

2020 STORY COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

Story County Public Health and
Story County Quality of Life Alliance



2020 Story County Community Health Needs Assessment

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Executive Summary

The Story County Quality of Life Alliance (SCQLA) conducts a health and human needs assessment every five years as requested by the Iowa Department of Public Health. This assessment guides local educational programming and services. The 2020 needs assessment focused on:

“What are the most important health and human service needs of the people of Story County and why?”

The answer to this question was determined through four waves of data collection:

- Analysis of the American Community Survey data for Story County and existing data from 13 key SCQLA partners
- A survey of 567 people who live in Story County
- Two focus groups involving 15 key community members from Nevada and Zearing
- A panel of 13 Story County health and human service experts who directly observe needs during COVID 19

Across the four sources of data the top health and human service needs are (most important listed first):

- Mental health services
- Food security
- Housing
- Child Care
- Suicide Prevention
- Income

These needs were determined from the personal and professional observations of people participating in the survey, focus groups, and panel. Specific actions to address the six most important issues were suggested by the panelists (most often mentioned actions listed first):

- Mental health services – increase the number of and access to providers, analyze current data on services and identify gaps to fill, promote current services
- Food security – increase partnerships, increase food security screenings, use food insecurity data
- Housing – increase partnerships, increase use of data and policies
- Childcare – Increase day care opportunities, increase partnerships
- Suicide prevention – Increase education and outreach
- Income – Increase and expand education and employment opportunities

Questions and requests for additional information is available from the Story County Public Health Director.

Background

The Community Health Needs Assessment is required every five years of local public health departments in Iowa by the Iowa Department of Public Health (IDPH). The assessment, reported to IDPH, includes identifying public health needs in the community and strategies to address those needs. This charge is broad and open to interpretation and judgment at the local level. Details about this process can be found at: <http://idph.iowa.gov/chnahip>.

The Affordable Care Act passed in 2010 created a requirement for hospitals to perform a community health needs assessment every three years. Story County Public Health (SCPH) does not currently participate in local hospital assessments, however local hospitals are involved in this SCPH community health led assessment in Story County.

This health needs assessment is not an individual project of SCPH. Instead the assessment process is a collaboration of partners focused on local action designed to enhance the health of Iowans who live and work in the county. Story County has a rich tradition of successful partnerships to conduct, analyze, and use the assessment. Currently, SCPH and SCQLA plan and conduct the community health needs assessment. The SCQLA was established to advance health and health equity by identifying and aggregating community health issues through data collection and analysis, and systematically sharing those findings and opportunities with the community (see [Story County Quality of Life Alliance - Home \(storycountyqol.org\)](http://storycountyqol.org)).

The SCQLA leadership team includes up to ten members and is chaired by the SCPH Director. This team meets monthly and focuses directly on health improvement efforts, and enhancing communication and partnership efforts across the county. A committee of SCQLA members provides oversight for the community health needs assessment. In 2020 this assessment specifically focused on:

“What are the most important health and human service needs of the people of Story County and why?”

This question addresses not only health needs but goes deeper to identify the rationale for the identification of those needs.

Data Collection Methods and Findings

Four waves of data collection were conducted for this needs assessment to allow for triangulation of findings across those methods.

Data Collection Method	Wave	Number Participating
2018 American Community Survey (ACS) and SCQLA key partners health data	1	12 partners
County-wide community survey	2	567 individuals
Rural focus groups	3	15 individuals
Delphi expert panel	4	13 individuals

These specific methods were selected to match the fiscal and human capital of SCQLA, build on lessons learned from methods used for the 2010 and 2015 assessments, provide a variety of opportunities for a diverse group of people across the county to participate, and to gather data prior to and during the COVID-19 pandemic to determine the validity of the previous waves of data. Each wave of data provided a foundation for the next wave of data collection making the process sequential and dynamic based on changing conditions across the county in 2020.

Wave 1 - 2018 American Community Survey and SCQLA Partner 2019 Health Data Analysis

The American Community Survey (ACS) is conducted every month and every year by the United States Census Bureau. This survey provides information to communities every year about the nation and its people. The ACS is sent to a sample of addresses (about 3.5 million) in the 50 states, District of Columbia, and Puerto Rico and asks about topics not part of the Census. The data from the ACS helps determine how more than \$675 billion in federal and state funds are distributed each year. It also provides local and national leaders with the information they need for programs, economic development, emergency management, and understanding local issues and conditions. The SCQLA specifically analyzed the most recent ACS data for Story County to help determine community health and human service needs.

Thirty key SCQLA community partners were invited to share their most current health data for the people of Story County. These 13 partners provided data from annual reports and Story County data on State of Iowa websites:

- Ames Community School District
- BooST Together for Children (Early Childhood Iowa)
- City of Ames Resident Satisfaction Survey
- Community and Family Resources
- The Bridge Home (formerly Emergency Residence Project)
- Food at First
- HIRTA – Heart of Iowa Regional Transit Agency
- Legal Aid Society of Story County
- Mary Greeley Medical Center
- MICA – Mid Iowa Community Action
- Salvation Army
- United Way of Story County
- YSS - Youth and Shelter Services

Story County health data from the American Community Survey and provided by these community partners in 2019 is found in Appendix A.

American Community Survey and SCQLA Key Community Partners Data Findings

The SCQLA needs assessment committee analyzed data from ACS and SCQLA community partners to answer the question, “What are the most important health and human service needs of the people of Story County?” These needs were prominent in the data:

- Affordable child care
- Affordable health care
- Affordable housing
- Affordable transportation
- Crisis stabilization
- Food security
- Legal counsel
- Livable wages
- Mental health services and addiction services
- Poverty
- Suicide prevention

The data from the ACS and agencies was often aggregated (i.e. not specific to Story County) or reflected only a specific geographic area of the county. Additional waves of data collection were conducted to overcome these limitations.

Wave 2 – County-Wide Community Survey

The SCQLA developed, implemented, and analyzed a survey asking people across the county to indicate the most to least important health and human service needs in the county and why they ranked them as such. Wording of the list of needs from Wave 1 data collection was changed slightly to enhance survey content validity and response quality. The survey included some demographic and personal health questions. Distribution of the survey included a Survey Monkey web link and paper copies available county-wide through SCQLA partners to clients and stakeholders. Paper copies and the web link were also promoted and made available at public sites throughout the county.

The findings of health and human service needs and rationale for those needs from the county-wide community survey were:

Story County Health and Human Service Needs – Community Survey (n=567)

Rank	Need	Score
1	Mental health services	1.26
2	Health care	1.43
3	Food security	1.48
4	Childcare	1.51
5	Housing	1.52
6	Suicide prevention	1.54
7	Addiction services	1.62
8	Income	1.67
9	Crisis management	1.76
10	Transportation	1.78
11	Legal counsel	2.08

Why are these the most important health and human service needs of the people of Story County (n=567)?

- 42% I have friends that are in need of services
- 31% Personal need
- 30% I work in the human services field and see these needs
- 29% Other (no strong themes)
- 9% I work in a school and see these needs

The community survey and additional findings from the survey are found in Appendix B.

Wave 3 – Rural Focus Groups

Rural communities were underrepresented in some Wave 1 and 2 data. Focus groups with rural people in Zearing and Nevada, Iowa were conducted to oversample for rural perspectives on health and human service needs in their geographic area of the county. An additional focus group in Maxwell, Iowa was cancelled due to the COVID-19 pandemic. Fifteen people participated in the two

focus groups.

The findings of health and human service needs, rationale for those needs, and themes from the rural focus group conversations were:

Story County Health and Human Service Needs – Focus Groups (n=15)

Rank	Need	Score	Themes
1	Mental health services	14	Few and poor access to providers, quality
2	Housing	8	Quality, cost, land lords
3	Transportation	6	Poor public and private options
4	Food security	4	Good services, high need, distance to grocery stores
5	Addiction services Childcare Crisis management	3	Accessibility, high need Cost, quality, few options Unsure of what this means.
6	Suicide prevention	2	Impacts youth and families
7	Income	1	Disparities
8	Health care Legal counsel	0	Cost, service convenience Education-law and services

Why are these the most important health and human service needs of the people of Story County?

- I often see the need
- A need for improved accessibility to services

The focus group protocol and work sheet are found in Appendix C.

Wave 4 – Delphi Expert Panel

Due to the COVID-19 pandemic, SCQLA added a fourth wave of data collection to determine if the pandemic had changed the health and human services needs of people across the county. A panel of 13 Story County health and human service experts participated in a three part Delphi process: 1) review of the identified list of needs and add missing needs; 2.) rank the needs from most important to least important; and, 3.) provide feedback addressing the top needs.

The findings of ranking of health and human service needs and feedback on addressing those needs from the Delphi expert panel were:

Story County Health and Human Service Needs – Delphi Expert Panel (n=13)

Rank	Need	Score	Addressing Needs
1	Mental health services	17.6	Increase the number of and access to providers Analyze current data on services and identify gaps Promote current services

2	Food security	17.2	Increase partnerships Increase food security screenings Use food insecurity data
3	Housing	16.6	Increase partnerships Increase use of data and policies
4	Childcare	15.2	Increase day care opportunities Increase partnerships
5	Suicide prevention	14.5	Increase education and outreach
6	Income	14.4	Increase and expand education and employment opportunities

The Delphi panel of experts communications and detailed feedback are found in Appendix D.

Overall Findings

To determine the top health and human service needs for the people of Story County, rankings in the tables above for the community survey, focus groups, and Delphi expert panel were tallied. The overall findings were:

Overall Health and Human Service Needs for the People of Story County n= 595

Rank	Need	Score *
1	Mental Health Services	3
2	Food Security	9
3	Housing	10
4	Child Care	13
5	Suicide Prevention	17
6	Income	20

*The score is a sum of the rankings from the community survey, focus groups, and Delphi expert panel. For example, mental health services were ranked first in each table of results so it scores 3 (1+1+1=3)

Recommended Next Steps

The findings from the needs assessment suggest a variety of recommendations for next steps to continue to improve the health outcomes and quality of life for the people of Story County. Local health data found at websites listed in Appendix E can support these efforts. Specific recommendations include:

Story County Quality of Life Alliance

- Share and discuss this report with SCQLA members and partners to catalyze actions to address the top health and human service needs (top needs) in the county
- Suggest natural collaborations or connections to address top needs
- Document best practices and lessons learned from the 2020 health needs assessment process to

- inform the 2025 assessment
- Review fresh health and human service data as it becomes available to compare and contrast the findings with this assessment (i.e. University of Northern Iowa COVID-19 Financial Impact Survey 2020, 2020 census data, hospital needs assessment)
- Review progress towards and innovations in addressing the top needs at SCQLA meetings
- Review and realign the needs assessment findings and actions on an annual basis due to a dynamic health and human services context

Story County Health and Human Service Providers

- Leverage current opportunities and partners to address the top needs identified in this assessment (i.e. vaccination sites, health care professionals, ministers, teachers)
- Enhance public education and awareness of the top needs and enhance mobilization to address these needs
- Review demographics and services of current clients/users for the top needs, determine underrepresented groups, and expand services to thoroughly serve those groups
- Use the data from this assessment and sources data listed in Appendix F to secure grants, contracts, and donations to address top needs

Story County Community and Organizational Leaders and Elected Officials

- Support programs, services, best practices, and innovations that address the top needs
- Develop, implement, and monitor policies and regulations to address the top needs
- Enhance community engagement in addressing the top needs
- Identify and address root causes of the top needs

People Who Live and Work in Story County

- Become more aware of and understand the top needs experienced by neighbors, friends, and coworkers
- Provide supports for programs, projects, practices, and policies that address the top needs (i.e. volunteer, donate funds, provide referrals)
- Advocate for policy and practice changes to address the top needs in Story County

Appendix A – Health Data from the 2018 American Community Survey and 2019 Story County Quality of Life Alliance Key Community Partners

Addiction Services

Nationally, drug addiction continues to be a critical problem. The use and misuse of alcohol, nicotine, and illicit drugs and the misuse of prescription drugs cost Americans more than \$700 billion a year. In addition, alcohol, illicit drugs, and prescription drugs misuse contribute to the death of approximately 90,000 individuals a year. Tobacco is estimated to be linked to 480,000 deaths as well (Source: NIDA. 2020, May 29. Addiction and Health. Retrieved from <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/addiction-health> on 2020, June 23).

The first table shows that Story County has a significant problem with consumption of alcohol.

Excessive use of alcohol in Story County, Iowa (Source: County Health Rankings 2020, www.countyhealthrankings.org).

Activity	Percentage	Margin of Error
Excessive Drinking – Residents Reporting Binge or Heavy Drinking	23%	22-24%

Alcohol Impaired Driving Deaths as a Percentage of Driving Deaths	19%	8-32%
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The next table shows the estimated number of drug overdose mortality rate per 100K of population.

Drug overdose deaths in Story County, Iowa (Source: County Health Rankings 2020, www.countyhealthrankings.org).

Activity	Estimated Number of Deaths per 100K	Margin of Error
Drug Overdose Deaths	6	4-10

The following table looks at the number of treatments for substance abuse in Story County in 2017.

Substance abuse treatments in Story County in 2017 from the Iowa Health Factbook (Source: iowahealthfactbook.org/factbook/#/counties/Story).

Substance	Story County Number of Treatment Admissions	Admission Rank within Iowa Counties
Alcohol	213	10
Cocaine	Suppressed	Suppressed
Marijuana	124	11
Methamphetamine	108	14
Opioids	31	10
Total	488	12

Suppressed – numbers are too small.

Story County student responses to the Iowa Youth Survey 2018

The next set of tables look at Story County student responses to questions on the 2018 Iowa Youth Survey that relate to their use of addictive substances. The survey reports the activity of 6th, 8th, and 11th grade students. The tables show summary tables from the survey that combine the results of multiple questions. In each of the summary tables the questions asked to create the summary are listed.

The first table shows the student responses for alcohol use.

Students alcohol use summary for Story County 2018. (Source: Summary of Questions from 2018 Iowa Youth Survey (Story County Results)).

	6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Alcohol Use (Current (Past 30 Day Use): B16, B17, B18, B19)												
Ever: B15, B16, B17, B18, B19)												
Current	1%	1%	1%	3%	2%	4%	16%	16%	15%	6%	6%	6%
Ever	9%	14%	5%	16%	18%	15%	46%	40%	51%	23%	23%	22%

The next table shows the results for tobacco use. The table brings results from multiple questions together.

Students tobacco use summary for Story County 2018. (Source: Summary of Questions from 2018 Iowa Youth Survey (Story County Results)).

	6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Tobacco Use (Current (Past 30 Day Use): B28, B32, B33, B34, B35, B36)												
Ever: B27, B28, B29, B30, B31, B32, B33, B34, B35, B36)												
Current	0%	0%	0%	1%	1%	1%	5%	5%	5%	2%	2%	2%
Ever	2%	1%	2%	4%	4%	5%	14%	12%	16%	6%	6%	7%
Cigarettes (Current: B28, B32, B36)												
Ever: B28, B29, B30, B32, B36)												
Current	0%	0%	0%	1%	1%	1%	4%	3%	5%	1%	1%	2%
Ever	0%	1%	0%	2%	2%	3%	10%	6%	13%	4%	3%	5%
Cigars (B33)												
Current	0%	0%	0%	0%	0%	0%	1%	3%	0%	0%	1%	0%
Smokeless Tobacco (Current: B34)												
Ever: B31, B34)												
Current	0%	0%	0%	0%	0%	0%	1%	1%	0%	0%	0%	0%
Ever	0%	0%	0%	1%	1%	1%	3%	3%	3%	1%	1%	1%
Water Pipe or Hookah (B35)												
Current	0%	0%	0%	0%	0%	0%	1%	1%	1%	0%	1%	0%

E-Cigarettes have become a new form of nicotine consumption that brings their own health and addictive issues.

Student e-Cigarette use summary for Story County 2018. (Source: Summary of Questions from 2018 Iowa Youth Survey (Story County Results)).

	6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Electronic Cigarette Use (Current (Past 30 Day Use): B38)												
Ever: B37, B38)												
Current	1%	1%	1%	5%	4%	6%	24%	23%	25%	9%	8%	10%
Ever	2%	3%	1%	10%	10%	10%	38%	36%	40%	16%	15%	16%

The next table shows the combination of student responses on use of illicit drugs and the misuse of prescription drugs from the 2018 Iowa Youth Survey (Story County Results).

Students drug use summary for Story County 2018. (Source: Summary of Questions from 2018 Iowa Youth Survey (Story County Results)).

	6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Drug Use (Current (Past 30 Day Use): B40, B42, B43, B44, B45, B46, B47, B48, B49)												
Ever: B39, B40, B41, B42, B43, B44, B45, B46, B47, B48, B49)												
Current	3%	4%	2%	6%	6%	7%	14%	12%	15%	7%	7%	8%
Ever	4%	5%	3%	8%	9%	8%	24%	21%	28%	12%	11%	12%
Amphetamines (B48)												
Current	0%	0%	0%	1%	1%	0%	0%	0%	0%	0%	0%	0%

Cocaine (B46)												
Current	1%	1%	0%	1%	1%	0%	1%	1%	1%	1%	1%	0%
Inhalants (Current (Past 30 Day Use): B42)												
Ever: B42)												
Current	1%	1%	1%	1%	2%	1%	1%	1%	1%	1%	1%	1%
Ever	1%	1%	1%	1%	2%	1%	1%	1%	1%	1%	1%	1%
Marijuana (Current (Past 30 Day Use): B40)												
Ever: B39, B40, B41)												
Current	0%	0%	0%	2%	2%	2%	8%	5%	11%	3%	2%	4%
Ever	1%	1%	1%	4%	5%	4%	20%	16%	24%	8%	7%	9%
Methamphetamine (B47)												
Current	0%	0%	0%	0%	1%	0%	1%	1%	1%	0%	1%	0%
Over the Counter Medications (B43-taken differently than the directions)												
Current	1%	1%	1%	3%	2%	4%	4%	3%	5%	3%	2%	3%
Prescription Medication (B44-taken without a Doctor's prescription)												
Current	1%	2%	1%	2%	2%	2%	3%	3%	3%	2%	2%	2%
Steroid Use (B45-taken without a Doctor's prescription)												
Current	0%	0%	0%	0%	1%	0%	1%	1%	0%	0%	1%	0%

Another type of addiction that has the potential to cause people serious harm is gambling. The next table shows that gambling is a significant issue amongst Story County students.

Gambling reported by Story County students 2018. (Source: Question 50 from 2018 Iowa Youth Survey (Story County Results)).

	6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Have you ever bet or gambled for money or possessions? Question B50												
Yes	11%	18%	5%	18%	23%	13%	28%	41%	15%	19%	27%	11%
Percent who answered question	93%	94%	93%	90%	91%	89%	98%	97%	99%	94%	94%	94%

The next table shows responses for questions on a variety of forms of betting that were asked in the survey.

Summary of gambling types reported by Story County students 2018. (Source: Questions 51, 53, 54, and 56 from 2018 Iowa Youth Survey (Story County Results)).

	6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
During the past 12 months how many times have you bet or gambled for money or possessions in any of the following ways: Sporting Events (Football, baseball, hockey, soccer, e-sports, etc.)? Question 51												

Percent who reported one or more times	2%	3%	1%	2%	4%	1%	4%	7%	1%	3%	5%	1%
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During the past 12 months how many times have you bet or gambled for money or possessions in any of the following ways: Card or dice games with friends or family (including poker)? Question B53

Percent who reported one or more times	2%	3%	1%	2%	3%	1%	4%	5%	2%	3%	4%	1%
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During the past 12 months how many times have you bet or gambled for money or possessions in any of the following ways: Online/Internet, Apps, Video Games (in-game or in-app purchases to extend play)?

Question B54

Percent who reported one or more times	1%	2%	0%	3%	5%	1%	3%	4%	1%	2%	4%	1%
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During the past 12 months how many times have you bet or gambled for money or possessions in any of the following ways: Lottery scratch off tickets or numbers? Question B56

Percent who reported one or more times	1%	2%	0%	0%	0%	0%	1%	1%	0%	1%	1%	0%
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The question asked in the next table pertains to the concerns of the students' families about the amount of gambling/betting that the students were doing.

Concerns of family on gambling reported by Story County students 2018. (Source: Question 59 from 2018 Iowa Youth Survey (Story County Results)).

	6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
During the past 12 months how often: Have your family or friends complained that you gamble/bet too much? Question B59												
Never	99%	98%		100%	99%		99%	98%	99%	99%	99%	100%

Some-times	1%	1%	0%	0%	1%	0%	1%	1%	0%	1%	1%	0%
Most of the time	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Almost always	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Percent who answered question	93%	94%	93%	90%	92%	89%	97%	96%	98%	94%	94%	93%

Iowa State University Students

The final tables in this section are based on results from the survey results reported in American College Health Association, National College Health Assessment II (ACHA-NCHA II), Iowa State University Executive Summary, Spring 2019. The Executive Summary shows the results of the ACHA-NCHA II spring 2019 survey for Iowa State University. The survey at Iowa State University consisted of 1008 respondents. The overall response rate for the university was 10.2%.

The tables in this section show the percentage of ISU students that responded to a series of questions concerning substance abuse. The first three tables show the Iowa State University Students' responses on their use of tobacco/e-cigarette products.

Percentage of responders to the question of whether the ISU student taking the survey had smoked cigarettes (Source: ACHA-NCHA II, Iowa State University Executive Summary, Spring 2019).

Percent (%)	Male	Female	Total
Never used	76.7	86.6	83.2
Used but not in the last 30 days	18.1	10.5	13
Used 1-9 days	4.4	2.5	3.2
Used 10-29 days	0.3	0.3	0.3
Used all 30 days	0.6	0	0.3
Any use within the last 30 days	5.2	2.8	3.8

Percentage of responders to the question of whether the ISU student taking the survey had smoked e-cigarettes (Source: ACHA-NCHA II, Iowa State University Executive Summary, Spring 2019).

Percent (%)	Male	Female	Total
Never used	69.7	78.3	74.9
Used but not in the last 30 days	12.2	9.8	11
Used 1-9 days	8.7	8.2	8.2
Used 10-29 days	3.2	1.7	2.4
Used all 30 days	6.1	1.9	3.4
Any use within the last 30 days	18.1	11.9	14.1

Percentage of responders to the question of whether the ISU student taking the survey had smoked tobacco from a water pipe (hookah) (Source: ACHA-NCHA II, Iowa State University Executive

Summary, Spring 2019).

Percent (%)	Male	Female	Total
Never used	82.3	90.3	87.6
Used but not in the last 30 days	14.5	8.3	10.4
Used 1-9 days	3.2	1.3	1.9
Used 10-29 days	0	0	0
Used all 30 days	0	0.2	0.1
Any use within the last 30 days	3.2	1.4	2

The next three tables show responses from Iowa State University students on alcohol consumption and experiences when drinking alcohol.

Percentage of responders to the question of whether the ISU student taking the survey had used alcohol (Source: ACHA-NCHA II, Iowa State University Executive Summary, Spring 2019).

Percent (%)	Male	Female	Total
Never used	20.7	16.2	18
Used but not in the last 30 days	14.3	16	15.4
Used 1-9 days	51.9	56.7	55
Used 10-29 days	12	10.5	10.9
Used all 30 days	1.2	0.6	0.8
Any use within the last 30 days	65	67.8	66.7

ISU students who drank alcohol reported experiencing the following in the last 12 months when drinking alcohol* (Source: ACHA-NCHA II, Iowa State University Executive Summary, Spring 2019).

Percent (%)	Male	Female	Total
Did something you later regretted	34.1	38.7	36.8
Forgot where you were or what you did	32.5	30	30.9
Got in trouble with the police	2	2.2	2.1
Someone had sex with me without my consent	2	2.2	2.1
Had sex with someone without their consent	0	0.4	0.3
Had unprotected sex	20	21.5	21.2
Physically injured yourself	14.1	13.6	13.7
Physically injured another person	3.2	0.8	1.6

Seriously considered suicide	2.4	4	3.8
Reported one or more of the above	50.8	54.3	53.1

*Students responding “N/A, don’t drink” were excluded from this analysis.

Percentage of responders to the question of whether the ISU student taking the survey had consumed five or more drinks in a sitting within the last two weeks (Source: ACHA-NCHA II, Iowa State University Executive Summary, Spring 2019).

Percent (%)	Male	Female	Total
Don’t drink	28.6	2.1	24.6
None	32.9	50.9	44.5
1-2 times	24.5	21.3	22.4
3-5 times	11.1	4.4	6.8
6 or more times	2.9	1.3	1.8

The next table shows the responses of ISU students concerning the use of marijuana.

Percentage of responders to the question of whether the ISU student taking the survey had used marijuana (Source: ACHA-NCHA II, Iowa State University Executive Summary, Spring 2019).

Percent (%)	Male	Female	Total
Never used	65.4	65.8	65.4
Used but not in the last 30 days	20.3	20.2	20
Used 1-9 days	9.9	10	10.3
Used 10-29 days	2.9	2.7	2.8
Used all 30 days	1.5	1.3	1.5
Any use within the last 30 days	14.2	13.9	14.5

The next table shows the responses of ISU students to question concerning the misuse of prescription drugs.

Percentage of responders to the question of whether the ISU student taking the survey had misused prescription drugs within the last 12 months (Source: ACHA-NCHA II, Iowa State University Executive Summary, Spring 2019).

Percent (%)	Male	Female	Total
Antidepressants	1.7	4.1	3.2
Erectile dysfunction drugs	0.3	0.6	0.5
Pain killers	2.9	3.4	3.2
Sedatives	2	1.7	1.9
Stimulants	6.4	4.4	5
Used 1 or more of the above	9.3	10	9.7

The final table within this subsection shows the responses of ISU students to the question as to whether the student has been treated by a professional for addiction within the last 12 months.

Percentage of responders to the question of whether the ISU student taking the survey had been treated by a professional for addiction within the last 12 months (Source: ACHA-NCHA II, Iowa State University Executive Summary, Spring 2019).

Percent (%)	Male	Female	Total
Substance abuse or addiction	0.9	1.1	1.2
Other addiction	0.3	0.8	0.6

Youth and Shelter Services

Youth and Shelter Services provides a comprehensive program for dealing with addiction amongst adolescents, young adults, and adults struggling with substance abuse disorders. The programs of offered by Youth and Shelter are funded by a range of local entities. The data in these tables show the need for these programs.

The next table shows the range of ages that Youth and Shelter Services has treated since March 2016.

Age of individuals treated by Youth and Shelter Services for drug abuse during the time between March 2016 through January 2020 (Source: Youth and Shelter Services).

Age	Number Treated
14 and Under	10
15 to 17	18
18-25	14
26 and Over	5

The next table shows the variations of substance abuse treatments that are available through Youth and Shelter Services.

Nature of service to individuals being treated by Youth and Shelter Services for drug abuse during the time between March 2016 through January 2020 (Source: Youth and Shelter Services).

Type of Treatment	Number Treated
Community Service	9
Outpatient	29
Residential	4
Shelter	5

The next two tables show the success rate and the discharge disposition of the individuals treated.

Discharge treatment success rate for individuals treated by Youth and Shelter Services for drug abuse during the time between March 2016 through January 2020 (Source: Youth and Shelter Services).

Treatment Success	Number Treated
Partially Successful	15
Successful	21
Unsuccessful	7
Other	4

Discharge disposition of individuals treated by Youth and Shelter Services for drug abuse during the time between March 2016 through January 2020 (Source: Youth and Shelter Services).

Discharge Disposition	Number Discharged
AWOL	1
Completion of Treatment	18
Hospitalization	1
Inactive/Withdrawal	13
Lack of Progress	2
Transferred	6
Other	6

Methamphetamine Usage

Mary Greeley Medical Center saw as high as 26 patients testing positive for Methamphetamine in December of 2017. Since that peak, positive tests have been averaging approximately 17 positive tests a month (Source: Meth Use at an All-time High, but Resources to Fight It Lacking, Officials Say, Ames Tribune, by David Mullen).

Arrests for meth-related charges in Ames, Iowa (Source: Meth Use at an All-time High, but Resources to Fight It Lacking, Officials Say, Ames Tribune, by David Mullen).

