2026 – 2029

Wright County, Iowa

COMMUNITY HEALTH NEEDS

ASSESSMENT

& IMPLEMENTATION STRATEGY

Iowa Specialty Hospital–Belmond | Wright County Public Health

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Prepared by Iowa Specialty Hospitals & Clinics and Wright County Public Health

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Our Priorities at a Glance

Following the May 13, 2026 community convening, Iowa Specialty Hospitals & Clinics, Wright County Public Health, and community stakeholders reached consensus on four priority impact areas to guide coordinated action from 2026 through 2029.

01

Chronic Disease Prevention & Self-Management

79%

of households report a chronic disease, cancer, or obesity diagnosis

GOAL Strengthen prevention, support early detection, and improve management of chronic conditions.

02

Mental Health & Substance Use

72%

of respondents report stigma related to mental health and substance use

GOAL Reduce stigma around mental health and substance use.

03

Physical Activity Access

50%

of respondents exercise fewer than three times per week

GOAL Increase opportunities for residents to be active and live healthier.

04

Access to Healthy Food

82%

say affordable healthy food options are insufficient

GOAL Make it easier for people across the county to find and access food resources.

Percentages reflect responses to the 2026 Wright County Community Health Needs Assessment survey.

SECTION 01

Introduction

For the 2026–2029 CHNA/Implementation Strategy cycle, Wright County Public Health and Iowa Specialty Hospitals & Clinics, as designated health leaders for the community, partnered to conduct a comprehensive and community-driven assessment of health needs in Wright County. This collaborative approach was designed to center the voices of Wright County residents, identify the health priorities most important to the community, and determine where aligned public health, health care, and community-based efforts could most effectively improve outcomes.

The CHNA process incorporated a mixed-methods approach, including analysis of secondary data sources, review of prior Community Health Needs Assessments and Implementation Strategies, and community engagement. Community input was collected through surveys and efforts were made to engage stakeholders to ensure representation across populations, geographies, and lived experiences. This inclusive process strengthened the validity of findings and ensured that identified priorities reflect both data-driven needs and community-identified concerns.

Findings from the assessment informed prioritization of significant health needs based on standardized criteria, including the number of individuals impacted, severity and potential for morbidity and mortality, impact on vulnerable populations, community importance, and feasibility of meaningful change. The resulting priorities serve as the foundation for the 2026–2029 Implementation Strategy and will guide coordinated implementation efforts, resource allocation, and performance monitoring throughout the cycle.

How Priorities Were Selected

1	2	3	4	5
Number of individuals impacted	Severity & potential for morbidity and mortality	Impact on vulnerable populations	Community importance	Feasibility of meaningful change

The 2026–2029 Wright County CHNA and Implementation Strategy are intended to inspire collective action, strengthen cross-sector partnerships, and ensure the effective and equitable use of resources to advance health and well-being for all Wright County residents.

SECTION 02

About This Assessment

This Community Health Needs Assessment and Implementation Strategy was prepared to meet the requirements of Section 501(r)(3) of the Internal Revenue Code for Iowa Specialty Hospital–Belmond, a 501(c)(3) tax-exempt Critical Access Hospital located in Belmond, Iowa.

Community Served

For this assessment, Iowa Specialty Hospital–Belmond defines its community as Wright County, Iowa, which has a population of 13,089. Wright County is the hospital's primary service area: most of its patients live in the county, both Iowa Specialty hospitals are located there, and it is also the service area of Wright County Public Health, the hospital's primary assessment partner.

Iowa Specialty Hospitals & Clinics also serves a broader region through twelve clinics located in Ames, Belmond, Boone, Clarion, Clear Lake, Des Moines, Fort Dodge, Hampton, Garner, Mason City, Rockwell, and Webster City. This secondary service area includes all counties bordering Wright County (Hancock, Cerro Gordo, Franklin, Hardin, Hamilton, Webster, Humboldt, and Kossuth) as well as Story, Polk, and Boone counties. Residents of these counties benefit from the services, programs, and strategies described in this report. However, the assessment focuses on Wright County, where the hospital's patient base is concentrated and where it can partner directly with the local public health department to carry out shared strategies.

Shared Staff & Resources

This assessment and implementation strategy were prepared to meet the federal requirements for Iowa Specialty Hospital–Belmond. The work, however, reflects the commitment of the entire Iowa Specialty Hospitals & Clinics system, including Iowa Specialty Hospital–Clarion, and of Wright County Public Health. The priorities and strategies in this report will be adopted and carried out countywide and across the Iowa Specialty Hospitals & Clinics system.

Iowa Specialty Hospital–Belmond is accountable for this assessment and for its role in implementing each strategy. It draws on shared Iowa Specialty Hospitals & Clinics staff and resources to do so, including community and population health staff, marketing and communications, data analytics, clinic providers, and the *Insider* newsletter and social media channels.

Collaborating Partners

The assessment was conducted jointly with Wright County Public Health and the following organizations participated as collaborating partners: Wright County school districts, Wright County Economic Development, Wright County Board of Health, CIS, area employers, faith communities, food pantries, and community members.

SECTION 03

Progress Since the 2023 CHNA

The 2022–2025 Community Health Needs Assessment identified five priority areas. Wright County Public Health and Iowa Specialty Hospitals & Clinics carried out coordinated strategies to address each one, and a final evaluation was completed. Meaningful progress was made in expanding access to mental health services, increasing SHIIP enrollment, strengthening emergency preparedness, and improving access to care.

Mental Health	Preventive Wellness & Immunization	Promoting a Healthier Community	Access to Quality Health Services	Emergency Response

Key Accomplishments

- **Mental Health:** School-based mental health services expanded from 35 students in one district in 2021 to 221 students across seven districts by 2025, totaling approximately 2,000 visits. This exceeded the goal of a 25% increase.
- **Preventive Wellness & Immunization:** Targeted outreach increased SHIIP enrollment from 360 in 2021 to 526 in 2025, exceeding the 5% increase goal.
- **Promoting a Healthier Community:** Private well water testing increased from 104 samples in 2021 to 150 in 2025.
- **Access to Quality Health Services:** Provider recruitment and service expansion improved the population-to-primary care provider ratio from 540:1 to 510:1.
- **Emergency Response:** HAN radio testing performance rose from 86% to more than 90%, meeting the goal through improved interagency coordination. First responder staffing also improved, though it remains affected by rural workforce shortages.

