



# Boone County Hospital and Clinics

*Boone County, Iowa*

## 2025

## Community Health Needs Assessment

Approved by Board: *June 26<sup>th</sup>, 2025*



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# Executive Summary

Boone County Hospital and Clinics (“BCH” or the “Hospital”) performed a Community Health Needs Assessment (CHNA) together in partnership with Ovation Healthcare (“Ovation”) to assist in determining the health needs of the local community and an accompanying implementation plan to address the identified health needs. This CHNA report consists of the following information:

- 1) a definition of the community served by the Hospital and a description of how the community was determined;
- 2) a description of the process and methods used to conduct the CHNA;
- 3) a description of how the Hospital solicited and considered input received from persons who represent the broad interests of the community it serves;
- 4) commentary on the 2022 CHNA Assessment and Implementation Strategy efforts;
- 5) a prioritized description of the significant health needs of the community identified through the CHNA along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and
- 6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data was gathered from multiple well-respected secondary sources to help build an accurate picture of the current community and its health needs. A broad community survey was performed to review and provide feedback on the prior CHNA and to support the determination of the Significant Health Needs of the community in 2025.

The Significant Health Needs in Boone County identified by this assessment are:

## Behavioral Health



## Cancer



## Diabetes



In the Implementation Strategy section of the report, the Hospital addresses these areas through identified programs and resources with intended impacts included for each health need to track progress towards improved community health outcomes.

# Community Health Needs Assessment

## Overview

### CHNA Purpose

A CHNA is part of the required documentation of “Community Benefit” under the Affordable Care Act for 501(c)(3) hospitals and fulfills requirements for accreditation for many health and public health entities. However, regardless of status, a CHNA provides many benefits to an organization. This assessment provides comprehensive information about the community’s current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.

### Organizational Benefits

- Identify health disparities and social drivers to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member’s perceptions of healthcare in the region
- Support community organizations for collaborations

## CHNA Process

**1** 

### Survey the Community

Develop a CHNA survey to be deployed to the broad community in order to assess significant health priorities.

**2** 

### Data Analysis

Review survey data and relevant data resources to provide qualitative and quantitative feedback on the local community and market.

**3** 

### Determine Top Health & Social Needs

Prioritize community health and social needs based on the community survey, data from secondary sources, and facility input.

**4** 

### Implementation Planning

Build an implementation plan to address identified needs with actions, goals, and intended impacts on significant health needs.

# Process & Methods

This assessment takes a comprehensive approach to determining community health needs and includes the following methodology:

- Several independent data analyses based on secondary source data
- Augmentation of data with community opinions through a community-wide survey
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members

## Data Collection and Analysis

This assessment relies on secondary source data, which primarily uses the county as the smallest unit of analysis. Most data used in the analysis is available from public internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the community members cooperating in this study are displayed in the CHNA report appendix.

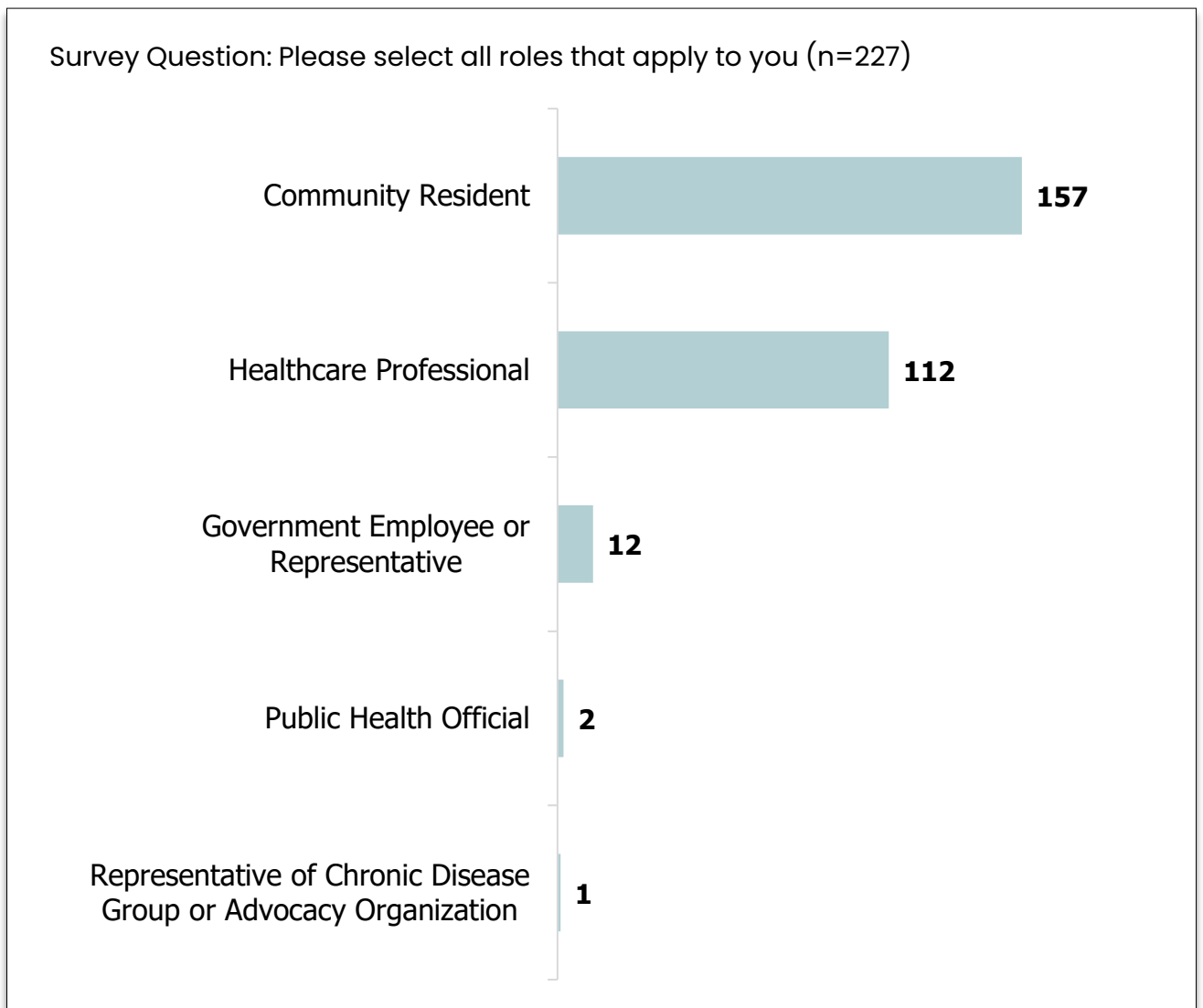
All data sources are detailed in the appendix of this report with the majority of the data used in this assessment coming from:

- County Health Rankings 2025 Report
- Centers for Medicare & Medicaid Services – CMS
- Centers for Disease Control and Prevention – CDC
- Health Resources & Services Administration – HRSA

A standard process of gathering community input was utilized. In addition to gathering data from the above sources, a CHNA survey was deployed to local expert advisors and the general public to gain input on local health needs and the needs of priority populations. Local expert advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's economic, racial, and geographically diverse population. Two hundred thirty (230) survey responses from community members were gathered between March and April 2025.

## Community Input

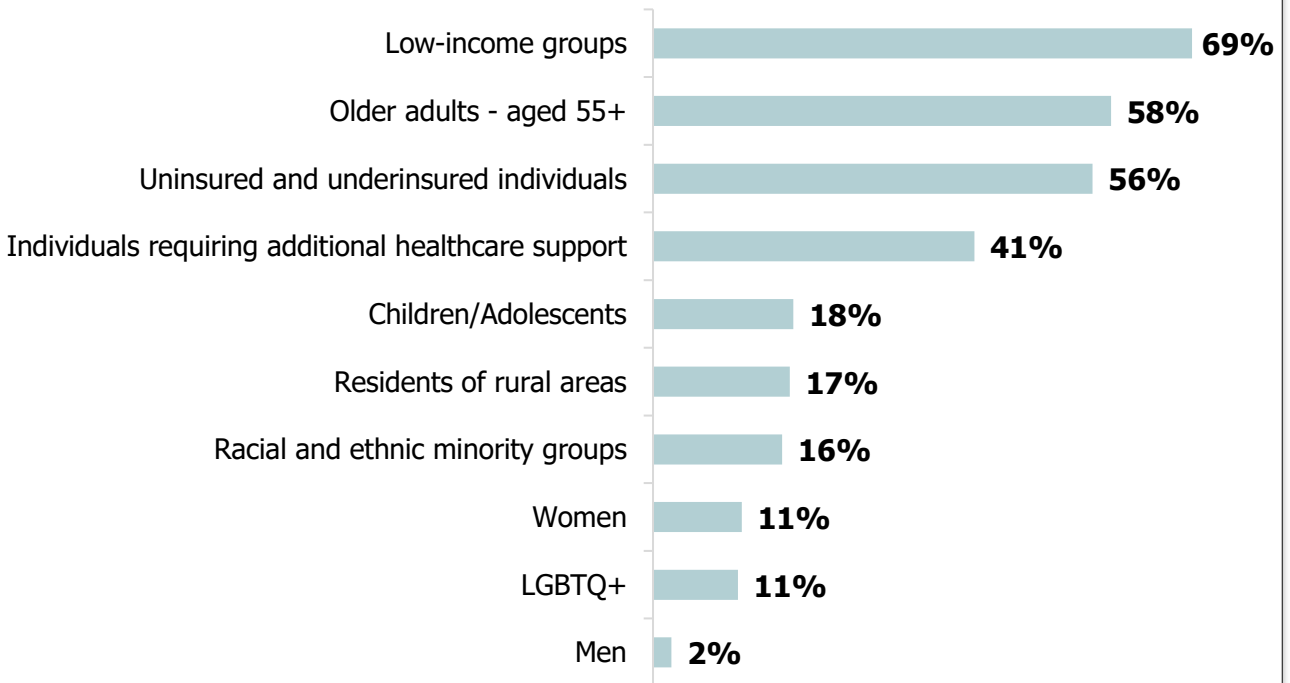
Input was obtained from the required three minimum federally required sources and expanded to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are detailed in the appendix to this report. Additionally, survey respondents were asked to identify their age, race/ethnicity, and income level to ensure a diverse range of responses were collected.



## Priority Populations

Medically underserved populations are those who experience health disparities or face barriers to receiving adequate medical care because of income, geography, language, etc. The Hospital assessed what population groups in the community (“Priority Populations”) would benefit from additional focus and asked survey respondents to elaborate on the key health challenges these groups face.

Survey Question: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community?



Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following key themes:

- The top three priority populations identified were low-income groups, older adults (55+), and uninsured/underinsured individuals.
- Summary of unique or pressing needs of the priority groups identified by the respondents:

Affordable  
Healthcare

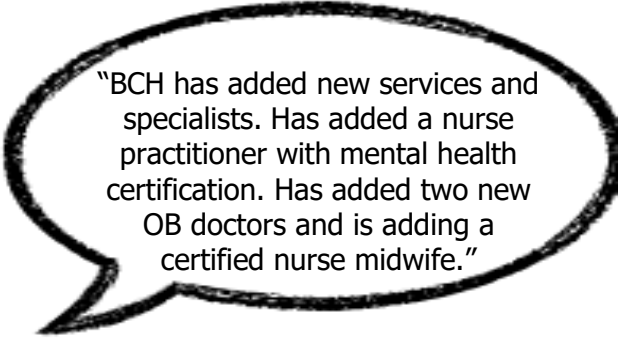
Lack of  
Transportation

Access to  
Specialists

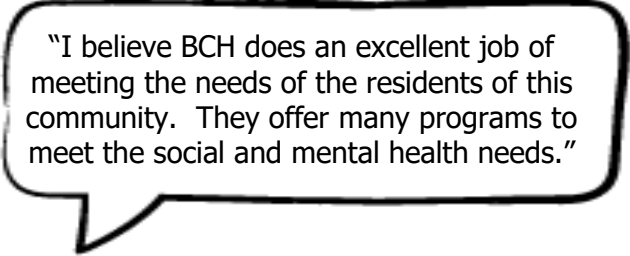
## Input on 2022 CHNA

The Hospital considered written comments received on the prior CHNA and Implementation Strategy as a component of the development of the 2025 CHNA and Implementation Strategy. Comments were solicited from community members to provide feedback on any efforts and actions taken by BCH since the 2022 CHNA and Implementation Plan were conducted. These comments informed the development of the 2025 CHNA and Implementation Plan and are presented in full in the appendix of this report. The health priorities identified in the 2022 CHNA are listed below, along with a selection of survey responses.