Time Frame	Number of Meth-Related Arrests
2017	76
2018	105
2019	75

Child Care

Child Care is a critical problem in Story County. Child care is a scarce resource in virtually all areas of the county. The need within Story County is also a significant factor as the percentage of families in Story County where both parents work is 71% of the families with children under the age of 6 (Source: iowaccrr.org).

The problem is especially critical for families that are in the lowest income brackets. The cost of child care can cause a significant burden on the budget of families in the lowest income brackets.

The first set of tables provide data from the Iowa Child Care Resource and Referral organization (iowaccrr.org). The data shows both the availability of registered/licensed child care and the expected cost on a per week basis depending on the age of children being served.

The following table shows the estimates for the number of children in Story County that are in the 12 and under age categories.

Population Estimates (December 31, 2018) for total and children 0 through 12 (Source: <https://iowaccrr.org/resources/files/Data/FY19/FY19%20Story.pdf>).

	Population Estimate
Total County Population	98,245
Children ages 0 through 5	5,519
Children ages 6 through 9	3,563
Children ages 10 through 12	2,685

The next two tables show the number of programs and the available spaces in the registered and

licensed programs as of July 1, 2019.

Child care programs (July 1, 2019) in Story County (Source: <https://iowaccrr.org/resources/files/Data/FY19/FY19%20Story.pdf>).

Programs	Number Available
Total Programs	114
Registered Child Development Homes	52
Child Care Homes	18
Department of Education Operated Preschools	8
Total Department of Human Services Licensed Centers/Preschools	36
Department of Human Services Centers	11
Department of Human Services Preschools	7
Department of Human Services Center and Preschools	18

Child care spaces, as of July 1, 2019), in registered and licensed child care programs in Story County (Source: <https://iowaccrr.org/resources/files/Data/FY19/FY19%20Story.pdf>).

Spaces for Children	Number Available
Total Programs	3751
Registered Child Development Homes	576
Child Care Homes	90
Department of Education Operated Preschools	446
Total Department of Human Services Licensed Centers/Preschools	2639
Department of Human Services Centers	658
Department of Human Services Preschools	171
Department of Human Services Center and Preschools	1810

The next table shows the estimated percentages of requests for child care by age group.

Estimates of Requests for Child Care By Age (July 1, 2019) (Source: <https://iowaccrr.org/resources/files/Data/FY19/FY19%20Story.pdf>).

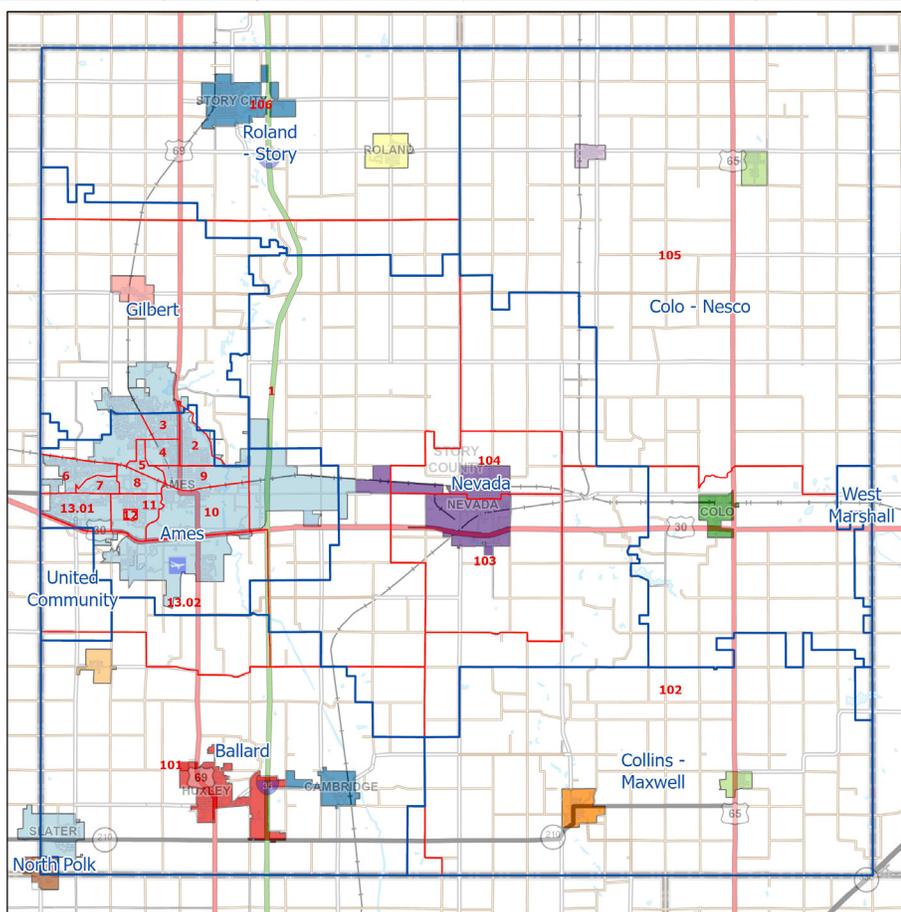
Age	Percentage
Infant (0-12 Months)	39%
Toddler (13-23 Months)	14%
Two Year Olds	14%
Three & Four Year Olds	15%
Five Year Olds	4%
Six to Eight Year Olds	9%
Nine Year Olds and Older	3%
Unknown	1%

The next table provide the average weekly cost of child care in registered or licensed child care centers in Story County in July of 2019.

Cost Estimates per week for child care by child age and level (registered or licensed) of child care centers (Source: <https://iowaccrr.org/resources/files/Data/FY19/FY19%20Story.pdf>).

Child Care Rates Average Per Week	Infant (0-12 Months)	Toddler (13-23 Months)	Two Year Olds	Three Year Olds	Four & Five Year Olds	Before & After School	Full Time School-Age
Registered Child Development Homes	\$144.99	\$144.34	\$143.42	\$142.55	\$142.35	\$65.00	\$135.49
DHS Licensed Centers/ Preschools	\$260.69	\$256.93	\$230.09	\$216.09	\$211.87	\$94.40	\$189.22

The previous data provide a collective view of child care programs/spaces across the county. While this information is useful in making statements about the child care crisis, it doesn't provide a true picture of what working parents face when they need child care. To get a better look at the crisis on the ground we need to dig deeper into the availability of child care at local levels. To do that, it is necessary to consider the concept of a child care desert. There are two separate definitions of a child care desert depending on the area classification that one is using. When using Census Tract as the area one is looking at, a child care desert is any census tract with more than 50 children under age 5 that contains either no child care providers or so few options that there are more than three times as many children as licensed child care slots. The next table from the Center for American Progress shows the list of Census Tracts in Story County along with the information on providers, children population, ratio of children per licensed slot, as well as the percentage of children with all parents in the workforce. The Census Tract map is shown before the table.



Child Care by Census tract in Story County (Source: Center for American Progress, childcaresdeserts.org/?state=IA).

Census Tract	Licensed Child Care Providers	Family Child Care Homes	Total Child Care Capacity	Total Population	Population Under Age 5	Children per Licensed Slot	Percentage of Children with all Parents in Work Force
1	8	2	587	11317	877	1.49	73%
2	10	6	283	3794	208	0.73	75%
3	3	2	42	3478	259	6.17	76%
4	3	1	96	2637	96	1	73%
5	0	0	0	3306	92	*	66%
6	6	5	101	5113	356	3.52	72%
7	0	0	0	3213	60	*	9%
8	2	0	176	5565	0	0	0%
9	4	3	186	3492	182	0.98	85%
10	1	0	48	4772	196	4.08	60%
11	2	0	42	6574	44	1.05	0%
12	0	0	0	838	0	*	0%
13.01	8	6	233	10380	279	1.2	81%
13.02	3	2	50	4719	109	2.18	81%
101	15	8	568	7312	612	1.08	77%
102	5	4	94	3785	227	2.41	90%
103	8	7	273	4603	384	1.41	71%
104	11	9	213	2821	161	0.76	72%
105	3	2	67	1715	116	1.73	66%
106	7	5	126	5400	362	2.87	65%

A second definition of a child care desert is based on cities. A city is considered a child care desert if the number of children per available child care slot is 3 or more. The next table shows a breakdown over the cities in Story County. It is color coded to show the child care deserts (Green), towns with children/no child care (Purple) and towns with some child care/less slots than children (Red).

Deserts by city, where a desert is defined by the number of children per available slot is 3 (Source: Iowa Child Care Resource & Referral (2019) iowaccrr.org/resources/files/Data/DesertCity2019.pdf).

City (Green is a desert, Yellow is not a desert.)	Total City Population:	Total Population 0-11 years	# of known programs as of 10/15/18 including licensed, registered, Dept of Education and non-registered	Total Licensed Capacity	Total Vacancies Self-Reported by Program as of 10/15/18	Less than 100%=more children than slots, More than 100%=more slots than children
Ames, Iowa	55100	5378	62	2145	221	40%
Cambridge, Iowa	850	226	3	36	1	16%
Collins, Iowa	458	112	1	16	0	14%
Colo, Iowa	886	153	2	17	5	11%
Gilbert, Iowa	1180	252	6	247	4	98%
Huxley, Iowa	3410	656	10	415	12	63%
Kelley, Iowa	306	34				0%
Maxwell, Iowa	828	147	4	86	6	59%
McCallsburg, Iowa	323	77	1	50	14	65%
Nevada, Iowa	6531	1164	21	519	39	45%
Roland, Iowa	1304	310	1	12	0	4%
Sheldahl, Iowa	249	23				0%
Slater, Iowa	1612	380	4	90	13	24%
Story City, Iowa	3164	353	8	195	10	55%
Zearing, Iowa	538	69	1	12	2	17%

The next two tables provide data from the American Community Survey, Bureau of Census on both the number of households with children under the age of 18 and the number of parents in the household. The first table breaks out the number of households based on the number of parents in a household. The second table shows the percentage of children in the married couple, single male, and single female households by age groups. The value of these two tables is that they provide an estimate of the number of households with children broken down by the number of parents per household.

Number of households with married couple, single male, and single female households with children under 18 (Source: American Community Survey, 2018 five-year estimates).

	Married-Couple Household		Male Householder, No Wife, Family Household		Female Householder, No Husband, Family Household	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Number of Households	6,797	+/-348	563	+/-124	1,216	+/-279

Percentage of children by age in married couple, single male, and single female households with children under 18 (Source: American Community Survey, 2018 five-year estimates).

	Married-Couple Household		Male Householder, No Wife, Family Household		Female Householder, No Husband, Family Household	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Percentage of Children Under 6 Years Only	30.60%	+/-4.5	28.40%	+/-11.3	22.00%	+/-13.3
Percentage of Children Under 6 Years and 6 to 17 Years	19.30%	+/-3.2	1.80%	+/-2.4	16.50%	+/-8.3
Percentage of Children 6 to 17 Years Only	50.10%	+/-4.2	69.80%	+/-11.5	61.50%	+/-12.5

Crisis Management

The primary goal of crisis management is to identify, access and intervene in a way that the individual in crisis is returned to their normal level of functioning as soon as possible. Throughout the process of resolving the crisis it is necessary to ensure the safety and emotional stability of the person experiencing the crisis. Crisis management is a critical component of most, if not all, of the health and human service needs for the residents of Story County.

The need for crisis management is tightly tied to the level of need in the health and human service needs given in the other sections of this document. Poverty within Story County plays a role in both the needs that residents have and the need for crisis intervention. With an estimated 18,527 +/-1116 residents (21.5% +/-1.3) living at or below the federal poverty level, Story County sees poverty create needs and crises in many areas. A significant percentage of Story County residents are a setback away from a major crisis.

Mental health is an area where having a good level of crisis management is critical. It is important to be able to get the caller into the appropriate level of care relative to the problems that the caller is having. The next table shows the number of crisis calls from Story County residents in 2018 and 2019 to the Eyerly Ball crisis line and the way that the crises were handled.

The number and disposition of calls the Eyerly Ball crisis line from Story County residents (Source: Eyerly Ball).

Disposition	2018	2019
Counsel/Stabilize	102	221
Hospital	12	40
Disregard	16	31
Other	6	11

Central Iowa Community Services (CICS) Crisis Line answered by Foundation 2, Inc. received 948 calls from March 2018 to June 2019 from Story County residents. (Source: CICS)

The CICS Story County office provided coordination services on average to 188 individuals monthly in FY18 and 187 individuals per month in FY19. (Source: CICS)

The 2-1-1 calls can be from people seeking information or those that are in need of help. The data in the next table provides the number of calls received for food, housing, utility, and financial assistance.

Number of calls to 2-1-1 for basic issues (Source: 2-1-1 Reports, January 2019 – November 2019).

Assistance Call Type	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Food Assistance	2	7	4	2	0	1	7	3	3	9	1
Housing Assistance	11	14	9	24	15	4	7	26	16	10	15
Utility Assistance	2	1	3	1	4	7	10	3	9	2	0
Financial Assistance	2	9	5	5	0	0	0	2	0	10	6

The next table shows the number of mental health related calls that the Ames Police Department received during the period 2016 – 2018.

The number of mental health related calls received by the Ames Police Department (Source: New Iowa State Police Position Helps People with Mental Illness, by Maria Lisignoli, <https://who13.com/news/new-iowa-state-police-position-helps-people-with-mental-illness/>)

Year	Number of Calls on Mental Health
2016	1400
2017	1600
2018	2000

Food Insecurity

Food insecurity in Story County continues to be a critical problem in spite of efforts by numerous county agencies to deal with it. The following table shows the most recent data on the food insecurity rate in the county from FeedAmerica.org. One can see a slight decline in the raw numbers, but the basic problem remains critical.

The level of food insecurity in Story County for 2015-2017 (Source: FeedingAmerica.org/county/2017/overall/iowa/county/story).

Year	Food Insecurity Rate	Above Threshold of 185% Poverty	Between 160% and 185% Poverty	Below SNAP Threshold of 160% Poverty	Cost of Meal	Amount of Money Required to Meet Food Needs
2015	15.7%	38%	5%	58%	\$2.93	\$7,743,000
2016	15.5%	42%	1%	58%	\$2.98	\$7,474,000
2017	14.9%	39%	4%	58%	\$2.97	\$7,239,000

The Index of Factors that contribute to a healthy food environment have remained flat during the last five years as well for Story County. The index ranges from zero (the worst) to ten (the best). The index is a combination of two factors: 1. The percentage of the population who are low income and do not live close to a grocery store and 2. The percentage of the population that did not have access to a reliable source of food during the past year.

The Index of Factors for Story County that contribute to a healthy food environment (Source: County Health Rankings and Roadmaps).

Year	2015	2016	2017	2018	2019
Index of Factors	7.1	7.4	7.0	7.0	7.0

A key part of the index is the number of residents that are low income and don't live close to a grocery store. One can see from the following table that this percentage has remained relatively static over the last five years with a slight increase in the last two years.

Percentage of Story County Residents that are low income and don't live close to a grocery store (Source: County Health Rankings and Roadmaps).

Year	2015	2016	2017	2018	2019
Percentage of Residents that are low income and do not live close to a grocery store.	8%	8%	8%	10%	10%

Another measure that indicates the scope of the concerns about food insecurity in Story County is the percentage of students that receive free or reduced-price lunches in Story County. The following table shows that this key issue has remained relatively static as well over the past five school years.

Students that receive free or reduced-price lunches (Source: Iowa Department of Education).

School year	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Percentage of students receiving free or reduced-price lunches	25.0%	26.2%	26.0%	24.1%	26.5%

The number of recipients of SNAP (Supplemental Nutrition Assistance Program) is another indication of the level of food insecurity within the county. The following table from the American Community Survey provides the data estimates for 2018 using the five-year data estimates (2014-2018).

Data on Story County SNAP recipients in 2018 (Source: American Community Survey, 2018 using five-year estimate).

2018	Households receiving food stamps/SNAP		Percent households receiving food stamps/SNAP	
	Estimate	Margin of Error	Estimate	Margin of Error
Households	2,358	+/-336	6.30%	+/-0.9
With one or more people in the household 60 years and over	295	+/-97	12.50%	+/-4.3
With children under 18 years	1,132	+/-255	48.00%	+/-7.9
Below poverty level	1,059	+/-233	44.90%	+/-7.3
With one or more people with a disability	899	+/-204	38.10%	+/-7.9
Median income (dollars)	23,873	+/-4,163	Not Relevant	Not Relevant

The Aging Resources of Central Iowa uses the Aging & Disability Network Consumer Intake Form to gather information on older Americans that are applying for services. Two questions on the form that are pertinent to understanding food insecurity of older Americans are

In the last 30 days, how often were these statement true:

I have worried whether my food would run out before I got money to buy more, and

The that I bought just didn't last and I didn't have money to get more.

The choices for the two questions were “Often”, “Sometimes”, and “Never”. The next two tables look at the results of these two questions for Story County residents for the 2019 state fiscal year (SFY19) and the first part of SFY 2020 through mid-January.

Percentage of older Story County residents that worried about their food supply in the last 30 days prior to applying for services. The data is from SFY 2019 (Source: Iowa Department on Aging).

SFY2019	Percentage That Worried that Food Would Runout	Percentage That Worried that Food Would Not Last
Often	3.0%	2.3%
Sometimes	8.0%	7.7%
Never	89.1%	90.0%

Percentage of older Story County residents that worried about their food supply in the last 30 days prior to applying for services. The data is from the start of SFY 2020 through mid-January 2020 (Source: Iowa Department on Aging).

SFY2020 to Mid-January 2020	Percentage That Worried that Food Would Runout	Percentage That Worried that Food Would Not Last
Often	3.6%	3.3%
Sometimes	8.9%	9.2%
Never	87.5%	87.5%

Information on food assistance was an important request received by the 2-1-1 operators throughout the first eleven months of 2019

Food Assistance referrals handled by 2-1-1 operators in 2019 (Source: January through November 2019 2-1-1 Reports for Story County, Iowa).

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov
Referrals	2	7	4	2	0	1	7	3	3	9	1

The Story County Hunger Collaboration conducted interviews of 41 food pantry client households in 2016. The households consisted of 75 adults and 35 children. Thirty-nine of the households were located in Story County and 73% of the households lived in zip codes other than Ames. Sixty six percent of the households reported being food secure. Twenty four percent were food insecure without hunger and 10% were food insecure with hunger. Sixty one percent of the households used other food assistance programs, such as SNAP (Source: Food Pantry Client Interviews – Analysis of Results April 2016: http://www.storycountyqol.org/uploads/9/7/9/8/9798478/analysis_of_results.pdf).

Hunger concerns has been an ongoing issue for Story County over the years. A number of agencies and groups within Story County have made significant efforts to alleviate the problem. The scope of the problem and the efforts that have been underway for some time are discussed in the 2018 paper by Gabrielle Roesch-McNally, Jacqueline Nester, Andrea Basche, Eric Christianson, and Emily Zimmerman (Hunger in the Land of Plenty: Local Responses to Food Insecurity in Iowa. Food and Poverty and Food Sovereignty among America’s Poor. ed. Leslie Hossfeld, E. Brooke Kelly, & Julia Waity. (Nashville UP, 2018), pp 230-244). Many of these programs remain in effect, but the resources that are currently available are insufficient to significantly bring down the number of people living with food insecurity. The United Way and its partners estimated that in 2016 and 2017 the programs in place were able to only make up 45.3% and 43.5% of the meal gap for Story County defined by FeedingAmerica.org, respectively. New resources and programs are needed to bridge the remaining gap.

Food Security at Iowa State University

While students from Iowa State University suffering from food insecurity clearly take advantage of some of the programs available to other residents of Story County, the university is in a position to provide additional programs to its students. A 2018 study (<https://hope4college.com/wp-content/uploads/2018/09/Wisconsin-HOPE-Lab-Still-Hungry-and-Homeless.pdf>) showed that more than 1/3 of college students nationwide struggle with food insecurity and/or housing insecurity. Ohio State University surveyed students at 47 higher education institutions looking at food security on their campuses. The results for Iowa State University is given in the following table.

Food security issues at Iowa State University (Source: Study on Collegiate Financial Wellness (Iowa State University) Food Security on Campus. Produced by the Office of Student Life, Ohio State University).

	Percentage	Number of Responses
1. I worried whether my food would run out before I got money to buy more.		
Never true	64.4%	438
Sometimes true	25.0%	170
Often true	9.9%	67
Don't know/Prefer not to answer	0.7%	5
Total Responses	100.0%	680
2. The food that I bought just didn't last, and I didn't have money to get more. 1		
Never true	72.0%	489
Sometimes true	20.9%	142
Often true	6.6%	45
Don't know/Prefer not to answer	0.4%	3
Total Responses	100%	679
3. I couldn't afford to eat balanced meals. 1		
Never true	61.0%	415
Sometimes true	24.9%	169
Often true	13.5%	92
Don't know/Prefer not to answer	0.6%	4
Total Responses	100%	680
4. In the last 12 months, did you ever cut the size of your meals or skip meals because there wasn't enough money for food? 1		
Yes	33.0%	224
No	64.3%	436
Don't know/Prefer not to answer	2.7%	18
Total Responses	100%	678
5. How often did this happen?1, 2		
Almost every month	24.6%	55
Some months, but not every	37.9%	85
Only 1 or 2 months	31.7%	71
Don't know	5.8%	13
Total Responses	100%	224

6. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food? 1		
Yes	28.3%	192
No	67.8%	460
Don't know/Prefer not to answer	3.8%	26
Total Responses	100%	678
7. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food? 1		
Yes	22.6%	154
No	73.7%	501
Don't know/Prefer not to answer	3.7%	25
Total Responses	100%	680
Food security status 3,4		
High or marginal food security	61.4%	417
Low food security	20.5%	139
Very low food security	18.1%	123
Total Responses	100%	679

1. This question is part of the USDA U. S. Household Food Security Module six-item short form.

2. Only students that responded "Yes" to Question 4 saw this question.

3. The food security status measure was created from a combined index based on guidelines from the U.S. Department of Agriculture (USDA). To determine food security status, respondents are first given a raw score from 0-6 based on how many questions to which they responded yes, or in the affirmative that they had that particular experience. Specifically, responses of "often" or "sometimes" on questions 2 and 3, and "yes" on questions 4, 6, and 7 are coded as affirmative and respondents receive a 1 for each affirmative response. Responses of "almost every month" and "some months but not every month" on question 5 are coded as affirmative and respondents receive a 1 for each affirmative response. The sum of affirmative (yes) responses to the six questions in the module is the household's raw score on the scale. A raw score of 0-1 is high or marginal food security. A raw score of 2-4 is low food security. A raw score of 5-6 is very low food security. Respondents in the low and very low food security categories are sometimes combined together and referred to as food insecure, though that is not done in this report. (Information from Economic Research Service of the USDA, which can be found here: <https://www.ers.usda.gov/media/8282/short2012.pdf>).

4. Respondents who answered at least one question in the food security module are included in the food security status categories.

To deal with the food security issues on campus, Iowa State University has developed several strategies to work with food insecurity on campus. The SHOP (Students Helping Our Peers) is a student run food pantry that operates on campus. To help provide resources to The SHOP, the Iowa State University Foundation has established an account to connect resources to the food pantry. In addition Iowa State Dining allows SNAP benefits at all retail locations (Source: <https://www.studentaffairs.iastate.edu/foodsecurity/>).

Existing Programs

The United Way of Story County, Story County, Iowa State University, Iowa State University Student Government, and the City of Ames have collaborated to help fund a number of agencies to help bring

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food to food insecure individuals and families within Story County. Data showing both the need for food in Story County and the number of individuals and families that are dependent on this funding is available for viewing at www.uwstory.org/health.

Health Care

Story County Health Rankings from the County Health Rankings

The County Health Rankings (countyhealthranking.org) rank Story County 12th of Iowa's 99 counties on Health Outcomes and 6th of Iowa's 99 counties on Health Factors.

The County Health Ranking's model uses Length of Life (50%) and Quality of Life (50%) to determine the Health Outcomes ranking for a county. Length of Life comes from the calculation of Premature Death. The rankings calculate Premature Death as the years of potential life lost before age 75 per 100,000 population (age-adjusted). The value for Premature Death in Story County is 4500 years lost with a margin of error of 3,900 to 5,000. The rank for Length of Life is 8 based on this Premature Death measure.

Story County's Quality of Life value was 42 based on the measures is the next table.

Quality of Life measures from the County Health Rankings (Source: countyhealthranking.org).

Quality of Life Measures	Story County Outcomes	Margin of Error	Iowa Outcomes	Years Data was Collected
Poor or fair health	13%	12-13%	14%	2016-2018
Average number of poor physical health days in last 30 days	3.3	3.2-3.5	3.3	2017
Average number of poor mental health days in last 30 days	3.5	3.4-3.7	3.4	2017
Low birthweight (less than 2,500 grams)	6%	5-6%	6%	2012-2018

The Health Factor ranking of 6th amongst the 99 Iowa counties is calculated by combining Health Behaviors (30%), Clinical Care (20%), Social and Economic Factors (40%), and Physical Environment (10%). Story County rated 12 on Health Behavior measures, 5th on Clinical Care measures, and 4th on Social and Economic measures and 74th on Physical Environment. The underlying measures used to calculate these values are shown in the next four tables.

Health Behavior measures for Story County from the County Health Rankings. The percentages given are the percentage of people in the county. ((Source: countyhealthranking.org).

Health Behavior Measures	Story County Outcomes	Margin of Error	Iowa Outcomes	Years Data was Collected
Adult smoking	15%	14-16%	17%	2017
Adult obesity	26%	22-30%	33%	2016
Food environment index	7	Not Available	8.2	2015 & 2017

Physical inactivity	17%	15-20%	24%	2016
Access to exercise opportunities	93%		83%	2010 & 2019
Excessive drinking	23%	22-24%	22%	2017
Alcohol-impaired driving deaths	19%	8-32%	27%	2014-2018
Sexually transmitted infections per 100K population	492.3	Not Available	441.6	2017
Teen births per 1,000 female population ages 15-19	4.0	3.0-4.0	19	2012-2018

Clinical Care measures for Story County from the County Health Rankings (Source: countyhealthranking.org).

Clinical Care Measures	Story County Outcomes	Margin of Error	Iowa Outcomes	Years Data was Collected
Uninsured	5%	4-6%	5%	2017
Primary care physicians	1480 to 1	Not Available	1370 to 1	2017
Dentists	2090 to 1	Not Available	1500 to 1	2018
Mental health providers	490 to 1	Not Available	640 to 1	2019
Preventable hospital stays	3329	Not Available	3808	2017
Mammography screening	62%	Not Available	51%	2017
Flu vaccinations	66%	Not Available	53%	2017

Social and Economic measures for Story County from the County Health Rankings (Source: countyhealthranking.org).

Social and Economic Measures	Story County Outcomes	Margin of Error	Iowa Outcomes	Years Data was Collected
High school graduation	98%	Not Available	91%	2017-2018
Some college	87%	82-91%	70%	2014-2018
Unemployment	1.6%	Not Available	2.50%	2018
Children in poverty	8%	6-11%	14%	2018
Income inequality	5.7	5.2-6.2	4.2	2014-2018
Children in single-parent households	23%	18-27%	29%	2014-2018
Social associations	12.7	Not Available	15.2	2017
Violent crime	142	Not Available	282	2014 & 2016
Injury deaths	37	32-43	67	2014-2018

Physical Environment measures for Story County from the County Health Rankings (Source: countyhealthranking.org).

Physical Environment Measures	Story County Outcomes	Margin of Error	Iowa Outcomes	Years Data was Collected
Air pollution - particulate matter	9.3	Not Available	9	2014
Drinking water violations	No	Not Available	Yes	2018
Severe housing problems	20%	18-22%	12%	2012-2016
Driving alone to work	72%	70-74%	81%	2014-2018
Long commute - driving alone	19%	17-21%	20%	2014-2018

Another set of health issues that are available from the County Health Rankings that were not used in the calculation of the rankings, but are interesting are shown in the following table.

Interesting values that were not used in the rankings (Source: countyhealthranking.org).

Health Issues	Story County Outcomes	Margin of Error	Iowa Outcomes	Years Data was Collected
Child Mortality per 100K	40	30-40	50	2015
Infant Mortality per 1000 live births	6	4-8	5	2018
Percentage of adults 20+ diagnosed with Diabetes	6%	4-7%	10%	2012-2018
Insufficient Sleep (fewer than 7 hours on average)	26%	25-27%	28%	2016

Story County Health Care Resources:

The Factbook (iowahealthfactbook.org/factbook/#/counties/Story) provides raw numbers and crude rate comparisons for the medical resources available in each Iowa county. While the raw numbers are good for Story County, the crude rate values show that Story County is low on a per capita basis for both staff and facility health resources.

