Community Health Improvement Plan

2026-2028 Cass County, Iowa

Growing a Healthier Future for All

2026-2028

Cass County has a long and proud history of collaboration in public health.

Our community partners—across healthcare, education, business, agriculture, human services, and civic organizations—continue to demonstrate a shared commitment to improving the wellbeing of the people who live, work, and learn here. This collaborative spirit is central to our Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) process.

Next Steps

How can your organization use this information?

The Community Health Improvement Plan (CHIP) is designed to be a shared roadmap for improving health in Cass County.

Organizations, coalitions, and community groups are encouraged to use the CHIP to align their own goals, programs, and funding priorities with countywide data and the feedback shared by community members through the Community Health Assessment.

By referencing the CHIP, partners can ensure their efforts are responsive to local needs, avoid duplication of work, strengthen collaboration, and collectively move the needle on the community's most pressing health priorities.

The Process

The CHA–CHIP process is an essential cycle of learning, planning, and coordinated action designed to identify pressing health needs and mobilize community partners toward shared solutions. In Iowa, all 99 counties participate in this process as part of statewide planning efforts that inform the Iowa Health and Human Services State Health Improvement Plan.

CHA

Involves public and private partners coming together to gather data and assess the current state of health and priorities within the county.

The Community Health Assessment (CHA) is the first phase of this cycle. It draws on:

- Quantitative data from state, federal, and local sources
- Qualitative insights from community surveys, focus groups, and polling
- Direct conversations with residents representing diverse ages, income levels, and geographic areas

The goal is to understand what matters most to Cass County residents, document the current health status of the county, and identify gaps or emerging concerns.

CHIP

A collaborative work of using the data to plan, set goals and objectives and implement change within the communities.

The Community Health Improvement Plan (CHIP) is the action-focused second phase. Based on assessment findings, community partners work together to:

- Prioritize health issues
- Set shared goals
- Develop strategies and action steps
- Implement, evaluate, and report progress

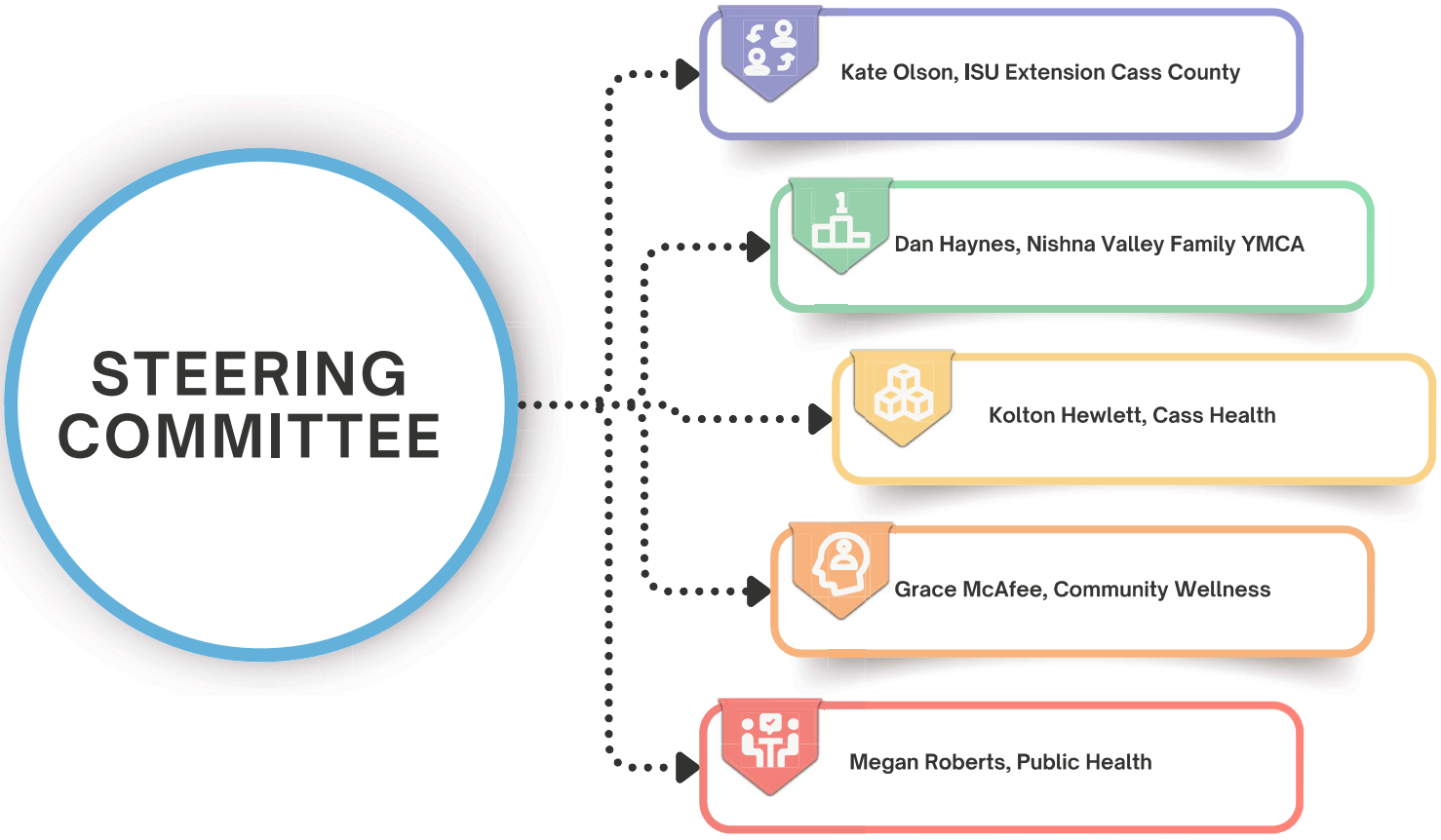
Cass County has followed this structured approach for many years, contributing to meaningful local outcomes. For example, previous assessments identified housing and childcare as major barriers. These findings helped catalyze Vision Atlantic, which in 2025 broke ground on a transformative housing development. This is a testament to how big ideas that surface during the CHA–CHIP process can evolve into long-lasting community change.