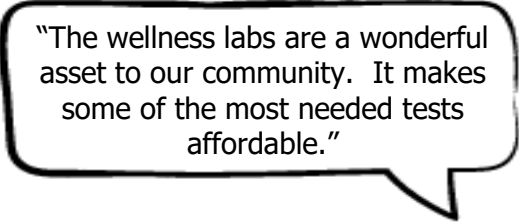
- **Mental Health**
- **Access to Healthcare:** Affordability and Presence of Services
- **Prevention/Chronic Disease Management:** Cancer, Heart Disease
- **Women's Health**



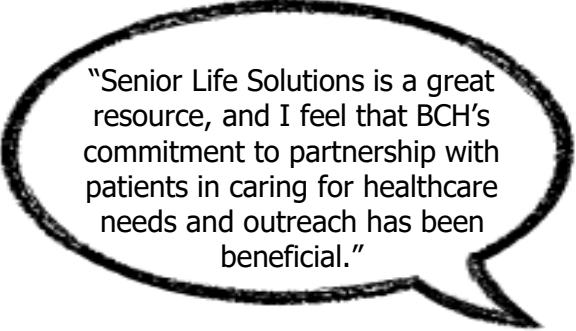
"BCH has added new services and specialists. Has added a nurse practitioner with mental health certification. Has added two new OB doctors and is adding a certified nurse midwife."



"I believe BCH does an excellent job of meeting the needs of the residents of this community. They offer many programs to meet the social and mental health needs."



"The wellness labs are a wonderful asset to our community. It makes some of the most needed tests affordable."



"Senior Life Solutions is a great resource, and I feel that BCH's commitment to partnership with patients in caring for healthcare needs and outreach has been beneficial."

## Impact of Actions to Address the 2022 Significant Health Needs

- Senior Life Solutions offers intensive outpatient group therapy designed to meet the unique needs of individuals, typically 65 and older, experiencing depression or anxiety related to life changes often associated with aging.
- Health coaching, a free service that offers health plans to patients to lose weight, lower A1C, and manage chronic conditions.
- Diabetes Educator, a registered dietitian, develops treatment plans for patients to manage their diabetes.
- Service and provider growth including Primary Care, Orthopedic Surgery, Dermatology, Cardiology, Urology, and More.

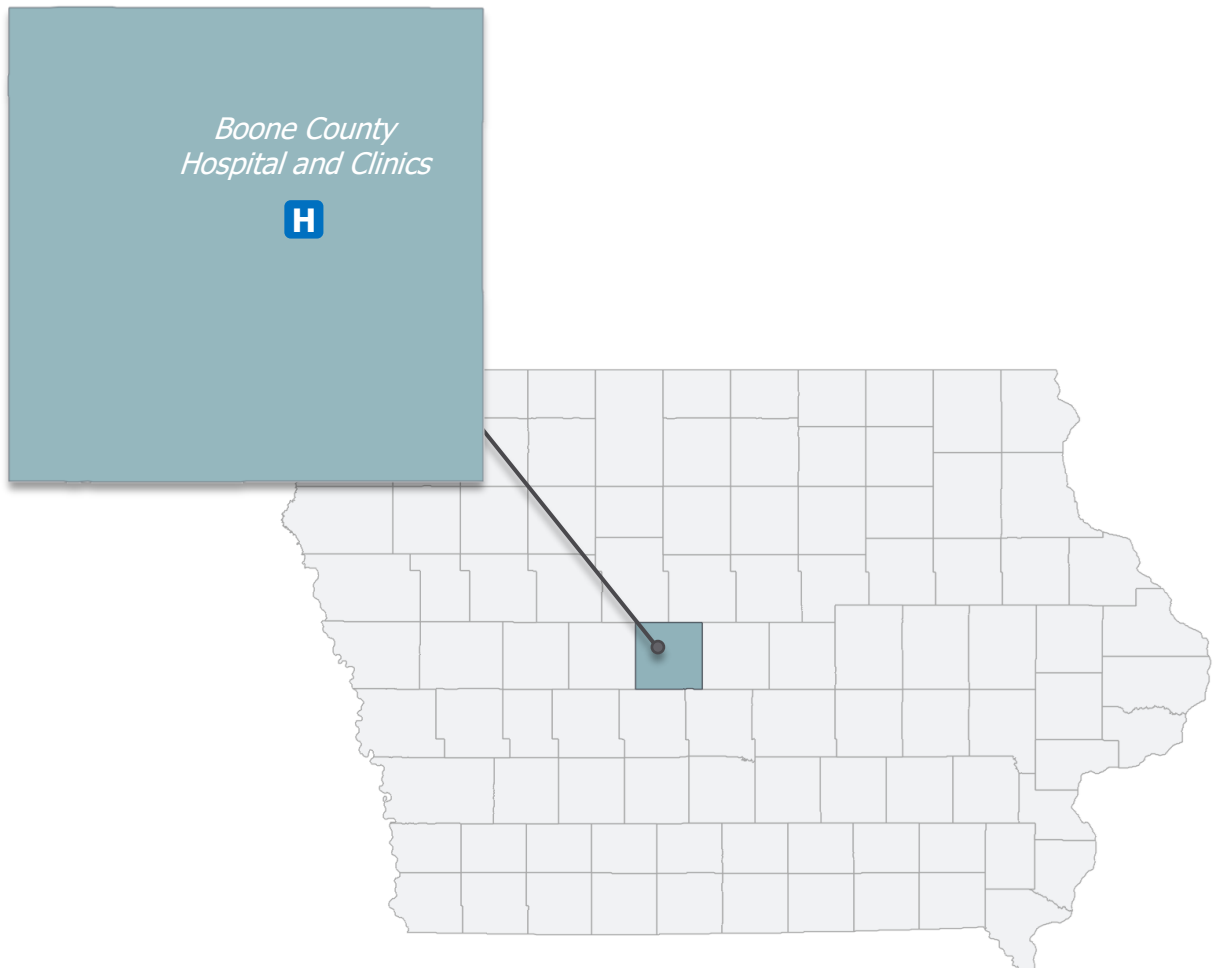
# Community Served

The service area in this assessment is defined as Boone County, Iowa. The data presented in this report is based on this county-level service area and compared to state averages. Geographically, BCH is centrally located within Boone County and serves as the county's sole hospital, making it the primary healthcare provider for residents in the region.

## Service Area

### **Boone County, Iowa**

Total Population: **26,590**



Source: ArcGIS

# Service Area Demographics

	Boone County	Iowa
<b>Demographics</b>		
Total Population	26,590	3,207,004
<b>Age</b>		
Below 18 Years of Age	20.6%	22.8%
Ages 19 to 64	58.8%	58.7%
65 and Older	20.6%	18.6%
<b>Race &amp; Ethnicity</b>		
Non-Hispanic White	93.6%	83.1%
Non-Hispanic Black	1.2%	4.3%
American Indian or Alaska Native	0.6%	0.6%
Asian	0.6%	2.7%
Native Hawaiian or Other Pacific Islander	0.1%	0.3%
Hispanic	3.1%	7.4%
<b>Gender</b>		
Female	49.1%	49.9%
Male	50.9%	50.1%
<b>Geography</b>		
Rural	53.2%	36.8%
Urban* (Non-Rural)	46.8%	63.2%
<b>Income</b>		
Median Household Income	\$77,381	\$71,662

*Notes: \*Urban is defined as census blocks that encompass at least 5,000 people or at least 2,000 housing units  
Source: County Health Rankings 2025 Report*

# Methods of Identifying Health Needs

## Collect & Analyze

Analyze existing data and collect new data



**737** indicators collected from data sources



**230** surveys completed by community members

## Evaluate

Evaluate indicators based on the following factors:



Worse than benchmark



Identified by the community



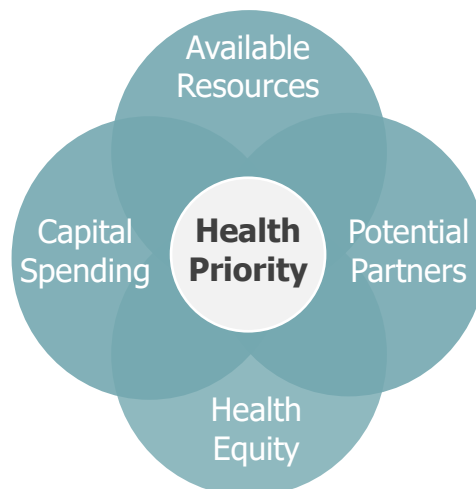
Impact on health disparities



Feasibility of being addressed

## Select

Select priority health needs for implementation plan



## Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. This approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Hospital's process, each survey respondent had the opportunity to prioritize community health needs. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not at all) to 5 (extremely), including the opportunity to list additional needs that were not identified.

The ranked needs were divided into "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable breakpoint in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

## Ranked Health Priorities

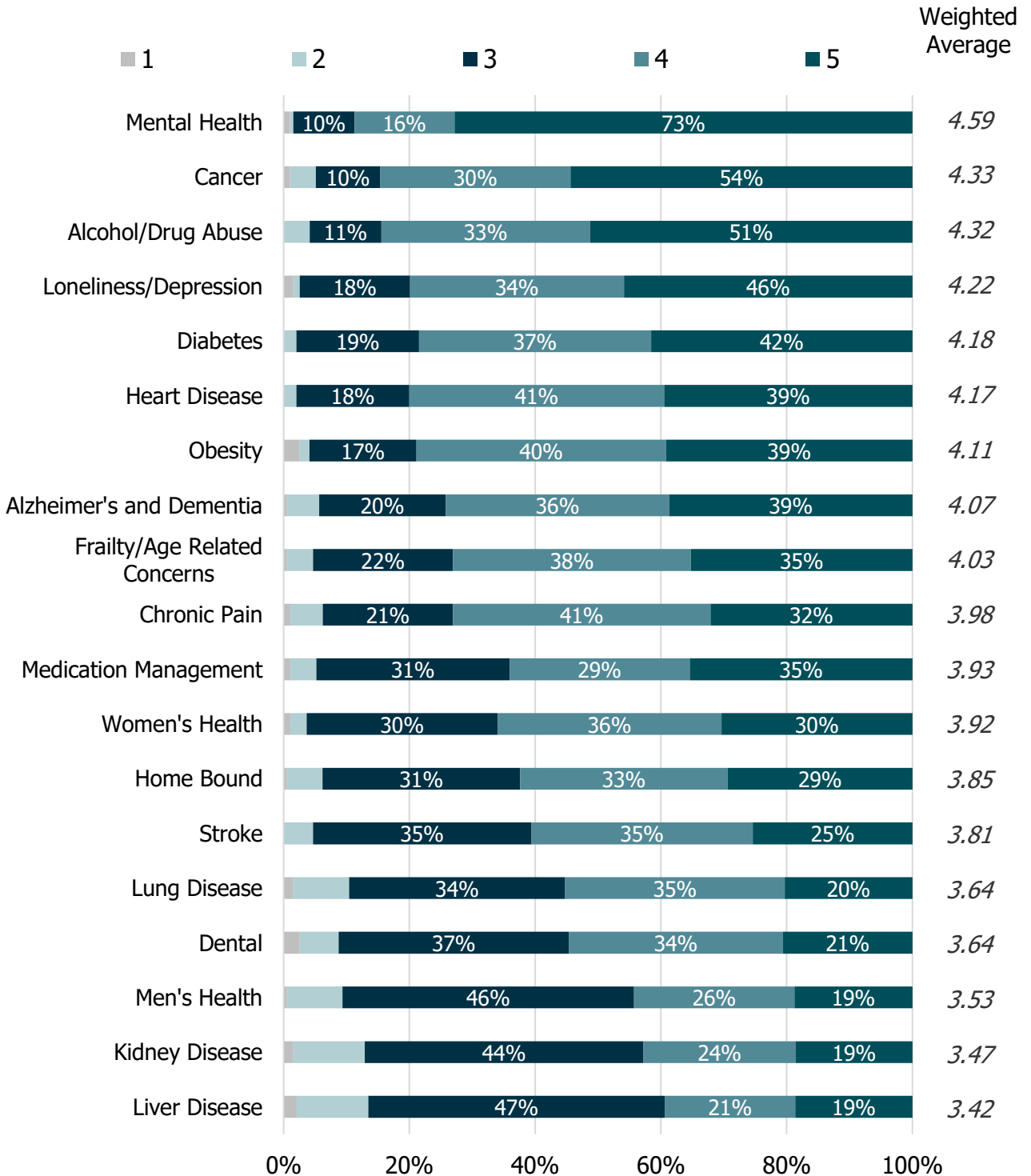
The health priority ranking process included an evaluation of health factors, community factors, and behavioral factors, given they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the social drivers that influence community health and health equity.
- Behavioral factors are the individual actions that affect health outcomes.