Lessons Learned

Sharper Focus

Five broad priorities spread resources across many areas, so the 2026–2029 plan focuses on four impact areas with defined strategies, measures, and target dates.

Measurable Baselines

Progress was difficult to report without consistent baselines, so the new plan includes baselines and 2029 targets where data are available.

Broader Engagement

Outreach expanded to the county fair, WIC sites, and a Spanish-language survey, and Healthy Wright County now shares ownership of implementation.

Written Comments

No written comments were received on the 2023 CHNA or implementation strategy.

SECTION 04

Methodology

2
Survey languages: English and Spanish

6
Community distribution channels

May 13
2026 community stakeholder meeting

To promote broad, representative, and culturally inclusive participation, the Community Health Needs Assessment survey was offered in both English and Spanish and disseminated through multiple community-based outreach strategies. Distribution channels included:

Insider Newsletter
Iowa Specialty Hospitals & Clinics

Social Media
Iowa Specialty Hospitals & Clinics platforms

Public Health Channels
Wright County Public Health communications

County Fair Parade
Wright County Fair Parade outreach efforts

County Fair Booth
Iowa Specialty Hospitals & Clinics and Wright County Public Health

WIC Clinic Sites
Survey access at WIC clinic locations

This multi-modal distribution approach was designed to reach residents across diverse settings, including clinical, community, and public events, to strengthen overall response diversity and accessibility.

Survey Participation

May - December 2025
Survey open

77
Total survey responses

5
Spanish-language responses

The community survey was open from May to December of 2025. A total of seventy-seven residents responded, including five who completed the Spanish-language version.

Respondent Characteristic	Percent of Respondents
Female / Male	90% / 10%
Under 18	0%
18–24	3%
25–44	27%
45–64	53%

65–74	10%
75–84	6%
85 and over	1%
Hispanic	7%

The survey is a convenience sample rather than a random sample, so results may not fully represent all Wright County residents. Secondary data from the U.S. Census Bureau, the American Community Survey, and County Health Rankings & Roadmaps were used alongside survey results to fill gaps and confirm trends.

To complement quantitative data collection, a community stakeholder meeting was held on May 13, 2026. This session convened community members and organizational partners to review and interpret the survey findings, provide context, validate priorities, and ensure that community voices directly informed the assessment's conclusions and the identification of priority health needs.

Data Sources & Analysis

The assessment combined primary data from the 2026 community survey with secondary data from the U.S. Census Bureau, the American Community Survey, Esri, County Health Rankings & Roadmaps, and clinical and immunization data. A full list of sources and dates appears in the Data Sources section at the end of this report. Survey responses were summarized as percentages and reviewed alongside county and state comparisons to identify where Wright County differs from Iowa and where residents reported the greatest need. Needs were then ranked using the five prioritization criteria described in the Introduction.

Public Health Input

Wright County Public Health, the local governmental public health department serving Wright County, co-led the assessment from survey design through prioritization. Public health staff contributed secondary data and public health expertise, distributed the survey through public health channels and WIC clinic sites, staffed the Wright County Fair booth, and helped interpret findings and set priorities at the May 13, 2026 community convening.

Input from Underserved Residents

The assessment made specific efforts to hear from residents who are often underrepresented in health planning, including low-income families, Spanish-speaking residents, older adults, and residents covered by Medicaid. The survey was offered in English and Spanish and distributed at WIC clinic sites, which serve low-income families with young children. It was also promoted at the Wright County Fair to reach residents who may not use hospital or public health communication channels.

Organizations representing these populations took part in the May 13, 2026 community stakeholder meeting, including Wright County Public Health (WIC), area food pantries, school district representatives, faith communities, organizations serving Hispanic residents. Twenty-two community members and partners attended.

How This Input Shaped the Priorities

Food cost and access, which residents identified through WIC and community outreach, became a standalone impact area. The share of residents enrolled in Medicaid, which is higher than the state average, reinforced the focus on low-cost and no-cost programs. Bilingual materials and Spanish-language outreach are built into strategies across all four impact areas. Senior-friendly exercise options, identified by 65% of respondents, shaped the Walk with Ease strategy.

The assessment also found that Hispanic residents were underrepresented among survey respondents. Rather than treating the findings as complete, the plan commits to strengthening engagement with Wright County's Hispanic community during implementation and in future assessments.

Healthy Wright County

Following the community convening on May 13, 2026, Iowa Specialty Hospitals & Clinics and Wright County Public Health established Healthy Wright County, a community coalition dedicated to advancing the goals of the 2026–2029 Community Health Needs Assessment and Implementation Strategy. Healthy Wright County brings together a broad cross-section of stakeholders including hospital representatives, public health staff, local community-based organizations, economic development partners, elected officials, and community members. The coalition is currently developing its formal structure and governance framework.

Impact Area Workgroups
Meet regularly to drive progress on each of the four priority areas

Full Coalition
Convenes semi-annually to review progress and align efforts

Community Meeting
At least once a year for ongoing input and transparency

SECTION 05

Wright County at a Glance

According to Esri, Wright County has a population of 13,089 and encompasses approximately 582 square miles in north central Iowa. Population data for the United States referenced in this report are derived from the U.S. Census Bureau and reflect estimates collected in 2024.