COMMUNITY

Steering Committee

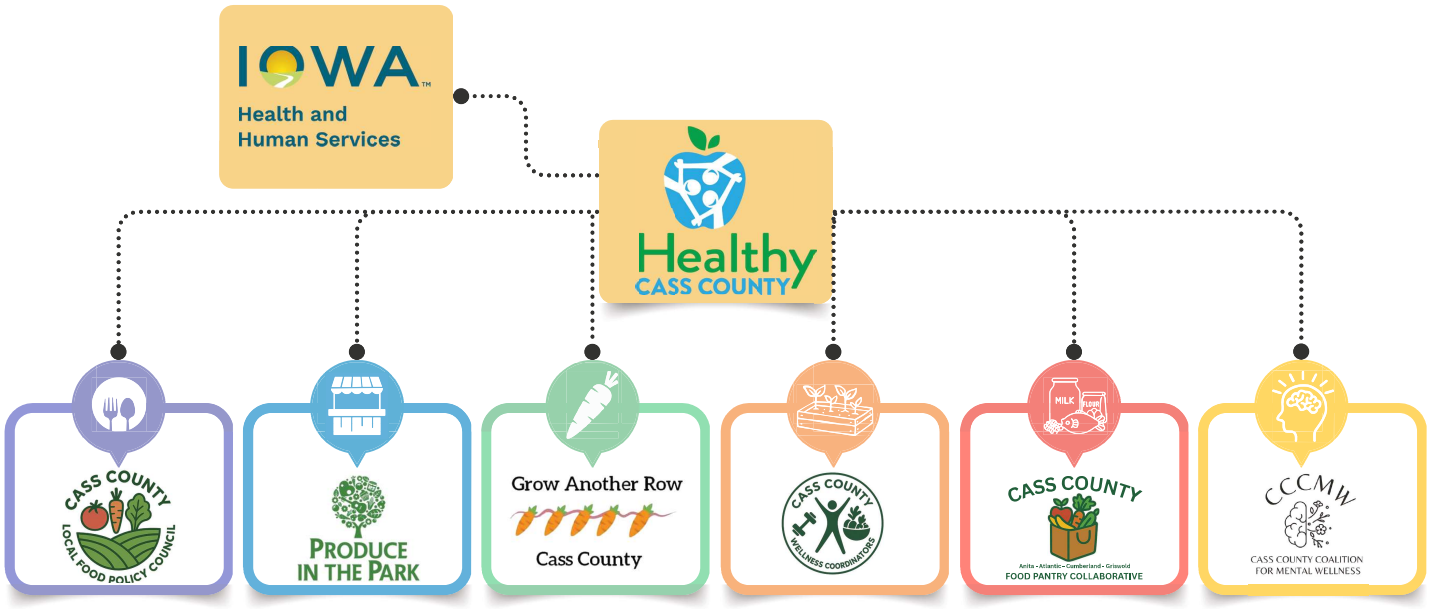
The CHA–CHIP process is guided by a multi-sector Steering Committee composed of community leaders with deep experience in health and wellness, prevention, education, and systems improvement. The committee's responsibilities include designing the assessment, recommending data collection methods, shaping goals and strategies for the CHIP, and championing its implementation.

These representatives collaborate closely with state and local partners to ensure alignment with regional and statewide priorities. Their leadership supports a strong culture of partnership—one that Cass County is frequently recognized for at the state level. Healthy Cass County, our long-standing coalition, serves as the backbone of this work by convening partners, coordinating communication, and supporting a network of subcommittees that advance CHIP priorities year-round.



PARTNERSHIP

Work Groups



Over the years, many initiatives have emerged from this collaborative structure, including:

Local Food Policy Council
Strengthening the local food system and improving access to healthy, affordable food.

Produce in the Park
Weekly farmers market that promotes healthy eating, local vendors, and community connections.

Grow Another Row
Encouraging gardeners to grow and share produce with neighbors in need.

Wellness Coordinators Network
Collaboration to share wellness programming amongst local coordinators.

Cass County Food Pantry Collaborative
Improving coordination, reducing duplication, and enhancing food equity.

Cass County Coalition for Mental Wellness
Expanding mental health awareness, resource access, and school-based supports, including the launch of Hope Squad across all three Cass school districts in 2025.

These groups represent the ongoing work of turning assessment findings into action, year after year.

Timeline

The CHA/CHIP process is on a three year cycle.

May 2025

Finalize survey development, planning for distribution and engaging community partners.

Summer 2025

Survey distribution, polling, social media posts and continued partner engagement. Focus groups and targeted feedback gathering.

Fall 2025

Presentation of data, survey and other health assessment data.

