family systems (Theme 1). Community town hall participants in Session 2 noted that methamphetamine has overtaken opioids as the primary local substance threat, while Narcan distribution and prescribing stewardship have contributed to declining opioid fatalities. Participants across both sessions emphasized that treatment is largely court-mandated rather than voluntary, with post-release care transitions identified as the highest-leverage intervention gap (Section 5.3, Themes 2 and 3). The County Health Rankings show drug overdose deaths at 20 per 100,000 — higher than the Iowa average (15) though lower than the national average (32). Excessive drinking stands at 23%, and Iowa as a whole has among the highest alcohol use rates in the nation. Among youth, 71% of 11th graders said e-cigarettes are easy or very easy to get. The HHS System Snapshot reports that 101 Mahaska County residents received substance use treatment in 2025.

Scope: This need includes substance use treatment and recovery services; alcohol and drug prevention programs (including for youth); opioid response; methamphetamine and polysubstance prevention and response; e-cigarette and vaping prevention among adolescents; post-release care coordination for individuals leaving incarceration; and integration of substance use treatment with mental health and primary care.

Significant Need: 3 Obesity and Chronic Disease Prevention

Why it is a priority: Obesity was the second most common health problem identified in the community survey (54%), and 41% of respondents named food cost barriers as a top barrier to better health. Adult obesity in Mahaska County is 42% tied highest among all comparison areas. Physical inactivity is at 25%, and access to exercise opportunities (71%) is well below the state (80%) and national (84%) averages. Food insecurity has risen from 9% to 12%. Stakeholders emphasized that obesity and chronic disease risk are driven less by knowledge gaps and more by cost, time, and access barriers (Theme 4).

Scope: This need includes improving access to affordable healthy food, expanding exercise and physical activity opportunities (including indoor and winter options), diabetes and cardiovascular disease prevention and management, health literacy and wellness education, and addressing the food environment.

Significant Need: 4 Social Determinants of Health: Housing, Childcare, and Transportation

Why it is a priority: Stakeholders identified housing, childcare, and transportation as a "constraint loop" (Theme 2) where barriers in one area worsen the others and collectively undermine health. In the survey, affordable housing was the second-highest barrier to better health (49%), childcare was the second-highest social/environmental problem (34%), and transportation appeared in the top five across multiple survey questions (25–38%). Cost of care was the dominant barrier to healthcare (82%). Community town hall participants identified transportation as a major practical barrier — not a theoretical one — citing missed appointments, delayed cancer care, and reduced treatment adherence, and described RSVP and volunteer-based transportation as underutilized assets constrained by coordination capacity (Section 5.3, Theme 5). The County Health Rankings show 14% of children live in poverty, and the HHS Snapshot shows 13% of the population lives below the poverty line (vs. 11% for Iowa).

Scope: This need includes affordable housing development and preservation, childcare availability and affordability, public and non-emergency medical transportation, reducing cost barriers to healthcare, and workforce stability programs.

Significant Need: 5 Cancer Prevention and Early Detection

Why it is a priority: Cancer was identified as the fourth most important health problem in the community survey (28%). The Iowa Cancer Registry data show that Mahaska County's overall cancer mortality rate (176.1 per 100,000) is 21% above the national average and 18% above the Iowa average. Specific cancer types with elevated mortality include pancreatic cancer (more than double the national rate), lung cancer (31% above national), and female breast cancer (42% above national). Community town hall participants in both sessions reinforced these data, linking elevated mortality to late diagnoses, male under-utilization of care, and transportation

barriers to treatment (Section 5.3, Themes 1 and 5). Risk factors overlap with other identified needs: obesity (42%), smoking (15%), and screening gaps (mammography at 50% vs. 54% for Iowa). Mahaska Health's Cancer Care Center and tumor board are important existing assets.

Scope: This need includes expanding cancer screening participation (breast, colorectal, and lung), tobacco cessation programs, addressing obesity as a cancer risk factor, patient navigation for cancer diagnosis and treatment, and sustaining Mahaska Health's oncology infrastructure for the region.

Table 11. 2026 Significant Health Needs Evidence Summary

Significant Health Need	Survey Evidence	Stakeholder Evidence	Town Hall Evidence	Secondary Data Evidence
1. Mental health & behavioral health access	73% top health problem; 67% top barrier; 54% say access inadequate	Theme 1: Central driver of multi-system strain	Theme 1: System is reactive, not preventive; named as most urgent priority across both sessions	5.1 poor MH days/mo (↑); 710:1 MH provider ratio; HRSA shortage designation
2. Substance use & addiction	51% top health problem (3rd)	Theme 1: Co-occurring with behavioral health	Themes 2 & 3: Meth has overtaken opioids; jail is de facto behavioral health gateway; post-release transitions are the highest-leverage gap	Drug overdose deaths 20/100,000; excessive drinking 23%; 71% of 11th graders say e-cigs are easy to obtain
3. Obesity & chronic disease prevention	54% top health problem (2nd); 41% food cost barriers	Theme 4: Constrained by food environment	(No distinct town hall signal beyond reinforcement of survey/stakeholder findings)	42% adult obesity (tied for highest among comparison areas); 25% physical inactivity; food insecurity 9% → 12%
4. SDOH: Housing, childcare, transportation	49% housing barrier; 34% childcare problem; 25–38% transportation across questions; 82% cost barrier to care	Theme 2: Stability constraint loop	Theme 5: Transportation as a practical barrier driving missed appointments and delayed cancer care; volunteer transport networks underutilized	14% child poverty; 10% severe housing problems; childcare cost burden 22% of household income; 80% drive alone to work
5. Cancer prevention & early detection	28% top health problem	(Cancer not a dominant stakeholder theme; surfaced through triangulation)	Themes 1 & 5: Late diagnosis linked to access barriers, male under-utilization,	Cancer mortality 176.1/100,000 (21% above national, 18% above Iowa); pancreatic >2×

			and transportation gaps	national; mammography 50% (below Iowa 54%)

6.2 Description of Resources Available to Address

Mahaska County has a range of existing programs, organizations, and services that address the identified health needs. This section catalogs known resources as of the date of this report. The listing is not exhaustive. Residents are encouraged to call 2-1-1 (Iowa's information and referral service) for current information.

Mental Health and Behavioral Health

- Mahaska Health Behavioral Health Services — outpatient mental health and counseling services integrated with primary care
- Your Life Iowa (State of Iowa) — 24/7 crisis line, chat, and text support for mental health, substance use, and problem gambling (1-855-581-8111; yourlifeiowa.org)
- 988 Suicide & Crisis Lifeline — 24/7 crisis support (call or text 988)
- Foundation 2 Crisis Services — regional crisis center providing mobile crisis response
- Community Health Centers of Southeastern Iowa — federally qualified health center providing behavioral health services
- Mahaska County Schools — school-based counselors and student support services
- Area churches and faith-based organizations — pastoral counseling, support groups, and community connection

Substance Use and Addiction

- Mahaska Health — substance use screening and referral through primary care and emergency services
- Your Life Iowa — substance use support, treatment locator, and referral services
- Mahaska County Opioid Settlement Task Force — county-level planning and programming for opioid prevention and treatment (Strengthening Families Program, crisis interventionist, harm reduction, community education)
- Alcoholics Anonymous / Narcotics Anonymous — local meeting groups
- Iowa Department of Public Health substance use treatment providers — residential and outpatient treatment accessible through state referral

Obesity and Chronic Disease Prevention

- Mahaska Health Wellness Programs - diabetes education classes, cardiac rehabilitation, breast health events, health screenings, and support groups
- YMCA of Oskaloosa - fitness programs, youth activities, and family recreation
- Mahaska County Conservation - parks, trails, and outdoor recreation opportunities
- Oskaloosa Main Street / Farmers Market - seasonal access to local produce
- HACAP Food Reservoir - food assistance and emergency food distribution
- Iowa State University Extension and Outreach (Mahaska County) - nutrition education and healthy cooking programs

- Mahaska County Food Pantries - multiple church-based and community food pantries

Social Determinants: Housing, Childcare, and Transportation

Housing:

- Mahaska County Economic Development Commission (MEDC) -housing development initiatives and workforce housing programs
- USDA Rural Development - rural housing loans and grants
- Habitat for Humanity (regional) - affordable home construction
- Iowa Finance Authority - home buyer assistance programs

Childcare:

- Mahaska County Childcare Coalition - newly formed coalition led by MEDC with employer, provider, and parent surveys and programming initiatives
- Parent Resource Center (PRC) - pilot program at the YMCA of Oskaloosa (funded by McQuiston Trust and Midwest One)
- Licensed childcare providers - in-home and center-based providers (contact Iowa HHS or 2-1-1 for listings)
- Child Care Resource and Referral (Region 14) - state-funded resource for finding and supporting child care

Transportation:

- HIRTA (Heart of Iowa Regional Transit Agency) - public transit serving Mahaska County with demand-response service
- 10-15 Regional Transit - additional regional transit options
- Mahaska Health patient transportation - non-emergency medical transport for eligible patients
- Volunteer driver programs - available through local churches and social service organizations

Cancer Prevention and Early Detection

- Mahaska Health Cancer Care Center - medical and surgical oncology, chemotherapy, and cancer support services
- Mahaska Health Tumor Board - first tumor board at a critical access hospital in Iowa; multidisciplinary cancer case review
- Mahaska Health PET/CT System - advanced cancer imaging funded through $3.1M Rural Health Transformation grant
- Mammography and colorectal cancer screening - available at Mahaska Health
- Iowa Get Screened Program - state-funded breast and cervical cancer screening for eligible women
- American Cancer Society - patient navigation, support groups, and cancer information

6.3 Evaluation of the Impact of Actions Taken to Address Health Needs from the 2023 CHA

The 2023 Mahaska County CHA identified ten priority health needs. This section evaluates the actions taken since 2023 to address those needs and assesses the current status of each priority.