In our community survey, each broad factor was broken out into more detailed components, and respondents rated the importance of addressing each component in the community on a scale from 1 to 5. The results of the health priority rankings are outlined below:

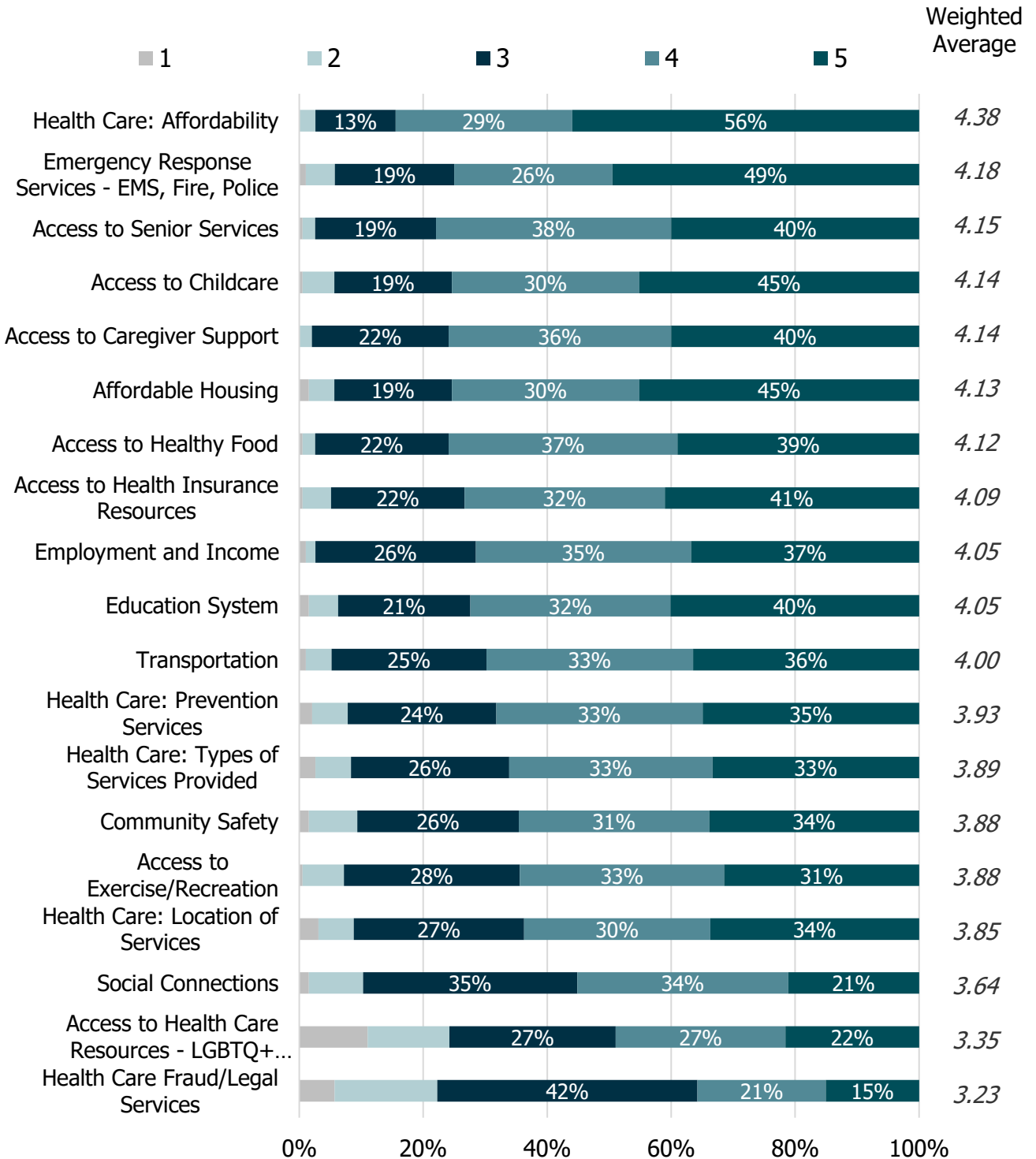
## Health Factors

Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).



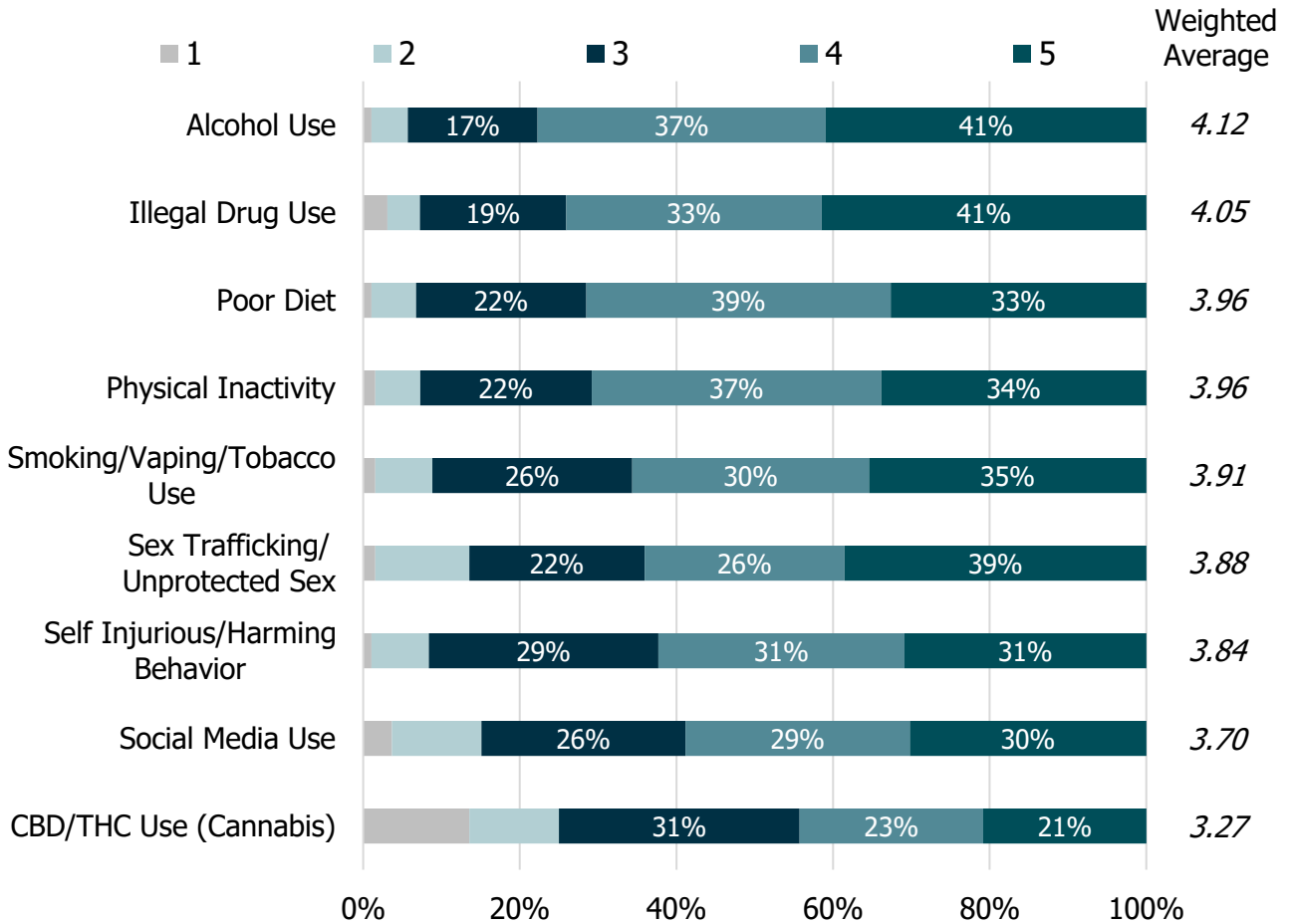
## Community Factors

Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).



## Behavioral Factors

Survey Question: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).



## Overall Health Priority Ranking (Top 10 Highlighted)

Health Issue	Weighted Average (out of 5)	Combined 4 (Important) and 5 (Extremely Important) Rating
Mental Health	4.59	88.7%
Health Care: Affordability	4.38	84.5%
Cancer	4.33	84.6%
Alcohol/Drug Abuse	4.32	84.5%
Loneliness/Depression	4.22	79.9%
Diabetes	4.18	78.5%
Emergency Response Services - EMS, Fire, Police	4.18	75.0%
Heart Disease	4.17	80.0%
Access to Senior Services	4.15	78.0%
Access to Caregiver Support	4.14	75.9%
Access to Childcare	4.14	75.4%
Affordable Housing	4.13	75.4%
Access to Healthy Food	4.12	75.9%
Alcohol Use	4.12	77.7%
Obesity	4.11	78.9%
Access to Health Insurance Resources	4.09	73.3%
Alzheimer's and Dementia	4.07	74.2%
Education System	4.05	72.4%
Employment and Income	4.05	71.5%
Illegal Drug Use	4.05	74.1%
Frailty/Age Related Concerns	4.03	73.1%
Transportation	4.00	69.8%
Chronic Pain	3.98	73.1%
Physical Inactivity	3.96	70.8%
Poor Diet	3.96	71.5%
Medication Management	3.93	64.1%
Health Care: Prevention Services	3.93	68.2%
Women's Health	3.92	66.0%
Smoking/Vaping/Tobacco Use	3.91	65.6%
Health Care: Types of Services Provided	3.89	66.1%
Access to Exercise/Recreation	3.88	64.4%
Community Safety	3.88	64.6%
Sex Trafficking/Unprotected Sex	3.88	64.1%
Home Bound	3.85	62.4%
Health Care: Location of Services	3.85	63.7%
Self Injurious/Harming Behavior	3.84	62.3%
Stroke	3.81	60.6%
Social Media Use	3.70	58.9%
Dental	3.64	54.6%
Lung Disease	3.64	55.2%
Social Connections	3.64	55.2%
Men's Health	3.53	44.3%
Kidney Disease	3.47	42.8%
Liver Disease	3.42	39.4%
Access to Health Care Resources - LGBTQ+	3.35	49.0%
CBD/THC Use (Cannabis)	3.27	44.3%
Health Care Fraud/Legal Services	3.23	35.8%

# Community Health Characteristics

This section highlights health status indicators, outcomes, and relevant data on the health needs in Boone County. The data at the county level is supplemented with benchmark comparisons to the state data. The most recently available data is used throughout this report with trended data included where available. A scorecard that compares the population health data of Boone County to that of Iowa can be found in the report appendix.

## Behavioral Health

### Mental Health

Mental health was the #1 community-identified health priority with 89% of respondents rating it as important to be addressed in the community (important is categorized as a 4 or 5 rating on the community survey). The suicide mortality rate in Boone County is 11.4 which is lower than the Iowa average (CDC Final Deaths 2021).

Poor mental health disproportionately affects people in priority populations like racial and ethnic minority groups and residents of rural areas due to a lack of access to providers and an inclusive behavioral health workforce (NAMI).

While it's difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

	Boone County	Iowa
Suicide Mortality Rate per 100,000 (2021)	11.4	17.5
Poor Mental Health Days past 30 days (2022)	4.8	4.7
Population per 1 Mental Health Provider (2024)	1,399:1	466:1

Source: CDC Final Deaths, County Health Rankings 2025 Report

## Drug, Substance, and Alcohol Use

Alcohol/drug abuse was identified as the #4 priority with 85% of survey respondents rating it as an important factor to address in the community. While there is not enough data to assess drug-related overdose deaths in Boone County, the county has higher rates of excessive drinking and alcohol-impaired driving deaths compared to the state averages. The rate of adult smoking in Boone County is the same as in Iowa.