13,089
Residents

582
Square miles

20.7%
Hispanic population (Iowa: 7.6%)

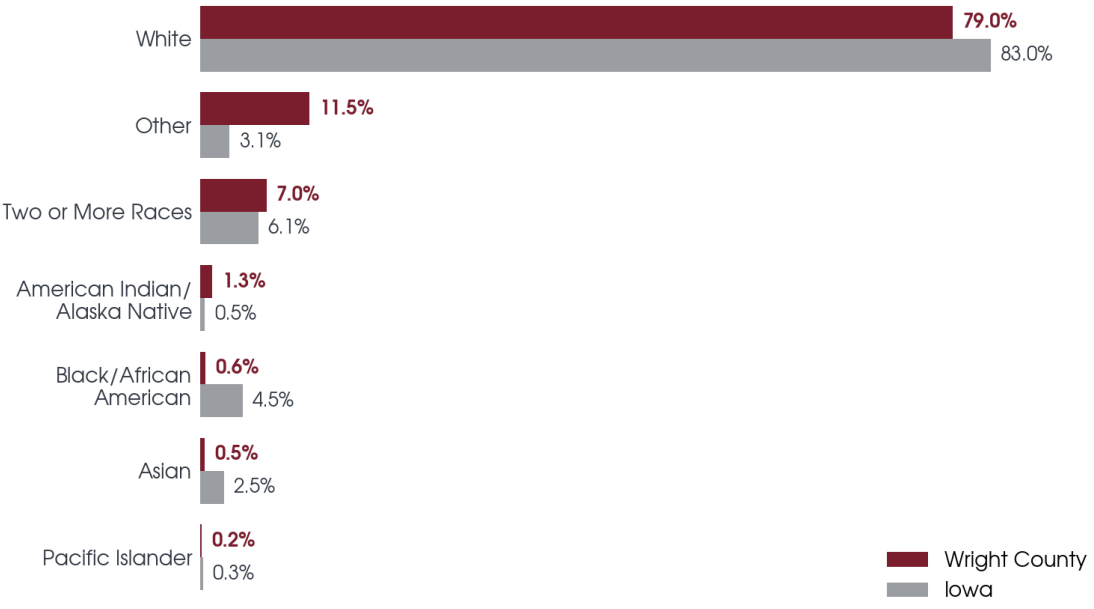
2.7%
Unemployment rate (Iowa: 3.5%)

Population

The population of Wright County is 50.4% male and 49.6% female.

	Total Population	Male	Female
Wright County	13,089	6,592	6,497
Iowa	3,303,442	1,636,554	1,620,179

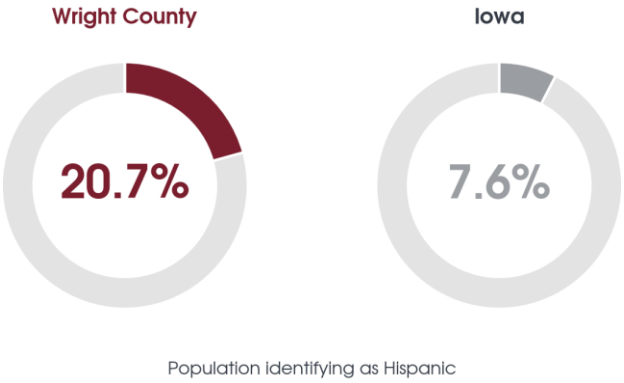
Race & Ethnicity



Source: U.S. Census Bureau.

Hispanic Population

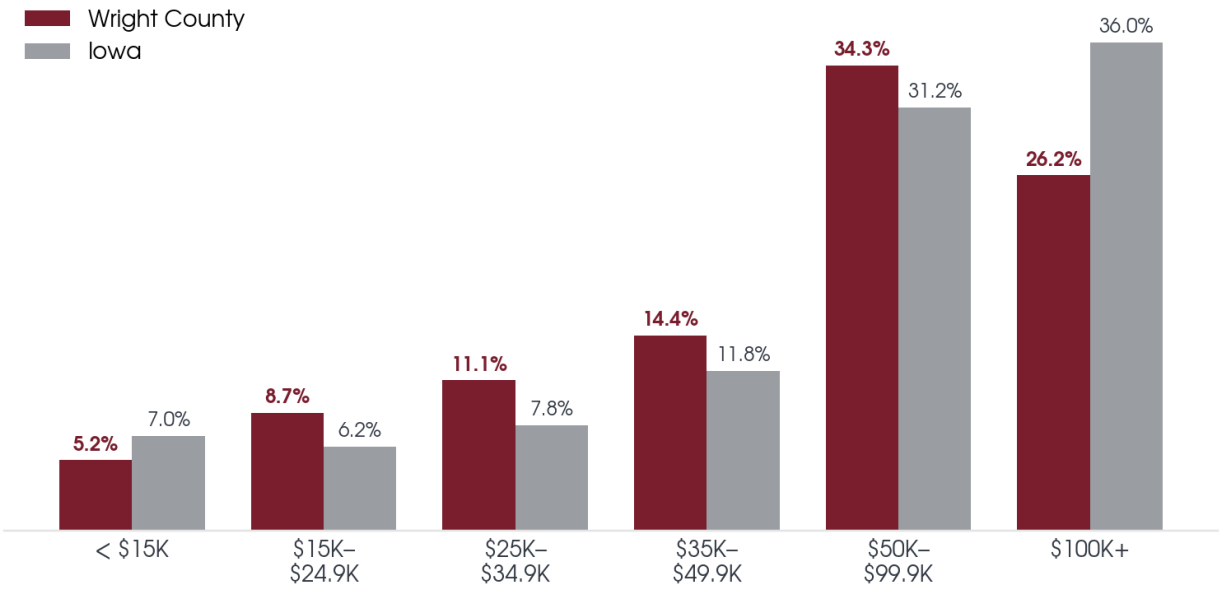
One in five Wright County residents identifies as Hispanic, nearly three times the statewide share.



Source: U.S. Census Bureau. Hispanic residents may be of any race.

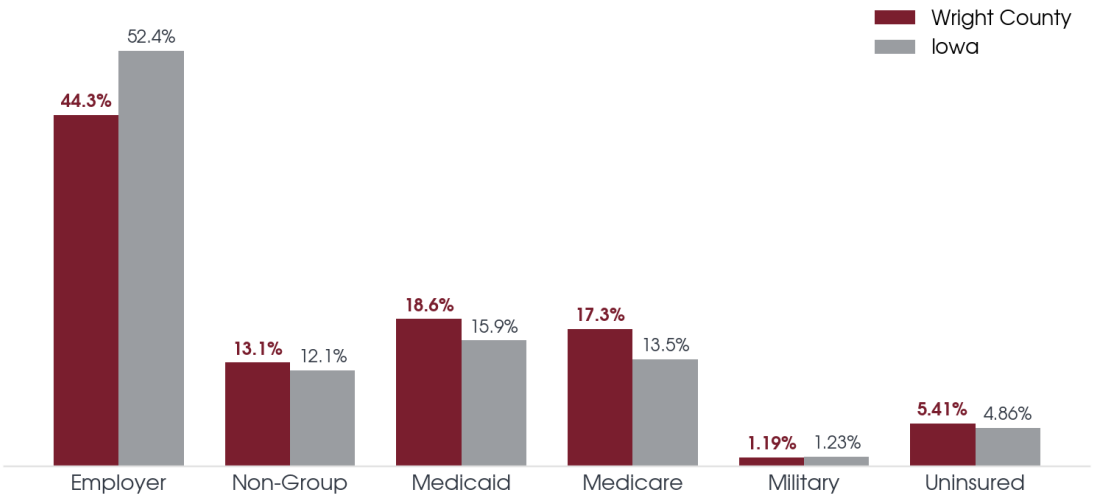
2025 Household Income

Compared with the state, a larger share of Wright County households earn between $25,000 and $99,999, while a smaller share earn over $100,000.