Table 12. 2023 CHA Priority Needs: Actions Taken and Current Status

2023 Priority	Actions Taken Since 2023	Current Status (2026)
1. Mental Health Services	Expanded behavioral health integration at Mahaska Health; continued crisis line partnerships (988, Your Life Iowa); school-based counseling maintained	Remains the #1 priority. Provider shortage persists (710:1 vs. 300:1 nationally). Survey confirms 54% say access is inadequate. Poor mental health days increased from 4.3 to 5.1/month.
2. Affordability & Access	Maintained financial assistance program; community benefit spending ($3.76M); uninsured rate improved from 6% to 5%	Cost remains the dominant barrier (82% of survey). Access improved slightly but affordability concerns persist.
3. Community Engagement	Continued health events, screenings, support groups; conducted 2026 CHA with town halls and 287-response survey	Engagement strong. Survey participation and stakeholder involvement indicate community investment in health planning.
4. Food & Nutrition	Farmers market maintained; food pantry network continues; ISU Extension nutrition programming ongoing	Food insecurity worsened (9% → 12%). Food cost barriers identified by 41% of respondents. Obesity increased (36% → 42%). Remains significant.
5. Insurance	Uninsured rate remained low (5%); Medicaid enrollment at 4,774	Coverage stable. However, 59% cite lack of insurance as a barrier, suggesting underinsurance may be as important as uninsurance.
6. Transportation	HIRTA and 10-15 Regional Transit continue; Mahaska Health patient transport maintained	Remains a top 5 barrier (25–38%). Stakeholders describe it as part of a “constraint loop” with housing and childcare.

7. Collaboration	Childcare Coalition formed; opioid settlement task force established; ongoing cross-sector partnerships	Collaboration infrastructure improved. Stakeholders still note siloing and navigation gaps (Theme 3).
8. Facilities & Infrastructure	Rural Health Transformation funding secured ($3.3M — PET/CT, OB/GYN, surgeon recruitment); facility improvements	Investment strong. Access to exercise opportunities (71%) remains below state/national averages.
9. Substance Abuse Treatment	Opioid task force spending plan completed (SFP, crisis interventionist, harm reduction); 80 residents received treatment in 2023	Remains top 3 health problem (51%). Drug OD deaths (20/100K) above state average. Elevated to Significant Need 2.
10. Housing	MEDC childcare and housing initiatives underway; employer surveys completed	Housing identified as #2 barrier to better health (49%). Elevated as part of Significant Need 4 (SDOH).

Overall Assessment

Several areas show progress since the 2023 CHA: the uninsured rate improved, collaboration infrastructure expanded (notably the Childcare Coalition and opioid task force), significant capital investment was made through the Rural Health Transformation grant, and community engagement in the CHA process remained strong.

However, the data indicate that core health challenges have worsened or persisted. Obesity increased from 36% to 42%, poor mental health days increased from 4.3 to 5.1 per month, food insecurity rose from 9% to 12%, and the mental health provider shortage remains severe. Cancer mortality remains well above state and national averages. These trends suggest that while the community has taken meaningful steps, the pace and scale of improvement have not yet matched the pace of deterioration in some key indicators.

The 2026 CHA consolidates the 2023 priorities into five significant health needs that reflect the interrelated nature of these challenges. Mental health, substance use, obesity, social determinants, and cancer are not separate problems — they share common drivers and require coordinated strategies. The implementation plan (Section 7) will outline specific actions, responsible parties, timelines, and measures for each significant need.

6.4 Emerging Priorities Identified for Future Assessment

Two additional priorities surfaced through the 2026 CHA process, primarily through the community town halls (Section 5.3), that did not meet the convergent-evidence threshold for inclusion as significant health needs but warrant explicit attention and re-evaluation in the 2028 CHA cycle.

Aging Population and Alzheimer's Disease. Town hall participants identified Alzheimer's disease as the third leading cause of death in Mahaska County and raised concerns about caregiver burden, social isolation among older adults, and the adequacy of transportation and support infrastructure for an aging population. While aging and Alzheimer's did not appear among the top health problems in the community survey, these concerns intersect with Significant Need 1 (mental and behavioral health, including the 38% countywide loneliness rate), Need 3 (chronic disease prevention), and Need 4 (transportation). The Mahaska Health Palliative Care program provides a foundation for serious-illness care. The CHA team will incorporate county-level Alzheimer's mortality data and aging-services indicators in the 2028 CHA and will support coordinated planning with aging-services partners in the interim.

Youth Substance Exposure and Surveillance Gaps. Town hall participants raised concerns about escalating youth vaping, polysubstance use, and school absenteeism, and noted that the 2023 Iowa Youth Survey produced limited usable county-level data (Section 4.3). The 2025 Iowa Youth Survey was administered in fall 2025, with results expected in 2026. When 2025 Iowa Youth Survey data for Mahaska County become available, they will be incorporated as an addendum to this CHA, and youth substance-use prevention strategies under Significant Need 2 will be updated accordingly.

Table 13. 2026 Emerging Priorities for Future Assessment

Emerging Priority	Primary Evidence Source	Intersecting Significant Needs	Planned Action
Aging population and Alzheimer's disease	Town halls (Section 5.3, Theme 4)	Need 1 (mental/behavioral health, loneliness); Need 3 (chronic disease); Need 4 (transportation)	Incorporate county-level Alzheimer's mortality and aging-services data in 2028 CHA; coordinate with aging-services partners
Youth substance exposure and surveillance gaps	Town halls (Section 5.3, Theme 3); Iowa Youth Survey data gap (Section 4.3)	Need 1 (youth mental health); Need 2 (substance use)	Incorporate 2025 Iowa Youth Survey county data as an addendum when released; update youth prevention strategies under Need 2

7. Strategic Implementation Plan

Takeaway
Mahaska Health's 2026–2028 Strategic Implementation Plan builds directly on active, in-progress work documented across the organization's Centers of Excellence (COE) program, Cancer Committee work toward American College of Surgeons Commission on Cancer (ACS CoC) accreditation, Health Equity team transportation analysis, and SDOH initiatives. For each of the five significant health needs identified in Section 6, this plan describes the actions Mahaska Health intends to take, the anticipated impact, the resources committed, and planned collaborations. The plan emphasizes that mental health, substance use, obesity, social determinants of health, and cancer are interconnected challenges requiring integrated, measurable strategies grounded in the work already underway.

7.1 Purpose

This implementation plan addresses all five significant health needs identified in Section 6 of this report. While Mahaska Health may not lead every initiative for every need, it commits to either direct action, support of partner-led action, or referral and coordination for each significant need.

7.2 Plan Structure and Foundation

The actions described in this plan reflect work already underway across Mahaska Health, including:

- Centers of Excellence (COE) program in Maternal Health, Cardiology, Surgery, and Oncology, with documented quality data, patient volumes, and community outreach activities as of the February 2026 progress report
- Cancer Committee work toward the American College of Surgeons (ACS) Commission on Cancer (CoC) accreditation, with quarterly meetings, multidisciplinary tumor board, and structured reporting against CoC standards
- Health Equity team transportation analysis, completed July–December 2025, with 84 distinct episodes reviewed and recommendations developed for standard work
- Mahaska Health Transport Van (operational), Mahaska Free Clinic partnership (twice monthly), and new Medical Social Worker positions
- Mahaska County Opioid Settlement Task Force spending plan and partnerships

- Partnerships with Southern Iowa Mental Health Center (SIMHC), Eunoia Counseling, River Hills Community Health Center, and other community providers for behavioral health

For each significant health need, this plan describes: Goal, Actions, Anticipated Impact, Resources Committed, Planned Collaborations, and Measures.

7.3 Significant Need 1: Mental Health and Behavioral Health Access

Goal

Increase access to mental and behavioral health services for Mahaska County residents of all ages, with particular attention to closing the provider-to-population gap, expanding crisis response capacity, integrating behavioral health screening into oncology and primary care, and reducing stigma that prevents help-seeking.

Actions

1. Strengthen the Mahaska Health–SIMHC partnership to streamline patient referral and intake. Work with SIMHC leadership to reduce the time from referral to first appointment, with focus on the Oskaloosa outreach location (101 N. 3rd Street; 641-517-0028). Continue to market the SIMHC Mobile Crisis Intervention service to law enforcement, schools, social services, and the general public as an alternative to the emergency department.
2. Build and maintain a referral pathway directory linking Mahaska Health primary care providers to local outpatient counseling resources, including Eunoia Counseling, River Hills Community Health Center, and SIMHC. Address the operational gap that River Hills CHC is closed on Fridays through planned coverage with partner providers.
3. Continue Psychosocial Distress Screening as required under ACS CoC Standard 5.2, coordinated by Mahaska Health Medical Social Work. Psychosocial Distress Screening is a CoC reporting requirement at the February 2026 Cancer Committee meeting and will be tracked annually.
4. Explore integrating behavioral health screening within Mahaska Health primary care visits, building on the depression/anxiety screening tool already implemented in OB (EPDS, GAD-7, PTSD, PHQ). Explore expansion of this combined screening tool to additional clinical areas.
5. Expand Medical Social Worker capacity. Two full-time Medical Social Workers with Master's degrees were hired in February 2025 to support inpatient, ED, and

Birthing Center referrals. Continue evaluating capacity needs as referral volume grows.