Health workers available in Story County in 2019 cited in the Iowa Health Factbook (Source: iowahealthfactbook.org/factbook/#/counties/Story).

Health Workers	Number	Number Rank within Iowa Counties	Crude Rate	Crude Rate Rank within Iowa Counties
Physicians	189	7	19.3 per 10K	10
General Surgeons	5	9	5.1 per 100K	46
Family Practice Physicians	34	9	3.5 per 10K	59
Advanced Practice Nurses	36	14	3.7 per 10K	74
Pharmacists	56	10	5.7 per 10K	64
Emergency Care Providers	219	10	22.3 per 10K	93

Health resources available in Story County in 2019 cited in the Iowa Health Factbook (Source: iowahealthfactbook.org/factbook/#/counties/Story).

Health Resources	Number	Number Rank within Iowa Counties	Crude Rate	Crude Rate Rank within Iowa Counties
Hospitals	2	6	2.0 per 100K	85
Hospital Beds	237	11	24.2 per 10K	57
Nursing Facilities	6	10	6.1 per 100K	97
Nursing Facilities Beds	481	14	49.0 per 10K	97
Total Trauma Care Facilities	2	6	2.0 per 100K	83
Chronic Confusion or Dementing Illness Units	3	5	3.1 per 100K	52
Beds in Chronic Confusion or Dementing Illness Units	62	6	6.5 per 10K	51
Residential Care Facilities	2	4	2.0 per 100K	30
Beds in Residential Care Facilities	16	28	1.6 per 10K	36

Disease within Story County:

Each of the tables in this section come from Iowa Department of Public Health tracking of disease in Iowa. The data shows the AAR (Age Adjusted Rate), the Crude Rate, and the total count for both emergency department visits and hospitalizations for Story County and Iowa.

Emergency department visits for Asthma and COPD in 2018 (Source: <https://tracking.idph.iowa.gov/Health>).

Disease	Story County AAR Emergency Department Visits per 10K	Story County Crude Rate of Emergency Department Visits per 10K	Story County Count of Emergency Department Visits	Iowa AAR Emergency Department Visits per 10K	Iowa Crude Rate of Emergency Department Visits per 10K	Iowa Count of Emergency Department Visits
Asthma	13.65	12.03	118	31.34	30.16	9520
COPD	30.35	35.12	183	92.59	114.65	24430

Emergency department visits for Heat Related Illness in 2018 (Source: <https://tracking.idph.iowa.gov/Health>).

Disease	Story County AAR Emergency Department Visits per 100K	Story County Crude Rate of Emergency Department Visits per 100K	Story County Count of Emergency Department Visits	Iowa AAR Emergency Department Visits per 100K	Iowa Crude Rate of Emergency Department Visits per 100K	Iowa Count of Emergency Department Visits
Heat Related Illness	21.46	22.42	22	36.76	37.13	1172

Hospitalizations for Asthma, COPD, and Heart Attacks in 2018 (Source: <https://tracking.idph.iowa.gov/Health>).

Disease	Story County AAR Hospitalizations per 10K	Story County Crude Rate of Hospitalizations per 10K	Story County Count of Hospitalizations per 10K	Iowa AAR Hospitalizations per 10K	Iowa Crude Rate of Hospitalizations per 10K	Iowa Count of Hospitalizations per 10K
Asthma	2.52	1.83	18	2.62	2.57	811
COPD	13.07	15.14	80	17.03	21.64	4566
Heart Attacks	24.48	10.70	105	27.87	16.68	5264

Number of Hepatitis C cases in Story County in 2018 (Source: <https://tracking.idph.iowa.gov/Health>).

Disease	Story County AAR Confirmed and Probable Cases per 100K	Story County Crude Rate of Confirmed and Probable Cases per 100K	Story County Count of Confirmed and Probable Cases	Iowa AAR Confirmed and Probable Cases per 100K	Iowa Crude Rate of Confirmed and Probable Cases per 100K	Iowa Count of Confirmed and Probable Cases
Hepatitis C	19.8	17.3	17	45.3	47.7	1507

Diabetes cases in Story County and Iowa (Source: gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html).

Disease	Story County Adults Aged 20+ Years, Age-Adjusted Percentage	Story County Margin of Error	Iowa Adults Aged 20+ Years, Age-Adjusted Percentage	Iowa Margin of Error	Years Data was Available
Diabetes	6.4%	4.8%-8.3%	8.1%	7.5%-8.8%	2016

HIV Infection cases in Story County and Iowa in 2016 (Source: www.countyhealthrankings.org).

Disease	Story County Number of 13 Year Old or Older with a Diagnosis of HIV Infection	Story County Rate of 13 Year Old or Older with a Diagnosis of HIV Infection	Story County Margin of Error	Iowa Rate of 13 Year Old or Older with a Diagnose of HIV Infection	Years Data was Available
HIV Infection	46	54	*	98	2016

Cancer data for Story County and the state of Iowa. (Source: tracking.idph.iowa.gov/Health/Cancer).

Cancer Type	Story County AAR Cases per 100K	Story County Average Annual Count	Iowa AAR Cases per 100K	Iowa Average Annual Count
Bladder	27.98	23.2	21.37	837.2
Brain and Nervous System	6.87	5.4	7.06	247.8
Cervical	Suppressed	Suppressed	7.19	110.8
Colorectal	40.61	32.4	44.17	1667.4
Esophageal	Suppressed	Suppressed	5.58	216.2
Female Breast Cancer 50 & Over	365.74	*	336.12	*

Female Breast Cancer All Ages	133.74	55.2	123.72	2354.8
Female Breast Cancer Under 50	45.14	*	42.61	*
Kidney	15.6	13	18.77	694.2
Laryngeal	Suppressed	Suppressed	3.76	145.4
Leukemia	14.01	11.6	16.52	616.4
Liver	Suppressed	Suppressed	6.5	255.8
Lung	54.27	44.4	62.69	2432
Melanoma	29.33	22.8	26.17	925.8
Non-Hodgkin Lymphoma	23.01	18.4	21.23	791.8
Oral Cavity & Pharynx	8.31	6.6	13	496.2
Pancreatic	16.45	13.4	13.18	515.6
Thyroid	10.96	8.8	14.41	460.2

* - No data given for Average Annual Count.

Suppressed – Data too small to provide accurate results.

Health Insurance

The number of Story County residents with and without health insurance.

The number of individuals in Story County with health insurance and those uninsured broken down by age (Source: American Community Survey, 2018 five-year estimates).

	Insured Estimate	Margin of Error	Percentage Insured Estimate	Margin of Error	Uninsured Estimate	Margin of Error	Percentage Uninsured Estimate	Margin of Error
Civilian noninstitutionalized population	91,819	+/-676	95.40%	+/-0.7	4,410	+/-655	4.60%	+/-0.7
Under 6 years	5,332	+/-198	98.40%	+/-1.1	88	+/-60	1.60%	+/-1.1
6 to 18 years	13,893	+/-515	98.50%	+/-0.8	211	+/-110	1.50%	+/-0.8
19 to 25 years	26,309	+/-726	92.90%	+/-1.8	2,011	+/-512	7.10%	+/-1.8
26 to 34 years	10,535	+/-450	91.90%	+/-2.7	923	+/-311	8.10%	+/-2.7
35 to 44 years	8,533	+/-253	93.50%	+/-1.8	591	+/-165	6.50%	+/-1.8
45 to 54 years	7,953	+/-235	95.90%	+/-1.6	336	+/-135	4.10%	+/-1.6
55 to 64 years	8,748	+/-142	97.40%	+/-1.2	233	+/-107	2.60%	+/-1.2
65 years and older	10,516	+/-187	99.80%	+/-0.2	17	+/-17	0.20%	+/-0.2

Disabilities

The tables in this section look at the estimate of Story County residents that live with disabilities. The first table shows the estimated number of individuals by age that live with some type of disability.

Estimate of the number of individuals in Story County by age. Estimates include both physical and cognitive disabilities (Source: American Community Survey 2018 five-year estimates).

Age	Estimate of Individuals with a Disability	Margin of Error	Estimate of Percent with a Disability	Margin of Error
Under 5 years	9	+/-14	0.20%	+/-0.3
5 to 17 years	380	+/-120	3.30%	+/-1.0
18 to 34 years	1,517	+/-247	3.50%	+/-0.6
35 to 64 years	2,181	+/-276	8.30%	+/-1.0
65 to 74 years	1,087	+/-192	18.30%	+/-3.2
75 years and over	1,940	+/-234	42.30%	+/-4.8

The disabilities in the next four tables show estimates of disabilities in Story County minus the estimates for individuals with cognitive disabilities. Cognitive estimates are given in the mental health section. Some categories such as “self-care difficulty” and “living independently” difficulty could be either related to physical or cognitive difficulties

Total number of people in Story County with physical disabilities by type of disability (Source: American Community Survey 2018 five-year estimates).

Disability	Individuals with a Disability Estimate	Margin of Error	Percent with a Disability Estimate	Margin of Error
With a hearing difficulty	2,123	+/-278	2.20%	+/-0.3
With a vision difficulty	955	+/-198	1.00%	+/-0.2
With an ambulatory difficulty	2,757	+/-281	3.00%	+/-0.3
With a self-care difficulty	1,017	+/-177	1.10%	+/-0.2
With an independent living difficulty	2,236	+/-288	2.80%	+/-0.4

Estimated number of children under the age of 18 in Story County with physical disabilities by type (Source: American Community Survey 2018 five-year estimates).

Disability	Individuals with a Disability Estimate	Margin of Error	Percent with a Disability Estimate	Margin of Error
With a hearing difficulty	25	+/-24	0.20%	+/-0.2
With a vision difficulty	81	+/-48	0.5%	+/-0.3
With an ambulatory difficulty	26	+/-18	0.2%	+/-0.2
With a self-care difficulty	35	+/-22	0.3%	+/-0.2

Estimated number of people in the age range of 18 to 64 in Story County with physical disabilities by type (Source: American Community Survey 2018 five-year estimates).

Disability	Individuals with a Disability Estimate	Margin of Error	Percent with a Disability Estimate	Margin of Error
With a hearing difficulty	556	+/-125	0.8%	+/-0.2
With a vision difficulty	513	+/-159	0.7%	+/-0.2
With an ambulatory difficulty	1187	+/-195	1.7%	+/-0.3
With a self-care difficulty	455	+/-116	0.7%	+/-0.2
With an independent living difficulty	1074	+/-209	1.5%	+/-0.3

Estimated number of people over the age of 65 in Story County with physical disabilities by type (Source: American Community Survey 2018 five year estimate).

Disability	Individuals with a Disability Estimate	Margin of Error	Percent with a Disability Estimate	Margin of Error
With a hearing difficulty	1,542	+/-252	14.60%	+/-2.4
With a vision difficulty	361	+/-111	3.40%	+/-1.1
With an ambulatory difficulty	1,544	+/-187	14.70%	+/-1.7
With a self-care difficulty	527	+/-129	5.00%	+/-1.2
With an independent living difficulty	1,162	+/-219	11.00%	+/-2.0

Iowa State University Students

The next table is based on results from the survey results reported in American College Health Association, National College Health Assessment II (ACHA-NCHA II), Iowa State University Executive Summary, Spring 2019. The Executive Summary shows the results of the ACHA-NCHA II spring 2019 survey for Iowa State University. The survey at Iowa State University consisted of 1008 respondents. The overall response rate for the university was 10.2%.

Proportion of ISU students who reported being diagnosed or treated by a professional for any of the following health problems within the last 12 months (Source: ACHA-NCHA II, Iowa State University Executive Summary, Spring 2019).

Health Problem	Percent of Respondents
Allergies	18
Asthma	8.2
Back pain	12.2
Broken bone/Fracture/Sprain	5.9

Bronchitis	4
Chlamydia	1.5
Diabetes	0.5
Ear infection	6
Endometriosis	1.3
Genital herpes	0.6
Genital warts/HPV	0.6
Gonorrhea	0.5
Hepatitis B or C	0.0
High blood pressure	2
High cholesterol	0.9
HIV infection	0.0
Irritable Bowel Syndrome	3.3
Migraine headache	8.2
Mononucleosis	0.8
Pelvic Inflammatory Disease	0.2
Repetitive stress injury	1.5
Sinus infection	14.7
Strep throat	11.1
Tuberculosis	0.3
Urinary tract infection	9.6
Students Treated Diagnosed or Treated by a Professional with One or More of these Health Problems	53.0

Existing Programs in Story County that are funded by local entities:

There are numerous health programs funded in part by United Way of Story County, the City of Ames, Story County, and Iowa State University Student Government through the ASSET process. Data on these programs can be viewed at www.uwstory.org/health. The nature of this support shows the need that exists should the funding cease to exist.

Housing

Housing is a critical resource in Story County. The following five tables provide an overview of the available housing units and their characteristics throughout the county. The first table shows the total number of housing units and the level of occupancy based on the 2018 five-year estimates from the Bureau of Census, American Community Survey.

Total housing units available in Story County and the occupancy rate (Source: American Community Survey, 2018 five-year estimates).

Housing Occupancy	Estimate	Margin of Error	Percent	Percent Margin of Error
Total housing units	39,390	+/-218	(X)	(X)
Occupied housing units	37,219	+/-522	94.50%	+/-1.2
Vacant housing units	2,171	+/-454	5.50%	+/-1.2

Homeowner vacancy rate	0.6	+/-0.4	(X)	(X)
Rental vacancy rate	3.8	+/-1.6	(X)	(X)

The next two tables show the estimated size of the homes that existed during the last available data (2018).

Number of rooms available in total housing units (Source: American Community Survey, 2018 five-year estimates).

Rooms in Housing Units	Estimate	Margin of Error	Percent	Percent Margin of Error
1 room	940	+/-284	2.40%	+/-0.7
2 rooms	1,871	+/-339	4.70%	+/-0.9
3 rooms	5,256	+/-485	13.30%	+/-1.2
4 rooms	6,602	+/-490	16.80%	+/-1.2
5 rooms	5,932	+/-537	15.10%	+/-1.4
6 rooms	5,470	+/-500	13.90%	+/-1.3
7 rooms	4,359	+/-406	11.10%	+/-1.0
8 rooms	3,678	+/-345	9.30%	+/-0.9
9 rooms or more	5,282	+/-381	13.40%	+/-1.0
Median rooms	5.3	+/-0.2	(X)	(X)

Number of bedrooms available in total housing units (Source: American Community Survey, 2018 five-year estimates).

Bedrooms in Housing Units	Estimate	Margin of Error	Percent	Percent Margin of Error
No bedroom	1,037	+/-282	2.60%	+/-0.7
1 bedroom	4,930	+/-504	12.50%	+/-1.3
2 bedrooms	11,424	+/-636	29.00%	+/-1.6
3 bedrooms	13,432	+/-662	34.10%	+/-1.7
4 bedrooms	6,883	+/-577	17.50%	+/-1.4
5 or more bedrooms	1,684	+/-275	4.30%	+/-0.7

The next table looking at the characteristics of the housing units shows at an estimate of the lack of modern amenities in a small percentage of the housing units existing in the 2018 estimate.

The estimated number of housing units in Story County lacking modern amenities (Source: American Community Survey, 2018 five-year estimates).

Issues	Estimate	Margin of Error	Percent	Percent Margin of Error
Lacking complete plumbing facilities	52	+/-45	0.10%	+/-0.1
Lacking complete kitchen facilities	388	+/-165	1.00%	+/-0.4
No telephone service available	1,127	+/-216	3.00%	+/-0.6

The final table looking at the general characteristics shows the estimated value of the owner occupied housing units in Story County in 2018.

Value of owner-occupied housing units (Source: American Community Survey, 2018 five-year estimates).

Value	Estimate	Margin of Error	Percent	Percent Margin of Error
Owner-occupied units	19,638	+/-440	19,638	(X)
Less than \$50,000	1,135	+/-161	5.80%	+/-0.8
\$50,000 to \$99,999	1,402	+/-184	7.10%	+/-0.9
\$100,000 to \$149,999	4,157	+/-351	21.20%	+/-1.7
\$150,000 to \$199,999	4,513	+/-376	23.00%	+/-1.9
\$200,000 to \$299,999	5,051	+/-420	25.70%	+/-2.0
\$300,000 to \$499,999	2,916	+/-366	14.80%	+/-1.9
\$500,000 to \$999,999	350	+/-125	1.80%	+/-0.6
\$1,000,000 or more	114	+/-77	0.60%	+/-0.4
Median (dollars)	180,400	+/-5,616	(X)	(X)

The next set of data shows related information for the cities in the county. Note that the risk associated with looking at the data for smaller units, such as cities, is that the data tends to come with more significant level of error (Margin of Error).

The number of housing units, median value, and the number of housing units occupied by owners and renters by Story County cities (Source: American Community Survey, 2018 five-year estimate).

City	Total Housing Units		Median Value of Housing Units		Number of Housing Units Occupied by Owner		Number of Housing Units Occupied by Renter	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Ames	26,754	+/-355	196,400	+/-8,703	10,302	+/-451	14,941	+/-599
Cambridge	313	+/-48	136,600	+/-8,131	234	+/-41	57	+/-23
Collins	193	+/-36	93,600	+/-9,154	116	+/-26	51	+/-20
Colo	360	+/-45	107,800	+/-13,979	273	+/-40	81	+/-26
Gilbert	356	+/-48	194,900	+/-15,180	279	+/-42	60	+/-42
Huxley	1319	+/-89	184,500	+/-19,831	1061	+/-90	258	+/-110
Kelley	124	+/-30	146,300	+/-11,911	90	+/-21	20	+/-16
Maxwell	356	+/-47	123,000	+/-9,595	268	+/-40	72	+/-32
McCallsburg	166	+/-29	110,000	+/-12,285	116	+/-24	36	+/-16

Nevada	2,903	+/-131	132,800	+/-8,495	2,035	+/-134	724	+/-116
Roland	493	+/-61	139,800	+/-8,811	381	+/-52	96	+/-34
Sheldahl	130	+/-32	115,600	+/-14,875	101	+/-29	9	+/-8
Slater	615	+/-80	159,200	+/-10,604	468	+/-59	117	+/-44
Story City	1,476	+/-153	150,900	+/-18,237	923	+/-146	468	+/-116
Zearing	253	+/-34	95,600	+/-14,431	172	+/-28	54	+/-23

When discussing the level of affordable housing within a region like Story County is the burden that finding adequate housing places on the low-income households relative to the high cost of housing. The key statistic in this discussion is the notion of burdened households. It is defined as the percentage of households that pay more than 30% of the household income on rent, housing costs or mortgage payments. The following table shows that the estimated number of burdened households in Story County is especially high.

Percentage of households in Story County that pay more than 30.0% of household income towards rent, housing costs or mortgage expenses (Source: Federal Reserve Economic Data (FRED), fred.stlouisfed.org).

Time Frame	Percentage of Burdened Households
2015	34.00%
2016	35.02%
2017	34.61%
2018	33.92%

The next set of tables look at the costs associated with housing in Story County and cities within the county. The first table shows the estimated level of mortgage tied to housing units in Story County.

Mortgage status of owner-occupied housing units (Source: American Community Survey, 2018 five-year estimates).

Mortgage Status	Estimate	Margin of Error	Percent	Percent Margin of Error
Housing units with a mortgage	12,177	+/-474	62.00%	+/-1.7
Housing units without a mortgage	7,461	+/-338	38.00%	+/-1.7

While knowing the number of housing units within the county that are tied to a mortgage, it is the actual monthly costs that is used to define the level of burdened households. The next two tables look at the estimated costs for owner occupied housing units with and without mortgages.

Estimated number of housing units with different levels of selected monthly costs with a mortgage (Source: American Community Survey, 2018 five-year estimates).

Selected Monthly Costs for Housing Units with a Mortgage	Estimate	Margin of Error	Percent	Percent Margin of Error
Less than \$500	78	+/-48	0.60%	+/-0.4
\$500 to \$999	1,989	+/-210	16.30%	+/-1.6
\$1,000 to \$1,499	5,111	+/-424	42.00%	+/-2.9
\$1,500 to \$1,999	2,716	+/-296	22.30%	+/-2.3

\$2,000 to \$2,499	1,203	+/-253	9.90%	+/-2.0
\$2,500 to \$2,999	625	+/-184	5.10%	+/-1.5
\$3,000 or more	455	+/-166	3.70%	+/-1.3
Median (dollars)	1,391	+/-32	(X)	(X)

Estimated number of housing units with different levels of selected monthly costs without a mortgage (Source: American Community Survey, 2018 five-year estimates).

Selected Monthly Costs for Housing Units without a Mortgage	Estimate	Margin of Error	Percent	Percent Margin of Error
Less than \$250	261	+/-86	3.50%	+/-1.1
\$250 to \$399	1,324	+/-220	17.70%	+/-2.7
\$400 to \$599	2,804	+/-234	37.60%	+/-3.2
\$600 to \$799	2,008	+/-292	26.90%	+/-3.5
\$800 to \$999	549	+/-147	7.40%	+/-1.9
\$1,000 or more	515	+/-127	6.90%	+/-1.7
Median (dollars)	550	+/-19	(X)	(X)

The next table looks at the estimated number of housing units paying gross rent each month. In the calculation of the burdened housing statistic rent is considered in the same way as the selected costs described in the previous two tables.

Estimated number of housing units paying rent (Source: American Community Survey, 2018 five-year estimates).

Gross Rent Paid	Estimate	Margin of Error	Percent	Percent Margin of Error
Less than \$500	1,245	+/-220	7.30%	+/-1.2
\$500 to \$999	9,942	+/-656	58.10%	+/-3.1
\$1,000 to \$1,499	4,240	+/-492	24.80%	+/-2.7
\$1,500 to \$1,999	1,370	+/-294	8.00%	+/-1.7
\$2,000 to \$2,499	220	+/-107	1.30%	+/-0.6
\$2,500 to \$2,999	29	+/-20	0.20%	+/-0.1
\$3,000 or more	52	+/-35	0.30%	+/-0.2
Median (dollars)	885	+/-18	(X)	(X)
No rent paid	483	+/-143	(X)	(X)

The next table provides related data for the cities in Story County. The three groups, owners with a mortgage, owners without a mortgage, and renters are combined into the table.

Monthly costs for owners and renters by Story County cities (Source: American Community Survey, 2018 five-year estimate).

City	Selected Median Monthly Costs for Owner with a Mortgage		Selected Median Monthly Costs for Owner without a Mortgage		Median Gross Rent	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Ames	\$1395	+/-49	\$557	+/-31	\$905	+/-21
Cambridge	\$1202	+/-70	\$468	+/-52	\$908	+/-76
Collins	\$1117	+/-105	\$533	+/-61	\$876	+/-132
Colo	\$1130	+/-78	\$427	+/-50	\$756	+/-150
Gilbert	\$1472	+/-106	\$593	+/-67	\$690	+/-81
Huxley	\$1563	+/-167	\$641	+/-76	\$912	+/-354
Kelley	\$1229	+/-151	\$575	+/-88	**	**
Maxwell	\$1170	+/-92	\$484	+/-44	\$638	+/-188
McCallsburg	\$1079	+/-134	\$450	+/-100	\$913	+/-315
Nevada	\$1161	+/-39	\$514	+/-35	\$564	+/-42
Roland	\$1256	+/-85	\$469	+/-56	\$644	+/-179
Sheldahl	\$1033	+/-105	\$406	+/-67	\$694	+/-200
Slater	\$1426	+/-49	\$532	+/-101	\$758	+/-103
Story City	\$1265	+/-139	\$445	+/-26	\$753	+/-119
Zearing	\$1077	+/-72	\$424	+/-61	\$654	+/-57

** - values not available.

The next three tables show the estimated percentage of household income that owners with a mortgage, owners without a mortgage, and renters are spending each month on housing within Story County.

Selected monthly owner costs of a housing unit with a mortgage as a percentage of household income (Source: American Community Survey, 2018 five-year estimates).

Percent of Household Income	Estimate	Margin of Error	Percent	Percent Margin of Error
Less than 20.0 percent	7,065	+/-431	58.10%	+/-2.7
20.0 to 24.9 percent	1,600	+/-236	13.20%	+/-1.8
25.0 to 29.9 percent	1,346	+/-206	11.10%	+/-1.6
30.0 to 34.9 percent	732	+/-206	6.00%	+/-1.7
35.0 percent or more	1,407	+/-260	11.60%	+/-2.1
Not computed	27	+/-25	(X)	(X)

Selected monthly owner costs of a housing unit without a mortgage as a percentage of household income (Source: American Community Survey, 2018 five-year estimates).

Percent of Household Income	Estimate	Margin of Error	Percent	Percent Margin of Error
Less than 10.0 percent	3,536	+/-291	47.90%	+/-3.7

10.0 to 14.9 percent	1,497	+/-192	20.30%	+/-2.5
15.0 to 19.9 percent	865	+/-196	11.70%	+/-2.5
20.0 to 24.9 percent	408	+/-118	5.50%	+/-1.6
25.0 to 29.9 percent	222	+/-71	3.00%	+/-0.9
30.0 to 34.9 percent	100	+/-47	1.40%	+/-0.6
35.0 percent or more	759	+/-198	10.30%	+/-2.5
Not computed	74	+/-52	(X)	(X)

Gross rent as a percentage of household income (Source: American Community Survey, 2018 five-year estimates).

Percent of Household Income	Estimate	Margin of Error	Percent	Percent Margin of Error
Less than 15.0 percent	2,066	+/-351	12.50%	+/-2.0
15.0 to 19.9 percent	2,027	+/-308	12.20%	+/-1.8
20.0 to 24.9 percent	1,854	+/-310	11.20%	+/-1.9
25.0 to 29.9 percent	1,372	+/-275	8.30%	+/-1.6
30.0 to 34.9 percent	1,065	+/-220	6.40%	+/-1.3
35.0 percent or more	8,183	+/-613	49.40%	+/-3.0
Not computed	1,014	+/-258	(X)	(X)

The following table shows similar data for the cities within Story County.

The estimated number of Owners and Renters whose monthly costs are 35% or more of their household income by Story County cities (Source: American Community Survey, 2018 five-year estimate).

City	Percentage of Owners' with a Mortgage Whose Selected Monthly Costs are 35% or More of Household Income		Percentage of Owners' without a Mortgage Whose Selected Monthly Costs are 35% or More of Household Income		Percentage of Renter's Whose Gross Rent is 35% or More of Household Income	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Ames	10.7%	+/-3.0	7.8%	+/-3.2	53.9%	+/-3.4
Cambridge	15.9%	+/-8.7	14.1%	+/-10.9	14.8%	+/-12.6
Collins	22.4%	+/-12.7	13.8%	+/-15.9	14.0%	+/-10.5
Colo	11.9%	+/-5.8	9.1%	+/-6.3	14.5%	+/-10.6
Gilbert	6.9%	+/-4.1	6.7%	+/-8.7	35.0%	+/-19.2
Huxley	5.4%	+/-4.7	15.1%	+/-13.5	54.7%	+/-22.7
Kelley	9.9%	+/-8.7	16.7%	+/-17.7	12.5%	+/-22.0
Maxwell	8.3%	+/-4.4	2.3%	+/-3.5	5.9%	+/-6.2
McCallsburg	14.3%	+/-10.2	17.8%	+/-12.2	34.3%	+/-22.5
Nevada	15.2%	+/-5.8	14.0%	+/-8.5	19.8%	+/-7.6
Roland	6.5%	+/-4.1	2.9%	+/-4.4	29.4%	+/-22.7
Sheldahl	0.0%	+/-27.7	7.3%	+/-9.3	28.6%	+/-52.9
Slater	9.2%	+/-5.0	7.9%	+/-6.1	17.1%	+/-14.1

Story City	4.8%	+/-5.2	9.1%	+/-6.8	24.8%	+/-17.5
Zearing	16.4%	+/-10.6	24.2%	+/-17.2	18.4%	+/-20.1

Finally, the next table looks at a breakdown of the lower end of the rent paid by city residents. The data provides the estimated number of city residents that pay less than \$500 a month, \$500 to \$999 a month and \$1000 to \$1499 a month.