Insurance Coverage

According to U.S. Census Bureau American Community Survey (ACS) 2023 data, Wright County experienced a shift in insurance coverage between 2022 and 2023, characterized by a decline in employer-based insurance and a corresponding increase in Medicaid enrollment. Compared to the State, Wright County has a lower proportion of residents covered by employer-sponsored insurance and a higher share enrolled in Medicaid. These trends underscore the importance of safety-net coverage and access to publicly funded health services within the county.



Source: U.S. Census Bureau, American Community Survey 2023.

Education & Employment

According to County Health Rankings & Roadmaps, 90% of Iowa adults age 25 and older have completed high school or obtained an equivalent credential, with county-level rates ranging from 80% to 97%. In Wright County, the high school completion rate was 89% in 2025.

89% Wright County high school completion (2025)	**90%** Iowa high school completion	**2.7%** Wright County unemployment (Dec. 2025)	**3.5%** Iowa unemployment (Dec. 2025)

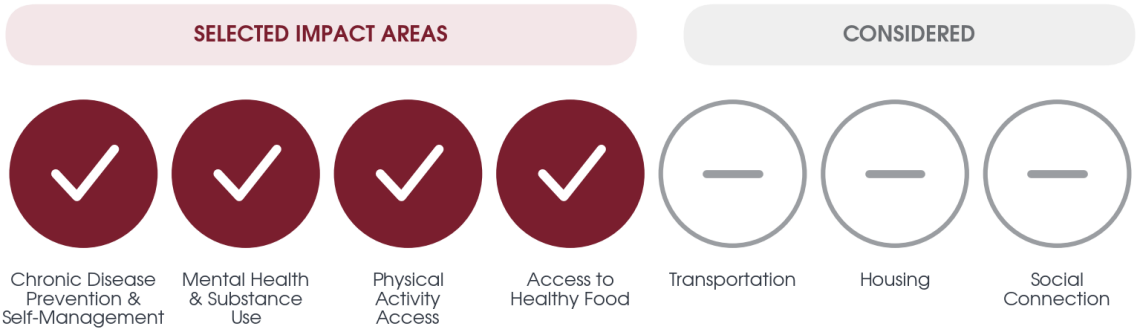
Unemployment is associated with significant negative mental health effects, including depression, anxiety, low self-esteem, and chronic stress. Unemployed individuals also face higher risks of stress-related physical conditions such as high blood pressure, heart disease, stroke, and chronic pain. Job insecurity and underemployment can compound these effects, further worsening both mental and physical health.

Source: Robert Wood Johnson Foundation; unemployment rates as of December 2025.

SECTION 06

Assessment Results

The 2026 Wright County Community Health Needs Assessment identified seven priority health needs facing our community. Following a community convening to review the assessment findings, Iowa Specialty Hospitals & Clinics and Wright County Public Health, along with community stakeholders, came to consensus on four priority impact areas to address through the 2026–2029 Implementation Strategy.



The remaining three priority areas, transportation, housing, and social connection, were thoughtfully considered but not selected as standalone impact areas at this time.

Transportation

Transportation was not selected as MIDAS, the Mid Iowa Development Association Council of Governments and the regional public transit agency serving Wright County, is in the process of relaunching its transportation services. Rather than duplicate those efforts, the community determined that transportation needs would be best addressed through MIDAS's renewed regional work.

Housing

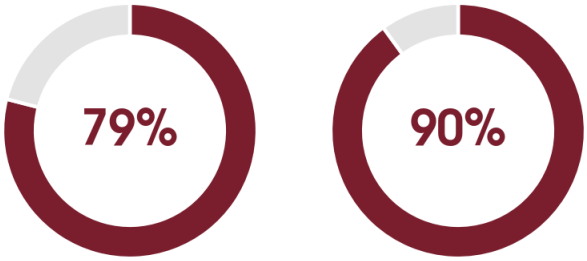
Housing was not selected for two reasons: a housing study is currently underway in Clarion through Iowa State University Extension and Outreach, and the community did not have the capacity to meaningfully take on housing as an additional priority alongside four other impact areas. As the ISU Extension housing study progresses, findings may inform future Implementation Strategy cycles.

Social Connection

Social connection was not identified as a standalone priority because the community recognized that opportunities for connection and belonging are naturally embedded across each of the four selected impact areas, and that Iowa Specialty Hospitals & Clinics and Wright County Public Health will continue to create and share opportunities for community gathering through programming and outreach tied to each priority.

PRIORITY IMPACT AREA 01

Chronic Disease Prevention & Self-Management



of households report a chronic disease, cancer, or obesity diagnosis

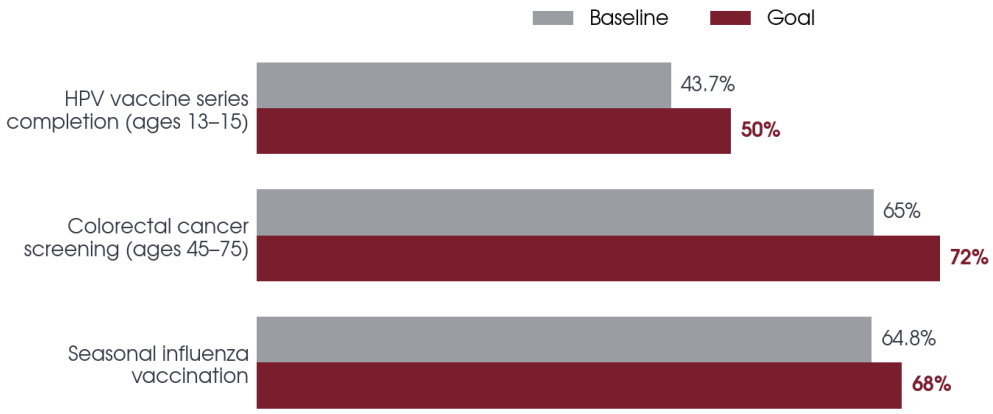
rank chronic disease prevention as a high community priority