6. Investigate Intensive Outpatient Program (IOP) grant funding to expand local mental health treatment capacity. Coordinate with Eunoia Counseling Counseling) and Laurie Clair, PA-C, on potential grant applications and program design.
7. Pursue strategic planning with Joy Alexander regarding expansion of access to Eunoia Counseling and River Hills CHC services, evaluating infrastructure and funding needs.
8. Support youth mental health initiatives in collaboration with Mahaska County Schools and community partners. Maintain visible promotion of 988 Suicide & Crisis Lifeline and Your Life Iowa resources.

Anticipated Impact

- Reduced time from referral to first behavioral health appointment
- Increased use of Mobile Crisis Intervention as an alternative to ED visits for mental health crises
- Higher rate of behavioral health screening completion in primary care and oncology
- Expanded Medical Social Work footprint matched to documented demand

Resources Committed

- Staff: Mahaska Health behavioral health team, primary care providers, 2 full-time Medical Social Workers (MSW level), Psychosocial Coordinator, Discharge Planning social services
- Funding: Operational budget for behavioral health services; pursuit of IOP grant funding; opioid settlement funds where applicable
- Equipment/Infrastructure: Telehealth infrastructure (279 telehealth visits delivered August 2024–January 2025 across COE areas demonstrates platform capability)

Planned Collaborations

- Southern Iowa Mental Health Center (SIMHC)-Intake/referral coordinator; SIMHC Mobile Crisis Team; 24-hour crisis line (1-844-430-8520)
- Eunoia Counseling — Lance Roorda (LISW) and clinical team

- River Hills Community Health Center (FQHC)-Joy Alexander (strategic partnership)
- Mahaska County Schools-school-based counseling and youth mental health
- Foundation 2 Crisis Services-regional crisis coordination
- Mahaska Health Medical Directors-integration into chronic disease prevention strategy

Measures

- Number of mental health referrals from Mahaska Health primary care
- Average time from referral to first appointment at partner agencies
- Mobile Crisis Intervention utilization in Mahaska County
- Psychosocial Distress Screening compliance per CoC Standard 5.2
- Medical Social Worker referral volume and resolution

7.4 Significant Need 2: Substance Use and Addiction

Goal

Reduce the burden of substance use disorders in Mahaska County by expanding access to treatment, supporting community prevention efforts (especially for youth), and integrating substance use care with mental health and primary care.

Actions

1. Implement the Mahaska County Opioid Settlement Task Force spending plan, including the full-time crisis interventionist position, harm reduction initiatives, and community education events.
2. Host Tall Cop training events on December 7–8, 2026 in Oskaloosa, Iowa. The schedule includes a first responder/professional training (December 7, 9 AM–12 PM) and a community forum at George Daily Community Auditorium and the Environmental Learning Center.
3. Strengthen Mahaska Health and local providers of substance use/addiction services partnerships, including referral and integration with Mahaska Health primary care providers.
4. Continuing Mahaska Health's Billion Pill Pledge opioid reduction program and prescribing-stewardship initiatives.

5. Provide substance use screening and brief intervention in primary care and emergency department settings using validated screening tools.
6. Support youth substance use prevention in collaboration with Mahaska County Schools, focusing on e-cigarette/vaping prevention given that 71% of 11th graders report e-cigarettes are easy to obtain (2021 IYS Mahaska County data).
7. Coordinate with the new Palliative Care program and Pain Management department where substance use intersects with serious illness and pain management.

Anticipated Impact

- Increased number of Mahaska County residents accessing substance use treatment
- Reduced opioid prescribing rates and overdose events
- Increased community knowledge of substance use risks through Tall Cop and other education events
- Earlier identification of substance use disorders through primary care screening

Resources Committed

- Staff: Mahaska Health primary care providers , ED staff, Surgery staff, care coordinators, Palliative Care and Pain management teams
- Funding: Opioid settlement funds (Mahaska County local government and Office of the State Attorney); operational budget for Billion Pill Pledge and screening programs
- Programming: Tall Cop events and Mahaska County crisis interventionist position

Planned Collaborations

- Mahaska County Opioid Settlement Task Force and the Mahaska County local government for Tall Cop event partnership
- Southern Iowa Mental Health Center (SIMHC) for substance use treatment integration; Keokuk County Hospital & Clinics Behavioral Health
- Mahaska County Schools for youth prevention programming
- George Daily Community Auditorium and Environmental Learning Center-event hosting

Measures

- Number of Mahaska County residents receiving substance use treatment annually (baseline: 80 in 2023)
- Drug overdose death rate (baseline: 20 per 100,000)
- Opioid prescribing rates at Mahaska Health
- Attendance at Tall Cop and other community education events

7.5 Significant Need 3: Obesity and Chronic Disease Prevention

Goal

Reduce adult obesity rates and the burden of chronic disease in Mahaska County by leveraging the Cardiology, Maternal Health, and Surgery Centers of Excellence to expand chronic disease prevention and management; leveraging Mahaska Health's new Medical Weight Loss Clinic; improving access to healthy food and physical activity; and addressing the cost and convenience barriers that limit healthy behaviors.

Actions

1. Launch and scale the Congestive Heart Failure (CHF) Large-Scale Project announced in the February 2026 COE update. This project spans Inpatient, ED, and Clinic settings, focused on best practices, a heart failure clinic, and care continuity. Build on the existing Cardiac Rehab program and the patient list tool that flags patients with CHF education orders.
2. Continue Cardiology service expansion. Cardiology has added another Cardiology Provider (Physician Assistant, attending daily Hospitalist Huddle), 2 Echo Techs, and a Medical Informatics person. Sigourney cardiology clinic days have increased from half-day per week to a full day per week, with further expansion under consideration based on growing volume south of Mahaska County.
3. Continue Cardiology Health Fair and community screening events. The 2025 Community Cholesterol Screening reached 61 residents (across Mahaska, Marion, Wapello, Jasper, and Monroe counties), and the 2025 Men's Tractor Ride PSA/Cholesterol Screening reached 87 (across Mahaska, Jasper, Marion). Continue and expand these annual events.
4. Implement the chronic disease prevention "bucket strategy" being developed by the Mahaska Health Medical Directors, with structured workflows for identifying and managing patients with or at risk for diabetes, cardiovascular disease, and obesity.

5. Investigate Value-Based Care (VBC) workflows and care team models to ensure that chronic disease prevention is reimbursed and sustainable. Build out a team-based care model integrating behavioral health, nutrition counseling, and chronic disease management.
6. Sustain Mahaska Health Wellness Programs, including diabetes education classes, cardiac rehabilitation, breast health events, health screenings, and Lunch and Learns. In 2025, Lunch and Learns reached 411 attendees across topics including Heart Health Awareness, Colon Cancer Awareness, Men's Health Awareness, Orthopedics and Sports Medicine, and others.
7. Partner with the YMCA of Oskaloosa on community wellness programming, with particular attention to indoor and winter exercise options identified as a gap in the community survey. Maintain support for the Healthy Kids Day annual event.
8. Continue Maternal Health quality work, including the combined depression/anxiety screening tool implementation (EPDS, GAD-7, PTSD, PHQ), THC screening per ACOG guidelines, post-gastric bypass pregnancy management guidelines, and Direct Skin to Skin Contact monitoring (66% calendar year to date, with continued improvement target).
9. Address food insecurity through coordinated work with HACAP Food Reservoir, local food pantries, and the Food Bank of Iowa (monthly distribution to 200 households). Help connect residents with nutritionists, public health staff, and preventive screenings.
10. Coordinate Free Clinic services at Free Clinics of Iowa in Mahaska County (2nd and 4th Tuesdays monthly, in partnership with Love Inc.) for residents without insurance, with particular outreach to 50-60 year-olds with chronic conditions who do not yet qualify for Medicare.

<u>Anticipated Impact</u>

- Improved chronic disease management indicators (A1C control, blood pressure control) in Mahaska Health patients
- Reduced 30-day readmission rates for heart failure
- Increased participation in wellness programming and physical activity opportunities
- Reduced food insecurity through coordinated food access programming
- Increased community reach of cholesterol, blood pressure, and health screening events

Resources Committed

- Staff: Mahaska Health primary care providers, Cardiology team including Cardia Rehabilitation, care coordinators, dietitians, chronic disease nurse educators, Wellness Program staff, Free Clinic volunteer providers
- Programming: CHF Large-Scale Project, Wellness Programs, diabetes education classes, cardiac rehabilitation, screening events, Lunch and Learns, Mahaska Free Clinic
- Funding: Operational budget; pursuit of VBC reimbursement structures; community benefit contributions

Planned Collaborations

- YMCA of Oskaloosa-wellness and recreation programming
- Mahaska County Conservation-parks, trails, outdoor recreation access
- Iowa State University Extension and Outreach (Mahaska County)-nutrition education
- Oskaloosa Main Street and Farmers Market-local food access
- HACAP Food Reservoir, Food Bank of Iowa, Mahaska County Food Pantries-food assistance coordination
- Mahaska County Public Health-mobile food distribution transition; community screening events
- Love Inc. and Mahaska Drug-Free Clinic operations and medication access

Measures

- Adult obesity rate in Mahaska County (baseline: 42%)
- Physical inactivity rate (baseline: 25%)
- Food insecurity rate (baseline: 12%)
- CHF readmission rate (baseline to be established as the CHF Large-Scale Project launches)
- Attendance at community screening events and Lunch and Learns
- Free Clinic patient volume (currently averaging ~5 patients per session)

7.6 Significant Need 4: Social Determinants of Health: Housing, Childcare, and Transportation

Goal

Reduce the impact of social and economic barriers on the health of Mahaska County residents by addressing transportation as a documented operational barrier, partnering on housing and childcare, and reducing cost barriers to healthcare at Mahaska Health.