The low end of rent paid each month broken down by Story County cities (Source: American Community Survey, 2018 five-year estimate).

City	Number of Renters Paying Less Than \$500 a Month of Rent		Number of Renters Paying \$500 to \$999 a Month of Rent		Number of Renters Paying \$1000 to \$1499 a Month of Rent	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Ames	795	+/-167	8,465	+/-609	3,854	+/-478
Cambridge	9	+/-6	31	+/-20	13	+/-10
Collins	13	+/-8	18	+/-11	19	+/-14
Colo	6	+/-6	49	+/-21	22	+/-18
Gilbert	4	+/-6	43	+/-17	11	+/-8
Huxley	37	+/-37	138	+/-95	34	+/-36
Kelley	0	+/-9	9	+/-8	1	+/-3
Maxwell	7	+/-5	57	+/-32	4	+/-3
McCallsburg	2	+/-3	26	+/-14	7	+/-8
Nevada	205	+/-90	404	+/-111	66	+/-48
Roland	18	+/-11	45	+/-33	15	+/-10
Sheldahl	0	+/-9	5	+/-8	2	+/-3
Slater	15	+/-15	86	+/-37	14	+/-8
Story City	44	+/-44	287	+/-120	65	+/-56
Zearing	5	+/-8	47	+/-21	0	+/-9

The 2-1-1 operators field a number of calls concerning housing each month.

Number of calls to 2-1-1 in 2019 concerning housing (Source: January through November 2019 2-1-1 Reports for Story County, Iowa).

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov
Referrals	11	14	9	24	15	4	7	26	16	10	15

For many residents, the need is more than just finding an apartment or house to rent. The calls referred to the Emergency Residence Project are for people that are looking for shelter. The next table shows the number of referrals that the 2-1-1 operators made to the Emergency Residence Project in the first eleven months of 2019.

Number of referrals made to Emergency Residence Project through calls to 2-1-1 in 2019 (Source: January through November 2019 2-1-1 Reports for Story County, Iowa).

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov
Referrals	5	6	2	5	3	0	4	5	1	1	2

There are some special purpose shelters in Story County, e.g., Access Domestic Violence Shelter, Martha’s House of Hope (long term shelter for pregnant women), and Youth and Shelter Services’ Rosedale Shelter. The Emergency Residence Project has the widest focus as it provides support for individuals and families experiencing homelessness. In particular it provides a short term emergency shelter for individuals facing homelessness and longer term affordable housing for families with children that are experiencing homelessness.

Income

Story County is a very diverse county with a variety of commerce and work force training. This results in a significant difference in the level of income across the county. A key statistic in looking at difference in income is income inequality. The income inequality of a county is determined by the ratio of the mean income for the highest quintile (top 20 percent) of the earners divided by the mean income of the lowest quintile (bottom 20 percent) of earners. Some common effects of significant income inequality are higher rates of health and social problems, lower level of economic growth over time, and lower satisfaction/happiness levels within the population.

As shown in the next table, the income inequality for Story County as remained consistently high during the period 2015-2018. The result of having an income equality level of over 18 year after year places the people in the bottom quintile at a tremendous disadvantage.

Income inequality levels within Story County for the years 2015 through 2018 (Source: Federal Research Economic Data (FRED), fred.stlouis.org).

Time Frame	Income Inequality Value for Story County
2015	18.290
2016	18.571
2017	18.115
2018	18.287

The income equality of Story County is especially high compared to the other counties in central Iowa.

Income inequality for counties surrounding Story County (Source: Federal Research Economic Data (FRED), fred.stlouis.org).

County	2015	2016	2017	2018
Boone	9.465	9.882	10.147	9.878
Hamilton	11.558	13.081	11.094	11.939
Harden	10.287	10.405	10.621	10.565
Jasper	10.229	9.970	9.947	10.424
Marshall	9.500	9.212	9.962	10.126
Polk	13.344	13.285	13.164	12.681

Income Estimates for Story County shown in the next table provide a clear picture of the wide range of income that exists within Story County.

Income estimates for full-time, year around workers with earnings in Story County

During 2018 (Source: American Community Survey, 2018 5-year estimates).

	Total	Margin	Percent	Margin
	Estimate	of Error	Estimate	of Error
Full-time, year around workers with earnings	28,828	+/-981	28,828	+/-981
\$1 to \$9,999 or less	494	+/-129	1.70%	+/-0.4
\$10,000 to \$14,999	693	+/-210	2.40%	+/-0.7
\$15,000 to \$24,999	2,816	+/-425	9.80%	+/-1.4
\$25,000 to \$34,999	4,406	+/-475	15.30%	+/-1.6
\$35,000 to \$49,999	6,005	+/-517	20.80%	+/-1.8
\$50,000 to \$64,999	5,585	+/-444	19.40%	+/-1.5
\$65,000 to \$74,999	2,450	+/-431	8.50%	+/-1.5
\$75,000 to \$99,999	3,232	+/-421	11.20%	+/-1.4
\$100,000 or more	3,147	+/-400	10.90%	+/-1.3
Median earnings (dollars) for full-time, year-round workers with earnings	50,000	+/-1,367	(X)	(X)
Mean earnings (dollars) for full-time, year-round workers with earnings	59,873	+/-2,042	(X)	(X)

Another way to look at the income issues within Story County is to consider the income per household in the individual cities within the county. The next table provides a breakdown of the number of households in the county by city. The Bureau of Census estimates that there are 39,390 (+/-218) households in Story County with households on average supporting 2.32 individuals (Bureau of Census, American Community Survey, 2018 five-year estimate). The risk associated with looking at the data for smaller units, such as cities, is that the data tends to come with more significant level of error (Margin of Error).

Number of households broken down by Story County cities (Source: American Community Survey, 2018 five-year estimate).

City	Number of Households		Number of Family Households		Number of Nonfamily Households	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Ames	25,243	+/-524	10,562	+/-444	14,681	+/-541
Cambridge	291	+/-44	203	+/-39	88	+/-27
Collins	167	+/-34	108	+/-26	59	+/-21
Colo	354	+/-44	254	+/-34	100	+/-25
Gilbert	339	+/-46	288	+/-51	51	+/-22
Huxley	1,319	+/-89	983	+/-85	336	+/-101
Kelley	110	+/-27	76	+/-19	34	+/-18
Maxwell	340	+/-45	233	+/-40	107	+/-37
McCallsburg	152	+/-30	107	+/-24	45	+/-18
Nevada	2,759	+/-111	1,786	+/-132	973	+/-149
Roland	477	+/-58	334	+/-52	143	+/-40

Sheldahl	110	+/-30	85	+/-32	25	+/-12
Slater	585	+/-73	431	+/-59	154	+/-52
Story City	1,391	+/-154	880	+/-94	511	+/-151
Zearing	226	+/-33	139	+/-27	87	+/-23

The following two tables show the median and mean incomes per household by city. Both are included as they show different information. The median gives us the “middle” salary for the city, where as the mean give us the average salary across the city. The mean can be somewhat misleading if the city has a few very high-income households. The mean goes up due to the high income households, where as the median gives a clearer picture of the middle income of the city.

Median income of households broken down by Story County cities (Source: American Community Survey, 2018 five year estimate).

City	Median Household Income		Median Family Household Income		Median Nonfamily Household Income	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Ames	\$46,127	+/-2,950	\$84,248	+/-6,657	\$26,960	+/-2,306
Cambridge	\$68,625	+/-7,812	\$79,219	+/-7,459	\$42,500	+/-14,441
Collins	\$53,750	+/-11,549	\$66,250	+/-15,125	\$31,563	+/-9,693
Colo	\$62,917	+/-10,340	\$70,909	+/-11,037	\$34,375	+/-9,910
Gilbert	\$87,375	+/-13,472	\$97,143	+/-14,088	\$36,875	+/-10,629
Huxley	\$90,393	+/-16,469	\$106,632	+/-11,368	\$58,000	+/-19,623
Kelley	\$82,500	+/-18,572	\$85,000	+/-3,453	\$53,750	+/-13,551
Maxwell	\$72,143	+/-6,201	\$79,135	+/-8,128	\$63,750	+/-31,021
McCallsburg	\$63,000	+/-13,486	\$69,750	+/-8,314	\$25,938	+/-13,578
Nevada	\$57,965	+/-5,266	\$72,813	+/-6,999	\$38,134	+/-3,147
Roland	\$74,271	+/-8,577	\$86,538	+/-9,936	\$36,607	+/-8,193
Sheldahl	\$71,250	+/-18,209	\$82,813	+/-18,302	\$52,917	+/-16,545
Slater	\$71,250	+/-11,874	\$88,125	+/-15,453	\$42,500	+/-9,299
Story City	\$65,893	+/-16,641	\$81,346	+/-12,627	\$30,417	+/-7,721
Zearing	\$61,000	+/-12,902	\$81,563	+/-21,598	\$34,219	+/-8,487

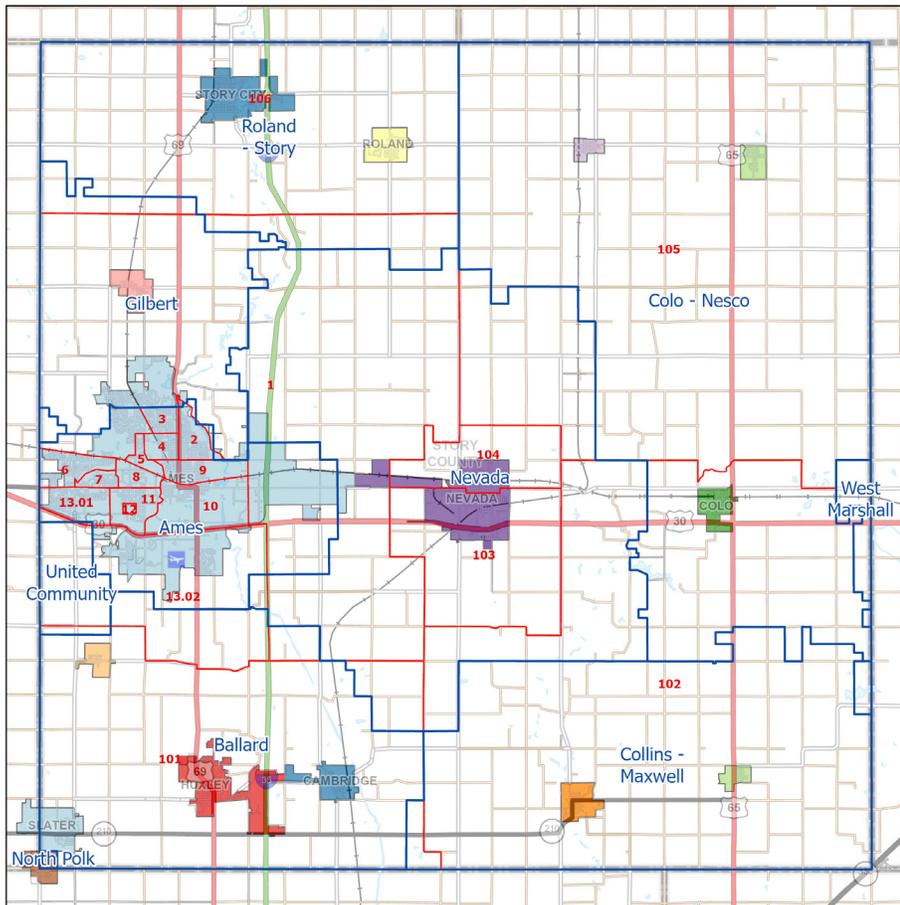
Mean income of households broken down by Story County cities (Source: American Community Survey, 2018 five year estimate).

City	Mean Household Income		Mean Family Household Income		Mean Nonfamily Household Income	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Ames	\$64,659	+/-2,369	\$100,071	+/-4,257	\$37,699	+/-2,519
Cambridge	\$71,044	+/-5,985	\$81,471	+/-7,443	\$44,031	+/-9,495
Collins	\$60,800	+/-7,269	\$70,175	+/-8,972	\$41,069	+/-12,483
Colo	\$79,709	+/-11,191	\$80,768	+/-8,455	\$59,751	+/-29,570
Gilbert	\$93,316	+/-7,955	\$101,074	+/-8,914	\$47,186	+/-14,040

Huxley	\$102,860	+/-14,501	\$116,717	+/-18,940	\$61,841	+/-13,783
Kelley	\$77,703	+/-7,313	\$85,822	+/-9,152	\$58,874	+/-12,090
Maxwell	\$77,896	+/-8,512	\$87,357	+/-11,815	\$55,120	+/-9,421
McCallsburg	\$68,944	+/-9,470	\$78,691	+/-11,629	\$38,062	+/-19,102
Nevada	\$66,911	+/-4,940	\$80,754	+/-6,929	\$40,696	+/-5,221
Roland	\$80,855	+/-8,850	\$95,910	+/-9,803	\$43,255	+/-9,489
Sheldahl	\$73,872	+/-9120	\$80,428	+/-9389	\$51,584	+/-13,941
Slater	\$81,260	+/-7,275	\$89,582	+/-8,983	\$47,484	+/-6,272
Story City	\$70,366	+/-8,500	\$82,130	+/-9,789	\$48,141	+/-11,957
Zearing	\$81,056	+/-22,230	\$93,555	+/-27,501	\$58,653	+/-35,961

Looking at household income by Census Tracts within Story County provides a more precise picture of where both high and low income live. The following image shows the Census Tracts within the county and the table provides the household income estimates per Census Tract.

Story County Census Tract Map (Source: www.iowadatatcenter.org/2010tractmaps/dc10ct_c19169.pdf).



Median Household Income for 2017 in individual Census Tracts in Story County. Source: Data USA, datausa.io/profile/geo/story-county-ia.

Census Tract	Median Household Income	Margin of Error
1	\$94,666	±\$7396
2	\$60,104	±\$12,439
3	\$61,736	±\$4185
4	\$69,015	±\$5560
5	\$14,067	±\$1691
6	\$70,293	±\$16,775
7	\$20,659	±\$3208
8	\$54,554	±\$3453
9	\$50,895	±\$3697
10	\$22,832	±\$5892
11	\$23,832	±\$12,465
12	\$135,250	±\$96,310
13.01	\$32,792	±\$4025
13.02	\$58,929	±\$9633
101	\$68,824	±\$6143
102	\$68,777	±\$3731
103	\$61,676	±\$6757
104	\$63,250	±\$14,788
105	\$68,929	±\$11,946
106	\$68,986	±\$9123

The next table shows the education level of the workers 25 and over within Story County.

The estimates of the education level of workers 25 years and over with earnings in Story County during 2018 (Source: American Community Survey, 2018 five-year estimates).

Education	Population Estimate	Margin of Error
Population 25 years and over with earnings	41,863	+/-1,025
Less than high school graduate	23,636	+/-8,231
High school graduate (includes equivalency)	31,170	+/-2,315
Some college or associate's degree	38,737	+/-2,789
Bachelor's degree	43,847	+/-3,889
Graduate or professional degree	56,742	+/-3,878

Education level is a significant factor in income earned as can be seen in the next table on income estimates. The table also shows that females in Story County earn significantly less than their male counterparts regardless of the education level that they achieve.

Income estimates by education and gender for workers 25 years and over with earnings in Story County during 2018 (Source: American Community Survey, 2018 five year estimates).

Education	Male Income Estimate	Margin of Error	Female Income Estimate	Margin of Error
Population 25 years and over with earnings	48,899	+/-2,026	34,690	+/-1,985
Less than high school graduate	32,250	+/-15,232	10,313	+/-6,176
High school graduate (includes equivalency)	37,753	+/-5,744	25,188	+/-2,966
Some college or associate's degree	43,381	+/-2,615	31,103	+/-1,528
Bachelor's degree	53,827	+/-4,042	34,323	+/-2,890
Graduate or professional degree	63,311	+/-6,331	52,669	+/-4,367

Living/Poverty wage concerns in Story County

The data in this section comes from the Living Wage Calculator based on the work of Dr. Amy Glasmeier (professor of Economic Geography and Regional Planning at MIT). The calculator considers the number of adults with an income and the number of children being supported to project the hourly wage average for each adult with an income. The calculator provides an estimate for both a living wage and a wage that puts the family at the poverty level.

The level of hourly wages required for a living wage/poverty wage by the number of adults working and the number of children being supported in Story County (Source: Living Wage Calculation for Story County, Iowa for 2019, <https://livingwage.mit.edu/counties/19169>).

	One Adult				2 Adults (one working)				2 Adults (both working)			
	Number of Children				Number of Children				Number of Children			
	0	1	2	3	0	1	2	3	0	1	2	3
Living Wage	\$11.84	\$24.67	\$28.71	\$35.17	\$19.20	\$23.21	\$25.77	\$29.49	\$9.60	\$13.68	\$15.71	\$18.30
Pov-erty Wage	\$6.00	\$8.13	\$10.25	\$12.38	\$8.13	\$10.25	\$12.38	\$14.50	\$4.06	\$5.13	\$6.19	\$7.25
Mini-um Wage	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25

The Living Wage Calculator determines the hourly wage required based on the estimated costs of the essentials. The following three tables shows the expected costs of the basic expenses used in the calculation of the Living/Poverty hourly wages for one adult, two adults (one working), and two adults (both working), respectively.

The expected costs of basic expenses that went into the living wage given in the previous table for one adult working outside the home and up to 3 children. Data is from the Living Wage Calculation for Story County, Iowa for 2019 (<https://livingwage.mit.edu/counties/19169>).

	One Adult			
	Number of Children			
	0	1	2	3
Food	\$3,075	\$4,541	\$6,826	\$9,053

Child Care	\$0	\$7,144	\$9,641	\$12,139
Medical	\$2,607	\$7,127	\$6,839	\$6,959
Housing	\$8,028	\$11,004	\$11,004	\$14,976
Transportation	\$4,289	\$8,362	\$10,608	\$11,557
Other	\$2,929	\$4,883	\$5,070	\$6,378
Required annual income after taxes	\$20,929	\$43,062	\$49,988	\$61,062
Annual taxes	\$3,703	\$8,251	\$9,723	\$12,086
Required annual income before taxes	\$24,632	\$51,313	\$59,711	\$73,149

The expected costs of basic expenses that went into the living wage given in the Living/Poverty Wage table for 2 adults with one working outside the home and up to 3 children. Data is from the Living Wage Calculation for Story County, Iowa for 2019 (<https://livingwage.mit.edu/counties/19169>).

2 Adults (one working)				
Number of Children				
	0	1	2	3
Food	\$5,637	\$7,025	\$9,063	\$11,035
Child Care	\$0	\$0	\$0	\$0
Medical	\$5,648	\$6,839	\$6,959	\$6,861
Housing	\$9,120	\$11,004	\$11,004	\$14,976
Transportation	\$8,362	\$10,608	\$11,557	\$12,115
Other	\$4,883	\$5,070	\$6,378	\$6,381
Required annual income after taxes	\$33,650	\$40,547	\$44,961	\$51,367
Annual taxes	\$6,286	\$7,730	\$8,646	\$9,966
Required annual income before taxes	\$39,936	\$48,276	\$53,606	\$61,333

The expected costs of basic expenses that went into the living wage given in the Living/Poverty Wage table for 2 adults with both working outside the home and up to 3 children. Data is from the Living Wage Calculation for Story County, Iowa for 2019 (<https://livingwage.mit.edu/counties/19169>).

2 Adults (both working)				
Number of Children				
	0	1	2	3
Food	\$5,637	\$7,025	\$9,063	\$11,035
Child Care	\$0	\$7,144	\$9,641	\$12,139
Medical	\$5,648	\$6,839	\$6,959	\$6,861
Housing	\$9,120	\$11,004	\$11,004	\$14,976
Transportation	\$8,362	\$10,608	\$11,557	\$12,115

Other	\$4,883	\$5,070	\$6,378	\$6,381
Required annual income after taxes	\$33,650	\$47,691	\$54,602	\$63,506
Annual taxes	\$6,286	\$9,220	\$10,732	\$12,621
Required annual income before taxes	\$39,936	\$56,911	\$65,334	\$76,127

Poverty is a significant concern within Story County. According to estimates from the Bureau of Census, 21.5% (+/-1.3) of the residents of Story County live below the poverty line.

Poverty in Story County during 2018 based on Census survey data (Source: American Community Survey, 2018 Five-year estimate).

	Below poverty level		Percent below poverty level	
	Estimate	Margin of Error	Estimate	Margin of Error
Population for whom poverty status is determined	18,527	+/-1,116	21.50%	+/-1.3
AGE				
Under 18 years	1,492	+/-405	9.50%	+/-2.6
Under 5 years	624	+/-211	14.20%	+/-4.8
5 to 17 years	868	+/-255	7.70%	+/-2.3
Related children of householder under 18 years	1,409	+/-398	9.00%	+/-2.6
18 to 64 years	16,605	+/-935	27.70%	+/-1.5
18 to 34 years	15,025	+/-866	44.80%	+/-2.5
35 to 64 years	1,580	+/-237	6.00%	+/-0.9
60 years and over	628	+/-180	4.20%	+/-1.2
65 years and over	430	+/-157	4.10%	+/-1.5

Unemployment plays an important role in the hardships that many residents face as well. Based on the American Community Survey, 2014-2018 five-year estimates the unemployment rate was 4.3% (+/-0.7) for 2018.

Unemployment in Story County during 2018 based on Census survey data (Source: American Community Survey, 2018 Five-year estimate).

	Unemployment Estimates	Margin of Error
Unemployment	2330	+/- 398
Unemployment rate	4.30%	+/-0.7

The last table in this section looks at the poverty numbers for the cities in Story County.

Population numbers by city for the total population for which poverty status has been determined, the number of people at or below the federal poverty level and those 150% of the federal poverty level or lower (source: American Community Survey, 2018 five-year estimate).

City	Total Population for Which Poverty Level has been Determined		Population at or Below Federal Poverty Level		Population at of Below 150% of Federal Poverty Level	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Ames	55,838	+/-475	15,882	+/-943	20,565	+/-901
Cambridge	802	+/-130	143	+/-100	195	+/-97
Collins	426	+/-77	40	+/-23	62	+/-26
Colo	916	+/-138	65	+/-27	105	+/-36
Gilbert	948	+/-181	14	+/-13	53	+/-29
Huxley	3638	+/-53	196	+/-131	347	+/-188
Kelley	287	+/-71	8	+/-7	19	+/-13
Maxwell	822	+/-108	21	+/-11	82	+/-47
McCallsburg	371	+/-69	31	+/-18	52	+/-25
Nevada	6562	+/-124	874	+/-319	1341	+/-363
Roland	1226	+/-181	54	+/-39	98	+/-49
Sheldahl	273	+/-76	10	+/-8	11	+/-8
Slater	1553	+/-211	70	+/-56	188	+/-112
Story City	3093	+/-216	278	+/-147	499	+/-175
Zearing	515	+/-90	74	+/-36	97	+/-41

Legal Counsel

The focus of concern for legal support for low income residents in Story County is civil legal issues, as criminal problems require residents to seek help from the county's public defender's office. The primary source of legal support for low income residents of Story County is the Legal Aid Society of Story County located in Nevada. While the Legal Aid Society of Story County provides a wide range of services to low income residents of Story County, they do not take cases that conflict with cases that they currently have, driving violation cases, juvenile cases or cases that could generate a fee for a private attorney.

Legal Aid Society of Story County

The Legal Aid Society of Story County is a non-profit corporation that was formed to provide legal assistance in civil issues for people that cannot afford to hire private attorneys. It works with Story County residents that are primarily at or under 150% of the poverty level. The federal poverty level for a single person under 65 is \$12,760 and is \$26,200 for a family of for with two children. The Legal Aid Society of Story County is funded by Story County, Story County Local Option, United Way of Story County, Iowa State University Student Government, and the City of Ames.

The information on the Legal Aid Society of Story County is broken down into two parts, namely, information on clients that the society has had over the past five years and the applications that have requested legal help, but have not reached the point where the applicants became clients. Both aspects show the need for continued and expanded support for legal counsel in the county. The Legal Aid Society of Story County plays a unique role within the county as most counties within the state do not have a comparable unit to support their low income residents. Moreover, Story County has a significant percentage of residents that are close to the federal poverty level. The American Community Survey conducted annually by the Bureau of Census estimates that 24,863 +/-1153 Story County residents are at or below 150% of the federal poverty level and that estimate goes up to 31,680 +/-1167 residents for 200% of the federal poverty level (Source: American Community Survey,

2018 five year estimate).

Clients of the Legal Aid Society of Story County

The following table shows the distribution of income levels with respect to the level of poverty of clients over the past five years.

The poverty level of the clients of the Legal Aid Society of Story County during the period 2015-2016 through mid-December 2019 (Source: Legal Aid Society of Story County).

Income Level	Number of Cases
100% Poverty Level	504
125% Poverty Level	88
150% Poverty Level	37
Over 150% Poverty Level	2

The next table looks at the distribution of client problems that the Legal Aid Society of Story County has worked on over the past five years and the number of clients for each problem type.

Distribution of cases that became clients of the Legal Aid Society of Story County (Source: Legal Aid Society of Story County).

Problem	Number of Cases
Child Support	21
Civil Protective Order	15
Custody	120
Debtor/Creditor	21
Dissolution of Marriage	155
Domestic Abuse	22
Guardian ad Litem	2
Guardianship	60
Landlord/Tenant	73
Other Family Law	35
Power of Attorney	1
Probate	6
Supplemental Security Income	26
Unemployment	6
Visitation	7
Will	7
Will/Power of Attorney	1
Miscellaneous	20
Other	33

The next table looks at number of cases opened over each of the years 2015-2016 through mid December 2019.

Cases opened starting in 2015-2016 until December of 2019 by the Legal Aid Society of Story County (Source: Legal Aid Society of Story County).

Year Opened	Number of Cases
2015-2016	159
2016-2017	123
2017-2018	138
2018-2019	137
2019-2020	73

The number of cases that were closed in each year or are still open are shown in the following table. Note that 2015-2016 is lower as it doesn't include cases opened prior to 2015-2016.

Cases closed by year of the cases opened from 2015-2016 until December 2019 by the Legal Aid Society of Story County (Source: Legal Aid Society of Story County).

Year Closed	Number of Cases
2015-2016	82
2016-2017	141
2017-2018	135
2018-2019	108
2019-2020	52
Still Open	112

The next table looks at the looks at the distribution of cases broken up by age range and gender.

The number of cases of clients of the Legal Aid Society of Story County distributed by age range and gender. The data comes from the period 2015-2016 through mid December 2019 (Source: Legal Aid Society of Story County).

Age Range	Female Cases	Male Cases
Under 10	3	1
11 to 17	7	4
18 to 25	69	25
26 to 35	178	37
36 to 50	147	44
51 to 64	59	30
65 to 70	5	5
Over 70	12	5

The next table breaks down the number of cases based on when they were opened and closed.

Cases opened in the period 2015-2016 through mid-December of 2019 with the number of cases that were closed in following years (Source: Legal Aid Society of Story County).

Year Case Opened	Year Case Closed	Number of Cases
2015-2016	2015-2016	82
	2016-2017	68
	2017-2018	7
	2018-2019	1
	Still Open	1

2016-2017	2016-2017	73
	2017-2018	41
	2018-2019	2
	Still Open	7
2017-2018	2017-2018	87
	2018-2019	39
	2019-2020	4
	Still Open	8
2018-2019	2018-2019	66
	2019-2020	32
	Still Open	39
2019-2020	2019-2020	16
	Still Open	57

Applications for Legal Assistance that did not become clients

The next set of data in this section look at the applications that did not result in the applicant becoming a client of the Legal Aid Society of Story County. The important take away from this application data is that there is a significant number of people that for one reason or another are not able to get the legal counsel that they need. In some cases it is simply that they had an income that was too large to be considered.

The first table looks at the breakdown of the type of problems in this set of applications. The data covers the same timeframe as the data covering the clients.

Distribution of cases for individuals that applied to the Legal Aid Society of Story County, but did not become clients of the Legal Aid Society of Story County (Source: Legal Aid Society of Story County).