Survey findings indicate a significant chronic disease burden in Wright County, with 79% of households reporting a diagnosis of chronic disease, cancer, or obesity. Ninety percent of respondents identified chronic disease prevention as a high community priority, demonstrating strong alignment between documented need and resident concern. These overlapping barriers contribute to preventable disease progression and reinforce the need to prioritize integrated, community-based chronic disease prevention and management strategies at the county level.

Implementation Strategy Goal

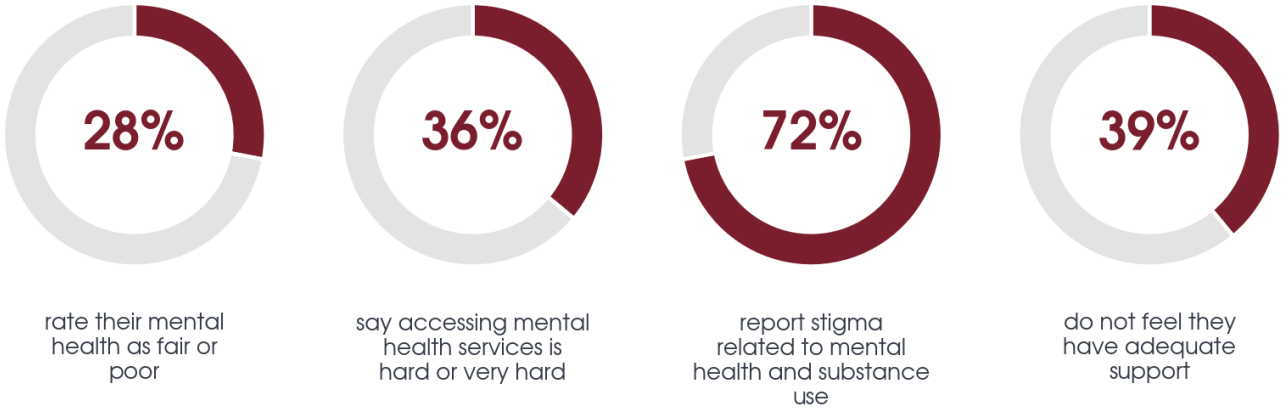
Strengthen prevention, support early detection, and improve management of chronic conditions to reduce the overall impact of chronic disease in Wright County.

Baselines & 2029 Targets



PRIORITY IMPACT AREA 02

Mental Health & Substance Use



Nearly 28% of survey respondents rated their mental health as fair or poor, and 36% reported that accessing mental health services is hard or very hard. While Wright County has made important progress through school-based mental health initiatives, these findings indicate ongoing and unmet mental health needs across the broader community, particularly among adults and families outside of school settings.

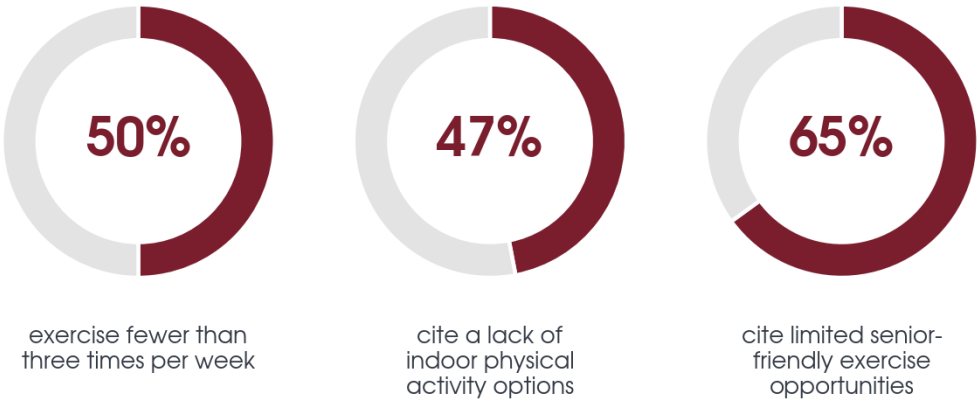
Stigma remains a significant barrier to mental health and substance use care in Wright County. Seventy-two percent of respondents reported stigma related to mental health and substance use, and 39% indicated they do not feel they have adequate support when facing mental health challenges. Addressing mental health as a county priority is essential, as untreated mental health needs impact individual well-being, workforce participation, chronic disease management, and overall community resilience.

Implementation Strategy Goal

Reduce stigma around mental health and substance use.

PRIORITY IMPACT AREA 03

Physical Activity Access



exercise fewer than three times per week

cite a lack of indoor physical activity options

cite limited senior-friendly exercise opportunities

Physical inactivity remains a significant concern in Wright County, with 50% of survey respondents reporting they exercise fewer than three times per week. Residents identified multiple barriers to physical activity, including lack of indoor physical activity options (47%), limited senior-friendly exercise opportunities (65%), and personal and structural challenges such as time constraints, lack of motivation, gym-related anxiety, and the cost of memberships.