Actions

1. Implement Health Equity Team transportation recommendations. The Health Equity team reviewed transportation data from July-December 2025 and identified 84 distinct episodes related to transportation, including 15 patients with true identified transportation barriers leading to cancelled appointments. The team's recommendations include:
    - Develop a Performance Improvement (PI) standard work for transportation gaps: when a transportation gap exists, consult Social Work; Social Work identifies the best transportation source.
    - Work with the Informatics team to identify a documentation location in the Electronic Medical Record (EMR) (Common Plan of Care, Sticky Note, or other location visible across the care continuum) so that Scheduling and all departments can see how a patient gets to care.
    - Practice change for schedulers and surgery team: When receiving a cancelation call due to a transportation gap, ask whether it is an ongoing issue or a "just today" issue, and document in the comment section.
    - Continue evaluation of whether to hire dedicated PRN drivers for the Mahaska Health Transport Van (next Health Equity team meeting scheduled for May 13, 2026).
2. Continue operation of the Mahaska Health Transport Van. Protocol and licensing are complete, an employee driver list is in place, and the van has been used multiple times for Inpatient Discharges and after-hours ED patients without rides. Track utilization and expand as the data justifies.
3. Sustain the three fully vetted volunteer drivers currently available for scheduled local transportation needs.
4. Pursue Community Rides grants in 2026 to expand non-emergency medical transportation options.

5. Continue partnerships with Ottumwa Transit, 10-15 Regional Transit, and HIRTA for patient transportation, while documenting cost and reliability barriers (e.g., high cost of $284 for an Ottumwa-to-Des Moines ride; another transit arriving late).
6. Continue Health Equity team discussions with Jefferson County Hospital regarding the operation of a shared hospital van.
7. Address Medicaid transportation benefit gaps-the Health Equity team and Social Work team have documented that Medicaid coverage does not consistently include transportation benefits, leading to recurring access issues.
8. Maintain the comprehensive transportation and community resource guide posted on the Mahaska Health intranet by the Social Work team, and continue the transportation issue log for data-driven decision-making.
9. Support the Mahaska County Childcare Coalition in strategic planning, grant reporting, and programming initiatives. Continue Mahaska Health staff participation in coalition meetings and survey efforts
10. Support the Parent Resource Center (PRC) pilot program at the YMCA of Oskaloosa (Mondays/Wednesdays, 2-4 PM, funded by McQuiston Trust and Midwest One).
11. Coordinate with the Retired and Senior Volunteer Program (RSVP) for volunteer engagement in patient transportation, community outreach, and program support. (RSVP volunteers attended the 2026 CHA town halls.)
12. Strengthen Mahaska Health's Financial Assistance Policy and patient navigation services. Continue compliance with Section 501(r)(4), (5), and (6) of the Internal Revenue Code. Maintain the income-based program for medical cost, the outpatient pharmacy with cost-saving programs and 403B, and participation in the Free Clinic.
13. Coordinate with the Mahaska County Economic Development Commission (MEDC) on housing development and workforce stability initiatives.
14. Address ED transportation discharge gaps-particularly the documented pattern of patients arriving by ambulance or drop-off who are discharged without transportation home and remain in the waiting room until morning when transit services open. The Health Equity team has flagged this as a priority for standard work development.

<u>Anticipated Impact</u>

- Reduced cancelled appointments and no-shows due to transportation barriers

- Documented transportation plan visible to all care team members in the EMR
- Increased Mahaska Health Transport Van use with documented cost-benefit
- Increased availability of affordable childcare in Mahaska County
- Increased uptake of Mahaska Health Financial Assistance Policy by eligible patients
- Stronger cross-sector coordination on social determinants of health

Resources Committed

- Staff: Health Equity team (multidisciplinary, ~12 members), Social Work team, patient navigation, financial counseling, Informatics
- Equipment: Mahaska Health Transport Van
- Funding: Financial Assistance Policy funding per Section 501(r)(4); pursuit of Community Rides grants
- In-kind: Staff time on Childcare Coalition, Health Equity team meetings (next meeting May 13, 2026), and transportation working group

Planned Collaborations

- Health Equity Working Group
- Mahaska County Public Health-non-emergency medical transportation advocacy (Iowa Total Care, Iowa Health Link, WellPoint)
- Ottumwa Transit
- 10-15 Regional Transit and HIRTA-patient and community transportation
- Jefferson County Hospital-shared hospital van discussions
- Mahaska County Childcare Coalition: Musco, Mahaska Health, YMCA & Early Childhood Care Center
- Parent Resource Center (PRC)-YMCA of Oskaloosa
- RSVP (Retired and Senior Volunteer Program)
- Mahaska County Economic Development Commission (MEDC)-housing and workforce initiatives

<u>Measures</u>

- Number of cancelled appointments attributable to transportation (baseline: 15 true transportation-barrier episodes in 6 months, July–December 2025)

- Mahaska Health Transport Van utilization
- Mahaska Health Financial Assistance Policy uptake (number of patients served, dollar value of assistance)
- Childcare Coalition milestones (strategic plan completion, programming launched)
- Number of patients served by congregational meals program
- EMR documentation rate for transportation plans (target to be set once EMR field is in place)

7.7 Significant Need 5: Cancer Prevention and Early Detection

Goal

Reduce cancer mortality in Mahaska County by completing ACS CoC accreditation, expanding cancer screening, addressing modifiable risk factors (tobacco, obesity), and sustaining and expanding Mahaska Health's role as a regional cancer care center for southeastern Iowa.

Actions

1. Complete ACS Commission on Cancer (CoC) accreditation for the Mahaska Health Cancer Care Center. Mahaska Health's Cancer Committee meets quarterly (2026 meetings: February 26, May 28, August 27, November 19) under the leadership of Dr. Dan Kollmorgen with Cancer Liaison Physicians Dr. Jesse Van Maanen and Dr. Tim Breon. Required annual reporting will cover Standards 2.5, 4.4, 4.5, 4.8, 5.2, and 9.1.
2. Sustain the Multidisciplinary Tumor Board. The Tumor Board has met 24 times in 2025 with 60 cases presented and has met 5 times in early 2026 with 21 cases. The Tumor Board is the first at a critical access hospital in Iowa and includes medical oncology, radiation oncology, urology, general surgery, pathology, radiology, palliative care, genetics, and a multidisciplinary care team.
3. Maintain Cancer Registry quality. The 2024 cancer cases retrospective audit reviewed 23 cases (13.53% of 170 analytic cases, exceeding the 10% review requirement). 5-year and 15-year follow-up rates of 97.85% meet all compliance requirements (Standard 6.5). Continue to submit cases via the Rapid Cancer Reporting System (RCRS) at least monthly (Standard 6.4).
4. Maintain College of American Pathologists (CAP) Synoptic Reporting compliance. Through Q3 2025, 34 cases requiring a CAP checklist were

reviewed with a 94% overall compliance rate; identified errors were corrected through amended pathology reports, resulting in 100% compliance with CAP standards (Standard 5.1).

5. Implement the 2026 Cancer Committee SMART Goal to increase oncology nurse certification:
    - Specific: Increase the number of oncology nurses who hold a cancer-specific certification or complete ≥36 hours of oncology-related continuing education
    - Measurable: Increase certified oncology nurses from 10% (1 of 10) to ≥30% (3 of 10); increase nurses meeting CE requirements from 10% (1 of 10) to ≥50% (5 of 10)
    - Achievable: Leverage in-house oncology program for structured education, mentorship, and certification support
    - Relevant: Supports CoC Standard 4.2 compliance and quality of patient care
    - Time-Bound: Achieve targets by December 31, 2026, with quarterly review
6. Continue the colorectal cancer screening Performance Improvement project that began in 2024 and lifted the Mahaska Health primary care colorectal cancer screening rate for patients aged 46-49 from 40.1% to 47% (as of July 2024). Continue toward the 50% target and beyond. Expand reach through partnership with the Iowa HHS Combat Cancer Iowa initiative, which is distributing 3,000 FIT tests to uninsured rural residents.
7. Develop and submit the breast cancer screening expansion plan through Combat Cancer Iowa (in process). The 2025 genetic evaluation focus area was redirected to triple-negative breast cancer, with case review ongoing and a Q1 2026 annual report planned (Standard 4.4). Continue mammography services and increase outreach to under-screened populations.
8. Address lung cancer risk through the Lung Cancer Screening PI Project, radon exposure education, and tobacco cessation programming. Lung cancer mortality in Mahaska County is 31% above the national average, and 15% of "Don't Know" responses on radon in the community survey indicate a community education opportunity.
9. Expand skin cancer screening capacity through partnership with Combat Cancer Iowa to acquire dermatology scopes for use at Mahaska Health.