	Boone County	Iowa
Drug-Related Overdose Deaths per 100,000 (2020-2022)	n/a	14.4
Excessive Drinking (2022)	25.1%	24.5%
Alcohol-Impaired Driving Deaths (2018-2022)	33.3%	25.6%
Adult Smoking (2022)	15.5%	15.5%

*Source: County Health Rankings 2025 Report*

## Chronic Diseases

### Cancer

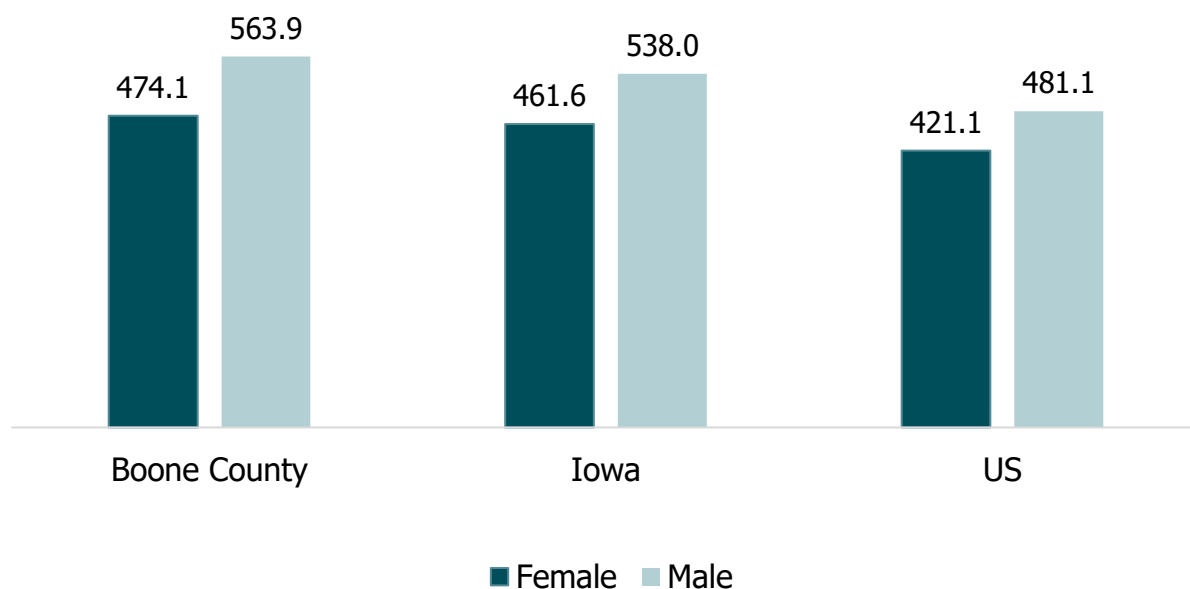
Cancer was identified as the #3 community health issue with 85% of survey respondents rating it as important to address in the community. Cancer is the 2nd leading cause of death in Boone County (CDC Final Deaths). Additionally, 33% of survey respondents said they would like to see additional access to cancer care in Boone County.

Boone County has both a higher cancer incidence rate and a higher cancer mortality rate than the State. When evaluating health equity across genders, men have higher incidence rates of cancer compared to women in Boone County, Iowa, and the US. This disparity can be due to a multitude of factors including behavioral factors like tobacco use and diet, as well as healthcare utilization like preventative care and screening (CDC).

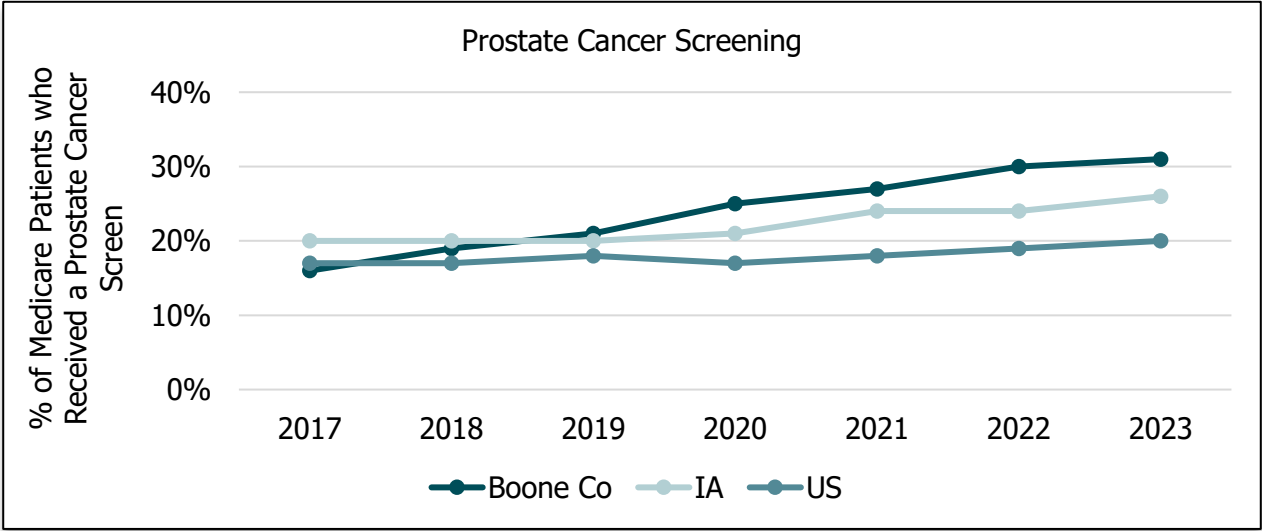
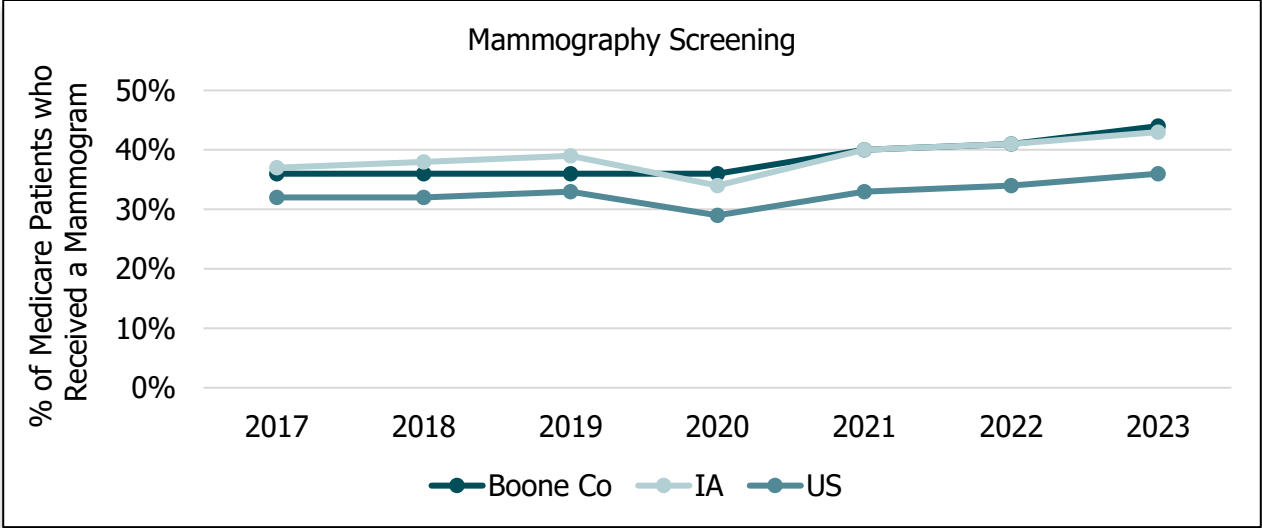
	Boone County	Iowa
Cancer Incidence Rate Age-Adjusted per 100,000 (2017-2021)	511.7	491.8
Cancer Mortality Rate per 100,000 (2022)	170.7	150.9

Source: CDC, National Cancer Institute

Cancer Incidence Rates by Gender (*per 100,000*)



The rate of Medicare enrollees (women age 65+) in Boone County who have received a mammogram in the past year is similar to the Iowa average. These rates have been increasing in recent years after a dip downward in 2020 during the COVID-19 pandemic. Among Medicare enrollees (men age 65+), Boone County has had a higher prostate cancer screening rate in the past year compared to both the state and the US overall with rates increasing in recent years.

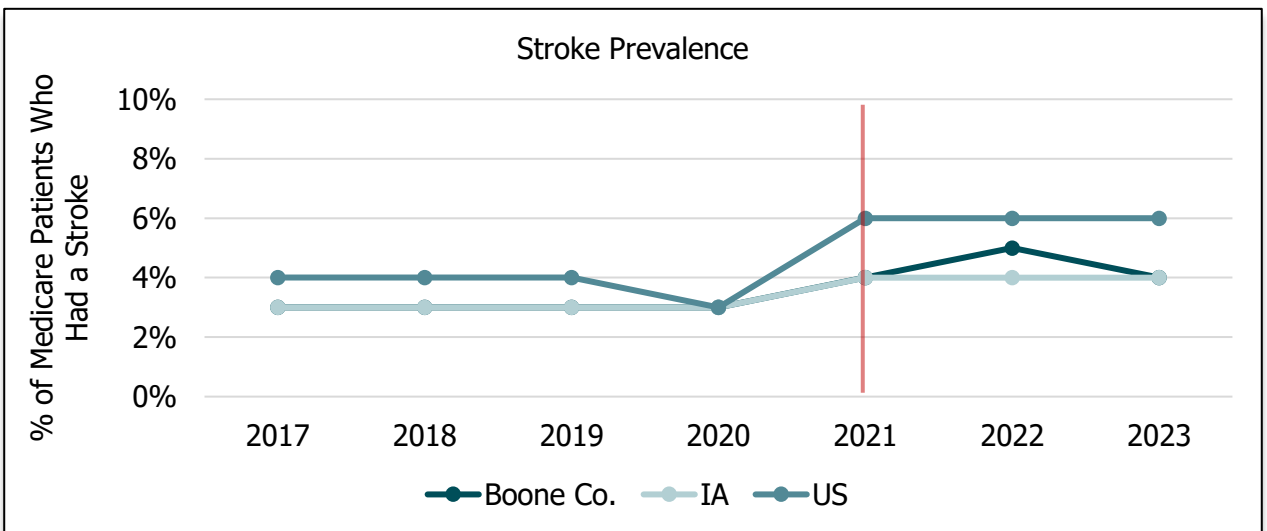
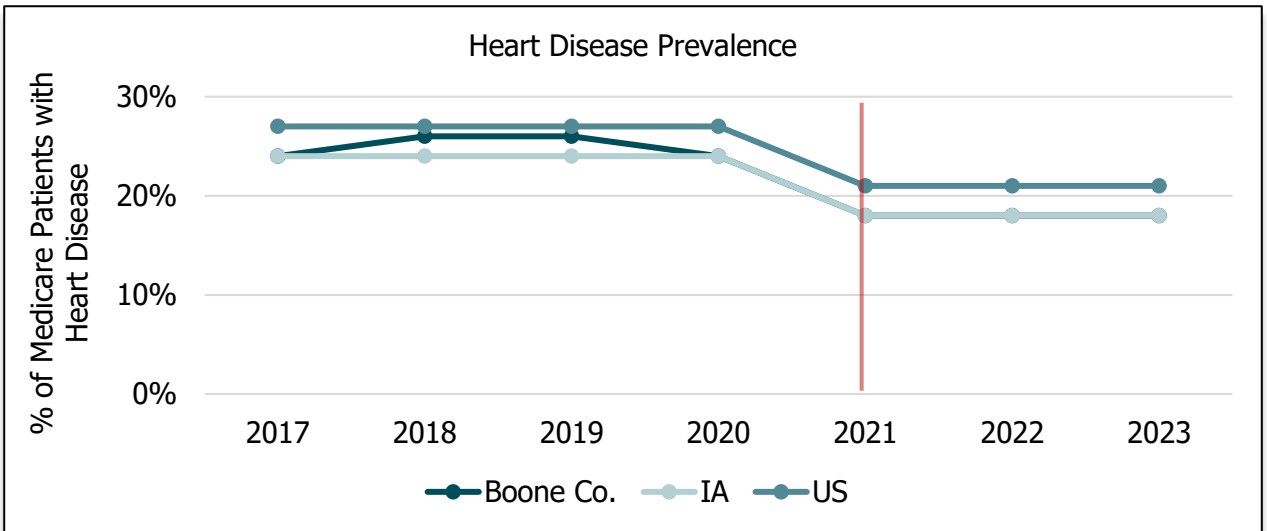


Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

## Cardiovascular Health

Heart disease is the leading cause of death in Boone County and the county has a mortality rate higher than the state (213.6 compared to 184.9 per 100,000 respectively) (CDC Final Deaths). Stroke is the 5<sup>th</sup> leading cause of death in Boone County with a mortality rate of 43.7 per 100,000 compared to 33.8 in the state (CDC Final Deaths).

In the Medicare population, Boone County has a similar prevalence of both heart disease and stroke to the Iowa average. In the community survey, 26% of respondents said they would like to see additional cardiology services available locally.