January 2026

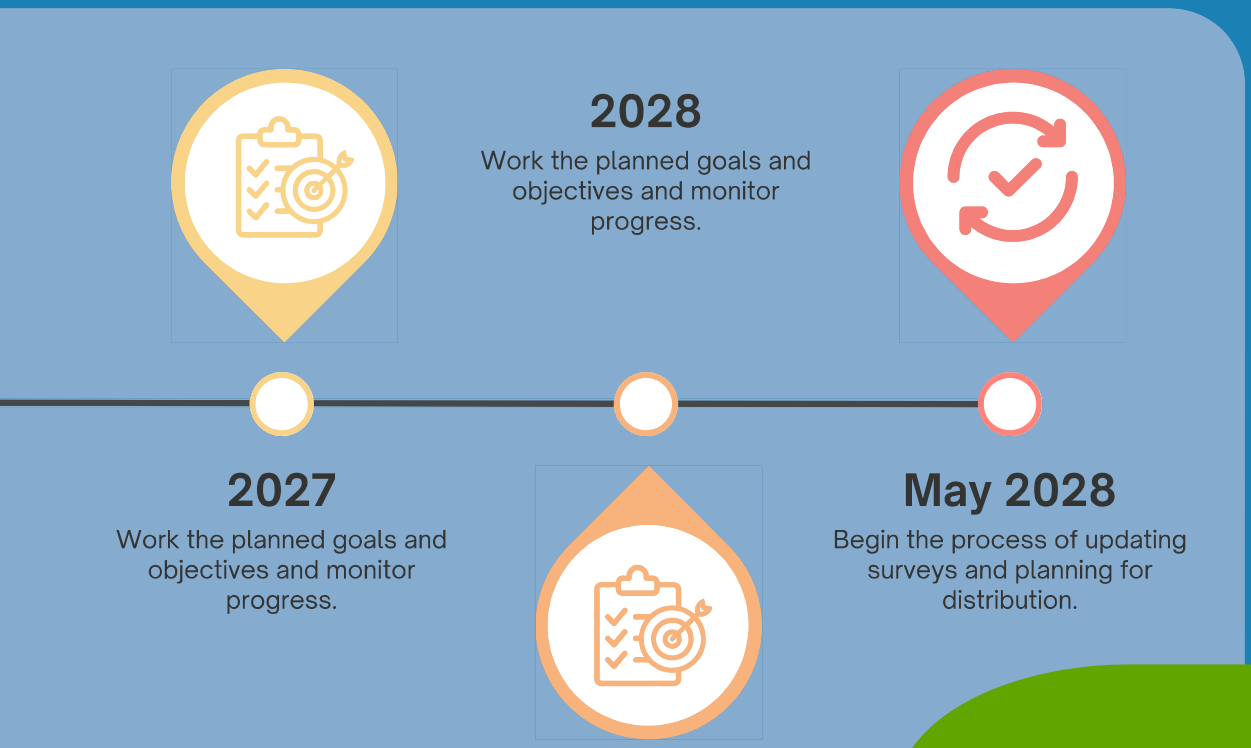
Official release of the Community Health Improvement plan.

The current CHA–CHIP cycle began in May 2025 with the development and distribution of a countywide survey. Over the summer, more than 600 residents provided input through online surveys, paper questionnaires, mobile food pantry outreach, in-person polling, and community events.

In addition to resident engagement, the assessment incorporated extensive data analysis conducted through local–state partnerships and university support. Data sources included the Iowa Cancer Registry, CDC and SAMHSA reports, the Iowa Behavioral Risk Factor Surveillance System, the Iowa Youth Survey, and state and federal health improvement plans.

By Fall 2025, the county convened stakeholders to review data, identify gaps, and discuss opportunities for improvement. These conversations serve as the foundation for the CHIP.

Following publication, Cass County partners will spend up to the next two years implementing priority strategies, evaluating progress, and adapting actions as community needs evolve. The next full assessment cycle will begin in May 2028, continuing the loop of learning and improvement.



A Community Effort
The 2025 CHA was made possible by the collective efforts of local organizations, volunteers, and residents who generously contributed their time and perspectives.

From community forums to farmers market conversations to mobile food pantry outreach, this assessment reflects the lived experiences of people across Cass County.

The strength of Cass County's public health system lies in its people—those who show up, share ideas, and work together to create healthier, more resilient communities.

This CHIP is not just a plan on paper; **it is a roadmap shaped by the voices of our neighbors and supported by the dedication of our partners.**

People

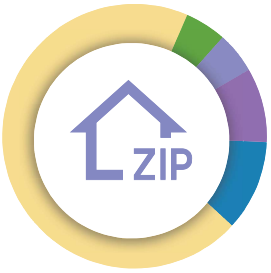
Assessment Participants

Understanding the health of a community begins with listening to the people who live, work, and receive services within it. As part of the 2025 Community Health Assessment (CHA), residents from across Cass County and the surrounding region were invited to share their experiences, priorities, and concerns through a communitywide survey and engagement process.

A total of 630 **community members** completed the survey. Of those, 479 respondents provided a ZIP code, representing **35 unique ZIP codes**. This broad geographic participation reflects both the reach of Cass Health services and the regional connections that shape daily life in southwest Iowa.

Residency & Geographic Representation

Among the 402 respondents who reside in Cass County, participation closely mirrored local population distribution. In addition to Cass County residents, 67 respondents came from adjacent counties, and participants from ten non-contiguous counties also completed the survey. This regional participation highlights Cass County's role as a healthcare, employment, and service hub for surrounding communities.