10. Sustain the Palliative Care program. The program launched in 2025 and as of November 10, 2025, had received 103 referrals (67 with confirmed cancer diagnosis). (Standard 4.5).
11. Maintain Oncology Nutrition Services. Lea Rice and Nicole have completed oncology nutrition certification. From December 2024 to November 2025, 48 outpatient referrals were received (~5% of outpatient oncology appointments). Continue work on coordinating nutrition appointments with infusion schedules (UnityPoint work ticket pending) and develop a food insecurity initiative led by Nurse Navigator (Standard 4.7).
12. Sustain the Survivorship Program (Navigator; Coordinator) per Standard 4.8.
13. Support telehealth access for cancer care in rural communities. Mahaska Health delivered 279 telehealth visits across COE areas (August 2024–January 2025), demonstrating platform capability. Explore iPad/tablet deployment in partner locations (Barnes City and Fremont feasibility assessment pending).
14. Continue oncology infrastructure investment, including the Cancer Infusion Center, PET/CT system funded through the $3.1M Rural Health Transformation grant, and ongoing recruitment (Oncology PA contract signed, start date pending; General Surgeon contract signed for September 2026).
15. Continue community cancer prevention outreach. 2025 events included the William Penn Cancer Prevention Event (100 attendees), Shades of Blue, and Lunch and Learns covering Colon Cancer Awareness, Hospice Services, and Heart Health. Plan continued and expanded outreach in 2026–2028.

Anticipated Impact

- Mahaska Health Cancer Care Center achieves ACS CoC accreditation within the 2026–2028 cycle
- Increased colorectal cancer screening rate (current Mahaska Health PCP rate for ages 46–49: 47%, up from 40.1%; continued progression toward and beyond 50%)
- Increased mammography screening rate (baseline: 50%, vs. Iowa average of 54%)
- ≥30% certified oncology nurses and ≥50% meeting CE requirements by December 31, 2026
- Reduced tobacco use through cessation programming

- Sustained or improved time-to-treatment metrics (Hodgkin's Lymphoma case example showed 12-day diagnosis-to-treatment time vs. the typical 22–24 days)
- Expanded geographic reach of cancer care through telehealth access points and outreach events

Resources Committed

- Staff: Mahaska Health Cancer Care Center oncology team (Dr. Kiron Nair, Ami Morgan, Heidi Kahoe, Lea Rice, Nicole), Tumor Board members, primary care providers, nurse navigators (Jess Strasser, Danielle Nunnikhoven), Psychosocial Coordinator (Madison Wingert), Palliative Care team (Dr. DeMark, Kim Lambert), Cancer Registry (Tarah Paulus, Lisa Hunter), Genetics (Brooke Wehbe MS CGC), QI Coordinator (Gloria Reed)
- Equipment: Cancer Infusion Center, PET/CT system, mammography, planned dermatology scopes, telehealth infrastructure
- Facilities: Mahaska Health Cancer Care Center
- Funding: Rural Health Transformation grant funds; pursuit of Combat Cancer Iowa partnership funding; operational budget for accreditation and quality improvement

Planned Collaborations

- American College of Surgeons Commission on Cancer-accreditation pathway
- Iowa Cancer Affiliate Network (I-CAN) and Markey Cancer Center Affiliate Network (MCCAN)-Mock Survey collaboration; ongoing technical assistance
- Iowa HHS Combat Cancer Iowa initiative-colorectal (FIT tests), breast, lung (radon), and skin cancer programming
- American Cancer Society-patient navigation and support
- Greater Regional Health (Creston)-Dr. Mathew Wehbe (Tumor Board alternate); Brooke Wehbe MS CGC (Genetics)
- University of Iowa Hospitals and Clinics / Ottumwa Radiation Oncology-Dr. Yousef Ismael
- Spencer Hospital, Greater Regional Health Center-peer hospital participation in Tumor Board
- William Penn University-community cancer prevention event partnership

- Partner sites in Barnes City and Fremont (pending)-telehealth cancer care access

Measures

- ACS CoC accreditation status
- Tumor Board case volume and frequency (baseline: 60 cases / 24 meetings in 2025)
- Cancer Registry quality compliance (Standard 6.1, 6.4, 6.5)
- CAP Synoptic Reporting compliance (baseline: 94% pre-correction, 100% post-correction in Q3 2025)
- Oncology nurse certification rate (baseline: 10%; target: ≥30% by December 31, 2026)
- Oncology nurse CE compliance (baseline: 10%; target: ≥50% by December 31, 2026)
- Colorectal cancer screening rate for ages 46–49 (baseline: 47%; target: ≥50% and improving)
- Mammography screening rate (baseline: 50%)
- Tobacco use rate (baseline: 15%)
- Number of FIT tests distributed via Combat Cancer Iowa
- Cancer incidence and mortality trends through the Iowa Cancer Registry
- Number of telehealth cancer care encounters in partner rural communities
- Community outreach event attendance (baseline: William Penn Cancer Prevention 100; Cholesterol Screening 61; Men's Tractor Ride 87; Lunch and Learns 411 across topics in 2025)

7.8 Plan Adoption, Implementation, and Review

Adoption

This implementation strategy will be adopted by the Mahaska Health Board of Trustees as the authorized body of the hospital facility. Adoption will occur on or before the 15th day of the fifth month after the end of the taxable year in which this CHA is completed, as required by Section 501(r)(3).

Annual Review

Progress on this implementation plan will be reviewed annually by Mahaska Health leadership, with reporting to the Board of Trustees. The annual review will assess:

- Progress against each measure for each significant health need
- Changes in community conditions that may warrant plan adjustments
- New collaborations, programs, or funding opportunities (including ongoing COE federal grant work)
- Lessons learned and adaptations
- Cancer Committee quarterly reports and ACS CoC accreditation progress
- Health Equity team findings and standard work implementation

Public Availability

This CHA report and the adopted implementation strategy will be made widely available to the public, including:

- Posted on the Mahaska Health website
- Paper copies available for public inspection at Mahaska Health upon request and without charge
- Prior CHA reports remain available until two subsequent CHA reports have been made widely available

Written Comments

Mahaska Health welcomes written comments on this CHA and implementation strategy from members of the community served. Comments may be submitted through the Mahaska Health website or by mail to Mahaska Health. Comments will be considered in the next CHA cycle, as required by Section 501(r)(3).

Next CHA Cycle

The next CHA cycle will begin within three years, in accordance with the federal requirement that a CHNA be conducted at least every three taxable years.

7.9 Conclusion

The 2026 Mahaska County Community Health Assessment identifies clear and convergent priorities for action: mental health, substance use, obesity, social determinants of health, and cancer. The actions described in this plan reflect work already underway across Mahaska Health, including the Centers of Excellence program, the Cancer Committee's structured progress toward ACS CoC accreditation, the Health Equity team's transportation analysis and standard work development, the

Mahaska Health Transport Van, the Mahaska Free Clinic partnership with Love Inc., expanded Medical Social Worker capacity, and active community partnerships.

The strength of this assessment and implementation plan lies in the convergence of voices-287 community survey respondents, seven stakeholder interview participants, two community town halls, secondary data from federal and state sources, and the ongoing engagement of partner organizations across Mahaska County and southeastern Iowa. The work of improving community health belongs to the entire community. Mahaska Health is proud to be part of that work and is committed to leading, partnering, and supporting the next three years of progress.

Appendix A: 2026 Mahaska County Health Needs Survey

2026 Mahaska County Health Needs Survey

Your responses to this survey are anonymous and will inform how hospitals and agencies work to improve health in our community. Thank you!

Instructions: Please answer all questions marked as required.

Demographics (Questions 1–6)

1. What is your zip code? *(open text — 5-digit zip code)*
2. In what county do you receive the majority of your healthcare? *(open text)*
3. What is your gender? *(select one: Male, Female, Prefer not to answer, Other)*
4. What is your age group (years)? *(select one: Under 18, 18–29, 30–39, 40–49, 50–64, 65–74, 75+, Prefer not to answer)*
5. Which one of the following is your race? Please check all that apply. *(select all: Black or African American, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, White or Caucasian, Asian, Don't know/Prefer not to answer, Other)*
6. Are you Hispanic or Latino/a? *(select one: Yes, No, Don't know/Prefer not to answer)*

Mental Health (Question 7)

7. On how many days during the past 30 days was your mental health not good? Mental health includes stress, depression, and problems with emotions. *(open text — number of days, 0–30)*

Community Health Priorities (Questions 8–9)

8. What are the three most important health problems that affect the health of your community? *(select three: Alcohol/Drug addiction, Mental health (depression, anxiety), Diabetes/High blood sugar, HIV/AIDS, Lung disease/Asthma/COPD, Smoking/Tobacco Use, Sexually Transmitted Infections, Alzheimer's/Dementia, Overweight/Obesity, Cancer, Heart disease/High blood pressure, Infant death, Stroke, Don't know/Prefer not to answer, Other)*

9. What are the three most important social/environmental problems that affect the health of your community? *(select three: Availability/Access to doctor's office, Availability/Access to insurance, Domestic violence, Limited access to healthy foods, School dropout/Poor schools, Lack of job opportunities, Racial/Ethnic discrimination, Social isolation/Loneliness, Child abuse/Neglect, Lack of affordable childcare, Housing/Homelessness, Neighborhood safety/Violence, Poverty, Limited places to exercise, Transportation problems, Don't know or prefer not to answer, Other)*

Barriers to Care (Question 10)

10. What are the three most important reasons people in your community do not get health care? *(select three: Cost—Too expensive/Can't pay, No insurance, Lack of transportation, Language barrier, Worried about immigration status, Fear or mistrust of doctors, No doctor nearby, Insurance not accepted, Culture/Religious beliefs, Childcare, Wait is too long, Don't know or prefer not to answer, Other)*

Environmental Health and Emergency Preparedness (Questions 11–12)

11. How important are the following environmental health issues to your community? *(matrix — one response per row: Very Important, Important, Not Important, Don't Know)*
    - Safe drinking water
    - Indoor air quality
    - Radon exposure
    - Mold, pests, or housing quality issues
12. Are the following emergency preparedness services available in your community? *(matrix — one response per row: Available and Meets Needs, Available but Inadequate, Not Available, Don't Know)*
    - Emergency planning and response
    - Public health communication in crises
    - Individual/family disaster preparedness