Problem	Number of Cases
Child Support	18
Custody	96
Debtor/Creditor	20
DHS Investigation	1
Dissolution of Marriage	105
Domestic Abuse	10
Forced Entry and Detainer	1
Foreclosure	1
Garnishment	2
Guardianship	27
Independence	1
Landlord/Tenant	54
Lawsuit	1
Modification of a Court Order	8
Other Family Law	4
Paternity	3

Probate	2
Small Claims	1
Student Loan Default	1
Supplemental Security Income	15
Unemployment	4
Visitation	4
Will	3
Miscellaneous	3
Other	50

One important issue shown in the next table is the fact that 158 of the applications were made by individuals that were above the 150% of the federal poverty level.

The poverty levels of the individuals that initially applied, but did not become clients of the Legal Aid Society of Story County (Source: Legal Aid Society of Story County).

Income Level	Number of Cases
100% Poverty Level	187
125% Poverty Level	46
150% Poverty Level	25
175% Poverty Level	1
Over 150% Poverty Level	157
Unknown Income Level	19

The next table shows the range of reasons why applicants did not become clients. The reasons for the difference value over income between this and the previous table is that other reasons caused the application to be rejected before income was considered.

Reasons why the individuals that initially applied did not become clients of the Legal Aid Society of Story County (Source: Legal Aid Society of Story County).

Reason No Case evolved	Number of Potential Cases
Unknown	8
Case Type	1
Client Declined Services	1
Conflict	66
No Response/Didn't Show	107
Other Less than 1 Year in Iowa	1
Other-Conflict Resolved	2
Other-Location	2
Other-Out of County	5
Other-Residency	4
Other-Small Claims	1
Other-Staffing	1
Other-Wait List Too Long	1
Other-Wrong Field	1
Out Of Jurisdiction	1

Over Income Level	138
Per Client Request	1
Other	93

The next table shows the breakdown of the number of applicants considering age range and gender.

Number of individuals distributed by age range and gender that initially applied, but did not become clients of the Legal Aid Society of Story County (Source: Legal Aid Society of Story County).

Age Range	Potential Female Cases	Potential Male Cases
Under 10	2	1
11 to 17	4	5
18 to 25	47	19
26 to 35	100	47
36 to 50	79	56
51 to 64	36	15
65 to 70	10	1
Over 70	5	8

The take away from this section is that there is still a need for legal counsel within the county. This is especially true for residents that have an income that is over 150% of the federal poverty level, but still close to the federal poverty level.

Other Programs that Provide Support

Access assists victims with support for dealing with legal options.

The Center for Creative Justice works with clients that are under probation supervision.

Mental Health Services

Nationally, the statistics for mental health show a serious health crisis. The National Alliance on Mental Health reports that annually one in five Americans experience mental illness each year. Annually, one in twenty-five Americans will experience serious mental illness. The impact of mental illness on children in the United States is equally serious. One out of every six children 6 through 17 years old will suffer a mental illness disorder every year. Moreover, 50% of all lifetime mental illness begins by age 14 and 75% by 24. Suicide is the second leading cause of deaths amongst individuals aged 10-34 (Source: nami.org/mhstats).

The data in the next table from the County Health Rankings show the mental health measures for Story County. Both mental health values and physical health values play a significant role in mental health of Story County residents. Frequent mental and physical distress are important concerns for individuals that commit suicide.

Mental health measures for Story County from the County Health Rankings (Source: countyhealthrankings.org).

Measures	Story County Outcomes	Margin of Error	Years Data was Collected
Average Number of Poor Mental Health Days in Last 30 Days	3.5 Days	3.4-3.7	2017

Percentage of County Residents that have Frequent Mental Distress	12%	11-12%	2017
Number of County Residents to Mental Health Providers	490 to 1	Not Available	2019
Percentage of County Residents that have Frequent Physical Distress	10%	10-10%	2017
Average Number of Poor Physical Health Days in Last 30 Days	3.3 Days	3.2-3.5	2017

The next table looks at the level of resources available within Story County and the rank within Iowa counties that the resources give Story County.

Health resources available in Story County in 2019 cited in the Iowa Health Factbook (Source: iowahealthfactbook.org/factbook/#/counties/Story).

Health Resources	Number	Number Rank within Iowa Counties	Crude Rate	Crude Rate Rank within Iowa Counties
Residential Care Facilities for Persons with Mental Illness	0	7	0.0 per 1M	7
Psychiatric Mental Institutions for Children	3	5	30.6 per 1M	6
Psychiatric Mental Institutions for Children	30	6	3.1 per 10K	6
Intermediate Care Facilities for Intellectual Disabled	4	8	4.1 per 100K	29

The next table shows the estimated number of people within Story County that have cognitive difficulties.

Estimate of number of Story County residents with cognitive disabilities (Source: American Community Survey, 2018 five-year estimate).

Age	Individuals with a Cognitive Disability Estimate	Margin of Error	Percent with a Cognitive Disability Estimate	Margin of Error
Children Under the Age of 18	308	+/-112	2.7%	+/-1.0
Individuals 18 to 34 Years Old	1071	+/-188	2.5	+/-0.4
Individuals 35 to 64 Years Old	954	+/-230	3.6	+/-0.9

Individuals 65 to 74 Years Old	155	+/-67	2.6%	+/-1.1
Individuals 75 and Older	523	+/-167	11.4%	+/-3.5
Total Population with Cognitive Difficulties	3,011	+/-347	3.3%	+/-0.4

The next table provides the list of codes and descriptions used to classify patient problems as they enter treatment at Mary Greeley Medical Center for mental health concerns.

Code	Description
F01.51-F09	Mental Disorder Due to Known Physiological Conditions
F20.0 – F29	Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders
F30.10 – F39	Mood [Affective] Disorders
F40.00 – F48.9	Anxiety, Dissociative, Stress-related, Somatoform and Other NonPsychotic Mental Disorders
F50.00 – F59	Behavioral Syndromes Associated with Physiological Disturbances and Physical Factors
F60.0 – F69	Disorders of Adult Personality and Behavior
F70 – F79	Intellectual Disabilities
F80.0 – F89	Pervasive and Specific Developmental Disorders
F90.0 – F98.9	Behavioral and Emotional Disorders with Onset Usually Occurring in Childhood and Adolescence
F99	Unspecified Mental Disorder

The next two tables show the number of patients that were admitted to Mary Greeley Medical Center for inpatient and emergency department visits for mental health concerns during 2017, 2018, 2019, and the first part of 2020.

Inpatient Behavior Health Admissions at Mary Greeley Medical Center during the period 7/1/2016 to 11/30/2019 (Source: Mary Greeley Medical Center).

2017	2018	2019	2020	Total
259	264	306	111	940

Total emergency department visits related to mental health at Mary Greeley Medical Center during the period 7/1/2016 to 11/30/2019 (Source: Mary Greeley Medical Center).

2017	2018	2019	2020	Total
921	880	871	359	3031

The next table shows the breakdown of the data in the previous table by age of the patients.

Emergency department visits by age related to mental health at Mary Greeley Medical Center during the period 7/1/2016 to 11/30/2019. (Source: Mary Greeley Medical Center).

	2017	2018	2019	2020	Total
18 and Over	776	736	741	305	2558
Under 18	145	144	130	54	473
Total	921	880	871	359	3031

The data in the next table looks at data from the Youth and Shelter Services Family Counseling and Clinic. The data was presented in the Youth and Shelter Services report to the Story County Board of

Supervisors in June of 2019.

Number of clients served during the 2017/2018 year by the Youth and Shelter Services Family Counseling and Clinic (Source: Youth and Shelter Services Family Counseling and Clinic, Report to the Story County Board of Supervisors, June 25, 2019, submitted by Andrea Dickerson).

Actions	Number of Clients
Clients Served	532
Assessments Completed	663
Medication Appointments Completed	2211

Story County student responses to the Iowa Youth Survey 2018

The next six tables look at Story County student responses to questions on the 2018 Iowa Youth Survey that relate to their mental health. The survey reports the activity of 6th, 8th, and 11th grade students.

Percentage of students that responded to a question on whether they have ongoing physical, mental, or emotional disabilities or impairments that limit their daily activities (Source: Question B10 from 2018 Iowa Youth Survey (Story County Results)).

Do you have any ongoing physical, mental, or emotional disabilities or impairments that limit your daily activities?												
	6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Yes	10%	12%	8%	11%	8%	13%	20%	15%	24%	13%	12%	15%
No	90%	88%	92%	89%	92%	87%	80%	85%	76%	87%	88%	85%
Percent who answered question	97%	98%	96%	98%	98%	98%	100%	100%	100%	98%	98%	98%

Percentage of students who responded to a question on whether their doctor has prescribed medicine due the student feeling angry, anxious, restless, nervous, or sad (Source: Question B60 from 2018 Iowa Youth Survey (Story County Results)).

Has your doctor prescribed medicine for you because you feel angry, anxious, restless, nervous, or sad?												
	6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Yes	8%	9%	8%	14%	13%	14%	20%	14%	26%	14%	12%	16%
No	92%	91%	92%	86%	87%	86%	80%	86%	74%	86%	88%	84%
Percent who answered question	92%	93%	92%	90%	91%	89%	98%	96%	99%	93%	93%	93%

Percentage of students who responded to a question on whether they are currently taking medicine prescribed by their doctor to help them to not feel angry, anxious, restless, nervous, or sad (Source: Question B61 from 2018 Iowa Youth Survey (Story County Results)).

Do you currently take medicine as prescribed to help you not feel angry, anxious, restless, nervous, or sad?												
	6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Yes	12%	10%	14%	21%	11%	30%	38%	26%	48%	23%	16%	30%
No	88%	90%	86%	79%	89%	70%	62%	74%	52%	77%	84%	70%
Percent who answered question	92%	93%	92%	89%	90%	89%	97%	96%	98%	93%	93%	93%

Percentage of students who responded to a question on whether they have felt so sad or hopeless almost every day for 2 weeks or more in a row and stopped doing some usual activities (Source: Question B62 from 2018 Iowa Youth Survey (Story County Results)).

During the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks or more in a row that you stopped doing some usual activities?												
	6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Yes	12%	10%	14%	21%	11%	30%	38%	26%	48%	23%	16%	30%
No	88%	90%	86%	79%	89%	70%	62%	74%	52%	77%	84%	70%
Percent who answered question	92%	93%	92%	89%	90%	89%	97%	96%	98%	93%	93%	93%

Percentage of students that responded to the question “I feel I do not have much to be proud of” (Source: Question C7 from 2018 Iowa Youth Survey (Story County Results)).

How much do you agree or disagree that each of the following statements is true? I feel I do not have much to be proud of.												
	6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Strongly Agree	60%	63%	59%	44%	54%	35%	33%	32%	34%	46%	50%	43%
Agree	32%	30%	33%	39%	36%	42%	39%	39%	39%	36%	35%	38%
Disagree	6%	5%	6%	12%	7%	16%	21%	20%	22%	13%	11%	14%
Strongly Disagree	2%	2%	1%	5%	3%	7%	7%	9%	5%	5%	5%	4%
Percent who answered question	91%	91%	91%	88%	89%	86%	96%	95%	98%	91%	91%	91%

Percentage of students that responded to the question “Violence is the worst way to solve problems” (Source: Question C7 from 2018 Iowa Youth Survey (Story County Results)).

How much do you agree or disagree that each of the following statements is true? Violence is the worst way to solve problems												
	6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Strongly Agree	65%	58%	74%	37%	34%	40%	36%	29%	42%	47%	41%	53%
Agree	27%	31%	23%	45%	39%	49%	41%	37%	44%	37%	36%	38%
Disagree	5%	7%	2%	14%	21%	8%	17%	25%	10%	12%	17%	7%
Strongly Disagree	3%	4%	1%	5%	7%	3%	6%	9%	4%	5%	7%	3%
Percent who answered question	91%	92%	90%	89%	89%	88%	97%	95%	99%	92%	92%	92%

Iowa State University Students

The final two tables in this section are based on results from the survey results reported in American College Health Association, National College Health Assessment II (ACHA-NCHA II), Iowa State University Executive Summary, Spring 2019. The Executive Summary shows the results of the ACHA-NCHA II spring 2019 survey for Iowa State University. The survey at Iowa State University consisted of 1008 respondents. The overall response rate for the university was 10.2%.

The tables (8 tables) in this section show the percentage of ISU students that responded to a series of questions concerning their mental health.

Percentage of responders to the question of whether the ISU student taking the survey felt things were hopeless (Source: ACHA-NCHA II, Iowa State University Executive Summary, Spring 2019).

	Male	Female	Total
No never	39.7	27.1	31.1
No not last 12 months	12.4	18.9	16.6
Yes last 2 weeks	18.5	20	19.9
Yes last 30 days	9.1	10.6	10.1
Yes in last 12 months	20.3	23.5	22.4
Any time within the last 12 months	47.9	54	52.4

Percentage of responders to the question of whether the ISU student taking the survey felt overwhelmed by all that they had to do (Source: ACHA-NCHA II, Iowa State University Executive Summary, Spring 2019).

	Male	Female	Total
No never	13.8	4.6	7.8
No not last 12 months	3.8	2.4	2.8
Yes last 2 weeks	48.8	62.8	57.8
Yes last 30 days	15.9	15.9	15.9
Yes in last 12 months	17.6	14.4	15.6
Any time within the last 12 months	82.4	93.1	89.4

Percentage of responders to the question of whether the ISU student taking the survey felt very lonely (Source: ACHA-NCHA II, Iowa State University Executive Summary, Spring 2019).

	Male	Female	Total
No never	24.7	15.9	18.8
No not last 12 months	15	13.8	14.1
Yes last 2 weeks	24.4	32.5	29.9
Yes last 30 days	11.2	13.7	12.8
Yes in last 12 months	24.7	24.1	24.5
Any time within the last 12 months	60.3	70.3	67.2

Percentage of responders to the question of whether the ISU student taking the survey felt exhausted (not from physical activity) (Source: ACHA-NCHA II, Iowa State University Executive Summary, Spring 2019).

	Male	Female	Total
No never	17.6	7.1	10.7
No not last 12 months	4.7	3.8	4.1
Yes last 2 weeks	45.6	59.2	54.6
Yes last 30 days	15.6	16	15.9
Yes in last 12 months	16.5	14	14.6
Any time within the last 12 months	77.6	89.2	85.2

Percentage of responders to the question of whether the ISU student taking the survey felt so depressed that it was difficult to function (Source: ACHA-NCHA II, Iowa State University Executive Summary, Spring 2019).

	Male	Female	Total
No never	48.2	35.6	39.5
No not last 12 months	16.5	20.8	19.4
Yes last 2 weeks	11.5	16.7	15.2
Yes last 30 days	7.9	6.8	7.2
Yes in last 12 months	15.9	20.2	18.7
Any time within the last 12 months	35.3	43.6	41.1

Percentage of responders to the question of whether the ISU student taking the survey felt overwhelming anger (Source: ACHA-NCHA II, Iowa State University Executive Summary, Spring 2019).

	Male	Female	Total
No never	41.3	37.3	38.6
No not last 12 months	22.9	21.6	21.9
Yes last 2 weeks	10.6	14.8	13.5
Yes last 30 days	6.7	9	8.4
Yes in last 12 months	18.5	17.3	17.7

Any time within the last 12 months	35.8	41.1	39.6
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Percentage of responders to the question of whether the ISU student taking the survey felt very sad (Source: ACHA-NCHA II, Iowa State University Executive Summary, Spring 2019).

	Male	Female	Total
No never	27	12.4	17.4
No not last 12 months	17.3	13.4	14.6
Yes last 2 weeks	20.2	34.4	29.9
Yes last 30 days	12.3	14.3	13.3
Yes in last 12 months	23.2	25.5	24.8
Any time within the last 12 months	55.7	74.2	68.0

Percentage of responders to the question of whether the student taking the survey felt overwhelming anxiety (Source: ACHA-NCHA II, Iowa State University Executive Summary, Spring 2019).

	Male	Female	Total
No never	37	19.5	25.3
No not last 12 months	14.1	10.7	11.9
Yes last 2 weeks	20.2	33.4	29.1
Yes last 30 days	10.6	16.4	14.5
Yes in last 12 months	18.2	20	19.2
Any time within the last 12 months	49	69.8	62.8

The next table shows the responses of the Iowa State University students had intentionally injured themselves within the last 12 months.

Percentage of responders to the question of whether the ISU student taking the survey had intentionally cut, burned, bruised or otherwise injured themselves (Source: ACHA-NCHA II, Iowa State University Executive Summary, Spring 2019).

	Male	Female	Total
No never	87.1	78.5	80.8
No not last 12 months	7.9	15.4	13.3
Yes last 2 weeks	1.5	2	2
Yes last 30 days	0	1.1	0.7
Yes in last 12 months	3.5	3	3.2
Any time within the last 12 months	5	6.1	5.9

Finally, the Iowa State University students were asked whether they had been diagnosed or treated by a mental health professional in the last 12 months. The next table shows the percentage of ISU students that indicated that they had been diagnosed or treated for these issues.

Percentage of responders to the question of whether the ISU student taking the survey had been diagnosed or treated by a professional for any of the problems (Source: ACHA-NCHA II, Iowa State University Executive Summary, Spring 2019).

	Male	Female	Total
Anorexia	0	1.4	1.1
Anxiety	12.4	28.5	23.3
Attention Deficit and Hyperactivity Disorder	6.5	6.4	6.5
Bipolar Disorder	1.2	1.6	1.5
Bulimia	0.6	2.2	1.6
Depression	9.7	23	18.9
Insomnia	1.5	5.5	4
Other sleep disorder	0.6	2.5	1.9
Obsessive Compulsive Disorder	1.5	3.4	2.8
Panic attacks	2.6	14.6	10.9
Phobia	0.3	1.7	1.3
Schizophrenia	0	0.5	0.4
Substance abuse or addiction	0.9	1.1	1.2
Other addiction	0.3	0.8	0.6
Other mental health condition	1.5	3.4	2.7
Students reporting none of the above	80.7	63.8	69.2
Students reporting only one of the above	7.6	9.7	9
Students reporting both Depression and Anxiety	7.3	18.9	15.3
Students reporting any two or more of the above excluding the combination of Depression and Anxiety	3.5	11.3	9

Existing Programs in Story County that are funded by local entities:

There are also multiple programs funded locally through the ASSET process. While these programs are currently supported, the nature of this support shows the need that exists should the funding cease to exist.

Suicide Prevention

Suicide is a national problem that has become a leading cause of death in the United States. Overall, suicides are the tenth leading cause of deaths nationally. For individuals in the 10-34 age bracket, suicide is the second leading cause of deaths. It stands as the fourth leading cause of deaths of people in the 35-54 age bracket. It is a growing problem in both urban and rural areas. In 2018 the

suicide rate for females living in rural counties was 1.6 times the rate of those living in the most urban counties. A similar result can be seen for males where males living in the most rural counties was 1.7 times the rate of those living the most urban counties. (Source: Increase in Suicide Mortality in the United States, 1999-2018, by Holly Hedegaard, Sally C. Curtin, and Margaret Warner, National Center for Health Statistics Data Brief, No. 362, April 2020).

While the focus is on the individuals that commit suicide, the impact on those left behind is extremely devastating. The loss of a family member or close friend to suicide results in a wound that literally never heals.

For Story County, the most recent estimate of suicides comes out of the County Health Rankings. The rate shown in the next table of 9 per 100K is low compared to the national rate of 14.2, but Story County concerns for the future are clearly seen in the Iowa Youth Survey from 2018 (the latest survey).

The age adjusted rate of suicides per 100K in Story County, Iowa (Source: County Health Rankings 2020, www.countyhealthrankings.org).

Time Frame	Suicides per 100K Population
Rate	9*

* Rate is calculated using data from a five-year estimate 2014-2018.

The stress factors that are critical issues in people’s thoughts of suicide from the County Health Rankings are shown in the next table. Both measures put a significant portion of the county’s residence at risk.

Measures Closely Related to Suicide	Story County Outcomes	Margin of Error	Years Data was Collected
Frequent Mental Distress	12%	11-12%	2017
Frequent physical distress	10%	10-10%	2017

Stress factors that are measures closely related to suicide (Source: America’s Health Rankings, www.americashealthrankings.org, data on measures from County Health Rankings).

The most alarming information available on the possibility of future suicides in the county is from the 2018 Iowa Youth Survey Story County Results. Question B63 on the survey asks the question whether the student has seriously considered committing suicide during the previous 12 months. With numbers like 14% of sixth graders, 20% of eighth graders and 31% of eleventh graders answering yes to that question, it is clear that the county has to see suicide prevention as a critical need for the county going forward.

A study led by Dr. Bostwick of Mayo Clinic showed that 60% of people that attempt suicide die before they are ever seen by medical personnel and most have no psychiatric history (Source: Bostwick, et al., Suicide Attempt as a Risk Factor for Completed Suicide: Even More Lethal Than We Knew, *Am J Psychiatry*, 2016 Nov 1; 173(11): 1094-1100). This combined with the responses shown in the next table imply that the prevention program has to start early and needs to be aimed at the general public in addition to students.

Students that seriously considered committing suicide during the past 12 months. (Source: Question B63 from 2018 Iowa Youth Survey (Story County Results)).

During the past 12 months, have you seriously thought about killing yourself?												
	6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Yes	14%	11%	16%	20%	11%	27%	31%	24%	38%	21%	15%	26%
No	86%	89%	84%	80%	89%	73%	69%	76%	62%	79%	85%	74%
Percent who answered question	92%	93%	91%	89%	89%	89%	97%	96%	98%	92%	92%	93%

The next two tables look at responses to how the Story County students have moved forward on their suicidal thoughts. The first table asks whether the student has developed a plan of how to commit suicide. The numbers are again staggering. Five percent of sixth graders, 9% of eighth graders, and 17% of eleventh graders have planned a suicide attempt. The second table asks the student whether they have tried to commit suicide. The number of students that respond that they have already made an attempt on their life is smaller, but still appalling. Two percent of sixth graders, 4% of eighth graders and 7% of eleventh graders is a shocking number of people having already tried to end their life.

Students that seriously considered committing suicide during the past 12 months. (Source: Question B64 from 2018 Iowa Youth Survey (Story County Results)).

During the past 12 months, have you made a plan about how you would kill yourself?												
	6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Yes	5%	4%	5%	9%	2%	16%	17%	12%	22%	10%	6%	14%
No	95%	96%	95%	91%	98%	84%	83%	88%	78%	90%	94%	86%
Percent who answered question	92%	92%	92%	89%	89%	88%	97%	96%	98%	92%	92%	93%

Students that have tried to kill themselves during the past 12 months. (Source: Question B65 from 2018 Iowa Youth Survey (Story County Results)).

During the past 12 months, have you tried to kill yourself?												
	6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Yes	2%	1%	2%	4%	1%	6%	7%	3%	11%	4%	2%	6%
No	98%	99%	98%	96%	99%	94%	93%	97%	89%	96%	98%	94%
Percent who answered question	92%	93%	93%	89%	89%	89%	98%	96%	99%	93%	93%	93%

The following table looks at whether the student's suicide attempt resulted in an injury, poisoning or overdose that had to be treated by a medical professional. The Bostwick, et al. paper points out that the year after the initial suicide attempt is especially critical for stopping additional attempts (Source: Bostwick, et al., Suicide Attempt as a Risk Factor for Completed Suicide: Even More Lethal Than We Knew, Am J Psychiatry, 2016 Nov 1; 173(11): 1094-1100). The fact that many suicide attempts are not seen by medical personnel puts significant stress on prevention approaches to find the people that need help.

Students that have tried to kill themselves during the past 12 months and needed to be treated by a doctor or a nurse. (Source: Question B66 from 2018 Iowa Youth Survey (Story County Results)).

If you attempted to kill yourself during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?												
	6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Yes	0%	0%	0%	1%	0%	2%	2%	1%	3%	1%	1%	2%
No	100%	100%	100%	99%	100%	98%	98%	99%	97%	99%	99%	98%
Percent who answered question	93%	93%	93%	89%	90%	89%	98%	96%	99%	93%	93%	93%

Iowa State University Students

The final two tables in this section are based on results from the survey results reported in American College Health Association, National College Health Assessment II (ACHA-NCHA II), Iowa State University Executive Summary, Spring 2019. The Executive Summary shows the results of the ACHA-NCHA II spring 2019 survey for Iowa State University. The survey at Iowa State University consisted of 1008 respondents. The overall response rate for the university was 10.2%.

The first table shows the percentage of ISU students that responded to the question of whether they had seriously considered suicide and the second table looks at the percentage of ISU students that responded to the question of whether they have attempted suicide.

Percentage of responders to the question of whether the ISU student taking the survey has seriously considered suicide (Source: ACHA-NCHA II, Iowa State University Executive Summary, Spring 2019).

	Male	Female	Total
No never	78.9	73.7	74.7
No not last 12 months	11.4	15.5	14.4
Yes last 2 weeks	2.1	2.4	2.3
Yes last 30 days	0.9	1.7	1.4
Yes in last 12 months	6.7	6.7	7.2
Any time within the last 12 months	9.7	10.8	10.9

Percentage of responders to the question of whether the ISU student taking the survey has attempted suicide (Source: ACHA-NCHA II, Iowa State University Executive Summary, Spring 2019).

	Male	Female	Total
No never	93.8	90.3	91.1
No not last 12 months	5.3	9.1	8.1
Yes last 2 weeks	0.3	0	0.1
Yes last 30 days	0	0.2	0.1
Yes in last 12 months	0.6	0.5	0.6
Any time within the last 12 months	0.9	0.6	0.8

Transportation

Transportation needs in Story County vary from the daily need to get to work and medical appointments to unexpected events that can put residents in harm's way. The lack of public transportation in most of the county makes most county residents dependent on the use of vehicles to get around. The fact that a number of households in the county have limited access to vehicles makes the need for transportation a significant concern within the county.

Vehicles available to households:

While most households have sufficient access to a number of vehicles, the households that have no vehicles or one vehicle are most likely to see need for other types of transportation.

Household occupied by owner or renter compared to the number of vehicles available (Source: 2018 American Community Survey, Five Year Estimate).

	No Vehicles		One Vehicle	
	Estimate	Margin of Error	Estimate	Margin of Error
Household is Occupied by Owner	397	+/-131	4506	+/-434
Household is Occupied by Renter	1890	+/-280	7834	+/-656

Looking at the number of vehicles by the number of workers in a household also shows the vulnerability of a number of families in the county. With vehicles off at work, other members of the household can be at risk.

The number of vehicles by the number of workers in Story County (Source: 2018 American Community Survey, Five Year Estimate).

	No Vehicles		One Vehicle		Two Vehicles	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
No Workers	1,030	+/-216	3,901	+/-418	2,331	+/-264
One Worker	991	+/-210	6,946	+/-605	4,027	+/-404
Two Workers	266	+/-123	1,369	+/-255	7,533	+/-590
Three or More Workers	0	+/-22	124	+/-97	483	+/-201

Transportation to work

A number of workers in Story County travel a half hour or more to get to work.

Travel times to work of a half hour or more (Source: 2018 American Community Survey, Five Year Estimate).

	30 to 34 Minutes		35 to 44 Minutes		45 to 59 Minutes		60 or More Minutes	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Drives Alone	1,732	+/-244	1,881	+/-269	2,090	+/-382	1,105	+/-210
Carpooled	97	+/-55	65	+/-34	218	+/-104	157	+/-78
Public Transportation	291	+/-130	46	+/-44	218	+/-172	70	+/-68
Total	2,252	+/-322	2,088	+/-285	2,605	+/-453	1,398	+/-239

The same information is available for Story County and the cities in the county in a slightly different format. The following table shows the same travel times for workers that have long drives to work in the total number of minutes traveled for those workers taking 35 or more minutes to get to work.

Aggregate time required by workers over 16 that don't work from home to get to work broken down by travel time for longest drives, Story County, and Story County cities (Source: American Community Survey, 2018 five-year estimate).