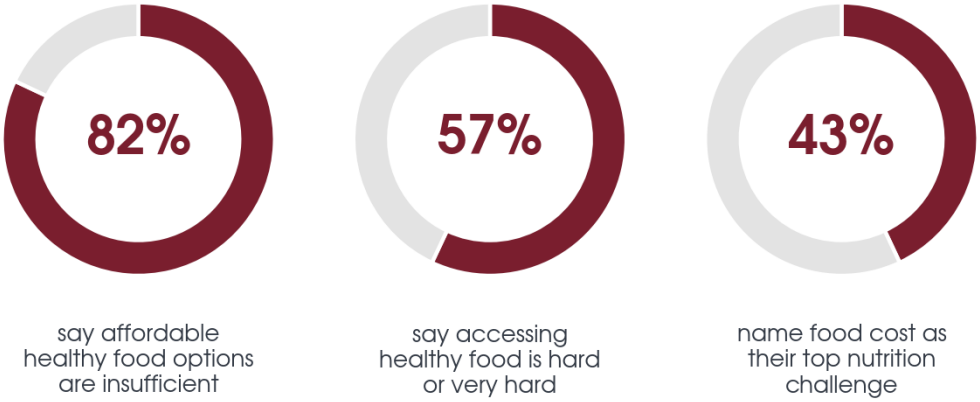
While recreational facilities and outdoor spaces exist within the county, these findings indicate that equitable, affordable, and year-round access to physical activity opportunities remains limited, particularly for older adults and working populations, justifying physical activity access as a community health priority.

Implementation Strategy Goal

Increase opportunities for residents to be active and live healthier.

PRIORITY IMPACT AREA 04

Access to Healthy Food



Access to affordable, healthy food remains a significant challenge in Wright County and represents a key social determinant of health. Eighty-two percent of survey respondents reported that affordable healthy food options are insufficient, and 43% identified food cost as their primary nutrition-related challenge, with 57% indicating that accessing healthy food is hard or very hard.

In a rural setting, food access and transportation are closely interconnected, affecting residents' ability to obtain nutritious foods, attend medical appointments, and maintain employment.

Implementation Strategy Goal

Make it easier for people across the county to find and access food resources.

SECTION 07

Community Resources

The following organizations, facilities, and programs are available to address the significant health needs identified in this assessment.

SIGNIFICANT HEALTH NEED	RESOURCES POTENTIALLY AVAILABLE
Chronic Disease Prevention & Self-Management	Iowa Specialty Hospital & Clinics; Wright County Public Health; Iowa Get Screened; Vaccines for Children; National Diabetes Prevention Program; Iowa Cancer Consortium and the Iowa Cancer Plan.
Mental Health & Substance Use	Iowa Specialty Hospitals & Clinics behavioral health services; NAMI Iowa; AFSP Iowa (American Foundation for Suicide Prevention, Iowa Chapter); Iowa Healthiest State Initiative's Make It OK program; Your Life Iowa; 988 Suicide & Crisis Lifeline; school-based mental health initiatives in Wright County school districts.
Physical Activity Access	School facilities; parks and trails; recreation and fitness centers; senior centers; Iowa Healthiest State Initiative; Walk with Ease (Arthritis Foundation); faith-based and employer wellness programs.
Access to Healthy Food	Wright County Public Health WIC program; SNAP; area food pantries and meal sites; and other delivery programs; NIFCCN.
Transportation	MIDAS (Mid Iowa Development Association Council of Governments) regional public transit.
Housing	Upper Des Moines Opportunity; North Iowa Regional Housing Authority; Central Iowa Regional Housing Authority; Wright County Economic Development; Wright County Connections
Social Connection	Faith communities; libraries; senior centers; community events and programming offered through each impact area.

SECTION 08

Conclusion & Improvements

The seven priority areas identified through the 2026 Wright County Community Health Needs Assessment reflect the most significant and actionable health needs raised by residents and supported by survey data. Together, these priorities address both individual health outcomes and the broader social and environmental factors that influence health. Following a community convening on May 13, 2026, Iowa Specialty Hospitals & Clinics, Wright County Public Health, and community stakeholders came to consensus on four priority impact areas to guide the 2026–2029 Implementation Strategy: Chronic Disease Prevention & Self-Management, Mental Health & Substance Use, Physical Activity Access, and Access to Healthy Food. These priorities were selected based on the magnitude of need, consistency across survey responses, and their impact on overall community well-being.

Several additional health-related issues emerged during the assessment process, including access to primary care, dental care, transportation, aging-related needs, and economic stability. Rather than being addressed as standalone priorities, many of these issues are embedded within the selected focus areas. For example, transportation barriers affect access to healthcare, food, and employment. Similarly, senior health concerns are reflected in priorities related to physical activity and chronic disease prevention, while housing and social connection are being addressed through existing county initiatives.

Some areas demonstrated strong performance or lower levels of concern in the survey results and therefore were not elevated as primary focus areas. These include community safety, insurance coverage, emergency care access, and overall satisfaction with primary healthcare services. In these cases, the data suggest that existing systems and resources are meeting community needs effectively, allowing the county to focus efforts and resources on areas with the greatest opportunity for improvement.

This approach ensures that Wright County's Implementation Plan remains targeted, data-driven, and feasible, while still acknowledging the interconnected nature of health needs across the community. The selected priorities provide a comprehensive framework for coordinated action, partnership development, and resource allocation.

Strengthening Community Engagement

~20%

of Wright County residents identify as Hispanic

The Community Health Needs Assessment also identified areas for improvement in community engagement. Although approximately 20 percent of Wright County's population identifies as Hispanic, survey participation from this community did not reflect that proportion. This indicates a need to strengthen outreach and engagement efforts to ensure future assessments better represent the full diversity of the county.

Moving forward, Wright County recognizes the importance of building stronger connections with underrepresented populations. Ensuring that members of the assessment and improvement committees have established relationships within the Hispanic community will be a key step. In addition, the county is developing a task force with broad stakeholder representation to direct the work of the Implementation Strategy. This group will help identify community needs, support progress, and promote shared responsibility for creating a healthier Wright County for all who live and work here.

SECTION 09

Implementation Strategy

The 2026–2029 Implementation Strategy turns the assessment findings into action. It serves as the implementation strategy for Iowa Specialty Hospital–Belmond under Section 501(r)(3) of the Internal Revenue Code and was developed jointly with Wright County Public Health.

For each of the four priority impact areas, the plan sets a goal and describes the strategies and activities that will be carried out, the anticipated impact of those actions, the resources Iowa Specialty Hospital will commit, and the organizations it will collaborate with. Unless otherwise noted, Iowa Specialty Hospital–Belmond, working with shared Iowa Specialty Hospitals & Clinics staff, is responsible for the hospital's role in each strategy.

How Progress Will Be Evaluated

Healthy Wright County impact areas will track measures for each strategy, the full coalition will review progress semi-annually, and results will be shared at the annual community meeting. The evaluation of these actions will be reported in the next Community Health Needs Assessment in 2029.

