

# WRIGHT COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN 2022-2025 FINAL REPORT



Iowa Specialty  
*Hospitals & Clinics*



WRIGHTCOUNTY  
PUBLIC HEALTH  
PREVENT • PROMOTE • PROTECT

# TABLE OF CONTENTS

<b>Section</b>	<b>Page</b>
Introduction .....	1
Targeted Population Served .....	2
Methodology .....	4
Community Needs .....	6
Conclusion .....	9

# INTRODUCTION

This report fulfills evaluation and transparency requirements under IRS Section 501(r)(3) and Iowa Department of Health and Human Services community health planning guidance. It documents actions taken to address identified community health needs, evaluates progress toward established goals, and informs the development of the next Community Health Needs Assessment (CHNA) and implementation strategy.

During the 2022–2025 CHNA CHIP cycle, Wright County Public Health and Iowa Specialty Hospitals & Clinics implemented coordinated, collaborative strategies addressing five identified priority areas. Meaningful progress was achieved in expanding access to mental health services, increasing SHIP enrollment, strengthening emergency preparedness, and improving care coordination. In priority areas where population-level outcome targets were not fully met, implementation barriers and scope limitations were identified and intentionally incorporated into planning for the next cycle.

As the designated health leaders for the community, Wright County Public Health and Iowa Specialty Hospitals & Clinics partnered to conduct the Community Health Needs Assessment through a comprehensive data collection and community engagement process. This approach was designed to center the perspectives of Wright County residents, identify the health needs most important to the community, and determine where aligned organizational efforts could most effectively improve health outcomes.

# TARGET POPULATION SERVED

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.

	Population
Wright County	13,089
Iowa	3,303,442

The population of Wright County is 50.6% male and 49.6% female.

	Male	Female
Wright County	6,592	6,497
Iowa	1,636,554	1,620,179

## Race / Ethnicity Distribution

	White	Two of More Races	Black/ African American	Other	Asian	American Indian/ Alaska Native	Pacific Islander
Wright County	79.0%	7.0%	0.6%	11.5%	0.5%	1.3%	0.2%
Iowa	83.0%	6.1%	4.5%	3.1%	2.5%	0.5%	0.3%

	Hispanic	Non-Hispanic
Wright County	20.7%	79.3%
Iowa	7.6%	92.4%

## 2025 Household Income

	< \$15,00	\$15,000 - \$24,999	\$25,000 - \$34,999	\$35,000 - \$49,999	\$50,000 - \$99,999	Over \$100,000
Wright County	282 (5.2%)	472 (8.7%)	602 (11.1%)	782 (14.4%)	1,858 (34.3%)	1,418 (26.2%)
Iowa	92,592 (7.0%)	81,547 (6.2%)	102,984 (7.8%)	156,427 (11.8%)	411,739 (31.2%)	476,340 (36.0%)

# TARGET POPULATION SERVED

## 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. Insurance coverage distribution for Wright County and Iowa is summarized in the table below.

	Employer	Non-Group	Medicaid	Medicare	Military	Uninsured
Wright County	44.3%	13.1%	18.6 %	17.3%	1.19%	5.41%
Iowa	52.4%	12.1%	15.9%	13.5%	1.23%	4.86%

According to *Community 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.

# METHODOLOGY

This CHIP evaluation utilizes quantitative public health data, program-level performance metrics, and qualitative community input collected throughout the 2022-2025 CHIP cycle. Data sources include local and state surveillance systems, administrative program records, school-based service utilization reports, and hospital and public health operational data.

To support a comprehensive and aligned Community Health Needs Assessment and Health Improvement Plan, multiple data sources were reviewed and analyzed. Where possible, indicators were aligned with Healthy People 2030 objectives and the Healthy Iowans Plan to ensure consistency with national and state health priorities.

## Data Sources

### *National and State Frameworks*

- Healthy People 2030 – Used to align priority areas, indicators, and outcome measures with national public health goals.
- Healthy Iowans Plan – Used to align local priorities with statewide health improvement strategies.