County/City	Total Aggregate Travel Time to Get to Work for Workers Living in the City in Minutes		Aggregate Minutes Traveled by Workers Requiring 35 to 44 Minutes to Get to Work		Aggregate Minutes Traveled by Workers Requiring 45 to 59 Minutes to Get to Work		Aggregate Minutes Traveled by Workers Requiring 60 or More Minutes to Get to Work	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Story County	879,710	+/-83,670	52,805	+/-19,168	76,670	+/-24,657	191,250	+/-72,189
Ames	546,365	+/-59,482	27,535	+/-16,719	46,355	+/-22,258	103,355	+/-51,450
Cambridge	8,790	+/-1,729	1,035	+/-579	775	+/-726	1,530	+/-936
Collins	4,995	+/-1,020	1,120	+/-418	525	+/-315	1,180	+/-727
Colo	9,980	+/-1,502	1,225	+/-608	1,160	+/-664	1,120	+/-931
Gilbert	12,150	+/-2,994	200	+/-264	1,510	+/-706	3,250	+/-2,444
Huxley	36,340	+/-5,077	8,830	+/-4,056	4,150	+/-2,447	**	**
Kelley	4,125	+/-1,238	480	+/-283	605	+/-413	940	+/-807
Maxwell	12,525	+/-2,312	2,390	+/-1,006	1,215	+/-668	1,770	+/-1,290
McCallsburg	4,395	+/-1,205	315	+/-334	335	+/-300	1,030	+/-989
Nevada	53,525	+/-5,715	7,560	+/-3,308	3,885	+/-2,212	7,360	+/-4,235
Roland	14,135	+/-3,164	705	+/-504	1,775	+/-1,059	2,520	+/-2,202
Sheldahl	3,400	+/-1,094	225	+/-174	555	+/-443	270	+/-373
Slater	17,415	+/-2,565	3,110	+/-1,127	1,945	+/-1,038	1,475	+/-813
Story City	28,825	+/-5,961	**	**	3,495	+/-2,453	8,325	+/-4,446
Zearing	5,225	+/-1,448	1,390	+/-671	630	+/-609	**	**

** - not available

The time that workers need to leave for work points to another type of risk. Being on the road in the early morning or late night turns a car breakdown into an emergency.

Transportation to work by time that worker had to leave home (Source: 2018 American Community Survey, Five Year Estimate).

Worker Leaves for Work	Drives Alone		Carpools		Public Transportation		Walks	
	Estimate	MoE*	Estimate	MoE*	Estimate	MoE*	Estimate	MoE*
12:00 a.m. to 4:59 a.m.	1,105	+/-232	29	+/-23	NA	NA	60	+/-71
5:00 a.m. to 5:29 a.m.	635	+/-175	43	+/-24	NA	NA	65	+/-51

5:30 a.m. to 5:59 a.m.	1,908	+/-259	184	+/-129	NA	NA	37	+/-32
6:00 a.m. to 6:29 a.m.	2,013	+/-321	131	+/-84	40	+/-37	51	+/-35
4:00 p.m. to 11:59 p.m.	3,199	+/-502	99	+/-52	196	+/-89	475	+/-118

* MoE is Margin of Error, NA is Not Applicable as there is no public transportation during this time.

Even where workers work at home, the lack of available vehicles puts households at risk.

Works at home versus number of vehicles available (Source: 2018 American Community Survey, Five Year Estimate).

Number of Vehicles Available	Worked at Home	
	Estimate	Margin of Error
No Vehicles	73	+/-55
One Vehicle	358	+/-125
Two Vehicles	1183	+/-380
Three or More Vehicles	768	+/-209
Total	2382	+/-436

Transportation to Medical Services

For medical appointments, there are some transportation services available to Story County residents at a modest cost (e.g., RSVP, HIRTA, and DAV).

DAV (Disabled American Veteran) transports ambulatory, disabled veterans to the VA hospital in Des Moines for free. The service is for medical appointments only and is limited to the veteran. It runs Monday through Thursday and requires that the trip be scheduled 48 hours in advance.

RSVP (Retired Senior Volunteer Program) provides safe and reliable transportation to medical appointments and other essential services. The service is free, but does accept contributions. The service is available to seniors that have applied and have had an in-home assessment. The service is provided by volunteers and is funded by United Way of Story County, Story County, and the city of Ames. The service operates Monday through Friday 8:00 am to 4:00 pm and requires that the trip be scheduled 48 hours or more in advance.

Transportation for Unexpected Events

Numerous events have the capacity to create significant problems for county residents. Events like having a car breakdown, getting a job interview on short notice, being able to make a medical appointment on short notice, an unexpected legal appointment, or finding out a relative or friend needs help happen to most people at one time or the other. As useful as RSVP and HIRTA are to residents of the county, the need to schedule a trip 24 or 48 hours is a severe limitation.

For most residents of the county, these events are not an issue. The problem occurs when they happen to the residents that are the most vulnerable. The residents that are living below the living wage level do not have the resources to deal with these unexpected events. There is no extra car. If one lives outside of Ames, there is no CYRide bus that you can catch. The kinds of rates that Uber charges are well beyond what vulnerable residents can afford. The following table shows what a trip from one of the other towns in Story County would cost to get an Uber ride.

Uber trip cost estimates for Story County residents using Uber to come from other towns in Story County to McFarland Clinic to see a specialist (Source: Uber cost estimates were made using www.taxifarefinder.com/).

Starting City	Destination	Uber Estimate	Uber Estimate with Traffic
Cambridge	McFarland Clinic in Ames	\$21.97	\$30.71
Collins	McFarland Clinic in Ames	\$35.55	\$46.89
Colo	McFarland Clinic in Ames	\$26.15	\$35.40
Gilbert	McFarland Clinic in Ames	\$12.85	\$17.62
Huxley	McFarland Clinic in Ames	\$15.94	\$21.47
Kelley	McFarland Clinic in Ames	\$14.95	\$20.62
Maxwell	McFarland Clinic in Ames	\$30.26	\$40.77
Mccallsburg	McFarland Clinic in Ames	\$30.58	\$42.15
Nevada	McFarland Clinic in Ames	\$15.22	\$21.10
Roland	McFarland Clinic in Ames	\$22.71	\$31.15
Sheldahl	McFarland Clinic in Ames	\$26.20	\$36.38
Slater	McFarland Clinic in Ames	\$23.35	\$32.08
Story City	McFarland Clinic in Ames	\$19.48	\$26.22
Zearing	McFarland Clinic in Ames	\$36.35	\$50.10

Some transportation problems occur even when you have access to a good public transportation system like CyRide. A concern for some residents in Ames is that CyRide doesn't cover enough of Ames. The following table shows two reasons why some people living in Ames aren't able to take advantage of CyRide.

The percentage of Ames Survey respondents that would need CyRide extensions before they would be able to use CyRide (Source: 34th, 35th, 36th, and 37th Ames Residential Satisfaction Survey).

Extensions	2016	2017	2018	2019
Need for CyRide to go to more areas of Ames	19.5%	12.6%	14.7%	17%
Need for CyRide schedule to be earlier and later	11.0%	7.2%	5.3%	9%

Ames survey respondents also noted the need for out-of-town services in each of the four surveys mentioned in the previous table.

Appendix B – Community Health Survey and Data

The Survey

Dear Story County Resident,

We are conducting a needs assessment to determine the most important health and human services issues that need to be addressed in Story County. Please share your thoughts about these issues through this survey or you may access it via <https://www.surveymonkey.com/r/SCNeedsAssessment>. Your feedback will be used to help shape future health and human service programs and services across the county. Your responses to this survey will be kept anonymous and confidential.

Thank you,

Story County Quality of Life Alliance

1. Please select the importance of the following health and human service needs for Story County residents:

	Highly Important	Modestly Important	Low Importance	Not Important
Addiction Services				
Childcare				
Crisis Management				
Food Security (enough food)				
Health Care				
Housing				
Income				
Legal Counsel				
Mental Health Services				
Suicide Prevention				
Transportation				

2. Why did you select “highly” or “modestly” important for any of the needs listed above?

____ Personal Need

____ I have friends that are in need of such services

____ I work in the human services field and see needs of children and families

____ I work in a school and see the needs of students and families

____ Other (Please specify) _____

3. Why did you select “low importance” or “not important” for any of the needs listed above?

____ I don't have a personal need

____ I don't have friends with this need

____ I work in the human services field and this doesn't come up as a need for the individuals, children or families I work with.

____ I work in a school and this isn't a need that our students or families have stated.

____ Other (Please specify) _____

4. What other needs are “highly” or “modestly” important for Story County residents and why?
5. What other needs have “low importance” or are “not important” for Story County residents and why?
6. What is your gender?
 Female Male Other Choose not to disclose
7. What is your age?
 Under 18 18-24 25-34 35-44 45-54
 55-64 65-74 Over 75 Choose not to disclose
8. Are you an Iowa State student?
 No Yes
9. Do you have Health Insurance?
 No Yes
10. How would you describe your overall health?
 Excellent Very Good Fair Poor Very Poor
11. What additional comments do you have about the health and human service needs of Story County residents?

Place the completed survey in the box/envelope provided or return it to the front desk at Youth and Social Services, 420 Kellogg, Ames. Attn: Gerri Bugg by March 1st. Thank you for your feedback!

Community Survey Responses

Collective Response

The tables in this section show the results for all of the human health and human service needs for Story County. The first table shows the total number of responses each need received broken down over the four levels of importance that the respondents were asked to assign to each need.

Total rating for each of the eleven human health and human service needs.

	Highly Important	Modestly Important	Low Importance	Not Important	Total
Addiction Services	302	196	49	20	567
Childcare	359	148	41	19	567
Crisis Management	239	244	65	19	567
Food Security (enough food)	352	165	41	9	567
Health Care	376	149	32	10	567
Housing	341	169	43	14	567
Income	267	228	66	6	567
Legal Counsel	132	276	138	21	567

Mental Health Services	460	83	8	16	567
Suicide Prevention	337	172	37	21	567
Transportation	243	221	86	17	567

The last two tables in this section show the reasons that the respondents gave for rating any of the needs Highly/Modestly or Low/Not Important, respectively. In both cases the respondents made significant use of the “Other” choice. The lists of “Other” statements are attached at the end of the survey results.

Respondents answered the question: “Why did you select “highly” or “modestly” important for any of the needs?”.

Reasons for Rating	Count
Personal Need	175
I have friends that are in need of such	239
I work in the human services field and see needs of children and families	172
I work in a school and see the needs of students and families	49
Other *	167

* list attached (Other Reasons for Rating Highly or Modestly Important List)

Why did you select “low importance” or “not important” for any of the needs?

Reasons for Rating	Count
I don't have personal need	144
I don't have friends with this need	94
I work in the human services field and this doesn't come up as a need for the individuals, children or families I work with	83
I work in a school and this isn't a need that our students or families have stated	13
Other **	312

** list attached (Other Reasons for Rating Low or Not Important List)

Drilling Down in the Responses by Each Human Health and Human Services Need

Addiction Services Ratings

The overall rating of the Addiction Services need by survey respondents.

Addiction Services Rating Choices	Count
Highly Important	302
Modestly Important	196
Low Importance	49
Not Important	20

The importance rating of the Addiction Services need broken down by the respondent's gender.

Gender	Addiction Services Rating	Count
Female	Highly Important	237
Male	Highly Important	55

Choose not to disclose	Highly Important	10
Female	Modestly Important	143
Male	Modestly Important	50
Choose not to disclose	Modestly Important	3
Female	Low Importance	29
Male	Low Importance	19
Choose not to disclose	Low Importance	1
Female	Not Important	17
Male	Not Important	3

The importance rating of the Addiction Services need broken down by overall health of the respondents.

Overall Health	Addiction Services Rating	Count
Excellent	Highly Important	51
Very Good	Highly Important	155
Fair	Highly Important	80
Poor	Highly Important	16
Excellent	Modestly Important	32
Very Good	Modestly Important	110
Fair	Modestly Important	52
Poor	Modestly Important	2
Excellent	Low Importance	6
Very Good	Low Importance	33
Fair	Low Importance	7
Poor	Low Importance	3
Excellent	Not Important	5
Very Good	Not Important	8
Fair	Not Important	5
Poor	Not Important	2

The importance rating of Addiction Services broken down by age of the respondent.

Age	Addiction Services Rating	Count
18-24	Highly Important	23
25-34	Highly Important	60
35-44	Highly Important	62
45-54	Highly Important	49
55-64	Highly Important	55
65-74	Highly Important	31
over 75	Highly Important	12
Choose not to disclose	Highly Important	10
18-24	Modestly Important	13
25-34	Modestly Important	46
35-44	Modestly Important	42
45-54	Modestly Important	31
55-64	Modestly Important	32
65-74	Modestly Important	21

over 75	Modestly Important	9
Choose not to disclose	Modestly Important	2
18-24	Low Importance	5
25-34	Low Importance	11
35-44	Low Importance	12
45-54	Low Importance	5
55-64	Low Importance	7
65-74	Low Importance	6
over 75	Low Importance	1
Choose not to disclose	Low Importance	2
Under 18	Not Important	1
18-24	Not Important	1
25-34	Not Important	6
35-44	Not Important	5
45-54	Not Important	4
55-64	Not Important	1
65-74	Not Important	1
Choose not to disclose	Not Important	1

The importance rating of Addiction Services broken down by whether the respondent was an Iowa State University student or not.

ISU Student	Addiction Services Rating	Count
No	Highly Important	288
Yes	Highly Important	14
No	Modestly Important	184
Yes	Modestly Important	12
No	Low Importance	48
Yes	Low Importance	1
No	Not Important	20

The importance rating of Addiction Services broken down by whether the respondent had health insurance or not.

Do you have Health Insurance	Addiction Services Rating	Count
No	Highly Important	18
Yes	Highly Important	284
No	Modestly Important	13
Yes	Modestly Important	183
No	Low Importance	6
Yes	Low Importance	43
No	Not Important	2
Yes	Not Important	18

The reasons the respondents rated the Addiction Services need having either high or modest importance.

Addiction Services Rating	Why rank High or Modestly Important	Count
---------------------------	-------------------------------------	-------

Highly Important	Personal need	80
Modestly Important	Personal need	64
Highly Important	I have friends that are in need of such services	132
Modestly Important	I have friends that are in need of such services	79
Highly Important	I work in the human services field and see needs of children and families	110
Modestly Important	I work in the human services field and see needs of children and families	59
Highly Important	I work in a school and see the needs of students and families	27
Modestly Important	I work in a school and see the needs of students and families	18

The reasons the respondents rated the Addiction Services need having either low or no importance.

Addiction Services Rating	Why Rank Low or Not Important	Count
Low Importance	I do not have a personal need	29
Not Important	I do not have a personal need	12
Low Importance	I do not have friends with this need	21
Not Important	I do not have friends with this need	2
Low Importance	I work in the human services field and this does not come up as a need for the individuals, children or families	3
Not Important	I work in the human services field and this does not come up as a need for the individuals, children or families	0
Low Importance	I work in a school and this is not a need that our students or families have stated	1
Not Important	I work in a school and this is not a need that our students or families have stated	0

Child Care Ratings

The overall rating of the Childcare need by survey respondents.

Child Care Rating Choices	Count
Highly Important	359
Modestly Important	148
Low Importance	41
Not Important	19

The importance rating of Childcare need broken down by the respondent's gender.

Gender	Child Care Rating	Count
Female	Highly Important	287
Male	Highly Important	63

Choose not to disclose	Highly Important	9
Female	Modestly Important	102
Male	Modestly Important	45
Choose not to disclose	Modestly Important	1
Female	Low Importance	23
Male	Low Importance	14
Choose not to disclose	Low Importance	4
Female	Not Important	14
Male	Not Important	5

The importance of Childcare need broken down by overall health of the respondent.

Overall Health	Child Care Rating	Count
Excellent	Highly Important	58
Very Good	Highly Important	194
Fair	Highly Important	93
Poor	Highly Important	14
Excellent	Modestly Important	25
Very Good	Modestly Important	83
Fair	Modestly Important	36
Poor	Modestly Important	4
Excellent	Low Importance	9
Very Good	Low Importance	19
Fair	Low Importance	10
Poor	Low Importance	3
Excellent	Not Important	2
Very Good	Not Important	10
Fair	Not Important	5
Poor	Not Important	2

The importance rating of Childcare need broken down by age of the respondent.

Age	Child Care Rating	Count
18-24	Highly Important	29
25-34	Highly Important	81
35-44	Highly Important	86
45-54	Highly Important	49
55-64	Highly Important	52
65-74	Highly Important	40
over 75	Highly Important	14
Choose not to disclose	Highly Important	8
18-24	Modestly Important	9
25-34	Modestly Important	31
35-44	Modestly Important	28
45-54	Modestly Important	31
55-64	Modestly Important	27
65-74	Modestly Important	12

over 75	Modestly Important	8
Choose not to disclose	Modestly Important	2
Under 18	Low Importance	1
18-24	Low Importance	4
25-34	Low Importance	7
35-44	Low Importance	4
45-54	Low Importance	4
55-64	Low Importance	13
65-74	Low Importance	4
Choose not to disclose	Low Importance	4
25-34	Not Important	4
35-44	Not Important	3
45-54	Not Important	5
55-64	Not Important	3
65-74	Not Important	3
Choose not to disclose	Not Important	1

The importance rating of Childcare need broken down by whether the respondent was an Iowa State University student or not.

ISU Student	Child Care Rating	Count
No	Highly Important	339
Yes	Highly Important	20
No	Modestly Important	143
Yes	Modestly Important	5
No	Low Importance	39
Yes	Low Importance	2
No	Not Important	19

The importance rating of Childcare need broken down by whether the respondent had health insurance or not.

Do you have Health Insurance	Child Care Rating	Count
No	Highly Important	27
Yes	Highly Important	332
No	Modestly Important	7
Yes	Modestly Important	141
No	Low Importance	4
Yes	Low Importance	37
No	Not Important	1
Yes	Not Important	18

The reasons the respondents rated the Childcare need having either high or modest importance.

Child Care	Why Rank High or Modestly Important	Count
Highly Important	Personal need	114
Modestly Important	Personal need	29

Highly Important	I have friends that are in need of such services	165
Modestly Important	I have friends that are in need of such services	51
Highly Important	I work in the human services field and see needs of children and families	122
Modestly Important	I work in the human services field and see needs of children and families	42
Highly Important	I work in a school and see the needs of students and families	33
Modestly Important	I work in a school and see the needs of students and families	12

The reasons the respondents rated the Childcare need having either low or no importance.

Child Care	Why Rank Low or Not Important	Count
Low Importance	I do not have a personal need	21
Not Important	I do not have a personal need	13
Low Importance	I do not have friends with this need	11
Not Important	I do not have friends with this need	3
Low Importance	I work in the human services field and this does not come up as a need for the individuals, children or families	7
Not Important	I work in the human services field and this does not come up as a need for the individuals, children or families	0
Low Importance	I work in a school and this is not a need that our students or families have stated	2
Not Important	I work in a school and this is not a need that our students or families have stated	0

Crisis Management Ratings

The overall rating of the Crisis Management need by survey respondents.

Crisis Management Rating Choices	Count
Highly Important	239
Modestly Important	244
Low Importance	65
Not Important	19

The importance rating of Crisis Management need broken down by the respondent's gender.

Gender	Crisis Management Rating	Count
Female	Highly Important	181
Male	Highly Important	50
Choose not to disclose	Highly Important	8
Female	Modestly Important	185

Male	Modestly Important	54
Choose not to disclose	Modestly Important	5
Female	Low Importance	43
Male	Low Importance	21
Choose not to disclose	Low Importance	1
Female	Not Important	17
Male	Not Important	2

The importance rating of the Crisis Management need broken down by overall health of the respondent.

Overall Health	Crisis Management Rating	Count
Excellent	Highly Important	33
Very Good	Highly Important	125
Fair	Highly Important	68
Poor	Highly Important	13
Excellent	Modestly Important	43
Very Good	Modestly Important	132
Fair	Modestly Important	64
Poor	Modestly Important	5
Excellent	Low Importance	14
Very Good	Low Importance	39
Fair	Low Importance	9
Poor	Low Importance	3
Excellent	Not Important	4
Very Good	Not Important	10
Fair	Not Important	3
Poor	Not Important	2

The importance rating of Crisis Management need broken down by age of the respondent.

Age	Crisis Management Rating	Count
18-24	Highly Important	22
25-34	Highly Important	51
35-44	Highly Important	50
45-54	Highly Important	37
55-64	Highly Important	41
65-74	Highly Important	25
over 75	Highly Important	4
Choose not to disclose	Highly Important	9
18-24	Modestly Important	17
25-34	Modestly Important	54
35-44	Modestly Important	49
45-54	Modestly Important	43
55-64	Modestly Important	36
65-74	Modestly Important	25
over 75	Modestly Important	16

Choose not to disclose	Modestly Important	4
18-24	Low Importance	3
25-34	Low Importance	12
35-44	Low Importance	16
45-54	Low Importance	6
55-64	Low Importance	17
65-74	Low Importance	8
over 75	Low Importance	2
Choose not to disclose	Low Importance	1
Under 18	Not Important	1
25-34	Not Important	6
35-44	Not Important	6
45-54	Not Important	3
55-64	Not Important	1
65-74	Not Important	1
Choose not to disclose	Not Important	1

The importance rating of the need for Crisis Management broken down by whether the respondent was an Iowa State University student or not.

ISU Student	Crisis Management Rating	Count
No	Highly Important	224
Yes	Highly Important	15
No	Modestly Important	235
Yes	Modestly Important	9
No	Low Importance	62
Yes	Low Importance	3
No	Not Important	19

The importance rating of the need for Crisis Management broken down by whether the respondent had health insurance or not.

Do you have Health Insurance	Crisis Management Rating	Count
No	Highly Important	16
Yes	Highly Important	223
No	Modestly Important	14
Yes	Modestly Important	230
No	Low Importance	7
Yes	Low Importance	58
No	Not Important	2
Yes	Not Important	17

The reasons the respondents rated the Crisis Management need having either high or modest importance.

Crisis Management	Why Rank High or Modestly Important	Count
Highly Important	Personal need	87
Modestly Important	Personal need	55

Highly Important	I have friends that are in need of such services	112
Modestly Important	I have friends that are in need of such services	96
Highly Important	I work in the human services field and see needs of children and families	81
Modestly Important	I work in the human services field and see needs of children and families	80
Highly Important	I work in a school and see the needs of students and families	23
Modestly Important	I work in a school and see the needs of students and families	20

The reasons the respondents rated the Crisis Management need as have low or no importance.

Crisis Management	Why Rank Low or Not Important	Count
Low Importance	I do not have a personal need	27
Not Important	I do not have a personal need	12
Low Importance	I do not have friends with this need	22
Not Important	I do not have friends with this need	2
Low Importance	I work in the human services field and this does not come up as a need for the individuals, children or families	11
Not Important	I work in the human services field and this does not come up as a need for the individuals, children or families	1
Low Importance	I work in a school and this is not a need that our students or families have stated	1
Not Important	I work in a school and this is not a need that our students or families have stated	0

Food Security Ratings

The overall rating of the need for Food Security by survey respondents.

Food Security Rating Choices	Count
Highly Important	352
Modestly Important	165
Low Importance	41
Not Important	9

The importance rating of the need for Food Security broken down by the respondent's gender.

Gender	Food Security Rating	Count
Female	Highly Important	278
Male	Highly Important	65
Choose not to disclose	Highly Important	9
Female	Modestly Important	120
Male	Modestly Important	41

Choose not to disclose	Modestly Important	4
Female	Low Importance	21
Male	Low Importance	19
Choose not to disclose	Low Importance	1
Female	Not Important	7
Male	Not Important	2

The importance rating of the need for Food Security broken down by overall health of the respondent.

Overall Health	Food Security Rating	Count
Excellent	Highly Important	51
Very Good	Highly Important	190
Fair	Highly Important	93
Poor	Highly Important	18
Excellent	Modestly Important	30
Very Good	Modestly Important	83
Fair	Modestly Important	48
Poor	Modestly Important	4
Excellent	Low Importance	11
Very Good	Low Importance	27
Fair	Low Importance	3
Excellent	Not Important	2
Very Good	Not Important	6
Poor	Not Important	1

The importance rating of the need for Food Security broken down by age of the respondent.

Age	Food Security Rating	Count
18-24	Highly Important	28
25-34	Highly Important	82
35-44	Highly Important	74
45-54	Highly Important	48
55-64	Highly Important	61
65-74	Highly Important	34
over 75	Highly Important	14
Choose not to disclose	Highly Important	11
18-24	Modestly Important	8
25-34	Modestly Important	34
35-44	Modestly Important	38
45-54	Modestly Important	30
55-64	Modestly Important	26
65-74	Modestly Important	18
over 75	Modestly Important	7
Choose not to disclose	Modestly Important	4
Under 18	Low Importance	1
18-24	Low Importance	5
25-34	Low Importance	3

35-44	Low Importance	8
45-54	Low Importance	9
55-64	Low Importance	8
65-74	Low Importance	6
over 75	Low Importance	1
18-24	Not Important	1
25-34	Not Important	4
35-44	Not Important	1
45-54	Not Important	2
65-74	Not Important	1

The importance rating of the need for Food Security broken down by whether the respondent was an Iowa State University student or not.

ISU Student	Food Security Rating	Count
No	Highly Important	330
Yes	Highly Important	22
No	Modestly Important	161
Yes	Modestly Important	4
No	Low Importance	40
Yes	Low Importance	1
No	Not Important	9

The importance rating of the need for Food Security broken down by whether the respondent had health insurance or not.

Do you have Health Insurance	Food Security Rating	Count
No	Highly Important	29
Yes	Highly Important	323
No	Modestly Important	9
Yes	Modestly Important	156
No	Low Importance	1
Yes	Low Importance	40
Yes	Not Important	9

The reasons the respondents rated the need for Food Security having either high or modest importance.

Food Security	Why Rank High or Modestly Important	Count
Highly Important	Personal need	111
Modestly Important	Personal need	47
Highly Important	I have friends that are in need of such services	157
Modestly Important	I have friends that are in need of such services	66
Highly Important	I work in the human services field and see needs of children and families	106

Modestly Important	I work in the human services field and see needs of children and families	55
Highly Important	I work in a school and see the needs of students and families	27
Modestly Important	I work in a school and see the needs of students and families	17

The reasons the respondents rated the need for Food Security having either low or no importance.

Food Security	Why Rank Low or Not Important	Count
Low Importance	I do not have a personal need	18
Not Important	I do not have a personal need	5
Low Importance	I do not have friends with this need	13
Not Important	I do not have friends with this need	0
Low Importance	I work in the human services field and this does not come up as a need for the individuals, children or families	8
Not Important	I work in the human services field and this does not come up as a need for the individuals, children or families	1
Low Importance	I work in a school and this is not a need that our students or families have stated	0
Not Important	I work in a school and this is not a need that our students or families have stated	0

Health Care Ratings

The overall rating of the need for Health Care by survey respondents.

Health Care Rating Choices	Count
Highly Important	376
Modestly Important	149
Low Importance	32
Not Important	10

The importance rating of the need for Health Care broken down by the respondent's gender.

Gender	Health Care Rating	Count
Female	Highly Important	298
Male	Highly Important	69
Choose not to disclose	Highly Important	9
Female	Modestly Important	103
Male	Modestly Important	41
Choose not to disclose	Modestly Important	5
Female	Low Importance	17
Male	Low Importance	15

Female	Not Important	8
Male	Not Important	2

The importance rating of the need for Health Care broken down by overall health of the respondent.

Overall Health	Health Care Rating	Count
Excellent	Highly Important	55
Very Good	Highly Important	199
Fair	Highly Important	104
Poor	Highly Important	18
Excellent	Modestly Important	28
Very Good	Modestly Important	83
Fair	Modestly Important	34
Poor	Modestly Important	4
Excellent	Low Importance	9
Very Good	Low Importance	19
Fair	Low Importance	4
Excellent	Not Important	2
Very Good	Not Important	5
Fair	Not Important	2
Poor	Not Important	1

The importance rating of the need for Health Care broken down by the age of the respondent.

Age	Health Care Rating	Count
Under 18	Highly Important	1
18-24	Highly Important	28
25-34	Highly Important	86
35-44	Highly Important	71
45-54	Highly Important	55
55-64	Highly Important	64
65-74	Highly Important	43
over 75	Highly Important	16
Choose not to disclose	Highly Important	12
18-24	Modestly Important	8
25-34	Modestly Important	28
35-44	Modestly Important	42
45-54	Modestly Important	27
55-64	Modestly Important	22
65-74	Modestly Important	14
over 75	Modestly Important	5
Choose not to disclose	Modestly Important	3
18-24	Low Importance	5
25-34	Low Importance	6
35-44	Low Importance	7
45-54	Low Importance	3
55-64	Low Importance	8

65-74	Low Importance	2
over 75	Low Importance	1
18-24	Not Important	1
25-34	Not Important	3
35-44	Not Important	1
45-54	Not Important	4
55-64	Not Important	1

The importance rating of the need for Health Care broken down by whether the respondent was an Iowa State University student or not.