Zip Codes

402 Cass County Residents

- Atlantic 69%
- Anita 11%
- Massena 5%
- Griswold 5%
- Cumberland, Lewis, Marne, Wiota 9%

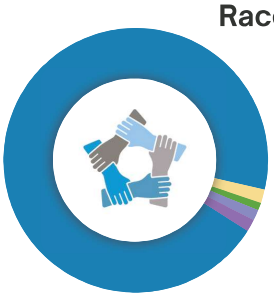
- 67 from adjacent counties
- 10 other counties represented

Gender

527 Responses

- 84% Female
- 15% Male
- 1% Other

Race



530 Responses

- 511 White
- 9 Asian/Pacific Islander
- 5 Black
- 7 Hispanic/Lantinx
- 8 Other

Demographics of Survey Participants

A total of 530 respondents answered the question about race, with the majority identifying as White and smaller representation from other racial and ethnic groups. While this distribution is generally consistent with county census data, we recognize an underrepresentation of Cass County's Pacific Islander population, which is an important consideration as we interpret findings and plan future engagement efforts. As with many public health assessments, capturing feedback from men proved challenging, and survey participation skewed female. The age distribution reflected both younger and older adults in the community; however, youth were not directly surveyed due to parental consent and data-collection requirements. Instead, youth perspectives were incorporated through secondary sources such as the Iowa Youth Survey, which provides reliable insight into adolescent mental health, risk behaviors, and protective factors.

Community Context: Cass County

Cass County has a population of just over 13,000 residents and is classified as a rural county with no major urban centers. Rural designation significantly influences health access and outcomes. Key characteristics shaping health in Cass County include:

Access & Infrastructure
Rural residents often travel longer distances to receive care and face limited transportation options. There are also fewer mental and behavioral health providers, and emergency or crisis response times may be longer than in urban areas.

Education
Higher educational attainment is associated with improved health outcomes and economic stability. In Cass County, 67% of residents have some college education, though bachelor's degree attainment remains lower than state and national averages—consistent with rural trends.

Economic Indicators

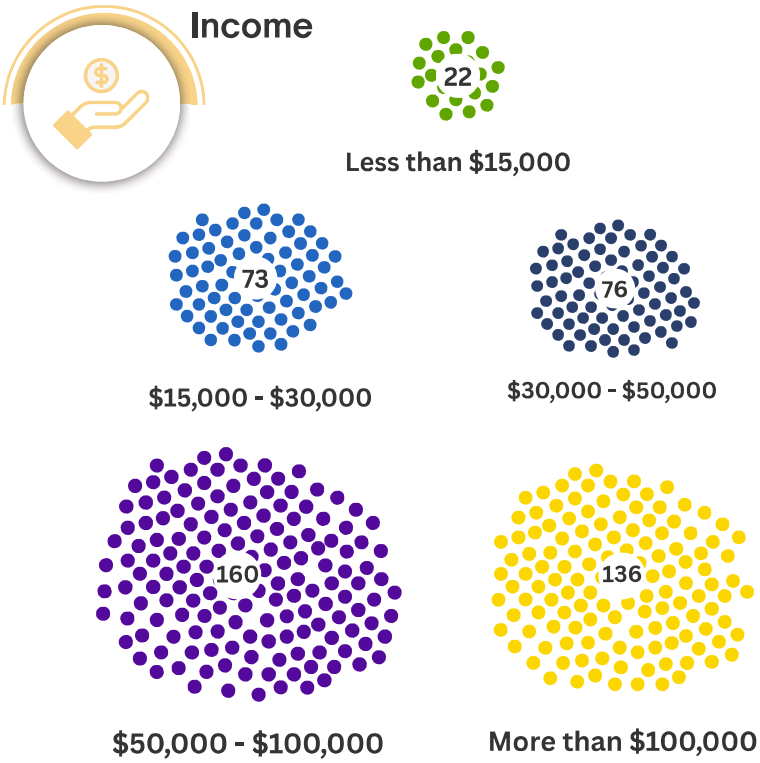
- Median household income: $61,657
- Residents living below the poverty line: 15.3%
  - Iowa average: 11.1%
- Medicaid enrollment: 3,162 residents

Employment
Cass County's unemployment rate remains relatively low at 3.9%, compared to the state rate of 5.3%, suggesting workforce stability alongside potential challenges in recruiting and retaining healthcare and social-service professionals.

Teen Birth Rates
Teen births in Cass County exceed both state and national averages:

- Cass County: 20 per 1,000
- Iowa: 16 per 1,000

Elevated teen birth rates are closely tied to education, economic opportunity, and long-term health outcomes for both parents and children.



Areas of Focus

What is Important in Cass County

To identify priority areas for Cass County, the Community Health Assessment reviewed topic areas included in previous local health assessments and aligned with the State Health Assessment (SHA). Community members were asked to rank each focus area based on perceived importance, ranging from no opinion to low, medium, or high priority.

These rankings, along with qualitative feedback and supporting local and state data sources, provide a clear picture of community needs and perspectives. This combined information serves as an anchor throughout the planning process, ensuring that community voices remain central as priorities are set and goals and strategies are developed for the Community Health Improvement Plan.

226:1

the ratio of Cass County residents to mental health providers.