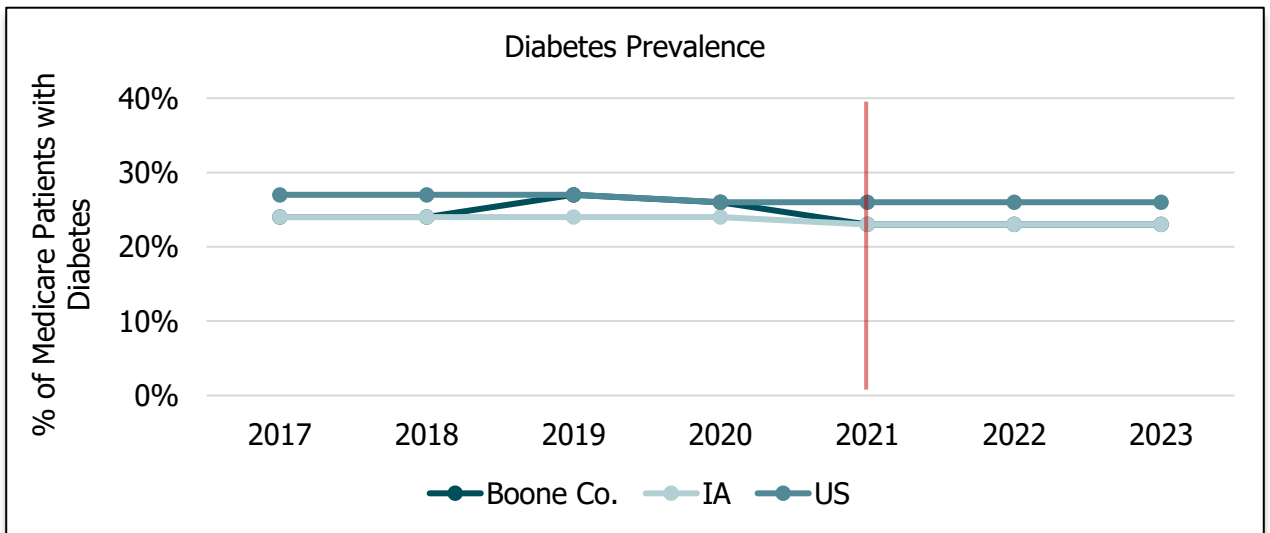
*Note: There was a change in algorithm in 2021, marked by the vertical red line representing a break in trend lines*  
*Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population*

## Diabetes

Although diabetes prevalence in the community is lower than the state average, the higher mortality rate suggests significant gaps in diagnosis, disease management, and access to care. This may signal limited access and utilization of screening, chronic disease support, and healthy behaviors. When evaluating the Medicare population, Boone County has a similar prevalence of diabetes compared to the state and rates have remained stable over the past decade.

	Boone County	Iowa
Diabetes Mortality Rate per 100,000 (2022)	29.2	25.0
Diabetes Prevalence (2022)	8.9%	10.2%

Source: CDC Final Deaths, County Health Rankings 2025 Report



Note: There was a change in algorithm in 2021, marked by the vertical red line representing a break in trend lines  
 Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

## Obesity and Unhealthy Eating

In Boone County, adults have higher rates of obesity than in Iowa on average. The county sees lower rates of physical inactivity than the state, though it also has lower rates of access to exercise opportunities (proximity to a park or recreation facility). Obesity, physical inactivity, and diet are well-established risk factors for type 2 diabetes development and other chronic diseases (American Diabetes Association).

	Boone County	Iowa
Adult Obesity (2022)	38.6%	37.8%
Limited Access to Healthy Foods (2019)	2.4%	5.7%
Physical Inactivity (2022)	23.8%	24.9%
Access to Exercise Opportunities (2024)	78.9%	80.0%

*Source: County Health Rankings 2025 Report*

# Healthcare Access

## Access & Affordability

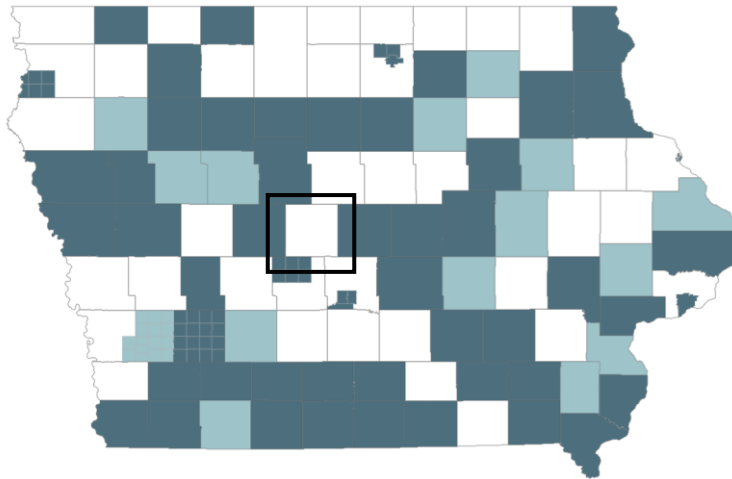
Access to affordable and quality healthcare services is a key driver to improved health outcomes, economic stability, and health equity. Boone County has a higher household income than the Iowa average and also has a lower uninsured population than the state. Boone County has less access to primary care physicians, mental health providers, and dentists as shown in the following provider ratios and health professional shortage areas (HPSA).

	Boone County	Iowa
Uninsured Population (2022)	5.1%	6.1%
Population per 1 Primary Care Physician (2021)	2,227:1	1,385:1
Population per 1 Primary Care Provider (APP) (2024)	2,954:1	701:1
Population per 1 Dentist (2022)	2,419:1	1,411:1

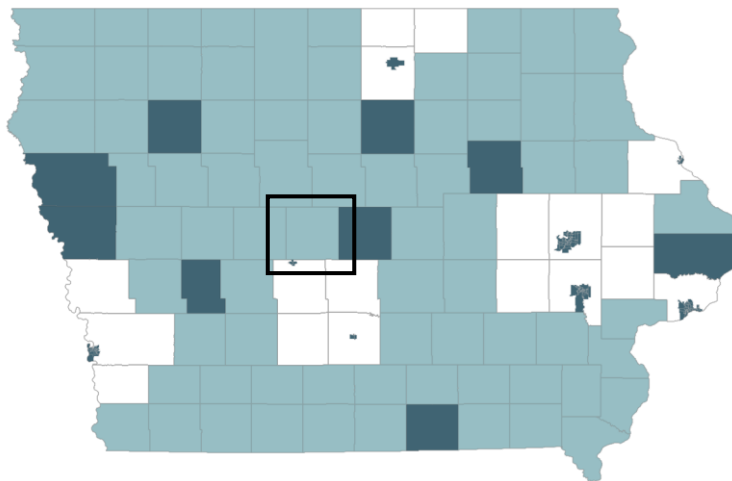
*Source: County Health Rankings 2025 Report*




# Iowa Health Professional Shortage Areas (HPSA)

## Primary Care



## Mental Health

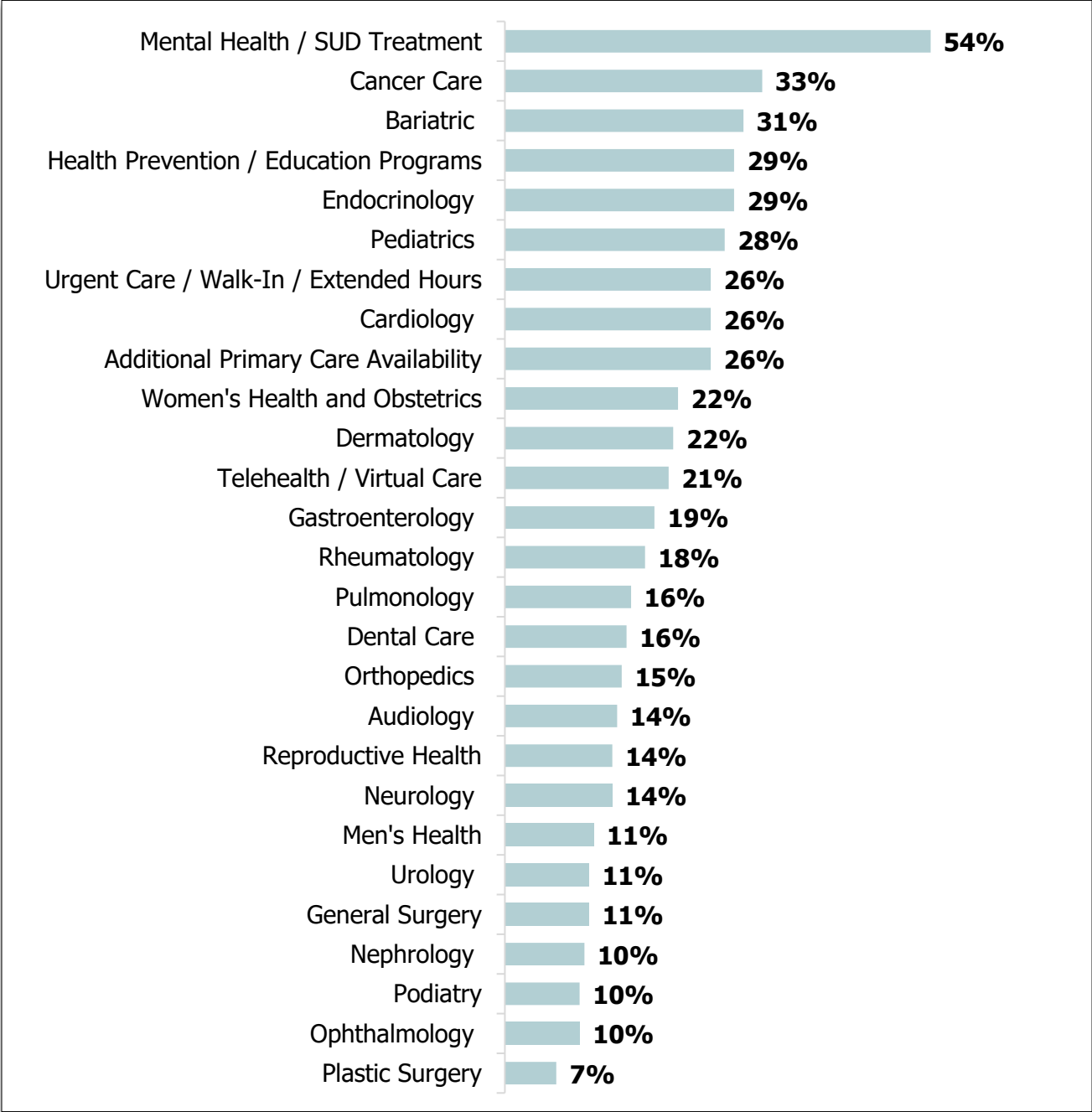


-  HPSA Population: *a shortage of services for a specific population subset within an established geographic area*
-  Geographic HPSA: *a shortage of services for the entire population within an established geographic area*
-  High Needs Geographic HPSA: *a Geographic HPSA in an area with unusually high needs based on criteria like income and death rates*

Source: [data.hrsa.gov](https://data.hrsa.gov)

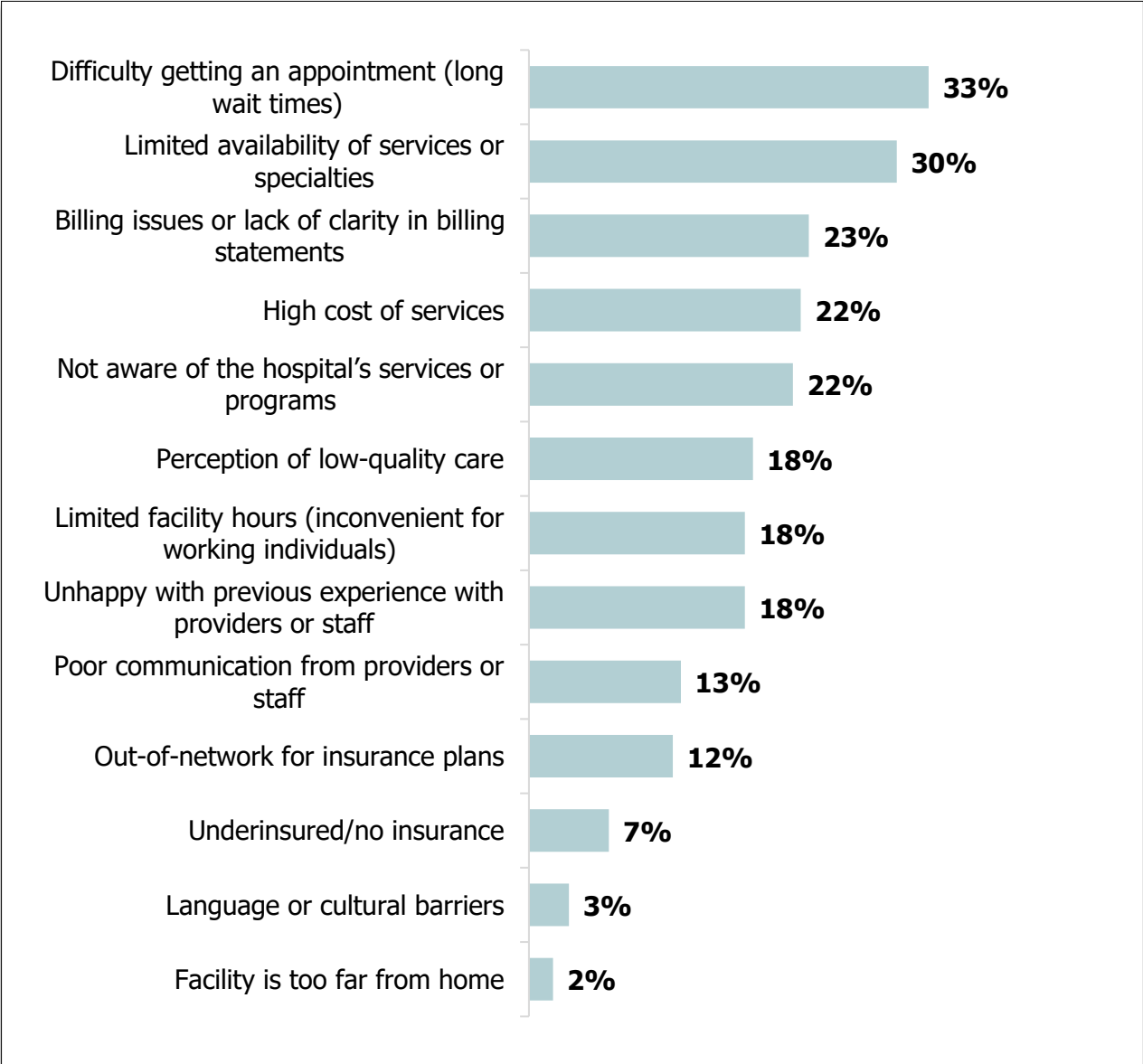
In the community survey, respondents were asked to identify what healthcare services and programs they would like to see available in their community. Mental health and substance use disorder treatment was the top identified service need with 54% of respondents saying they would like to see it available in Boone County followed by cancer care (33%) and bariatric services (31%).