ISU Student	Health Care Rating	Count
No	Highly Important	356
Yes	Highly Important	20
No	Modestly Important	144
Yes	Modestly Important	5
No	Low Importance	30
Yes	Low Importance	2
No	Not Important	10

The importance rating of the need for Health Care broken down by whether the respondent had health insurance or not.

Do you have Health Insurance	Health Care Rating	Count
No	Highly Important	30
Yes	Highly Important	346
No	Modestly Important	8
Yes	Modestly Important	141
No	Low Importance	1
Yes	Low Importance	31
Yes	Not Important	10

The reasons the respondents rated the Health Care need having either high or modest importance.

Healthcare	Why Rank High or Modestly Important	Count
Highly Important	Personal need	122
Modestly Important	Personal need	38
Highly Important	I have friends that are in need of such services	168
Modestly Important	I have friends that are in need of such services	57
Highly Important	I work in the human services field and see needs of children and families	112
Modestly Important	I work in the human services field and see needs of children and families	50

Highly Important	I work in a school and see the needs of students and families	32
Modestly Important	I work in a school and see the needs of students and families	15

The reasons the respondents rated the Health Care need having low or no importance.

Healthcare	Why Rank Low or Not Important	Count
Low Importance	I do not have a personal need	8
Not Important	I do not have a personal need	4
Low Importance	I do not have friends with this need	10
Not Important	I do not have friends with this need	1
Low Importance	I work in the human services field and this does not come up as a need for the individuals, children or families	8
Not Important	I work in the human services field and this does not come up as a need for the individuals, children or families	0
Low Importance	I work in a school and this is not a need that our students or families have stated	1
Not Important	I work in a school and this is not a need that our students or families have stated	0

Housing Ratings

The overall rating of the Housing needs by survey respondents.

Housing Rating Choices	Count
Highly Important	341
Modestly Important	169
Low Importance	43
Not Important	14

The importance rating of Housing needs broken down by the respondent's gender.

Gender	Housing Rating	Count
Female	Highly Important	270
Male	Highly Important	62
Choose not to disclose	Highly Important	9
Female	Modestly Important	122
Male	Modestly Important	43
Choose not to disclose	Modestly Important	4
Female	Low Importance	23
Male	Low Importance	19

Choose not to disclose	Low Importance	1
Female	Not Important	11
Male	Not Important	3

The importance rating of Housing needs broken down by the overall health of the respondents.

Overall Health	Housing Rating	Count
Excellent	Highly Important	51
Very Good	Highly Important	173
Fair	Highly Important	96
Poor	Highly Important	21
Excellent	Modestly Important	33
Very Good	Modestly Important	101
Fair	Modestly Important	34
Poor	Modestly Important	1
Excellent	Low Importance	7
Very Good	Low Importance	25
Fair	Low Importance	11
Excellent	Not Important	3
Very Good	Not Important	7
Fair	Not Important	3
Poor	Not Important	1

The importance rating of Housing needs broken down by the age of the respondent.

Age	Housing Rating	Count
18-24	Highly Important	29
25-34	Highly Important	73
35-44	Highly Important	70
45-54	Highly Important	51
55-64	Highly Important	49
65-74	Highly Important	42
over 75	Highly Important	16
Choose not to disclose	Highly Important	11
18-24	Modestly Important	8
25-34	Modestly Important	35
35-44	Modestly Important	40
45-54	Modestly Important	26
55-64	Modestly Important	37
65-74	Modestly Important	14
over 75	Modestly Important	5
Choose not to disclose	Modestly Important	4
18-24	Low Importance	3
25-34	Low Importance	10
35-44	Low Importance	10
45-54	Low Importance	8
55-64	Low Importance	8

65-74	Low Importance	3
over 75	Low Importance	1
Under 18	Not Important	1
18-24	Not Important	2
25-34	Not Important	5
35-44	Not Important	1
45-54	Not Important	4
55-64	Not Important	1

The importance rating of Housing needs broken down by whether the respondent was an Iowa State University student or not.

ISU Student	Housing Rating	Count
No	Highly Important	319
Yes	Highly Important	22
No	Modestly Important	166
Yes	Modestly Important	3
No	Low Importance	41
Yes	Low Importance	2
No	Not Important	14

The importance rating of Housing needs broken down by whether the respondent had health insurance or not.

Do you have Health Insurance	Housing Rating	Count
No	Highly Important	29
Yes	Highly Important	312
No	Modestly Important	8
Yes	Modestly Important	161
No	Low Importance	1
Yes	Low Importance	42
No	Not Important	1
Yes	Not Important	13

The reasons the respondents rated the Housing needs having either high or modest importance.

Housing	Why Rank High or Modestly Important	Count
Highly Important	Personal need	115
Modestly Important	Personal need	41
Highly Important	I have friends that are in need of such services	147
Modestly Important	I have friends that are in need of such services	71
Highly Important	I work in the human services field and see needs of children and families	107
Modestly Important	I work in the human services field and see needs of children and families	49

Highly Important	I work in a school and see the needs of students and families	30
Modestly Important	I work in a school and see the needs of students and families	18

The reasons the respondents rated the Housing needs having either low or no importance.

Housing	Why Rank Low or Not Important	Count
Low Importance	I do not have a personal need	13
Not Important	I do not have a personal need	8
Low Importance	I do not have friends with this need	18
Not Important	I do not have friends with this need	1
Low Importance	I work in the human services field and this does not come up as a need for the individuals, children or families	11
Not Important	I work in the human services field and this does not come up as a need for the individuals, children or families	0
Low Importance	I work in a school and this is not a need that our students or families have stated	0
Not Important	I work in a school and this is not a need that our students or families have stated	0

Income Ratings

The overall rating of the Income needs by survey respondents.

Income Rating Choices	Count
Highly Important	267
Modestly Important	228
Low Importance	66
Not Important	6

The importance rating of Income needs broken down by the respondent's gender.

Gender	Income Rating	Count
Female	Highly Important	208
Male	Highly Important	49
Choose not to disclose	Highly Important	10
Female	Modestly Important	175
Male	Modestly Important	50
Choose not to disclose	Modestly Important	3
Female	Low Importance	39

Male	Low Importance	26
Choose not to disclose	Low Importance	1
Female	Not Important	4
Male	Not Important	2

The importance rating of Income needs broken down by the overall health of the respondent.

Overall Health	Income Rating	Count
Excellent	Highly Important	30
Very Good	Highly Important	141
Fair	Highly Important	82
Poor	Highly Important	14
Excellent	Modestly Important	43
Very Good	Modestly Important	125
Fair	Modestly Important	54
Poor	Modestly Important	6
Excellent	Low Importance	20
Very Good	Low Importance	37
Fair	Low Importance	7
Poor	Low Importance	2
Excellent	Not Important	1
Very Good	Not Important	3
Fair	Not Important	1
Poor	Not Important	1

The importance rating of the Income needs broken down by the age of the respondent.

Age	Income Rating	Count
18-24	Highly Important	26
25-34	Highly Important	56
35-44	Highly Important	60
45-54	Highly Important	36
55-64	Highly Important	39
65-74	Highly Important	31
over 75	Highly Important	10
Choose not to disclose	Highly Important	9
18-24	Modestly Important	12
25-34	Modestly Important	52
35-44	Modestly Important	45
45-54	Modestly Important	38
55-64	Modestly Important	43
65-74	Modestly Important	24
over 75	Modestly Important	9
Choose not to disclose	Modestly Important	5
Under 18	Low Importance	1
18-24	Low Importance	3
25-34	Low Importance	13

35-44	Low Importance	15
45-54	Low Importance	13
55-64	Low Importance	13
65-74	Low Importance	4
over 75	Low Importance	3
Choose not to disclose	Low Importance	1
18-24	Not Important	1
25-34	Not Important	2
35-44	Not Important	1
45-54	Not Important	2

The importance rating of Income needs broken down by whether the respondent was an Iowa State University student or not.

ISU Student	Income Rating	Count
No	Highly Important	254
Yes	Highly Important	13
No	Modestly Important	216
Yes	Modestly Important	12
No	Low Importance	64
Yes	Low Importance	2
No	Not Important	6

The importance rating of Income needs broken down by whether the respondent had health insurance or not.

Do you have Health Insurance	Income Rating	Count
No	Highly Important	22
Yes	Highly Important	245
No	Modestly Important	16
Yes	Modestly Important	212
No	Low Importance	1
Yes	Low Importance	65
Yes	Not Important	6

The reasons the respondents rated the Income needs having either high or modest importance.

Income	Why Rank High or Modestly Important	Count
Highly Important	Personal need	106
Modestly Important	Personal need	56
Highly Important	I have friends that are in need of such services	129
Modestly Important	I have friends that are in need of such services	82
Highly Important	I work in the human services field and see needs of children and families	70

Modestly Important	I work in the human services field and see needs of children and families	83
Highly Important	I work in a school and see the needs of students and families	25
Modestly Important	I work in a school and see the needs of students and families	19

The reasons the respondents rated the Income needs having either low or no importance.

Income	Why Rank Low or Not Important	Count
Low Importance	I do not have a personal need	17
Not Important	I do not have a personal need	2
Low Importance	I do not have friends with this need	14
Not Important	I do not have friends with this need	1
Low Importance	I work in the human services field and this does not come up as a need for the individuals, children or families	15
Not Important	I work in the human services field and this does not come up as a need for the individuals, children or families	0
Low Importance	I work in a school and this is not a need that our students or families have stated	1
Not Important	I work in a school and this is not a need that our students or families have stated	0

Legal Counsel Ratings

The overall rating of the Legal Counsel needs by survey respondents.

Legal Counsel Rating Choices	Count
Highly Important	132
Modestly Important	276
Low Importance	138
Not Important	21

The importance rating of Legal Counsel needs broken down by the respondent's gender.

Gender	Legal Counsel Rating	Count
Female	Highly Important	108
Male	Highly Important	19
Choose not to disclose	Highly Important	5
Female	Modestly Important	214
Male	Modestly Important	55
Choose not to disclose	Modestly Important	7

Female	Low Importance	89
Male	Low Importance	48
Choose not to disclose	Low Importance	1
Female	Not Important	15
Male	Not Important	5
Choose not to disclose	Not Important	1

The importance rating of Legal Counsel needs broken down by the overall health of the respondent.

Overall Health	Legal Counsel Rating	Count
Excellent	Highly Important	14
Very Good	Highly Important	67
Fair	Highly Important	43
Poor	Highly Important	8
Excellent	Modestly Important	42
Very Good	Modestly Important	156
Fair	Modestly Important	71
Poor	Modestly Important	7
Excellent	Low Importance	35
Very Good	Low Importance	72
Fair	Low Importance	25
Poor	Low Importance	6
Excellent	Not Important	3
Very Good	Not Important	11
Fair	Not Important	5
Poor	Not Important	2

The importance rating of Legal Counsel needs broken down by the age of the respondent.

Age	Legal Counsel Rating	Count
18-24	Highly Important	14
25-34	Highly Important	28
35-44	Highly Important	27
45-54	Highly Important	18
55-64	Highly Important	18
65-74	Highly Important	19
over 75	Highly Important	5
Choose not to disclose	Highly Important	3
18-24	Modestly Important	21
25-34	Modestly Important	69
35-44	Modestly Important	54
45-54	Modestly Important	43
55-64	Modestly Important	44
65-74	Modestly Important	24
over 75	Modestly Important	11
Choose not to disclose	Modestly Important	10
18-24	Low Importance	6

25-34	Low Importance	20
35-44	Low Importance	37
45-54	Low Importance	24
55-64	Low Importance	31
65-74	Low Importance	14
over 75	Low Importance	6
Under 18	Not Important	1
18-24	Not Important	1
25-34	Not Important	6
35-44	Not Important	3
45-54	Not Important	4
55-64	Not Important	2
65-74	Not Important	2
Choose not to disclose	Not Important	2

The importance rating of Legal Counsel needs broken down by whether the respondent was an Iowa State University student or not.

ISU Student	Legal Counsel Rating	Count
No	Highly Important	121
Yes	Highly Important	11
No	Modestly Important	263
Yes	Modestly Important	13
No	Low Importance	135
Yes	Low Importance	3
No	Not Important	21

The importance rating of Legal Counsel needs broken down by whether the respondent had health insurance or not.

Do you have Health Insurance	Legal Counsel Rating	Count
No	Highly Important	13
Yes	Highly Important	119
No	Modestly Important	15
Yes	Modestly Important	261
No	Low Importance	9
Yes	Low Importance	129
No	Not Important	2
Yes	Not Important	19

The reasons the respondents rated the Legal Counsel needs having either high or modest importance.

Legal Counsel	Why Rank High or Modestly Important	Count
Highly Important	Personal need	58
Modestly Important	Personal need	76
Highly Important	I have friends that are in need of such services	77

Modestly Important	I have friends that are in need of such services	106
Highly Important	I work in the human services field and see needs of children and families	34
Modestly Important	I work in the human services field and see needs of children and families	90
Highly Important	I work in a school and see the needs of students and families	9
Modestly Important	I work in a school and see the needs of students and families	31

The reasons the respondents rated the Legal Counsel needs having either low or no importance.

Legal Counsel	Why Rank Low or Not Important	Count
Low Importance	I do not have a personal need	49
Not Important	I do not have a personal need	14
Low Importance	I do not have friends with this need	40
Not Important	I do not have friends with this need	5
Low Importance	I work in the human services field and this does not come up as a need for the individuals, children or families	34
Not Important	I work in the human services field and this does not come up as a need for the individuals, children or families	3
Low Importance	I work in a school and this is not a need that our students or families have stated	2
Not Important	I work in a school and this is not a need that our students or families have stated	0

Mental Health Services Ratings

The overall rating of Mental Health Service needs by survey respondents.

Mental Health Services Rating Choices	Count
Highly Important	460
Modestly Important	83
Low Importance	8
Not Important	16

The importance rating of the need for Mental Health Services broken down by respondent's gender.

Gender	Mental Health Services Rating	Count
Female	Highly Important	357

Male	Highly Important	91
Choose not to disclose	Highly Important	12
Female	Modestly Important	51
Male	Modestly Important	30
Choose not to disclose	Modestly Important	2
Female	Low Importance	5
Male	Low Importance	3
Female	Not Important	13
Male	Not Important	3

The importance rating of the need for Mental Health Services broken down by the overall health of the respondents.

Overall Health	Mental Health Services Rating	Count
Excellent	Highly Important	75
Very Good	Highly Important	245
Fair	Highly Important	123
Poor	Highly Important	17
Excellent	Modestly Important	15
Very Good	Modestly Important	49
Fair	Modestly Important	16
Poor	Modestly Important	3
Excellent	Low Importance	1
Very Good	Low Importance	6
Poor	Low Importance	1
Excellent	Not Important	3
Very Good	Not Important	6
Fair	Not Important	5
Poor	Not Important	2

The importance rating of the need for Mental Health Services broken down by the age of the respondent.

Age	Mental Health Services Rating	Count
18-24	Highly Important	35
25-34	Highly Important	94
35-44	Highly Important	108
45-54	Highly Important	76
55-64	Highly Important	77
65-74	Highly Important	47
over 75	Highly Important	11
Choose not to disclose	Highly Important	12
18-24	Modestly Important	6
25-34	Modestly Important	20
35-44	Modestly Important	8
45-54	Modestly Important	10
55-64	Modestly Important	16
65-74	Modestly Important	11

over 75	Modestly Important	10
Choose not to disclose	Modestly Important	2
18-24	Low Importance	1
25-34	Low Importance	3
35-44	Low Importance	2
55-64	Low Importance	1
over 75	Low Importance	1
Under 18	Not Important	1
25-34	Not Important	6
35-44	Not Important	3
45-54	Not Important	3
55-64	Not Important	1
65-74	Not Important	1
Choose not to disclose	Not Important	1

The importance rating of the need for Mental Health Services broken down by whether the respondent was an Iowa State University student or not.

ISU Student	Mental Health Services Rating	Count
No	Highly Important	438
Yes	Highly Important	22
No	Modestly Important	78
Yes	Modestly Important	5
No	Low Importance	8
No	Not Important	16

The importance rating of the need for Mental Health Services broken down by whether the respondent had health insurance or not.

Do you have Health Insurance	Mental Health Services Rating	Count
No	Highly Important	31
Yes	Highly Important	429
No	Modestly Important	5
Yes	Modestly Important	78
No	Low Importance	1
Yes	Low Importance	7
No	Not Important	2
Yes	Not Important	14

The reasons the respondents rated the need for Mental Health Services having either high or modest importance.

Mental Health Services	Why Rank High or Modestly Important	Count
Highly Important	Personal need	132
Modestly Important	Personal need	23
Highly Important	I have friends that are in need of such services	202

Modestly Important	I have friends that are in need of such services	30
Highly Important	I work in the human services field and see needs of children and families	159
Modestly Important	I work in the human services field and see needs of children and families	12
Highly Important	I work in a school and see the needs of students and families	42
Modestly Important	I work in a school and see the needs of students and families	6

The reasons the respondents rated the need for Mental Health Services having either low or no importance.

Mental Health Services	Why Rank Low or Not Important	Count
Low Importance	I do not have a personal need	6
Not Important	I do not have a personal need	11
Low Importance	I do not have friends with this need	4
Not Important	I do not have friends with this need	2
Low Importance	I work in the human services field and this does not come up as a need for the individuals, children or families	1
Not Important	I work in the human services field and this does not come up as a need for the individuals, children or families	0
Low Importance	I work in a school and this is not a need that our students or families have stated	0
Not Important	I work in a school and this is not a need that our students or families have stated	0

Suicide Prevention Ratings

The overall rating of the need for Suicide Prevention by survey respondents.

Suicide Prevention Rating Choices	Count
Highly Important	337
Modestly Important	172
Low Importance	37
Not Important	21

The importance rating of the need for Suicide Prevention broken down by respondent's gender.

Gender	Suicide Prevention Rating	Count
Female	Highly Important	262

Male	Highly Important	64
Choose not to disclose	Highly Important	11
Female	Modestly Important	125
Male	Modestly Important	44
Choose not to disclose	Modestly Important	3
Female	Low Importance	22
Male	Low Importance	15
Female	Not Important	17
Male	Not Important	4

The importance rating of the need for Suicide Prevention broken down by the overall health of the respondent.

Overall Health	Suicide Prevention Rating	Count
Excellent	Highly Important	50
Very Good	Highly Important	180
Fair	Highly Important	94
Poor	Highly Important	13
Excellent	Modestly Important	32
Very Good	Modestly Important	99
Fair	Modestly Important	38
Poor	Modestly Important	3
Excellent	Low Importance	7
Very Good	Low Importance	19
Fair	Low Importance	7
Poor	Low Importance	4
Excellent	Not Important	5
Very Good	Not Important	8
Fair	Not Important	5
Poor	Not Important	3

The importance rating of the need for Suicide Prevention broken down by the age of the respondent.

Age	Suicide Prevention Rating	Count
18-24	Highly Important	29
25-34	Highly Important	77
35-44	Highly Important	72
45-54	Highly Important	56
55-64	Highly Important	52
65-74	Highly Important	33
over 75	Highly Important	7
Choose not to disclose	Highly Important	11
18-24	Modestly Important	11
25-34	Modestly Important	34
35-44	Modestly Important	35
45-54	Modestly Important	27
55-64	Modestly Important	29
65-74	Modestly Important	20

over 75	Modestly Important	13
Choose not to disclose	Modestly Important	3
18-24	Low Importance	1
25-34	Low Importance	6
35-44	Low Importance	9
45-54	Low Importance	3
55-64	Low Importance	11
65-74	Low Importance	5
over 75	Low Importance	2
Under 18	Not Important	1
18-24	Not Important	1
25-34	Not Important	6
35-44	Not Important	5
45-54	Not Important	3
55-64	Not Important	3
65-74	Not Important	1
Choose not to disclose	Not Important	1

The importance rating of the need for Suicide Prevention broken down by whether the respondent was an Iowa State University student or not.

ISU Student	Suicide Prevention Rating	Count
No	Highly Important	321
Yes	Highly Important	16
No	Modestly Important	162
Yes	Modestly Important	10
No	Low Importance	36
Yes	Low Importance	1
No	Not Important	21

The importance rating of the need for Suicide Prevention broken down by whether the respondent had health insurance or not.

Do you have Health Insurance	Suicide Prevention Rating	Count
No	Highly Important	23
Yes	Highly Important	314
No	Modestly Important	10
Yes	Modestly Important	162
No	Low Importance	3
Yes	Low Importance	34
No	Not Important	3
Yes	Not Important	18

The reasons the respondents rated the need for Suicide Prevention having either high or modest importance.

Suicide Prevention	Why Rank High or Modestly Important	Count
Highly Important	Personal need	107
Modestly Important	Personal need	34

Highly Important	I have friends that are in need of such services	169
Modestly Important	I have friends that are in need of such services	50
Highly Important	I work in the human services field and see needs of children and families	110
Modestly Important	I work in the human services field and see needs of children and families	55
Highly Important	I work in a school and see the needs of students and families	28
Modestly Important	I work in a school and see the needs of students and families	18

The reasons the respondents rated the need for Suicide Prevention having either low or no importance.

Suicide Prevention	Why Rank Low or Not Important	Count
Low Importance	I do not have a personal need	15
Not Important	I do not have a personal need	14
Low Importance	I do not have friends with this need	14
Not Important	I do not have friends with this need	2
Low Importance	I work in the human services field and this does not come up as a need for the individuals, children or families	8
Not Important	I work in the human services field and this does not come up as a need for the individuals, children or families	1
Low Importance	I work in a school and this is not a need that our students or families have stated	0
Not Important	I work in a school and this is not a need that our students or families have stated	0

Transportation Ratings

The overall rating of the need for Transportation by survey respondents.

Transportation Rating Choices	Count
Highly Important	243
Modestly Important	221
Low Importance	86
Not Important	17

The importance rating of the need for Transportation broken down by respondent's gender.

Gender	Transportation Rating	Count
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Female	Highly Important	191
Male	Highly Important	45
Choose not to disclose	Highly Important	7
Female	Modestly Important	165
Male	Modestly Important	51
Choose not to disclose	Modestly Important	5
Female	Low Importance	58
Male	Low Importance	26
Choose not to disclose	Low Importance	2
Female	Not Important	12
Male	Not Important	5

The importance rating of the need for Transportation broken down by the overall health of the respondent.

Overall Health	Transportation Rating	Count
Excellent	Highly Important	34
Very Good	Highly Important	120
Fair	Highly Important	74
Poor	Highly Important	15
Excellent	Modestly Important	37
Very Good	Modestly Important	130
Fair	Modestly Important	49
Poor	Modestly Important	5
Excellent	Low Importance	19
Very Good	Low Importance	45
Fair	Low Importance	20
Poor	Low Importance	2
Excellent	Not Important	4
Very Good	Not Important	11
Fair	Not Important	1
Poor	Not Important	1

The importance rating of the need for Transportation broken down by the age of the respondent.

Age	Transportation Rating	Count
18-24	Highly Important	20
25-34	Highly Important	55
35-44	Highly Important	48
45-54	Highly Important	32
55-64	Highly Important	43
65-74	Highly Important	27
over 75	Highly Important	9
Choose not to disclose	Highly Important	9
18-24	Modestly Important	14
25-34	Modestly Important	42
35-44	Modestly Important	43
45-54	Modestly Important	43

55-64	Modestly Important	38
65-74	Modestly Important	25
over 75	Modestly Important	11
Choose not to disclose	Modestly Important	5
18-24	Low Importance	5
25-34	Low Importance	20
35-44	Low Importance	27
45-54	Low Importance	12
55-64	Low Importance	12
65-74	Low Importance	7
over 75	Low Importance	2
Choose not to disclose	Low Importance	1
Under 18	Not Important	1
18-24	Not Important	3
25-34	Not Important	6
35-44	Not Important	3
45-54	Not Important	2
55-64	Not Important	2

The importance rating of the need for Transportation broken down by whether the respondent was an Iowa State University student or not.

ISU Student	Transportation Rating	Count
No	Highly Important	230
Yes	Highly Important	13
No	Modestly Important	211
Yes	Modestly Important	10
No	Low Importance	82
Yes	Low Importance	4
No	Not Important	17

The importance rating of the need for Transportation broken down by whether the respondent had health insurance or not.

Do you have Health Insurance	Transportation Rating	Count
No	Highly Important	15
Yes	Highly Important	228
No	Modestly Important	17
Yes	Modestly Important	204
No	Low Importance	6
Yes	Low Importance	80
No	Not Important	1
Yes	Not Important	16

The reasons the respondents rated the need for Transportation having either high or modest importance.

Transportation	Why Rank High or Modestly Important	Count
Highly Important	Personal need	88

Modestly Important	Personal need	51
Highly Important	I have friends that are in need of such services	109
Modestly Important	I have friends that are in need of such services	86
Highly Important	I work in the human services field and see needs of children and families	65
Modestly Important	I work in the human services field and see needs of children and families	79
Highly Important	I work in a school and see the needs of students and families	19
Modestly Important	I work in a school and see the needs of students and families	21

The reasons the respondents rated the need for Transportation having either low or no importance.

Transportation	Why Rank Low or Not Important	Count
Low Importance	I do not have a personal need	36
Not Important	I do not have a personal need	8
Low Importance	I do not have friends with this need	35
Not Important	I do not have friends with this need	2
Low Importance	I work in the human services field and this does not come up as a need for the individuals, children or families	15
Not Important	I work in the human services field and this does not come up as a need for the individuals, children or families	2
Low Importance	I work in a school and this is not a need that our students or families have stated	3
Not Important	I work in a school and this is not a need that our students or families have stated	0

Characteristics of Survey Respondents

Gender distribution of respondents.

What is Your Gender?	Number	Percentage
Female	426	75.1%
Male	127	22.4%
Choose not to disclose	14	2.5%

Ratio of respondents that have health insurance.

Do You have Health Insurance?	Number	Percentage
No	39	6.9%
Yes	528	93.1%

Overall health rating of respondents.

What is Your Overall Health?	Number	Percentage
Excellent	94	16.6%
Very Good	306	54.0%
Fair	144	25.4%
Poor	23	4.0%

Number of Iowa State University students and nonstudents.

Are You an ISU Student?	Number	Percentage
No	540	95.2%
Yes	27	4.8%

Distribution of the survey respondents age.

What is Your Age?	Number	Percentage
Under 18	1	0.2%
18-24	42	7.4%
25-34	123	21.7%
35-44	121	21.3%
45-54	89	15.7%
55-64	95	16.8%
65-74	59	10.4%
over 75	22	3.9%
Choose not to disclose	15	2.6%

Respondents that have health insurance broken down by gender.

	Have Health Insurance	Do Not Have Health Insurance
Female	397	29
Male	118	9
Choose Not to Disclose	13	1

Respondents that have health insurance broken down by whether or not they are an ISU student.

	Have Health Insurance	Do Not Have Health Insurance
Iowa State University Student	23	4
Not an Iowa State University Student	505	39

Respondents that have health insurance broken down by overall health.

What is Your Overall Health?	Have Health Insurance	Do Not Have Health Insurance
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Excellent	89	5
Very Good	290	16
Fair	130	14
Poor	19	4

Respondents that have health insurance broken down by age.

What is Your Age?	Have Health Insurance	Do Not Have Health Insurance
Under 18	1	0
18-24	36	6
25-34	112	11
35-44	114	7
45-54	86	3
55-64	86	9
65-74	59	0
over 75	19	3
Choose not to disclose	15	0

Gender of respondents broken down by age.

What is Your Age?	Female	Male	Choose not to disclose
Under 18	1	0	0
18-24	34	7	1
25-34	97	25	1
35-44	97	23	1
45-54	66	22	1
55-64	73	22	0
65-74	38	21	0
over 75	15	6	1
Choose not to disclose	5	1	9

Whether or not a respondent is an Iowa State University student broken down by age.

What is Your Age?	Iowa State University Student	Not an Iowa State University Student
Under 18	0	1
18-24	9	33
25-34	4	119
35-44	4	117
45-54	5	84
55-64	2	93
65-74	2	57
over 75	0	22
Choose not to disclose	1	14

Lists of Other Reasons that Respondents Gave in Place of Reasons Listed in the Survey

Other Reasons for Rating Highly or Modestly Important List

Worked for YSS before

These are not just county issues but national as well.