Barriers to Better Health and Access to Providers (Questions 13–14)

13. Which of the following factors are the biggest barriers to achieving better health in your community? *(select up to 3: Barriers to obtaining healthy food (i.e., cost), Safe places to walk/bike, Lack of affordable housing, Low health literacy or awareness, Lack of mental health services, Unreliable internet or digital access,*

Not enough support for chronic illness, Transportation barriers, Lack of care coordination, Environmental hazards (e.g., molds, pests, radon), Don't know/Prefer not to answer)

14. Does your community have adequate access to the following health professionals? *(matrix — one response per row: Yes, No, Not Sure)*
    - Primary Care Providers
    - Mental/Behavioral Health
    - Dental Care Providers
    - Public Health Professionals

Open-Ended Suggestions (Question 15)

15. What ideas or suggestions do you have to improve health in your community? What does a healthier Mahaska County look like? *(open text — 112 responses received)*

Appendix B: Townhall Presentation Slides

Mahaska County Community Health Assessment 2026

December 2025

Agenda

- 5:30 – 5:35 p.m. Welcome and Agenda Review – 5 minutes
  - Brief introductions, overview of purpose and review of the evening's agenda
- 5:35 – 5:50 p.m. County Health Data Presentation -15 minutes
  - Presentation of preliminary community survey findings and key secondary data indicators
- 5:50 – 6:10 p.m. Open Discussion: County Data Reflections -20 minutes
  - Interactive dialogue—participants share insights, surprises and questions from the data presented
- 6:10 – 6:20 p.m. Break - Light snacks and beverages available -10 minutes
- 6:20 – 6:40 p.m. Individual and/or Group Brainstorming -20 minutes
  - Participants identify community health assets, barriers, and emerging needs through facilitated exercises
- 6:40 – 6:50 p.m. Break – Transition and networking time -10 minutes
- 6:50 – 7:20 p.m. Group Discussion: Prioritizing Health Needs -30 minutes
  - Collaborative conversation to synthesize key themes · Set preliminary priorities
- 7:20 – 7:30 p.m. Wrap-Up and Next Steps -10 minutes
  - Summary of takeaways, next steps for the assessment process, and appreciation for participant input.

Why We Are Here Tonight

Review preliminary community survey results (248 respondents)

Review county, state, and national data

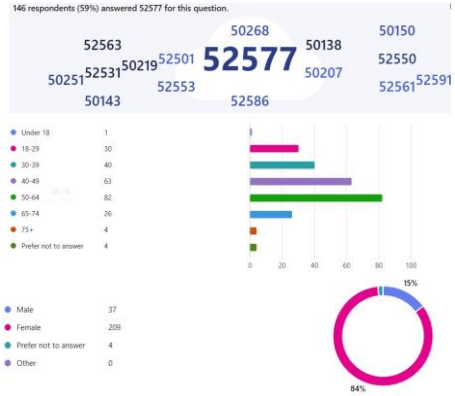
Shape community health priorities together

Who Completed the Survey?

248 respondents; approximately 73% receive most care in Mahaska County

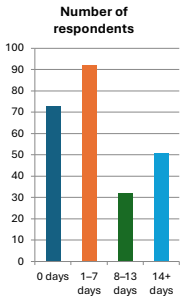
Majority women and adults 30-64

Nearly all White and non-Hispanic, so we call out whose voices might be missing



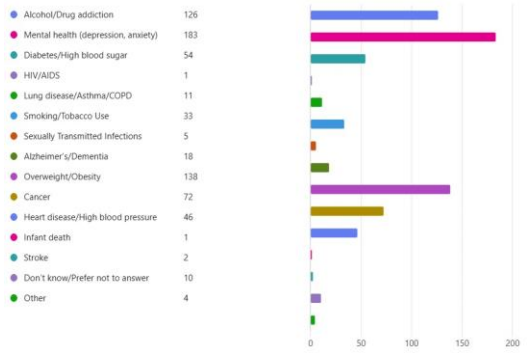
How Are We Doing with Mental Health?

- Average about 7 days of poor mental health in past 30 days
- 3 in 10 report 0 days; 1 in 5 report ≥ 14 days of poor mental health
- Sets up mental health as a major theme



Top Health Problems You See in the Community

- Ranking from the "3 most important health problems" question:
  - Mental health (depression/anxiety)
  - Overweight/obesity
  - Alcohol/drug addiction
- Cancer, diabetes, and heart disease follow



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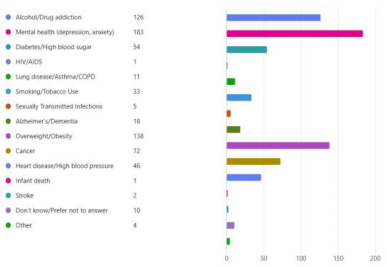
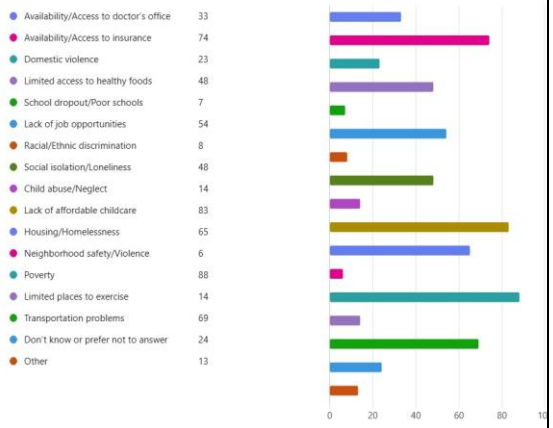


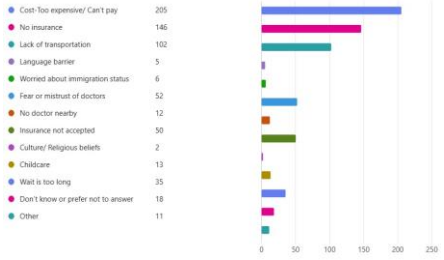
Social & Environmental Challenges Affecting Health

- Poverty
- Lack of affordable childcare
- Insurance access
- Transportation
- Housing/homelessness
- Job opportunities



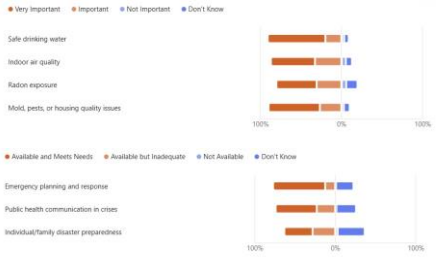
What Gets in the Way of Care and Better Health?

- Cost and lack of insurance are the most common reasons people don't get care
- Transportation, fear/mistrust, and insurance not being accepted appear frequently
- Big structural barriers
  - Lack of mental health services
  - Affordable housing
  - Health food
  - Transportation



Environmental Health & Preparedness

- Safe water
- Indoor air
- Radon
- Housing quality are rated very important by most
- Many feel emergency planning is in place
- More mixed views on crisis communication and household disaster preparedness



Open-ended response

- What ideas or suggestions do you have to improve health in your community? What does a healthier Mahaska County look like?

97
Responses

Leading Causes of Death in Mahaska County

Heart disease and cancer are the top two causes of death; mahaska's rates for both are higher than iowa and US averages

Heart disease deaths have been rising, especially among men

Cancer Overall: Where We Stand

Overall cancer incidence in Mahaska is similar to Iowa and above U.S.; overall cancer death rates are higher than both

Among nearby counties, Mahaska has relatively lower incidence but higher mortality

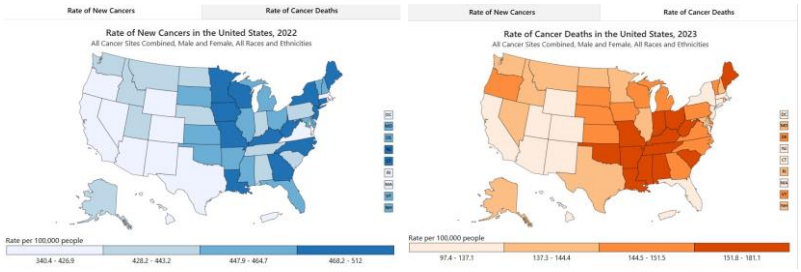
Cancer "Hot Spots" and "Bright Spots"

Hot spots

- Colon & rectum-higher incidence and mortality than Iowa and U.S., especially in men
- Pancreatic-higher incidence and mortality than nearby counties, state, and U.S.
- Breast & lung-higher death rates than state and national averages

Bright spots

- Lower prostate and melanoma incidence, with very low/suppressed mortality



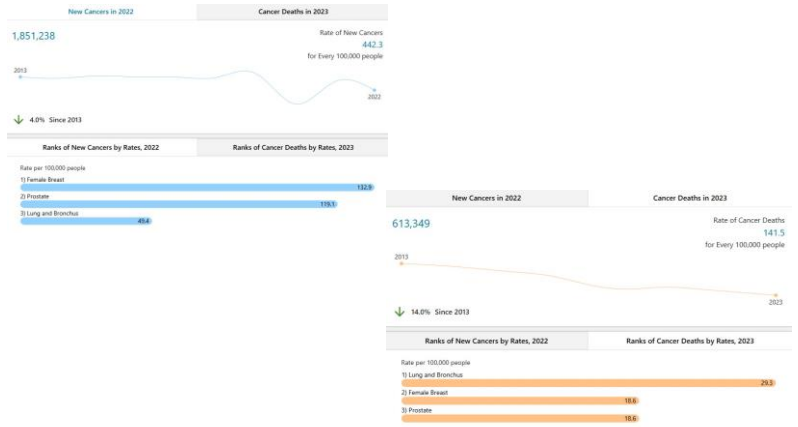


Table 1: Top 5 estimated incidences of cancer

No	Top cancer	Estimated incidence counts among Iowa residents (2025)	Incidence (Percentage)
1	Breast	2,940	13.9
2	Prostate	2,900	13.7
3	Lung	2,560	12.1
4	Colon and rectum	1,650	7.8
5	Skin melanoma	1,420	6.7

Table 3: Top estimated deaths of cancer

No	Top cancer	Estimated deaths (count)	Deaths (Percentage)
1	Lung	1,430	22.7
2	Colon and rectum	550	8.7
3	Pancreas	490	7.8
4	Breast	390	6.2
5	Prostate	340	5.4

Table 6: Heart diseases death rates, annual counts, and 5-year trends for 2019-2023

County	Age-Adjusted Death Rate - deaths per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Death Rates
Iowa	176.5	7,628	rising	1.2
United States	168.9	687,056	stable	-0.2
Mahaska	222.1	71	rising	4.4
Carroll	170.6	64	stable	-0.5
Marion	157.9	79	stable	2.3

Table 8: Death Rate Report for Iowa by County, All Cancer Sites, 2018-2022, All Races, Both Sexes, All Ages.