Survey Question: What additional services/offerings would you like to see available in Boone County? (select all that apply)



When survey respondents were asked about their barriers to care, difficulty getting an appointment was the top barrier identified by 33% of respondents, followed by limited availability of services or specialties by 30% of respondents.

Survey Question: What keeps you from seeking service at BCH? (select all that apply)



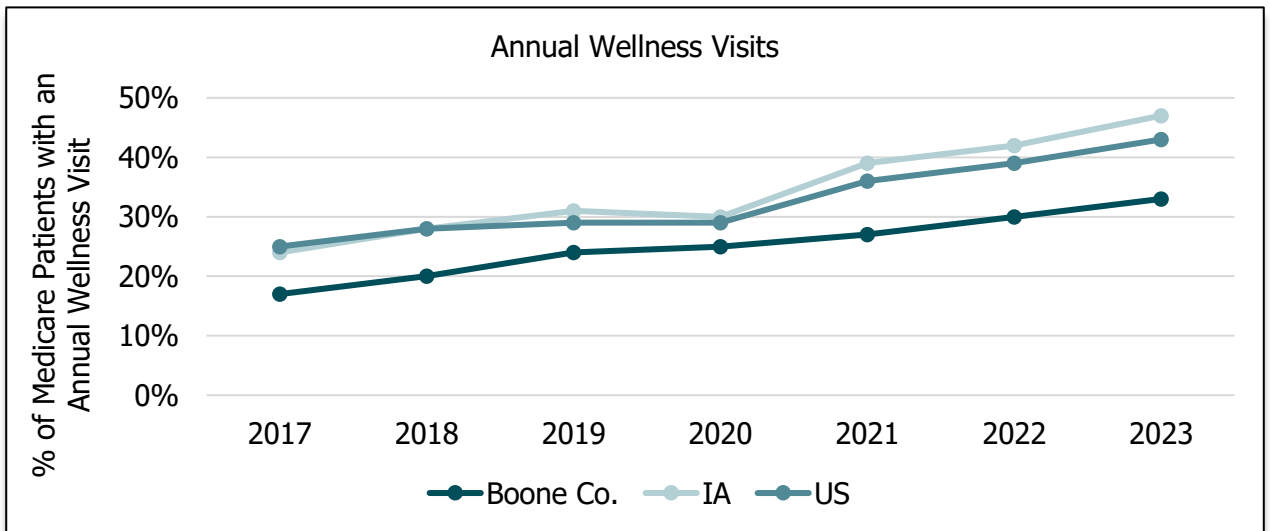
## Prevention Services

Prevention services including routine check-ups, health screenings, and education can help prevent or detect diseases early when they are easier to treat. Preventive care reduces the burden on healthcare systems by preventing unnecessary hospital stays and costly care. In the community survey, 29% of respondents said they would like to see additional health prevention and education programs available in the community.

Boone County has lower annual mammography screening and higher flu vaccine adherence rates than the state. The county sees slightly higher rates of preventable hospital stays (hospital stays for ambulatory-care sensitive conditions) compared to Iowa. While the rate of annual wellness visits in the Medicare population is lower in Boone County than in the state, rates have been increasing in recent years.

	Boone County	Iowa
Preventable Hospital Stays per 100,000 (2022)	2,402	2,364
Mammography Screening (2022)	54.0%	54.0%
Flu Vaccination (2022)	61.0%	54.0%

Source: County Health Rankings 2025 Report



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

## Access to Senior Services

Access to senior services was identified as the #9 priority with 78% of survey respondents rating it as an important factor to address in the community. Older adults were identified as a top priority population in the community making access to senior services an important need. Over 20% of Boone County residents are aged 65 or older and this population is projected to grow over the next five years.

	Boone County	Iowa
Population 65+ (2023)	20.6%	18.6%
Life Expectancy (2019-2021)	77.1	77.8

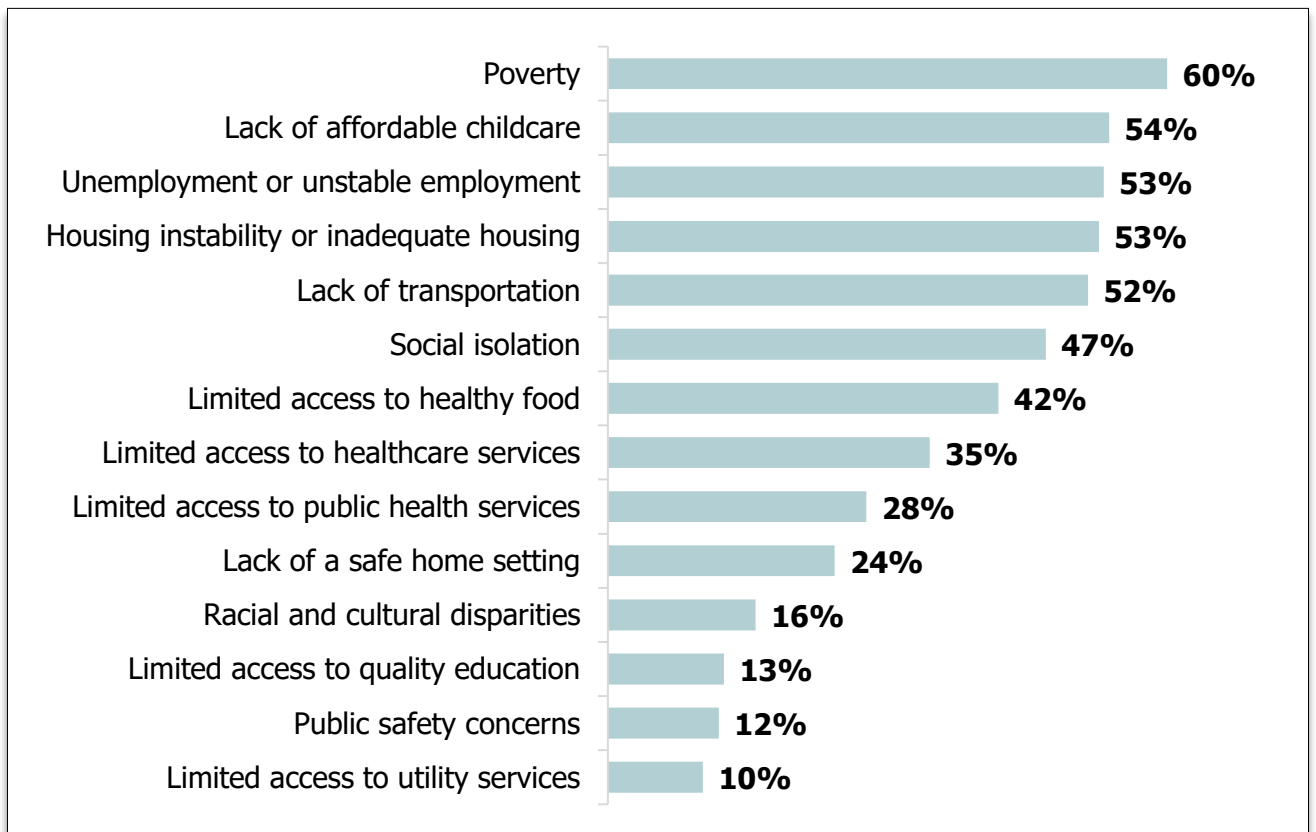
*Source: County Health Rankings 2025 Report*

## Social Drivers of Health

Social drivers of health, such as economic stability, education, and access to healthcare, significantly influence health outcomes by shaping individuals' living conditions, behaviors, and access to resources necessary for maintaining good health. These factors can lead to health disparities, with marginalized groups often experiencing worse health outcomes due to these determinants.

Survey respondents were asked to identify the key social drivers of health (SDoH) that negatively impact the health of people in Boone County. The top SDoH identified was poverty with 60% of survey respondents identifying it as negatively impacting the community's health followed by lack of affordable childcare .

Survey Question: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (please select all that apply):



## Housing

Access to affordable and safe housing influences a wide range of factors that contribute to physical and mental well-being. There is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses and stress, exposure to environmental hazards, and financial instability (Center for Housing Policy). Less Boone County residents experience severe housing problems (overcrowding, high housing costs, lack of plumbing) than the state average. Additionally, 8% of Boone County residents spend 50% or more of their household income on housing.

	Boone County	Iowa
Severe Housing Problems (2017-2021)	6.9%	11.3%
Severe Housing Cost Burden (2019-2023)	7.9%	10.4%
Broadband Access (2019-2023)	87.8%	87.5%

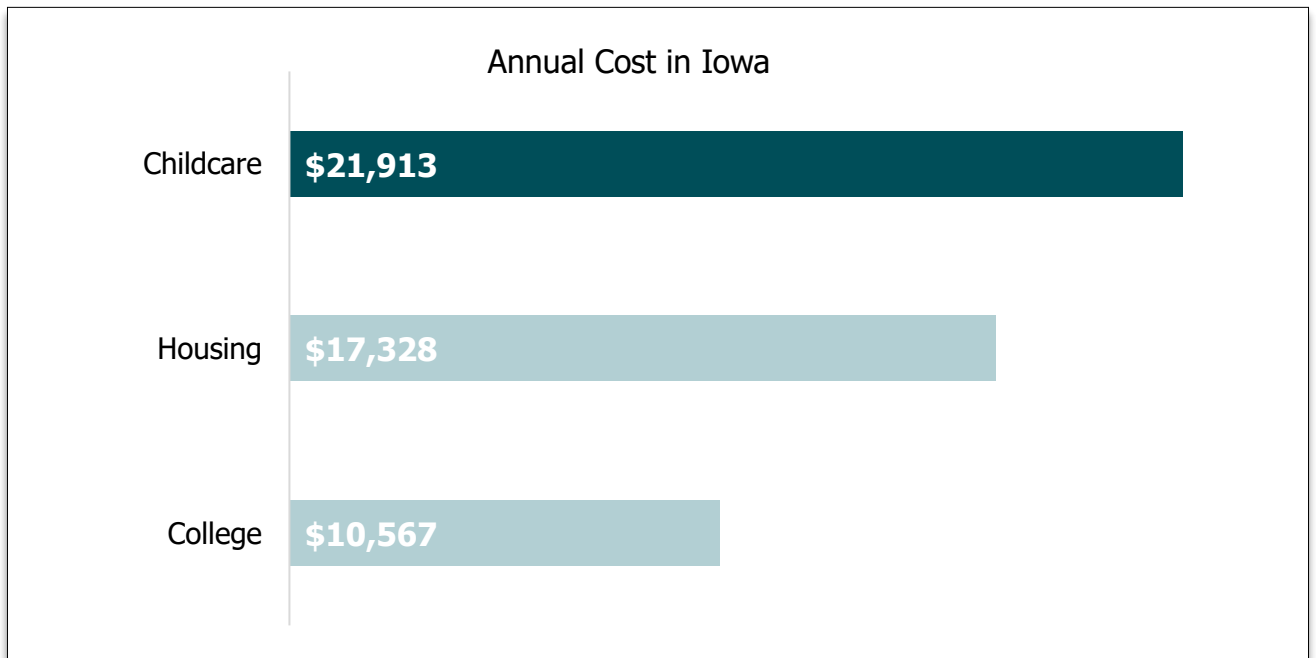
*Source: County Health Rankings 2025 Report*

## Access to Childcare

The average yearly cost of infant care in Iowa is \$12,168. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family's income (Economic Policy Institute). In Boone County, 21% of household income is required for childcare expenses and there are 8 childcare centers for every 1,000 children under age 5 in the county.