Long wait lists for help

I have families and friends who struggle.

Coworkers; other parents at school

Own political views

Think they are important

I am a home health nurse-- I see the importance daily.

Church

Everybody needs help sometimes.

NA

it is all important to keep the community clean and helpful

Just my personal opinion of importance for the community

Helping people is important

Important for others to have

Seeing others struggle in the community; asking for help on social media ("where can I go for ____")

I used to work in human services

For families who needs it

Daughter with special needs and could use any or all of these services at any given time

if we can improve the three marked highly important; it will help to improve the others.

I am a 80 year old senior citizen.

I had an alcoholic son who could have benefited but I lived in Webster County then, but I realize the need for all of these things now.

Important for the community of Ames.

I have observed that this is a need

I have seen the need in Ames; various locations.

I think most small communities have these needs.

From talking to friends and neighbors.

Just based on needs seen/heard.

i have worked in Ames Schools.

Am a health care professional

I care about issues effecting those in need.

I am a mother and grandmother who selected "highly important" on all services denoted because maybe one day they will require use of any service that will allow them to overcome any obstacles to keep them from failure in life.

Have worked in the field in the past and many people are in need.

N/A

Trouble paying house payment.

I think all of those are important.

I hate suffering.

Losing housing soon.

More volunteers at food pantry.

Just see the need in more communities.

As a human right these services are needed.

Story County has a lot of options its just keeping them.

Pantry customers are increasing.

All very important.

General knowledge of living in Ames for 35 years. I live in Story City. People need housing.

All of the above services reflect my understanding of what it means to live in a society.

People looking for the wrong thing mostly dope.

My thoughts.

Feedback from friends who have mentioned these things (for others; not themselves).

I have heard needs from community members.

I participate in chamber and city awareness meetings and hear about these topics most.

I am aware of others with these needs.

I see the needs in our community and across the U.S.

From leaning from people in the community.

Life saving needs.

Workforce data - chamber employee

media organization - see the need

Work in a church; working with people needing these.

work at a jail

I do not work at a school but am highly involved with one and the needs are great

I am a health care professional. My answers were based off of where I feel the city of Ames has needs.

I am a single person and pay all of my bills myself. Just for basic needs to barely scrape by I need \$11.81/hr working full time. I don't get that much so; I'm going crazy because of it and it's making me depressed because I'm not making enough to make ends meet.

Aware of greater needs in this area vs some of the other categories

I work at a hospital and frequently hear of the needs

I work in local government and have seen these needs.

I work at the hospital and see the regular access of ER services that are definitely not ER but we lack appropriate crisis resources especially for mental health.

I see in the medical field these issues

there is low cost bus transportation in story County already

I just feel that these things are incredibly important

general observation

healthcare professional; note needs of patients

See the need

I am aware of community needs

I work with women just out of prison and the services are lacking for them

Although retired; I have worked in health care and in human resources and have seen first hand the effects of inadequate quality childcare on the ability of a community to support its workforce. Mental health and suicide prevention go hand in hand. Societal pressures; including social media are negatively affecting our young people who are our future workforce. PTSD of returning vets is a crisis we must address.

I am a nurse and these are highly important in relation to community wide health

work in the jail and see people without resources every day

I think it is all important which is why i would say mostly on all. The ones I have selected Highly on are due to things I see in the workplace and with the organizations I work with in the community.

I am a probation officer and I see a high need for these fields

I see a lot of individuals and town; in my child's school that need services. Cost of property taxes in Ames are making nearly impossible to own or keep a home.

Societal need to better the community

I am involved in the community and see the need.

I did work in human services and saw the need and impact

I work in a field that does my research on these items. None are less important than others.

These are areas that are needed for folks.

I'm on the ASSET Board and see the need in the County

If the items selected as highly or modestly are addressed; some of the other areas are less of a concern for people. - Access to food; housing; health care and child care would hopefully help to reduce mental health and addiction issues. Basic needs need to be met first.

I do not feel well qualified to respond to some of these; but; made my best estimate

I do not have to have a personal need to know what is important.

and I feel these are areas where Story County services could improve.

Observed needs

I work in Law Enforcement and mental health needs attention. People need options other than spending the night in jail. They need solutions.

Family members in need of services

Everyone deserves access to all these things; regardless of their social standing and socioeconomic status

I have family in need

community needs

These are needs based on what I see; hear; and read.

Many neighbors are teachers and share this concern

The needs we most commonly see in the hospital.

Just understand their importance to society

See the public need throughout the community.

I work in law enforcement and see needs of everyone

These things are needed in general for social services

I work in a public service field and see the needs of the homeless individuals that come into our doors to warm up. I have dear friends; or loved ones of dear friends that are educated and have lost battles with addiction and mental health. I have sought resources for my own child in Story County for MY child as a City of Ames Employee and could NOT get them the resources they need as an educated individual with "good" health benefits. This HAS to change. Transportation is available in Ames; but what about the outlying communities? Persons of lower incomes can not afford to live in Ames; yet have no transportation to get to Ames. Buses do not run from outlying communities to Ames. So many issues.

Varies by question; but in general it's based on my overall perceptions of the needs of the community.

seems like what might be needed.

All of the items mentioned are those that are generally "in need"

They are basic human needs. Also; I do know people affected including family members.

can not see how any of these items could be seen as less than necessary if you were needing them

I have personally seen the need due to my employment in public service

I do not work in school or human service fields; but I still see the need for these services in the community.

These are salient issues in our community that I imagine; in many cases; lack proper support and resources.

I marked Transportation as low need; because we have Cyride in Ames and this could be utilized more.

I have worked in the political arena and have spoken to numerous families and individuals impacted by the categories in question 1

Work in healthcare and see that there is a need for all of the services.

I think healthcare and mental health services are extremely important and would make our communities stronger

I hear and see things in my community

Homeless; broke; in a DHS case with my step-children from before they lived with us

Homelessness and high housing costs

I worked in human services for about 30 years. Now retired; but volunteer for human service program and see the need first hand.

As a community these are all vital things to look at

I have friends who work in social services and hear of needs

Awareness of the need for certain people in our community

I work in healthcare and these are needs that seem to have least amount of assistance.

From readings in local papers.

Family members in need

Highly important are just facts in our community.

Volunteer work observation

I do not currently work in Human Services; but have in the past. And I still see the high need now.

As a diverse community these are all highly needed

I have worked in the schools and am aware of needs.

I work in healthcare and regularly see a need for services

I work in healthcare and see the needs

Healthcare and I see the need

I know food insecurity and mental health are significant issues in Story County

These are observations from experience of observation and from a related service industry.

I work in the Public Health arena and see the needs of the community.

work in nursing and see the need

Have friends that work in school and see needs of students and families

community observation

If you can not get to the places you need; the services are not worth anything. Transportation is most important. But these services are all important for Story County to receive and reduce barriers within the Ames to get critical needs met.

I believe that everyone should have access to whatever needs are needed and as long as they are not abusing the system then they should have availability to request these types of services and donations.

Have 15 great grandchildren and know the difficulties they have in securing excellent day care and also costs

I have heard community members talk

I see these needs as most essential in every community; and I ranked needs lower if I think they are being better addressed

Mental health services are badly underfunded; and there is a big need for more prescribing providers.

I work in healthcare and see the needs of patients

I work in a church and with college students and see the needs of students and families

Have served on the board of several non-profits and know what needs exist in this geographic area.

Husband is a Drug ; Alcohol and Mental Health Therapist

Community need

I am a food pantry director and see the need for these things

personal observations

It is simply the right thing to do.

I am a community volunteer for a number of agencies and see these needs as I interact with residents.

I work in Shelter Services and see these needs in our homeless and at-risk population.

Working with senior citizens we run across all of these issues.

i have lived in Story County for many years; and have observed the need.

Basic human needs

I work in law enforcement and see the need in families/victims/defendants

I work in the legal field and see the needs of children and families

through my volunteer work in Story County

Sometimes the services are available but only for those with private insurance or the ability to pay. We need to find a way for equitable access to all services regardless of income or family status.

My spouse works in education and sees the needs of students and families. I also see the need of food and health insecurity through my volunteer opportunities.

Other Reasons for Rating Low or Not Important List

NA

I think Ames has a really good service about this.

I did not think any were not important

Church members

No need for transportation in Ames but other areas of Story Co. probably do.

Did not select either of these choices for any category

do not see a real bad need.

Did not mark low importance or not important just somethings are needed more than others.

I did not select this option for any of the needs

Did not select they are all important.

Am a health care professional

Did not list.

I did not select they are all important.

I did not select.

People are not doing right; only want drugs.

it is something that I do not hear about.

Not high importance

did not select this response

"I just do not hear about these as "need" within my circles of community meetings.

I feel we have a lot of services in this area.

For housing/income we have the lowest unemployment rate and a massive quantity of affordable housing opts.

Seems that they are covered well

Did not select either of those choices.

work in a jail- it seems less complaints about these services

I did not choose low or not important

I did not select and low importance or not important

Not something I have heard cited as a particular need

I did not answer low importance

Mental health and crisis manage to get little to no attention. The low importance picks are always prioritized and there seems to be more assistance in these areas

Low unemployment in our county makes employers offer competitive wages.

We have tons of rental options but they are not necessarily at what people working at min wage can afford.

I did not choose either of these two choices.

None of low importance

I did not

We there is Primary Health Care that caters for those with no insurance or have medicaid so that need is catered for as well

Have not heard of it being much of an issue in Ames

I did not choose this

did not choose any

general observation

There are ample job opportunities for both skilled and unskilled workers in Story County same as above

Dong see need or services already available

I did not select "low importance" or "not important"

I didn't

N/A; I feel all needs are important

Not necessary

Not certain Ames has the infrastructure for everything to be important.

Did not select those options

I did not check any of those!

Did not select

did not list these options

Story County seems to already have multiple options to address these needs as long as residents are made aware of them.

Just prioritizing

I didn't select any of these as such.

I didn't select any low importance

ALL of the above need critical attention

I did not select any of those.

These are important areas; but just ranked them lower; comparatively; to the others.

We have some services locally that fill basic needs of residents.

Did not select any of the needs as "low importance"

Transportation needs are well met through Cyride and bicycle trail systems throughout Ames.

No one

All of the needs are of importance to developing a better community

Na

I didn't

I didn't choose low for any

Did not mark

I didn't specify anything as that designation.

I cannot comment

I didn't select low importance

Seem to be doing well already/not really the County area

I believe there is some need for all 11 items and did not rate any "low" in importance.

Like mentioned in #2; I think some of these needs would decrease if basic needs for housing; income; health care are met first.

Didn't select any of these ratings.

see above

when compared to the others; in my opinion and observation; they are not as critical

Ditto

and I feel that Story County currently covers these services in a mostly adequate way.

Some of these areas have been addressed through other efforts or as priorities in the 2015 needs assessment

All are very important

Relative to other needs

These needs are adequately available here or nearby.

I did not select low or not important

Those I marked as less important already have more resources in our community and the need is not as great

All have high importance.

There are lots of grocery stores.

I do not hear much about these being needed as much as the others.

These were NOT selected by me

Least common needs we see of patients in the hospital.

Nothing is of low importance

Not as prevalent of an issue from what I've seen

I didn't select a low or not important category.

Already good services for some things

I do not see any of the issues you listed as not important.

Varies by question

do not think social services should be high priority for county.

I can not imagine any of these things being well enough funded in Story County

Because this seemed like a list that needed to be pared down. While I think they are ALL important; if you are asking for priorities; I have to pick the areas of focus I believe are the most important.

I did not select that on any of the items

Personal experience due to employment in public service

I do not work in school or human services fields; but I do not see as much of a need for these services in the community.

I did not select one of these options.

i did not select this

N/A based on my responses in question 1

All of needs listed are important to those patients that I provide care for.

I feel the other needs are of more importance

No answer s as such

I did not select for any of the needs.

did not select low or not. These catagoies are all of importance.

I wanted to select highly for all. I felt the need to try to give some relative weighting.

While these are important issues; I have to rank certain needs lower against more important needs.

seems to be adequate amount based off of my experience and the experience of those I know

I work in the healthcare field and drug abuse is although a serious issue; I dont think throwing money at something for individuals that dont want to be serious about the issue is the answer.

I didn't select anything in this area

I did not select this area

None of these are of low importance

Didn't give any of them low importance

I believe we address these well already; or these needs are met.

did not mark

I do not have a feeling either way

I did not select Low or not important

I did not select "low" or of "no importance" for any of these issues.

I did not select low importance or not important

Tried to place in order of importance

did not select

all of them are important

I did not select any with low importance or not important

Healthcare and see other priorities

I did not mark anything in these areas All are very important.

Our community seems to have sufficient services in these areas.

I believe the items I specified as high importance need to be better addressed.

I work in Public Health and see the needs of the community.

I work in nursing and dont see that as a significant need

did not select those options

Many of these services already exist to some extent; and therefore providing novel services would be of more importance.

little to no exposure to these things; I may not be best reference point.

I did not select either of those options.

Did not select low importance or not important
easier to fix

Meals are available every day locally and also food bank available
just no sure

I think these needs are slightly less critical; and/or more likely to have existing solutions
Not applicable

did not mark anything with low importance

I did not select any for low or not important

I didn't select low for anything

All are in need

I did not!

did not mark any as low or no importance

all very important! but some needs more urgent

Or these needs seem to be met with what is currently available.

I am not sure if there is a need or not.

personal observations

Important but with limited resources it is lower importance.

Did not select any

I did not check "low importance" for any

less important than some of the other needs; but still a concern.

I did not mark anything of low importance

everything is highly important

All are important

did not mark low or not important.

I did not select any low or not important.

human service needs are wide spread/low income

None

I did not mark any at low/not important

I did not select any of those

I did not select low or not - there is need

They are ALL highly important; but I tried to structure a few as less important simply because priorities have to be set. For instance; while health care is highly important; many low-income families are eligible for state-assistance programs that cover a majority of the costs in this area. So; perhaps they are slightly less important that cost affordable housing (which is extraordinarily problematic in our county).

I think (perhaps incorrectly) that those areas are pretty well covered in the County.

in my volunteer work across story county

I did not select low or not important for any of the listed services but you do not have that option here.

I have not heard of this being a need.

Appendix C - Focus Group Protocol and Work Sheet

SCQLA Health and Human Services Needs Assessment Focus Group Protocol

Location: _____ Date: _____ #Present: _____
Gender: _____ Ages: _____
Race: _____ Level of Education: _____
ISU Students: _____ Health Insurance: _____ Level of Health: _____

Welcome

Facilitator introduction and thank you for participating. Location of rest rooms, appreciation gift at end.

Purpose and Overview of the conversation:

SCQLA conducts needs assessment every five years to guide health and human service programs and services in Story County.

Converse about this question for the next hour and a half: What are the most important health and human service needs of the people of Story County and why?

Introduction

1. What do you like about Story County that supports good health and well-being?
2. What one thing could help improve good health and well-being in Story County?

Core Discussion/Questions

Please take a moment to complete the individual needs assessment worksheet

3. Group discussion to rank each need as “highly or moderately important” vs. “low importance or not important”
 - Why place it in where you did?
 - What would keep it in that importance?
 - What would move it from that importance?
4. What advice do you have for health and human service organizations and agencies to help meet the highly or moderately important needs across the county?

Closing

1. What additional comments do you have about the health and human service needs of Story County residents?
2. Is there anything I haven't asked you about the health and human service needs of people in Story County that I should have?

Wrap Up

Thank you for coming and sharing your thoughts. (Hand out appreciation gifts.)

Story County Health and Human Service Needs Focus Group Worksheet

1. Please select the importance of the following health and human service needs for Story County residents:

	Highly Important	Modestly Important	Low Importance	Not Important
Addiction Services				
Childcare				

Crisis Management				
Food Security (enough food)				
Health Care				
Housing				
Income				
Legal Counsel				
Mental Health Services				
Suicide Prevention				
Transportation				

2. Why did you select “highly” or “modestly” important for any of the needs listed above?
3. Why did you select “low importance” or “not important” for any of the needs listed above?
4. What other needs are “highly” or “modestly” important for Story County residents and why?
5. What other needs have “low importance” or are “not important” for Story County residents and why?

Appendix D – Delphi Expert Panel Communications and Feedback on Addressing Top Needs

Introductory Email

Greetings,

The Community Wide Needs Assessment for 2020 is in process and we need your input. Story County Quality of Life Alliance, led by the Story County Public Health Department is working on the assessment, and I am one member of the team. County-wide data is currently being collected and reviewed. In addition to existing data we have gathered input through a survey and focus groups.

The next step is inviting individuals to provide input through a series of short surveys. The goal of the needs assessment is to determine the most important health and human service issues that need to be addressed in Story County and why.

You will receive three emails from me (white@mgmc.com), the director of Story County Public Health. Each email will give brief instructions on how to provide input. You will be given one-week to respond with your thoughts. Each email survey will take about 10 minutes of your time.

I will be sending out emails on November 2, 10, and 18. Your input is needed and very much appreciated. Please feel free to contact me if you have any questions or feel this email should be sent to someone else in your organization. Thank you!

Les White, MPA, BSN, RN, NE-BC

Director of Home Health, Hospice and Story County Public Health

First Needs Assessment Panel Email

Hello Everyone,

You've been selected by the Story County Quality of Life Alliance as an expert to help identify the health and human service needs of the people of Story County. The following needs were identified early this year through a variety of methods:

Addiction services
Childcare
Food security
Health care
Housing
Income
Mental health services
Suicide prevention
Transportation

Due to the changes in our county from COVID-19, we'd like to know what needs you would add. Please list them here <https://www.surveymonkey.com/r/FDT2BPR> by Friday, November 6, 2020.

After an updated list is compiled from the panel of experts, you will be contacted by email to rank the full list of needs. A final email will ask you to provide input on how the top needs should be addressed in Story County. Each email will take ten minutes or less for you to provide your feedback.

Thank you for helping the Alliance with this important process.

Sincerely,

Les White, MPA, BSN, RN, NE-BC

Director of Home Health, Hospice and Story County Public Health

Second Needs Assessment Panel Email

Hello Everyone,

Thank you for helping the Story County Quality of Life Alliance identifying the health and human service needs of the people of Story County. At the link below you will find a full list of needs suggested by the panel of experts. Please go to this link <https://www.surveymonkey.com/r/2NXBQNJ> to rank the list of needs in order of importance by Tuesday, November 17th.

In one week I will send you a final email indicating the top ranked health and human service needs. I will ask you to provide feedback on how those needs should be met in Story County.

Thank you for your assistance to help improve health and human services.

Sincerely,

Les White, MPA, BSN, RN, NE-BC

Director of Home Health, Hospice and Story County Public Health

Third Needs Assessment Panel Email

Hello Everyone,

Thank you for helping determine the most important health and human service needs of the people of Story County. The six needs that ranked highest by the panel of experts were Mental Health Services, Food Security, Housing, Childcare, Suicide Prevention and Income. Please go to <https://>

www.surveymonkey.com/r/3CVB8VY to provide your feedback on how each of these needs should be addressed in Story County. Please complete the survey by Wednesday, November 25th.

I appreciate your assistance with our needs assessment. Please let me know if you would like a final copy of the report by sending me your name and email address. Again, thank you for your time and stay safe!

Les White, MPA, BSN, RN, NE-BC

Director of Home Health, Hospice and Story County Public Health

Expert Panel Feedback on Top Six Health and Human Service Needs in Story County

The following feedback was provided by five Story County health and human services experts on how the top six health needs identified by the panel should be addressed in Story County:

Mental Health

- Mental health services is a broad category and I'm needing help understanding what people mean when they say, "we need more mental health services." We know there's an ongoing shortage of psychiatrists, but has the more frequent use of telehealth and mid-level professionals (PAs and ARNPs) improved access? Perhaps the need is for more marketing and promotion of mental health services so people know what's available in their community. I would like more information on what people are thinking when they say, "we need more mental health services."
- Use a socio-ecological framework to look at this issue (individual, group-relationship, community, policy/society levels). We need to put more resources in the Mobile Crisis team to allow more of those professionals to respond to situations where a police response is not warranted. We should generally be relying less on police response to many of these situations. Need data on access of services and education on how to access services from historically under-resourced populations. Disaggregate available data by gender, sexual orientation, race, ethnic, age, etc. to do a deeper dive in analyzing the inequities in places where resources are provided and to look for gaps in services and resources for historically under-resourced populations. Increase recruitment and retention efforts in attracting providers to the area, specifically queer, trans, and providers of color. Not everything mental health should be crisis focused. We should offer more peer support opportunities. We should be analyzing the mental health service needs in the community through a Stepped Care model lens and identify where gaps exist across the spectrum. Ex: Could the Ames Public Library pay for access to TAO (therapy assistance online) and allow folks who have a library card to access these resources for free? Educational programming on various topics from TAO could be presented by local organizations or providers (NAMI, etc.) on preventative or proactive mental health programming/topics/care. Increase screening and brief intervention strategies in non-healthcare settings. Analyze national/state available data specific to LGBTQIA+ identities and create local systems that can effectively meet the needs of this population. Utilize local research from U Iowa and Des Moines University: <https://www.public-health.uiowa.edu/wp-content/uploads/2018/10/LGBTQ-Health-in-Iowa-Summary.pdf>
- Many of the issues are around dual diagnosis (MH/AODA) and lack available AODA services is a huge barrier. Access and availability of these providers needs to be addressed by the community.
- Perhaps more promotion of mental health services currently available would be helpful. New mental health services are being developed per legislative requirements. I would like to also understand more where the public is experiencing gaps in services so we can better address this.
- It will be difficult to make any significant changes to mental health services without assistance from the regions, and the State. However, monitoring the issues – such as lack of appointment availability, Medicaid funding being denied, etc. and then reported to elected officials is one way to keep it in the forefront of funders.

Food Security

- Conduct food insecurity screenings during medical/dental/mental health care visits as well as senior outreach visits, offer food program enrollment support (i.e. for WIC and Snap applications), continue support of local food pantries, school meal programs.
- ISU has some food insecurity data using USDA metrics for college students via their Student Wellness office. Food availability services seem robust in the community. Analyze barriers to access to these resources to see if there are additional barriers to access that can be removed. Increase partnership programs with local restaurants or organizations that could be repackaged or repurposed for agencies for use/redistribution. Increase screening opportunities across the community to better provide resources to folks who may be only partially food insecure and not accessing community resources but quality to access these services. It would be helpful to have all human service agencies house in one location (say the old HyVee Drug Town location) which is easily serviced by CyRide and central to the community.
- We need to use our data to determine where the greatest needs are. We offer free and reduced meals at school. What about when those kids go home – other than food stamps, do we offer free/reduced pricing at local grocers? Double up food bucks programs and community supported agriculture could be considered. The SIMS grant started some of this work – there was momentum. Can we re-engage this group to dig further?
- Livable wages may address food security issues. There are several food pantry options in Story County. I'm not sure adding more pantries is getting at the root of the problem.
- Continued collaboration with food pantries, meal sites/offerings is a must. Addressing employment is the key to getting at the heart of why families can't stretch the food budget.

Housing

- We have the Story County Housing Trust that is charged with addressing housing needs and several community agencies and churches that provide financial resources for rent and utilities. I think a case management approach could help with assessing, coordinating, and monitoring the housing needs of individuals, and serve as a conduit and central point of contact with landlords and property owners to know what's available in the community.
- Analyze land use policies to determine if non-safety related housing standards are too strict and thus inflating the price to build homes in the community. Remove restrictive land use policies, like low density residential designations, that reduce housing type options. Use inclusionary zoning practices that "tax" developers who are not building a certain percentage of affordable housing units in new developments. Use that money to fund additional low-income housing opportunities for infill or redevelopment initiatives. Use policy to provide for rental caps to aid in rental affordability. Use policy to require landlords/companies to rent to folks who have the income to afford the housing type and not restrict what type of income they are allowed to use (SSI, Section 8, Veterans, etc.). (Source of Income Discrimination). Use strategies like those from the Grounded Solutions Network that can be found here: <https://groundedsolutions.org/tools-for-success/resource-library>
- A housing study is currently being completed, perhaps information from this study will help to address the needs. Permanent Supportive Housing also I think could be helpful and The Bridge Home is working on a pilot program for this. When thinking of Maslow's hierarchy of needs, people's basic needs: food, shelter, rest need to be met before they can begin to address other area needs which may include their mental health and substance use. Also individuals need to have a livable wage in order to afford housing.
- This is one of the toughest challenges many communities face. Affordable means something different to everyone. This have got to be brought to the attention of partners – including landlords – but not in a way that blames anyone. We need to figure out solutions that work for everyone.

Childcare

- More daycare facilities need to be planned for. This was identified as a long-term strategy with the ISU Child Care Task Force. This effort will take public and private partnerships and involve stakeholders to help identify locations, providers, capital needs, workforce, etc. The pandemic created some wiggle room for daycares to accept additional children as some families gave up their daycare spot when they decided to keep children home due to changes in household

finances and/or work schedules. But as we move beyond the pandemic, I believe we'll eventually return to long waiting lists at daycare agencies.

- Flexible childcare hours that allow for non-standard child care (outside of normal business hours) for those that may have a non-standard work schedule. Analyze barriers for in-home childcare facilities. Increase availability of before and after-school care opportunities.
- Collaboration with employers for childcare opportunities within employment settings or a group of employers coming together to partner on a childcare program at an offsite location.
- Trying to encourage the creation of more in-home licensed care has been tried by hosting how to events. This could be done again. Providing funding to help in-home providers get started would be helpful. Working with elected officials to develop a step-down of benefits rather than losing everything when wage increases are made.

Suicide Prevention

- Targeted education and outreach to churches, schools/colleges/universities, businesses, to learn and understand the signs, ways to intervene, and resources such as crisis lines.
- Use resources like: <https://www.sprc.org/keys-success/evidence-based-prevention> to develop a comprehensive suicide prevention plan for the community. Consider using an environmental scan/protocol taking into consideration: policy, built environment, community and environmental atmosphere, etc. Use evidence based prevention strategies: http://www.healthpolicyohio.org/wp-content/uploads/2014/gebp_part1_final.pdf
- This goes along with mental health services
- Continue to promote NAMI CI programs, Mental Health First Aid programs, brain health programs. Crisis phone lines and mobile response services exist. Continue to promote awareness of these resources.
- Getting more education to younger students about where to turn when in crisis, how to self-identify when they see themselves feeling hopeless, etc. Getting more education to caring adults – what signs to look for etc. End the pandemic!

Income

- Provide job coaching to help people obtain and retain employment, change policies that phase out benefits (i.e. SNAP, FIP, childcare assistance) vs. simply cutting them off when someone is working.
- Incorporate strategies for all areas by using this online resource: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health>
- This is a driver of many of the issues above (food insecurity, housing, childcare). We need to understand the issues and take small steps to start to address them. The United Way Women United does some of this work – can this be expanded? What kind of financial planning do the schools provide?
- Upscale opportunities however a way for individuals to continue to afford their living expenses while upscaling their skills. So perhaps a program stipend when participating in upscale opportunities. Without income, individuals may not be able to meet their housing and food security needs which can also then contribute to an increase in mental health symptoms and substance use.
- Another issue that is difficult to address. Getting folks in employment that pays better than what minimum wage should be (not what it is), offers health benefits, vacation, sick...retirement, etc. Then early on...making sure children are ready to succeed in school and life.

Appendix E - Websites with Data on Story County Health Demographics and Indicators

The following websites provide data on Story County health demographics and indicators for useful for resource, program, and service development:

Analysis of Social Services Evaluation Team (ASSET) www.storycountyasset.org

City of Ames 2019 Residential Satisfaction Survey Report

<https://www.cityofames.org/home/showpublisheddocument?id=52944>

Health Success Measures - United Way of Story County <https://www.uwstory.org/health>

Maternal Health – Barriers to Prenatal Care County Reports <https://idph.iowa.gov/family-health-/maternal-health/barriers>

Robert Wood Johnson Foundation County Health Rankings and Roadmaps

<https://www.countyhealthrankings.org/explore-health-rankings/rankings-data-documentation>

United States Census Bureau American Community Survey

<https://www.census.gov/programs-surveys/acs>

United Way of Story County Asset Limited Income Constrained Employed (ALICE) Project

<https://www.uwstory.org/alice-project>