County	Age-Adjusted Death Rate - deaths per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Death Rates
Iowa	149.6	6322	falling	-1.9
United States	146	602955	falling	-1.5
Mahaska	168.9	52	stable	-0.2
Marion	164.8	78	falling	-0.5
Carroll	139	48	falling	-0.8

Table 9: Incidence Rate Report for Iowa by County [Breast (All Stages), 2017-2021 and All Races, Female, All Ages]

County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Iowa	136.9	2,692	rising	1.8
USA	129.8	258,398	rising	0.6
Marion	164.7	35	stable	0.5
Mahaska	163	23	rising	10.3
Carroll	120.9	18	stable	-0.2

Table 11: Lung & bronchus cancer (All Stages), 2017-2021, All Races, Both Sexes, All Ages

County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Iowa	60.8	2,553	falling	-1
USA	53.1	216,523	falling	-3.5
Marion	60.5	29	stable	-0.7
Mahaska	54.2	17	stable	-0.8
Carroll	45	14	stable	-0.5

Table 12: Lung & bronchus, 2018-2022: Age-Adjusted Death Rate, All Races, Both sexes, All ages

County	Age-Adjusted Death Rate - deaths per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Death Rates
Iowa	35	1,499	falling	-4.5
United States	32.4	136,831	falling	-4.3
Mahaska	37.8	12	falling	-5.2
Marion	30.6	15	falling	-1.4
Carroll	30.5	10	stable	-1.1

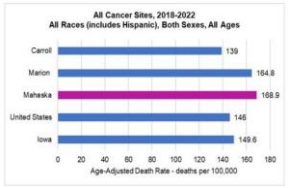


Table 13: Colon & rectum cancer incidence (2017-2021)

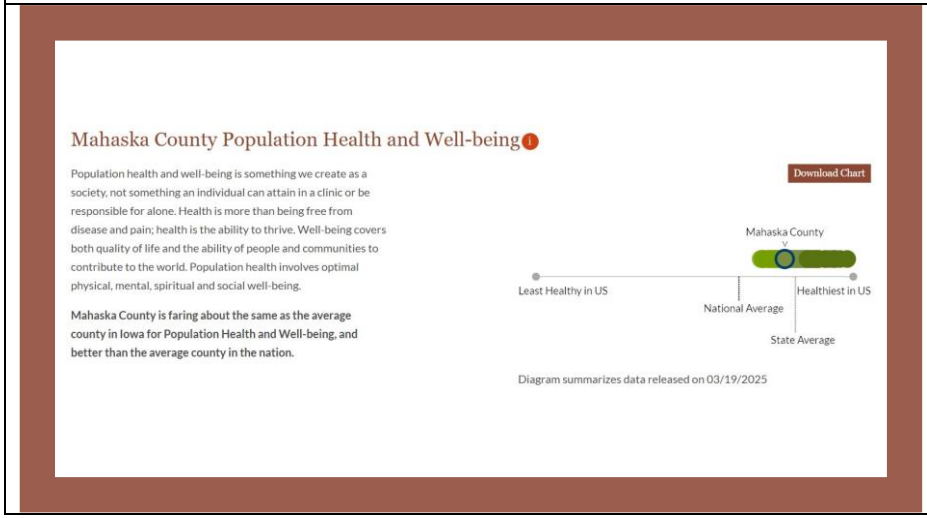
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Iowa	39.9	1,561	stable	-1.5
USA	36.4	148,088	falling	-1.1
Mahaska	48.4	13	stable	-0.9
Marion	46.6	20	stable	-0.4
Carroll	39.1	12	falling	-2.7

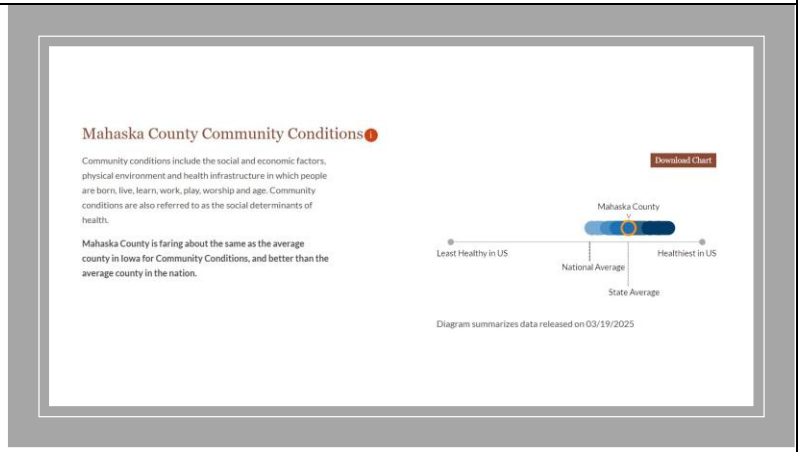
Table 14: Age-adjusted death rate of Colon & Rectum Cancer

County	Age-Adjusted Death Rate - deaths per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Death Rates
Iowa	13.5	562	falling	-2.2
United States	12.9	52325	falling	-1.2
Mahaska	12.3	5	stable	-1.8
Marion	16.8	8	stable	-0.7
Carroll	14.9	5	falling	-2.5

Table 17: Age-adjusted incidence rate of prostate cancer

County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Iowa	125.9	2,594	rising	3.6
USA	113.2	224,883	rising	1.9
Carroll	141.3	21	stable	-1.2
Marion	185.3	24	stable	-0.8
Mahaska	153.6	15	falling	-1.9





Screening & Risk Factors: Alcohol	Iowa	USA
Binge drinking (4+ drinks on one occasion for women, 5+ drinks on one occasion for men), Ages 21+, 2023	20.3	15.3

Screening & Risk Factors: Colorectal Screening	Iowa	USA
Home Blood Stool Test in the Past Year, Ages 45-75, 2022	4.8	5.7
Received at Least One Recommended CRC Test, Ages 45-75, 2022	68.5	66.9

Screening & Risk Factors: Diet & Exercise	Iowa	USA
Consumed 1 or More Fruits per Day, Ages 18+, 2021	58.5	59.2
Consumed 1 or More Vegetables per Day, Ages 18+, 2021	77.0	80.3
Healthy Weight (BMI 18.5 to <25), Ages 20+, 2023	25.3	28.4
No Leisure Time Physical Activity, Ages 18+, 2023	24.1	24.2
Obese (>= 95th percentile for BMI based on sex and age), High School Students, 2021	15.8	16.3
Obese (BMI >= 30), Ages 20+, 2023	38.5	35.0
Overweight (>= 85th percentile but <95th percentile for BMI based on sex and age), High School Students, 2021	16.0	16.0

Screening & Risk Factors: Smoking	Iowa	USA
Current Smoker, Ages 18+, 2023	13.7	12.1
Ever Smoked 100 Cigarettes, Ages 18+, 2023	38.0	37.2
Percent of Adults Who Currently Use E-Cigarettes Some Days or Every Day, Ages 18+, 2023	7.7	7.7
Percent of Daily Smokers Who Stopped Smoking for 1 Day or Longer in the Past 12 Months, Ages 18+, 2018-2019	31.9	35.7
Percent of People Who Answered No One is Allowed to Smoke Anywhere Inside Their Home (All People), Ages 18+, 2018-2019	89.0	90.0
Percent of People Who Answered No One is Allowed to Smoke Anywhere Inside Their Home (Current Smokers), Ages 18+, 2018-2019	61.8	58.5
Percent of People Who Answered No One is Allowed to Smoke Inside Their Home (Former/Never Smokers), Ages 18+, 2018-2019	93.7	94.0
Percent of State Population with 100% Smokefree Bar Laws, 2025	100.0	66.8
Percent of State Population with 100% Smokefree Restaurant Laws, 2025	100.0	78.2
Percent of State Population with 100% Smokefree Workplace Laws, 2025	100.0	77.6
Percent of State Population with 100% Smokefree Workplace, Restaurant, & Bar Laws, 2025	100.0	62.7
Percent of State Population with Any 100% Smokefree Laws, 2025	100.0	82.4
Percent of Workers in Non-Smoking Environments (All People), Ages 18+, 2018-2019	85.2	79.9
Percent of Workers in Non-Smoking Environments (Current Smokers), Ages 18+, 2018-2019	76.8	73.1
Percent of Workers in Non-Smoking Environments (Former/Never Smokers), Ages 18+, 2018-2019	86.7	80.7

Screening & Risk Factors: Vaccines	Iowa	USA
Percent with Up-to-Date HPV Vaccination Coverage, Ages 13-15, Both Sexes, 2023	63.2	57.3
Percent with Up-to-Date HPV Vaccination Coverage, Ages 13-17, Both Sexes, 2023	68.2	61.4
Percent with Up-to-Date HPV Vaccination Coverage, Ages 13-17, Male, 2023	66.6	59.0
Percent with Up-to-Date HPV Vaccination Coverage, Ages 13-15, Male, 2023	67.6	54.9
Percent with Up-to-Date HPV Vaccination Coverage, Ages 13-17, Female, 2023	69.8	64.0
Percent with Up-to-Date HPV Vaccination Coverage, Ages 13-15, Female, 2023	58.9	59.9

Screening & Risk Factors: Women's Health	Iowa	USA
Had a Mammogram in Past 2 Years, Ages 50-74, 2022	79.6	76.3
Had a Mammogram in Past 2 Years, Ages 40+, 2022	71.4	70.2
Pap Test in Past 3 Years, No Hysterectomy, Ages 21-65, 2020	77.1	77.7

Pulling it Together- What Do You See?