	Boone County	Iowa
Children in Single-Parent Households (2019-2023)	15.4%	20.1%
Child Care Cost Burden - % of HHI used for childcare (2024)	20.7%	22.9%
Child Care Centers per 1,000 Under Age 5 (2010-2022)	8.4	8.0

Source: County Health Rankings 2025 Report



Note: Annual childcare price for 2 children (an infant and 4-year-old) in a center  
 Source: Child Care Aware (2023)

## Income, Employment, and Education

Income, employment, and education play a role in the community's ability to afford healthcare and impact health outcomes through health literacy and access to health insurance. Educational attainment and employment impact mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and access to health insurance (HealthAffairs). Additionally, these factors impact people's ability to afford services to live healthy and happy lives like safe housing, transportation, childcare, and healthy food.

	Boone County	Iowa
Median Household Income (2023)	\$ 77,381	\$71,662
High School Completion (2019-2023)	95.7%	93.2%
Some College – includes those who had and had not attained degrees (2019-2023)	71.4%	70.3%
Unemployment (2023)	2.5%	2.9%
Children in Poverty (2023)	9.5%	13.0%

*Source: County Health Rankings 2025 Report*

# Evaluation & Selection Process

Worse than Benchmark Measure	Identified by the Community	Feasibility of Being Addressed	Impact on Health Equity
			
Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or U.S. averages	Health needs expressed in the online survey and/or mentioned frequently by community members	Growing health needs where interventions are feasible, and the Hospital could make an impact	Health needs that disproportionately affect vulnerable populations and can impact health equity if addressed

Health Need Evaluation	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Equity
Mental Health	✓	✓	✓	✓
Health Care: Affordability	✓	✓	✓	✓
Cancer	✓	✓	✓	✓
Alcohol/Drug Abuse	✓	✓	✓	✓
Loneliness/Depression	✓	✓	✓	✓
Diabetes	✓	✓	✓	✓
Emergency Response Services - EMS, Fire, Police		✓		✓
Heart Disease	✓	✓	✓	✓
Access to Senior Services	✓	✓	✓	✓
Access to Caregiver Support	✓	✓	✓	✓

# Implementation Plan

## Implementation Plan Framework

Based on the findings of the Community Health Needs Assessment, Boone County Hospital and Clinics identified three top community health priorities: Behavioral Health, Cancer, and Diabetes. These priorities were determined through a combination of community input, health data analysis, and facilitated conversations with hospital stakeholders. This plan outlines goals, objectives, and summarizes existing programs and services that support each priority, ensuring continued alignment with the hospital's current work and a path forward to improving access and outcomes. BCH has focused this action plan on the healthcare needs of the community and relies on partner organizations in the community to lead action plans for other community needs like education, housing, and transportation.



### Behavioral Health

*Goal: Improve behavioral health outcomes in the community by expanding access to services and strengthening early intervention efforts.*



### Cancer

*Goal: Strengthen cancer prevention, detection, and support services to improve cancer mortality and quality of life for patients.*



### Diabetes

*Goal: Reduce the burden of diabetes in the community by improving prevention, education, and effective chronic disease management.*

# Behavioral Health

## BCH Services and Programs Committed to Respond to This Need

- Senior Life Solutions: Program for Medicare-age patients providing intensive outpatient group therapy designed to meet the unique needs of individuals experiencing depression or anxiety related to life changes often associated with aging.
- Tele-Psychiatry Consultation: Available through ITP in the emergency department (ED) and inpatient units to screen patients, provide medication recommendations, and placement.
- Safe Rooms: ED is equipped with a safe room for behavioral health patients in crisis and a “safer” room available for use by inpatients.
- Screening: PHQ-2 depression screening integrated in clinical workflows. Patients screened positive for behavioral health needs are connected to community resources.
- Provider Training: Multiple providers are certified to prescribe Suboxone for opioid use disorder. Nurses and paramedics are trained in de-escalation techniques.
- Outreach and Education: BCH coordinates with multiple community partners and coalitions (YSS, Sheriff’s Department, SAFE) to provide community education and events.

## Goals and Future Actions to Address this Significant Health Need

*Goal: Improve behavioral health outcomes in the community by expanding access to services and strengthening early intervention efforts.*

- Expand Senior Life Solutions with additional providers to grow service offerings and meet growing demand.
- Continuously work to recruit outpatient mental health providers to close the referral gap between inpatient and emergency care to outpatient behavioral health services and primary care.
- Strengthen partnerships and referrals to YSS and other community-based support systems for behavioral health needs.

## Impact of Actions and Access to Resources

- Expand the number of patients served through Senior Life Solutions.
- Track referrals successfully transitioned from ED/inpatient to outpatient mental health care.
- Increase utilization of tele-psychiatry services to meet local community needs.

## Other Local Organizations Available to Respond to This Need

- Community and Family Resources
- YSS
- Local private practice counseling services

# Cancer

## BCH Services and Programs Committed to Respond to This Need

- **Oncology Services:** Visiting oncologists from McFarland Clinic are on-site monthly to provide local access to oncology services.
- **Outpatient Infusion Center:** Offering some chemotherapy services and other treatments locally.
- **Screening and Radiology:** On-site access to mammography screening, colonoscopies, low-dose lung CT scans, and PSA testing.
- **Education and Outreach:** Provider participation in community health fairs and senior-focused outreach through Senior Life Solutions.

## Goals and Future Actions to Address this Significant Health Need

*Goal: Strengthen cancer prevention, detection, and support services to improve cancer mortality and quality of life for patients.*

- Evaluate the feasibility of expanding chemotherapy services and oncology availability.
- Assess cancer support needs, including potential partnerships for peer support groups or survivorship care.
- Enhance prevention and education efforts, especially through partnerships with Public Health and community organizations (e.g., Iowa Cancer Consortium).

## Impact of Actions and Access to Resources

- Increase access to cancer care:
  - Oncology appointment utilization
  - Infusion Center appointments
- Increase cancer screening utilization:
  - Mammography
  - Low-dose CT lung scan
  - Colonoscopy

## Other Local Organizations Available to Respond to This Need

- Iowa Cancer Consortium
- McFarland Clinic
- The Free Clinic of Boone County

# Diabetes

## BCH Services and Programs Committed to Respond to This Need

- **Diabetes Education:** Full-time registered dietitian providing 1:1 education and medical nutrition therapy for diabetes patients.
- **Health Coaching:** Certified Health Coach available to assist patients in developing plans to lose weight, lower A1C, make healthy lifestyle changes, and promote screening adherence.
- **Health Improvement and Activity:** Cardiac & Pulmonary Rehabilitation department offers "Phase 3," a low-cost community exercise program utilizing BCH facilities and equipment for continued physical activity.
- **Screening Services:** Wellness labs offering low-cost cholesterol, triglyceride, and glucose screening.
- **Community events:** Annual running/biking event. Healthy lifestyle lunch-and-learns with nutritious meals and educational content.
- **Remote patient monitoring:** Certified Health Coach and Diabetes Educator are able to view patients' continuous glucose monitoring data to make timely adjustments to treatment and optimize overall diabetes management.

## Goals and Future Actions to Address this Significant Health Need

*Goal: Reduce the burden of diabetes in the community by improving prevention, education, and effective chronic disease management.*

- Promote and build utilization of the diabetes education program.
- Explore the development of a formal chronic care management (CCM) program for Medicare-eligible patients.
- Increase community outreach and education around healthy lifestyle behaviors, including physical activity and nutrition.

## Impact of Actions and Access to Resources

- Grow the number of patients enrolled in Diabetes Education Program

## Other Local Organizations Available to Respond to This Need

- The Free Clinic of Boone County
- Local fitness centers/exercise programs

# Appendix

# Community Data Tables

# Leading Cause of Death

The Leading Causes of Death are determined by the official Centers for Disease Control and Prevention (CDC) final death total. Iowa's Top 15 Leading Causes of Death are listed in the tables below in Boone County's rank order. Boone County's mortality rates are compared to the Iowa state average, and whether the death rate was higher (red), or lower (green) compared to the state average.

	Boone County	Iowa	U.S.
Heart Disease	213.6	184.9	173.8
Cancer	170.7	150.9	146.6
Lung	47.6	39.9	34.7
Accidents	45.4	48.7	64.7
Stroke	43.7	33.8	41.1
Alzheimer's	37.0	28.2	31.0
Diabetes	29.2	25.0	25.4
Flu - Pneumonia	24.0	8.7	10.5
Suicide	11.4	17.5	14.1
Kidney	8.2	10.0	13.6
Liver	8.0	13.7	14.5
Hypertension	7.3	13.0	10.7
Blood Poisoning	7.3	8.3	10.2
Parkinson's	6.0	10.3	9.8
Homicide	1.9	3.2	8.2

Source: worldlifeexpectancy.com, CDC (2022)

# County Health Rankings

	Boone	Iowa	US Overall
<b>Length of Life</b>			
Premature Death*	6,966	7,201	8,400
Life Expectancy*	77	78	77
<b>Quality of Life</b>			
Poor or Fair Health	14%	16%	17%
Poor Physical Health Days	3.5	3.5	3.9
Poor Mental Health Days	4.8	4.7	5.1
Low Birthweight*	6%	7%	8%
<b>Health Behaviors</b>			
Adult Smoking	16%	16%	13%
Adult Obesity	39%	38%	34%
Limited Access to Healthy Foods	2%	6%	6%
Physical Inactivity	24%	25%	23%
Access to Exercise Opportunities	79%	80%	84%
Excessive Drinking	25%	25%	19%
Alcohol-Impaired Driving Deaths	33%	26%	26%
Drug Overdose Deaths*	n/a	14	31
Sexually Transmitted Infections*	248	457	495
Teen Births (per 1,000 females ages 15-19)	11	14	16
<b>Clinical Care</b>			
Uninsured	5%	6%	10%
Primary Care Physicians (MDs & DOs)	2227:1	1385:1	1,330:1
Other Primary Care Providers (APPs)	2954:1	701:1	710:1
Dentists	2419:1	1411:1	1,360:1
Mental Health Providers	1399:1	466:1	300:1
Preventable Hospital Stays*	2,402	2,364	2,666
Mammography Screening	54%	54%	44%
Flu Vaccinations	61%	54%	48%
<b>Social &amp; Economic Factors</b>			
High School Completion	96%	93%	89%
Some College	71%	70%	68%
Unemployment	2%	3%	3.6%
Children in Poverty	10%	13%	16%
Children in Single-Parent Households	15%	20%	25%
Injury Deaths*	73	73	84
Child Care Cost Burden (% of HHI used for childcare)	21%	23%	28%
Child Care Centers (per 1,000 under age 5)	8	8	7
<b>Physical Environment</b>			
Severe Housing Problems	7%	11%	17%
Long Commute - Driving Alone (> 30 min. commute)	30%	21%	37%
Severe Housing Cost Burden (50% or more of HHI)	8%	10%	15%
Broadband Access	88%	88%	90%

\*Per 100,000 Population

## Key (Legend)

Better than IA   Same as IA   Worse than IA

Source: County Health Rankings 2025 Report

# Data and Inputs

## Data Limitations

Rural communities and those with low population sizes face several data limitations including but not limited to:

- Small sample sizes: small populations reduce the statistical power and do not capture the full diversity of the community
- Data privacy: to ensure the confidentiality of individuals in small communities, data may be aggregated or withheld
- Data gaps: some events may happen less frequently in small populations leading to limited data and gaps in time
- Resource constraints: rural areas often have less funding for data collection and access to data collection technologies
- Underrepresentation in national surveys: many national level data sources focus on urban areas due to the higher population making access to data in small communities more limited

This assessment is meant to capture the health status of the service area at a specific point in time, combining both qualitative data from the local community through survey collection and quantitative data from multiple sources where the county is available as the smallest unit of analysis.

## Local Expert Groups

Survey Respondents self-identify themselves into any of the following representative classifications:

- 1) **Public Health Official** – Persons with special knowledge of or expertise in public health
- 2) **Government Employee or Representative** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the organizations
- 3) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
- 4) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
- 5) **Priority Population** – Persons who identify as medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+
- 6) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding / education on health services and needs.
- 7) **Other** (please specify)

## Data Sources

Source	Data Element	Date Accessed	Data Date
County Health Rankings 2025 Report	Assessment of health needs of the county compared to all counties in the state; County demographic data	May 2025	2014-2024
CDC Final Deaths	15 top causes of death	May 2025	2022
Bureau of Labor Statistics	Unemployment rates	May 2025	2023
National Alliance on Mental Illness – NAMI	Statistics on mental health rates and services	May 2025	2022
NIH National Cancer Institute	State cancer profiles; incidence rates	May 2025	2017-2021
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	May 2025	2022
American Diabetes Association	Type 2 diabetes risk factors	May 2025	2005
Centers for Disease Control and Prevention – CDC	Gender disparities in cancer prevalence	May 2025	2025
Health Resources & Services Administration – data.hrsa.gov	HPSA designated areas	May 2025	2023
Center for Housing Policy	Impacts of affordable housing on health	May 2025	2015
Child Care Aware	Childcare costs	May 2025	2023
Health Affairs: Leigh, Du	Effects of low wages on health	May 2025	2022

# Survey Results

Based on 230 survey responses gathered between March and April 2025.