Significant Needs Not Addressed

Transportation, housing, and social connection were identified as significant health needs but are not addressed as standalone impact areas in this plan. Transportation is being addressed through MIDAS's relaunch of regional transit services; housing is the subject of an ISU Extension and Outreach housing study now underway in Clarion and exceeds current capacity; and social connection is built into programming across all four impact areas. See Assessment Results for full explanations.

01 CHRONIC DISEASE PREVENTION & SELF-MANAGEMENT

GOAL **Strengthen prevention, support early detection, and improve management of chronic conditions to reduce the overall impact of chronic disease in Wright County.**

STRATEGY	ACTIVITIES
Analyze available data to identify the most prevalent and impactful chronic disease	▪ Review secondary state and county data alongside local hospital and public health data. ▪ Rank conditions by prevalence and impact. Convene partners to select the priority condition.
Strengthen support for healthy lifestyle behaviors, with obesity as the priority condition	▪ Launch the National Diabetes Prevention Program with trained lifestyle coaches. ▪ Screen nutrition and physical activity needs in primary care with referral to community resources.

01 CHRONIC DISEASE PREVENTION & SELF-MANAGEMENT

GOAL **Strengthen prevention, support early detection, and improve management of chronic conditions to reduce the overall impact of chronic disease in Wright County.**

STRATEGY	ACTIVITIES
Increase HPV vaccination	▪ Form a clinic QI team and set a goal against baseline. ▪ Strong same-visit provider recommendation; begin the series at age 9. Review vaccine history every encounter. Standing orders. Reminder and recall through IRIS. Provider assessment and feedback. ▪ Promote Vaccines for Children. ▪ Frame HPV as cancer prevention.
Increase colorectal cancer screening	▪ Educate primary care providers on appropriate FIT use with clear selection criteria — average-risk, asymptomatic patients ages 45–75, repeated annually. ▪ Direct referral to colonoscopy for symptomatic patients or those with personal or family history. ▪ Mailed FIT outreach with pre-notification letter and follow-up. ▪ Annual reminder campaign recalling prior negative FIT patients at 12 months. ▪ Standard workflow for acting on positive results. ▪ Partner with Iowa Get Screened. ▪ Reduce barriers through extended hours, transportation, and patient navigation.
Improve access to and confidence in seasonal flu vaccination	▪ On-site and pop-up clinics with businesses, schools, and faith organizations. ▪ Standing orders and provider recommendation in routine visits. ▪ Bilingual plain-language education campaign. ▪ Address hesitancy through trusted community voices.
Educate the community on endometrial cancer warning signs	▪ Distribute bilingual warning-sign materials through clinics, public health, and employer channels. ▪ Brief provider and staff education on symptom recognition. ▪ Include in existing women's health outreach.
ANTICIPATED IMPACT	Higher rates of cancer prevention and early detection, with targets of 50% HPV series completion (ages 13–15) and 72% colorectal cancer screening (ages 45–75) by 2029, and seasonal influenza vaccination rising from 64.8% to 68%. National DPP participants reduce their risk of type 2 diabetes through 5–7% weight loss, and more residents are connected to community nutrition and physical activity resources.
HOSPITAL RESOURCES	Iowa Specialty Hospital will commit primary care providers and clinic staff (screening workflows, standing orders, HPV QI team, IRIS reminder and recall), staff trained as National DPP lifestyle coaches, nursing staff for on-site and pop-up flu clinics, and marketing and communications staff for bilingual education.
COLLABORATION	Wright County Public Health; Iowa Get Screened; Vaccines for Children; area schools, employers, and faith organizations.

02 MENTAL HEALTH & SUBSTANCE USE

GOAL **Reduce stigma around mental health and substance use.**

STRATEGY	ACTIVITIES
Expand Community-Based Programming	▪ Partner with NAMI Iowa and other community partners to host community awareness events.
Expand access to community mental health education and stigma-reduction resources through existing programs, community partnerships, and local ambassadors	▪ Coordinate presentations and educational opportunities with AFSP, NAMI Iowa, and Make It OK. ▪ Encourage and support community members in becoming Make It OK ambassadors. ▪ Use community events, workplaces, schools, and partner communication channels to share education and resources. ▪ Develop and distribute accessible mental health and substance use information in English and Spanish. ▪ Track education provided, participation, resource distribution, and participant feedback.
Improve Awareness of Resources and Safe Spaces for Support	▪ Create and distribute a clear, easy-to-understand guide to local mental health and substance use resources.

ANTICIPATED IMPACT	Improved understanding of mental health and substance use, reduced stigma, greater confidence discussing mental health concerns, and increased awareness of available support and resources, in English and Spanish.
HOSPITAL RESOURCES	Iowa Specialty Hospital will commit staff time to coordinate presentations and educational opportunities with partner organizations and to support local Make It OK ambassadors; educational materials; community outreach at events, workplaces, and schools; printing and Spanish translation; staff to develop and maintain the resource guide; and hospital communication platforms, including the Insider newsletter and social media.
COLLABORATION	American Foundation for Suicide Prevention (AFSP) Iowa; NAMI Iowa; Iowa Healthiest State Initiative (Make It OK); Wright County Public Health; Wright County school districts; faith communities; area employers.