### *Hospital and Health System Data*

Data provided by Iowa Specialty Hospitals & Clinics were used to assess utilization, access, and service trends:

- School-based Mental Health Student Services statistics (2021–2024)
- Well-Child visit statistics
- Preventive care utilization statistics (2021–2022)
- Fitness Center utilization statistics
- Human Resources workforce data
- Emergency preparedness planning data (Hospital Emergency Preparedness Coordinator)

### *Public Health and Community Data*

- Iowa Department of Public Health (IDPH)
  - \* WIC Program participation statistics
- Wright County Public Health
  - \* Well water testing data
  - \* Emergency preparedness planning data (County Emergency Preparedness Coordinator)
- Wright County food pantry utilization data
- Community and Partner Data Sources

### *Community School District data*

- Bee Inspired CAPP program statistics (2021–2024)
- Eagle Grove Fitness Center utilization statistics

### *Population Health and Access Metrics*

- Population-to-primary-care provider ratios and access indicators derived from Community Health Rankings & Roadmaps

# METHODOLOGY

## Data Collection and Analysis Methods

Data were analyzed using quantitative and qualitative methodologies to evaluate progress across Community Health Improvement Plan priority areas. Quantitative analysis included trend comparisons between baseline measures from 2021 and the most recent available data from 2024–2025, along with monitoring of program outputs such as utilization of school-based mental health services, SHIP enrollment activity, and completion of environmental health testing. Where appropriate, local indicators were assessed in relation to available state benchmarks to provide contextual interpretation. Qualitative analysis consisted of thematic synthesis of stakeholder input, written comments from the Community Health Needs Assessment process, and feedback from implementation partners, allowing for incorporation of community perspectives and identification of structural and contextual factors influencing observed outcomes.

## Collaborative and Contracted Partners

Implementation of the CHIP relied on a broad network of collaborative partners to support service delivery, data sharing, community outreach, and evaluation activities. Community partners included:

- Iowa Specialty Hospitals & Clinics
- Wright County Public Health
- Local school districts
- Emergency management and first responder agencies

## Collaborative and Contracted Partners

Community input was collected through multiple channels to ensure broad representation of community perspectives. Engagement strategies were designed to reach residents across geographic areas, age groups, and community partners, with particular attention to accessibility and informal participation opportunities.

- Community Health Data Collection Survey: A countywide survey was distributed to residents to identify priority health concerns, barriers to care, and perceived service gaps. The survey was disseminated electronically and in-person through community partners to maximize reach.
- Transitions of Care (TOC) Meetings: Community health priorities were discussed during regularly scheduled TOC meetings, which provided structured opportunities for input from community partners, collaborative discussion, and validation of emerging themes.
- Public Health and Healthcare Partner Meetings: Joint meetings were held with Wright County Public Health, Iowa Specialty Hospitals and Clinics, and Hamilton County Public Health to review local data, share system-level insights, and align identified needs with existing services and gaps.
- Community Event Outreach: Informal outreach and engagement occurred at community festivals, events, and the Wright County Fair, allowing residents to share input in accessible, non-traditional settings and ensuring engagement beyond formal meetings.

This approach ensured inclusion of perspectives from medically underserved, low-income, and minority populations, as required under federal and state guidance.

# COMMUNITY NEEDS

The 2022-2025 Community Health Needs Assessment identified the following priority areas:

1. Mental Health Awareness and Support
2. Preventive Wellness and Immunizations
3. Promoting a Healthier Community
4. Access to Quality Health Services
5. Emergency Response and Preparedness

## Mental Health Awareness and Support

Goal 1: Promote Mental Health Awareness and Support through access and services to the constituents of Wright County.

Metric	Baseline	Target	Result	Status	Key Insights
Increase access to school-based mental health services	35 students/ 1 district (2021)	25% increase by 2026	221 students / 7 districts; ~2,000 visits by 2025	Exceeded	Care delivered where students are; strong partnerships
Decrease perceived ease of access to harmful substances (youth)	50.6% (2021)	20% decrease	Data unavailable post 2023	Unable to Measure	State youth survey discontinued

Wright County significantly expanded school-based mental health services, increasing reach from 35 students in one district (2021) to 221 students across seven districts, representing approximately 2,000 visits by 2025. This strategy successfully delivered care in accessible settings and strengthened school-community partnerships. Measurement of youth substance access perceptions was limited due to discontinuation of the state survey instrument.

## Preventative Wellness and Immunizations

Goal 2: Increase Wright County resident’s overall wellness through ensuring gaps in education are reduced while improving access to preventative care and screenings.