Due to a high volume of survey responses, not all comments are provided in this report. All included comments are unedited and are contained in this report in the format they were received.

Q1: Your role in the community (select all that apply)

Answer Choices	Responses	
Community Resident	69.16%	157
Healthcare Professional	49.34%	112
Government Employee or Representative	5.29%	12
Public Health Official	0.88%	2
Representative of Chronic Disease Group or Advocacy Organization	0.44%	1
	Answered	227
	Skipped	3

Q2: Race/Ethnicity (select all that apply)

Answer Choices	Responses	
White or Caucasian	97.82%	224
Asian or Asian American	0.87%	2
Choose to not disclose	0.87%	2
Hispanic or Latino	0.44%	1
American Indian or Alaska Native	0.44%	1
Other	0.87%	2
	Answered	229
	Skipped	1

Q3: Age group

Answer Choices	Responses	
18-24	4.37%	10
25-34	13.54%	31
35-44	22.71%	52
45-54	19.21%	44
55-64	16.59%	38
65+	23.14%	53
Choose to not disclose	0.44%	1
	Answered	229
	Skipped	1

Q4: What ZIP code do you primarily live in?

Answer Choices	Responses	
50036	72.4%	165
50212	9.2%	21
50156	5.7%	13
50014	1.8%	4
50010	1.8%	4
50223	1.3%	3
50276	1.3%	3
50543	0.9%	2
50249	0.9%	2
50248	0.4%	1
50544	0.4%	1
50023	0.4%	1
50220	0.4%	1
50595	0.4%	1
50107	0.4%	1
50129	0.4%	1
50115	0.4%	1
50126	0.4%	1
50217	0.4%	1
50246	0.4%	1
	Answered	228
	Skipped	2

Q5: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community? (please select your top 3 responses if possible)

Answer Choices	Responses	
Low-income groups	68.54%	146
Older adults - aged 55+	58.22%	124
Uninsured and underinsured individuals	55.87%	119
Individuals requiring additional healthcare support	40.85%	87
Children/Adolescents	17.84%	38
Residents of rural areas	17.37%	37
Racial and ethnic minority groups	16.43%	35
Women	11.27%	24
LGBTQ+	10.80%	23
Men	2.35%	5
	Answered	213
	Skipped	17

What do you believe to be some of the needs of the groups selected above?

- Low-income and uninsured or underinsured have trouble being able to get appointments with any kind of doctor.
- Being able to afford services/healthcare
- Affordable housing, a lot of low income people live here.
- Walk in clinic
- Local dentists that accept Medicaid. Transportation for low income individuals to get to their appointments.
- Nutrition, Healthcare availability, Affordability
- Transportation for elderly. To local and out of town appointments - doctor, physical therapy, etc. Transportation home from hospital stays when do not have this on their own. HIRTA does not cover all transportation needs.
- Need for specialty care such as urology, oncology, ortho. Shortage of mental health services is huge.
- More affordable preventative care, more education on illnesses
- Access to prescription care. Access to specialist care. Access to Dental care.
- Transportation is a considerable barrier for these populations.
- Better mental health support. Many suffer from addiction that is fueled by underlying mental health issues. Eg: trauma, depression, anxiety

Q6: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Mental Health	2	1	19	31	142	195	4.59
Cancer	2	8	20	59	106	195	4.33
Alcohol/Drug Abuse	0	8	22	64	99	193	4.32
Loneliness/Depression	3	2	34	66	89	194	4.22
Diabetes	0	4	38	72	81	195	4.18
Heart Disease	0	4	35	79	77	195	4.17
Obesity	5	3	33	77	76	194	4.11
Alzheimer's and Dementia	1	10	39	69	75	194	4.07
Frailty/Age Related Concerns	1	8	43	73	68	193	4.03
Chronic Pain	2	10	40	79	62	193	3.98
Medication Management	2	8	59	55	68	192	3.93
Women's Health	2	5	58	68	58	191	3.92
Home Bound	1	11	61	64	57	194	3.85
Stroke	0	9	67	68	49	193	3.81
Dental	5	12	71	66	40	194	3.64
Lung Disease	3	17	66	67	39	192	3.64
Men's Health	1	17	89	49	36	192	3.53
Kidney Disease	3	22	86	47	36	194	3.47
Liver Disease	4	22	91	40	36	193	3.42
						Answered	195
						Skipped	35

Comments:

- Rheumatology
- Neurology, migraines and seizures
- All the above are important
- Urgent care

Q7: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Health Care: Affordability	0	5	25	55	108	193	4.38
Emergency Response Services - EMS, Fire, Police	2	9	37	49	95	192	4.18
Access to Senior Services	1	4	38	74	78	195	4.15
Access to Caregiver Support	0	4	43	70	78	195	4.14
Access to Childcare	1	10	37	59	88	195	4.14
Affordable Housing	3	8	37	59	88	195	4.13
Access to Healthy Food	1	4	42	72	76	195	4.12
Access to Health Insurance Resources	1	9	42	63	80	195	4.09
Education System	3	9	41	62	77	192	4.05
Employment and Income	2	3	50	67	71	193	4.05
Transportation	2	8	48	64	70	192	4.00
Health Care: Prevention Services	4	11	46	64	67	192	3.93
Health Care: Types of Services Provided	5	11	49	63	64	192	3.89
Access to Exercise/Recreation	1	13	55	64	61	194	3.88
Community Safety	3	15	50	59	65	192	3.88
Health Care: Location of Services	6	11	53	58	65	193	3.85
Social Connections	3	17	67	66	41	194	3.64
Access to Health Care Resources - LGBTQ+	21	25	51	52	41	190	3.35
Health Care Fraud/Legal Services	11	32	81	40	29	193	3.23
						Answered	195
						Skipped	35

**Comments:**

- Veteran's access to appointments down in Des Moines or Iowa City.
- Work related drug test (4)
- There is need of an extended bus service for the elderly and underprivileged

Q8: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Alcohol Use	2	9	32	71	79	193	4.12
Illegal Drug Use	6	8	36	63	80	193	4.05
Physical Inactivity	3	11	42	71	65	192	3.96
Poor Diet	2	11	42	75	63	193	3.96
Smoking/Vaping/Tobacco Use	3	14	49	58	68	192	3.91
Sex Trafficking/ Unprotected Sex	3	23	43	49	74	192	3.88
Self Injurious/Harming Behavior	2	14	56	60	59	191	3.84
Social Media Use	7	22	50	55	58	192	3.70
CBD/THC Use (Cannabis)	26	22	59	45	40	192	3.27
						Answered	193
						Skipped	37

**Comments:**

- Mental healthcare access is difficult in Iowa and needs to be improved.

Q9: Please provide feedback on any actions you've seen taken by BCH to address the 2022 significant health needs in your community and what additional actions you would like to see.

- BCH has had extensive advances in their care of the people in our community.
- Started Senior Life Solutions program. Better access to mental health for kids.
- I believe BCH does an excellent job of meeting the needs of the residents of this community. They offer many programs to meet the social and mental health needs. They provide excellent care for surgeries, and other hospitalizations.
- Mental Health Accommodations, service, Excellent effort to make service available, providers, Walk In clinic, Efforts for prevention, vaccinations are a challenge due to National circumstances. Diabetes awareness and nutrition are ongoing challenges.
- I appreciate the center dedicated to mental health in seniors-- also good pain clinic! We need more mental health options for men and children--
- Vaccination Clinic availability for insured and uninsured
- I'd like to see more available places for placement of mental health patients, so those patients can get the proper help they need.
- We desperately need a new sponsor to continue the RSVP program, a very valuable service to our community. The services that are currently provided help many of our seniors remain in their home & also give their caregivers a much needed rest. It is imperative that this program continue!!
- I believe BCH does a good job of addressing most or all of these issues. I do think we should have more mental health providers and resources!!
- Needs-transportation to and from appointments, Pediatric services, access for underinsured or uninsured.
- The Senior Life Solutions located at BCH is a wonderful, much needed asset for our community and county. BCH continues to try and grow available resources for all demographics.
- BCH has adapted programs and providers to widen access for disadvantaged populations.
- New providers - both primary care and specialty has been great. Would love to see even more specialty options
- Senior Life Solutions, Walk in clinic, Free clinic, Health Coach RN
- BCH has added new services and specialists. Has added a nurse practitioner with mental health certification. Has added two new OB doctors and is adding a certified nurse midwife. Fully staffed family practice. walk in clinic.

Q10: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (please select all that apply):

Answer Choices	Responses	
Poverty	60.23%	106
Lack of affordable childcare	53.98%	95
Unemployment or unstable employment	53.41%	94
Housing instability or inadequate housing	52.84%	93
Lack of transportation	51.70%	91
Social isolation	47.16%	83
Limited access to healthy food	42.05%	74
Limited access to healthcare services	34.66%	61
Limited access to public health services	27.84%	49
Lack of a safe home setting	24.43%	43
Racial and cultural disparities	15.91%	28
Limited access to quality education	12.50%	22
Public safety concerns	11.93%	21
Limited access to utility services	10.23%	18
Other	5.68%	10
	Answered	176
	Skipped	54

**Comments:**

- Lack of in-home fulltime caregiver support for seniors.
- Mental health issues / trauma
- Lack of local mental health and treatment options
- Lack of affordable exercise venues to stay healthy. We need to know where to turn to for help.
- Many of these items are "self-imposed". There are adequate employment opportunities if people want to work and support themselves.
- Lack of mental health services
- Cost of living is high for a small town

Q11: What is a barrier to you seeking service at BCH? (select all that apply)

Answer Choices	Responses	
Difficulty getting an appointment (long wait times)	32.89%	50
Limited availability of services or specialties	30.26%	46
Billing issues or lack of clarity in billing statements	23.03%	35
High cost of services	22.37%	34
Not aware of the hospital's services or programs	21.71%	33
Perception of low-quality care	18.42%	28
Unhappy with previous experience with providers or staff	17.76%	27
Limited facility hours (inconvenient for working individuals)	17.76%	27
Poor communication from providers or staff	12.50%	19
Out-of-network for insurance plans	11.84%	18
Underinsured/no insurance	6.58%	10
Language or cultural barriers	3.29%	5
Facility is too far from home	1.97%	3
Other	13.82%	21
	Answered	152
	Skipped	78

Comments

- I do not have any barrier seeking service. Service has always been there when I needed it.
- Transportation
- haven't experienced barriers to seeking healthcare at BCH
- No barriers I receive exempt medical care from former employer in Ames
- Personally, our family has some serious health issues and have established specialists in DSM.

Q12: What additional services / offerings would you like to see available locally?  
(select all that apply)

Answer Choices	Responses	
Mental Health / Substance Abuse Treatment	54.49%	91
Cancer Care	32.93%	55
Bariatric	30.54%	51
Endocrinology	29.34%	49
Health Prevention / Education Programs	29.34%	49
Pediatrics	28.14%	47
Additional Primary Care Availability	26.35%	44
Cardiology	26.35%	44
Urgent Care / Walk-In / Extended Hours	26.35%	44
Women's Health and Obstetrics	22.16%	37
Dermatology	21.56%	36
Telehealth / Virtual Care	20.96%	35
Gastroenterology	19.16%	32
Rheumatology	17.96%	30
Pulmonology	16.17%	27
Dental Care	15.57%	26
Orthopedics	14.97%	25
Audiology	14.37%	24
Neurology	13.77%	23
Reproductive Health	13.77%	23
Men's Health	11.38%	19
General Surgery	10.78%	18
Urology	10.78%	18
Nephrology	10.18%	17
Ophthalmology	9.58%	16
Podiatry	9.58%	16
Plastic Surgery	6.59%	11
Other	5.39%	9
	Answered	167
	Skipped	63

Comments:

- Education programs
- Happy with options available
- Gynecologist
- We have all that we need
- All areas of women's health, not just ob
- Allergy

Q13: Where do you get most of your health information? (Check all that apply)

Answer Choices	Responses	
Doctor/Healthcare Provider	88.27%	158
Website/Internet	43.02%	77
Hospital/Healthcare Office	39.66%	71
Workplace	23.46%	42
Family or Friends	22.91%	41
Social Media	17.88%	32
Word of Mouth	16.20%	29
School/College	7.82%	14
Newspaper/Magazine	4.47%	8
Radio	3.35%	6
Television	3.35%	6
Other	3.91%	7
	Answered	179
	Skipped	51

Comments:

- Podcasts
- Continued education, medical journals
- Factual news source
- Medical Journals
- Medical Journals
- My education
- I've been a nurse for 22 years