Mental Health

Mental health emerged as the highest-ranked priority among survey respondents, receiving more high-priority ratings than any other focus area and generating over 40 written comments, along with extensive discussion in focus groups.

Community feedback reinforced that mental health affects nearly every aspect of wellness, including work, relationships, physical health, and overall quality of life. Cass County continues to face significant access challenges, including a 226:1 patient-to-provider ratio, long wait times, and persistent stigma around seeking care. Adults in Cass County report an average of 5 poor mental-health days per month, exceeding the state average and reflecting a rising trend since 2020.

Youth mental health is of particular concern, with nearly one-third of Iowa students reporting feelings of sadness or hopelessness, and higher rates among females, LGBTQ+ youth, and racial and ethnic minorities. While youth emergency-room visits for suicide have declined since 2020, repeat attempts remain higher in southwest Iowa, highlighting gaps in follow-up care and ongoing support. Addressing mental health is foundational to building a healthier, more resilient Cass County.

7%

approximate number of Iowans that consume the daily recommended servings of fruits & vegetables.

Healthy Eating & Active Living

Healthy eating, nutrition, food security, and physical activity ranked in the mid-to-high priority range, with strong community support reflected in survey responses and comments. These factors are closely linked to chronic disease prevention and overall longevity.

In Cass County, 37% of adults are considered obese, exceeding both state and national averages, and 10% of residents have diabetes. Life expectancy in Cass County is three years lower than the state average, underscoring the long-term impact of lifestyle and environmental factors.

Access and opportunity remain barriers, as over one-quarter of adults report no leisure-time physical activity, and access to parks, gyms, or trails falls below the state average. School food pantries were one of the most frequently suggested solutions across communities, highlighting concerns about food access and affordability for families.

Strengthening healthy eating and active living supports offers an opportunity to improve long-term health outcomes and reduce preventable disease.

Senior Services

Senior services ranked as the highest priority overall, second only to affordable housing. Survey comments and focus-group discussions emphasized the importance of staying connected, active, and engaged rather than the need for a single physical location. Frequently mentioned themes included senior centers, meals, social activities, cooking for one, healthy eating, and affordable services.

Community members highlighted that invitations, outreach, and social connection are key to supporting older adults' independence and well-being. As the population ages, strengthening senior-focused supports will be essential to maintaining quality of life and reducing isolation.

Housing & Childcare

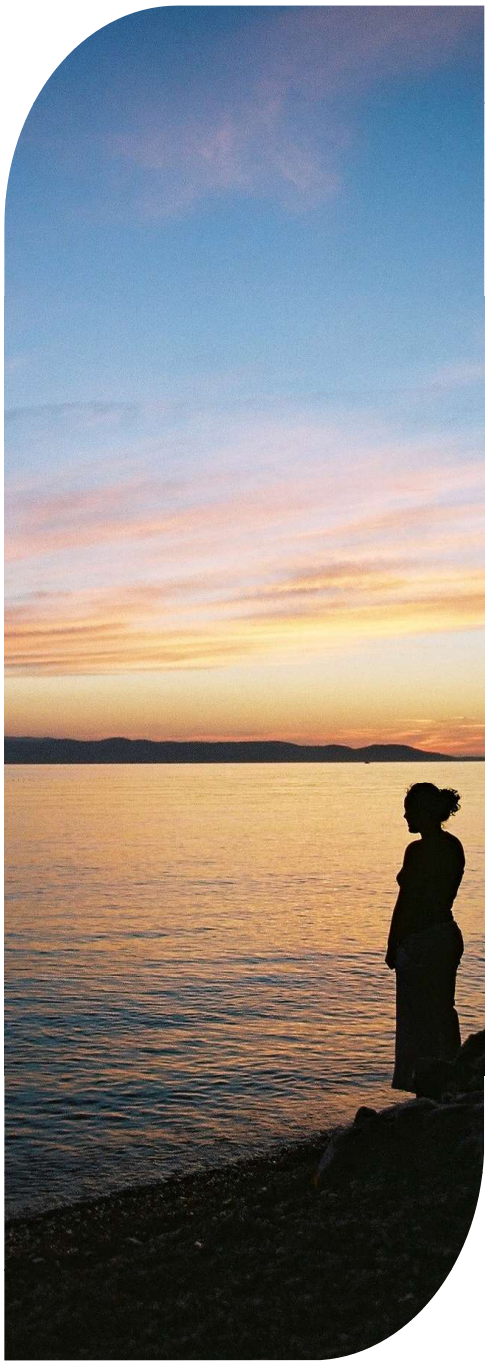
Housing and childcare continued to rank among the top community priorities, though survey comments and small-group discussion were more limited. Ongoing projects, including community development efforts and the opening of a new childcare facility in Griswold, may have influenced the level of feedback received. While progress is underway, housing affordability and childcare availability remain essential foundations for family stability, workforce participation, and long-term community health.

Substance Use & Crisis Response

Substance use and crisis response ranked as a top-tier priority, closely following housing and senior services. Alcohol misuse remains a significant concern, with 22.7% of adults reporting excessive drinking, and alcohol identified as the most misused substance in Iowa. In 2024, 115 Cass County residents received substance-use treatment, and vaping has become a growing issue across all three school districts, particularly at the middle-school level. Community comments and coalition work point to gaps between crisis response and follow-up services, especially in behavioral-health care. Addressing substance use requires coordinated prevention, treatment, and recovery supports across the lifespan.