03 PHYSICAL ACTIVITY ACCESS

GOAL **Increase opportunities for residents to be active and live healthier.**

STRATEGY	ACTIVITIES
Conduct a Countywide Environmental Scan of Physical Activity Resources	▪ Compile an inventory of physical activity resources across Wright County communities, such as school facilities, recreation and fitness centers, parks, trails, and community gathering spaces. ▪ Document hours of operation (including seasonal and winter hours), cost, age groups served, accessibility, and public availability for each resource. ▪ Catalog existing programs and classes, including youth sports, senior exercise, faith-based, and employer wellness offerings. ▪ Analyze the inventory to identify geographic, seasonal, population, and time-of-day gaps.
Expand Access to Physical Activity Opportunities	▪ Establish a Walk with Ease ambassador program by training Iowa Specialty Hospitals & Clinics and/or Wright County Public Health staff as certified Walk with Ease leaders. ▪ Deliver Walk with Ease workshops across Wright County communities, prioritizing older adults and residents managing chronic conditions. ▪ Participate in the Iowa Healthiest State Initiative Annual Walk in October, with host sites in multiple communities. ▪ Promote walking groups and informal activity opportunities that continue beyond the Walk with Ease series.
Promote and Improve Awareness of Physical Activity Opportunities in the Community	▪ Convert environmental scan findings into a resident-facing guide to local physical activity opportunities, including recreation centers, fitness centers, school facilities, parks, trails, pools, and senior centers, with locations, hours, and cost. ▪ Produce and distribute all materials in English and Spanish through hospital and clinic sites, public health, schools, churches, employers, libraries, city halls, and WIC. ▪ Coordinate messaging across partner communication channels, social media, and newsletters to improve visibility of existing opportunities.
ANTICIPATED IMPACT	A complete, shared picture of where, when, and at what cost residents can be active year-round; more older adults and residents with chronic conditions walking regularly, with improved function and confidence; and greater awareness of existing physical activity opportunities across the county.
HOSPITAL RESOURCES	Iowa Specialty Hospital will commit staff time to lead the environmental scan, staff trained as Walk with Ease leaders, host sites for the Healthiest State Walk, and marketing and communications staff to produce and distribute the bilingual resource guide.
COLLABORATION	Wright County Public Health; Iowa Healthiest State Initiative; Arthritis Foundation (Walk with Ease); school districts; recreation and fitness centers; churches; employers; libraries; city halls; WIC.

04 ACCESS TO HEALTHY FOOD

GOAL **Make it easier for people across the county to find and access food resources.**

STRATEGY	ACTIVITIES
Build a clear picture of food resources, access barriers, service capacity, and unmet needs	▪ Build on the NIFCCN scan to inventory pantries, meal sites, SNAP/WIC, Double Up Food Bucks, and delivery programs. ▪ Use one question set for every resource: eligibility, service area, hours, capacity, referral process, barriers.
Connect residents to accurate, easy-to-use food resource information	▪ Verify all details before publishing. Produce a bilingual resource guide. Distribute through clinics, schools, faith communities, WIC, pantries, and social media. Build a referral pathway so partners know where to send people. ▪ Create a QR code linking to a live, centrally maintained resource page so printed materials can be updated efficiently; place on flyers, posters, clinic handouts, and pantry signage; assign an owner to update the page quarterly. ▪ Develop a social media plan with a shared content calendar, bilingual posts, and partner cross-posting across hospital, public health, and community organization channels.
Create the relationships and structure needed to keep improving access over time	▪ Stand up the Food Impact Team with shared priorities, roles, and project owners. ▪ Meet quarterly. ▪ Re-verify guide annually. ▪ Explore collaborative responses to identified gaps, bringing food-access providers and community partners together to identify appropriate solutions, including better referrals, expanded access, transportation, food rescue, or food-access options.
ANTICIPATED IMPACT	Residents and referring partners can quickly find accurate, up-to-date food resources in English and Spanish; more residents are referred to the food programs they qualify for; and a standing Food Impact Team works together to close identified gaps over time.
HOSPITAL RESOURCES	Iowa Specialty Hospital will commit staff time to the resource inventory and gap analysis, clinic staff to build referral pathways from primary care, marketing staff to maintain the QR-linked resource page and social media plan, and participation on the Food Impact Team.
COLLABORATION	Wright County Public Health (WIC); NIFCCN; area food pantries and meal sites; schools; faith communities; Wright County Economic Development; CIS.

SECTION 10

Adoption & Availability

Governing Body Adoption

This Community Health Needs Assessment and Implementation Strategy was adopted by the Board of Trustees of Iowa Specialty Hospital–Belmond on October 27, 2026.

Public Availability

The full report is available to the public at no cost on the Iowa Specialty Hospital website. It will remain posted there, and a paper copy will remain available for public inspection at the hospital without charge, until at least two subsequent assessment reports have been made available.

Request a Free Paper Copy

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Visit Public Health
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Share Your Feedback

Iowa Specialty Hospital welcomes written comments on this assessment and implementation strategy. Comments may be sent to ISHCHNA@iaspecialty.com and will be considered in the next assessment cycle.

SECTION 11

Data Sources

- **2026 Wright County Community Health Needs Assessment Survey.** Iowa Specialty Hospital–Belmond and Wright County Public Health. Conducted May 2025 - December 2025; 77 responses.
- **Community stakeholder meeting.** May 13, 2026, Wright County.
- **Esri.** Wright County population and land area estimates, [2024].
- **U.S. Census Bureau.** Population, sex, race, and ethnicity estimates, 2024.
- **U.S. Census Bureau, American Community Survey.** Health insurance coverage, 2022–2023.
- **Household income, 2025.** [Source, e.g., Esri 2024 estimates.]
- **County Health Rankings & Roadmaps.** High school completion, 2025.
- **Unemployment rate, December 2025.** Iowa Workforce Development. Local Area Unemployment Statistics, December 2025.
- **Robert Wood Johnson Foundation.** Employment and health.
- **HPV vaccination completion baseline (43.7%).** Iowa Immunization Registry Information System (IRIS). Iowa Department of Health and Human Services. [2025].
- **Colorectal cancer screening baseline (65%).** Iowa Cancer Registry, University of Iowa College of Public Health. Cancer in Wright County, Cancer in Iowa: 99 Counties Project presentation, December 3, 2025.
- **Influenza vaccination baseline (64.8%).** Iowa Immunization Registry Information System (IRIS). Iowa Department of Health and Human Services. [2025].
- **Iowa Cancer Plan.** Iowa Cancer Consortium.
- **American Cancer Society.** Steps for Increasing HPV Vaccination in Practice.
- **NIFCCN.** Food access environmental scan, [2026].
- **Iowa Specialty Hospitals & Clinics.** 2023 Community Health Needs Assessment and Implementation Strategy.

Acknowledgments

Thank you to the Wright County residents who shared their experiences through the community survey, to the partners and stakeholders who helped interpret the findings at the May 13, 2026 community convening, and to the members of Healthy Wright County who will carry this work forward.

Together, we are building a healthier Wright County for all who live and work here.

Contact

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Adopted by the Iowa Specialty Hospital–Belmond Board of Trustees on October 27, 2026.
View online at Community Health Needs Assessment.