- Survey + secondary data into 3 themes:
  - Mental health & substance abuse
  - Chronic disease (heart disease and several cancers)
  - Structural barriers (cost, housing, childcare, transportation, mental health access)

Questions for Our Discussion

- What stands out most?
- Does this match what you see? What's missing?
- What assets can we build on?
- If you had to pick 2-3 priorities, what would they be and why?

Appendix C: Townhall Synthesized Findings

Transcript 1

Community Town Hall – Option #1 (Dec 11, 2025, In-person)

1. Participation & Context

- **Attendance was limited** due to severe weather; however, participants represented **high-leverage stakeholders**:
    - Public health leadership
    - Behavioral health (SIMH, River Hills)
    - Care coordination
    - Law enforcement interface (discussion-heavy)
- Session functioned more as a **stakeholder working session** than a broad public forum.
- Recording intentionally used for **asynchronous engagement** and follow-up input.

2. Dominant Community Concerns (Qualitative Validation of Survey Data)

A. Mental Health & Substance Use (Primary Theme)

- **Mental health identified as the top concern**, consistent with CHA survey results.
- Substance use is **perceived as largely court-mandated**, not voluntary:
    - Most individuals enter treatment due to **probation or incarceration**, not self-referral.
    - Voluntary help-seeking occurs late, often after legal or social collapse.
- Strong consensus that **poverty, trauma, and instability** are root drivers.
- Providers emphasized:
    - Delays in Medicaid activation
    - Fragmentation between justice, healthcare, and social services
    - Limited sustained engagement post-release

Key Insight:
The system is reactive, not preventative. Intervention occurs *after* harm, not upstream.

B. Justice System as a De Facto Behavioral Health Gatekeeper

- Jail described as a **holding zone**, not a treatment environment.
- Major barriers identified:
    - Medicaid suspension during incarceration
    - County liability concerns
    - Staffing and supervision limitations
- Participants emphasized **warm handoff failures** at release:
    - No standardized care transition
    - No guaranteed next-day follow-up
    - High recidivism risk during this gap

Emergent Priority:
Structured **post-release care coordination** is viewed as a high-impact, feasible intervention.

C. Crisis Intervention Capacity Gaps

- Strong interest in **crisis intervention / co-responder models**, but:
    - Sustainability concerns dominate
    - Difficulty recruiting qualified staff
    - Grant-cycle instability undermines continuity
- Opioid settlement funds identified as a **missed opportunity** without a clear implementation owner.

D. Chronic Disease & Mortality Context (Secondary but Reinforcing)

- Heart disease and cancer data were accepted as credible and aligned with lived experience.
- Participants linked:
    - Late diagnoses → access barriers
    - Male under-utilization of care → elevated mortality

- Alzheimer's emerging as **third leading cause of death** raised concern about aging population support.

3. Strengths & Assets Identified

- New behavioral health infrastructure (SIMH, River Hills)
- Opioid settlement funds available
- Strong informal collaboration willingness
- Peer support and care coordination capacity exists but is under-integrated

4. Key Takeaways from Transcript 1

- **Mental health and substance use are the dominant priority**
- **Justice system intersection is unavoidable and central**
- **Care coordination is the missing "glue"**
- **Funding exists, but governance and implementation lag**

Transcript 2

Community Town Hall – Option #2 (Dec 16, 2025, In-person)

Mahaska Community Health Assess…

1. Participation & Context

- Larger, more diverse stakeholder group:
    - Public health
    - Behavioral health
    - Law enforcement
    - Education
    - Aging services
    - Peer recovery
    - Extension services
- Session functioned as a **community systems diagnostic**, with deeper operational detail.

2. Reinforcement & Expansion of Core Themes

A. Mental Health & Substance Use (Deepened)

- Strong consensus: **mental health/substance use = #1 community health issue**
- Methamphetamine identified as **primary current threat**, overtaking opioids locally.
- Substance use described as:
    - Highly visible
    - Intergenerational
    - Trauma-linked
- Participants highlighted **youth exposure** and early initiation (vaping, pills, polysubstance use).

B. Youth & School-Based Concerns

- Alarmingly high **school absenteeism** discussed.
- Substance exposure among middle- and high-school students described as:
    - Normalized
    - Easy to conceal (vapes)
    - Poorly captured by existing surveillance tools
- Iowa Youth Survey participation gaps identified as a **data blind spot**.

Key Insight:
Prevention infrastructure exists but is **misaligned with current substance realities**.

C. Law Enforcement Perspective (Critical System Insight)

- Narcan credited with **lives saved and declining opioid fatalities**.
- Meth seizures increasing substantially.
- Officers emphasize:
    - Addiction is pervasive
    - Jail treatment compliance is often instrumental (to leave cell)
    - Real opportunity lies **after release**, not during incarceration

D. Transportation & Access Barriers (Operational Detail)

- Transportation emerged as a **major practical barrier**, not theoretical:

    - Missed appointments
    - Delayed cancer care
    - Reduced treatment adherence
- RSVP and volunteer-based transportation identified as **underutilized assets**, constrained by coordination capacity.

E. Aging Population & Alzheimer's

- Alzheimer's as a leading cause of death resonated strongly.
- Aging services noted:
    - Caregiver burden
    - Isolation
    - Transportation challenges
- Seen as a **quiet but growing priority**.

3. Assets & Opportunities Highlighted

- Peer recovery infrastructure
- Volunteer networks
- Opioid settlement funding
- Crisis response experience in neighboring counties
- Strong willingness for cross-sector collaboration

4. Key Takeaways from Transcript 2

- Confirms Transcript 1 priorities
- Adds **youth prevention**, **transportation**, and **aging** as amplifiers
- Emphasizes need for **coordination over new programs**

Integrated Community Narrative

Across both town halls, community stakeholders consistently identified **mental health and substance use disorders as the most urgent health priorities in Mahaska County**, cutting across age groups, institutions, and service sectors. These challenges are not perceived as isolated clinical issues but as **systemic consequences of poverty, trauma, limited access to care, and fragmented service delivery**.

Heart disease and cancer remain the leading causes of death, with community discussion reinforcing secondary data showing **higher mortality despite similar incidence**, suggesting delayed diagnosis, inconsistent treatment access, and transportation barriers. Participants repeatedly connected behavioral health challenges with chronic disease outcomes, emphasizing stress, alcohol use, smoking, and delayed care as shared drivers.

The **justice system has become a de facto entry point into behavioral health services**, particularly for substance use disorders. However, stakeholders emphasized that treatment engagement during incarceration is often superficial, with the most dangerous gap occurring immediately after release. The absence of standardized “warm handoffs” and care coordination contributes to relapse, recidivism, and preventable mortality.

Youth substance exposure, particularly through vaping and polysubstance use, emerged as an escalating concern. Existing prevention models were widely viewed as outdated relative to current drug availability and social norms. Limited participation in youth behavioral surveillance further obscures the true scope of the issue.

Finally, an aging population with rising Alzheimer’s mortality highlighted the need to address caregiver support, transportation, and social isolation as emerging health priorities.

Collectively, the town halls emphasized that **Mahaska County’s challenge is not a lack of services, but a lack of integration, coordination, and sustained implementation capacity**.

Domain	Community-Identified Findings	Alignment with Secondary Data	Implications for CHA Priorities
Mental Health	Top concern across all groups; high distress burden	Survey: high poor mental health days	Priority Area

Substance Use	Meth & opioids pervasive; treatment court-mandated	Elevated overdose risk, injury, chronic disease	Priority Area
Justice System Interface	Jail is primary gateway to care; poor transitions	Recidivism, delayed treatment	Priority Area
Care Coordination	Post-release gaps repeatedly cited	Higher mortality despite incidence	Priority Area
Heart Disease	High male mortality; delayed care	Elevated county death rates	Priority Area
Cancer	Late diagnosis; treatment barriers	High mortality vs incidence	Priority Area
Transportation	Missed care due to logistics	Access barriers	Cross-cutting Strategy
Youth Health	Vaping, early exposure, absenteeism	Data gaps (Iowa Youth Survey)	Emerging Priority
Aging / Alzheimer’s	Rising concern, caregiver strain	Alzheimer’s = 3rd cause of death	Emerging Priority
Community Assets	Peer support, volunteers, opioid funds	Underutilized resources	Implementation Leverage

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