#1

of 99 counties in Iowa for cancer incidence rates. Iowa is #2 in the country.



Cancer

Cancer continues to be a critical and growing concern for Iowa and Cass County. Iowa has the second-highest rate of new cancer diagnoses in the nation, and unlike many states, rates continue to rise. Cass County ranks first among Iowa counties for new cancer diagnoses, with 358 new cases identified between 2018 and 2020, far exceeding neighboring counties. The county's cancer incidence rate of 567.8 per 100,000 is significantly higher than the state average.

These findings reinforce the importance of prevention, early detection, screening access, and ongoing community education. Addressing cancer risk factors and improving access to timely care remains a priority for improving population health outcomes.

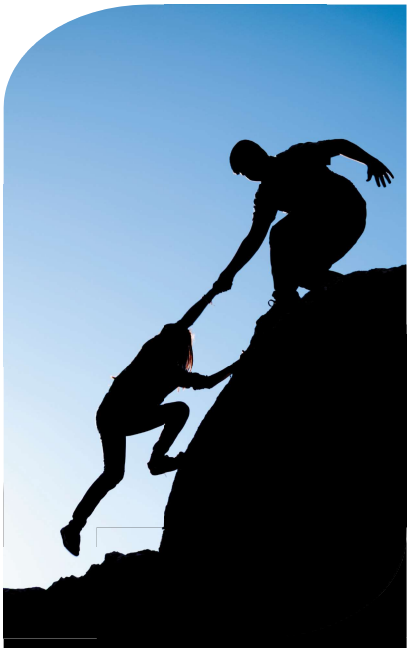
Violence & Safety

Violence was a newly added focus area in this Community Health Assessment following increased community awareness related to domestic violence, human trafficking, and child sexual assault.

While public priority rankings placed this topic in the lower tier, local service data underscores its continued relevance. Catholic Charities reported serving 43 clients in Cass County, with 98% female, and 17% involving DHS, indicating frequent impacts on children and families. Services provided included advocacy, case management, counseling, and crime-victim compensation assistance. Income data highlights that individuals affected by violence often face overlapping challenges such as financial instability, housing insecurity, and mental-health needs.

Although this represents a limited snapshot, violence is closely interconnected with other health and social determinants. This area will continue to be monitored and expanded in future assessments to better capture its full impact.

Mental Health



Goal 1

Improve Mental Health and Emotional Well-Being Across the Lifespan

Mental Health

1.1 Increase Early Identification & Access to Mental Health Services

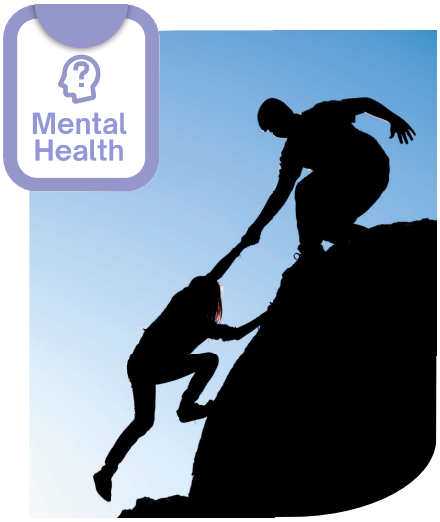
- Expand school-based identification and referral pathways.
- Continue implementation of Hope Squad across three Cass County School Districts
- Standardize referral protocols to school counselors and community providers
- Increase awareness and use of navigation supports

1.2 Strengthen Crisis Response & Supportive Environments

- Enhance community crisis response coordination among health system, schools, law enforcement and advocacy partners
- Improve awareness of cirsis pathways and resources
- Support trauma-informed environments across settings
- Increase post-attempt suicide intervention strategies

1.3 Reduce Stigma & Normalize Help-Seeking

- Engage trusted community messengers
- Partner with schools, faith leaders, employers, healthcare providers and community organizations to share consistent stigma-reducing messages
- Create opportunities for community conversations
- Host or support forums, trainings and events that encourage open dialogue about mental health, coping and available supports



Measures of Success

Improve Mental Health and Emotional Well-Being Across the Lifespan

Goal	Measure	Baseline	Target	Timeline
Implement a standardized youth mental health referral pathway and tracking system across schools, ED, Rapid Care/clinic settings, and key community partners.	Number of key partners using shared referral definitions + reporting format	Not currently available	Ten participating partners	Dec 2026
Establish baseline referral volume across all youth entry points	# of youth mental health referrals documented quarterly (by referral origin)	Baseline year 2027	Baseline established and reported quarterly	Dec 2027
Increase documented youth referrals to mental health services by 25%	% change in total documented referrals from baseline year	Baseline year 2027	+25% increase	Dec 2028
Increase successful connection to services within 30 days for referred youth.	% of referred youth who connect to services within 30 days (aggregate)	Baseline year 2027	Improvement from baseline by Dec 2027 *(or set numeric target after baseline)*	Dec 2027 & Dec 2028