Metric	Baseline	Target	Result	Status	Key Insights
Increase SHIP enrollment	360 (2021)	5% increase	526 (2025)	Exceeded	Targeted outreach effective
Meet/exceed vaccination benchmarks	COVID 69.8% Flu 33% (2021)	> State benchmark	Benchmarks inconsistently tracked	Partially Met	Policy and reporting changes
Decrease cancer incidence	403.9 per 100,000 (2021)	20% decrease	No reduction	Not Met	Long-term population outcome

# COMMUNITY NEEDS

Targeted outreach resulted in SHIP enrollment increasing from 360 to 526, exceeding the established goal. Immunization tracking was impacted by changes in reporting requirements, limiting consistent benchmark comparison. Cancer incidence did not decline during the CHIP cycle, reflecting the long-term nature of this outcome.

## Promoting a Healthier Community

Goal 3: Create a partnership with Wright County Public Health, ISH, law enforcement, community school districts and the local community leadership in the development of programs and spaces that provide safe and inclusive opportunities for fitness and activities.

Metric	Baseline	Target	Result	Status	Key Insights
<b>Decrease food insecurity</b>	12.41% (2021)	20% decrease	12% (2025)	Not Met	Economic factors beyond program scope
<b>Increase well water testing</b>	104 samples (2021)	20% increase	150 samples (2025)	Partially Met	Outreach increased; target ambitious
<b>Decrease physical inactivity</b>	30% (2021)	20% decrease	29% (2025)	Not Met	Infrastructure timelines are long-term

Food insecurity and physical inactivity showed minimal change despite outreach and education efforts, highlighting economic conditions and infrastructure timelines beyond the scope of short-term interventions. Well water testing increased from 104 to 150 samples, demonstrating progress, though ambitious targets were not fully achieved.

## Access to Quality Health Services

Goal 4: Promote awareness, creating support, and identifying opportunities leading to improved access to Quality Health Care Services.

Metric	Baseline	Target	Result	Status	Key Insights
<b>Improve primary care provider ratio</b>	540:1 (2021)	20% decrease	510:1 (2025)	Not Met	Recruitment and service expansion
<b>Increase educational attainment</b>	66% (2021)	20% increase	65% (2025)	Partially Met	Workforce and education pipeline initiatives initiated
<b>Expand home health services</b>	Limited (2021)	Program launch	Program approved and launched	Met	State approval enabled program implementation

# COMMUNITY NEEDS

Primary care access improved substantially through recruitment and service expansion, with provider ratios improving from 540:1 to 510:1. Home health services were approved and launched, meeting this objective. Educational attainment outcomes remained stable, with workforce pipeline initiatives underway but not yet yielding measurable population-level change.

## Emergency Response and Preparedness

Goal 5: A prepared community is able to respond to emergent matters in a timely and effective manner. Prevention, preparation, communication and access to resources ensures a community is equipped to recover from emergent situations.

Metric	Baseline	Target	Result	Status	Key Insights
<b>HAN radio testing performance</b>	86% (2021)	>90%	>90% achieved	Met	Interagency coordination
<b>First responder staffing</b>	81.5% FTE (2021)	95%	Improved but variable	Partially Met	Workforce shortages

Emergency preparedness goals were largely achieved, with HAN radio testing exceeding 90% performance through improved interagency coordination. First responder staffing improved but remained constrained by ongoing rural workforce shortages.

# CONCLUSION

The 2022–2025 Community Health Improvement Plan reflects a strong partnership between Wright County Public Health and Iowa Specialty Hospitals & Clinics in advancing community-identified health priorities. Through coordinated planning, shared data, and aligned implementation, the organizations achieved meaningful progress in several high-impact areas, particularly in expanding access to school-based mental health services, increasing SHIP enrollment, strengthening emergency preparedness, and improving care coordination and service availability.

Evaluation findings also underscore the complexity of addressing population-level outcomes within a rural community. While progress was observed across multiple indicators, several long-term outcomes remain influenced by broader economic, infrastructure, and system-level factors beyond the scope of short-term interventions. Importantly, the CHIP evaluation process identified these barriers early, allowing lessons learned to be intentionally incorporated into planning for the next Community Health Needs Assessment cycle.

Overall, the 2022–2025 CHIP demonstrates that sustained collaboration, targeted outreach, and service delivery in accessible settings can produce measurable improvements in access and utilization. These results provide a strong foundation for continued investment, strategic refinement, and alignment of community health efforts moving forward.