Cancer

Goal 2

Improve Access to Healthcare & Preventive Services

2.1 Foster community partnerships to promote healthy lifestyles, cancer prevention, screenings, and survivor support.

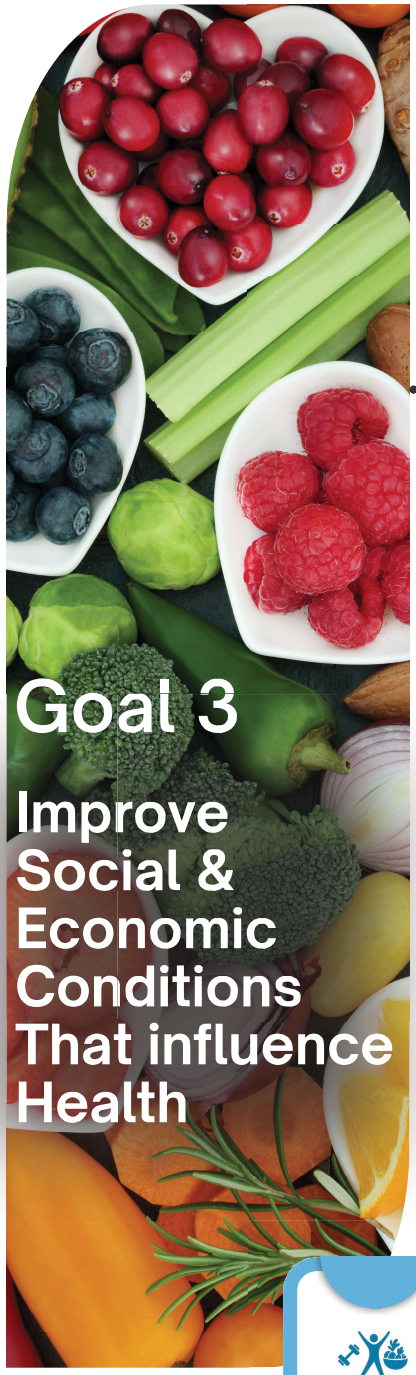
- Strengthen community-based cancer prevention and screening partnerships
- Support cancer survivors through community connections and resources

2.2 Improve patient navigation & health literacy

- Enhance patient navigation for cancer screening and follow-up care
- Reduce barriers to care through coordinated referrals and support services

Cancer

Healthy Eating & Active Living



Focus Area 3.1: Strengthen food security & healthy living infrastructure

- Expand access to affordable, healthy foods through community-based distribution and partnerships.
- Increase access to safe, low-cost opportunities for physical activity across the community.

Focus Area 3.2 Support education & skill-building

- Provide nutrition education that builds practical skills for healthy eating on a budget.
- Increase education and outreach around physical activity as part of daily life.
- Integrate healthy eating and active living education into existing community programs and settings

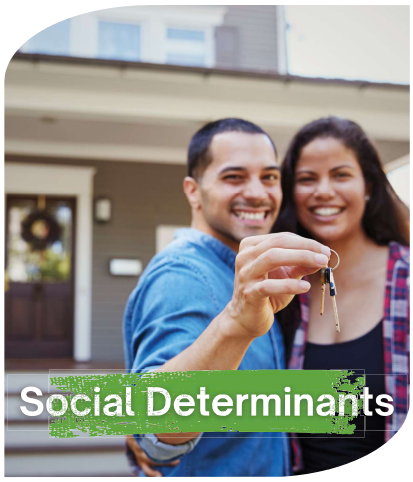
Other Initiatives

During the Community Health Assessment (CHA) process, community members identified several additional topics as important to overall health and quality of life in Cass County. While these areas did not rise to the level of the three most pressing priorities selected for formal workgroups, they remain critical to community well-being and were consistently reflected in survey feedback, focus groups, and partner conversations.

To maintain momentum and ensure meaningful progress, these priorities will be addressed through targeted efforts led by public health staff and engaged community members who are already passionate about these issues. This approach allows the Community Health Improvement Plan (CHIP) to focus resources and structure on the top three priorities, while still supporting ongoing work, partnerships, and action in these important areas.

Volunteerism was identified as an important contributor to community health, with ongoing efforts focused on strengthening service organizations, supporting volunteer engagement, and enhancing community connection.

Community feedback highlighted the growing need for senior services and caregiver support, including resources that promote aging in place and address dementia-related challenges.



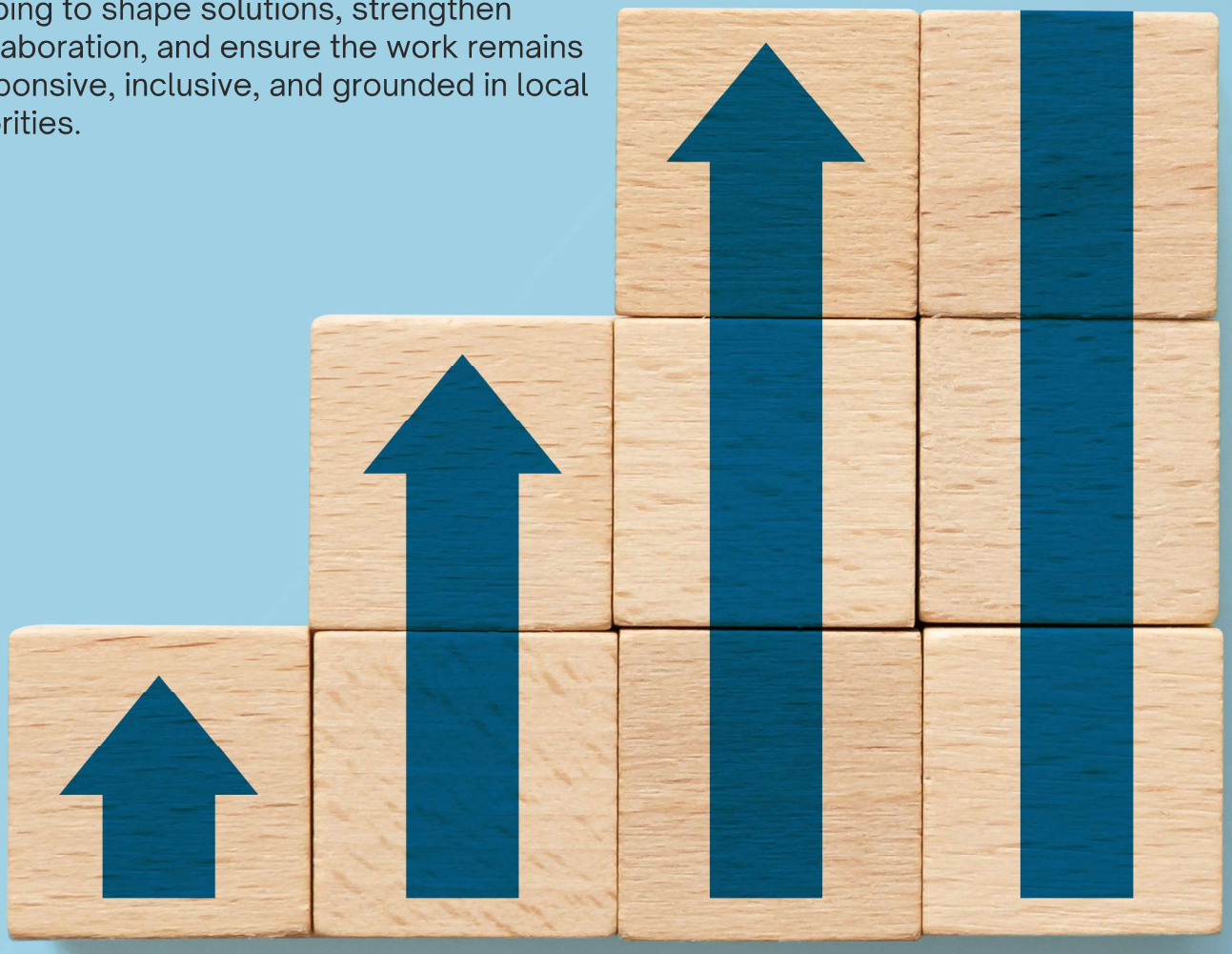
Residents emphasized the impact of social determinants of health such as housing, transportation, food access, and income on health outcomes, reinforcing the importance of continued equity-focused efforts across programs and partnerships.

Tracking Progress

Progress toward the goals outlined in the Community Health Improvement Plan (CHIP) will be actively tracked and reviewed to ensure accountability and meaningful impact.

For each of the three priority goals identified in the CHIP, a dedicated workgroup has been established to guide planning, implementation, and evaluation efforts. These workgroups meet regularly to review data, monitor progress on identified metrics, share updates, and take action on strategies aligned with community needs.

Community members and partner organizations are encouraged to participate in these workgroups, helping to shape solutions, strengthen collaboration, and ensure the work remains responsive, inclusive, and grounded in local priorities.



Cass Health

Contact

1501 East 10th Street
Atlantic, IA 50022
712-243-3250
CassHealth.org

Department of Public Health

Megan Roberts, Director
1408 East 10th Street
Atlantic, IA50022
712-243-7552
robml@casshealth.org

Sources

Social Determinants of Health

- https://pmc.ncbi.nlm.nih.gov/articles/PMC3863696/
- https://www.cdc.gov/public-health-gateway/php/about/social-determinants-of-health.html
- https://odphp.health.gov/healthypeople
- https://hhs.iowa.gov/about/data-reports/performance-reports/cha-chip/assessments-and-plans

Cancer

- Iowa Cancer Registry and Iowa Cancer Consortium
- https://shri.public-health.uiowa.edu/wp-content/uploads/2024/02/cancer-in-iowa-2024.pdf
- https://hhs.iowa.gov/data-reports/health-disease/cancer
- https://shri.public-health.uiowa.edu/cancer-data/cancer-in-iowa-99-counties-project/

Mental Health

- https://www.samhsa.gov/mental-health
- https://hhs.iowa.gov/mental-health
- https://hhs.iowa.gov/media/11995/download?inline
- Iowa HHS, Division of Public Health Bureau of Family Health - Violence Prevention: Addressing Social Drivers - Derma Rivera, MPA
- VDRS- Data –Jon Davis – Injury Prevention Research Center- University of Iowa

Youth Mental Health

- https://publications.iowa.gov/46682/1/2021_IYS_MHReport_Final_03_01_2022_0.pdf
- https://www.hhs.gov/surgeongeneral/reports-and-publications/youth-mental- health/index.html
- https://hhs.iowa.gov/about/data-reports/performance-reports/iowa-youth-survey

HEAL

- file:///C:/Users/jusdk/Downloads/Cass%20County%20CHIP%202022-2027%20(2).pdf
- https://www.usnews.com/news/healthiest-communities/iowa/cass-county
- https://hhs.iowa.gov/about/data-reports/brfss
- https://www.iowahealthieststate.com/5210-home

HEAL/Cancer

- https://www.cancer.org/content/dam/cancer-org/cancer-control/en/booklets-flyers/healthy-eating-and-being-active-can-lower-your-cancer-risk.pdf